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MONEY BOX LIVE

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LEWIS: Hello. The government wants to transform the way that care is paid for in England at least. From 2013 people who need care and have capital below a certain amount will get their own personal budget to spend as they want on the care they need at home. And carers will get a holiday paid for by the state - though how far £100 million a year will go among 6 million carers is not really clear. In July the government set up a commission on the funding of care and support to sort out who should pay for the care more and more of us will need for longer and longer in later life. So there's a lot happening, and in 3 years or so things may be very different. But that doesn't really help individuals and their families who need care now. At the moment the system is confusing. The NHS and local authorities both play a role, and if it's the local authority you rely on, then there's a complex system of means testing to understand and difficult rules about who can top up the money the state will provide. And when I say the state, the system is different in England, Scotland, Wales and Northern Ireland, and in England each local authority and primary care trust interprets the rules in its own way. So today Money Box Live answers your questions on paying for care. Who can get help at all? How much will they get? Will they get a personal budget or direct payments as they're called now? And if they need to go into a care home, who will pay for that and how much will they pay? Whatever your question about paying for care, you can call Money Box Live now - 03700 100 444. With me today to answer your questions are Jean French, Head of Advice and Information at Carers UK; Philip Spiers, Acting Chief Executive at FirstStop Advice; and Derek Sinclair, a benefit specialist with Contact a Family. And the first question

is, I believe, from Lucy. Lucy, your question?

LUCY: Hello. I want to know when you're assessed for direct payments, is there a national system or is it something that the local authority does? And is there anything that we can look up to see where you'd be on the sort of grading?

LEWIS: Right. And could I ask where you live, Lucy?

LUCY: Leicestershire.

LEWIS: Leicestershire. So it will be Leicestershire county council presumably responsible for this. Philip Spiers, let's start with you.

SPIERS: No, there's no sort of national grade for direct payments. Basically you will be assessed and then the local authority will consider how much care you need and how much that care might cost to actually deliver, and the direct payment will be based around that figure by your local authority.

LEWIS: That's quite hard to assess though, isn't it? Lucy, who is it for, this care?

LUCY: I've got a disabled child. But if there's no sort of visible guidelines, then how can we challenge an assessment?

SPIERS: Well if you're not happy with the decision the local authority makes, then you do have a right to appeal and the local authority will actually give you the appeal procedure, which they will have in writing. If you're happy with the result of that appeal, then you can actually take it further to the local authority ombudsman.

LEWIS: And is it a two stage process then, Philip? They assess how much the person needs by way of care and then they put a price on that. But both those things could be challenged, couldn't they?

SPIERS: Well they could be, yes. I mean one would hope you would get the amount of money you need for the care that's needed. But with local authorities cutting back, lots of people who've got only low or moderate needs of care are not getting any money at all. So it's quite a difficult time, I'm afraid.

LEWIS: Jean French, I mean Lucy is clearly the carer of this disabled child. What can you help her with?

FRENCH: What I'd suggest, Lucy, is talk with your local authority and find out what level of support they are providing. What I mean by that is that there are four different grades which try and reflect the need for care.

LUCY: Is there a grading system then?

FRENCH: There is a grading system and you can ask them for a copy of that.

LUCY: Ah! Social services would that be?

FRENCH: That's right, yeah. And you also need to know that often they can't meet all the needs, so they meet the highest needs. So you can check with them whether they are meeting needs that are critical or critical and substantial.

LUCY: Right, ah! I'm going to ring up social services, I think.

FRENCH: I think you should do that.

LEWIS: Yes, I think that's often the first step ...

LUCY: Thank you.

LEWIS: ... certainly in England.

SINCLAIR: Lucy, can I ask ...

LEWIS: Yes, let me just bring Derek Sinclair in from Contact a Family. Derek?

SINCLAIR: Lucy, have you had an assessment of your child's needs by social services?

LUCY: Yes, we have direct payments and I'm quite happy with what we've got at the moment, but I'm just a bit worried with the cuts that are coming whether it's going to be withdrawn, you see.

SINCLAIR: Okay.

LUCY: So I'm arming myself with information before that happens.

SINCLAIR: I mean essentially the local authority if they feel that they need to tighten up their eligibility criteria can look to do so, but they wouldn't be able to arbitrarily just change the amount of care that your child gets. They'd have to reassess her against whatever new criteria they developed.

LUCY: Right. Well she's not mobile, tube fed and on a c-pack machine at night, so she has quite substantial needs.

SINCLAIR: Okay.

LUCY: Okay.

LEWIS: Alright, well thanks very much for your call, Lucy. And we're going now to Chris who's calling us from his hospital bed. And I suppose that is the time, Chris, isn't it, when many people think what's going to happen to me when I get out of here? Chris, what's your question?

CHRIS: Good afternoon, Paul. Really I'm just trying to find out what is available. I'm having a bit of a problem at the moment because I'm trying to arrange care for when I go home, hopefully on Friday, and I need help getting up in the mornings in terms of getting ready, getting socks on. I can't reach my feet easily at the moment. I have a brace, a spinal brace that I wear that I can't tighten up myself, I can't do up myself, so I need some help with that. And also because of the surgery I've had - I've just had a shoulder replacement taken out - I can't use my right arm; and my left arm is very badly damaged or the wrist is damaged by osteoarthritis. So I really can't do much for myself in terms of preparing food. Social services say they can't help me if I get intermediate care. Intermediate care haven't got the resources at the moment, so they can't help me either. And I'm in a kind of catch-22 situation.

LEWIS: The hospital presumably is trying to get you out?

CHRIS: That's right.

LEWIS: Were you living alone and independently before you had all this surgery?

CHRIS: Yes, I was.

LEWIS: Yes.

CHRIS: But I am on disability benefit at that point. I'm on half ... the middle level of living allowance and the highest level of mobility allowance.

LEWIS: Right, so really this is quite urgent. Jean French?

FRENCH: You may already have been down this route, Chris, but bear with me. The social workers in the hospital, there should be a hospital discharge team and they should be able to give you an assessment. Now it sounds a bit as though one group of people are saying you should have intermediate care and the other are saying no, no, we can't do that for you, so it should be local authority support. So I think you need to

try and nab one of those social workers, sit down with them and explain what the position is because you shouldn't be discharged from hospital until there is appropriate support for you at home.

CHRIS: Absolutely. I understand and agree with you completely. And I have some friends who are kind of helping to a certain extent, but they can't help me full-time.

FRENCH: Of course.

CHRIS: So, yeah, I've tried that and it seems that the OT department is the key worker in all this.

LEWIS: OT standing ...

CHRIS: Occupational therapy.

LEWIS: Oh right, yes.

CHRIS: And being in hospital, it's very difficult to get hold of people. They must understand that.

FRENCH: Yes.

CHRIS: Okay, what would be available though in terms of care at home? That's the big problem I find. I'm not sure what social services can offer.

FRENCH: Well they should be able to offer you a range of different options. We talked a bit earlier about direct payments, so they could offer you direct payments so you could pay somebody to come in and help you with dressing or washing first thing in the morning. Alternatively they may have a pool of people that they can call upon to provide you with that service. But we could be looking at help with getting meals organised, help with washing, dressing, that sort of personal care. We could look at

properly some support with transport, though as you're getting high rate mobility component, I'm not sure how that would pan out.

LEWIS: And Philip Spiers, I mean we've just had an email while we've been talking from Clive who says there are real issues with people needing very high levels of care and the relationship to continuing healthcare. And this is really the issue, isn't it - that the hospital thinks it's done all it can for Chris and yet he's obviously not capable from his own account of living independently at home?

SPIERS: Yes, I think Chris needs to actually get somebody from the hospital and social services together in the same room and see who's going to accept responsibility because even if you had intermediate care, beyond that you're going to probably need help from the social services to be able to live independently. The other thing you've got to consider, of course, is that any help that you will be offered will of course be means tested. So if you have any savings above £23,250, then you won't get any help probably. And if you have any income, you might have to make a contribution from your income towards your care needs.

CHRIS: Sure.

LEWIS: And just briefly, Derek Sinclair. Chris seems to have sorted out his benefits, but I suppose if you've become more disabled, you might be able to get a higher rate of these benefits?

SINCLAIR: Well possibly yes. He's on middle rate care, high rate mobility, so if there's night time needs as well as day time needs, then potentially there may be scope to try and get the high rate of the personal care. It will depend on you know the level of help he needs during the night ...

LEWIS: Yes and that isn't means tested?

SINCLAIR: No, not at all, absolutely not. It's just based on his need for carer

supervision.

LEWIS: Okay, well Chris it sounds awfully as if there's a lot for you to do in the next two days when you're obviously feeling pretty unwell, but ...

CHRIS: It is a challenge, I must admit. (*laughs*)

LEWIS: You're being very brave about it, I think. It certainly is a challenge. But good luck with that. I hope that's been some help.

CHRIS: It has been. Thank you.

LEWIS: And I should say that there's a lot of information flowing from programmes like this, Money Box Live, always, and you can listen again to the programme on our website, bbc.co.uk/moneybox, and in a couple of days there will be a transcript for all those fiddly bits you didn't quite write down. And I must say this question of medical care, we've had yet another email in from Caroline whose mother can't walk and has limited use of her hands. She has live in care and some costs are met by the local council, but things like being taken to the toilet don't count as a medical need even though she has to have those done for her. So she's got some expenses there, Jean, even though she's got care from the council. It's this boundary between what's medical and what isn't.

FRENCH: It's quite difficult, isn't it, because it's not clear cut.

SPIERS: It's a very grey area. I mean one would say you know do you have a bath for healthcare needs or social care needs?

LEWIS: And of course if you can't get to the toilet, it rapidly becomes a medical problem, doesn't it?

SPIERS: Yes, I mean the NHS really just look at people's medical needs if it's

particularly medical - i.e. needing the input of a registered nurse. If it's something which a carer could do, then it would probably be regarded as social care and fall upon the responsibility of your social services department.

LEWIS: Yes, it is a difficult question. Let's go to another call. Sue is calling us from Worcestershire. Sue, your question?

SUE: Yes, hello. My mother is beginning to think about needing a care home. She has some savings above the £23,250, so she would have to be self-funding. I have spoken to her social worker and we've looked at various homes in the area. None of them charge the level at which social services would pay per week.

LEWIS: They charge more than that you mean?

SUE: They all charge more than social services. So my question is what will happen when mum's savings drop down to the £23,000, at that point?

LEWIS: So she's in a care home that's ...

SUE: No, she's not at the moment.

LEWIS: I'm sorry - the ones you've looked at, yes.

SUE: She's at home with carers going in. But she is beginning to think that maybe she needs full-time care.

LEWIS: Okay, Philip Spiers?

SPIERS: Well the first thing I'd say is that local authorities have some guidance around choice of care homes, so they must not set an arbitrary rate for the amount they're prepared to pay for care if you cannot buy care in that locality for that rate.

SUE: Well I'm told that there is a rate.

SPIERS: Well they set a standard rate, but if you can't buy care for that rate, the standard rate isn't enough and they have a duty of care.

SUE: Right.

SPIERS: The first thing you should do is make sure your mother is assessed for the sort of care she needs because if you were to for example move her into a nursing home which costs a lot more than a home which just provides personal care, then you might find it difficult to manage if the local authority then assessed her as just needing personal care. Now as regards choosing a home which is more expensive than the local authority's standard rate, then when her capital falls to below £23,250, the only thing you'd be able to do is find a top up from yourself or another family member or friend. There are some charities which help out in these circumstances - benevolent funds, for example. Alternatively you talk to the care home provider and say, "Look, this is the situation. Mum's money is going to run out. Will you carry on accommodating her at the local authority rate?"

LEWIS: And of course if they won't, then there is the possibility (and the quite alarming one for many people) they'd have to find other care - perhaps not such nice care, perhaps not a room to themselves or a bathroom to themselves.

SPIERS: Yes and it's very worrying because if you start moving older people round at a very vulnerable time of their lives, then obviously it's not going to be very ...

SUE: I thought they had to have a room to themselves now. I thought that was one of the rules - that they had to be single rooms?

SPIERS: Yes, you're quite right, I mean people do. Lots of homes had shared rooms, but they don't exist anymore.

LEWIS: Oh I'm sorry, I'm really behind here. There are no more shared rooms. That's very good news, but I didn't know that that was the case.

SPIERS: But again, you know the quality of room could be different. I mean if you're self-funding, you might have a larger room than somebody that's being funded by the local authority. It varies from care home to care home of course.

LEWIS: Yes. These are all very difficult questions, Sue.

SUE: She currently gets the attendance allowance - just the lower rate because she doesn't at the moment need care at night, although she does have to get up frequently during the night and I'm constantly worried that she's going to fall. If she goes into a care home and is self-funding, would she be entitled then to the higher rate attendance allowance?

LEWIS: Let me bring Derek Sinclair in here. He's our benefit specialist. Derek?

SINCLAIR: Well it doesn't really matter whether she's in residential care or at home. The test is going to be the same. It's essentially if she requires either prolonged attention during the night or attention on a frequent basis. So if she needs two or three times for five minutes or maybe once a night for twenty minutes or more, she's got a very good chance of qualifying for the higher rate.

LEWIS: Yes. And of course I think the point that Sue was making was that if she gets help with her fees from the local authority, she will no longer get the attendance allowance; but if she's self-funding - in England and Wales anyway - then she will keep the attendance allowance.

SINCLAIR: Sure.

LEWIS: But not in Scotland, I don't think.

SUE: And if she is getting help from the local authority with her funding, presumably then they take some of her pension, do they, towards the cost of that?

SPIERS: Yes, they'll expect her to actually contribute all of her income less £22.30 a week she's allowed to keep for personal expenses. So not a great deal of money.

SUE: (*laughs*) No, no, quite.

LEWIS: No. I suppose it's on the basis that everything else is paid for, but I know a lot of people complain about that - including the present minister when he was in opposition, as I recall. We'll see if that changes. Well thanks for your call, Sue. We must move on, lots of other calls, but I hope that's some help anyway and you can get something sorted out for your mum. Mary in London is next. Mary, your question?

MARY: Yes, hello.

LEWIS: Hello. My mother is 94 and registered blind and profoundly deaf. She's had care now for 3 years, which some of it we funded ourselves because we haven't been able to find adequate care for her through an agency. We did have an agency for a bit, but they were not suitable and were actually quite cruel to her. So the council decided that she should go on direct payments. She had a reassessment in August and it was decided because of her particular need - she can't watch television, read or listen to the radio, nor can she hear anything unless it's on a one to one - so she can't benefit from going to a community centre or anything like that. She had a reassessment and Hackney council said that they thought she should be getting 42 hours a week care in her own home, but when we got the allocation back they'd reduced it to 17.5 hours. So I want to know who is responsible for paying? I mean if Hackney council say that she needs 42 hours a week and then maybe because of cuts they've reduced to 17.5, some committee, that means we have to pay the extra, does it?

LEWIS: Jean?

FRENCH: The first thing I'd suggest that you do is challenge that decision. If you're clear ...

MARY: I have.

FRENCH: You've already been through the complaints process?

MARY: I've been through the complaints. I've got the MP involved. I haven't had any answers to my email questions.

FRENCH: Okay. The next step then might be the local government ombudsman.

MARY: Right.

FRENCH: So you've made the complaints, but you've not received any response from the local authority? Is that ...

MARY: No.

FRENCH: And when did you start making the complaints?

MARY: Probably in July this year.

FRENCH: July of this year. Well that's a substantial period of time really, isn't it? That's quite enough time for them to have got back to you.

MARY: Yes.

FRENCH: I think if you receive no response at all from the local authority, then it is appropriate to approach the local government ombudsman. So that would be my next step for you.

MARY: That's really helpful. Thank you, I'll do that.

LEWIS: Good. Well good luck with that, Mary. I'm sorry that we're giving every caller so much work to do; but it is a real struggle, isn't it, Jean, for people when they're in this kind of situation?

FRENCH: It is, I'm afraid.

LEWIS: We're going to Southampton now to talk to Emma. Your question, Emma?

EMMA: Hello. Well I've numerous questions that really do roll into one.

LEWIS: Try and summarise them because there are quite a few people waiting.

EMMA: Okay. Well I have a daughter with disabilities. We have forms coming back where she's losing her sight as part of her condition - you know apply for funds, to do this, do that to try and gain more experiences for Keira before she loses her sight. We are £50 to £100 over applying for any fund, but I do feel like we are the working poor surrounding our kids because we can't provide for them what we need. I tried going back to work cleaning, ended up with frozen shoulder and carpal tunnel. I had to give that up, so I can't work myself to benefit Keira.

LEWIS: Right and Keira is your daughter. How old is she?

EMMA: Keira's four.

LEWIS: Four and you're trying to give her some quality of life while she can still enjoy it?

EMMA: Well you get speech and language saying you know, "These i-pads are brilliant. Get her one." It's £430. How can I get it? How can I get it?

LEWIS: Yes. Let me ask Derek Sinclair what suggestions he might have. Derek?

SINCLAIR: Emma, can I ask you, does your daughter get disability living allowance?

EMMA: We get disability living allowance. I'm on carer's - well £53 goes in our family life as opposed to me working. So ...

SINCLAIR: Sure. And do you get tax credits as a family?

EMMA: We get the child tax credit, not working tax. I mean my husband literally in 30 days has had one day off because we're just in a dead end situation.

SINCLAIR: Sure. And do you get a disability element as part of your tax credits? Do you know if you receive an extra amount?

EMMA: No. I know that we do get top rate on the disability and the mobility side.

SINCLAIR: Okay, well one of the things that's really important to check is that the tax credits office know that your child's on disability living allowance and what rate they're on because the amount of tax credits that you get can go up if you have a child who's in receipt of disability living allowance, and the payments can go up quite substantially - at least £53 if your child's on any rate of DLA and as much as £72 if they're on the highest rate of the care component. The problem is that the tax credits office may not know that your child's on disability living allowance. So if they don't know, the payments won't be in place. So one of the first things I would say is get your tax credit decision letter out and have a look and see if it includes disability elements; and if it doesn't, you know you need to phone the tax credits office as quickly as possible to update them of the situation.

LEWIS: So that will be a bit more money, but it can't be backdated very far, can it?

SINCLAIR: It would go back 3 months. I'm afraid that's the maximum it would go back. But, nevertheless, you know it would give some sort of resources to maybe try and help offset some of these costs.

LEWIS: Yes.

EMMA: Yeah, we do get that. We do get a couple of thousand pounds extra a year. But, as you can be aware, £2,000 a year doesn't go very far when I've got a child with needs that needs extra money put into things ...

LEWIS: Let me bring Jean French in again from Carers UK.

FRENCH: Hello Emma.

EMMA: Hello.

FRENCH: I was wondering. There's a website called Turn2us. Have you run across that?

EMMA: No. See that's another thing. We need more information out there for families to gain this information.

FRENCH: Okay, let me tell you a little bit about Turn2us because it's a very useful website. What you do is you put in the details of your circumstances and it looks at its comprehensive library of resources. So these are charitable bodies, benevolent funds, grant-giving organisations, and they match up your circumstances with possible sources of income. So I really do recommend that you contact that website and have a look because that might help you out.

LEWIS: And it will also work out your entitlement to means tested benefits as well.

FRENCH: It will, yes.

LEWIS: It's Turn2us ... Turn and then the figure 2 and then us.com or .co.uk or .org. I can't remember. Philip knows.

SPIERS: Yes, .org.

LEWIS: It's .org. Right, okay. So It's Turn2us.org and that is a very, very useful website. Philip, did you just want to ... No, it was Derek wanted to add something.

SINCLAIR: Yeah, I was going to say we actually also can help people try and locate sources of funding - in particular charitable trusts that we know fund families with disabled children. So if she wants to call our free national helpline, we'll try and do a search for her to try and locate some charitable trusts.

LEWIS: That's Contact a Family ...

SINCLAIR: Contact a Family, yes.

LEWIS: ... and details will be on our website, bbc.co.uk/moneybox.

SINCLAIR: Can I also ask ...

LEWIS: Very quickly if you would, yes.

SINCLAIR: ... okay just whether she's had an assessment from social services to see whether they can help with any of the costs in terms of maybe accessing recreational facilities for her child?

EMMA: Oh we have been a waiting list for one and a half years. We have one OT to the whole of Southampton. We have just literally last week had an OT out to assess, which is great, can't wait for the work to be done because that would help with my health as well as Keira's. But I'm also going to have to fight for access to get her to and from the back garden because they think that if she can get out to the main road,

out the front in the vehicle, that's substantial enough, she doesn't need to go in the back garden. But she can't get out there safely because of her disability.

LEWIS: Okay. Emma, we're going to have to move on, but thanks for your call and I hope you have some useful information there. And I just want to raise a point that somebody's emailed us about, about people not being able to get nursing home care if they've got savings. Well of course that does apply if you go to the local authority; but Jean in some cases, Philip, sorry, in some cases you can get it free from the NHS, can't you?

SPIERS: Yes, it's very important to realise that the NHS has responsibility if you need continuing care. So if your care needs are primarily medical, then the NHS could meet the full cost of a nursing home.

LEWIS: Yes and it's the argument about what's medical and what's not, but it's well worth trying and well worth really insisting on that, isn't it?

SPIERS: Well it is. And the other important thing is that in lots of cases health might deteriorate, so you may not be entitled to fully funded NHS care now, but if your health deteriorates, it would be worth having a review of your assessment. And you can actually request an assessment at any time.

LEWIS: Right, so that's a useful tip to get free care home care if you are leaving hospital particularly. We're going to move onto Derek now who's in Yorkshire. Derek, your question?

DEREK: Yes, good afternoon. I have an aged aunt who's 97 and has been self-funding in a care home for between 6 and 7 years now. We estimate that her capital will reduce to £20,000 by this time next year and we're wondering what on earth we can do to keep her in the home that she's in because it seems harsh to me to move somebody at that sort of age into a local authority home?

LEWIS: Quite. Well we had a similar point earlier. Philip, your advice was try and negotiate, I think?

SPIERS: Yes, I think try and negotiate. I mean certainly talk to the care home owner. I mean having paid a full fee for 6 or 7 years, there's a good chance they might actually reduce it to what the local authority rate is. And certainly contact your local authority before she gets down to the £23,250, so you've got time to have her needs assessed and what local authority funding is available, get it in place in a timely manner.

DEREK: Is there any possibility that with the government spending cuts that local authorities will be squeezing their budgets?

SINCLAIR: Well local authorities are always squeezing their budgets and I'm afraid that most local authorities do not pay a commercial rate for a care home place, and it leads to this rather difficult situation where your mother who's probably been self-funding is paying a lot more than somebody who might be funded by the local authority.

LEWIS: Yes, but I would have thought after all those years any decent care home would say well you know we've made our profit out of you for the last 6 or 7 years; we'll bring it down for the last few of your years.

SPIERS: Yes and I would say that you know if it looked sort of medically dangerous to move your mother at this vulnerable stage of her life, then the local authority does have a discretion to actually pay more than their standard rate.

LEWIS: Derek, thanks for your call. We've just time, I think, to squeeze in Wendy from Suffolk. Wendy? *(talking in background)* Is Wendy there?

WENDY: Hello.

LEWIS: Hello, Wendy. Sorry, you've been waiting very patiently. What's your question, briefly, because we're quite near the end of the programme.

WENDY: The question is that a friend of mine has two severely learning disabled adult sons. One lives half the time in supported housing, half the time with him. The other one lives full-time with him, doesn't want to move, has a lovely home, wants to stay here. He's done everything. He's built in a kitchen of his own and all this. And now he wants ... because he's 63, he wants to have a bit of a life himself, you know have his life because he's dedicated lots of years to caring for these sons, but social care won't put in care for the boy while he lives in the family home. They'd rather him go into some kind of institution.

LEWIS: Okay, Wendy, I think we've got the point now. I'll have to stop you there because we've only got another thirty seconds or so for Jean just to maybe ask a question and see what she thinks.

FRENCH: I'm a little confused. Has the son been assessed by the local authority?

WENDY: Yes, he has substantial and critical needs, but because he lives with the father, they seem to think that the father can kill himself in the process of caring for him for the rest of his life.

FRENCH: Okay, there are two types of assessment that can be done: assessment for the son and assessment for the father who's the carer. I would ask them to be looked at again and for the carer to make it absolutely clear the limits they're willing to place on their caring role.

LEWIS: Thank you very much for that answer. Right to time. Jean French from Carers UK. Thanks to Jean. Thanks for your call, Wendy. I hope you do get that sorted out. Jean French of Carers UK. Thanks also to Philip Spiers from FirstStop Advice and Derek Sinclair of Contact a Family. Thanks to all of you for your calls and emails. Goodness there's so many topics we haven't even had time to touch on. You can find out more about paying for care from our website, bbc.co.uk/moneybox,

where you can listen again, download a copy, subscribe to the podcast, and in a couple of days, as I said earlier, read a transcript. I'm back at noon on Saturday with Money Box and here to take more of your calls on Money Box Live next Wednesday afternoon. Subject: energy prices.