

Factsheet

Getting a financial assessment for care at home

If you need some support to look after yourself at home, you may qualify for help to pay for this from your local council. Your eligibility is usually worked out in a financial assessment. This factsheet looks at how this assessment works.

If you want to know about the financial assessment for receiving care in a care home, rather than in your own home, see our factsheet **Paying care home fees**.



Call free on 0800 319 6789

Visit www.independentage.org

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/cymru)
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.uk/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 **www.independentage.org/publications**

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1. Terms you might encounter

Social care

Help and support services provided to people who need them, for example because of illness, disability or old age. Social care helps people to carry out everyday tasks, like washing, dressing, and eating or drinking – it doesn't include healthcare. It might be provided at home or in a care home.

Eligibility

In the context of social care, your entitlement to receive services based on whether you meet the qualifying criteria.

Means testing

Looking at your finances to work out whether you qualify for financial help from the government or local council. Social care is usually means-tested.

Capital

Wealth in the form of money or items that have a financial value, such as savings, investments and property (buildings and land).

Income

Money received, especially on a regular basis, such as pensions and benefits.

Assets

Items you own that have value, and that could be used to pay debts.

Self-funder

A person who is paying for all of their own care themselves (self-funding), rather than getting financial help from the local council. This could be a choice or as a result of their local council's means test.

2. What is the financial assessment for care at home?

During the coronavirus (COVID-19) pandemic, the government has brought in new legislation which means local councils can trigger powers allowing them not to meet all their social care duties. This should only be done when strictly necessary, for example because of demands on services or a reduced workforce.

If your council uses the new legislation, they might only assess people with the most urgent needs, or only meet someone's most essential care and support needs. They can also choose to carry out the financial assessment at a later date, after care has been provided, and charge for your care at that point.

Find out more about these changes on our website: independentage.org/COVID-19.

Social care isn't usually free. To decide how much you might have to contribute towards the cost of your support services at home, the council will assess your income and capital (usually in the form of savings). This is known as the financial assessment or means test.

You should also have been given a care needs assessment – explained in detail in our factsheet **First steps in getting help with your care needs**. The care needs assessment looks at what care and support you need, and whether you qualify for help from the council to meet these needs. It is based on the level of your individual needs and should take your views into account. Your finances aren't considered at the care needs assessment stage.

If you do qualify to receive help from the council to meet your needs, you'll be given a financial assessment. This works out whether you're eligible for any financial help from the council towards your care costs, or whether you will have to pay for your care yourself. The financial assessment must be carried out separately to your care needs assessment.

The financial assessment varies depending on whether you will be receiving care in your own home or in a care home. This factsheet looks at the financial assessment for care in your own home.

If you are getting free NHS Continuing Healthcare or section 117 aftercare mental health services, your assessment and care planning will involve some processes that work differently from those described here.

Light-touch assessments

Sometimes, the council may treat you as if you've had a full financial assessment already, without actually carrying one out. This is called a light-touch assessment. It may be used if:

- you have significant financial resources and do not wish to undergo a full financial assessment for personal reasons
- the council is charging a small amount for a service and you are clearly able to pay for it
- you are receiving means-tested benefits that demonstrate you would not be able to contribute towards the cost of care.

You may still need to provide the council with some evidence of your financial situation.

You can still ask for a full financial assessment to be carried out if you'd prefer that to a light-touch assessment.



Remember

If you decide not to tell the council about your financial circumstances, they can charge you for the full cost of your care and support.

3. Services that aren't means-tested

The council can charge you for most of the care and support they provide (see chapter 4), but they must provide certain things free of charge. These include:

- adaptations that cost less than £1,000 each to install, or equipment to help with daily living
- intermediate care or reablement services designed to help you recover and maintain or regain your independence at home, provided for up to six weeks or longer if necessary
- help when you leave hospital if you have been kept in hospital under certain sections of the Mental Health Act, often referred to as section 117 aftercare services
- any service the NHS has a duty to provide.

An example

Clara asks her council for a care needs assessment because she's been struggling to cope at home. For example, she has some difficulty getting upstairs, using her bathroom and getting out of her front door. An occupational therapist assesses Clara and makes a number of recommendations, including:

- an extra stair rail to help her get upstairs
- installing a wet room so she is able to wash more easily
- installing a grab rail so that she is able to get out of the door more easily.

As the stair rail and grab rail would each cost less than £1,000 to buy and install, the council must provide these free of charge. The wet room costs more than this, so Clara has to pay for it herself as she has substantial savings.



Good to know

Some people can apply for help to pay for larger adaptations through a means-tested Disabled Facilities Grant. For more information, see our factsheet **Adapting your home to stay independent**.

Should the NHS be paying for your care?

If you have a high level of physical or mental health needs, you might qualify for NHS Continuing Healthcare. This is a package of care arranged and funded by the NHS. It is not means-tested so, if you're eligible, the NHS will pay for all the care you are assessed as needing. You will need to have a separate assessment to work out whether you qualify for this. For more information, see our factsheet **Continuing Healthcare: should the NHS be paying for your care?**

During the COVID-19 emergency, the government has brought in new legislation that means these assessments can be delayed. You may be offered NHS-funded services for a short period in the meantime. This applies if you were admitted to hospital or would have been admitted into one. If you already had an assessment scheduled, ask your Clinical Commissioning Group (CCG) if it is still going ahead and, if not, what support you might get in the meantime.

4. How will the council calculate how much I have to pay?

During the COVID-19 emergency, the government has brought in new legislation which means local councils can trigger powers allowing them not to meet all their social care duties. This means they may choose to carry out your financial assessment at a later date, after care has been provided, and charge you then. You can't be charged for care until you've had a financial assessment.

Find out more about these changes on our website: independentage.org/COVID-19.

National charging regulations allow councils to use their discretion when deciding whether they will charge you for home care, but in practice, most will. The costs will vary depending on where you live. Your council should have a publicly available charging policy, which you can access, for example, on their website. When working out how much you should contribute towards your care at home, the council looks at:

- your income – eg pensions, most benefits, any earnings
- your capital – eg savings and investments.

The value of your home isn't taken into account if you need care in your own home. If you own a second property, the value of this will be included in your financial assessment.

There are detailed rules about what can and can't be taken into account. This section looks at some of the key rules that apply to most people.



Q: Can the council look at my partner's income and capital?

A: The council can only take your own income and capital into account. It can't charge anyone else, such as your partner or someone else you live with. If you and a partner have joint income or savings, the council will assume you each have an equal share of these, unless there's evidence that one of you owns an unequal share. You may want to split any joint accounts, as this will make handling your affairs much easier.



Good to know

There are different rules about charging if you're moving to a care home. For information about charges and financial support for care home fees, see our factsheet [Paying care home fees](#).

How your income is assessed

You will probably have to pay some of your income towards your care costs, although some types of income are exempt from this.

If your weekly income is higher than your care costs, you will usually have to pay for all of your care yourself. However, the charge the council makes must not take your income below a minimum amount, so that you are still able to afford daily living costs such as food and utility bills. This is called the Minimum Income Guarantee (MIG). In addition to the MIG, you must be left with enough money to cover housing costs such as rent and council tax, and disability-related expenditure (see below).

The amount of income you're guaranteed will depend on your circumstances. For example:

- if you're single and have reached the qualifying age for Pension Credit, the MIG for 2020/21 is £189.00 a week

- if you're a carer, an extra £43.25 may be added to this, giving you a protected income of £232.25
- if you're part of a couple and one or both of you has reached the qualifying age for Pension Credit, your MIG is £144.30 a week (rate for one person).

If you receive a disability benefit, your MIG may be higher:

- if you're a single person receiving a disability benefit, your MIG may be increased by £40.35 a week
- if you're part of a couple and one or both of you has reached the qualifying age for Pension Credit, and you receive a disability benefit, your MIG may be increased by £28.75 a week.



Good to know

Qualifying rules for Pension Credit for mixed-age couples changed on 15 May 2019. Under the new rules, both of you must have reached the qualifying age before you can make a new claim. Read our factsheet **Pension Credit** for more information.

The council can choose to set a higher guaranteed income level in other circumstances if it wishes. Councils do have a certain amount of discretion when

setting their charging policy for home care services. For example, they can set maximum amounts that someone should contribute, or charge only a certain percentage of someone's disposable income. Their charging policy should be available on their website. They can only charge what it is reasonable for you to pay within your individual circumstances.

There are some situations when the council may give you a lower MIG – for example, if they are paying for meals on wheels or a shopping service for you.

If you disagree with the council's assessment of your income, call us on **0800 319 6789** to arrange to speak to an adviser.

Benefits and disability-related expenditure

Most benefits will be included when calculating your income. A few aren't included, such as the mobility component of Personal Independence Payment or Disability Living Allowance.

If you receive any other disability benefits (such as Attendance Allowance), these are usually included by the council in the financial assessment, although the council can choose to ignore them. If the council does include these disability benefits in their calculation of your income, they must then deduct any disability-related expenditure from your income. This is to make

sure you are left with enough money to meet disability-related needs that the council isn't meeting. For example, you may have to spend money on:

- a personal alarm
- maintaining and repairing privately purchased disability equipment
- specialist clothing or footwear
- extra heating or water costs, above the average for your area
- cleaning and garden maintenance.

You should include any reasonable extra costs that you have to cover because of your disability. This can include costs related to household chores that the council wouldn't usually pay for, such as employing a cleaner or someone to help with your shopping.



To do

It's a good idea to make a list of any disability-related expenditure you have in advance of the assessment, to make sure you remember everything.

An example

Jasvinder has severe osteoporosis and needs care from a visiting care worker to help her to wash and get into and out of bed. She currently receives the lower rate of Attendance Allowance at £59.70 a week. The council counts this when calculating Jasvinder's income in her financial assessment. However, she has to employ a cleaner at a cost of £14 an hour, for two hours a week. As she lives alone, she also has a personal alarm system to call for help if she falls, at a cost of £3.75 a week. The council decides that these are extra costs arising from her disability and allows her to keep money from her Attendance Allowance to cover them.

If you disagree with how your MIG or disability-related expenditure has been worked out, call us on **0800 319 6789** to arrange to speak to an adviser.

How your capital is assessed

There are two capital limits. If you have more than the upper capital limit, you'll have to pay for all your care; if you have less than the lower limit, you won't need to use your capital to pay for your care. If you have between the two amounts, the rules are a bit more complicated.

- The lower capital limit is £14,250. If you have less capital than this, you won't need to use it to pay for your care. However, you probably will have to make a contribution from your income.
- The upper capital limit is £23,250. If you have more capital than this, you will have to pay for all the care you receive, unless you qualify for any free services – see chapter 3.
- If you have capital between £14,250 and £23,250, 'tariff income' is calculated. This is the income that it is assumed your capital gives you. A tariff income of £1 is taken into account for every £250 (or part of £250) of capital you have. You will probably also have to make a contribution from your income.

These are the minimum capital limits the council has to apply. Councils can set higher limits for people receiving care at home if they wish.

An example

Tim has £16,000 in capital, which is £1,750 over the lower limit. This is seven times £250, so Tim is assessed as having £7 a week in tariff income. He has been assessed as being able to contribute £30 a week from his actual weekly income. So, in total, Tim will pay £37 a week towards his care.

The financial assessment will look at your capital as well as your income. Most types of capital are included in the assessment – for example:

- savings held in bank or building society accounts
- savings in specialist investment accounts, such as premium bonds or national savings certificates
- stocks and shares
- any property or land, apart from the home you are living in.

If you jointly own any property apart from the home you live in, working out your interest in the property may not be straightforward. For more information, call us on **0800 319 6789** to arrange to speak to an adviser.

Some savings and other capital are completely ignored by the council, including:

- personal possessions, as long as you didn't deliberately buy them to try to avoid paying for your care (see chapter 5)
- life insurance policies.

After the financial assessment

You must be given a written record of your financial assessment, explaining what you will be charged, how this was calculated, how often you will be charged, and if this charge is likely to increase in the future. The information should be easy to understand.

If you have any questions about how your financial assessment has been worked out, ask the council to explain it to you. If you disagree with the way your contribution to your care costs has been worked out, contact us to arrange to speak to an adviser (**0800 319 6789**, [independentage.org](https://www.independentage.org)).



Good to know

If you want to challenge any part of your financial assessment, call us on **0800 319 6789** to arrange to speak to an adviser.

If you have difficulty paying

A council must regularly re-assess if you're able to pay your care charges, usually once a year. However, if your circumstances change, ask the council to re-assess your finances straightaway. You can then ask the council to consider reducing their charges. Explain the impact that the charge would have on you, and

why. If you don't pay the charges, social services can't withdraw the services but they can recover the money as a debt.

Note that if your local council has triggered special powers allowing them not to meet all their social care duties during the COVID-19 emergency, it doesn't have to carry out these reviews. Ask your council if this is the case.

You may also be entitled to claim a disability benefit, such as Personal Independence Payment or Attendance Allowance to help you pay for your support services. For more information, see our factsheets on disability benefits: **Attendance Allowance** and **Personal Independence Payment and Disability Living Allowance**.

Contact Independent Age to arrange a free benefits check to find out if there are any other benefits you could be claiming (**0800 319 6789**) or try our online benefits calculator (**independentage.org/benefit-calculator**).

5. Getting rid of assets to avoid paying for your care

It might be tempting to give away money or property to reduce your income or capital, so that the council has to contribute to your care. However, this can have serious consequences for you and anyone you've passed your assets to.

When the council carries out your financial assessment, they can look at assets you previously owned as well as those you own now. There's no time limit on how far back the council can look. They can consider whether you might have given away assets to avoid paying for your care, known as deprivation of assets. If the council decides you have done this, they can:

- treat you as still having the asset and include its value in your financial assessment, even though you no longer own it – this is known as notional capital
- recover the cost of the asset from the person you gave it to.

It's possible to deprive yourself of income, as well as capital. For example, you might have given away the right to income from an occupational pension. The council can also look at whether you're claiming all the income you're entitled to.

When deciding whether you have deliberately deprived yourself of assets, the council must consider:

- whether you could reasonably have expected that you would have to pay for care at the point you gave away the assets, eg did you know you would need care or were you fit and healthy at that point?
- whether avoiding paying for care was a significant reason for giving away your asset.

There can be other reasons why you no longer have an asset, so the council cannot assume you've deliberately deprived yourself of it to avoid paying for care.

Some examples

Recovering assets from the person you gave them to

Darya is about to move into a care home. She has £28,000 in capital. One month before she moves into the care home, she gives £6,000 to her daughter Yasmin. This takes her under the upper capital limit of £23,250, meaning the council could have to contribute to her care. However, this could be seen as deprivation of assets as Darya knew she would have to pay for care at the point she gave away the money.

The council decides that avoiding care home fees was a significant reason for Darya's actions. As her capital

would have been over the upper capital limit before she deprived herself of this money, Darya would have been responsible for paying all her fees herself.

The council can recover £6,000 from Yasmin.

Selling a property for less than it is worth

Miss Hart will be moving to a care home and sells her home to her nephew for a nominal fee of £10, so that she can legally transfer the property to him. Miss Hart's home is valued at £220,000 and she has other savings of £9,000. The council decides that she has deprived herself of capital and treats her as having £220,000 in notional capital. This means that she has to pay for all her own care at this time.

Personal possessions

Erik has recently started paying for care in his own home. Three months before this he gave his son a painting worth £7,000 that he has owned for 20 years. The council doesn't consider this deprivation of assets because the painting is a personal possession. Personal possessions are disregarded from the financial assessment unless they were bought with the intention of avoiding paying for care.



Good to know

If you have used your capital or assets to pay off a debt, this does not count as deprivation, even if the debt you paid off wasn't due immediately.

For more information, read our factsheet **Can I avoid paying for care by giving away my assets?**

6. Personal budgets and direct payments

What is a personal budget?

If you qualify for support from the council you must be provided with a care plan, which includes your personal budget. This is the amount of money that the council has calculated is needed to meet your social care needs. The personal budget includes:

- any amount that the financial assessment found you would have to pay towards your care
- any amount that the financial assessment found the council should pay towards your care.

What the council must do

The council must:

- be clear about how they calculated your personal budget
- make sure that the budget is high enough to meet your eligible needs
- take into account the local cost of the kind of services you need, and that care may cost more if your needs are complex

- tell you what your estimated personal budget is at the start of the care planning process, so that you can start planning your support together knowing how much money is likely to be available
- increase your personal budget if it becomes clear that the amount in the estimated budget isn't enough to meet your needs.

Direct payments

If you'll be receiving care at home and the council will be providing some or all of the money needed to make up your personal budget, you can choose to receive direct payments from the council. This means that rather than receiving services from the council, you receive a payment from them, which you then use to arrange your own support services.

This can be a good option if you want to have more flexibility about the times you receive services or more control over choosing a care worker. You should still be given information and advice about the local services that can help to meet your needs.

Councils should provide support for people using direct payments. This might include help with things like recruiting, employing and managing staff if you decide to employ a care worker yourself.

Be aware that direct payments can only be used to meet your eligible needs, as identified in your care needs assessment.

Other options

If you don't want to receive direct payments and manage your personal budget yourself, the council can do so on your behalf and arrange services for you. However, they must fully involve you in the care planning process. This is how the majority of older people choose to arrange their care funding.

Your personal budget could also be held and managed by a third party, for example, a user-led or disability-led support service. This approach is relatively new and some councils are more used to working this way than others, but they should consider your request if you want to pursue this option.

It's also possible to take some of your personal budget as a direct payment and leave the rest with the council or another organisation to manage for you.

If you're paying for all your care yourself

If you're paying for all your care yourself, you still have a right to have the council arrange your care for you as long as you're receiving care in your own home, not in a care home. There are advantages and disadvantages

to this, which may vary from area to area. The council can charge you a fee for arranging the care on your behalf, but may be able to secure a cheaper rate with the care provider than you can yourself.

For more information on arranging your own care services, see our factsheet **Getting care services at home**.



Good to know

For more information on the different ways you can receive your personal budget, see our factsheet **Social care: ways to use your personal budget**.

If you need support or advice about managing direct payments, contact Disability Rights UK (**0330 995 0404**, **[disabilityrightsuk.org](https://www.disabilityrightsuk.org)**). Their free Personal Budgets helpline gives advice on managing direct payments. Their online directory has details of local support schemes.

7. If your circumstances change

Your financial circumstances and your care needs can both change, so arrangements made after your first care needs assessment and financial assessment may change over time.

Reviewing your care needs

Even if nothing has changed, social services should review your care and support plan within six to eight weeks of it being set up to make sure everything is working as it should. This might include a review of your direct payments, if you're receiving them. Your plan should then be reviewed at least once a year. You can ask for a review at any time. Note that if your council has triggered special powers allowing them not to meet all their social care duties during the COVID-19 emergency, it doesn't have to carry out these reviews. Ask your council if this is the case. For more information on care needs assessments, see our factsheet **First steps in getting help with your care needs**.

If your financial situation changes

You should inform your council about any changes in your financial situation. For example, your savings might fall below the capital limit if you have been paying for

your own care, or your capital might have increased, perhaps because you've been left money in a will. Notional capital and income also changes over time (see chapter 5).

If your savings are falling, contact the council around three months before they reach £23,250 (the upper capital limit) and ask for a reassessment of your finances and care needs. This is because the assessments can take a while to arrange. The council can only provide financial help from the date you contact them for help, so they won't reimburse you if you've already had to spend your savings down to below £23,250. It's up to you to let the council know that your circumstances have changed.

Moving to a new council area

If you're getting care at home and are thinking about moving to a new council area, the council in the new area must give you general information about care in that area if you ask them.

What happens next depends on your situation and finances.

If you're getting financial help from the council

During the COVID-19 emergency, the government has brought in new legislation which means local councils can trigger powers allowing them not to meet all their social care duties. If your council is using the new legislation, it doesn't have to agree to help you move to a new area, or ensure your care needs are met there. Check with your local council if you're thinking about moving.

When you've decided that you want to move to a new council area, your current council and the council in the new area must work together to make sure that there is no interruption to your care and support when you move.

Start by informing the council in the area you want to move to. Once they have confirmed you intend to move into their area, they must tell your existing council. Your existing council must then give the new council a copy of your care and support plan and any other information they request.

The new council must:

- give you any additional information it thinks is appropriate. This should include information about the types of care and support available to people with

needs similar to yours, local organisations that could meet your needs, and the council's charging policy

- consider if you may benefit from an independent advocate to help you to decide what you want to do
- carry out a care needs assessment for you, taking into account your existing care and support plan
- agree a new care and support plan with you.

If the new council doesn't do this before you move, they must arrange to meet the needs your old council was meeting from the day of your move. But they don't necessarily have to do so in the same way, so your care and support package may be different to the one you're used to.

If someone caring for you has had a carer's assessment and gets support from the old council, the same procedure applies to them.

If the new council assesses you as having different needs to those your previous council identified, or changes your personal budget, they must write to you to tell you why. If you're unhappy with the changes, you should ask the new council for a review of your care needs assessment and financial assessment. If this doesn't resolve the situation, you can consider making a complaint. Read our factsheet **Complaints about care and health services** for more information.

Moving to a new council area can be complex. Call us on **0800 319 6789** to arrange to speak to an adviser who can give you more tailored information.

For more information on care needs assessments, see our factsheet **First steps in getting help with your care needs**.



Good to know

You should be given the name of a person from each council who is responsible for supporting your move. If there is a delay with your move, both councils should keep in touch with you and each other to make sure arrangements continue to be in place.

Your care and support plan should include arrangements for the entire day of the move. Your old council is responsible for meeting your care and support needs in your original home and when moving. The new council is responsible for providing care and support when you move into the new area.

If you're paying for your care yourself

While you have capital over £23,250 or an income greater than your care fees, you will usually be responsible for arranging care in your new area

yourself. It is still advisable to make sure that your care needs assessment and financial assessment are up to date. If you haven't had these assessments recently or your needs have changed significantly, ask your current council to arrange reassessments.

Moving to a new area if you don't have mental capacity

Mental capacity is the ability to make and communicate a decision when it needs to be made. If you lack mental capacity to choose where you want to live, any decision about a possible move must be made in your best interests. If you lack mental capacity to make arrangements for your care, and there's no one who is able or authorised to do this for you, your current council must help and they must not charge an arrangement fee for this. This applies whether the council is contributing to your care costs or you are paying them all yourself.

8. Paying for your own care

If you're self-funding, you might be wondering how best to pay for your care. There are a number of options that might be available to you. Long-term care can be very expensive, so it's important to get independent financial advice.

Paying for long-term care is a specialist area, so make sure your adviser holds a relevant qualification (including CF8 or CeLTCI) showing they understand the care system in the UK. You can find an adviser through the Society of Later Life Advisers (**0333 2020 454**, [societyoflaterlifeadvisers.co.uk](https://www.societyoflaterlifeadvisers.co.uk)) or Unbiased (**0800 023 6868**, [unbiased.co.uk](https://www.unbiased.co.uk)).

There are a number of financial products that may be available to you to help pay for your care. For example, an immediate need care fee payment plan pays out a guaranteed income to cover the cost of your care in exchange for you paying a large lump sum in advance. The quality of financial products varies, so seek independent financial advice.

For more information, see our guide for self-funders, **Paying for your care**.

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

Thank you

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