



ADVISERS GUIDE TO THE INDEPENDENT LIVING FUND



The Independent Living Fund (ILF), created in April 1988, is a Government-backed Trust that assists people with severe physical or mental disabilities to stay in their own homes, rather than enter institutional care.

The Fund underwent a review at the end of 2007, and then had further important changes effective from 1 April 2008. These changes reflect the significant budgetary constraints that the Government has now placed upon the ILF.

The applicant has to be on a low income and need extra cash to pay for **personal care** or **domestic assistance** that the person would otherwise be providing for themselves.

ILF funding can be used to pay the costs of employing personal assistants, or a care agency. However, it cannot be used to pay a *close relative* who lives with the disabled person. The definition of close relative has been extended, so it now also includes nephew, niece and step-relatives, as well as: spouse, partner, civil partner; parent/parent-in-law/step-parent; aunt, uncle, grandparent; son/son-in-law, daughter/daughter-in-law; step-son/daughter; brother/brother-in-law, sister/sister-in-law; step-brother/sister; and any spouse/partner of any of these.

'**Personal care**' can include the sort of care covered by Disability Living Allowance (DLA)/ Local Authority Care Assessment (including care needed when away from the home if it mirrors that needed when at home), while '**domestic assistance**' could include shopping, ironing, laundry and cleaning.

Nursing care, childcare costs, or costs arising from the fact that the disabled person is a parent are not covered.

Cash payments are made direct to the disabled person, who uses it to pay for care to ensure that s/he can continue to live independently at home.

Note: all figures change annually.

As a discretionary trust, the trustees cannot fetter their discretion when making awards by having hard and fast rules. However they adhere to the fundamental guidelines below.

As well as being severely disabled to the extent that significant help with personal care or domestic assistance is required to maintain independence, the applicant must :-

- claim aged between 16 and 65 (it can continue to be paid after 65),

AND

- have capital below £22,250, (joint capital if a couple)

AND

- be in receipt of the highest rate of Care Component of DLA,

AND

- be on a low income (Income Support [IS] or equivalent)
(earnings of claimant or partner are ignored, other income is aggregated)

AND

- be living alone, or with people who are unable to meet the care needs (e.g. due to old age, ill health, disability, other responsibilities, or simply due to the extent of the need),

AND

- be able to live in the community for at least the next 6 months,

AND

- meet the same UK residence and presence tests as for DLA

AND

- be receiving (or planned to receive) services or cash to a value of at least £320 pw/£16,640 per year from Adult Services community care package (Supporting People payments are ignored)

AND

- have initial total care needs that cost no more than £785 pw
(i.e. Adult Services plus ILF)

Care needs must generally be unlikely to change, and the care package is expected to remain stable. This usually excludes the terminally ill. For initial claims, the most that the ILF can pay currently is £375 going up to an absolute maximum of £455 a week after 6 months.

FROM APRIL 2008 priority has been given to (1) applicants who are in work of at least 16 hours pw; thence to (2) those on Income Support/income-based JSA/income-related ESA/Pension Credit Guarantee Credit, or at those with an income at similar levels. For this second group there will be a minimum package cost, set initially at £500pw, being made up with the gross AHCS and anticipated ILF

contributions. The cost of the package will be based on the GROSS cost of care, rather than the net amount to be paid by the ILF and AHCS.

Thus, applications from those in the second group will normally be rejected if the care package is likely to cost below £500.

HOW TO APPLY

Adult Services have to assess the applicant's care need (it may be decided that residential care might be more appropriate). They will have to say that the care package will not exceed £785 pw, and that Adult Services will be contributing, in services and/or cash, at least £320pw/£16,640pa of this.

On acceptance of the application, a 'visiting assessor' will visit the applicant and social worker together. At that meeting, all three will discuss care needs and will agree the amount/ type of care needed.

This will be written up by the assessor, and submitted to the ILF.

If agreed, and once details of who will be providing the care are established, payment will be made to the disabled person.

SINCE APRIL 2008 an application has only been valid once all the paperwork is completed, including the details of the care costs from the Local Authority.

An award will only be made from the date the ILF receives the acceptance of the offer from the service user. An earlier date will only be considered if there is evidence of an incurred liability. In particular backdating will not be considered if it is to reimburse AHCS costs.

APPLICANTS CONTRIBUTION

There is a financial assessment of the disabled person, based on the Income Support calculation.

The capital and income of a couple are counted jointly, except earnings which are ignored. The Savings Credit element of Pension Credit is also ignored in full.

From the ILF payment will be deducted:

- At least half of the DLA Care, i.e. at least £35.18 pw
- If on IS/income-based JSA/income-related ESA, all of any Severe Disability Premium (SDP) -£52.85_pw
- There is a separate calculation for those not on IS/income-based JSA/income-related ESA:

Income (ignore earnings)

Less 'allowances'-full mortgage payments/endowments

Less their IS entitlement (except SDP)

The net figure will be the applicant's contribution.

INCREASE IN CARE NEEDS

Re-applications can be made at any time; also the ILF can approach Adult Services for an increase in their contribution.

Variable costs arising from a fluctuating condition, such as MND, where the limit is exceeded can be accommodated.

If costs exceed £785 within the first 6 months of the award, the ILF are able to withdraw on that reason alone. If they exceed £785 after 6 months, this is not sufficient reason to withdraw in itself.

The ILF can increase its contribution up to a maximum of £455 pw (from £375 pw), but it has to be matched by that of Adult Services. After that point, Adult Services can continue to increase its contribution, but the ILF cannot.

ENTERING HOSPITAL/CARE HOME

ILF payments will be suspended, although they can continue for up to 4 weeks if needed as a retainer where the disabled person is directly employing his/her employee. The file will be kept open for 13 weeks (longer at the ILF discretion) and payments restored if independent living is re-established within that time.

INDEPENDENT LIVING & SUPPORTED LIVING

The ILF can assist during school holidays if the person is in residential school; they will expect Adult Services to contribute at least £320pw /£16,640 pa.

To stress the ethos of independent living, where the Fund applicant lives in 'supported, shared care' accommodation, the ILF funding must facilitate 'discernable improvement' in their quality of life.

EMPLOYMENT ISSUES

The carer will either be self-employed, or employed by the disabled person – each case will be dealt with differently by HMR&C.

For more details, contact The National Centre for Independent Living,
tel: 020 7587 1663; text phone 020 7587 1177; Fax 020 7587 2469

CONTACTING THE ILF

The ILF is based at: PO Box 183, Nottingham, NG8 3RD
The ILF website (www.ilf.org.uk) has full details, including detailed guidance for professionals.

The information in this factsheet is correct as of April 2009

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