

# Independent Living Fund Scotland

## Social Return on Investment (SROI) Evaluation

February 2024

# 1.0 Introduction

Social Return on Investment (SROI) studies on the Independent Living Fund (ILF) in Northern Ireland (NI) in 2019<sup>1</sup> and 2023<sup>2</sup> found that for each £1 spent £10.89 and £13 respectively was generated in social value. The stakeholders identified were Recipients, Personal Assistants (PAs) Health & Social Care Trusts, Families, informal carers, and NI civic society.

## 2.0 Aim & Rationale

In August 2023, the potential of replicating the SROI methodology adopted for the ILF NI studies to calculate the social value generated by ILF Scotland was discussed by the ILF Scotland Advisory Group. After a detailed presentation of the ILF NI methodology and an explanation of the caveats and assumptions<sup>3</sup> that would underpin an equivalent study for ILF Scotland, the Advisory Group agreed to proceed. This study therefore represents the final instalment of a trilogy of social impact reports on the ILF in Northern Ireland and Scotland.

## 3.0 Method

The extent to which the five outcomes below evidenced and valued for NI recipients in the 2019 and 2023 studies were relevant in Scotland was tested during nine semi-structured interviews with ILF Scotland recipients/award managers.

- 1. Emotional well being**
- 2. Health maintenance**
- 3. Sustaining natural support**
- 4. Personal development**
- 5. Living Independently**

Discussions were facilitated with ILF Scotland to determine the stakeholders for the study. The direct and indirect stakeholders for the ILF NI studies were used as the starting point for the discussions. From this, some differences in the Health & Social Care systems and the administration of ILF in both regions emerged.

*1 Undertaken by the Centre for Independent Living Northern Ireland & Gauge Impact.*

*2 Undertaken by Business Improvement Solutions.*

*3 (a) Given the small sample size of the ILF Scotland study, the final SROI value would be presented within an indicative value range (See Section 5) (b) The same stakeholders are impacted by ILF in Northern Ireland and Scotland and outcomes for the primary stakeholder (ILF recipients) are similar in both regions..*

The financial proxies used for the ILF NI SROI studies were then reviewed to determine how they could be applied to the ILF Scotland SROI calculations. 18 of the 21 outcomes for the NI studies (See Appendix 1) were sourced from UK wide proxy banks so were material to ILF Scotland. The remaining three outcome proxies were amended to reflect differences in the costs of nursing and residential care, hospital admissions and the minimum wage between Northern Ireland and Scotland.

## 4.0 Consultation

This section summarises the key findings from the consultations with the nine ILF Scotland recipients, two of whom were award managers. Five have been in receipt of ILF for over 20 years with the others benefitting from the fund for 14,16,17 and 19 years, respectively.

All referenced ILF being an enabler for independent living. This was a combination of getting out of the house to volunteer, socialise with friends, going to the cinema and attending family events. Being able to sustain regular exercise (swimming) and find new hobbies (model aircraft flying) was according to one recipient directly attributable to ILF. With the support of their PA, one recipient was able to use public transport to visit their ageing parents regularly who live relatively close by.

Two of those interviewed are on the boards of voluntary and community organisations and advocate and campaign for disabled people, asylum seekers, and those who are homeless. Both had long and successful careers and having ILF to assist with administration and attending meetings enables them to use their experience and expertise to support marginalised groups and influence national policy on disability and social inclusion.

The health maintenance aspect of ILF was evident throughout. Recipients used the fund to ensure that they were accompanied to hospital, GP, and physio appointments. One of the recipients is employed part time and indicated that it would not be possible to work without ILF. For another, attending the Glasgow School of Art to pursue a qualification in Photography and working with professional photographers who use the facility was made possible by ILF.

Having the confidence to volunteer and present to the City of Edinburgh Council on disability access issues are for one recipient indicators of the personal development outcomes facilitated by ILF. Feeling less dependent on family and friends was for all recipients an important enabler in maintaining healthy equal relationships with those closest to them.

The overarching theme to emerge from the consultation was that all recipients felt in control of their lives with a good balance between socialising, hobbies, education, volunteering, and employment. All appreciated the flexibility of ILF and derived confidence and belief from being able to manage the fund.

When asked to contemplate a scenario where they could no longer avail of the fund or if it was managed through a local authority or Health & Social Care Partnership (HSCP), losing independence and connection with their community was the spontaneous reaction of all recipients. Having to attend some form of daycare or perhaps live in supported or residential facilities was something that none could countenance at this time.

The differences between statutory care packages, Direct Payments and ILF from a lived experience perspective is poignantly captured in the following quotation from one recipient.

*“The inflexibility of my care package means that I am up, washed and dressed at 8am daily irrespective of what my wishes are. Day centres are not for me and having ILF means I can structure the day around my voluntary work, attending meetings and catching up on administration. It would be a long boring and empty day without ILF. It gives me a purpose and makes me feel alive.”*

## 5.0 Findings

There are some differences between Northern Ireland and Scotland which are relevant to this study. Firstly the value and reach of ILF is much greater in Scotland (£41,900,690 and 1995 recipients in 2022-23) than Northern Ireland (£6,850,000 and 349 recipients in 2022-23). There are five Health and Social Care Trusts (HSCTs) in Northern Ireland.

In Scotland Health and Social Care is managed by 31 Health and Social Care Partnerships (HSCPs) working towards a set of national health and wellbeing outcomes. All Partnerships are responsible for adult social care, adult primary health care and unscheduled adult hospital care. Many are also responsible for children’s services, homelessness, and criminal justice social work.

Northern Ireland has a more traditional daycare service than Scotland and it was felt by stakeholders that NI has a more established community infrastructure with over 8,000 community groups seeking to support the most vulnerable in society. The remote geography of the Scottish Highlands means that interventions which can reduce isolation and enhance inclusion and connectivity in these areas are valuable assets but can be difficult to service.

The consultations with ILF Scotland recipients/award managers reinforced similar outcomes accruing to those valued for ILF NI recipients in the 2019 and 2023 SROI studies. The combined influence of emotional wellbeing, health maintenance, sustaining natural support and relationships and having the capacity to ‘get on with life’ demonstrate a clear preventative effect as recipients are better positioned to manage and overcome challenges they encounter in daily life.

The feedback from recipients/award managers in both countries in respect of the challenges presented by Covid 19 was unerringly similar. Access to the fund was a critical enabler particularly for health maintenance, resilience, and emotional wellbeing throughout the pandemic. Those interviewed emphasised the competence of their PAs who worked effectively to ensure all public health guidelines were adhered to. When PAs had to self-isolate, ILF was able to meet the furlough costs.

None of the ILF Scotland recipients contracted Covid which meant that they avoided hospitals where the pandemic was most infectious. Those interviewed referred to the empathy, understanding and flexibility experienced in their correspondence with ILF during Covid.

## 5.1 SROI Results

The social value generated by ILF Scotland for a range of stakeholders demonstrates extended impact and value for money. ILF through its £40.9 million allocation to recipients in 2023 generated a social value of between £1:£12 and £1:£13. This is based on a Total Present Value of £493,329,593 created against the input of £41,900,000. The calculations applied financial proxies to twenty-one outcomes (See Appendix 1) for five material stakeholder groups evidenced through the primary and secondary research.



It is necessary to discount the values generated by each of the financial proxies used to reduce the risk of over claiming. It is evident from current statutory funding levels and policy priorities that equivalent levels of funding to the ILF allocation to support independent living in the community would not have been made available. We have therefore attributed low levels of deadweight<sup>4</sup> (5-10%) to the calculations.

There is no robust evidence base emerging that ILF has displaced other domiciliary or home-based services rather the contrary in that it has strengthened existing assistance and support requirements based on the principles of independent living. Reduced isolation, improved family relationships and increased capacity to contribute to their local community and wider society are among the outcomes reported by participants through their personal stories.

In the absence of ILF there would not have been sufficient community or voluntary services or inputs from family available to achieve similar outcomes for recipients. The SROI ratio is calculated over five years to reflect the longer-term impacts for stakeholders if the fund was no longer available. Given the complex needs of many recipients the drop off in impact would be in the range of 20-50% in years 2-5.

<sup>4</sup> Deadweight is an estimation of the value that would have been created if ILF was not available to recipients.



## 5.2 Sensitivity Analysis

Given that the analysis contains estimations and assumptions, it is prudent to review where these decisions have had a significant effect on the overall SROI calculation and to consider, therefore, the assurance that can be placed on such figures. However, as an evaluative analysis, the Study contains confirmed data regarding ILF funded outputs. The research makes extrapolated assumptions on the numbers impacted based on consultations with ILF Scotland recipients and aggregated data on outcomes from the NI study.

The sensitivity analysis explores the impact on the SROI ratio of changing some of the study's key assumptions. Discount rates thought to be significant were amended to clarify the impact of changing attribution, deadweight, or displacement. Outcome values generated from research methods were adjusted to determine the impact of changing values, given that consultation results were extrapolated over the full stakeholder group. The sensitivity analysis did not significantly alter the final calculations which are considered assured.

## 6.0 Summary

Despite the differences in the scale and reach of ILF in Northern Ireland and Scotland, the social value generated by both funds for stakeholders is similar. This demonstrates that irrespective of geography, the core outcomes of emotional wellbeing, health maintenance, sustaining natural support and relationships and feeling independent builds resilience to manage and overcome challenges recipients encounter in daily life.



# Appendix 1

Financial Proxies and sources used for the SROI calculations:

- Relief from depression/anxiety (£40,442) HACT Social Value Bank
- Sustaining full time employment (£14,433) HACT Social Value Bank
- Belonging to a social group (£1,850) HACT Social Value Bank
- Increased frequency of interaction with friends, relatives & neighbours- £7,750
- Value of lives saved (£1,553,653)
- Feeling in control of life (£15,894) HACT Social Value Bank
- The average cost of residential care in Scotland (£39,656) Standard rates | Care Information Scotland (careinfoscotland.scot)
- Regular volunteering (£3,274) HACT Social Value Bank
- Cost of building confidence and self-esteem (£272)  
<https://www.revolutionlearning.co.uk/>
- Cost of family mediation (£1,500)  
<https://www.nfm.org.uk/about-family-mediation-services/costs/>
- Cost of stress relief (£350)  
<https://www.happy.co.uk/leadership-and-personal-development/personal-development-programmes/stress-management-for-staff/>
- Positive relationships with family (£6,784) HACT Social Value Bank
- Feeling connected to community (£3,753) HACT Social Value Bank
- Lifetime value of having at least a Level 2 Qualification (£10,000)  
[https://assets.publishing.service.gov.uk/media/5a7de15ced915d2ac884e1ac/RR398A\\_-\\_Economic\\_Value\\_of\\_Key\\_Qualifications.pdf](https://assets.publishing.service.gov.uk/media/5a7de15ced915d2ac884e1ac/RR398A_-_Economic_Value_of_Key_Qualifications.pdf)
- Cost of a hospital stay - £483 per day Help with health costs (nhsinform.scot)



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