

# Strategy Engagement Events – Summary Report

**Tollcross International Swimming Arena**

**Thursday 27 February 2025**

## Introduction

As part of this strategic planning process, ILF Scotland invited our recipients and other key stakeholders to co-produce our new strategy for 2025 to 2028. To that end, we organised a series of engagement events and using the feedback from these events along with feedback from other stakeholders, including our Advisory Groups, our staff and our Board members, about how we should priorities its activities in this next strategic planning cycle, we developed our draft strategic priorities for the plan period:

- 1. Enable more disabled people to access our funds to live independently**
- 2. Build capability and capacity across the sector**
- 3. Deliver a high quality, inclusive and sustainable service**

We then organised and in person engagement event to discuss the first two of these priorities with our recipients and other key stakeholders at and event held in Glasgow on 6 March 2025. 83 people registered to attend, with 48 taking part on the day.

## **Discussion 1:**

### **1. Enable more disabled people to access our funds to live independently**

#### **Applications to ILF**

There was a great deal of discussion about how to reach more disabled people to enable them to access ILF Funding.

There was consensus that (having) only one route to applications was a barrier to people accessing the re-opened fund. People felt there was a disconnection between social work and disabled people, and that this might explain why social work are not applying to the Fund on their behalf. Many spoke of not having an allocated a social worker, and some reported their reviews are carried out by a review team, meaning they lack contact with someone who knows them and is aware of their needs – need to move away from medical model of disability to social inclusion.

It was expressed that social work is only available in a crisis situation, rather than care management. Help is on a reactive rather than proactive basis.

It was suggested that ILF should encourage people to approach social work and ask them to apply on their behalf.

Enabling other routes to access ILF not just SW who are understaffed. Different priorities as well.

A number of people who meet AP and approached SW and turned down as they were not complex enough – gatekeeping?

How ILF can make the application process more consistent and streamlined and work with LAs on this?

People would like ILF to enable disabled applicants to complete their own application and then submit to social work who could use case notes to check and confirm whether the application is accurate, as this could speed up the process.

It was also suggested that people should be able to apply directly on their own behalf and that local authorities could pre-approve people for ILF funding at the point of receipt of SDS package?

“In an ideal world, the ILF application form should be filled in jointly by the various agencies, but time and money are the enemy”

It was felt that a lot of people are under the radar, for example. young and elderly people and certain demographics are unintentionally left out. Those with family and friends to support them appear to have greater access to the Fund than those who are more isolated and not well supported.

There was a suggestion that NHS should make applications for example GP surgery with links to SW and information and experience of a person's condition. Some attendees disagreed with this, feeling that GP surgeries are already under huge pressure.

One group suggested the option of ILF funding being allocated to a Third Sector organisation (rather than an individual recipient), for them to distribute appropriately amongst people, depending on their needs.

It was noted that social work can be a bottle neck to getting the right support. Could ILF Scotland support organisations, such as DPOs applying for the fund to take the weight off the social work department?

It was noted that some disabled people are wary of “rubbing Social Care the wrong way” for fear of retaliation, for example social care package being cut. There seems to be no right or fair way of putting applicants forward for the limited number of spaces.

“Disabled people understand and want to use the social model of disability not the medical model of disability. This helps to establish the barriers to living a normal independent life”

There was much discussion and agreement around the need for DPOs and local authorities to work better together in partnerships and lose a “them and us” mentality. Could ILF Scotland help fund DPOs to help with the application process? (Inspiring Scotland SiRD model cited)

Lack of awareness that there is discussion about the possibility of DPOs becoming involved in application process and supporting alongside LA - positive about trial of DPOs putting in applications.

DPOs know people - high needs / low budget and lot of unpaid care – how do these people access ILF.

Very pleased that unpaid care is now included – when looking at DPOs more involved, can you also consider the carer’s organisations as well. There may be people not involved with DPOs and we do not want to miss them out.

It was noted that “experts and professionals are not the same thing” and there is a need to make sure people with lived experience are included in the decision making, including younger people.

One attendee suggested that local authorities must use up all their ILF spaces to put pressure on the Scottish Government to provide more funding in future years.

“There is such a big priority of where people get money it’s a minefield.”

Good care is hard to find. Delivery of unpaid care can be stressful – do LA need to fill this role?

People who find themselves in hospital and cannot get home – can ILF bridge the gap of time before the LA have a care package in place, allow them to get home again.

Another suggestion was to work with ELR schools who have access to children leaving and going into adulthood who will require support.

There was some discussion around policy, with a request for the policy suite to be reviewed in light of social work capability and availability.

## **Access Principles / Threshold Sum**

It was felt the Threshold Sum was still quite high. The unpaid care element is helpful, although may not be enough for some younger people who still live at home. One attendee gave an example of people with PIP assessed needs but no current support in place, so miss out.

There was feedback that the application process seemed more involved and more complicated than it used to be. Others reported that they had

heard of cases where an applicant met access principles, but Social Work refused to put the application forward.

Social work cuts so local eligibility criteria changing so that people are no longer eligible and won't meet the threshold.

One attendee reported that the implementation of the re-opening created panic amongst local authorities due to the limit on the number of spaces (for example 12 in East Renfrewshire) when local authorities are aware of many more people who would benefit from the re-opened ILF.

There are people with high needs but low budgets who are not eligible to apply to the new fund – is it possible to allow the policy suite to consider this and then target those individuals for support? Could ILF top up by even 3-4 hours a week of support to those people getting no support?

One attendee noted that anyone who does not have critical or substantial needs is not getting an SDS budget, with some local authorities carrying out annual assessments.

The question was asked whether interpreters could be seen as an essential role providing unpaid support (care) to those with hearing loss?

## **Knowledge / Awareness of ILF / Communications**

Most attendees thought there needed to be a greater awareness of ILF and the re-opened Fund. People spoke of a lack of advertising and the need for a national awareness campaign.

Many people thought newer social workers may not be aware of ILF. Awareness of the re-opened Fund and common issues should be raised with grass roots organisations as we are not reaching these people.

People often trust these organisations more so than social work. Could be a way of raising awareness.

Attendees asked whether ILF's communications were accessible enough – do they cater for those with hearing, sight loss or neurodiversity? Digital and online media do not always cater to these groups – deaf community can't interact well with online forms – need hybrid approach more regularly with communication and updates. Strategy should be accessible plan for deaf recipients – BSL etc.

Simple language is appreciated – recipients face challenges to understand the language used by agencies and legal organisations.

Could ILF Scotland create a broader network and community, potentially with Community based ILF events, or be signposted to DPOs, or care centres to access information on what is available to them? There needs to be more information about what ILF do.

“If you're not asking LA what is available, they will not tell you.”

It was noted that some organisations such as GCIL can be supportive, but people need to know where to go for advice. Services are not available across the whole of Scotland.

Policies should be as simple and flexible as possible and communicated to all. There should be a greater use of flexible funding.

There was a suggestion to hold an Awards event to recognise PAs / Carers / Providers / Unpaid carers. This was well received when raised to all attendees as an excellent idea.

## **Transition Fund**

There was agreement that the Transition Fund should be available for a wider age range, as often people are going through critical transitions later in life. The age of 30 was suggested.

Should funding age access be lowered with no upper age limit to reach more people? Inconsistent transition and how ILF could have a role in promoting what a good transition looks like – helping young people and parents.

One attendee shared he had received driving lessons and had driven himself to the event.

Good work done in promoting TF over past few years.

Engagement events for the Transition Fund worked well.

## **Award Management**

There was a good discussion around some of the challenges with Award Management, with communication around changes to rates and uplifts a common issue. Attendees spoke about having to contact ILF for retrospective payments.

Historically, social workers have acted as Award Managers, but the system has changed as social work do not stay with clients longer term. Signing invoices can be problematic, with some FMO agencies wanting social work to sign invoices before payment.

More support from ILF Scotland with the Award Management role would be of benefit. Peer support from existing / good / experienced award



managers to new AM could be very helpful. Potential for a message board system / sharing information to demystify. Flexible funding is a bit restrictive.

Could Third sector organisations act as Award Managers and is this something that ILF Scotland would help fund? Could a community of best practice be created to help Award Managers.

There was also the suggestion of providing peer support by bringing people together to share lived experience and sharing success stories.

## **Discussion 2:**

### **2. Building capacity and experience of social care sector**

It was widely recognised that there are significant capacity issues in social care support, such as high vacancy rates, with an ageing social worker population. Social Work jobs need to be made more attractive to encourage more people to apply for roles. There are extra pressures on DPOs to provide the advice and support – can ILF fund DPOs?

Lack of named social workers, and many do not have the broad understanding across all disabilities, such as hidden disabilities.

Attendees reported financial issues in local authorities resulting in funding cuts to care. The cost of care is a major issue and agency rates are increasing.

Many attendees noted that there must be a distinction between core support, which is to be provided by Social Care, and additional funding provided by ILF.

People felt that Social Work needs to be challenged when they are not doing all they can to support disabled people, although fear of repercussions is seen to be challenging. Having to fight for the right support and funding was a common theme.

Many services are now closed, leading to isolation for disabled people.

Many raised the issue that care providers don't always have enough staff so capacity and consistency is an issue, often leading to a lack of trust.

The need for advocacy across social care was raised, with an example given where hospitals are not always helpful in how to interact with disabled people and how their condition presents itself.