



## Older Persons' Advice Project (OPAP) Social Return on Investment (SROI) Analysis



### *An evaluation of social added value for the Older Persons' Advice Project*

Sheila Maxwell  
December 2009

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## The SROI Network Accounting for value

This report has been submitted to an independent assurance assessment carried out by The SROI Network. The report shows a good understanding of the SROI process and complies with SROI principles. Assurance here does not include verification of stakeholder engagement, data and calculations. It is a principles-based assessment of the final report



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## Foreword and Acknowledgements

Linkwide and its parent body, Link Group, are committed to exploring social accounting techniques to fully demonstrate the impact and value of our activities to society as a whole. Linkwide's Older Persons' Advice Project (OPAP) was identified as an excellent candidate for Social Return on Investment (SROI) analysis as it is a discreet project, delivered in-house, that is acknowledged as an example of good practice in its field, including being selected as a finalist for the Chartered Institute of Housing, UK Housing Awards in 2008 and 2009.



OPAP Team 08/09: L. to R.  
Gael McKenzie, Audrey Anderson and  
Ruth McIntosh

We are delighted with the results of the Social Return on Investment analysis which demonstrates a social return of £27.53 for every £1 invested in OPAP during 2008/09. However, this figure must be considered in conjunction with the story of change experienced by our stakeholders, particularly the older person households whose quality of life has been significantly improved as a result of OPAP. The success of OPAP is due in particular to the proactive approach and skills of the OPAP Team pictured above.

Linkwide would also like to thank our partner Registered Social Landlords (RSLs) and funders below for their ongoing commitment to OPAP. I hope this SROI Report and the clear business and social case made will secure the future of OPAP for many years to come, enabling us to reach out to more older person households across the central belt of Scotland.

Roy Stirrat  
Chairperson, Linkwide Ltd

Older Persons' Advice Project is supported by:



## Executive Summary

This is a Social Return on Investment report on the Older Persons' Advice Project (OPAP) delivered by Linkwide, a wholly owned subsidiary of Link Group, the Registered Social Landlord (RSL). Linkwide Ltd is a company limited by guarantee with charitable status which aims to promote inclusion, tackle inequalities in society, contribute to Scotland's broader social justice agenda and deliver high quality projects and services to those most in need.

OPAP is an income maximisation and holistic advice service for older tenant households (age 60+) of partner RSLs (Abronhill Housing Association, Almond Housing Association, Link Housing Association, Paragon Housing Association, Weslo Housing Management and Wishaw and District Housing Association) and all tenure older person households resident in the Falkirk Community Planning Partnership Priority Regeneration Areas.

The analysis within this report is based upon the evaluative Social Return on Investment (SROI) model which attributes values to identifiable impacts, in order to calculate the value returned relative to the cost of service provision. This report presents an analysis of the social added value delivered through the funding investment of £93,999 in OPAP from July 2008 to March 2009 by the partner RSLs, Scottish Government (Wider Role Fund) and Falkirk Council on behalf of the Falkirk Community Planning Partnership (Fairer Scotland Fund).

### Stakeholders

The report shows how OPAP makes a real difference to the 351 older person households who engaged with the Project during the period under analysis whether for benefits advice and support, to information and signposting on a wide range of issues and service from fuel poverty to Care and Repair and Aids and Adaptations assessment. £404,429 in benefits was secured by OPAP, demonstrating the proactive approach needed to help older people overcome the significant barriers they face to access the benefits system. This represents an average increased household income of £1,152 for households engaging with OPAP.

In addition to impacting on the lives of the older people engaging in the project, other stakeholders are affected by the wide range of outcomes created as a result of OPAP. The scope of the Report is restricted to analysing the story of change for the following stakeholders:

- Older person households
- Partner RSLs
- Falkirk Council (representative of local authorities covered by OPAP)
- National Health Service
- Scottish Government

### OPAP Outcomes

The impact map constructed for OPAP following stakeholder consultation showed that a range of outcomes were being created, which include:

- Increased household income
- Improved quality of life (improved diet, reduced isolation, able to afford more help in the home, increase use of private transport)
- Improvement in long term health conditions
- Reduced fuel poverty
- Increased uptake and access to services targeted at older person households
- Improved safety and security in the home and older people able to stay in home for longer as a result of installation of aids and adaptations
- Improved staff and board understanding of income maximisation and benefit uptake issues amongst older person households
- Reduced demand on NHS services by older person households (reduced falls and accidents, improved health, securing private community health services such as chiropody)
- Increased income to Scottish Economy due to multiplier effect of increased household income and resulting expenditure

## Results

The total impact calculated from the impact map for OPAP for the period 1<sup>st</sup> July 2008 to 31<sup>st</sup> March 2009 under the assumptions made was £922,990. The value of this impact in future years is discounted to net present values, using a discount rate of 3.5%. The total present value of OPAP is calculated as £2,588,054. The total invested to generate the total present value, was £93,999. The SROI index is a result of dividing the total present value by the investment. This gives a social return of £27.53 for every £1 invested in OPAP.

## Recommendations

Recommendations for Link Group and stakeholders include:

- Mainstream OPAP as part of Linkwide's core Advice Team
- Integrate learning from OPAP SROI into the continuation of OPAP
- Continue to Promote OPAP as a model of best practice
- Increase targeted promotion of older persons' support services such as Care and Repair and Aids and Adaptations Assessment to older owner occupiers who have a low level of awareness and contact with services
- Improve inter-agency communication and co-ordination of service delivery through clear referral procedures to ensure older people with health and mobility issues have correct aids and adaptations and benefits check
- Prioritise Attendance Allowance in benefit uptake campaigns for older people and consider changing the misleading name of the benefit.
- Information on social tariffs is not easily accessible and should be more actively promoted by energy providers

The Report presents a powerful social and business case for investment in proactive income maximisation and advice services targeted at older peoples due to the multiple benefits across community planning objectives and national outcomes from tackling poverty to increasing access to services and improving quality of life.

# 1 Introduction

## 1.1 Linkwide

Linkwide Ltd was established in 2001 as a wholly owned subsidiary of Link Group Ltd, a Registered Social Landlord. Linkwide Ltd is a company limited by guarantee with charitable status with the aim to promote inclusion, tackle inequalities in society, contribute to Scotland's broader social justice agenda and deliver high quality projects and services to those most in need. It achieves this by:

- Delivering a wide range of advice and advocacy services specifically targeted at those most in need or those who are vulnerable
- Working with Link tenants and their respective communities to develop and deliver a range of sustainable social justice measures that make a positive difference to individuals and communities
- Developing partnerships with tenants, local people and other agencies with the ultimate goal of creating sustainable communities.

Linkwide operates in communities where there are Link Group tenancies and shared owners. This currently covers 22 local authority areas with activity concentrated in the Central Belt of Scotland.

## 1.2 Benefit Under-claiming and the Older Persons' Advice Project (OPAP)

Benefit under claiming is a major issue with severe implications for the health and well being of older people in the UK. The cost of living is increasing, particularly food and fuel costs, making it harder for pensioners to make ends meet. Despite this, it is estimated that £4.6 billion in benefits go unclaimed by older people every year.<sup>1</sup> In Scotland, it is estimated that as much as £150m of benefit remains unclaimed by older social housing tenants every year.

Almost 50% of those entitled to claim Council Tax Benefit (up to 2.2 million pensioners) are missing out. Claiming could reduce the council tax bill of eligible pensioners by an average £645 a year. And 18% of pensioners who can claim housing benefit - 350,000 - did not do so, leaving them worse off by an average £2,285.<sup>2</sup>

Around half of all pensioners, including many with savings and investments, are entitled to money under the pension credit system. Some 41 per cent of pensioners eligible for the credit - 1.8million - failed to claim last year.

The Department for Work and Pensions estimates a 40 – 60% under claim rate of Attendance Allowance. This is particularly significant as Attendance Allowance is a key "passport" benefit that, if awarded, can lead to Severe

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<sup>1</sup> Department for Work and Pensions Income Related Benefits estimate of take up 2007/08

<sup>2</sup> Department for Work and Pensions Income Related Benefits estimate of take up 2007/08

Disability Premium on Pension Credit, Carers Allowance and Carers Premium in addition to being a true net income gain as it is not treated as income for means tested benefit purposes.

Reasons for under claiming, and for not seeking support, include:

- older people feeling that they do not wish to 'trouble' anyone
- that they are already 'getting by'
- the complexity of the benefit system
- older people's unawareness of the significance of changes in their circumstances such as bereavement or deteriorating health
- literacy and numeracy problems and/ or visual impairment
- stigma, fear of loss of independence
- past experience of submitting unsuccessful claims.

Under claiming of benefits by the elderly was apparent in the low numbers of older people accessing Linkwide's existing generic Welfare Rights team, prior to the establishment of the first phase of OPAP in April 2005. This experience in addition to research and statistics around benefit uptake by older people and the issues around access to other support service provided the impetus to establish OPAP. Linkwide's experience of delivering OPAP has demonstrated the considerable gap in service provision for income maximisation proactively targeted at elderly people and the specific issues such a service needs to address.

### **1.3 Social Return on Investment (SROI)**

SROI analyses the value that arises from changes to people's lives (and changes to other stakeholder) that are not being captured in financial transactions. These changes are described by stakeholders and indicators are used to assess the amount of change, with proxies used to place a financial value on these changes. These changes are described as outcomes.

The principles of this approach are set out in Appendix A.

This report is an evaluation of the social return from OPAP from 1<sup>st</sup> July 2008 to 31<sup>st</sup> March 2009, which represents the first year (9 month) of the current OPAP funding and partnership arrangement. This includes service delivery to over 60's tenants of 6 partner RSLs and all over 60's households in the Falkirk Priority Regeneration Areas.

Linkwide and its parent body, Link Group, are committed to exploring social accounting techniques to fully demonstrate the value of their activities to society as a whole. Linkwide's Older Persons' Advice Project (OPAP) was identified as an excellent candidate for SROI analysis as it is a discreet project delivered in-house that is acknowledged as an example of good practice in its field in addition to being of interest as a model of service delivery for other voluntary organisations, RSLs, central and local government. The SROI process assists with making the social and business case for project expansion to external organisations.

The target audience for the Report are:

- Existing stakeholders who have invested in the project during July 08 to March 09 as an evaluative tool – partner RSLs, Falkirk Council on behalf of Falkirk Community Planning Partnership, the Scottish Government and Link Group.
- Potential future investors in the project including central government, local authorities, RSLs and charitable trusts.
- Stakeholders who have benefited from the outcomes of the project but currently do not invest in the project, for example the National Health Service
- Wider Link group as a demonstration of the value of SROI evaluation
- Other organisations wishing to use SROI and looking for a worked example using the newly published SROI Guide.



## **2 Scope & Stakeholders**

### **2.1 Project Activity**

The Older Persons' Advice Project aims to increase the levels of benefit take up amongst older tenant households (age 60+) of partner RSLs (Abronhill Housing Association, Almond Housing Association, Link Housing Association, Paragon Housing Association, Weslo Housing Management and Wishaw and District Housing Association) and all tenure older person households resident in the Falkirk Community Planning Partnership Priority Regeneration Areas. The service also aims to provide holistic advice, support and referral service as required by the individual client on a wide range of issues including fuel poverty and energy suppliers, housing issues, bereavement, care and repair and aids and adaptations.

During the phase being evaluated, OPAP was delivered by a team of two Welfare Rights Officers and a Project Assistant with supervision and additional support provided by the core Linkwide Advice Team Leader and Community Regeneration Officer. OPAP is delivered from Link offices at Callendar Business Park, Falkirk.

OPAP is based on a proactive approach to reach out to target over 60's households. The initial stage of OPAP involves issuing a direct mail shot to target households on a phased basis. The OPAP leaflet invites potential clients to complete and return a self adhesive, pre-paid form requesting a benefit check from an OPAP Welfare Rights Officer. All those requesting a benefit check in response to the direct mailing are offered a face to face check through a home visit or in an appropriate community venue as they request. Households not responding to the direct mail shot are contacted by phone and offered a basic benefit check to establish whether further support is necessary. Those identified over the course of the phone benefit check as needing a further more comprehensive check will be offered a home visit as above.

This double approach of direct mailing and a follow up telephone call helps to establish a rapport with the potential client. Frequently it is during the follow up telephone call that OPAP staff are able to overcome the mistrust of target households. Being from a charity that works in partnership with their housing provider is an additional benefit. The home visit approach is essential to overcome the many barriers older people experience accessing welfare benefits and advice services in general.

Target households are also referred to OPAP via RSL staff, through word of mouth and other partner organisations such as voluntary sector support groups. OPAP also promotes its services through presentations to local pensioners' groups, residents associations, sheltered housing complexes etc in addition to articles in tenants' newsletters, council promotion and press releases.

The home visit is very important to enable the client to get the most out of OPAP and the range of services offered. The benefit check is the starting point of a home visit by the Welfare Rights Officer (WRO) and establishes what benefits if any the client has and particularly whether these are correct. The WRO then expands the conversation to gauge the health and finances of the client. This is a difficult process for some clients and requires specific skills to encourage the client to fully open up. We find that older people are generally reluctant to talk about their health issues and the WRO must gently ask questions and observe how the client moves about their home to get to the root of their health issues. This is the key to identifying if the client may be eligible for Disability Living Allowance or Attendance Allowance both of which are based on thorough disclosure of health issues and how they affect the clients' daily life and also if referral for aids and adaptations is needed. The first visit can take a few hours depending on how quickly the client opens up to the WRO and the range of issues they have. In comparison with other income maximisation services, there is no time limit or target for length of the visit and one client may be visited on multiple occasions.

When it is identified that a client is under claiming benefits, they will be provided with the full support necessary to make a successful claim, including completion of forms and gathering of supporting evidence. Should a claim be unsuccessful, and should they wish to make an appeal, clients are supported through all stages of the appeal process.

During the follow up phase, often while benefit applications are being processed which can take up to three months in some cases other issues will be dealt with such as housing or fuel supplier. In addition, referrals will be made to appropriate agencies such as Care and Repair or to Social Work Services where an Occupational Therapy assessment is needed to identify appropriate aids and adaptations.

When the client's case is completed a note is made on the database that flags up to contact them after 3 months to conduct a customer satisfaction survey and find out what difference the project has made to their lives. We will also put on a flag where a client has indicated they may look to apply for a benefit in 6 months time, particularly where they have a worsening health condition or anticipate a hospital stay. We always make it clear that the client can come back to the project for further advice and support particularly where their circumstances change - bereavement, care responsibilities etc

## **2.2 Period of Study**

The Study covers the first year of the current phase of OPAP from 1<sup>st</sup> July 2008 to 31<sup>st</sup> March 2009, representing the first year or 9 months of the current OPAP funding and partnership arrangement. This includes service delivery to over 60's tenants of 6 partner RSLs and all tenure over 60's households in the Falkirk Priority Regeneration Areas.

The outcomes of the project during this period may not be representative of the full potential of the project for a number of reasons:

- New partnership with 6 RSLs, with some bedding in issues associated with the start of any new project including awareness raising, new referral procedures and exchange of information to enable project delivery and targeting households.
- Second Welfare Rights Officer not being in post until mid August 2008

### 2.3 Stakeholders and Stakeholder engagement

The analysis focuses on five stakeholder groups:

- Older Person Households served by the project
- Partner RSLs
- Falkirk Council
- National Health Service
- Scottish Government

The table below summarises the stakeholder groups and their involvement in the SROI analysis.

Stakeholder	Method of Involvement	How many	When
Older Person Households – 351 households, 361 visits	Home visit interviews	38 – approx 10% sample of total households supported during evaluation period	Interviews between April and May 2009
Partner RSLs (funder) 6: Link HA, Abronhill HA, Almond HA, Weslo Housing Management, Paragon HA, Wishaw and District HA	One to one interviews  Circulation of completed impact map taking into account interviews	2 of 6 partner RSLs: Paragon HA and Wishaw and District HA  All 6 partner RSLs	May 2009 June 2009 September 2009
Falkirk Council (funder on behalf of Falkirk Community Planning Partnership)	One to one interview	1 Falkirk Council, Community Regeneration Corporate Policy Officer	April 2009
National Health Service – Boards covering areas served by OPAP: 5: Forth Valley Lanarkshire Lothian Greater Glasgow and Clyde Ayrshire and Arran	Email followed by phone call	1 NHS Forth Valley  Health Promotion Manager	September 2009
Scottish Government (funder)	Email	1 Statistician, Input/output Team	June 2009

A list of other stakeholders was identified, but they have not been included in this analysis. The reasons for this are contained in Section 9 Audit Trail.

### 2.3.1 Older Person Households

During the period from 1<sup>st</sup> July 2008 to 31<sup>st</sup> March 2009, 351 older person households were supported by OPAP. The experience of the project by these households varies depending on their individual needs. For example some clients receive intensive ongoing support with multiple home visits, benefits support, appeal support, signposting to other services and/ or advice on energy issues. Some clients only require information and advice.

It should also be noted that when OPAP visits a household, all members of the household are supported by the project due to the inter-related nature of benefits. Outcomes impact on all member of the household. For example, while an individual may have self referred to have a benefit assessment the outcome of that assessment means that their partner gets carers allowance and carer's premium as a result of them receiving attendance allowance.

The OPAP database provides the following analysis of service delivery/outputs:

351 referrals (number of beneficiaries)

360 home visits (a small proportion of households receive multiple visits)

1 office based visit

46 households received information and advice only

30 households received energy advice

76 signposted referrals to external agencies

30 households received energy advice and support. This includes:

- identifying energy issues such as overpayment of fuel bills resulting in the older person being substantially in credit with the energy company and negotiating return of credit
- Checking eligibility for social tariffs with energy providers and ensuring older person is transferred to cheaper social tariffs where appropriate
- Giving basic advice on use of storage heating

The following shows the nature of the referrals made:

Of the 76 signposted referrals:

38 were to Care and Repair Services

16 were to Social Work Services for Occupational Therapy assessment of Aids and Adaptations needs

12 were for Tax Advice

18 other various

The sub group of clients who were referred to external agencies, particularly Care and Repair and Social Work Services for Occupational Therapy assessment are of particular interest in analysing the wider social return of OPAP to the households themselves and other stakeholders. The Impact Map considers the Older Person Household stakeholders as two groups: all households and those who received signposted referrals. Those who had

referrals made to Care and Repair and to Social Work Services for Aids and Adaptations Assessment are given particular consideration in the Impact Map.

Further analysis demonstrates the age spread of beneficiaries. This provides valuable information for both OPAP delivery and other stakeholders about the need and demand for services such as OPAP.

60-65	112 (32%)
66-70	63 (18%)
71-75	56 (16%)
76-80	49 (14%)
81-85	36 (10.5%)
86+	35 (10%)

The median age for OPAP clients is therefore approximately 70 years old

A range of information sources were used to develop the basis of the Impact Map for the Older Person Household Stakeholder.

1. Full case management notes are kept by the Welfare Rights Officers. These record:
  - referral sheet/source
  - dates of visits
  - event log with details of actions taken and key points from home visits
  - benefit check sheet
  - correspondence, copies of applications, benefit outcomes/decisions
  - signpost referrals to external agencies
2. The OPAP database was custom built to monitor ongoing cases. The database is populated from case management notes and benefit outcomes. It supports the analysis of information by housing association and/or priority area and by benefit outcomes, referral source, benefit applications sent and received and the type of advice/ signposting made.
3. Customer satisfaction surveys are conducted on case close.
4. OPAP Staff feedback

While the above information provides detailed information on quantitative outcomes for older person households, more detailed information was needed to develop the full story of change for the older person households and gain a fuller understanding of the difference the project made to the lives of the older people benefiting from the project.

38 one to one interviews were held with older person households who had been OPAP clients from 01/07/09 to 31/03/09. This approximate 10% sample size of beneficiaries was felt to be appropriate and in keeping with time and resources available. The interviews were arranged as an informal chat at a home visit looking back over case notes and focussing on how/ if OPAP has made a difference to their lives. Most households reported more than one outcome as a result of engaging with OPAP. During the process of conducting the interviews response trends emerged, giving a clear picture of the experience of older people engaging with the project

The selected households are a proportionally representative sample of partner RSLs and all tenure type households in Falkirk Priority Regeneration Areas (15% most deprived SIMD): owner occupier, council tenant, private sector landlord and social landlord.

The Impact Map is therefore based on a combination of 100% of quantitative outcomes and a proportional 10% sample of beneficiary's qualitative outcomes.

The analysis of types of outcomes is detailed Section 4 of this Report "The Theory of Change". The proportional importance of outcomes is considered in the Impact Map and in justification for decisions on attribution, deadweight, duration of outcome etc. The Appendices in Section 10 provide further explanation of these decisions.

### **2.3.2 Partner RSLs**

Two of the six partner RSLs were approached and agreed to be interviewed as part of the SROI Process: Paragon Housing Association and Wishaw and District Housing Association. One to one interviews were held with the representatives from each housing association that are also on the OPAP Steering Group. Discussions and issues logs at the quarterly OPAP Steering Group informed the first draft of the Impact Map for this stakeholder. This is in addition to Linkwide's own experience and understanding of project delivery and impact by being part of a RSL group structure.

A draft of the Impact Map was used at each meeting as a basis for agreeing the story of the partner RSL involvement in OPAP including:

- why they were involved
- what outcomes they sought for their organisation and tenants
- what unexpected outcomes they had experienced
- indicators and potential financial proxies
- their general experience of participating in project delivery
- clarify internal processes

Their story and the results of the discussion were incorporated into the Impact Map and circulated to the remaining partner RSLs for verification and comment. Not all partner housing providers' stories are identical and due to time and resources limitations all 6 partners could not be equally represented in the Impact Map.

### **2.3.3 Falkirk Council**

Falkirk Council is one of 15 local authorities where tenants of the partner RSLs reside. However it is out with the scope and resources of this study to apportion outcomes to each of the local authorities. Falkirk Council is the only local authority directly investing in OPAP and is also unique in securing service delivery for all over 60s household in 15% SIMD areas regardless of tenure. There is therefore a concentration of service delivery in the Falkirk

Council area. Falkirk was therefore chosen to represent the story of change for local authorities.

Falkirk Council provides Fairer Scotland Fund grant on behalf of Falkirk Community Planning Partnership. The Falkirk Council Community Regeneration Policy Officer is responsible for the distribution and monitoring of Fairer Scotland Fund monies and the projects/initiatives the fund supports. In addition to having an understanding of OPAP, its aims, objectives and outcomes, the Community Regeneration Policy Officer through his location in the Corporate Policy Unit has a broad understanding of other Council services and their functions. This understanding extends to the relationships between community planning partners and the outcomes-based approach of community planning, the Single Outcome Agreement and the Scottish Government.

The Council provides a range of services that support OPAP clients including:

- Care and Repair Service aims to give help and support to elderly and disabled home owners and private tenants to maintain, repair or improve their homes (Corporate and Neighbourhood Services)
- Aids and Adaptations Assessment (Social Work Services) Establish what households' needs are resulting in a care plan that will state what support is needed. The outcome of the assessment may range from providing a simple piece of equipment to improve an individual's independence, to a full package of care designed to secure someone's stay in their own home. Where the individual is a social housing tenant, recommendations for adaptation are passed to the housing association.
- Housing Benefit Scheme - The Housing Benefit Scheme is known as a housing (rent) rebate for Council tenants and as a rent allowance for Housing Association tenants and tenants in the private rented sector (Corporate and Neighbourhood Services)

As in the interviews with the partner RSLs, a draft of the Impact Map was used at the interview as a basis for agreeing the story of the Council's involvement in OPAP including:

- why the Council was involved
- what outcomes the Council sought
- what unexpected outcomes the Council had experienced
- indicators and potential financial proxies
- clarify internal processes

The results of the discussion were incorporated into the Impact Map. It should be noted that while the Fairer Scotland Fund is distributed by Falkirk Council on behalf of the wider Falkirk Community Planning Partnership, the Council itself was treated as the stakeholder as it would have been too complex and beyond the scope of this exercise to consider the story of change for all agencies represented in the Community Planning Partnership.

### **2.3.4 National Health Service**

The National Health Service does not invest in OPAP, but is a key stakeholder affected by the outcomes of the project. As OPAP serves older people in 5 health boards (Forth Valley, Lanarkshire, Lothian, Greater Glasgow and Clyde and Ayrshire and Arran) it was beyond the scope and resources of this report to proportion and analyse outcomes and impact according to each individual Health Board. However, the experience of the story of change will be similar for each health board. Due to the concentration of service delivery in the Falkirk Council area, a representative of NHS Forth Valley was approached to discuss the story of change for the NHS. This was done by email.

### **2.3.5 Scottish Government**

While OPAP contributes to achieving a wide range of national outcomes in addition to the aims and objectives of the Wider Role Fund (this is explored in full in Section 4 Theory of Change), the focus of this analysis is on the broader impact and significance of OPAP on the Scottish economy and Scottish Government budgets.

The Scottish Government Statistician Input Output Branch was the key source of advice and information on the multiplier effect of the additional income to older person households and its effect on increasing expenditure in the Scottish economy. The additional income secured through income maximisation is of particular interest to the Scottish Government at it is income to households secured through the UK Government Central Treasury and is not money ring fenced for Scottish households. If unclaimed by Scottish households, the money may never benefit the Scottish economy. See Section 4 Theory of Change for further discussion.



### 3 The Investment in the activity

This report is an evaluation of the social return from OPAP from 1<sup>st</sup> July 2008 to 31<sup>st</sup> March 2009, which represents the first year (9 month) of the current OPAP funding and partnership arrangement. Total investment in the project from 1<sup>st</sup> July 2008 to 31<sup>st</sup> March 2009 was:

- £24,033 from partner RSLs to purchase service for their tenants
- £21,900 from Falkirk Fairer Scotland Fund – Falkirk Council on behalf of Falkirk Community Planning Partnership
- £48,066 from Scottish Government Wider Role Fund

Each stakeholder does provide additional inputs that support OPAP delivery. Partner RSLs make referrals to the project, promote the project, participate in awareness raising sessions and the OPAP Steering Group and liaise with OPAP staff on housing related issues. However these inputs are not additional to existing costs as existing staff incorporate supporting OPAP into their daily workload. Input beyond service purchase is therefore not materially significant.

Falkirk Council provides a range of services that directly support OPAP clients and referrals including:

- Care and Repair Service (Corporate and Neighbourhood Services)
- Aids and Adaptations Assessment (Social Work Services)
- Housing Benefit Scheme (Corporate and Neighbourhood Services)

As with the partner RSLs, these inputs are not additional to existing costs as existing staff incorporate supporting OPAP into their daily workload. Input beyond service purchase is therefore not materially significant.

Falkirk Council engage a number of community representatives from Falkirk Priority Regeneration Areas to assess and monitor projects supported by Falkirk Fairer Scotland Fund. This represents volunteer time committed by the community reps. Volunteer time is valued at minimum wage. However, as the Community Representative Panel oversees a significant number of projects, the specific attribution of volunteer time to OPAP is minimal and therefore not materially significant

Total investment in OPAP from 1<sup>st</sup> July 2008 to 31<sup>st</sup> March 2009 is **£93,999**

## 4 The Theory of Change

The theory of change is a key aspect of SROI. The explicit aim of OPAP is to:

- Increase household income of target older person households by maximising benefit uptake
- Link older tenants with the full range of services within their community, which can support them across a range of issues from aids and adaptations to social isolation.

In addition to addressing these aims, income maximisation has many more significant outcomes for older person households and other stakeholders which support those households ranging from local authority social work services to the health service and housing landlords. Increasing access to local services support the aims of other stakeholders and improves community cohesion, reducing social isolation of older people who are generally not proactive in seeking services or know how to go about finding out about services. For example, increasing household income reduces fuel poverty, which in turn has a positive impact on long term health conditions and demand on health services. Housing providers benefit indirectly through householders ability to heat homes, improve decoration and hire cleaners.

This section consider the theory, or story of change for each of the stakeholders chosen for the study. Exploring the relationships between stakeholders and the inter-related nature of outcomes.

### 4.1 Change from the perspective of older person households

The objectives of older person households using OPAP were anticipated to be:

- Increase household income by getting what benefits are due to them
- Reduce financial stress and feel more able to put heating on and manage fuel bills
- Find out about help, support and advice to help them stay in their homes for longer and improve their quality of life in general
- Improve quality of life

A range of measures and information sources were used to find out if these objectives were being achieved by OPAP and to get a clearer picture of the full outcomes older person households experienced as a result of receiving the OPAP service. Section 2.3.1 details the range of information sources used to develop the basis of the Impact Map for the Older Person Household Stakeholder. To augment these sources, 38 interviews were held with older person households who were OPAP clients from 01/07/09 to 31/03/09. This 10% sample size was felt to be appropriate and in keeping with time and resources available. Interviews were held one to one or with couple/ family members and consisted of an informal chat looking back over case notes and focussing on how/ if OPAP made a difference to their lives. Most households reported more than one outcome as a result of engaging with OPAP.

The analysis of types of outcomes along with quotes from the interviews are detailed in the table and bar chart overleaf. The proportional importance of outcomes is considered in the Impact Map and in justification for decisions on attribution, deadweight, duration of outcome etc. We have assumed here, based on the sample of clients, that outcomes reported by the interviewees are proportionally representative of the older person households and outcomes can be applied pro rata across the whole client group of 351 households.

Increased household income is the most significant outcome for older person households. The following table shows the breakdown of increased income. These figures are annualised benefits and one off backdated lump sums secured, rent and utility refunds and grants secured from charitable trusts. The most significant amounts of benefits secured are highlighted in red and confirm the low uptake rate for Attendance Allowance which is the key benefit required to secure the Severe Disability Premium for older people living alone.

<b>Benefit</b>	<b>Total £</b>
<b>Attendance Allowance</b>	<b>148,945.85</b>
Attendance Allowance Review	2,825.85
Carers Premium	17,863.58
Community Care Grant	350
Council Tax Benefit	11,939.08
Disability Living Allowance Review	10,131
Disability Living Allowance Care	9,557.65
Disability Living Allowance Mobility	2,618
Guarantee Pension Credit	37,243.91
<b>Housing Benefit</b>	<b>55,182.72</b>
Rent Reduction	2,982.21
Rent Refund	1,874.65
Retirement Pension	847.20
Savings – Pension Credit	2,881.42
<b>Severe Disablement Premium</b>	<b>94,741.93</b>
Utility Refund	1,062.17
Other (Charitable Trust grant, 2 Homes Payment)	3,382.20
<b>Total</b>	<b>404,429.42</b>

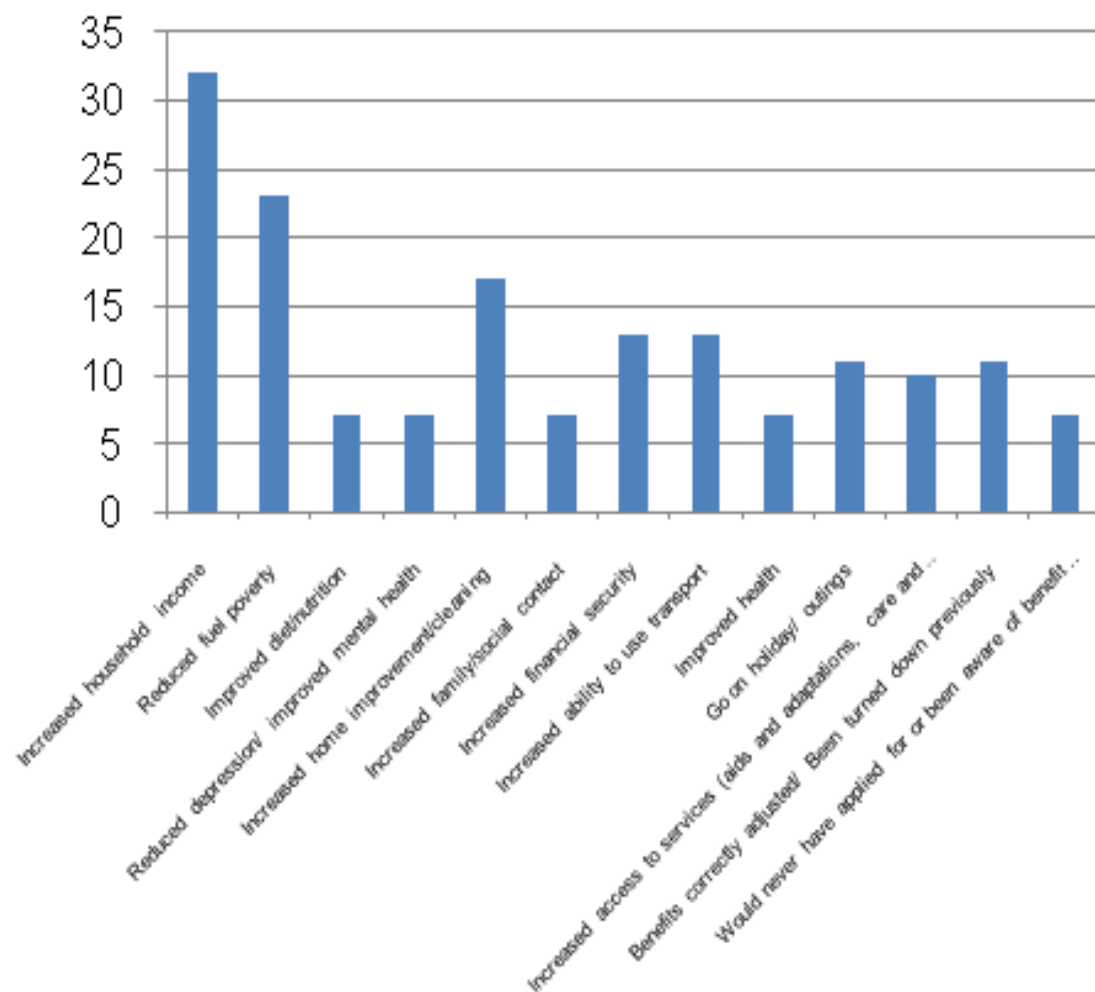
Average increase in household income for clients engaging with the project is therefore £1,152.22.

Interviews also confirmed that the project was successful in reducing fuel poverty and financial stress due to the holistic nature of energy advice and negotiation with energy providers on behalf of older people including:

- identifying energy issues such as overpayment of fuel bills resulting in the older person being substantially in credit with the energy company and negotiating return of credit
- Checking eligibility for social tariffs with energy providers and ensuring older person is transferred to cheaper social tariffs where appropriate
- Giving basic advice on use of storage heating

Significant issues/outcomes highlighted during interviews	Quotes from interviews	Number of households indicating this was an issue/outcome for them
Increased household income	<ul style="list-style-type: none"> <li>• My income has doubled!</li> <li>• I've never had so much money in my life</li> </ul>	32
Reduced fuel poverty	<ul style="list-style-type: none"> <li>• The biggest relief is not having to worry about my fuel bills.</li> <li>• I used to sit in the cold wearing blankets, now I can switch on the heating without being afraid of the bills</li> </ul>	23
Improved diet/nutrition	<ul style="list-style-type: none"> <li>• I can treat myself to a bit of steak rather than meat pies all the time</li> </ul>	7
Reduced depression/ improved mental health	<ul style="list-style-type: none"> <li>• I was depressed and didn't have the will to look after my home – I am living in another world now</li> </ul>	7
Increased home improvement/cleaning	<ul style="list-style-type: none"> <li>• My new bed is like heaven compared to the old one – makes a difference with my arthritis</li> <li>• I couldn't get out of my old chair – the new upright one helps me a lot</li> <li>• I take pride in my home now.</li> </ul>	17
Increased family/social contact	<ul style="list-style-type: none"> <li>• My family live in Canada and I can now afford to phone them more often</li> </ul>	7
Increased financial security	<ul style="list-style-type: none"> <li>• We were struggling on a day to day basis before</li> <li>• I've cleared all my outstanding bills, and I have a nest egg, it's such a relief</li> <li>• I have made arrangements for my funeral and don't have to worry.</li> </ul>	13
Increased ability to use transport	<ul style="list-style-type: none"> <li>• The extra money helps us keep the car on the road</li> <li>• I can get taxis to do my shopping without worrying about the cost.</li> </ul>	13
Improved health	<ul style="list-style-type: none"> <li>• I can now pay for a chiropodist to come to my house</li> </ul>	7
Go on holiday/ outings	<ul style="list-style-type: none"> <li>• I've been able to visit my daughter in England for the first time in years</li> </ul>	11
Increased access to services (aids and adaptations, care and repair, social ops)	<ul style="list-style-type: none"> <li>• I am delighted with care and repair, wish I had known about it before when I paid a plumber £70 to fix a tap.</li> <li>• After my referral to Social Work Services, I got a walk in shower fitted. What a difference!</li> </ul>	10
Benefits correctly adjusted/ Been turned down previously	<ul style="list-style-type: none"> <li>• Why did DWP never inform me I was entitled to review my DLA over the last 15 years? That meant years living on a lower income that I needed to. It makes me angry.</li> <li>• I had been told by Council and Department for Work and Pensions that I could not be helped and I was bamboozled. OPAP was different.</li> </ul>	11
Would never have applied for or been aware of benefit entitlement (particularly Attendance Allowance) without OPAP	<ul style="list-style-type: none"> <li>• I would never have known about AA and wouldn't have been able to fill out the form anyway</li> </ul>	7

## Older Person Household Outcomes



■ Older Person Household Outcomes Number of households indicating this was an issue/ outcome for them



Improved quality of life was also a shared outcome for the majority of households, although households expressed their experience of improved quality of life in different ways resulting in a range of indicators being selected for the impact map:

- Improved quality of life from being able to afford a better diet
- Improved quality of life from reduced social isolation
- Improved quality of life from getting more help in the home such as cleaning
- Improved quality of life from increased use of private transport

A range of health outcomes were also reported both as a direct result of advice and information from OPAP staff and as a result of referral to other services, particularly Social Work Services for aids and adaptations assessment. Improvement in long term health conditions and reduced financial stress are directly related to the improved quality of life experienced as a result of increased household income. Ability to make home improvements as a result of increased household income also directly affects health and management of long term health conditions. For example buying a new orthopaedic mattress and more supportive chair that is easier to get in and out of both help with managing arthritis, while improvements in diet and the ability to buy in regular private chiropody services helps with diabetes.

OPAP staff ensure clients make the most of subsidised health provision through HC1 form to apply for help with costs of dental, optician, wigs and supports costs. The HC5 form assists those eligible for HC1 to reclaim costs already spent.

Perhaps the most significant outcome for older people of OPAP and particularly referral for aids and adaptations assessment is the ability to stay in their own home, safely and securely for as long as possible. This impacts on all stakeholders and is considered in depth in the impact map and the stories of change.

The Older Person Household's that received signposted referrals to external services including Care and Repair and Social Work Services Aids and Adaptations assessment are explored in the impact map as a distinct subgroup of the Older Person Household stakeholder.

The following in-depth case studies illustrate the wide-ranging impact on older person households participating in OPAP:

*Mr A lives in a sheltered housing complex. Until recently he survived on Pension Credit, Retirement Pension, Housing and Council tax benefit. Before we visited him he had to watch his pennies as there was very little money left after paying household bills. He felt depressed and didn't have the will to look after his home. Since the visit from OPAP things have really changed for the better. In Mr A's own words, "he's living in another world now." The Welfare Rights Officer (WRO) was able to get High Rate Attendance Allowance and a Severe Disability Premium, which has doubled his income. He now pays all of his bills by Direct Debit, which is a lot easier for him and he doesn't get any*

*nasty surprises with a high bill. The first thing that he did was hire a home help to clean his house. He's had his rooms painted and now takes a pride in his home. He is also able to buy better quality food and can treat himself to a steak if he fancies instead of pies. He can't walk for long distances so he now takes a taxi to and from the shops and for the first time in many years he is planning a holiday. Mr A feels like a new man with more confidence and enthusiasm for life.*

*Miss H contacted OPAP by phone after she received an OPAP leaflet. The WRO visited her and found her to be practically housebound. She suffers with arthritis in her knees, back problems, type 2 diabetes, irritable bowel, circulation problems and nerve damage in her feet. She was afraid she might fall and not be able to get up again. The WRO completed an Attendance Allowance claim form on her behalf and also made a referral to the Social Work Dept for them to consider a MECS alarm system. Due to the WRO's intervention, she was granted low rate Attendance Allowance and a Severe Disability Premium paid with her Pension Credit. Miss H was delighted with the extra income and could not thank OPAP staff enough. In her words she said, "They were stars in my eyes." With the extra income she does not have to worry about putting on her heating, she gets taxis to go her shopping, buys better food and gets a private Chiropodist every six weeks at £26 a time as getting her feet cared for helps with her mobility. She has also been able to plan for her funeral.*

*Mr & Mrs M are owner-occupiers of a flat. The first contact they had with OPAP was when OPAP phoned to set up a benefit check visit. The WRO completed an Attendance Allowance form on behalf of Mr M who has great difficulty walking. Mr M was awarded high rate Attendance Allowance and on a follow up visit in, the WRO completed an Invalid Care Allowance form on behalf of Mrs M. She was awarded underlying entitlement to Invalid Care Allowance, which in turn increased their Pension Credit to include a Carer's Premium. They were delighted with this outcome and thought OPAP was marvellous. They had not been approached with benefit advice before our visit and just thought they were getting everything they were entitled to. Mrs M told me it was the best thing that happened to them and it was much appreciated. With the extra income, Mrs M told me they are able to buy good food and keep their house warm. Although Mr M cannot walk far, he is still able to drive and they feel they can go out for a meal if they fancy it, without worrying about the cost. The extra money helps them keep their car on the road. This is a lifeline for them as they can do their main shopping and go for short runs, which gets them both out and about. Mrs M keeps in good health but she told me she would not hesitate to contact our service if circumstances changed in the future. She said our service was a boon and should never be taken away. She said "More power to your elbow."*

*Mr and Mrs S had recently moved from a bigger house to a smaller bungalow and had just had a shower installed by the social work dept. (Not by our involvement.) Prior to our visit, they had some savings but were afraid to spend it as they wanted to keep money for their funerals. The WRO visited and carried out a benefit check. Attendance Allowance, Invalid Care*



*Allowance and Pension Credit forms were completed on Mr and Mrs S's behalf. Her intervention resulted in Mr S being awarded Attendance Allowance and Pension Credit and Mrs S being awarded underlying entitlement to Invalid Care Allowance giving them an extra premium on their Pension Credit. They received a substantial amount of arrears and they were keen to tell me they used the money to redecorate their house from top to bottom and have their garden landscaped. They bought a new cooker, tumble dryer with condenser, new curtains, new bedding and a new garden shed. They both like pottering in their garden and have had it designed so it is easy for them to manage. Mrs S likes to go to garden centres and her grand-daughter usually takes her there in her car. She does not feel beholden as she can pay her grand-daughter a little something with the extra money. She is arranging soon to have new fencing put up in her back garden and will not have to worry about where the money is coming from. Although Mr & Mrs S do not go on holiday anymore, they like going on bus tours and are planning some ½ day ones. They could not speak highly enough of OPAP and were so glad we called. The extra money has allowed them to enjoy their lives without worrying*

*Mrs O called OPAP regarding her rent. She had no intention of applying for AA. She had previously put in a claim for Disability Living Allowance with the help of the Council but was turned down as was her subsequent appeal. The OPAP WRO did a benefit check and convinced Mrs O she should reapply for Attendance Allowance when she turned 65. Following her birthday, the WRO completed an AA form on Mrs O's behalf. Due to this intervention, Mrs O was awarded AA and subsequently a Severe Disability Premium with her Pension Credit. She was granted backdated arrears of £536.00 AA and £503.50 SDP. In Mrs O's own words she said she didn't know whether to laugh or cry as this was a fortune to her. With the arrears, she bought a comfortable bed, which she says is great and got an expensive shower fitted in her bathroom. The shower is a godsend to her as she suffers with pain in her elbow and shoulder and had been struggling to get up from sitting in a bath. She also had her house redecorated and is intending to get a better chair to sit in, in her living room. She could not speak highly enough of OPAP and said the WRO was so easy to talk to and had a nice manner. The extra money allows her to take taxis to go for her physiotherapy and chiropody appointments. She also has a hairdresser who comes to her home. The quality of her life has much improved.*

Stakeholders' comments made during interviews and interviewer's observations need further consideration in planning future service delivery and in sharing information with other stakeholders. The following will be incorporated into Section 8 "Recommendations"

- Attendance Allowance has a particularly poor uptake, while this is known by the Department for Work and Pensions, they might not be aware of the extent to which the name of the benefit itself puts off older people from applying. Older people think that claiming Attendance Allowance will result in someone coming into their home and attending to them, or they will be put in care if they reveal the true state of their health conditions in the application form.

- Additional misunderstanding that Attendance Allowance must be used strictly for personal care purposes such as home help or cleaners. Not aware that expenditure of the additional income is not monitored and can be used for other household expenses such as fuel costs and food.
- Scale of benefit miscalculations. OPAP often clearing up statutory agency errors some of which result in older person households struggling by for many years unnecessarily
- We need to promote service more to increase awareness amongst eligible households
- Low level of awareness of Care and Repair Service for Owner Occupiers as indicated by the high number of referrals
- Lack of basic befriending services for older people aged 65+ who do not have other physical or mental health issues.

#### 4.2 Change from the perspective of partner Registered Social Landlords

Two partner RSLs were approached and agreed to be interviewed as part of the Social Return on Investment Process: Paragon Housing Association and Wishaw and District Housing Association. One to one interviews were held with the representatives from each RSL that are also on the OPAP Steering Group.

A draft of the Impact Map was used at each meeting as a basis for agreeing the story of the partner RSL involvement in OPAP including:

- why they were involved
- what outcomes they sought for their organisation and tenants
- what unexpected outcomes they had experienced
- their general experience of participating in project delivery
- clarify internal processes
- assist with identifying indicators and financial proxies

Their story and the results of the discussion have been incorporated into the Impact Map. Not all partner RSLs' stories are identical and due to time and resources limitations all 6 partners could not be equally represented in the Impact Map. RSLs signed a partnership agreement, which agreed their involvement and contribution to OPAP and Linkwide's commitments to them as service deliverer. Different RSLs joined the partnership for different reasons some rooted in the business case of tenancy sustainment while others were motivated more by the social case, their own appreciation of the value of Welfare Benefits services and a wider aim to ensure tenants were accessing services that would improve their quality of life. For example, some cited maximising housing benefit as an important factor while others were motivated by a need to facilitate access to income maximisation and advice services to address fuel poverty.

The objectives of RSLs in buying into OPAP are to:

- Maximise housing benefit for older tenants
- Ensure older tenants have correct rent/housing benefit balance and pick up on any benefit calculation errors

- Increase take up other RSL services where benefits determine access (passport effect e.g. Energy Assistance Package)
- Ensure tenants get Aids and Adaptations Assessment Referrals where appropriate to enable them to stay in their tenancy reducing tenancy turnover and demand for sheltered/ very sheltered housing
- Facilitating tenants to heat homes thus avoiding dampness and associated maintenance problems for RSL
- Use OPAP as an engagement tool and to improve relationship between tenant and social landlord
- Develop partnerships and positive relationships with other RSLs and agencies
- Achieve economies of scale and quality of service provision for their tenants by buying in existing services acknowledged as examples of good practice

RSLs provided tenant data for the direct mail shots and facilitated awareness raising sessions for their staff. Most partners did additional promotion to their tenants through articles in tenant's newsletters and displaying posters and leaflets in their offices. Some RSLs went further and arranged specific sessions for older tenants to promote OPAP. All RSLs nominated a representative to attend the OPAP Steering Group held on a quarterly basis to oversee the delivery of the project.

Various staff from the RSLs contribute to project activity and achieving OPAP objectives by making direct referrals and through ongoing case management where input is required from the RSL for example in Housing Benefit cases or where an Occupational Therapy assessment referral is made where aids and adaptations are subsequently required.

OPAP has also acted as a catalyst for developing RSL's activities. For example, through OPAP Paragon Housing Association became increasingly aware of social tariffs available from energy providers for vulnerable tenants and knew that many more tenants would be eligible for lower social tariffs. They went on to promote the availability of social tariffs to other vulnerable groups. They also became more aware of how benefits act as a passport for other services such as insulation through the Energy Assistance Package. However, data protection is maintained and unless the tenant discloses their benefits to the RSL, the RSL would only be aware of Housing Benefit.

Through regular reporting to the RSL boards on the progress of OPAP, Board members have been made more aware of the issues surrounding under claiming of benefit by older tenant households and the broader issues older people face such as care needs and social isolation. Older tenants tend to have less contact with housing staff as they often do not have rent arrears or present a problem for housing associations. Unfortunately, tenants with arrears and anti-social behaviour problems tend to take up a lot of housing staff time at the expense of other tenants. OPAP is an opportunity for RSLs to increase engagement with older tenants and identify and support their needs.

As a result of their involvement with OPAP, Wishaw and District HA is progressing the development of a local partnership to deliver community based proactive welfare benefits advice to other tenants groups, based on the OPAP model of delivery.

The interviews also highlighted issues with the Occupational Therapy Aids and Adaptations service that will be fed back to the Scottish Government and considered in Section 8 Recommendations. Cuts to the Aids and Adaptations budget has had a significant impact on RSL's ability to meet the needs of their tenants and implement Occupational Therapy assessments resulting from OPAP referrals. Some RSLs have sufficient resources of their own through rental income to cover costs above the Scottish Government allocation, but waiting lists of vulnerable older people are also being created. In addition, aids and adaptations equipment that could be recycled such as handrails, shower seats etc are frequently dumped after the tenant has moved on rather than recycled for future use by other tenants. This practice needlessly increases costs and demand on limited Scottish Government budgets. Some Local authorities have storage to recycle Aids and Adaptations equipment.

Tenancy sustainment is a significant outcome for RSLs. Assessment of older people's needs around community care and the installation of appropriate aids and adaptations helps the older person to stay in their home for longer reducing the demand on and cost of sheltered and very sheltered housing to the RSL. Increased household income and the older persons' resulting ability to look after themselves and their homes better also helps to sustain tenancies and improve the condition of tenant's homes. For example, redecorating the home and getting in a regular cleaner to the more significant change of reducing damp issues as a result of the older person being more able to heat their homes properly.

#### 4.3 Change from the perspective of Falkirk Council

The objectives of Falkirk Council being met through OPAP were assumed to be the aims and objectives of the Falkirk Fairer Scotland Fund.

The Fairer Scotland Fund is a ring-fenced fund from the Scottish Government. Its purpose is to tackle area-based and individual poverty and to help more people access and sustain employment opportunities. At the local level, the Fairer Scotland Fund is targeted on local outcomes identified as part of the broader Single Outcome Agreement. The outcomes and indicators particularly relevant to OPAP are:

Increased household income

Indicators - Number of benefit enquiries and benefit gains

- Number of new debt cases and total debt negotiated

During the application process, Falkirk Council acknowledged that OPAP is additional to existing service provision in the Falkirk Council area including the Council's own Welfare Benefits Service and local CABs. This is due to the

proactive nature of the service and the holistic provision of advice in addition to income maximisation service.

The interview identified further outcomes for Falkirk Council including:

- Valued contribution to community planning process through engaging with older people from all tenures in regeneration areas and identifying gaps in service provision or where partnership working could be improved.
- Fulfils multiple policy objectives including social policy and community cohesion
- Appreciate the holistic nature of the service and the wider qualitative outcomes of the service for older person households
- Fulfilling aspirations of community representatives who were involved in selection of OPAP for FSF funding.
- Older person households in Falkirk Priority Regeneration Areas have access to appropriate advice, information and signposting to improve their living conditions and quality of life
- Generate additional income in households that will have a direct positive benefit on the Falkirk local economy
- Maximise take up and increase awareness of Council Services available for Older People including Care and Repair, Social Work Services such as Occupational Health for Aids and Adaptations Assessment, Lifelong Learning Opportunities etc

The Council provides a range of services that support OPAP clients including:

- Care and Repair Service aims to give help and support to elderly and disabled home owners and private tenants to maintain, repair or improve their homes (Corporate and Neighbourhood Services)
- Aids and Adaptations Assessment (Social Work Services)
- Housing Benefit Scheme - The Housing Benefit Scheme is known as a housing (rent) rebate for Council tenants and as a rent allowance for RSL tenants and tenants in the private rented sector (Corporate and Neighbourhood Services)

Assessment of older people's needs around occupational health and the installation of appropriate aids and adaptations helps the older person to stay in their home for longer reduce demand on and cost of sheltered and very sheltered housing to the local authority. In addition uptake of Attendance Allowance can help the older person to stay in their home for longer and reduce demand for free personal care which is a significant cost burden to local authorities and the Scottish Government.

The stakeholder interviews in particular provide a useful insight into older people's needs and issues for Falkirk Council and the wider Community Planning Partnership. Although individuals interviewed will not be identified, approx half of those interviewed were Falkirk Council residents from a mixture of tenancies including council tenants, owner occupiers, private lets and tenants of other RSLs not in the OPAP partnership. For example the following issues were highlighted by the older person household stakeholder interviews:

- Low level of awareness of Care and Repair Service for Owner Occupiers
- Lack of basic befriending services for older people aged 65+ who do not have other physical or mental health issues

A negative impact for the Council was from householders out with the priority regeneration areas who would like to access the project but are not eligible. This is however, not unique to OPAP as most services funded through Fairer Scotland Fund monies must demonstrate targeting at the most deprived SIMD areas. This has been overcome to a certain extent by Falkirk Council, on behalf of Falkirk Community Planning Partnership, increasing funding to OPAP from 2009-2011 to expand delivery from 15% to 30% most deprived SIMD areas. This demonstrates the commitment to the project and the acknowledgement of the projects significant outcomes for households.

The Council also expressed interest in the SROI process and valued the contribution of the Report in increasing understanding of older people's issues and how services relate to each other around delivery of service for older people.

#### 4.4 Change from the perspective of the National Health Service

The National Health Service benefits from the outcomes of OPAP for Older Person households, particularly as older people place a significant demand on NHS services. Geriatric services are particularly costly to NHS due to the complex health conditions that older people frequently have and slower recovery rates. Outcomes for older people that particularly benefit the NHS are:

Increased household income

> improved diet, increased social contact, reduced financial stress, able to buy improved home amenities such as chair, bed etc, able to buy private community health services e.g., chiropody

Reduced fuel poverty

> improvement in long-term health conditions particularly those affected by damp and cold – arthritis, lung conditions, diabetes etc

Access and uptake of support services such as aids and adaptations

> older person has appropriate aids and adaptations to enable them to manage in the home and reduce the impact of long term health conditions. Aids and adaptations also reduce the likelihood of falls and accidents in the home.

#### 4.5 Change from the perspective of the Scottish Government

The Scottish Government funds OPAP through the Wider Role Fund which aims to support RSLs to tackle poverty, especially in our most deprived neighbourhoods: on the themes of early intervention with vulnerable

households; action to improve employability and help people achieve employment; and action aimed at income maximisation for deprived tenants.

In addition to the Wider Role Fund, OPAP contributes to a range of national outcomes, strategies and initiatives including:

- All Our Futures: Planning for a Scotland with an Ageing Population
- Achieving our Potential: A Framework to Tackle Poverty and Income Inequality in Scotland

The Welfare Benefits System is controlled and funded by the UK Treasury. This means that additional benefits secured by OPAP for older person households in Scotland are additional monies to the Scottish economy that are not otherwise ring fenced for Scotland. Therefore unclaimed benefits for older person households are a significant potential loss to both those households and the wider Scottish economy.

On a macro-economic level, the additional household expenditure resulting from increased household income has a multiplier effect on the economy. The Scottish Government Statistician Input Output Branch has an impact analysis model which calculates the effect of the additional expenditure and its stimulation of local businesses and industries through increased consumption. This multiplier effect is considered in the Impact Map.

Increasing the uptake of attendance allowance for older people and enabling older people to stay in their homes for longer are OPAP outcomes with significant implications for the Scottish Government. The rules on attendance allowance state that where the individual lives in a care home and receives care or support from the state, then they will no longer be entitled to attendance allowance. This means approximately £30million per annum of attendance allowance payments are no longer paid to older people in Scotland's care homes. The cost of providing monies for care needs of older people then moves from the UK Treasury to the Scottish Government under the free personal and nursing care policy. This is a significant issue particularly when the Scottish Government expected the £30million per annum to be transferred to it by the Department for Work and Pensions (DWP) to contribute to the cost of free personal care policy, and had factored this into costing the policy. However, this did not happen which meant the Scottish Government has had to cover this gap in funding for the policy from its own budget. (Audit Scotland: A Review of Free Personal and Nursing Care January 2008)

This section focuses on change from the perspective of the Scottish Government, however change is also experienced by the UK Government as the Welfare Benefits System is controlled and funded by the UK Treasury. While the UK Government will not be included as a sixth stakeholder in the impact map, it is worth considering in more depth the complex relationship between the UK and Scottish Governments and change from their different perspectives as a result of increased benefit uptake.

Welfare Benefits are an entitlement that are included in the UK Treasury Budget, with welfare payments funded through a range of sources including income tax and national insurance contributions. Like the Scottish Government, the UK Treasury and the Department for Work and Pensions aims to maximise benefit uptake rates for those eligible.

The Comprehensive Spending Review 2007 (CSR 2007) in October 2007 saw the publication of 30 new Public Service Agreements. These set out the Government's highest priority outcomes for the CSR 2007 period, 2008/09 to 2010/11. The overarching commitment of the UK Government to maximising benefit uptake is reflected in Public Service Agreement 17: *Tackle poverty and promote greater independence and wellbeing in later life*, October 2007 which states that:

*“We will continue to tackle pensioner poverty throughout the CSR period, particularly through our efforts to pay pensions and benefits to those eligible. At present about half of pensioners whose income is less than 60 per cent of contemporary median income do not claim all the income-related benefits they are entitled to.”*

Of course the extra money adds to the economic welfare of the families concerned and the wider economy through the multiplier effect, and this broad outcome is welcome in its own right. But since the monies might have been spent on other benefits, or on programmes outside the social security sphere, or on reductions in the overall tax burden this potential negative displacement of UK Treasury monies will be discussed further in Section 6: Impact and as a sensitivity analysis in section 7.



## 5 Outcomes & Evidence

The impact map developed for the Older Persons' Advice Project shows the relationship, for each stakeholder, between inputs, outputs and outcomes and shows how a figure of impact is then arrived at, and the value of any outcomes which endure for more than the period under study. SROI also places a requirement on practitioners to identify negative outcomes, as well as positive outcomes.

The following tables show the relationships between inputs, outputs and outcomes for each stakeholder.

A full description of all assumptions, sources and calculation method is contained in Appendix B. Not all outcomes identified in the impact map could be included, and a list of outcomes not included together with the reasons for the decision are described in the Audit Trail in Section 9. The audit trail also gives a reason for the decisions made about materiality – why something is not included as it was not considered to be materially significant to the analysis. Negative outcomes are shown in red.

### 5.1 Older Person Households – all clients

Input	Output	Outcome
Time – not materially significant as 360 of 361 visits were at clients homes	351 households referred to the project  360 households receiving home visit  278 benefit applications submitted  5 appeals made, 1 complete	Increased household income  Correct adjustment of rent and housing benefit
Provision of information – verbal and paperwork – not materially significant		Improved quality of life from being able to afford a better diet
		Improved quality of life from reduced social isolation
		Improved quality of life from getting more help in the home
		Improved quality of life from increased use of private transport
		Improvement in long term health conditions
	30 households given energy advice/support	Reduced fuel poverty
		Older person households able to make home improvements – decoration and amenities such as white goods

### 5.1.2 Older Person Households – subgroup of clients given signposted referrals to external agencies.

Input	Output	Outcome
Time – not materially significant as 360 of 361 visits were at clients homes	76 signposted referrals to external support services <ul style="list-style-type: none"> <li>• 38 to Care and Repair Services</li> <li>• 16 to Social Work Services for Occupational Therapy assessment of Aids and Adaptations needs</li> <li>• 12 for Tax Advice</li> <li>• 18 other various</li> </ul>	Increased access to support services targeted at older people
Provision of information – verbal and paperwork – not materially significant		Improved safety and security in the home as a result of aids and adaptations installation
		Increased ability to stay in own home for longer as a result of installation of appropriate aids and adaptations.
	46 households given only information and advice	Increased awareness and uptake of HC1 exemption and HC5 refund

### 5.1.3 Partner RSLs

Input	Output	Outcome
Payment for service through partnership agreement - proportional % of 25% of actual total cost according to number of tenancies £24,033	65 Housing Officer referrals to OPAP  519 tenant households targeted by OPAP mail shots	Maximised uptake of housing benefit by older tenant households
Time to attend steering group, provide information and engage with project on housing issues such as re-housing, rent and housing benefit issues – not materially significant as quarterly meetings and no additional staff employed or hours extended to service OPAP		Older tenant households heat homes to required levels, avoiding elevated damp and maintenance problems
Promotion of service by frontline staff through newsletters, tenant's events etc – not materially significant as ongoing activity of RSL which OPAP is integrated into.		Increased number of tenancies with aids and adaptations enabling tenant to maintain tenancy and avoiding need for transfer to sheltered/very sheltered housing
Administration of aids and adaptations assessments/ draw down of grant etc – not materially significant and cannot attribute which aids and adaptations are as a result of OPAP referral	6 awareness raising sessions	Creation of new partnerships to roll out OPAP model of delivery (Wishaw)
		Improved staff and board understanding of older tenant household issues

		Improved understanding of income maximisation and benefit uptake issues amongst older person households
		Partnership working with other RSLs not previously worked with

#### 5.1.4 Falkirk Council

Input	Output	Outcome
Fairer Scotland Fund Grant for staff and proportion of project costs £21,900	9 presentations/awareness raising sessions with community planning partners and community groups  38 Care and Repair Referrals	Increase uptake and awareness of Council services targeted at older person households.
Fairer Scotland Fund Community Panel voluntary time reviewing applications and ongoing monitoring £742	1200 mail shots to 15% SIMD Falkirk Priority Regeneration Area households of which approx 20% aged 60+ = 240 older person households  38 interviews with older person households	Increase the number of older people giving their views on service provision and issues they face
Administration and monitoring of grant – not materially significant as no additional staff employed or overtime required to meet demand generated by OPAP	16 Social Work Services Aids and Adaptations Assessment Referrals	Older People increased ability to stay in their own homes for longer rather than be re-housed in local authority sheltered/ very sheltered housing
Process housing and council tax benefit claims and reviews – not materially significant as no additional staff employed or overtime required to meet demand generated by OPAP		
Provision of OT Assessment (aids and adaptations) through Social Work Services for OPAP referrals – not materially significant as no additional staff employed or overtime required to meet demand generated by OPAP		

#### 5.1.5 NHS

Input	Output	Outcome
N/A		Reduced demand on NHS services by older person households
		Improved safety and security in the home as a result of aids and adaptations reducing number of falls and accidents in the home
		Reduced demand on NHS community services such as chiropody as older person able to pay for private health care provision

### 5.1.6 Scottish Government

Input	Output	Outcome
Wider Role Fund Grant £48,066		Increased income to Scottish Economy due to multiplier effect of increased household income
		Older People increased ability to stay in their own homes for longer reducing cost of personal care for Scottish Government (Attendance Allowance removed when move into care)

Table 1 overleaf shows the descriptions of the indicators and financial proxies that represent the value of the above outcomes for each stakeholder, the quantities achieved for each outcome based on the project evaluation, interviews, records etc and the value of each financial proxy used. A full description of all assumptions, quantities, sources and calculation methods is contained in Appendix B. In order to replicate the calculation, Table 1 below has to be read in conjunction with Appendix B and Table 2. The impact figure in Table 2 is derived from “Quantities” times “Value” less deadweight, attribution and displacement.

Four types of financial proxy have been used:

- Actual increased income through benefit maximisation, fuel refunds, social tariff reduction etc
- Cost savings
- Spend on services/activities
- Value of staff time/contributions

Table 1

Stakeholders	Outcomes	Indicators	Quantity	Data Source	Financial Proxy	Source	Value £
Older Person Households – all clients	Increased household income	Previously unsecured benefits gained (annualised and back dated lump sum)	1	OPAP Database	Actual benefits secured - backdated and annualised	OPAP Database	£349,246.70
	Correct adjustment of rent and housing benefit	Amount of rent refund and rent reduction	1	OPAP Database	Actual rent refund and rent reduction	OPAP Database	£4,856.86
	Improved quality of life from being able to afford a better diet	Number of households reporting improved diet/nutrition	70	Stakeholder interviews	Additional spend on food	Family Expenditure and Food Survey 2008	£400.40 pa
	Improved quality of life from reduced social isolation	Number of households experiencing reduced social isolation	180	Stakeholder interviews	Additional spend on recreation	Family Expenditure and Food Survey 2008	£415.46 pa
	Improved quality of life from getting more help in the home	Number of households securing additional help in the home	170	Stakeholder interviews	Additional spend on home help and cleaning services	Family Expenditure and Food Survey 2008	£219.96 pa
	Improved quality of life from increased use of private transport	Number of households reporting increased use of private transport	130	Stakeholder interviews	Additional spend on transport	Family Expenditure and Food Survey 2008	£299.52 pa
	Improvement in long term health conditions – arthritis, heart disease, foot problems, etc	Number of clients reporting improvement in health conditions	70	Stakeholder interviews	Reduced spend on health	Family Expenditure and Food Survey 2008	£59.28 pa

Stakeholders	Outcomes	Indicators	Quantity	Data Source	Financial Proxy	Source	Value £
Older Person Households – all clients cont	Reduced fuel poverty	Number of clients reporting reduced financial stress	200	Stakeholder interviews	Cost saving of accessing counselling services	Internet search	£280
		Number of clients receiving fuel refunds and reduction in fuel tariffs	Actual refund + 30	OPAP Database and Stakeholder interviews	Actual fuel refunds and average reduced fuel tariffs	OPAP Database, Stakeholder interviews, utility companies	£1,062.17 utility refund and £150 social tariff saving pa
	Older person households able to make home improvements – decoration and amenities such as white goods	Number of households reporting use of additional household income to make home improvement including decoration and amenities	170	Stakeholder interviews	Additional spend on home improvements	Stakeholder interviews and Family Expenditure and Food Survey 2008	£475
Older Person Households – subgroup of clients given signposted referrals to external agencies	Increased access to support services targeted at older people	Number of signposted referrals for care and repair service	38	Stakeholder interviews/ OPAP database	Cost saving of purchasing basic household services	Stakeholder interviews and Family Expenditure and Food Survey 2008	£150
	Improved safety and security in the home as a result of aids and adaptations installation	Number of signposted referrals to Occupational therapy for aids and adaptations assessment	16		Cost saving of aids and adaptations themselves – median cost of aids and adaptations		

<sup>3</sup> Personal Social Services Research Unit, Unit Cost of Health and Social Care 2008

Stakeholders	Outcomes	Indicators	Quantity	Data Source	Financial Proxy	Source	Value £
	Increased ability to stay in own home for longer as a result of installation of appropriate aids and adaptations.	Number of older owner occupiers avoiding moving into private residential care	12		Cost of private residential care	PSSRU 2008	£24,284
	Increased awareness and uptake of HC1 exemption and HC5 refund	Number of HC1 exemption applications and HC5 refunds	8	OPAP Database	Cost saving by older person as a result of HC1 exemption and HC5 refund	Family Expenditure and Food Survey 2008	£72.80
Partner RSLs	Maximised uptake of housing benefit by older tenant households	Previously unsecured housing benefit gained	1	OPAP Database	Actual benefits secured - backdated and annualised	OPAP Database	£55,182.72
	Older tenant households heat homes to required levels, avoiding damp and associated maintenance problems	Number of tenants reporting reduced fuel poverty	115	OPAP Database and Stakeholder Interviews	Cost saving of tenancy maintenance and refurbishment to address damp issues	RSL	£40
	Older people increased ability to stay in own home for longer as a result of installation of aids and adaptations rather than require transfer to sheltered or very sheltered housing.	Number of older people able to stay in home for longer as a result of installation of appropriate aids and adaptations (ha tenants)	6	Stakeholder interviews/ OPAP database	Cost saving of moving older tenants into sheltered housing	PSSRU 2008	£20,876 pa
	Creation of new partnerships to roll out OPAP model of delivery (Wishaw)	Number of hours spent on project development	147	RSL	Average salary per hour of staff who contributed to project development	RSL	£15

Stakeholders	Outcomes	Indicators	Quantity	Data Source	Financial Proxy	Source	Value £
Partner RSLs cont..	Improved staff and board understanding of older tenant household issues	Alternative consultation of tenants	6		Cost saving of targeted tenant consultation	Internet research	£2,070
	Improved staff and board understanding of income maximisation and benefit uptake issues amongst older person households	Numbers of staff and board with increased understanding of income maximisation and benefit uptake issues amongst older tenant households	48 board 30 staff	RSL	Cost of alternative staff/board training	Internet research	£75
	Partnership working with other RSLs not previously worked with	Number of hours saved by accessing information from new contacts	42	RSL	Value of staff time saved	Internet	£18
Falkirk Council	Increase uptake and awareness of Council services targeted at older person households, particularly aids and adaptations assessment and Care and Repair Service	Number of referrals to council services – care and repair and aids and adaptations	54	Stakeholder interviews/ OPAP database	Cost of alternative targeted promotion of council service	Internet	£2,750
	Increase the number of older people giving their views on service provision and issues they face	Number of households giving their views on issues they face and council service provision	19	Stakeholder interviews	Cost of alternative community engagement – 2 hour one to one interview by consultant	Internet	£147.86
	Older people increased ability to stay in own home for longer rather than need to be rehoused in Local authority sheltered/ very sheltered housing	Number of older people able to stay in home for longer as a result of installation of appropriate aids and adaptations (non RSL)	6	Stakeholder interviews/ OPAP database	Cost saving of moving council tenants into sheltered/ very sheltered housing	PSSRU 2008	£16,172



Stakeholders	Outcomes	Indicators	Quantity	Data Source	Financial Proxy	Source	Value £
NHS	Reduced demand on NHS services by older person households	Number of clients reporting improvement in health conditions	70	Stakeholder interviews	Cost saving on GP consultation	PSSRU 2008	£36
			14	Stakeholder interviews	Geriatric assessment services – day case cost per case	NHS Cost Book	£1302
			14	Stakeholder interviews	Cost of 1 week geriatric continuing care service per in patient week	NHS Cost Book	£1447
	Improved safety and security in the home as a result of aids and adaptations reducing number of falls and accidents in the home	Number of older people having a falls in the home	5	Stakeholder interviews/ Interventions for preventing falls in elderly people, Gillespie et al 2003.	Cost of fall to NHS	NHS Cost Book/ Scuffman 2003 <sup>4</sup>	£2810
		Number of avoided hospital stays	0.5		Cost of fall resulting in fracture and long stay care		Dolan and Torgersen 2000, The Economic Cost of Hip Fracture in the UK
	Reduced demand on NHS community services such as chiropody as older person able to pay for private health care provision	Number of older person households buying private community health services such as chiropody	17	Stakeholder interviews	Cost of provision of community health services	NHS Cost Book	£37

<sup>4</sup> Based on method in P Scuffham, R Chapman, R Legood, 2003, 'Incidence and Costs of Unintentional Falls in the United Kingdom, Journal of Epidemiology Community Health, 57: 740-744

Stakeholders	Outcomes	Indicators	Quantity	Data Source	Financial Proxy	Source	Value £
Scottish Government	Increased income to Scottish Economy due to multiplier effect of increased household income	Multiplier of additional income to older person households	1	Scottish Government Input/Output Statistics	Actual income to Scottish Economy from multiplier effect	Scottish Government Input/Output Statistics	£180,000
	Older People increased ability to stay in their own homes for longer reducing cost of personal care for Scottish Government (Attendance Allowance removed when move into care)	Number of older people able to stay in home for longer as a result of installation of appropriate aids and adaptations	12	Stakeholder interviews/ OPAP database	Cost of providing free personal care in the home	Audit Scotland	£4773



## 6 Impact

The figures in Table 1 are used to calculate the value of outcomes achieved for each stakeholder. In order to calculate the overall impact, these values have to be reduced to take account of deadweight (what would have happened anyway), attribution (who else creates these outcomes) and displacement (where there are negative outcomes for stakeholders not included in the impact map).

The detailed assumptions and sources for deadweight etc. are contained in Appendix B. However, for the most significant outcomes a further discussion of deadweight helps to give clarity and some context for the figures chosen.

### *Increased household income*

For this outcome we had to consider what proportion of older person households in the general population successfully take up the benefits they are entitled to. This would give an indication of the level of income that may have been secured by the older person households either accessing the benefits system themselves or receiving support from other agencies to maximise benefit e.g. Citizens Advice Bureaux, Pension Service etc. This proxy figure consists of a range of benefits

Paragraph 4.1 on page 17 of this report lists the range of benefits and the outcomes for each. The Department for Work Pensions publishes estimates for the take-up of income-related benefits. The latest 2006/07 edition indicates that up to £5 billion of Pension Credit, Housing benefit and Council Tax Benefit was unclaimed by pensioners in 2006/07. Some of the main figures are given in the table below:

	<b>Numbers entitled but not receiving benefit</b>	<b>Proportion entitled but not receiving benefit</b>	<b>Total amount of money unclaimed</b>	<b>Average Amount unclaimed</b>
<b>Pension Credit</b>	1.3 – 1.8 million	33 - 41%	£2 – 2.8 billion	£28.40 per week
<b>Council Tax benefit</b>	1.7 – 2.1 million	39 – 45%	£1.1 – 1.5 billion	£13.30 per week

There are no similar figures for other benefits such as Attendance Allowance and Carers Allowance which are also often unclaimed, particularly Attendance Allowance which is a key gateway benefit to other entitlement. The eligibility for these benefits is based on a person's mobility and care needs. However, certain features of DLA and AA make 'true' eligibility difficult to define, and at present, the size of the eligible population and the take-up rate are not known. However, DWP have estimated non take up to be in the region of 40-60%.

Average non take up of Pension Credit and Council Tax is therefore 36 – 43%, giving a positive take up by pensioners of 57 – 64%. However, we must also factor in the potentially much lower uptake of Attendance Allowance,

Carers Allowance, and Severe Disability Premium etc. From OPAP's experience Attendance Allowance and the associated Severe Disability Premium are by far the most significant proportion of unclaimed benefits by the general population. An estimate of 45% of positive take up was therefore decided for the deadweight figure to reflect the proportion of increased household income that would have been claimed by households without the assistance of OPAP. The impact on the SROI calculation of changing this deadweight figure is considered in section 7.

### *Reduced fuel poverty*

Fuel poverty is measured as a ratio of household income to energy consumption/ efficiency and overall fuel prices. Fuel prices have risen substantially in recent years. In considering a deadweight figure, consideration has to be given to what would have happened without the intervention of OPAP to each of the three components of fuel poverty: income of older person households; expenditure on fuel/fuel prices and consumption of energy

Between 2004 and 2007 pensioners saw their gas costs increase by 55% and electricity costs by 36% while reducing their own energy consumption by 10%.<sup>5</sup> For all households the proportion of income spent on fuel falls sharply as income rises. Even though approx 45% of older person households will potentially maximise income through benefit uptake without OPAP, this is balanced by the ongoing trend in rising fuel costs. In addition to increasing household income as a means of addressing fuel poverty, OPAP also secures lower rate social tariffs for older person households. This reduces fuel costs to the older person. Deadweight for moving onto social tariffs is low as fuel suppliers do not proactively promote social tariffs and older people have low existing awareness of social tariff options. Deadweight for fuel poverty impact is therefore estimated at 20%.

There will be some minimal displacement of income through fuel costs to energy suppliers when moving older people onto social tariffs. However, this reduced income is not materially significant to fuel supplier and very beneficial to the older person household.

### *Older people able to stay in their own home for longer*

This is a particularly significant outcome as older people being able to stay in their home for longer has a direct impact on all the other stakeholders in the analysis. This is mainly due to the installation of appropriate aids and adaptations enabling the older person to remain in their home safely and securely for longer. This reduces the demand for more expensive sheltered and very sheltered housing and remaining in their own homes allows older people to continue to claim Attendance Allowance, reducing demand on the Scottish Government free personal care budget.

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<sup>5</sup> Leicester, A et al. The Expenditure Experience of Older Households, Institute of Fiscal Studies, August 2009.

Deadweight is low for this outcome (10%) as there is a low level of self-referring to support services such as care and repair and aids and adaptations particularly among owner occupiers due to limited awareness of services and reluctance/ability to proactively seek services out. There will be some ongoing referral by housing officers and social work services where there is contact.

*Increased income to Scottish Economy due to the multiplier effect of increased household income to older person households*

The deadweight for this outcome is directly related to the *increased household income* deadweight and has been set at the same amount of 45% to take into account benefit uptake rates.

This income multiplier effect is additional to the Scottish Economy as benefits are sourced from the UK Treasury budget rather than coming from Scottish Government budgets. This does mean that maximising benefit uptake in Scotland could be seen as having a negative displacement effect on other activities funded by the UK Treasury. For example other benefits, programmes outside the social security sphere, or on reductions in the overall tax burden. The overall additional benefits secured by OPAP were £404,429, taking into account the discussion above re benefit uptake rates and the resulting deadweight and attribution figures, the overall potential disbenefit to other activities funded by the UK Treasury as a result of OPAP would be £172,877. In relation to the size of the UK Treasury budget, this figure is insignificant on a macro-economic level while being very significant to the lives of older person households in Scotland. In addition the UK Government would not consider maximising benefit uptake by pensioners as a negative outcome or disbenefit as illustrated by Public Service Agreement 17: *Tackle poverty and promote greater independence and wellbeing in later life*, October 2007 which states that:

*“We will continue to tackle pensioner poverty, particularly through our efforts to pay pensions and benefits to those eligible.”*

However, in acknowledgement of the potential displacement of benefits maximisation, a sensitivity analysis will consider the effect of this displacement on the SROI ratio.

Table 2 below shows the percentages used for deadweight etc. for all outcomes, and shows how this affects the final calculation of the impact:

Stakeholders	Outcomes	Dead weight	Attribution	Impact £
Older Person Households – all clients	Increased household income	45%	10%	172,877
	Correct adjustment of rent and housing benefit	5%	5%	4,383
	Improved quality of life from being able to afford a better diet	27%	20%	16,368
	Improved quality of life from reduced social isolation	15%	25%	47,674

	Improved quality of life from getting more help in the home	21%	25%	22,155
	Improved quality of life from increased use of private transport	0%	25%	29,203
	Improvement in long term health conditions – arthritis, heart disease, foot problems etc	40%	50%	1,245
	Reduced fuel poverty	20%	0%	49,250
	Older person households able to make home improvements – decoration and amenities such as white goods	5%	10%	69,041
Older Person Households – subgroup of clients given signposted referrals	Increased access to support services targeted at older people	10%	50%	5,700
	Improved safety and security in the home as a result of aids and adaptations installation	30%	50%	8,585
	Increased ability to stay in own home for longer as a result of installation of appropriate aids and adaptations.	30%	50%	131,134
	Increased awareness and uptake of HC1 exemption and HC5 refund	10%	20%	419
Partner RSLs	Maximised uptake of housing benefit by older tenant households	80%	5%	10,485
	Older tenant households heat homes to required levels, avoiding damp and associated maintenance problems	20%	0%	3,680
	Older people increased ability to stay in own home for longer as a result of installation of aids and adaptations rather than require transfer to sheltered or very sheltered housing	30%	50%	43,651
	Creation of new partnerships to roll out OPAP model of delivery (Wishaw)	0%	85%	331
	Improved staff and board understanding of older tenant household issues	30%	40%	5,216
	Improved staff and board understanding of income maximisation and benefit uptake issues amongst older person households	25%	25%	3,291
	Partnership working with other RSLs not previously worked with	50%	25%	284
Falkirk Council	Increase uptake and awareness of Council services targeted at older person households, particularly aids and adaptations assessment and Care and Repair Service.	30%	0%	103,950
	Increase the number of older people giving their views on service provision and issues they face	25%	0%	2,107
	Older people increased ability to stay in own home for longer rather than need to be re-housed in Local authority sheltered/ very sheltered	10%	50%	45,122

	housing			
NHS	Reduced demand on NHS services by older person households	40%	50%	12,302
	Improved safety and security in the home as a result of aids and adaptations reducing number of falls and accidents in the home	30%	50%	9,367
	Reduced demand on NHS community services such as chiropody as older person able to pay for private health care provision	10%	30%	396
Scottish Government	Increased income to Scottish Economy due to multiplier effect of increased household income	45%	0%	99,000
	Older People increased ability to stay in their own homes for longer reducing cost of personal care for Scottish Government	10%	50%	25,774

Summing the right hand column in Table 2 gives the total impact from OPAP for the period under analysis (1<sup>st</sup> July 2008 – 31<sup>st</sup> March 2009) £922,990

Some of these outcomes are expected to last longer than the year. The outcomes that will endure, how long they endure for, and how much of the value in future years reduces over time have been estimated as:

Stakeholder	Outcome	Duration (Years)	Drop off
Older Person Households	Increased household income	5	0%
	Correct adjustment of rent and housing benefit	3	0%
	Improved quality of life from being able to afford a better diet	3	30%
	Improved quality of life from reduced social isolation	3	30%
	Improved quality of life from getting more help in the home	5	0%
	Improved quality of life from increased use of private transport	3	30%
	Improvement in long term health conditions – arthritis, heart disease, foot problems etc	3	30%
	Reduced fuel poverty	1	10%
	Increased access to support services targeted at older people	2	40%
	Improved safety and security in the home as a result of aids and adaptations installation	3	20%
	Increased ability to stay in own home for longer as a result of installation of appropriate aids and adaptations.	3	20%
Partner RSLs	Maximised uptake of housing benefit by older tenant households	3	0%
	Older tenant households heat homes to required levels, avoiding damp and associated maintenance problems	1	10%
	Older people increased ability to stay in own home for longer as a result of installation of aids and adaptations rather than require transfer to sheltered or very sheltered housing	3	20%
	Creation of new partnerships to roll out OPAP model of delivery (Wishaw)	4	15%
	Partnership working with other RSLs not previously worked with	4	15%
Falkirk Council	Increase uptake and awareness of Council services targeted at older person households.	2	40%
	Older people increased ability to stay in own home for longer	3	20%



	rather than need to be re-housed in Local authority sheltered/ very sheltered housing		
NHS	Reduced demand on NHS services by older person households	3	30%
	Improved safety and security in the home as a result of aids and adaptations reducing number of falls and accidents in the home	3	30%
	Reduced demand on NHS community services such as chiropody as older person able to pay for private health care provision	3	20%
Scottish Government	Increased income to Scottish Economy due to multiplier effect of increased household income	5	0%
	Older People increased ability to stay in their own homes for longer reducing cost of personal care for Scottish Government (Attendance Allowance removed when move into care)	3	20%

In order to calculate the Net Present Value (NPV) the costs and benefits paid or received in different time periods need to be added up. In order that these costs and benefits are comparable a process called discounting is used. Discounting recognises that people generally prefer to receive money today rather than tomorrow because there is a risk (e.g. that money will not be paid) or because there is an opportunity cost (e.g. potential gains from investing the money elsewhere). This is known as the time value of money.<sup>6</sup> There is a range of different rates. For the public sector, the basic rate recommended in HM Treasury's Green Book is 3.5%. This is the discount rate that will be applied here.

The value in future years is discounted to Net Present Values, using a discount rate of 3.5%. This gives the impact over 5 years arising from OPAP of:

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Present Value of each year	£810,112	£660,254	£529,246	£294,410	£294,033	£2,588,054

<sup>6</sup> A Guide to Social Return on Investment, Cabinet Office of the Third Sector 2009

## 7 Social Return Calculation

### 7.1 Calculation of the SROI index

The total impact calculated from the impact map for OPAP for the period 1<sup>st</sup> July 2008 to 31<sup>st</sup> March 2009 under the assumptions made was £922,990. The value of this impact in future years is discounted to net present values, using a discount rate of 3.5%. The total present value of OPAP is calculated as £2,588,054. The total invested to generate the total present value, was £93,999.

The SROI index is a result of dividing the total present value by the investment. This gives a social return of £27.53 for every £1 invested in OPAP

### 7.2 Sensitivity Analysis

One purpose of a sensitivity analysis is to vary the main assumptions in the above 'base case' that has been made, which could affect the social return.

The main assumptions are about the quantities of outcomes experienced by clients. The interviews, survey and project records gave ways of determining these quantities, but the figures rely on the assumption that survey results scale up across the whole client group.

The key outcomes of increased household income and income multiplier effect will be scaled up to a full year from the current analysis period of 9 months. The investment of £93,999 for this 9 month period will also be correspondingly scaled up to 12 months (£125,332). The impact on social return of changing the deadweight for benefit uptake levels from 45% to 30% and 60% will also be considered.

In acknowledgement of the potential displacement of UK Treasury monies as a result of maximising benefit uptake, a sensitivity analysis will be carried out to assess the impact of 100% displacement of the benefits secured less deadweight and attribution. This in effect will cancel (net) the increased household income to older person households.

Sensitivity of duration of outcomes flowing from benefits uptake will be tested to consider all outcomes lasting for 5 years to reflect the impact of benefit uptake lasting for 5 years. In addition, duration of outcomes resulting from partnership working are reduced to 1 year impact.

In addition, some of the values for NHS might be high, due to the use of unit costs rather than marginal costs. A unit cost is the actual cost of providing an intervention divided by the number of patients treated, while a marginal cost is the cost of providing one more treatment. Marginal costs are more appropriate, however such information is not routinely available. Unit costs are much higher, but due to lack of information, have had to be used in this analysis, so some values might be higher.

As the outcome of older people able to stay in their own home for longer as a result of aids and adaptation installation is significant for a number of stakeholders. The sensitivity of the number of old people will be adjusted as part of the sensitivity analysis.

The following new assumptions will be tested to explore the effect on the social return:

- Increase and decrease deadweight for benefit uptake applied to increased household income and income multiplier outcomes
- Scale up period of analysis and investment from 9 month to full 12 month period
- Change health values from unit to marginal costs
- Reduce scale up of stakeholder interviews quantities to apply to 75% of older person households rather than 100%
- 16 clients referred for aids and adaptation. Assumption made that 12 of 16 were able to stay in own home for longer as a result of installation of aids and adaptations. Reduce to 6 and increase to 14.
- Increase duration of all outcomes flowing from benefit uptake to 5 years
- Reduce duration of outcomes resulting from partnership working to 1 year
- 100% displacement to UK Treasury of benefit uptake.

Changing these assumptions produces the following:

Base case assumption	New assumption	New Social Return result
Deadweight for benefit uptake applied to increased household income and income multiplier outcomes 45%	Deadweight for benefit uptake applied to increased household income and income multiplier outcomes 60%	£23.62 (-3.91)
Deadweight for benefit uptake applied to increased household income and income multiplier outcomes 45%	Deadweight for benefit uptake applied to increased household income and income multiplier outcomes 30%	£31.45 (+3.92)
9 month period of analysis for benefit outcomes	12 month period of analysis for benefit outcomes with investment scaled up to 12 months (£125,332)	£32.48 (+4.95)
Unit health costs used	Marginal health costs used	£27.04 (-0.49)
Older person stakeholder quantities scale up to 100% of total	Older person stakeholder quantities scale up to 75% of total	£26.57 (-0.96)
12 of 16 older people able to stay in their own home for longer as a result of installation of aids and adaptations	14 of 16 older people able to stay in their own home for longer as a result of installation of aids and adaptations	£28.58 (+1.05)
12 of 16 older people able to stay in their own home for longer as a result of installation of aids and adaptations	6 of 16 older people able to stay in their own home for longer as a result of installation of aids and adaptations	£24.39 (-3.14)
Duration of outcomes flowing from increased benefit uptake vary from 1 to 5 years	Duration of all outcomes flowing from increased benefit uptake to 5 years	£30.02 (+2.49)
Duration of outcomes flowing from partnership working 4 years	Duration of outcomes flowing from partnership working 1 year	£27.52 (-0.01)

0% displacement of benefits monies	100% displacement of benefits monies	£18.40 (-9.13)
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The change on the social return ratio as a result of these sensitivity analyses are not extreme with the biggest increase in social return being as a result of reducing the deadweight figure for benefit uptake from 45% to 30%, i.e. 30% of households would have accessed the benefits system without the intervention of OPAP. The reduction of this deadweight figure increases the social return ratio from the base calculation of £27.53 by £3.92 to £31.45 for every £1 invested in OPAP.

The biggest negative impact on the social return ratio was as a result of applying 100% displacement of the increased household income to older people through maximising benefits uptake. This displacement is from the perspective of the UK Treasury and the other potential services supported by the UK Treasury that would have potentially benefited from these same monies. However, as the discussion on pages 31 and 32 illustrate, the UK Government prioritises take up of benefits by older people that they are entitled to and may not consider maximising budgeted benefit take up as having a direct displacement effect on other UK Treasury spending.

The second biggest negative impact on the social return ratio was as a result of increasing the deadweight figure for benefit uptake from 45% to 60% i.e. 60% of households would have accessed the benefits system without the intervention of OPAP. The increase of this deadweight figure decreases the social return ratio from the base calculation of £27.53 by £3.91 to £23.62 for every £1 invested in OPAP.

Combining more than one factor change in various permutations would give more significant variance from the base case social return.

## 8 Recommendations

### 8.1 Complying with SROI Good Practice

The SROI result for OPAP would be strengthened by continuing the evaluation into years two and three of the project ending at the close of the current partnership and funding arrangement in March 2011. Adopting a forecast SROI approach based on this evaluative analysis for April 2009 to March 2011 would give a clearer picture of 12 months of project outcomes with the project running at full capacity. However, there have been significant changes in year two with the addition of a third Welfare Rights Officer. Comparison with this analysis would therefore not be comparing like with like.

Engagement with other stakeholder groups identified, but not included in this study would have given a fuller picture of the social return, but this would have required considerably more time and resources.

Further interviews with older person households after completion of a client's case will give a clearer picture of outcomes that will be confidently applicable to a higher proportion of households rather than assuming 100% application through scaling up of a small sample of 10%.

The following recommendations for stakeholders were developed during the study, and reflect Linkwide's growing understanding of what SROI does and how it could benefit OPAP stakeholders.

### 8.2 Recommendations for Link Group

*Mainstream OPAP as part of Linkwide's core Advice Team:*

- OPAP has been acknowledged as a model of best practice both through becoming a finalist in 2008 and 2009 for the UK Housing Awards and the roll out of the OPAP model supported by the Scottish Government.
- The social and business case made by the OPAP SROI Report confirms the significant benefit and return to older tenant households, the RSL itself and Scottish society as a whole and makes a clear case for the mainstreaming of OPAP within Link's range of tenant services.
- An Older Persons' Welfare Rights Officer mainstreamed as part of the core Linkwide Advice Team will secure the service for Link tenants beyond the current funding agreement to March 2011. This post will complement the existing Advice Team which includes a generic welfare rights service and Money Advice. The service could then be expanded and contracted depending on level of buy in from external organisations, while always having a core service for Link tenants.

*Adopt the Social Return on Investment (SROI) methodology as a model for other Link Group projects and activities:*

- Agree at Board Level a range of activities/services that would benefit from SROI analysis – evaluation and forecast approach.
- Identify appropriate staff to take forward each identified SROI analysis and ensure attendance at SROI Practitioner Training
- Establish a forum for the exchange of advice and ideas for staff taking forward SROI analyses to ensure they are supported and share best practice.
- Consider SROI as an element of annual reporting of Link Group accounts

*Integrate learning from OPAP SROI into the continuation of OPAP and the roll out of the Older Persons' Advice Service to March 2011:*

- Integrate key indicators into database to allow ongoing monitoring of outcomes identified during SROI process to ensure this impact is not lost in reporting to funders and partners
- For example while case notes detail the nature of signposted referrals to external agencies this information is only recorded as signpost referral in the database. To facilitate further analysis there should be a drop down box listing options such as Care and Repair, Aids and Adaptations, Tax Advice etc
- Ensure identifying outcomes is the focus of customer satisfaction survey on case close to identify how the project has made a difference to individuals' lives.
- Maximise use of intermediary bodies for promotion and engagement of target older person households – older persons' groups, health services, regeneration groups, tenant groups
- Emphasise potential wider outcomes to older person households in promotional material and targeted mail-outs to increase self referrals and reduce need for follow up telephone calls to engage those who do not self refer.

*Continue to promote OPAP as a model of best practice:*

- Instigate further recognition of OPAP as model of best practice by seeking support and acknowledgement of OPAP by key agencies in housing, welfare benefits and older persons' services.
- Promote OPAP SROI as case study of application of SROI process through the SROI Project and SROI Network and at relevant conferences/ forums.
- Use the opportunity of supplying OPAP in other geographical areas to test and refine the robustness of the model in other environments.

### 8.3 Recommendations for RSLs

#### *Capitalise on outcome of OPAP SROI:*

- Use OPAP SROI to make social and business case for continued buy into OPAP service delivery beyond March 2011 or adoption of OPAP model for mainstreaming in local partnerships
- Use OPAP SROI as catalyst to train staff on SROI and spread awareness and understanding of benefits of SROI to service delivery and in accounting for broader activities of housing association/provider.
- Promote RSL involvement in model of best practice and case study for application of SROI process.

#### *Integrate learning from OPAP SROI:*

- Consider own promotion of benefits uptake among tenants and emphasising the nature of some benefits as a passport or gateway to other services from the housing association such as Energy Assistance Package
- Promote availability of social tariffs to all vulnerable households to overcome the reluctance of energy providers to actively promote social tariffs and the savings they can bring to vulnerable households.
- Ensure policies and strategies reflect learning from SROI process including the impacts on tenancy sustainment and the inter-related nature of outcomes both for tenants and the housing association resulting in a win-win situation. For example installation of aids and adaptations enables older tenant to stay in their home for longer safely and securely or income maximisation improves health and quality of life for tenants leading to improved tenancy sustainment and older people being able to heat and look after their homes.
- Explicitly refer to income maximisation in tenancy sustainment policies/strategies
- Ensure older people know how to use their heating system, particularly storage heaters to maximise benefit safely while minimising cost

#### *RSLs/providers may consider:*

- Storing aids and adaptations that can be recycled when refurbishing homes at the end of a tenancy
- Building on partnership/relationships established during OPAP, in particular sharing other tenant services to achieve economies of scale.
- Lobbying Scottish Government on the impact of budget cuts for aids and adaptations, particularly the wider impact on older person households and tenancy sustainment

## **8.4 Recommendations for Falkirk Council, the Falkirk Community Planning Partnership and local authorities in general.**

### *Corporate and Neighbourhood Services*

- Community Advice Service – Older owner occupiers have particularly poor benefit take up levels compared to social housing and council tenants. Limited awareness of eligibility and therefore not proactive in seeking services. Can only be effectively reached through proactive approach.
- Uptake of Attendance Allowance is low across all tenures. Most significant income increase from maximising attendance allowance for OPAP clients

### *Social Work Services*

- Care and Repair Service – low awareness amongst older owner occupiers visited by OPAP. Significant proportion of signposting to Care and Repair Service.
- Increase referral process between care assessment team and Community Advice Service to ensure older people who are known to have health and mobility issues and have been assessed for aids and adaptations, also get a full benefit check from Community Advice Service. Have been cases where significant health issues identified and adaptations made but older person not in receipt of attendance allowance and associated premiums such as severe disability premiums for single pensioners.
- Consider storage facilities for aids and adaptations that could be recycled with access for multiple agency partners for mutual benefit

### *Finance Services*

- In addition to maximising benefit uptake by assisting older people to get previously unsecured benefits, OPAP also supports older people to correct benefit calculations and challenge decisions made on Council Tax and Housing Benefit. Miscalculations can have considerable long term impact on older people and their quality of life.
- The uptake levels of Council Tax Benefit by older people in particular have fallen by approx 13% since 1997. A statistic that should be addressed by all local authorities.

### *Community Planning Partnership*

- Consider OPAP SROI and cross agency impact of project outcomes. In particular co-ordination of service delivery and clear referral procedures to ensure older people with health and mobility issues have the correct aids and adaptations and benefits check, particularly Attendance Allowance and associated benefits



- Better liaison between public bodies would reduce the requirement for older people to complete multiple forms with similar information to access the benefits system. A significant uptake barrier.
- Maximise use of intermediaries such as RSLs who are able to target services at vulnerable households and make referrals to appropriate services.
- Extent and impact of social isolation on older people. Considerable need for generic befriending service for older people. Lack of current service provision for older people who do not have specific physical or mental health issues.
- Potential for application of SROI process for community planning partnership activities, particularly where identifying added value through partnership working and cross agency impacts.

## **8.5 Recommendations for National Health Service**

*Integrate learning from OPAP SROI:*

- Cross policy and service impact from key outcomes such as increasing household income improving quality of life and reducing impact of long term health conditions. A small investment in support service for older people can have a considerable impact in reducing demand on NHS services.
- Installation of aids and adaptations in older peoples' homes allows them to remain in their homes safely and securely reducing the major impact of geriatric falls and accidents on acute and continuing care services.
- Improve internal communication between different parts of NHS to ensure that older people leaving hospital have been referred to appropriate agency for a full benefit check to compliment their care assessment. Have been cases where older people released from hospital with significant care and mobility issues are not in receipt of attendance allowance and associated premiums

## **8.6 Recommendations for Scottish Government**

*Integrate learning from OPAP SROI:*

- Cross policy impact of cutting aids and adaptations budgets – wider implications and impact on number of older people moving into local authority sheltered and very sheltered housing. When this happens older people are no longer eligible to claim attendance allowance so full burden of personal care moves to Scottish Government budget
- Encourage recycling of aids and adaptations by local authorities and RSLs as means of reducing demand on aids and adaptations budget
- Scottish Government should consider policy or guidance for energy providers to actively promote the availability of social tariffs for vulnerable households to complement other government energy package initiatives. Information on social tariffs not easily accessible

particularly to older people who are less likely to use the internet to proactively seek information about fuel providers and their services.

*Wider impact and benefit of income maximisation services to Scottish economy and budgets:*

- Investing in income maximisation services has multiple benefits across Scottish Government objectives from tackling fuel poverty to targeting services at older people to increase access and improve quality of life.
- Scottish Government benefits from maximising benefit uptake as income for benefits comes from UK Treasury resulting in a positive impact on both Scottish Government budgets such as personal care.
- Additional stimulation of Scottish economy from additional income and multiplier effect of additional spend in the economy. Multiple benefits for all society as a result of investing in one area.

## **8.7 Recommendations for Department for Work and Pensions and other income maximisation and advice services targeting older people**

*Integrate learning from OPAP SROI:*

- Change name of Attendance Allowance as this is very off putting for older people who this the benefit means they will be attended to in their home or that the benefit can only be used for personal care needs.
- Prioritise Attendance Allowance for benefit uptake campaigns targeted at older people.
- Double entitlement of carers allowance and premiums is often missed for couples
- Older people need time to open up, particularly about health issues and how their lives are affected by health conditions. Also in talking about finance. Trust needs to be built – can take time and a very sensitive approach from staff.
- If considering telephone help-lines targeted at older people, must ensure it is a direct line to a person at the other end, not an automated system that causes confusion and frustration.
- Single point of contact supporting older person in all aspects of the benefits process is preferable and helps to build trust and an understanding of the older persons' needs and circumstances.
- Consider adopting SROI approach for other areas of advice work with different target groups.

## 9 Audit Trail

The stakeholder groups identified but not included in the analysis, and the reasons for exclusion, are presented in the table below

Stakeholder	Reasoning
Family members of clients	<ul style="list-style-type: none"> <li>• Indirect impact on family members as a result of assisting older person households. Elderly parent/sibling receiving additional support/aids/adaptations/advice/income will reduce dependency on assistance from family.</li> <li>• <i>Not included in SROI calculation due to large numbers of these stakeholders and would not have time/resources to collect representative info on story change.</i></li> <li>• <i>Interviews with older person households gives and impression of change on wider family circumstances.</i></li> <li>• <i>Some families would not welcome additional intrusion and personal questioning about family relationships/ circumstances</i></li> </ul>
Link Group	<ul style="list-style-type: none"> <li>• Parent body of Linkwide and indirect beneficiary - perception of Link as innovative service provider, award winning/acknowledged project.</li> <li>• Relationship building with other RSLs previously not worked in partnership with.</li> <li>• Income through recharges to Linkwide/project.</li> <li>• Change/improvement in business process as a result of SROI evaluation.</li> <li>• Process of completing SROI Report is a good promotional tool for Link as a whole as we are at the forefront of using this emerging tool.</li> <li>• <i>Not included in SROI calculation as change centres on reputation/perception - too diffuse, not materially significant.</i></li> <li>• <i>Link Housing Association (a Link Group subsidiary) is included in RSL Stakeholder.</i></li> </ul>
Linkwide	<ul style="list-style-type: none"> <li>• Linkwide are service deliverer. Benefit through perception of Linkwide as innovative service provider, award winning/acknowledged project.</li> <li>• Relationship building with other RSLs previously not worked in partnership with.</li> <li>• Change/improvement in OPAP delivery as a result of SROI evaluation.</li> <li>• Process of completing SROI Report is a good promotional tool for Linkwide and develops our reputation/network of contacts.</li> <li>• <i>Not included in SROI calculation as impact too diffuse, not materially significant beyond increasing net cash flow in and out of Linkwide. Change centres on reputation/perception and in house business processes.</i></li> </ul>
All local authorities covered by OPAP: Falkirk Clackmannan Stirling West Lothian North Lanarkshire South Lanarkshire Renfrewshire East Ayrshire Edinburgh Glasgow East Dunbartonshire, Fife Midlothian South Ayrshire West Dunbartonshire	<ul style="list-style-type: none"> <li>• Although not service investors in terms of grant input, all local authorities listed where RSLs have tenancies contribute to service delivery and benefit in a similar manner to Falkirk Council e.g. Care and Repair Service, Social Work Services – Aids and Adaptations and Benefits Services</li> <li>• Contributing to achieving outcomes in Single Outcome Agreements – Community Planning Partnerships</li> <li>• <i>Not included in SROI calculation due to number of local authorities where RSLs have tenancies. Too time/resource intensive to manage as part of this process but can use Falkirk Council experience as case study for other local authorities.</i></li> </ul>

UK Government	Impact on distribution of UK Treasury monies via Department for Work and Pensions budget discussed in impact and as part of sensitivity analysis, but UK Government not included as a stakeholder due to the conflict between government policy aiming to increase benefit uptake by older people and the view of this benefit uptake having a negative displacement effect on other UK Treasury funded activity. Negative impact of £172,877 is not materially significant in contrast with UK Treasury budget over same period as OPAP SROI
Citizens Advice Bureaux and other income maximisation services	OPAP Is a complimentary service to existing income maximisation services such as the CABx. They tend to be reactive while OPAP is proactively targeting a select demographic and in certain areas. There is limited cross referral and OPAP would slightly reduce already overwhelming demand for existing generic services. <i>Not included as time and resources limit scope to fully consider these stakeholders</i>

The outcomes identified but not included in the analysis for stakeholders, and the reasons for exclusion, are presented in Table 3:

Stakeholders	Outcome	Reason for exclusion
Older Person Households	Reduced household income as a result of benefit review where benefit recalculated down	Not materially significant as only 2 cases out of 351 referrals
	Increased feelings of frustration if service we refer to is unavailable to deliver due to budget restrictions	For Aids and Adaptations referrals, data protection means OPAP will not identify to landlord which households have been referred for assessment, so landlord cannot identify how many denied adaptations
Partner RSLs	Increased demand on limited Aids and Adaptations budget allocation, using rental income to compensate or creating waiting list	For Aids and Adaptations referrals, data protection means OPAP will not identify to landlord which households have been referred for assessment, so landlord cannot identify how many denied adaptations
	Increased take-up of Housing Association services where benefits entitle/passport access to service	Not able to identify tenants who are OPAP clients and who also took up other service provision as a result of increased benefit uptake
	Housing association promotes social tariffs to all tenants due to increased awareness and understanding as a result of engaging with OPAP (Paragon)	RSL does not ask tenants if they have secured social tariff as a result of information circulated by housing association
	Increased tenant satisfaction levels	Attribution of increased tenant satisfaction levels to OPAP cannot be demonstrated using data
Falkirk Council	Increase demand for Council services beyond the capacity of the Council's resources e.g. aids/adaptations and care and repair, benefits service	Cannot identify if OPAP has directly increased service demand resulting in pushing service beyond capacity
	Increased customer satisfaction levels	Attribution of increased tenant satisfaction levels to OPAP cannot be demonstrated using data.
	Increase community cohesion and participation in community based social activities	Did not measure or enquire about uptake of council based social activities in stakeholder interviews
Scottish Government	Increased use of private transport by older people as opposed to public transport leading to higher carbon emissions and traffic levels	130 older people stating using more private transport (own car and taxis), but did not ask how often and how long so cannot determine environmental impact.

## 10 Appendices

### Appendix A The Principles of SROI

<b>Principle</b>	<b>Description</b>
<b>Involve stakeholders</b>	Inform what gets measured and how this is measured and valued by involving stakeholders
<b>Understand what changes</b>	Articulate how change is created and evaluate this through evidence gathered, recognising positive and negative changes as well as those that are intended or unintended
<b>Value the things that matter</b>	Use financial proxies in order that the value of the outcomes can be recognised. Many outcomes are not traded in markets and as a result their value is not recognised
<b>Only include what is material</b>	Determine what information and evidence must be included in the accounts to give a true and fair picture, such that stakeholders can draw reasonable conclusions about impact
<b>Do not over claim</b>	Only claim the value that organisations are responsible for creating
<b>Be transparent</b>	Demonstrate the basis on which the analysis may be considered accurate and honest, and show that it will be reported to and discussed with stakeholders
<b>Verify the result</b>	Ensure independent appropriate assurance

The SROI Network has recently published a comprehensive Guide to SROI. This can be downloaded at [www.sroinetwork.org.uk](http://www.sroinetwork.org.uk)

## Appendix B

### Sources, references and assumptions in calculating the social return from the Older Persons' Advice Project

#### B1 Quantities

Stakeholders	Outcomes	Indicators	Quantity	Assumptions
Older Person Households – all clients	Increased household income	Previously unsecured benefits gained (annualised and back dated lump sum)	1	No assumption actual figure
	Correct adjustment of rent and housing benefit	Amount of rent refund and rent reduction	1	No assumption actual figure
	Improved quality of life from being able to afford a better diet	Number of households reporting improved diet/ nutrition	70	7 of 38 interviewed reported improved diet/nutrition as outcome – approx 10% sample = 70 stakeholders
	Improved quality of life from reduced social isolation	Number of households experiencing reduced social isolation	180	18 of 38 interviewed reported reduced social isolation and increased contact with family as outcome – approx 10% sample = 180 stakeholders
	Improved quality of life from getting more help in the home	Number of households securing additional help in the home	170	17 of 38 interviewed reported securing additional help in the home as outcome – approx 10% sample = 170 stakeholders
	Improved quality of life from increased use of private transport	Number of households reporting increased use of private transport	130	13 of 38 interviewed reported increase use of private transport as outcome – approx 10% sample = 130 stakeholders
	Improvement in long term health conditions – arthritis, heart disease, foot problems, etc	Number of clients reporting improvement in health conditions	70	7 of 38 interviewed reported improvement in long term health conditions as outcome – approx 10% sample = 70 stakeholders
	Reduced fuel poverty	Number of clients reporting reduced financial stress	200	20 of 38 interviewed reported reduced financial stress/improved mental health as outcome – approx 10% sample = 200 stakeholders

Stakeholders	Outcomes	Indicators	Quantity	Assumptions
Older Person Households – all clients cont..		Number of clients receiving fuel refunds and reduction in fuel tariffs	Actual refund + 30	No assumption actual figure fuel refunds. 30 stakeholders given energy advice/negotiation with energy provider
	Older person households able to make home improvements – decoration and amenities such as white goods	Number of households reporting use of additional household income to make home improvement including decoration and amenities	170	17 of 38 interviewed reported reduced financial stress/improved mental health as outcome – approx 10% sample = 170 stakeholders
Older Person Households – subgroup of clients given signposted referrals to external agencies	Increased access to support services targeted at older people	Number of signposted referrals for care and repair service	38	No assumption actual figure
	Improved safety and security in the home as a result of aids and adaptations installation	Number of signposted referrals to Occupational therapy for aids and adaptations assessment	16	No assumption actual figure
	Increased ability to stay in own home for longer as a result of aids and adaptations referral	Number of older owner occupiers avoiding moving into private residential care	12	16 client referrals for aids and adaptations. Would anticipate the majority of those referred were able to stay in their homes for longer as a result of the installation if the aids and adaptations.
	Increased awareness and uptake of HC1 exemption and HC5 refund	Number of HC1 exemption applications and HC5 refunds	8	No assumption actual figure
Partner RSLs	Maximised uptake of housing benefit by older tenant households	Previously unsecured housing benefit gained	1	No assumption actual figure
	Increased motivation and ability of older tenant households to carry out home improvements and clean homes	Number of older tenant households improving amenity, decoration and cleanliness of tenancies	85	170 reporting making home improvements/getting in cleaners as outcome – half of total attributed to RSL tenants as half of those interviewed were housing association tenants
	Older tenant households heat homes to required levels, avoiding damp and associated maintenance problems	Number of tenants reporting reduced fuel poverty	115	230 reporting reduced fuel poverty as outcome – half of total attributed to RSL tenants as half of those interviewed were RSL tenants

Stakeholders	Outcomes	Indicators	Quantity	Assumptions
Partner RSLs cont	Older people increased ability to stay in own home for longer as a result of installation of aids and adaptations rather than require transfer to sheltered or very sheltered housing	Number of older people able to stay in home for longer as a result of installation of appropriate aids and adaptations (RSL tenants)	6	12 older people able to stay in home for longer as a result of installation of appropriate aids and adaptations half of total attributed to RSL tenants as half of those interviewed were RSL tenants
	Creation of new partnerships to roll out OPAP model of delivery (Wishaw)	Number of staff hours spent on project development	252	Lead officer 3 weeks of project development time – 147 hours 3 x Contributing staff from partners x 1 week each 35 hours x3 – 105 hours
	Improved staff and board understanding of older tenant household issues	Alternative consultation of RSLA tenants	6	6 partner RSLs, 1 consultation per RSL
	Improved staff and board understanding of income maximisation and benefit uptake issues amongst older person households	Numbers of staff and board with increased understanding of income maximisation and benefit uptake issues amongst older tenant households	48 board 30 staff	6 partner RSLs, average 8 board members each and 5 staff members increasing understanding of income maximisation
	Partnership working with other RSLs not previously worked with	Number of hours saved by accessing information from new contacts	42	6 partner RSLs, approx 7 hours per RSLs
Falkirk Council	Increase uptake and awareness of Council services targeted at older person households.	Number of referrals to council services – care and repair and aids and adaptations	54	Care and repair 38 referrals, aids and adaptations 16 referrals
	Increase the number of older people giving their views on service provision and issues they face	Number of households giving their views on issues they face and council service provision	19	38 interviewed approx half residing in Falkirk Council area
	Older people increased ability to stay in own home for longer rather than need to be rehoused in Local authority sheltered/ very sheltered housing	Number of older people able to stay in home for longer as a result of installation of appropriate aids and adaptations	6	12 older people able to stay in home for longer as a result of installation of appropriate aids and adaptations half of total attributed to RSL tenants as half of those interviewed were resident in Falkirk Council area and non HA tenant



Stakeholders	Outcomes	Indicators	Quantity	Assumptions
NHS	Reduced demand on NHS services by older person households	Number of clients reporting improvement in health conditions	70  14  14	7 of 38 interviewed reported improvement in long term health conditions as outcome – approx 10% sample = 70 stakeholders  Of 70 reporting improvement in long term health conditions approx 20% would have conditions requiring geriatric assessment services also multiple nature of geriatric health needs so continuing demand on geriatric continuing care service – approx third of clients also requiring continuing care
	Improved safety and security in the home as a result of aids and adaptations reducing number of falls and accidents in the home	Number of older people having a falls in the home  Number of avoided hospital stays	5  0.5	30% of 16 – approx 5 - referred for aids and adaptations would have had a fall in the home – Interventions for preventing falls in elderly people, Gillespie et al 2003.  1 in 10 falls result in a fracture – Interventions for preventing falls in elderly people, Gillespie et al 2003.
	Reduced demand on NHS community services such as chiropody as older person able to pay for private health care provision	Number of older person households buying private community health services such as chiropody	17	7 of 38 interviewed reported improvement in long term health conditions as outcome – approx 10% sample = 70 stakeholders. Quarter said they had started to purchase private health care services
Scottish Government	Increased income to Scottish Economy due to multiplier effect of increased household income	Multiplier of additional income to older person households	1	No assumption actual figure
	Older People increased ability to stay in their own homes for longer reducing cost of personal care for Scottish Government (Attendance Allowance removed when move into care)	Number of older people able to stay in home for longer as a result of installation of appropriate aids and adaptations	12	16 client referrals for aids and adaptations. Would anticipate the majority of those referred were able to stay in their homes for longer as a result of the installation if the aids and adaptations

## B2 Financial Proxies

Stakeholders	Outcomes	Financial Proxy	Value £	Assumptions
Older Person Households – all clients	Increased household income	Actual benefits secured - backdated and annualised	£349,423.87	No assumption actual figure
	Correct adjustment of rent and housing benefit	Actual rent refund and rent reduction	£4,856.86	No assumption actual figure
	Improved quality of life from being able to afford a better diet	Additional spend on food	£400.40 pa	Family Spending Survey 2008 - 60+ households average spend on food per annum £2002. 20% increase = £2402.40
	Improved quality of life from reduced social isolation	Additional spend on recreation	£415.46 pa	Family Spending Survey 2008 - 60+ households average spend on recreation per annum £2077.40. 20% increase = £2492.86
	Improved quality of life from getting more help in the home	Additional spend on home help and cleaning services	£219.96 pa	Family Spending Survey 2008 - 60+ households average spend on home services per annum £1009.80. 20% increase = £1319.76
	Improved quality of life from increased use of private transport	Additional spend on transport	£299.52 pa	Family Spending Survey 2008 - 60+ households average spend on transport per annum £2002. 20% increase = £1797.12
	Improvement in long term health conditions – arthritis, heart disease, foot problems, etc	Reduced spend on health	£59.28 pa	Family Spending Survey 2008 - 60+ households average spend on health per annum £296.40. 20% increase = £355.68
	Reduced fuel poverty	Cost saving of accessing counselling services	£280	Average cost of counselling session = £35 1 session per week over 8 weeks- Relationships Scotland
		Actual fuel refunds and average reduced fuel tariffs	£1,062.17 utility refund and £150 social tariff saving pa	Actual utility refund. Average annual cost saving for customers going onto social tariff compared to full standard tariffs

Stakeholders	Outcomes	Financial Proxy	Value £	Assumptions
Older Person Households – all clients cont..	Older person households able to make home improvements – decoration and amenities such as white goods	Additional spend on home improvements	£475	Stakeholder interviews indicate average spend on home improvements and utilities – washing machine, cooker, sofa, chair, bed, carpets, decoration etc
Older Person Households – subgroup of clients given signposted referrals to external agencies	Increased access to support services targeted at older people	Cost saving of purchasing basic household services	£150	Stakeholder interviews indicate average annual spend on household services (owner occupiers) – plumbing, electrician, gardening services
	Improved safety and security in the home as a result of aids and adaptations installation	Cost saving of making/purchasing aids and adaptations themselves	£1,533	Cost saving of aids and adaptations themselves – median cost of aids and adaptations
	Increased ability to stay in own home for longer as a result of aids and adaptations referral	Cost of private residential care	£24,284	Direct unit cost of private residential care is the fee –approximate to the social cost of the service. PSSRU 2007/08 £467 per week x 52
	Increased awareness and uptake of HC1 exemption and HC5 refund	Cost saving by older person as a result of HC1 exemption and HC5 refund	£72.80	Family Spending Survey 2008 – Expenditure of pension couple dependent on state pension average annual expenditure on health £145.60. Save 50% due to HC1 and HC5 refund
Partner RSLs	Maximised uptake of housing benefit by older tenant households	Actual benefits secured - backdated and annualised	£49,086.32	No assumption actual figure
	Older tenant households heat homes to required levels, avoiding damp and associated maintenance problems	Cost saving of tenancy maintenance and refurbishment to address damp issues	£40	£4000 total planned maintenance unit cost. Small proportion of unit cost spent on damp problems brought about by lack of heating by tenants e.g. windows rotting due to condensation. No actual figures available to breakdown planned maintenance unit cost to these types of works – estimate 10% of total unit cost = £400. Value is a potential reduction in this cost due to improved heating of homes – estimate 10% reduction = £40 saving.

Stakeholders	Outcomes	Financial Proxy	Value £	Assumptions
Partner RSLs cont	Older people increased ability to stay in own home for longer as a result of installation of aids and adaptations rather than require transfer to sheltered or very sheltered housing	Cost saving of moving older tenants into sheltered housing	£20,876 pa	PSSRU 2008 Unit cost of Health and Social Care – Cost of RSL average of sheltered and very sheltered housing for older people £401.50 per week for full package.
	Creation of new partnerships to roll out OPAP model of delivery (Wishaw)	Average salary per hour of staff who contributed to project development	£15	Average hourly wage of range of staff from Housing Manager to Development Officers.
	Improved staff and board understanding of older tenant household issues	Cost saving of targeted tenant consultation	£2,070	4 days consultancy @ £450 per day plus VAT
	Improved staff and board understanding of income maximisation and benefit uptake issues amongst older person households	Cost of alternative staff/ board training	£75	Child Poverty Action Group Welfare Benefits Training Half day course per person
	Partnership working with other RSLs not previously worked with	Value of staff time saved	£18	Based on £32k average Housing Officer salary
Falkirk Council	Increase uptake and awareness of Council services targeted at older person households.	Cost of alternative targeted promotion of council service	£2,750	Targeted mail out to proportion of older person households in Falkirk
	Increase the number of older people giving their views on service provision and issues they face	Cost of alternative community engagement – 2 hour one to one interview by consultant	£147.86	1 day consultancy @ £450 plus VAT. One interview approx 2 hours £147.86 per interview
	Older people increased ability to stay in own home for longer rather than need to be rehoused in Local authority sheltered/ very sheltered housing	Cost saving of moving council tenants into sheltered housing	16,172	PSSRU 2008 Unit cost of Health and Social Care – Cost of local authority average of sheltered and very sheltered housing for older people £311 per week for full package

Stakeholders	Outcomes	Financial Proxy	Value £	Assumptions
NHS	Reduced demand on NHS services by older person households	Cost saving on GP consultation  Geriatric assessment services – day case cost per case  Cost of 1 week geriatric continuing care service per in patient week	£36  £1302  £1447	PSSRU 2008 Unit cost of Health and Social Care NHS Cost Book 2008 Average – Geriatric assessment Service Day cases – cost per case NHS Cost Book 2008 Average – Geriatric Continuing Care Service Per in patient week
	Improved safety and security in the home as a result of aids and adaptations reducing number of falls and accidents in the home	Cost of fall to NHS  Cost of fall resulting in fracture and long stay care	£2810  £25,242	Cost per incident arising from fall at home if treatment required for non-major injury - Dolan and Torgersen 2000, The Economic Cost of Hip Fracture in the UK  Cost per treatment of fracture (assumed hip) requiring long stay care - Dolan and Torgersen 2000, The Economic Cost of Hip Fracture in the UK
	Reduced demand on NHS community services such as chiropody as older person able to pay for private health care provision	Cost of provision of community health services	£37	NHS Cost Book 2008 Average – Cost per community health nurse visit
Scottish Government	Increased income to Scottish Economy due to multiplier effect of increased household income	Actual income to Scottish Economy from multiplier effect	£180,000	Additional household expenditure of £404,429 through Impact Analysis Model. Assumption made that all of additional money is spent and that those receiving the money spend it in similar way as average household in Scotland.  Result shows that the £404,429 spent leads to an additional indirect spend of £180,000 giving a total output effect of £580,000. Figures provided by Scottish Government Input Output Branch using Scottish Input Output tables for 2004

Stakeholders	Outcomes	Financial Proxy	Value £	Assumptions
	Older People increased ability to stay in their own homes for longer reducing cost of personal care for Scottish Government (Attendance Allowance removed when move into care)	Cost of providing free personal care in the home	£4773	Audit Scotland a Review of Free Personal and Nursing Care January 2008. Average annual spend on personal care for older people at home 2005/06.

### B3 Deductions

Stakeholders	Outcomes	Deadweight benchmark or assumption what would have happened anyway	Attribution estimate who else creates these outcomes	Displacement estimate where there are negative outcomes for stakeholders not included in the impact map
Older Person Households – all clients	Increased household income	Older people are a hard to reach group with identified benefit under claiming issue. Uptake rates estimated by DWP vary across the benefit types. 50% don't claim council tax benefit, 41% don't claim pension credit, 40-60% don't claim attendance allowance.  45%	OPAP directly responsible for increasing housing income. Referral agencies part of OPAP partnership – housing associations mainly.  5%	OPAP additional to existing service provision through CABx, Pension Service etc No negative impact on other service providers
	Correct adjustment of rent and housing benefit	Older people do not tend to question statutory decisions around benefits/rent. Few older person households would have challenged decisions or questioned benefits outcomes as they would not have grounds to explain why.  5%	A low proportion of older person households would have had support from other agencies to correctly adjust benefits. Council does not regularly review housing benefit of older person households so errors and changes in circumstances would not have been routinely picked up. 5%	

Stakeholders	Outcomes	Deadweight benchmark or assumption what would have happened anyway	Attribution estimate who else creates these outcomes	Displacement estimate where there are negative outcomes for stakeholders not included in the impact map
	Improved quality of life from being able to afford a better diet	Proportion of people aged 65+ in most deprived categories who eat a healthy diet (with fruit and veg consumption as indicator of this) Health Education Population Survey 2007 update  27%	Medium attribution to OPAP as other factors influence diet such as personal preference, education, health conditions, influence of family and friends  20%	
	Improved quality of life from reduced social isolation	Proportion of people aged 65+ who report no social contacts. Scottish Household Survey Annual Report 2005  15%	Medium attribution to OPAP as ability to get out and about related to household income, health conditions, mental health etc  25%	
	Improved quality of life from getting more help in the home	Proportion of older person households receiving regular help or care. Scottish Household Survey Annual Report 2007  21%	Medium attribution to OPAP as ability to afford home cleaner dependent on increased household income but also individual attitudes determine whether will take this option, influence of family and friends  25%	
	Improved quality of life from increased use of private transport	As people age, they are less likely to travel by private transport. Dept for Transport, 'Evidence Base review on mobility: choices and barriers for different social groups' 2006, Centre for research in Social Policy for DfT 0%	Ability to use private transport such as taxis and own car related to affordability and health conditions. Medium attribution  25%	

Stakeholders	Outcomes	Deadweight benchmark or assumption what would have happened anyway	Attribution estimate who else creates these outcomes	Displacement estimate where there are negative outcomes for stakeholders not included in the impact map
	Improvement in long term health conditions – arthritis, heart disease, foot problems, etc	Improvement in long-term health conditions correlates to ability to manage conditions through better access to support services and care as well as disposable incomes. 40%	Medium attribution to OPAP as other factors influence long term health conditions such as service provision and support from health services, family support, personal habits and care of health condition 50%	
Older Person Households – all clients cont..	Reduced fuel poverty	Fuel poverty a result of ratio of household income to energy consumption/ efficiency and overall fuel prices. While household income less likely to have risen anyway, there would have been some change in fuel prices either increasing or reducing and having a positive or negative effect on customers experience of fuel poverty 20%	Going onto social tariffs and fuel refund 100% attributable to OPAP intervention.  0%	Some minimal displacement of fuel costs to supplier when subsidising older people through social tariff. Not materially significant to fuel supplier
	Older person households able to make home improvements – decoration and amenities such as white goods	Without increase in household income as a result of OPAP intervention, unlikely that home improvements would have been made by households anyway 5%	May have also received encouragement from family, friends, health visitor, social work etc to make improvements  10%	
Older Person Households – subgroup of clients given signposted referrals	Increased access to support services targeted at older people	Low level of self-referring to support services such as care and repair and aids and adaptations due to limited awareness of services and reluctance/ability to proactively seek services out. 10%	OPAP directly responsible for referrals. Services we refer to, particularly Local authority social work services, then contribute to the outcome by providing the service/support  50%	



Stakeholders	Outcomes	Deadweight benchmark or assumption what would have happened anyway	Attribution estimate who else creates these outcomes	Displacement estimate where there are negative outcomes for stakeholders not included in the impact map
Older Person Households – subgroup of clients given signposted referrals to external agencies cont.	Improved safety and security in the home as a result of aids and adaptations installation	Low level of self-referring to support services such as care and repair and aids and adaptations due to limited awareness of services and reluctance/ability to proactively seek services out.  10%	OPAP directly responsible for referrals. Services we refer to, particularly Local authority social work services, then contribute to the outcome by providing the service/support  50%	
	Increased ability to stay in own home for longer as a result of aids and adaptations referral	Low level of self-referring to support services such as care and repair and aids and adaptations due to limited awareness of services and reluctance/ability to proactively seek services out.  10%	OPAP directly responsible for referrals. Services we refer to, particularly Local authority social work services, then contribute to the outcome by providing the service/support  50%	
	Increased awareness and uptake of HC1 exemption and HC5 refund	As above – directly related to increased access to support services.  10%	Pharmacist or health visitor may have told client about forms but not helped them to complete form. High attribution to OPAP 20%	
Partner RSLs	Maximised uptake of housing benefit by older tenant households	18% of older people do not claim housing benefit.  80%	A low proportion of older person households would have had support from other agencies to correctly adjust benefits. HA/ Council does not regularly review housing benefit of older person households so errors and changes in circumstances would not have been routinely picked up.  5%	

Stakeholders	Outcomes	Deadweight benchmark or assumption what would have happened anyway	Attribution estimate who else creates these outcomes	Displacement estimate where there are negative outcomes for stakeholders not included in the impact map
Partner RSLs cont..	Older tenant households heat homes to required levels, avoiding damp and associated maintenance problems	Fuel poverty a result of ratio of household income to energy consumption/ efficiency and overall fuel prices. While household income less likely to have risen anyway, there would have been some change in fuel prices either increasing or reducing and having a positive or negative effect on customers experience of fuel poverty  20%	Going onto social tariffs and fuel refund 100% attributable to OPAP intervention.          0%	
	Older people increased ability to stay in own home for longer as a result of installation of aids and adaptations rather than require transfer to sheltered or very sheltered housing	Low level of self-referring to support services such as aids and adaptations due to limited awareness of services and reluctance/ability to proactively seek services out. Housing Officers would have made some referrals for aids and adaptations anyway  10%	OPAP directly responsible for referrals. Services we refer to, particularly Local authority social work services, then RSL in turn contribute to the outcome by providing the service/support     50%	
	Creation of new partnerships to roll out OPAP model of delivery (Wishaw)	New partnership and model of service delivery based on OPAP and developed by OPAP Partner. Would not have happened without involvement in OPAP 0%	Initial idea for partnership direct result of OPAP but development of partnership, funding application and service delivery result of local partnership - Wishaw and District HA, CABx etc 85%	

Stakeholders	Outcomes	Deadweight benchmark or assumption what would have happened anyway	Attribution estimate who else creates these outcomes	Displacement estimate where there are negative outcomes for stakeholders not included in the impact map
Partner RSLs cont..	Improved staff and board understanding of older tenant household issues	Ongoing awareness as a result of ongoing contact with older tenant households, but OPAP intensifies that contact and engagement with older tenant households. Particularly where majority of housing officer time would otherwise be spent dealing with rent arrears and troublesome tenancies. Increase in board reports focussing on older tenants and OPAP provision 30%	Ongoing housing officer contact and existing tenant engagement - surveys, tenant participation groups, residents and tenants assoc. etc  40%	
	Improved staff and board understanding of income maximisation and benefit uptake issues amongst older person households	RSL own internal training programme. However, not a focus on welfare benefits  25%	Ongoing staff activity in dealing with housing benefit/rent and liaising directly with local authorities  25%	
	Partnership working with other RSLs not previously worked with	Some housing associations in OPAP partnership were already involved in partnerships in their areas – Abronhill/Wishaw and Weslo/Almond and Link/Paragon.  50%	OPAP directly responsible for bringing all RSLs together and facilitating exchange of info/ best practice through OPAP Steering Group.  25%	
Falkirk Council	Increase uptake and awareness of Council services targeted at older person households , particularly aids and adaptations and Care and Repair Service	Gradual increase in awareness amongst older person households through word of mouth or alternative promotion, but older people less likely to self refer even with increased awareness  30%	OPAP directly responsible for increased uptake through direct referral of older person households  0%	

Stakeholders	Outcomes	Deadweight benchmark or assumption what would have happened anyway	Attribution estimate who else creates these outcomes	Displacement estimate where there are negative outcomes for stakeholders not included in the impact map
Falkirk Council cont.	Increase the number of older people giving their views on service provision and issues they face	Older people interviewed by OPAP unlikely to have given their views through other channels and to the same degree. Council may have carried out engagement work and service feedback  25%	OPAP directly responsible for Older person household interviews  0%	
	Older people increased ability to stay in own home for longer rather than need to be rehoused in Local authority sheltered/ very sheltered housing	Low level of self-referring to support services such as aids and adaptations due to limited awareness of services and reluctance/ability to proactively seek services out. Housing Officers would have made some referrals for aids and adaptations anyway. 10%	OPAP directly responsible for referrals. Services we refer to, particularly Local authority social work services, then contribute to the outcome by providing the service/support  50%	
NHS	Reduced demand on NHS services by older person households	Improvement in long term health conditions resulting in reduced demand on NHS correlates to ability to manage conditions through better access to support services and care as well as disposable incomes. Also dependent on personal responsibility 40%	Medium attribution to OPAP as other factors influence long term health conditions such as service provision and support from health services, family support, personal habits and care of health condition  50%	
	Improved safety and security in the home as a result of aids and adaptations reducing number of falls and accidents in the home	30% would have fallen anyway – Incidence and costs of unintentional falls in older people in the UK, Scuffman et al 2003  30%	OPAP directly responsible for referrals. Services we refer to, particularly Local authority social work services, then contribute to the outcome by providing the service/support 50%	

Stakeholders	Outcomes	Deadweight benchmark or assumption what would have happened anyway	Attribution estimate who else creates these outcomes	Displacement estimate where there are negative outcomes for stakeholders not included in the impact map
NHS Cont	Reduced demand on NHS community services such as chiropody as older person able to pay for private health care provision	Improvement in long term health conditions resulting in reduced demand on NHS correlates to ability to manage conditions through better access to support services and care as well as disposable income. Most older person households would only elect to buy in private health services such as chiropody where there has been an increase in household income.  10%	Medium attribution to OPAP as other factors influence long term health conditions such as service provision and support from health services, family support, personal habits and care of health condition. However OPAP directly responsible for increasing household income through benefits maximisation  30%	
Scottish Government	Increased income to Scottish Economy due to multiplier effect of increased household income	Older people are a hard to reach group with identified benefit under claiming issue. Uptake rates estimated by DWP vary across the benefit types. 50% don't claim council tax benefit, 41% don't claim pension credit, 40-60% don't claim attendance allowance.  45%	OPAP directly responsible for increasing housing income and therefore the increased spend in the economy  0%	
	Older people increased ability to stay in own home for longer	Low level of self-referring to support services such as aids and adaptations due to limited awareness of services and reluctance/ability to proactively seek services out. Housing Officers would have made some referrals for aids and adaptations anyway.  10%	OPAP directly responsible for referrals. Services we refer to, particularly Local authority social work services, then contribute to the outcome by providing the service/support required to keep older person in home for longer  50%	

## B4 Duration and drop off

Stakeholders	Outcomes	Duration (Years)	Assumption	Drop off	Assumption
Older Person Households – all clients	Increased household income	5	Varies depending on benefit type and award. Some awards are indefinite, depend on a change in circumstances, others are subject to review after a specified period.	0%	Most increase with age due to decreasing mobility and increased care needs.
	Correct adjustment of rent and housing benefit	3	Rent reviews on a cyclical basis in line with business planning. Automatic updating of housing benefit	0%	While rents are likely to increase, housing benefit increases accordingly The balance between rent and benefit costs to the older person is also likely to go increasingly towards benefit as health conditions deteriorate
	Improved quality of life from being able to afford a better diet	3	Older people will continue to have improved quality of life due to increased household income.	30%	Decreasing mobility and health associated with the ageing process will reduce the positive impact over time
	Improved quality of life from reduced social isolation	3	There will continue to be decreased social isolation beyond the life of the project, but this may deteriorate over time as health conditions limit ability to get out and about.	30%	Decreasing mobility and health associated with the ageing process will reduce the positive impact over time
	Improved quality of life from getting more help in the home	5	Benefit will continue as long as individual engages service. Use of service such as cleaner may well increase over time in line with increased income and revision of benefits due to decreasing mobility	0%	
	Improved quality of life from increased use of private transport	3	There will continue to be increased use of private transport beyond the life of the project, but this may deteriorate e over time as health conditions limit ability to get out and about.	30%	Decreasing mobility and health associated with the ageing process will reduce the positive impact over time

Stakeholders	Outcomes	Duration (Years)	Assumption	Drop off	Assumption
	Improvement in long term health conditions – arthritis, heart disease, foot problems, etc	3	There will continue to be positive benefit to health conditions beyond the life of the project, but the nature of long-term health conditions is that they gradually deteriorate over time.	30%	Decreasing mobility and health associated with the ageing process will reduce the positive impact on quality of life over time
	Reduced fuel poverty	1	Social tariff reductions will continue until review of pricing structure.	10%	Fuel prices may go up or down. Impossible to forecast but general upward trend over last 5 years. Improvements in energy efficiency through Scottish Housing Quality Standards improvements may balance impact of rising fuel prices
Older Person Households – subgroup of clients given signposted referrals to external agencies	Increased access to support services targeted at older people	2	Depends on how long support service exists and level of continuing engagement	40%	Drop off as services frequently change, disappear or are replaced
	Improved safety and security in the home as a result of aids and adaptations installation	3	Will continue to benefit from outcome of contact with support services, particularly resulting from installation of aids and adaptations	20%	Decreasing mobility and health associated with the ageing process will reduce the positive impact of aids and adaptations over time. However, aids and adaptations can be upgraded if further self referral made
	Increased ability to stay in own home for longer as a result of aids and adaptations installation	3	Will continue to benefit from outcome of contact with support services, particularly resulting from installation of aids and adaptations	20%	Decreasing mobility and health associated with the ageing process will reduce the positive impact of aids and adaptations over time. However, aids and adaptations can be upgraded if further self referral made
Partner RSLs	Maximised uptake of housing benefit by older tenant households	3	Rent reviews on a cyclical basis in line with business planning. Automatic updating of housing benefit	0%	While rents are likely to increase, housing benefit increases accordingly. The balance between rent and benefit costs to the older person is also likely to go increasingly towards benefit as health conditions deteriorate

Stakeholders	Outcomes	Duration (Years)	Assumption	Drop off	Assumption
	Older tenant households heat homes to required levels, avoiding damp and associated maintenance problems	1	Social tariff reductions will continue until review of pricing structure.	10%	Fuel prices may go up or down. Impossible to forecast but general upward trend over last 5 years. Improvements in energy efficiency through Scottish Housing Quality Standards improvements may balance impact of rising fuel prices
	Older people increased ability to stay in own home for longer as a result of installation of aids and adaptations rather than require transfer to sheltered or very sheltered housing	3	Older people will continue to benefit from outcome of contact with support services, particularly resulting from installation of aids and adaptations. This in turn continues to reduce demand on housing associated to provide alternative sheltered housing	20%	Decreasing mobility and health associated with the ageing process will reduce the positive impact of aids and adaptations over time.
	Creation of new partnerships to roll out OPAP model of delivery (Wishaw)	4	New partnership will continue through service delivery of new project	15%	Relationships resulting from partnership will continue and become embedded in local service delivery.
	Partnership working with other RSLs not previously worked with	4	New relationships established as a result of OPAP will continue throughout service delivery and potentially beyond the end of project	15%	Relationships resulting from partnership will continue and become embedded in local service delivery. Assumed some staff turnover
Falkirk Council	Increase uptake and awareness of Council services targeted at older person households.	2	Depends on how long support service exists and level of continuing engagement	40%	Drop off as services frequently change, disappear or are replaced
	Older people increased ability to stay in own home for longer rather than need to be rehoused in local authority sheltered/very sheltered housing	3	Older people will continue to benefit from outcome of contact with support services, particularly resulting from installation of aids and adaptations. This reduces demand on local authority to provide sheltered housing	20%	Decreasing mobility and health associated with the ageing process will reduce the positive impact of aids and adaptations over time.



Stakeholders	Outcomes	Duration (Years)	Assumption	Drop off	Assumption
NHS	Reduced demand on NHS services by older person households	3	There will continue to be positive benefit to health conditions beyond the life of the project, but the nature of long-term health conditions is that they gradually deteriorate over time.	30%	Decreasing mobility and health associated with the ageing process will again increase demand on NHS services over time
	Improved safety and security in the home as a result of aids and adaptations reducing number of falls and accidents in the home	3	Will continue to benefit from outcome of contact with support services, particularly resulting from installation of aids and adaptations	20%	Decreasing mobility and health associated with the ageing process will reduce the positive impact of aids and adaptations over time. However, aids and adaptations can be upgraded if further self referral made
	Reduced demand on NHS community services such as chiropody as older person able to pay for private health care provision	3	There will continue to be positive benefit to health conditions beyond the life of the project, but the nature of long-term health conditions is that they gradually deteriorate over time. Continuing increased household income will increase likelihood of older person continuing to employ private health care	20%	Decreasing mobility and health associated with the ageing process will reduce the positive impact on quality of life over time. However unless there is a reduction in household income the older person is likely to continue using the private health care they have been using
Scottish Government	Increased income to Scottish Economy due to multiplier effect of increased household income	5	Due to long term nature of benefits, the increased household income will continue on a long term basis resulting in long term additional spend on the Scottish economy	0%	No drop off as increasing spend and multiplier effect on economy
	Older people increased ability to stay in own home for longer reducing cost of personal care for Scottish Government (Attendance Allowance removed when move into care)	3	Older people will continue to benefit from outcome of contact with support services, particularly resulting from installation of aids and adaptations. This in turn continues to reduce demand on Scottish government to provide free personal care in a care home	20%	Decreasing mobility and health associated with the ageing process will reduce the positive impact of aids and adaptations over time.



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Registered Office: Link House, 2c New Mart Road, Edinburgh,  
EH14 1RL  
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