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Evaluative Social Return on Investment Analysis of Welfare Advice and Health Partnerships in Dundee City Council

June 2026

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Executive Summary

This report provides an evaluation of the social return from investment in providing individuals/patients with direct access to welfare rights advice in 11 GP Practices in Dundee through Welfare Advice and Health Partnerships. It has analysed those GP Practices where informed consent has been granted to welfare rights advisors to access the medical records of individual patients. Each of the GP Practices that was considered supports different socio-economic groups in Dundee and have distinct operating and management structures.

The analysis considers investment from 1 April 2024 to 31 March 2025.

Social Return on Investment (SROI) provides a principled approach that can be used to measure and account for a broad concept of value. It enables the social and economic benefits a service or activity delivers to be calculated and monetised. It is a stakeholder informed process, and consultation is an integral part of the methodology.

The analysis identified those who derive benefits from this approach to providing access to advice services and values some of the changes they experienced.

Individuals/Patients reported feeling more positive about the future, being able to access advice earlier, experiencing improved health and wellbeing and feeling valued, respected, and connected to their community.

Household incomes increased

Clinical staff were able to make better use of time and focus on medically related interventions.

Clinical and administrative staff were able to establish improved relationships with patients as a result of improved understanding of patient needs and support.

Staff delivering the service were able to make better use of time by making appropriate referrals and stated that they had Increased job satisfaction.

The Public Sector made savings from a reduction in the costs of mental health care as a result of earlier intervention.

It was found that every £1 invested would generate around £33 of benefits. By applying a sensitivity analysis, or varying any assumptions made in the calculation, the value of the benefits derived ranges from between £27 and £39.

Contents

1. Background

Welfare Advice and Health Partnerships (WAHP) integrate local authority, or third sector, welfare rights and money advice services into primary care settings. This is done by the inclusion of a dedicated Welfare Rights Advisor (WRA) who has consensual access to medical records and is considered a member of a GP Practice Team. By providing regulated and accredited advice services in a non-stigmatised setting, which usually involves referral by a trusted member of the medical, or an allied profession, WAHPs offer a delivery model which supports earlier intervention and engages individuals who would be unlikely to use 'traditional' advice services.

In 2021, as part of the Scottish Government's COVID Recovery and Resilience Plan, funding was agreed to establish a two year 'test and learn' WAHP programme in 150 GP Practices based in some of Scotland's most deprived communities. The following year the Scottish Government announced further funding to support the expansion of the service into a further 30 GP practices in rural and island communities. The purpose of WAHP is to reduce health inequalities, improve health and well-being, and to reduce pressure on primary care services by embedding, in general practice, access to regulated and accredited welfare rights and money advice as well as providing representation at tribunals.

One of the drivers for the WAHP 'test and learn' programme was a Social Return on Investment Report that was published in 2019 which predicted, or forecast, the impact of this form of service delivery. Some five years later, this analysis seeks to provide an evaluation of the impact of WAHPs operating in the area covered by Dundee City Council.

1.1 Scope

This analysis has measured the social and economic benefits of providing individuals/patients[1] with direct access to WRA through the WAHP model. It has specifically considered the support provided by those WRA, where informed consent has been granted, who have access to the medical records of individual patients. The analysis has taken place in the GP practices listed below, each of which support different socio-economic groups in Dundee and have distinct operating and management structures.

- Lochee Medical Practice
- Erskine Practice
- Mill Medical Practice
- Taybank Medical Centre
- Douglas Medical Centre
- Downfield Surgery
- Maryfield Medical Centre
- Coldside Medical Practice
- Newfield Medical Centre
- Hillbank Health Centre
- Terra Nova Medical Practice

In each practice, staff, both medical and administrative, are able to refer patients directly to WRAs for advice. Patients at each location can access the following services:

- individualised welfare rights advice
- debt management
- representation at appeal tribunals
- casework and representation

[1] Hereafter referred to as patients

1.2 Policy context

There is evidence that offering advice in accessible settings offers benefits to both patients and staff in GP Practices. The benefits have been highlighted in an evaluation by the Improvement service (IS)[2] of the impact of the Welfare Advice and Health Partnerships (WAHPs)[3] ' test and learn' programme which co-located WRA within GP Practices. Further evidence of the effectiveness of this approach to service delivery can be found in reports by Glasgow Centre for Population Health[4] and the Poverty and Inequality Commission[5]. All highlighted that by providing advice services in a non-stigmatising and trusted location there was a significant increase in accessing the service by those who would not otherwise have engaged.

The reports also found that:

- Two thirds of patients had no previous contact with advice services
- Disability related benefits made up half of the recorded financial gains
- There was a positive impact on patient health and well-being, and at the same time a reduction in pressure on health services
- Access to medical records was important in preparing effectively for reviews, appeals, and in producing supporting letters
- The trusted location encouraged patients to be more open about money worries
- Clinical staff could focus on dealing with medical problems and use their time and skills more effectively

The relationship between early childhood deprivation and significant negative physical, mental health and social outcomes that have a long-lasting effect into adulthood is well-established[6]. In addition, the links between financial insecurity, social deprivation and mental health in adulthood are also well evidenced[7]. Financial insecurity can precipitate and perpetuate mental health problems and has been found to be a predictor of chronic physical illness. The Covid-19 pandemic created or further worsened financial difficulties for the most vulnerable in the UK, worsening health inequalities.

2 Advice in Accessible Settings

3 Welfare and Health Partnerships 'Test and Learn' Programme Evaluation

4 Advice_workers_in_deep_end_GP_primary_care_setting_original.pdf

5 20200930_EPC_FinalReport_AJustCapital.pdf

6 Adversity in childhood is linked to mental and physical health throughout life | The BMJ

7 https://pmc.ncbi.nlm.nih.gov/articles/PMC8863240/

A census[8] carried out by the Royal College of Physicians found 55% of doctors said they are seeing more patients with problems relating to, or made worse, by the wider determinants of health.

1.3 Social return on investment

Social Return on Investment (SROI) provides a principled approach that can be used to measure and account for a broad concept of value. SROI measures social, environmental and economic change from the perspective of those who experience or contribute to it. Through the use of financial proxies, it is possible to identify and apply a monetary value to represent each change that is measured. The resultant financial value is then adjusted to take account of other influential factors. In this way, the overall impact of an activity can be calculated and the value generated compared to the investment in the activities. This enables a ratio of cost to benefits to be calculated. For example, a ratio of 1:3 indicates that an investment of £1 in the activities has delivered £3 of social value[9].

Whilst an SROI analysis will provide a headline cost to benefits ratio, it will also deliver a detailed narrative that explains how change is created and evaluates its impact through the evidence that is gathered. A SROI analysis is based on clear principles and progresses through set stages. SROI is much more than just a number. It is a story about change, on which to base decisions, and that story is told through case studies, qualitative, quantitative and financial information. There are two types of SROI analyses: a forecast SROI predicts the impact of a project or activity, and an evaluative SROI measures the changes that a project or activity has delivered. This report is an evaluative SROI analysis.

1.4 Purpose of the analysis

This analysis seeks to consider if the impact it was suggested in the Social Return on Investment Report that was published in 2019 was actually created.

8 More than half of UK doctors seeing more patients with illness due to avoidable social harms

9 In SROI, 'social' is taken as a shorthand for social, economic and environmental value

2. Scope and stakeholders

2.1 Scope

This is an evaluation of the social return from investing in co-locating advice workers in medical practices and allowing advisors consensual access to individual medical records. The findings from the evaluation are based on a one year period from 1 April 2024 to 31 March 2025.

2.2 Stakeholder identification and consultation

All those who were likely to experience change as a result of the project (the stakeholders), were identified, the nature of any changes that might be experienced considered and how such changes might be measured explored. This resulted in a list of those organisations or individuals whom it was believed would be significantly affected (the 'included' stakeholders). Details about the rationale for including these stakeholders are provided in Appendix 1.1. A list of those whom it was thought would not experience significant change, and hence who were not considered appropriate to contact for further discussion, was also identified (the 'excluded' stakeholders). More details on this group and the reason for not considering them further in relation to the analysis can be found in Appendix 1.1.

A consultation plan was established for each of the identified stakeholders using methodologies that best suited their individual needs. Consultation was carried out by the Improvement Service and staff from Dundee City Council. Appendix 1.2 sets out the engagement methods used for each stakeholder. Stakeholders were consulted initially to confirm the possible outcomes that had been identified in the original forecast report.

They continued to be consulted, in a variety of ways, at all stages of the process.

3. Theory of change from the perspective of stakeholders

By engaging with stakeholders this analysis has identified, from the perspective of each, the changes that have taken place as a result of supporting, providing or using advice services that are co-located in GP Practices. Within each stakeholder grouping, not all individuals experience the same level of change and this is reflected in the quantities used to calculate the return on investment. The quantities used are drawn from survey results and questionnaire responses and are considered in section 4.3. The outcomes reported by stakeholders are described in the following sections and are illustrated by direct non-attributable quotes[10].

3.1 Patients

As a result of having contact with advice workers in medical practices who have access to medical records, **patients experience improved health and wellbeing**. By being supported to start to address their socioeconomic problems, patients start to regain control over their lives and many experience a reduction in the level of stress-related illnesses. Individuals have more time to focus on other aspects of their life as they are no longer consumed with worry about debts, welfare benefits, housing or other such difficulties as their financial situation and household income has, in most cases, improved. They also begin to develop a more optimistic outlook towards the future.

> *"It's taken the stress and worry away. My mental health issues have improved because I had someone I could trust on my side. The service is easy to access and takes the stress away from you. I'm not going to go somewhere I don't know or feel safe."*

> *"Life saving; I was that depressed. I had got to the stage I was thinking what's the point of going on! The advisor put my mind at ease and helped me all the way. The service is brilliant."*

Patients felt more positive about the future. Many individuals described how they had lost hope and had stopped thinking about, and planning for, the future. This had an adverse impact on their quality of life.

[10] In the interviews with stakeholders it was agreed that the anonymity of participants would be guaranteed.

"I was very depressed – my condition means I have limited life expectancy and this affects my quality of life. I started to think I wouldn't see my children grow up and I was worried about money all the time as I had to give up work. I had no quality of life. When my benefits were sorted out and I had money I stopped worrying so much and started to feel more positive about the future. That extra money means I can now do things with my son."

The co-location of welfare benefits and money advisors in medical practices also results in **patients having improved access to advice services**. They no longer have to visit several different locations for assistance in addressing multiple issues - the prospect of which often prevents individuals from seeking help in the first place or in sustaining support when it is provided. This is a particularly important benefit for those individuals who may have mobility issues or may be experiencing mental health difficulties. Being directly referred to advisors by staff in the medical practice allows patients to access help quickly and at an earlier stage before a crisis point is reached.

"Took all the pressure and stress away at what was a really hard time. Having someone on your side to walk you through the process is a real life saver."

"It was comfortable getting advice in a place that I knew. I was working and then had to rely on benefits which I knew nothing about. Because it's in the surgery it makes it easier because it's familiar. So being somewhere familiar helps with anxiety. I've recommended it to other people, it's a much-needed service."

"It was a big help and the appeal was successful. The advisor was lovely and kept me up to date with developments. I would highly recommend the service to anybody. If I'd sought the advice earlier I would probably have got the benefits sooner rather than trying to do it myself."

Patients reported that they felt more valued, respected and connected to their community. Many individuals said that they felt ashamed to need welfare benefits and had been reluctant to seek help. Having this need for assistance recognised by a professional, in a non-judgmental way, and being supported by a WRA who valued them as an individual greatly increased their self-esteem and enabled them to participate more fully in their local community.

"I've more confidence that I can resolve problems. I could open up to the advisor. I felt I wasn't being judged so felt reassured. I know it's her job but it didn't feel like that, she was so kind and helpful."

"For me what I was going through is not often recognised - it was great

to get that recognition along with any financial support. Feeling validated and clarity was really useful."

"Just lessened a lot of financial stress that we had struggled with previously. We had issues with mental health and it has helped with massively. It was beneficial to my wife who felt almost like a fraud before - the advisors reassured her of her entitlements and made her feel validated in her struggles."

3.2 GP Practice Staff

The co-location of advice workers in medical practices who are able to access medical records allows **clinical staff to make better use of their time and to focus on medical interventions**. Instead of attempting to deal with issues patients may have with benefits, rights or debt, practice staff can confidently refer them to skilled advisors. This allows a significant portion of time that may previously have been spent discussing non-medical problems with patients to be spent more appropriately on addressing health needs.

"It frees up staff time and provides a more holistic service."

"It saves time. We all have specialties and the advisor can deal with all the money issues that are raised with staff that are getting in the way of us dealing with clinical issues. Patients engage better. It's part of holistic care. People don't engage until the immediate problem has been addressed."

"Patients have improved wellbeing and mental health once the social issues have been resolved, which means they engage better with clinical services. Patient feedback about the service is very positive. The patients are really grateful for the help. We used to tell the patients to go and get advice, but now we know they are getting the correct advice in a place where they feel comfortable."

"During consultations the issue of money worries is often raised in relation to depression. I'm more comfortable talking about money worries when I know there is an advisor in the practice I can refer these issues onto. If questions about money worries arise I just refer my patients to the advisor who has expertise in that area. It's better than signposting because you know the patient will go and see the advisor and issues of money worries are not raised in subsequent consultations."

"Rarely do they come to me with just medical issues. Often underlying issues influence this. I can't keep up with the changing rules on how to deal with applications. Wouldn't want to recommend someone to go somewhere unless I was confident they would be given the correct

information. This way we know they are getting the information they need from the right person. That is guaranteed and a certain standard of service is guaranteed. A lot of it is about trust. Patients are treated in a respectful way."

"Having patients offload on to you and knowing where to refer them on to is difficult, Knowing where to refer them to is hugely beneficial as there is always a limit to what we can do."

Working alongside advice workers has helped administrative GP Practice staff develop a better understanding of welfare benefits and money advice issues. When practice staff require information about these areas, they can easily contact the advisors co-located in the practice. This approach helps the development of a **better personal understanding by administrative staff of the socioeconomic problems faced by their patients resulting in an improved relationship.**

"Patients often say they understand what they need to do after seeing an advisor. If you send people away with a phone number they are unlikely to do it or less likely than making an appointment on the way out. We can make the appointment directly and that helps build trust".

"Patients see that we can help and not just act as a gatekeeper to medical advice."

3.3 Welfare Rights Advisors

The advisors co-located in medical practices report improved productivity and a reduction in appeals and ongoing work, as a result of their ability to access patients' medical records and get advice and assistance from medical staff in complex cases.

The advisors co-located in GP Practices experience increased job satisfaction and the ability to use their time more effectively. This is partly because of their increased confidence in the quality of the service they are able to offer individuals seeking advice, due to the efficiencies gained from having direct access to medical records and the improved understanding they have of the needs of the individuals they are supporting. A further contributory factor reported is the productive working relationships they have with practice staff.

"Being able to liaise directly and informally with other practice staff about patient cases and having access to medical records is a huge benefit when supporting patients to make benefit applications. Collaborative working with GPs, social prescribers and other practice staff is also a huge benefit allowing us all to provide a holistic service to patients. The referral system is easy for everyone."

"I have more time to focus on the issues that matter to people. People are more likely to open up to me as they feel safe in a comfortable environment. I am more confident filling in the form as I can actually see the medical evidence. It is much easier to fill in the form from scratch as I have all the information available. The job is much more satisfying and I think I can help people more."

"We are able to engage with more people at an earlier stage."

"Our service becomes more proactive, not reactive and avoids the pressures of having to deal with individuals at crisis point. It means we are more likely to get decisions right first time and avoid the need to spend time preparing for appeals. Being able to see the medical evidence means we can assess the possibilities of an award/ being made and this allows us to manage client expectations."

"I have a good relationship with Practice staff and we can each play to our strengths. I can manage my time more efficiently. It can take two days to prepare for a straightforward appeal and having access to medical records means there are fewer appeals."

"Having access to patients' medical records reduces the time I have to spend on their cases. I can also easily contact medical practice staff for assistance and clarification, if necessary, which results in fewer appeals."

"I can now provide a better and quicker service for patients."

3.4 Social Prescribers

Social Prescribers are available to patients in all GP Practices in Dundee through the Sources of Support Service[11]. They work with patients who are "experiencing social, economic, and/or personal issues which are impacting on physical health, mental health and wellbeing" to identify non-medical support to help them improve their situation. As Social Prescribers are not in a position to offer regulated welfare rights and money advice they need to identify appropriate organisations to which they can make a referral. Having a WRA co-located in the GP Practice makes this much easier.

"I have far fewer referrals about money worries in surgeries that have a WRA. The practice staff refer directly to the WRA as they're comfortable doing this as there is an established referral pathway. If money worries come up as part of my consultation the referral is quick and easy. I get less inappropriate referrals in practices with a WRA.

[11] NHS Tayside

"In practices where there is no WRA I receive more money worries referrals. I then have to spend time making referrals to outside agencies and supporting the patient through the process, and patients potentially have to wait longer to get advice."

3.5 Public Sector

Public sector organisations, Dundee City Council and NHS Tayside, valued the opportunity that co-locating advisors in GP Practices offered to improve their ability to target resources at priority groups. It was recognised that the method of service delivery offered a way of reaching out to, and engaging with, those most likely to experience health inequalities in a setting in which they felt safe and secure, and where they could be supported by professional staff in whom they had trust and confidence.

"It is one of the most effective ways of engaging with individuals about their money worries"

"It enables health professionals to focus on the clinical needs of patients and offers a cost effective and efficient way of providing access to advice services"

"When factors such as individual financial gains and levels of engagement are considered, and compared with other community-based advice settings, the service delivered in GP Practices performs best"

Public sector respondents confirmed the benefits of delivering services in this way that were identified by other stakeholders.

The ability to reduce the number of interventions at crisis points is a priority for the public sector and will result in considerable savings. The effects of stress and worry on mental health are well documented and the cost to the public sector is significant.

Both patients and advisors reported that their advice was sought and given at an earlier stage as a result of the accessibility of advice services. This ability to access advice at an earlier stage in safe surroundings significantly improves the health and wellbeing benefits for patients, which will result in **reduced costs of mental health care as a result of earlier interventions**.

4. Inputs and outputs

4.1 Investment (inputs)

The WAHP 'test and learn' Programme was funded by Scottish Government. Dundee City Council were provided with a grant of £8,750 for each GP Practice. This figure has remained constant throughout the course of the programme since its inception in 2021. In real terms in 2025 it would be worth £10,879.

This equates to an investment of £119,669 for all 11 GP Practices.

4.2 Outputs

The outputs describe, in numerical terms, the activities that took place as a result of the inputs. It is these activities which resulted in the changes (or outcomes) for each of the identified stakeholders. The outputs reported below are the sum of activities in all 11 GP Practices.

Table One: Outputs by stakeholder

Stakeholder	Relevant outputs
Patients	858 patients/individuals access advice in their GP Practice
GP Practice staff	84 GPs and 122 Administrative staff were based in the 11 GP Practices and addressed primary health care needs
Welfare Rights Advisors and Social Prescribers	11 Welfare Rights Advisors and 11 Social Prescribers provided advice and support in the 11 GP Practices

4.3 Quantities

Patients

It is important to clarify the number in each stakeholder group who actually experienced the outcome that has been identified. In some cases, not all of the stakeholders involved experienced change, or indeed did so to varying degrees. For example, whilst over 858 individual patients have been able to access welfare and money advice in their GP Practice not all experienced improved health and wellbeing or felt more positive about the future. In addition, there were variations in the importance to which individual patients attached

the achievement of the different outcomes that were identified, measured and valued. Perhaps surprisingly the majority of patients attached greater importance to ‘being valued, respected and connected to their communities’ than having ’improved health and wellbeing’.

The table below details the numbers of the cohort of patients who have experienced the reported outcomes.

Table Two: Number of stakeholders reporting outcome

Number of patients feeling more positive about the future	751
Number of patients able to access advice earlier	751
Number of patients reporting improved health and wellbeing	536
Number of patients feeling valued, respected and more connected to their community	665

As well as carrying out one-to-one qualitative interviews to identify potential outcomes, a SMS survey was sent to a representative sample of patients who had used the service. Out of around 90 messages that were successfully delivered, 40 were returned. The responses from each question have been scaled up to represent the whole cohort.

GP Practice Staff

One to one interviews and focus groups took place in six GP Practices with medical and administrative staff representing all the roles that existed across the 11 GP Practices.

Table Three: Number of stakeholders reporting outcome

Number of GPs making better use of time and focus on medically related interventions	79
Number of administrative staff reporting an improved relationship with patients as a result of better understanding of patient needs and support	97

Social Prescribers and Welfare Rights Advice Workers

One-to-one interviews took place with four WRA workers and three social prescribers. All reported that they had achieved the outcomes described in Sections 3.4 and 3.5.

5. Outcomes and valuation

Detailed results from the stakeholder engagement and information collection are represented in the impact map information in Appendix 1.

5.1 Outcomes evidence

The changes (or outcomes) which were identified, following consultation with each stakeholder, are detailed below along with information on how the outcome was measured (indicator). All of the outcomes reported were positive. The outcomes which were identified in the course of the analysis but could not be measured and the reasons for this are listed in Appendix 1.3.

Table Four: Outcomes evidence

Stakeholder	Outcome	Outcome indicator	Source
Patients	Feeling more positive about the future	Number of patients/ individuals who report feeling more positive about the future	Focus group/ One to one interviews/ Survey of service users
	Able to access advice earlier	Number of patients/ individuals who report being able to access advice earlier	Focus group/ One to one interviews/ Survey of service users
	Feeling valued, respected and connected to community	Number of patients/ individuals who report feeling valued and supported	Focus group/ One to one interviews/ Survey of service users
	Increased household income	Actual gains	Dundee City Council records
GP Practice -Clinical staff	Clinical staff reporting increase in time for clinical issues	Number of clinical staff reporting increase in time for clinical issues	Focus Groups/One to One interviews

GP Practice-Administrative Staff	Administrative staff reporting improved relationship with patients as a result of improved understanding	Number of administrative staff reporting improved relationship with patients as a result of improved understanding	Focus Groups/One to One interviews
Social Prescribers	Staff can make better use of time by making appropriate referrals	Number of staff reporting making better use of time by making appropriate referrals	One to One interviews
Welfare Rights Advisors	Staff have increased job satisfaction and are able to use their time more effectively	Number of staff reporting increased job satisfaction and ability to use their time more effectively	One to One interviews
Public Sector-Dundee City Council and NHS Tayside	Cost savings through earlier intervention	Reduced costs of mental health care as a result of earlier intervention	One to One interviews

5.2 Valuation

Financial proxies have been identified which allow a monetary value to be placed on the changes experienced by individual stakeholders. In each case stakeholders, or a suitable proxy[12], have been consulted on the appropriateness of these measures and given the opportunity to make suggestions on potential financial proxies. Any suggestions were taken into account in the final selection. In identifying the value given to a financial proxy, wherever possible, attempts have been made to link this with the level of importance placed on the change by individual stakeholders.

Further information on how each outcome is valued is provided in Appendix 1.4.

[12] When it is not possible to engage directly with a stakeholder another stakeholder that is familiar with the outcomes that are likely to be experienced can be engaged with as a substitute.

6. Social return calculation and sensitivity analysis

6.1 Duration and drop off

Before the SROI calculation can be finalised, the period of time the changes produced by the activity will last must be considered. This is so that their future value can be assessed. The question to be answered is 'if the activity stopped tomorrow, how much of the value would still be there?' To predict the length of time changes will be sustained, stakeholder opinion and independent research are both taken into account. There will be variations in the length of time that benefits last according to the nature of the change and the characteristics of individual stakeholders. If significant assumptions have been required about the likely duration of changes then these will be tested in the sensitivity analysis. In the absence of relevant research or stakeholder views that would suggest the time period the benefits are likely to last, the duration of all outcomes has been set at one year. It is likely that some client outcomes will endure for a longer period but, in the absence of robust evidence to support this hypothesis, a conservative approach has been adopted. Outcomes lasting several years cannot be expected to maintain the same level of value for each of these years. This is dealt with by assuming that the value will reduce or 'drop off' each year. As there is no evidence to support this, as none of the outcomes are predicted to last for longer than one year, neither duration nor drop-off are considered further.

6.2 Reductions in value to avoid overclaiming

As well as considering how long the changes a service or activity delivers will last, it is necessary to take account of other factors that may be influential. The recorded change might have happened regardless of the service, something else may have made a contribution to it, or the service may have displaced changes taking place elsewhere. In considering the extent to which each of these factors have played a part in the total impact, a realistic approach has been adopted. The aim is to be pragmatic about the benefits actually provided by the ability to access advisors in GP Practices and to recognise that the value created is affected by other events. The SROI methodology does this by taking all these factors into account when calculating the actual impact a project or activity delivers.

6.2.1 Deadweight

A reduction for deadweight reflects the fact that a proportion of an outcome might have happened without any intervention. For example, patients may well have gained access to advice in some other way. The detailed assumptions about deadweight are contained in Appendix 1.5.

6.2.2 Attribution

Attribution takes account of external factors, including the contribution of others that may have played a part in the changes that are identified. For instance, it is likely that other factors, such as participation in support groups or medication may have contributed to the cost savings reported as a result of the improved mental health of patients. The detailed assumptions about attribution are contained in Appendix 1.5.

6.2.3 Displacement

Displacement applies when one outcome is achieved but at the expense of another outcome, or another stakeholder is adversely affected. In the analysis this is not considered to have occurred.

6.3 Calculation of social return

Appendix 1.6 details the values for each outcome that a stakeholder experiences and takes into account deductions to avoid over-claiming. These individual values have been added together then compared with the investment in the service provided at section 4.1 above. The results show a social return on investment of around £33 for every £1 invested based on the assumptions set out above.

6.4 Sensitivity analysis

In calculating the social return on investment, it has been necessary to make certain assumptions which may include the use of data which is either not subject to universal agreement or which cannot be adequately evidenced. To assess how much influence this has had on the final value that has been calculated, a sensitivity analysis is carried out and the results recorded. By doing this the value of the benefits can be expressed within defined limits. The base level for testing/ comparison is £32.93.

Table Five: Sensitivity analysis

Factor	Variation	Result
Attribution	Increase by 10%	£28.44
Attribution	Decrease by 10%	£37.49
Deadweight	Increase by 10%	£27.10
Deadweight	Decrease by 10%	£38.76
Increase duration of financial gain	Increase by 1 year	£47.83
Increase number of patients experiencing the outcomes by 10%	Increase by 25%	£33.92

The most significant assumptions that were made were tested in the sensitivity analysis are explained below.

It can be seen that varying the duration of the financial gain has the most significant impact on the investment ratio. It is likely that, for many patients, benefit entitlements will last longer than a year, but it was not possible to evidence this in the evaluation and hence duration has been set at a year.

There is limited research available that can be used to support the levels of deadweight and attribution and, in line with adopting a conservative approach, the levels of both have been set highly. As many patients reported that they would not have been more positive about the future if the activity intervention had not taken place, levels of deadweight for this outcome have been set slightly lower.

Varying the numbers of patients experiencing the outcomes has limited effect.

For the reasons outlined above there can be a degree of confidence that between £27 and £39 of social and economic benefits are likely to be created for every £1 that is invested.

It is worth noting that in the forecast analysis that was carried out it was predicted that between £27 and £50 of social and economic benefits were likely to be created for every £1 that is invested.

6.5 Materiality considerations

At every stage of the SROI process judgements have to be made about how to interpret and convey information. Sometimes the rationale behind the decision is obvious and fully evidenced. However, on other occasions additional explanation or information may be required. SROI demands total clarity and complete transparency about the approach that is taken so that there is no possibility of confusion or misinterpretation. Applying a concept of materiality

means that explanations must be offered for information that can be interpreted in different ways, and which can exert influence on the decisions others might take. The concept can be of particular importance when ensuring that outcomes for stakeholders are relevant, are not perceived as being duplicated, and that the different values individual stakeholders may ascribe to the changes they experience are understood. In assessing issues that are material SROI requires that various factors are taken into account. Stakeholder views are of paramount importance: from the outset, and throughout the preparation of this analysis, stakeholders were invited to comment on the interpretation of data and the inclusion of information. Engagement took various forms including surveys, text messaging, telephone interviews and one-to-one meetings.

Financial proxies for improved health and wellbeing outcome for patients

To determine the financial proxies to be used to monetise the outcomes for patients, in line with SROI principles, stakeholder consultation took place. The direct approach had limited success, as individuals were reluctant to engage in this aspect of the analysis.

As it was not possible to identify in detail the nature of the health and wellbeing benefits reported by individuals, a more generic approach to valuation of these outcomes was adopted. It was felt that a measure of improvement in life satisfaction would be more appropriate which encompasses benefits to both mental and physical health.

As a result, WELLBYs[13] were used.

> *"A WELLBY proposes that a robust estimate of a change in life satisfaction can be converted to a monetary value by multiplying by £13,000 [Low: £10,000, High £16,000]. This is the recommended standard value of one wellbeing adjusted life year – based on 2019 prices and values."*

A value at the lower end was applied but was adjusted to reflect current prices. A high level of deadweight was applied to reflect the relative significance to stakeholders of this outcome when compared with other outcomes.

Financial Gain

It has been suggested that the increase in household income through debt management or access to welfare benefits is a contributory factor in some of the other outcomes that are experienced by patients when they access money and welfare rights advice. This was explored with individuals. From their perspective there did not appear to be a connection between the financial gain and the

[13] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1005388/Wellbeing_guidance_for_appraisal_-_supplementary_Green_Book_guidance.pdf

outcomes individuals reported they had achieved. There was also no correlation between the level of increase in household income and the extent to which outcomes were achieved. More money did not result in higher achievement of the identified outcomes. Patients talked about using the additional income in a variety of ways such as replacing furniture, going on outings and visiting family members, but did not link it with improvements in health and wellbeing. As a result, financial gain is considered to be a separate outcome and is included in the analysis.

Clinical staff can make better use of time and focus on medically related interventions

In calculating the time saved by medical staff that could be used to address clinical issues only time saved by GPs was included. It was recognised that other clinical staff, such as practice nurses and midwifes, were also likely to experience this outcome but it was not possible to estimate their time savings with even a limited level of accuracy.

7. Conclusion

The purpose of this analysis was to follow up on the forecast Social Return on Investment analysis that was carried out in 2019 and to produce an evaluative analysis based on the actual findings.

This evaluation has confirmed many of the predictions that were made in the original forecast. The outcomes achieved by stakeholders are broadly similar. The only difference being that patients did not identify ‘increased ability to use other services as an outcome’. Given that this method of service delivery has been in operation for several years it may be that this outcome is no longer relevant.

Providing access to money and welfare rights advice in GP Practices remains an effective service model that offers multiple benefits to both patients, clinical and administrative staff in GP Practices and the public sector.

Investment is not justified solely on the ‘best value’ or the economic advantages that it delivers and equal consideration should be given to the impact it creates by reducing inequality and providing earlier intervention.

Appendix 1: Audit trail and value map information

1.1 Stakeholders identified who were included or excluded

An initial meeting of individuals from relevant organisations identified and considered potential stakeholders and outcomes.

Table Six: Included and Excluded Stakeholders

Stakeholder	Included/excluded	Rationale
GPs	Included	Key stakeholders and likely to experience significant outcomes.
Clinical Support Staff	Included	Key stakeholders and likely to experience significant outcomes.
Practice Administration Staff	Included	Key stakeholders and likely to experience significant outcomes.
Advice Workers	Included	Key stakeholders and likely to experience significant outcomes.
Patients	Included	Key stakeholders and likely to experience significant outcomes.
Family/Friends of Patients	Excluded	Unlikely to experience outcomes directly but will contribute to outcomes achieved by others
Funders	Excluded	Key stakeholders and likely to experience significant outcomes.
Social prescribers	Excluded	Key stakeholders and likely to experience significant outcomes.
Community	Excluded	Unlikely to experience outcomes directly

1.2 Engagement methods for 'included' stakeholders

Table Seven: Engagement methods for 'included' stakeholders

Stakeholder	Method	Number	Medium
Patients	Structured Questionnaires Surveys	15 6 40	One to one interviews Focus Groups SMS surveys
GP Practice Staff (Clinical)	Structured Questionnaires	10 8	One to one interviews Focus Groups
GP Practice Staff (Administrative)	Structured Questionnaires	13 9	One to one interviews Focus Groups
Welfare Rights Advisors	Structured Questionnaires	4	One to one interviews
Social Prescribers	Structured Questionnaires	2	One to one interviews
Public Sector Representatives	Structured Questionnaires	2	One to one interviews

1.3 Outcomes identified but not measured

The reasons that it has not been possible to measure and value all outcomes have already been explained in s 6.5 on materiality.

No negative outcomes were identified in the analysis - a negative outcome is one which has an adverse effect on stakeholders.

1.4 Financial proxies

All of the outcomes that were included had a financial proxy assigned to them.

Table Eight: Financial proxies

Stakeholder	Outcome	Financial proxy	Value	Source
Patients	Feeling more positive about the future	Session with an average cost per advocacy intervention of £912	£912.00	P86 https://kar.kent.ac.uk/92342/25/Unit%20Costs%20Report%202021%20-%20Final%20version%20for%20publication%20%28AMENDED2%29.pdf Unit costs social care
Patients	Able to access advice earlier	Cost of travel based on ten average return journeys made by bus	£27.00	Adult (16+) tickets - Xplore Dundee
Patients	Improved health and wellbeing	Wellby	£15,000.00	HM Treasury. (2021). Wellbeing guidance for appraisal: Supplementary Green Book guidance. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1005388/Wellbeing_guidance_for_appraisal_-_supplementary_Green_Book_guidance.pdf
Patients	Feeling valued, respected and connected to community	Self awareness course	£96.00	Courses for adults | WEA

Patients	Increased household income	Actual amount	£3,325,219.00	
GP Practice -Clinical staff	Clinical staff can make better use of time and focus on medically related interventions	GPs suggested time saved to focus on clinical issues additional 30 mins a week/25 hours a year. Average salary £96163 pa	£925.00	https://www.bma.org.uk/pay-and-contracts/pay/gp-pay/salaried-gp-pay-ranges
GP Practice-Administrative Staff	Improved relationship with patients as a result of improved understanding of patient needs and support	training course on welfare rights	£622.00	About CPAG training courses | CPAG
Social Prescribers	Staff can make better use of time by making appropriate referrals	5% of annual salary of £30,000	£1,500.00	Pay in the voluntary sector - SCVO
Welfare Rights Advisors	Staff have increased job satisfaction and are able to use their time more effectively	10% of annual salary (experienced WRA £44,000)	£4,400.00	Welfare rights advisor | Explore Careers | National Careers Service
Public Sector-Dundee City Council and NHS Tayside	Reduced costs of mental health care as a result of earlier intervention	% cost of spend on adult mental health per individual	£219.00	Spending on mental health services per person - Scotland | Mental Health Watch

1.5 Deductions to avoid over-claiming

Table Nine: Deductions to avoid over-claiming

Stakeholder	Outcome	Deadweight %	Displacement %	Attribution %
Patients	Feeling more positive about the future	25%	0%	50%
Patients	Able to access advice earlier	10%	0%	10%
Patients	Improved health and wellbeing	75%	0%	50%
Patients	Feeling valued, respected and connected to community	25%	0%	25%
Patients	Increased household income	10%	0%	10%
GP Practice -Clinical staff	Clinical staff can make better use of time and focus on medically related interventions	10%	0%	10%
GP Practice-Administrative Staff	Improved relationship with patients as a result of improved understanding of patient needs and support	10%	0%	19%
Social Prescribers	Staff can make better use of time by making appropriate referrals	10%	0%	10%
Welfare Rights Advisors	Staff have increased job satisfaction and are able to use their time more effectively	25%	0%	25%
Public Sector-Dundee City Council and NHS Tayside	Reduced costs of mental health care as a result of earlier intervention	25%	0%	25%

1.6 Calculation

The table below summarises the factors that have been taken into account in calculating the total impact.

Table Ten: Calculation

Stakeholder	Outcome	Quantity	Value	Less deadweight	Less displacement	Less attribution	Drop off	Impact
Patients	Feeling more positive about the future	826	£912	25%	0%	50%	25%	£282,492
Patients	Able to access advice earlier	826	£27	10%	0%	10%	25%	£18,065
Patients	Improved health and wellbeing	590	£15,000	75%	0%	50%	25%	£1,106,250
Patients	Feeling valued, respected and connected to community	731	£96	25%	0%	25%	25%	£39,474
Patients	Increased household income	1	£3,325,219	10%	0%	10%	25%	£2,693,427
GP Practice -Clinical staff	Clinical staff can make better use of time and focus on medically related interventions	79	£925	10%	0%	10%	25%	£59,191
GP Practice-Administrative Staff	Improved relationship with patients as a result of improved understanding of patient needs and support	97	£622	10%	0%	19%	25%	£43,983

Social Prescribers	Staff can make better use of time by making appropriate referrals	6	£1,500	10%	0%	10%	10%	£7,290
Welfare Rights Advisors	Staff have increased job satisfaction and are able to use their time more effectively	5	£4,400	25%	0%	25%	25%	£12,375
Public Sector- Dundee City Council and NHS Tayside	Reduced costs of mental health care as a result of earlier intervention	858	£219	25%	0%	25%	25%	£105,695

SROI Calculation

The calculation is expressed as a ratio of return from investment. It is derived from dividing the monetised value of the sum of all the benefits by the total cost of the investment.

In this report the total present value is £4,160,231; the total investment figure in the same period to generate this value is £122,650.

The SROI ratio is calculated by dividing the present value by the investment.

The social return from investing in the WAHP Programme in Dundee was found to be in the region of £24 for every £1 invested.

Appendix 2: The Principles of SROI

Table Eleven: Principles of SROI

Principle	Description
Involve stakeholders	Inform what gets measured and how this is measured and valued by involving stakeholders
Understand what changes	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
Value the things that matter	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
Only include what is material	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
Do not over-claim	Only claim the value that organisations are responsible for creating
Be transparent	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
Verify the result	Ensure independent appropriate assurance

The SROI Network has published a comprehensive guide to SROI. This can be downloaded at www.sroinetwork.org.uk

June 2026

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