Calculating the personal, community and social impact: a social return on investment analysis of vehicle modifications for people with disability

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Abstract

(100 word limit) With vehicle modifications (VMs), it is possible for many people with acquired disability to return to driving as part of their rehabilitation goals. VMs can range from simple and relatively inexpensive, to highly complex and costly. Though a number of schemes have funded VMs, it is envisaged that NDIS will become a major future funder of VMs for people with disability. Therefore, it is important for funders and other key stakeholders to understand the personal, community and social impact of VMs to justify such investment. We present our recent findings from conducting a social return on investment analysis of VMs.

Background, Method, Results and Conclusions (NOTE: suggested headers only for research focused papers – practitioner/other paper context can choose other headers to suit).

Background

Returning to driving increases participation and productivity outcomes, and improves quality of life for people with disability (van Roosmalen, Paquin & Steinfeld, 2010). Advances in VM technology mean that driving is now possible for people with lifelong disability previously excluded from this type of independent mobility (Eley, 2016).

A number of schemes currently fund VMs, but it is envisaged that NDIS will be a major future funder. All funders need to justify that such investments are equitable, targeted to need, and produce positive outcomes. The long term individual and social benefit of investment in VMs is unknown.

Social return on investment (SROI) is a systematic and transparent methodology for measuring and valuing a range of personal, social and community outcomes, and broader social impact (Nicholls, Lawlor, Neitzert & Goodspeed, 2012). SROI encapsulates the views of multiple stakeholders into a singular monetary ratio which represents net present value of benefits / net present value of investment, e.g a ratio of 1:3 indicated an investment of $1 delivers $3 of social value (Banke-Thomas, Madaj, Charles & van den Broek, 2015). Well-conducted SROI also elicits rich qualitative data on the experiences and perspectives of key stakeholders.

Method

We were guided by the Guide to Social Return on Investment (Nicholls et al, 2012); produced by the British Government, its quality standards for the design and conduct of SROI analyses are widely accepted by academics and practitioners (Arvidson, Battye & Salisbury, 2014).

Stage 1 Data Collection (Scoping Outcomes)

Participants participated in either a focus group or interview. Participants included: consumers, rehabilitation physicians, driver-trained occupational therapists, driving instructors, vehicle modifiers and rehabilitation engineers (n=20).

Ethics approval was granted by the Human Research Ethics Committee at the University of South Australia.

Stage 2 Data Collection (Evidencing Outcomes)

A range of primary data from consumers and Australians of driving age, as well as secondary data from published academic journal papers and other data in the public domain were used. This data provides proxy values for outcomes identified in Stage 1.

Rich contextual data on the experiences and perspectives of stakeholders was analysed for key themes and implications for policy and practice extrapolated. The SROI methodology was evaluated for its effectiveness in meeting the needs of VM stakeholders.

Results

Emerging results from Stage 1 suggests consumers experience a broad range of positive outcomes:

- Independence / choice
- Positive mental health
- Reduction in social isolation
- Participation in employment and study
- Enactment of family roles
- Participation in community
- Managing dignity / (re)establishing privacy

Positive benefits for other stakeholders included reduced burden on carers, and experiences of job satisfaction for many professional groups involved in the VM process. In particular, stakeholders reported experiencing their work as meaningful and making a positive different to the lives of others.

To establish the SROI ratios, authors developed three case studies costed separately to reflect the range of potential variations in terms of complexity and costs of VMs. This data and qualitative themes influencing recommendations for policy and practice will be presented.

References

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