

Summary of the IRT Foundation Social Impact Measurement Framework



Report for IRT

August 2018

Suggested citation

Noone, J., Saunders, I., Powell, A., & Etuk L. (2018). Summary report of IRT Foundation Social Impact Measurement Framework. Sydney: Centre for Social Impact, UNSW.

Acknowledgement

The authors acknowledge the assistance of Natasha Debsieh, Toby Dawson and Deborah de Santis (IRT) in preparing this framework. The authors also drew on material from the IRT Social Impact Strategy to complete this report.

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Centre for Social Impact

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The opinions in this report reflect the views of the authors and do not necessarily reflect those of UNSW Sydney or IRT.

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1. INTRODUCTION

To more efficiently meet the needs of our ageing population, IRT Foundation has adopted a social impact model with a focus on demonstrating measurable outcomes for its clients across three Strategic Priorities.

For the purposes of this document, an “older person” is described as someone over the age of 65, except instances referring to employment participation where an “older worker” is defined as someone 50 years of age or older. These ages align with definitions used for the 2016-2020 NSW Ageing Strategy¹.

1.1 IRT SOCIAL IMPACT STRATEGY

IRT Group is a social purpose organisation that has supported older Australians for almost 50 years. The IRT Foundation is responsible for delivering aspects of the IRT Group’s social impact. The Foundation’s mission is to “provide disadvantaged older Australians with access to supported housing and services and to enhance the lives of older people through social and civic participation”. Its activities are built on collaboration and social innovation, and, as outlined in this document, a commitment to outcomes measurement.

1.2 AIMS

The aim of the project was to develop a comprehensive framework (the Framework) for measuring the social impact of the IRT Foundation’s operations as outlined in its Social Impact Strategy. The Framework is designed to be adaptable to the inclusion of new priority areas and programs in line with IRT Foundation’s future work.

This document presents a summary of the Social Impact Measurement Framework

1.3 APPROACH

The Framework follows CSI’s six-step cycle approach to outcomes measurement and evaluation:

1. **A stocktake** to identify and understand needs, stakeholders and the context within which IRT Foundation operates
2. **Theory of change** development to understand how IRT Foundation programs function, their desired outcomes, and the evidence supporting their effectiveness
3. **An outcome measurement framework** to define prioritised outcomes and to identify appropriate measurement tools and their indicators
4. **A data collection plan** to describe what should be measured, how, when, by whom and from which beneficiaries
5. **An analysis plan** to outline how data should be interrogated to demonstrate client outcomes and social impact at the population level
6. **Next steps** that include guidance on developing a communication plan and a strong measurement culture within the organization.

¹ There is no widely accepted definition of the term “older person” in the literature.

2. STOCKTAKING PHASE

2.1 FOUNDATIONS FOR THE FRAMEWORK

One of the first steps in creating a measurement framework is to establish why it is being developed². This shapes how the strategy is developed to meet the needs of its target audience. According to Deborah De Santis, Chief Marketing Officer for the IRT Group:

The foundation wants to better demonstrate its impact in improving the lives of older Australians. IRT Group is a social purpose organisation and IRT Foundation is responsible for delivering IRT Group's social impact. One third of the surplus generated by IRT Group's businesses is given back to the community through IRT Foundation's activities. This investment highlights the need for a comprehensive evidence-based plan for IRT Foundation to measure its client outcomes and social impact.

Current reporting capability was very focused on inputs/outputs, with very few outcome measurements and no impact measurements. We also wanted to create meaningful messaging to communicate IRT's social purpose to our stakeholders.

We want to see the change that IRT Foundation programs have created for our clients. We want to know about the reach of the programs and their efficacy. We also want to identify which programs are most successful, most needed and most sustainable.

2.2 STOCKTAKE OF IRT FOUNDATION ACTIVITIES

The foundation period also established expectations for the Framework, resources available for implementation and external factors that needed to be considered. This information was supplemented by a stocktake of IRT Foundation activities to establish what administration and outcome data was already being collected, which also fed into theory of change development

2.3 STAKEHOLDERS

The planning period also included the identification of stakeholders for the Framework. Stakeholders are those who affect or are affected by the Framework. Some stakeholders will play a role in how the Framework will be implemented but require certain information to do so. Other stakeholders have no role in implementation but have an interest in the findings (e.g. broader community, funders). Table 1 outlines the stakeholder groups and their roles and/or interests.

² http://www.csi.edu.au/media/uploads/CSI_The_Compass.pdf

Summary of IRT's Social Impact Measurement Framework



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Table 1. Stakeholder roles and responsibilities

Stakeholder	Role or interest in the Framework	Information/resources needed	Information provided by/through
IRT Foundation Social Impact Team	Role: Coordination, planning & dissemination	Social impact measurement Framework (the Framework)	CSI UNSW
		Results from data analysis (technical and non-technical)	Analysts/evaluators
IRT Customer Insights	Role: Managing aspects of data collection and data management	The Framework	CSI UNSW & IRT Foundation Social Impact Team
Analysts/evaluators	Role: Data analysis	The Framework	CSI UNSW
		Data	IRT Foundation clients
IRT Foundation clients	Role: Provide outcome data	Purpose of data collection	IRT Foundation service providers
	Interest: results from data analysis	Results from data analysis (non-technical)	
IRT Foundation service providers	Role: Collecting data from Foundation clients	The Framework	IRT Foundation Social Impact Team
		Training and Support	
IRT Group Board	Role: Framework endorsement	The Framework	CSI UNSW
	Role: Potential decision makers	Results from data analysis (technical)	Analysts/evaluators
CEO Advisory Group	Interest: return on investment in social impact Framework	Results from data analysis (technical)	Analysts/evaluators
		Community perceptions of IRT	IRT Foundation Social Impact Team
Community members (IRT Supporters)	Interest: IRT as a community leader and potential service provider	Results from data analysis (non-technical)	IRT Foundation Social Impact Team
Funders (Govt. & Non-Govt.	Interest: IRT as a service provider of choice	Results from data analysis (technical)	IRT Foundation Social Impact Team

2.4 EVALUATION QUESTIONS

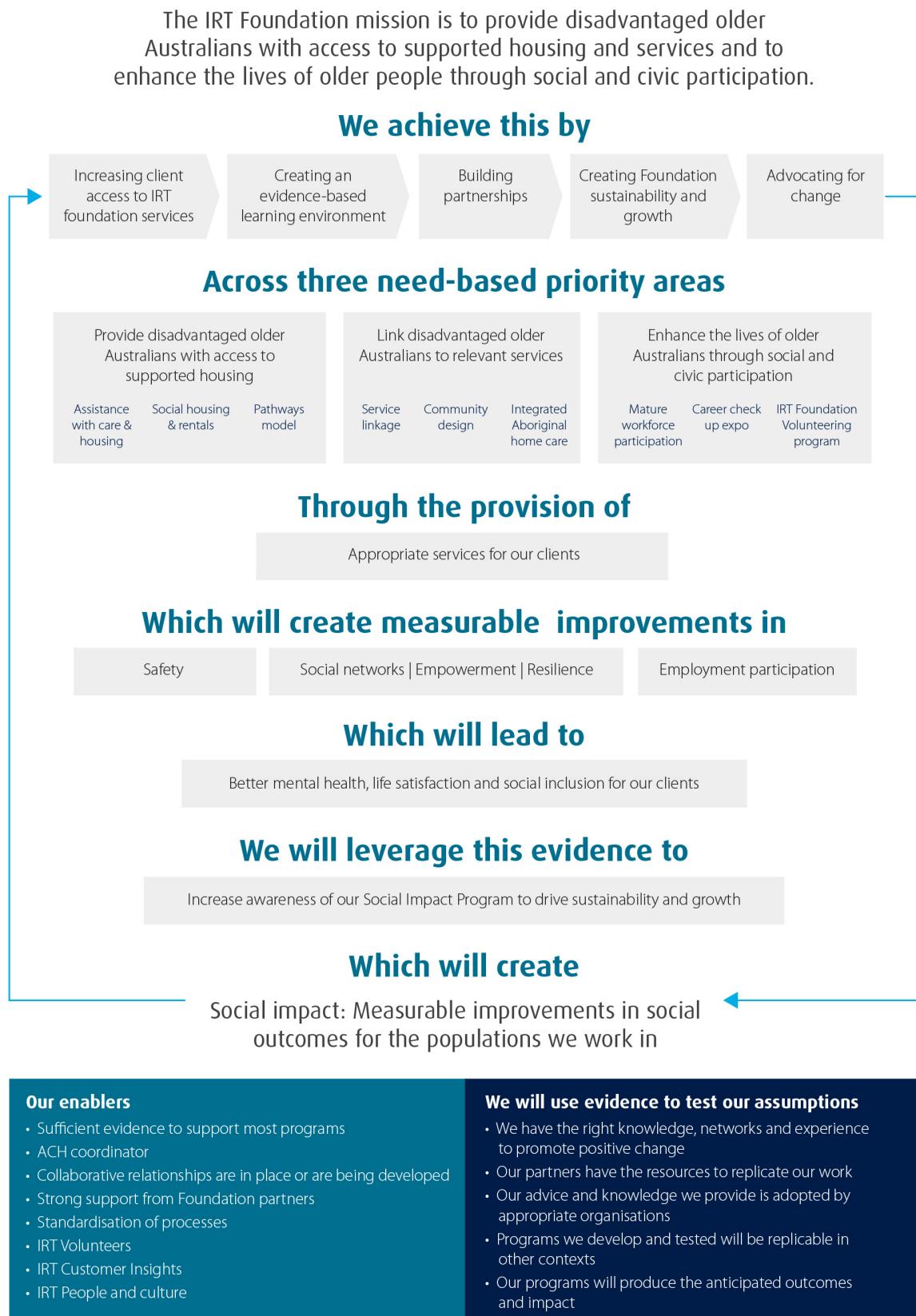
Overarching monitoring questions	Overarching evaluation questions
<ol style="list-style-type: none">1. What outcomes have changed for IRT Foundation clients over time?2. What outcomes have changed for older people in the populations where IRT Foundation operates?3. Has the adoption of IRT Foundation recommendations changing over time?	<ol style="list-style-type: none">4. To what extent have IRT Foundation activities contributed to change in client outcomes?5. To what extent have IRT Foundation activities contributed to change in the populations it operates within?

3. THEORY OF CHANGE

A theory of change is ‘an explicit theory or model of how a program [or initiative] causes the intended or observed outcomes’. In developing the IRT Foundation Theory of Change, this phase ascertained the prioritised outcomes the IRT foundation will measure as part of the Framework for measuring its social impact. This was achieved through a consultative workshop with IRT staff and a community member receiving IRT services.

Summary of IRT's Social Impact Measurement Framework

Figure 1. Overarching theory of change for the IRT Foundation



4. OUTCOME MEASUREMENT FRAMEWORK

4.1 OUTCOMES

A definition for each prioritised outcome was sourced from the literature to guide the selection of outcome measures and associated indicators. A summary is presented in Table 2.

The Framework assesses appropriate services (a shorter-term outcome) from the clients' perspective in two ways. It examines client satisfaction with IRT services in general (labelled **IRT Client Satisfaction**) and for clients of the housing programs (labelled **Appropriate Housing Services**). Appropriate housing services encompasses four sub-outcomes that are regularly measured in the housing and homelessness sector: Appropriate housing, safe housing, stable housing and affordable housing.

Intermediate and longer-term outcomes are assumed to flow on from the provision of appropriate services.

4.2 SOCIAL IMPACT

Social impact can be broadly defined as the “positive and negative, primary and secondary long-term effects [outcomes] produced by a development intervention, directly or indirectly, intended or unintended” (OECD, 2010:25).

For the purposes of this framework, IRT can demonstrate social impact through the identification of measurable change in prioritised outcomes for the populations they work in. It can also demonstrate its social impact through the replication of its services by other organisations and by influencing the actions of Local, State and Federal Government.

The indicators for assessing social impact are the same as the indicators for client outcomes. However, the data will come from existing population surveys rather than from IRT Clients.

Summary of IRT's Social Impact Measurement Framework

Table 2. Outcomes, indicators and supporting data

Outcomes	Indicator(s) [number of survey items]	Data source / Measure	Current data availability	Comments/ References/ Indicator validity
IRT Client Satisfaction	Average client satisfaction score [4]	IRT Insights data base	2015 – 18	
Appropriate services (appropriate housing)	% of clients satisfied with the home they live in [1]	HILDA	2001-16	https://tinyurl.com/ya7au6nl
	% of clients satisfied with service provided by housing organisation [2]	AIHW National Social Housing Survey	2012, 14, 16	https://tinyurl.com/y9f57a7m
	Importance of and % of clients satisfied with the amenities in social housing [2]	AIHW National Social Housing Survey	2012, 14, 16	https://tinyurl.com/y9f57a7m
Appropriate services (safe housing)	% of clients who feel safe at home during the day, at home after dark, or while walking alone in their local area after dark [3]	ABS General Social Survey	2006, 10, 14	https://tinyurl.com/yckjtfmm
Appropriate services (stable housing)	Average number of recent moves among clients (in the last 5 years) [1]	ABS General Social Survey	2006, 10, 14	https://tinyurl.com/yckjtfmm
Appropriate services (affordable housing)	% of clients whose housing costs exceed 30 percent of their income [2]	ABS Census	2005, 11, 16	https://tinyurl.com/ybyp9guf
Safety	Prevalence of elder abuse to a level at which it might be reasonable to propose a referral for further evaluation [6]	The Elder Abuse Suspicion Index	No existing data	https://tinyurl.com/ybp6gr7f
	% of older people who declare they have been victim of assault crime in last 12 months [1]	HILDA	2005, 08, 11, 15	https://tinyurl.com/ya7au6nl
Employment participation	Employment / Unemployment rate for older people [6]	ABS Census	2006, 11, 16	https://tinyurl.com/ybyp9guf
Stronger social networks	The proportion of Indigenous clients who participate in caring for country activities [6]	Caring for Country Questionnaire	No data	https://tinyurl.com/ya8ejsn5
	Proportion of clients who feel socially isolated [5]	HILDA	2001-16	https://tinyurl.com/ya7au6nl
	% of clients who have relatives or friends they can count on [7]	ABS General Social Survey	2002, 06, 10, 14	https://tinyurl.com/yckjtfmm

Summary of IRT's Social Impact Measurement Framework

Outcomes	Indicator(s) [number of survey items]	Data source / Measure	Current data availability	Comments/ References/ Indicator validity
	Frequency of face-to-face social contact with family and friends [1]	HILDA	2001-16	https://tinyurl.com/ya7au6nl
Empowerment	% of clients who feel they are able to have a say within the general community [1]	ABS General Social Survey	2002, 06, 10, 14	https://tinyurl.com/y89yh8yy
	% of clients who feel they have little personal control [2]	HILDA	2005, 08, 11, 15	https://tinyurl.com/ya7au6nl
Resilience	% of clients who perceive they are able to bounce back from times of adversity	The Brief Resilience Scale	No data	https://tinyurl.com/yc8e82yu
Mental health	% of clients who most of the time to all of the time feel mentally vital (calm, happy, full of life, full of energy)	ABS National Aboriginal and Torres Strait Islander Health Survey	2012-13	https://tinyurl.com/y9nda6th
	% of clients in psychological distress according to Kessler Psychological Distress Scale (K6) score	HILDA / K6	2007, 09, 11, 13, 15	https://tinyurl.com/yckitfmm
	% of older people who present with symptoms of anxiety or depression			
Social inclusion	% of clients who often engage in community-building behaviours like chatting with neighbours or family, attending local events, volunteering, or getting involved with local issues	HILDA	2006, 10, 14	https://tinyurl.com/ya7au6nl
	% of clients who volunteer	HILDA	2006, 10, 14	https://tinyurl.com/ya7au6nl
Life satisfaction	% of older Australians satisfied with their life [8]	Personal Wellbeing Index	Not available	https://tinyurl.com/y8z3rkgf

5. DATA COLLECTION PLAN

The IRT Foundation operates two broad categories of programs: those that target disadvantaged older Australians **directly** (e.g. ACH programs) and those that target this group **indirectly** through the provision of advice and advocacy work (e.g. the Community Design program). For the former the broad strategy is to collect outcome data from clients when they first enter the Foundation system (baseline), at 6 months after baseline, one year later and then annually after this point. For consultation, advocacy and education work, the focus is on measuring client satisfaction with services and tracking instances where Foundation recommendations are adopted by other service providers, researchers or government. An adaptation of the [research impact framework](#) is recommended to collect and analyse this data (see section 6.3.3. and Appendix 2 for details).

5.1 ACQUIRING CLIENT DATA

CSI designed detailed data collection plans for nine programs that were in operation within the IRT Foundation. These plans are available from the IRT Foundation upon request and are summarised in Table 3.

5.2 ACQUIRING POPULATION DATA

“Population” is defined by the geographical areas that IRT Foundation works within, and the age groups and/or special need groups (e.g. homeless people) that IRT Foundation works with.

These data have already been collected by agencies including the Australian Bureau of Statistics (ABS) and the University of Melbourne (Household Income and Labour Dynamics survey [HILDA]) and can be acquired in either as aggregate (ABS) or individual data (HILDA).

Summary of IRT's Social Impact Measurement Framework

Table 3. Summary of data collection strategy

Program	Data collected from	Data collection responsibility	Timing of data collection	Data to be collected	Data collection format	Type of data
Assisted Care & Housing	ACH Clients under referral (T1) & receiving services (T2)	Referring party (T1) & IRT volunteer (T2)	During referral process (T1) & 6 months (T2)	Demographics (T1, T2) Life satisfaction (T1, T2) All outcomes (T2)	Pen & paper	Quantitative
Social Housing & Rentals	Clients in Independent Living Units (ILU)	IRT representative for ILU (T1) & IRT Customer Insights (T2 →)	When client enters ILU (T1), after 6 months then annually (T2 →)	Demographics (T1, T2 →) All outcomes (T1, T2 →)	Pen & Paper	Quantitative supported by qualitative
Pathways	Ageing parent & adult child with disability	IRT representative for Pathways	When client moves into home (T1), after 6 months then annually (T2 →)	Demographics (T1, T2 →) Life satisfaction (T1, T2 →) All outcomes (T2 →)	Face-to-face	Qualitative supported by quantitative
Service Linkage (SL)	SL clients under referral (T1) & SL clients receiving services (T2)	Referring party (T1) & IRT Volunteer (T2)	During referral process (T1) & after 6 months (T2)	Demographics (T1, T2) Life satisfaction (T1, T2) All outcomes (T2)	Pen & paper	Quantitative
Aboriginal Integrated Homecare	The recipient of homecare services	IRT volunteer	Immediately before the client receives services (T1), after 6 months then annually (T2 →)	All outcomes (T1, T2 →) Demographics (T1, T2 →)	Face-to-face	Qualitative supported by quantitative
	Homecare service worker (Staff)	IRT Volunteer	When service worker becomes employee of IRT	All outcomes (T1, T2 →) Demographics (T1, T2 →)	Face-to-face	Qualitative supported by quantitative
Community Design	IRT Communities representative	IRT consultant	At the end of each consultation period or phase of work (T1).	Client satisfaction (T1)	Pen & paper	Quantitative & qualitative
Mature Aged Workforce Participation (education & advocacy)	Education recipients	IRT educator or dedicated communication officer	At the end of each education period (T1), after 6 months then annually (T2 →)	Client satisfaction (T1) Uptake of IRT recommendations (T2 →)	Pen & paper (T1) Phone/Face-to-face (T2 →)	Quantitative & qualitative
	Advocacy recipients & consumers	Advocating IRT staff member &/or communication officer	Continuous	Uptake &/or citation of IRT recommendations in policy, research & media	Internet search & interviews with policy representatives	Qualitative supported by quantitative
Career Expo	Job Seekers	IRT Foundation staff responsible for recruiting job seekers, or their delegate	At registration (T1), after the expo (T2), after 6 months then annually (T3 →)	Demographics (T1 →) Life satisfaction (T1 →) Client satisfaction (T2) All other outcomes (T3 →)	Online survey	Quantitative
	Potential employers	IRT Foundation staff responsible for recruiting job seekers, or delegate	Immediately After the expo	Client satisfaction	Online survey	Quantitative supported by qualitative
IRT Volunteer	IRT Volunteers	Staff member who signs up the volunteer (T1) & IRT Customer Insights (T2 →)	When client signs up volunteer role (T1), after 6 months & then annually (T2 →)	Demographics (T1 →) All outcome data (T1 →)	Online survey	Quantitative

Notes: T1 = Time 1 (baseline), T2 = Time 2, T3 = Time 3, → = future annual data collection points

6. DATA ANALYSIS PLAN

Section 6 summarises the analytical strategy for answering the monitoring and evaluation questions. The following assumptions were made in designing the Framework and should be tested as part of the implementation process:

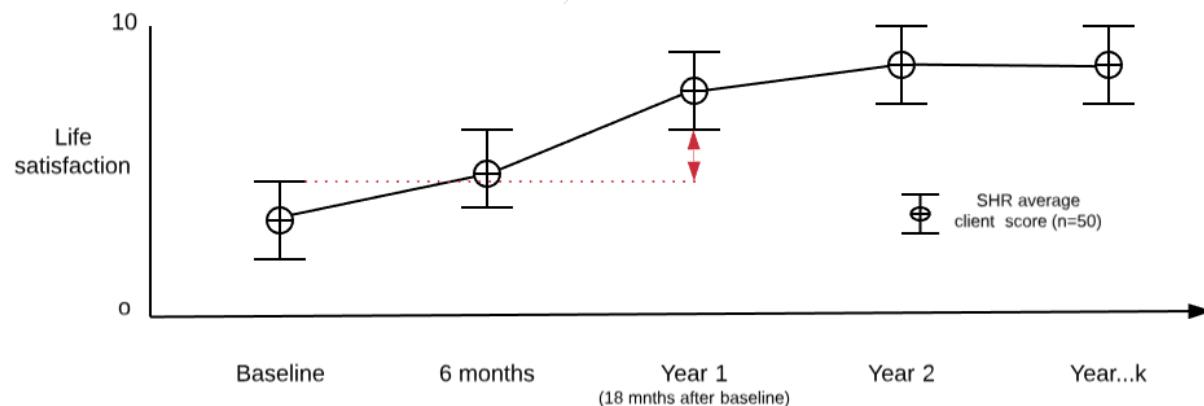
1. Clients will demonstrate an improvement in outcomes over time
2. The improvement is at least partly due to the provision of Foundation services
3. There will be sufficient numbers of clients for reliable statistical analysis
4. Life satisfaction can be measured for both IRT Foundation clients and IRT Care customers
5. IRT Foundation activities will affect enough people to produce measurable change at the population level

6.1 OUTCOMES MONITORING FOR IRT FOUNDATION PROGRAMS DIRECTLY AFFECTING DISADVANTAGED OLDER AUSTRALIANS

Quantitative monitoring

The Foundation can use program outcome data, linked by the clients' unique ID, to determine if outcomes have changed for clients over time. In the fictitious example below, 50 Social Housing and Rentals (SHR) clients were followed across multiple data points. Each point represents the average life satisfaction score across the 50 clients. The bars extending above and below this point are the 95% confidence intervals around the average score. Although there are many techniques for assessing change across time (e.g. dependent t-tests and trajectories), a simple albeit conservative approach is to examine the overlap of these confidence intervals³. In Figure 3, there is a statistically significant increase in life satisfaction from baseline to year 1.

Figure 2. Hypothetical change in life satisfaction for the SHR program



Qualitative monitoring

Qualitative monitoring of outcomes follows the same principles outlined in 6.3.1. Interview data is used to establish a baseline with respect to each of the client outcomes. Subsequent interviews should ascertain what has changed since the last interview, from the participants' perspective. The interviews should also explore what factors are responsible for change, noting that change in outcomes may not

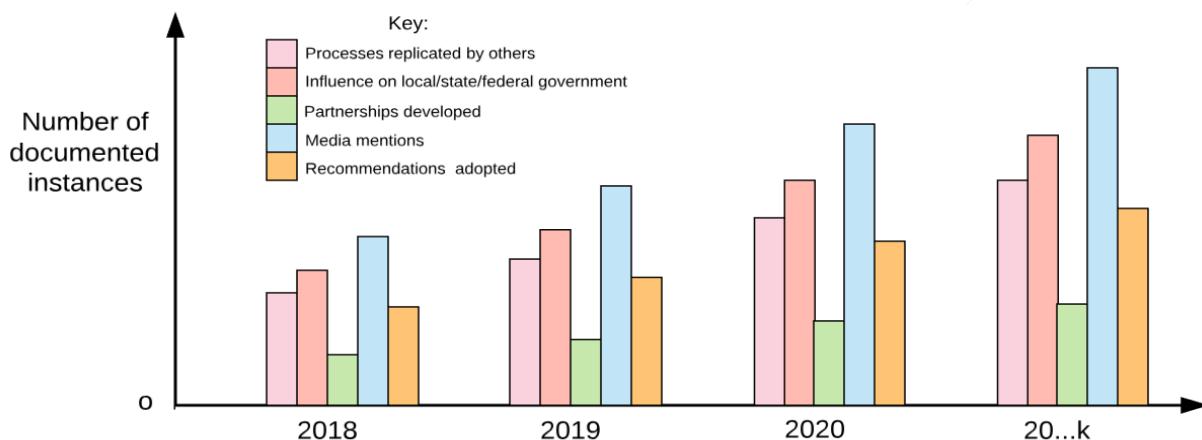
³ Payton ME, Greenstone MH and Schenker N (2003) Overlapping confidence intervals or standard error intervals: What do they mean in terms of statistical significance? *Journal of Insect Science* 34: 1-6

always be positive. Although it is feasible to represent the interview data numerically, a more powerful approach would be to create stories or narratives. These stories are analysed to identify key themes and monitored for changes in both the outcomes and explanations over time.

6.2 OUTCOME MONITORING FOR PROGRAMS INDIRECTLY TARGETING DISADVANTAGED OLDER AUSTRALIANS

Outcome monitoring for the IRT Communities and Mature Aged Participation programs is different to the other programs because the clients are service providers and policy makers rather than disadvantaged older Australians. Data for client satisfaction can be graphed in the similar way to Figure 3 above. For Foundation recommendations, the [Research Impact Framework](#) should guide monitoring. This framework proposes four categories of impact (research, policy, service and societal) and provides several examples for each category to guide data collection.

Figure 3. Hypothetical outcome monitoring of IRT Foundation programs indirectly targeting disadvantaged older Australians



6.3 OUTCOMES EVALUATION FOR PROGRAMS DIRECTLY TARGETING DISADVANTAGED OLDER AUSTRALIANS

[Regression analysis](#) can be used to firstly isolate in the influence of factors other than service provision (e.g. gender, income) on change in any given IRT Foundation outcome. These data can then be compared against a control group, where possible. An alternative is to use [propensity score matching](#) to create a quasi-control group from nationally available data. This approach compares outcomes of IRT Foundation clients against people with similar characteristics who are not IRT Foundation clients but provided data through HILDA or ABS surveys.

Qualitative analysis of change – thematic analysis

The goal of this analysis to unpack the role of the IRT Foundation in changing outcomes for its clients. While the quantitative analysis can determine if change has occurred and estimate the extent that change may be linked to Foundation activities, it is less equipped to understand the mechanisms, or the how and why this may (or may not) occur. As outline in section 6.3.2, the qualitative data for monitoring is to be coded according to the Foundation outcomes outlined in the theory of change (a top down approach). To better understand the Foundation contribution, the data should also be coded from the bottom up (i.e. codes are derived from the data). The combination of top-down and bottom-

up codes will allow thematic analysis to identify the mechanisms for change across the different outcome areas.

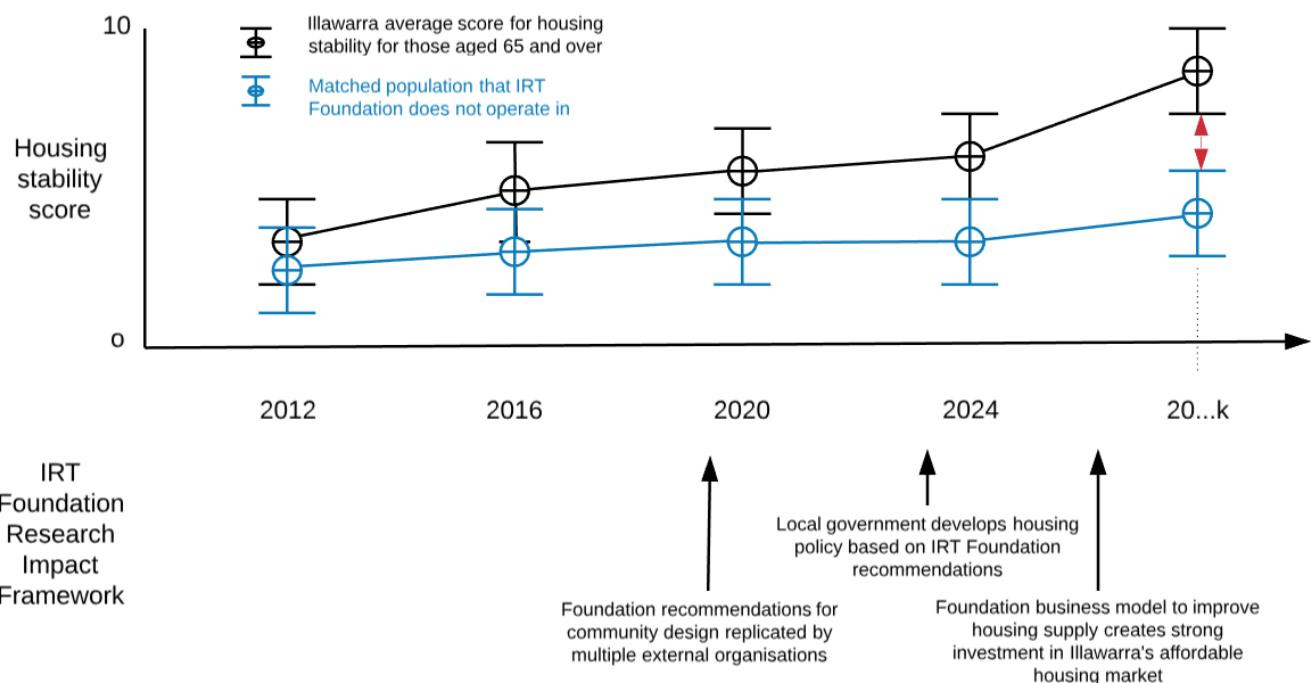
For this approach, it is unlikely that simply asking clients how IRT Foundation has helped them, will produce useful data. Instead, the mechanisms should be allowed to emerge from the data by asking open ended questions. These mechanisms will provide important insights into Foundation activity that can be used to refine the theory of change. For example, the findings may help to further flesh out the Appropriate Services outcome or the different ways that partnerships are built.

6.4 SOCIAL IMPACT AT THE POPULATION-LEVEL

For the IRT Foundation to claim it has contributed to changes at a population level, it must firstly demonstrate that change has occurred. If change has occurred, IRT can estimate its contribution by comparing these results against similar populations that IRT Foundation is not operating in (see Figure 7). For instance, if the Illawarra population of people over the age of 65 showed an increase in stable housing over time, which was not evident in another population (depicted by the red arrow in Figure 7), this would provide some evidence that IRT Foundation was contributing to change at the population level. However, it is likely that external factors at the population level (e.g. an increase in non-IRT housing supply) may be influencing the results. Known external factors can be controlled for by selecting an appropriately matched population. In this case, IRT would select a population that had also experienced an increase in non-IRT housing supply.

The IRT Foundation can build confidence in its contribution to change by triangulating the evidence produced from its research impact framework against change in, for instance, housing stability. In this example, evidence of other organisations using IRT Foundation methods to promote housing stability, a change in relevant local government policy that was driven by IRT, or even an influx of Foundation ACH and Service Linkage clients rating their stability highly, will lend weight to the argument that IRT has contributed to change. The factors help to explain how and why a change in housing stability could have occurred.

Figure 4. Hypothetical comparison of change in housing stability across the Illawarra and a matched population that IRT does not operate in.



7. NEXT STEPS AND RECOMMENDATIONS

The following steps have been recommended as part of the framework implementation process.

7.1 BUILD A CULTURE OF MEASUREMENT AND LEARNING WITHIN IRT

Moving to outcome measurement across IRT's programs will require buy-in and commitment from staff across all levels across the organisation. Commitment is needed from senior management to provide ongoing support to the integration of data collection and to champion the culture of outcome measurement. Equally, there is a responsibility for the frontline staff to accurately collect and report the data.

In order to promote reliable data collection practices, all staff should have the appropriate training and skills to effectively implement outcomes measurement according to their role. An ongoing exploration of staff's perception of their own skills as well as their actual capacity to carry out their role provides an important insight into which areas or skillsets may need addressing to improve the organisation's overall capacity to measure outcomes. It may be necessary to measure how ready IRT staff are to implement outcomes measurement through a survey.

To successfully develop a measurement culture within the organisation, a learning culture must also be adopted. This is a culture that places values adaptation, constructive feedback and continuous improvement, where staff learn from mistakes and support a climate of trust⁴.

7.2 DEVELOP A COMMUNICATIONS PLAN

After collecting outcome data and developing a measurement culture within your organisation, IRT Foundation should consider developing a communication plan. This will help stakeholders to understand how and why the information will be used internally and externally, and to engage with stakeholders and users of the data to identify the appropriate channels for communication.

7.3 PILOTING THE FRAMEWORK

CSI recommends piloting the framework with one or two programs before it is rolled out across all programs and activities. This process will help to hone the data collection process and communication channels between stakeholders

8. SUMMARY AND CONCLUSION

This document summarises a strategy the IRT Foundation can use to measure and understand its social impact. The Strategy was developed across five stages, beginning with an extensive period of planning and ending with a long-term strategy for tracking client outcomes and social impact in populations where the Foundation operates.

By embarking on this journey, the IRT Foundation joins an increasing number of not-for-profits who are expanding measurement beyond outputs to focus on outcomes. At the time of writing, the Federal Government had announced funding to support this endeavour, acknowledging that the not-for-profit sector will require support to collect outcomes data. Implementation of the Strategy was designed to be cost-efficient with this issue of resourcing in mind. It achieved this by drawing on the Foundation's extensive volunteer base, by utilising existing data, and by aligning data collection with existing Foundation structures (i.e. IRT Customer Insights).

Returning to the purpose for this Strategy (Section 2), its implementation will enable the IRT Foundation to see what change they have created for their customers. This evidence base will inform the sustainability and scaling of Foundation programs, forming the basis for internal and external communication. Implementation of the strategy will also provide the vessel for continuous learning. It will allow Foundation staff to better understand what is working well and what changes need to be made to best enhance the lives of disadvantaged older Australians.

⁴ Birleson, P. (1998). Learning organisations: A suitable model for improving mental health services? Australian & New Zealand Journal of Psychiatry, 32, 214–222; Botcheva et al. (2002) Learning culture and outcomes measurement practices in community agencies, American Journal of Evaluation, 23(4).