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Developing Effective Impact Strategies
South West Regional Youth Impact Network

2nd November 2016

Working together for greater impact and efficiency

Aleron supports social purpose organisations to implement ideas, tools, and techniques in order to improve efficiency and ultimately create positive social impact

Our 3 key differentiators

Applied through a range of services

Focus on improving social impact and efficiency

Implementation through an analytical, data-led approach

Supporting capacity building

Strategy development

Impact measurement

Performance management

Learning

Operating model design

Impact strategy

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This session

Set-up

- Not a training session; a few reflections from me, but mainly facilitation

- A forum to discuss ideas with colleagues and to share learning

- 1.5 hours - two parts – coffee in the middle

Aims

- Inform future discussion and work of the South West Forum

- Prompt joint working between organisations in the room today

- Inform future training and development for the CfYI National Network

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There is no industry standard for Impact Strategy. Focus in the sector is on common elements of function and approach – and learning from experience
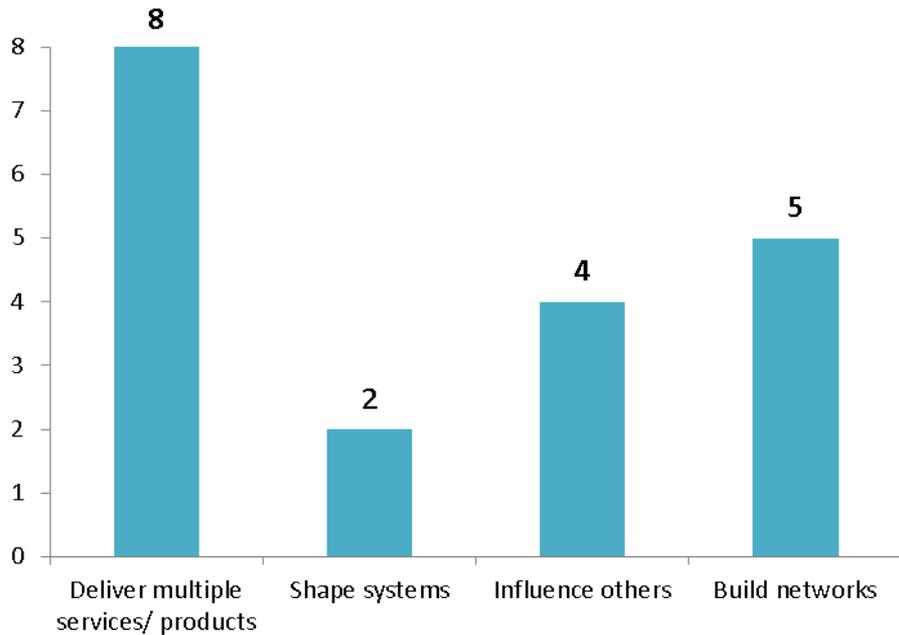
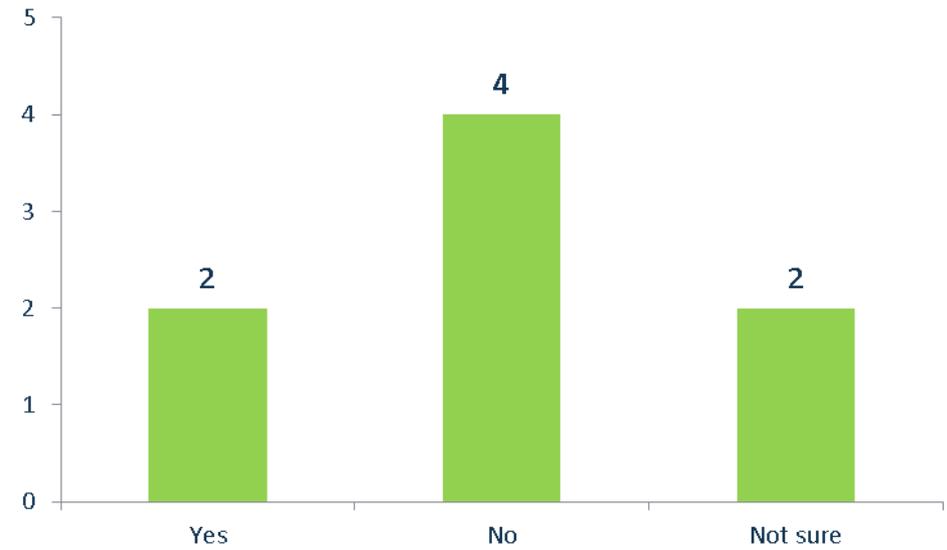| Function	
Skills and capabilities	Performance management
Processes	Systems
Evaluation	Reporting

Approach
Scope
Governance
Accountability
Engagement
Learning

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Feedback from the short survey – where are we starting from?

Operating Models

Impact Strategy

N = 8

A decade of understanding impact theory and developing measurement tools, this has provided a strong base but now we need to turn to smart implementation

Implementation

Theory

Capacity

staff time, strategic fit

Networks

shared measurement, partners

Income generation

value proposition, learning, growth

Systems

IT platforms, usability, data labs

Analytics

skills, reporting, visualisation
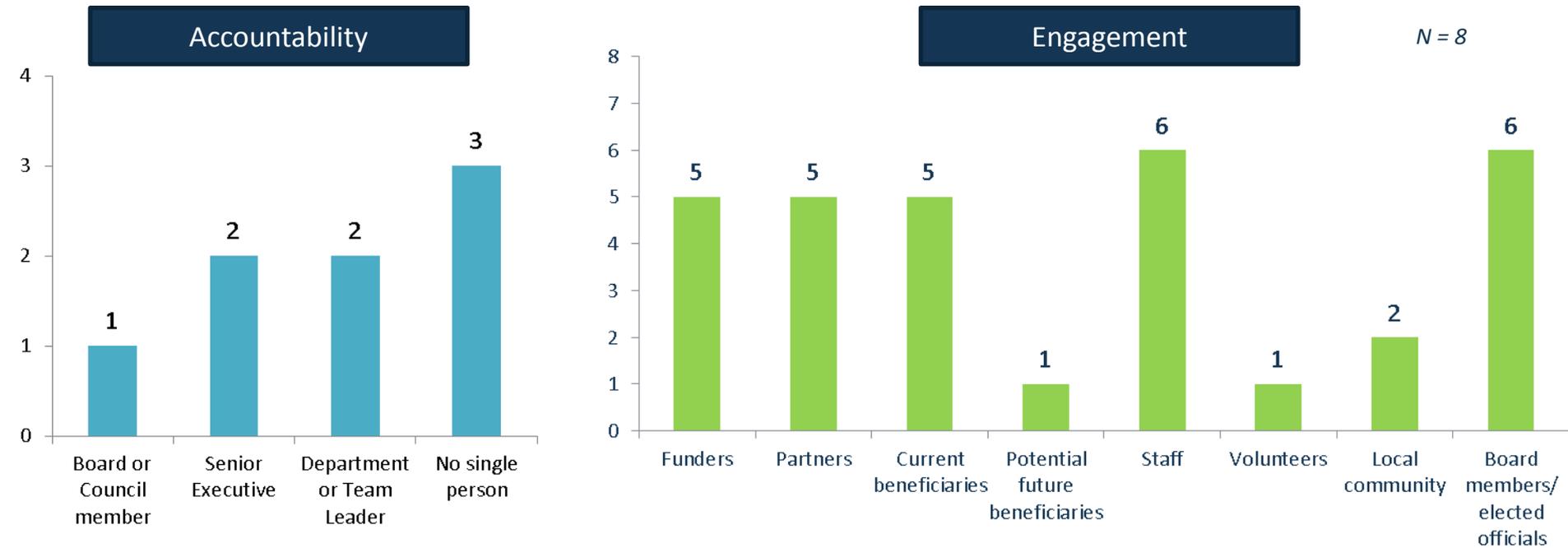
Delivery

user engagement, co-production

"An end-to-end approach"

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Four trends in the social sector, covering different components of Impact Strategy – the good points and the learning points

1. A positive trend of a single senior leader having **accountability** for impact, however this is often a bolt-on to existing responsibilities and the individual may not have all of the skills, experience, or time required to enact that section of their brief

2. Early signs that sectors, areas, and networks are **thinking about their impact collectively**, however there remains a fairly limited range of examples of practical implementation of collective impact

3. Funders (broadly defined) are engaging in more **open and strategic dialogue** with the providers of impact, however performance management and contractual management is still misaligning the incentives to focus on longer-term impact

4. There are more and more 'impact professionals' entering the sector – yes, including me! – and overall the use of robust **methodologies** is increasing, however this has identified/ accentuated a 'methodology of implementation' gap and a broad skills and capabilities gap

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Task One - Approach

Accountability (N = 8)

Bar chart values:
- Board or Council member: 1
- Senior Executive: 2
- Department or Team Leader: 2
- No single person: 3

Engagement

Bar chart values:
- Funders: 5
- Partners: 5
- Current beneficiaries: 5
- Potential future beneficiaries: 1
- Staff: 6
- Volunteers: 1
- Local community: 2
- Board members/ elected officials: 6

(a) Who is accountable for impact in your organisation?

(b) What processes are in place to enact that accountability?

(c) What methods of engagement have you used recently to understand impact?

(d) How would you engage potential future beneficiaries, volunteers, and the local community?

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Case Study – Age UK's in Kent

Client-Oriented

Organisation / Network-Oriented

(including families, organisations, and statutory organisations)

Theme

Social Vibrancy

Key Ageing Challenge Addressed

Isolation and loneliness as social networks deplete or change

Theme

Health and Wellbeing

Key Ageing Challenge Addressed

Physical, Mental and Emotional issues encountered as a result of ageing

Theme

Empowering Choice and Independence

Key Ageing Challenge Addressed

Loosing ownership of life decisions and becoming an 'object of concern'

Network

Carers

VCSE

Health

Social Care

Client

Community

Education

Theme

Supporting the Family and Caring Circle

Key Org/Network Challenge Addressed
Family and non-professionals caring for clients can become time, money and energy limited

Theme

Campaigning, Community & Partnerships

Key Org/Network Challenge Addressed

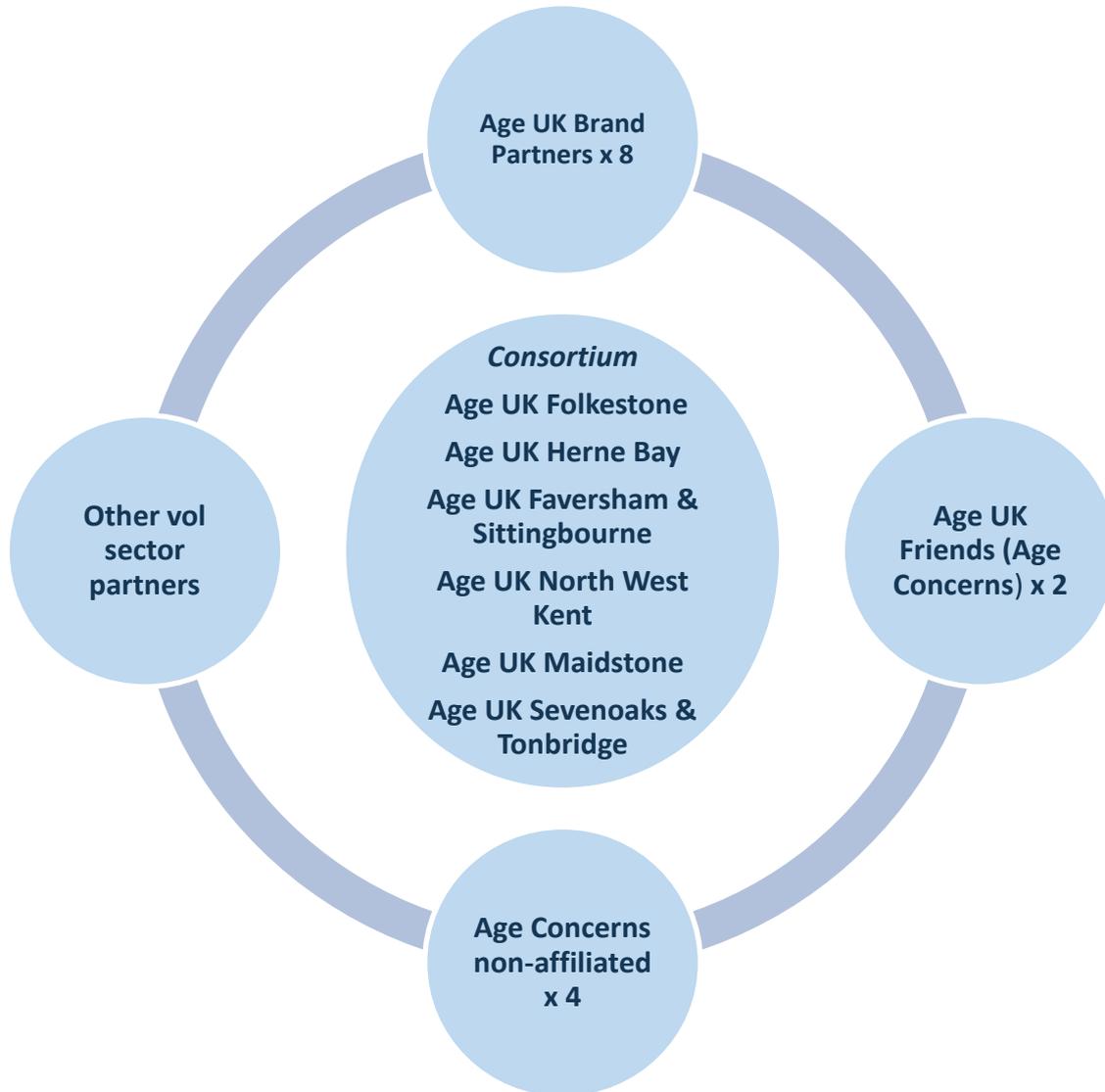Piecemeal engagement with the consequences of demographic changes

Theme

Skills and Education

Key Org/Network Challenge Addressed

Meeting current and future demand for quality professional care

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So how do Age Uks in Kent work?

- Age UK Brand Partners x 8
- Other vol sector partners
- *Consortium*
  - Age UK Folkestone
  - Age UK Herne Bay
  - Age UK Faversham & Sittingbourne
  - Age UK North West Kent
  - Age UK Maidstone
  - Age UK Sevenoaks & Tonbridge
- Age UK Friends (Age Concerns) x 2
- Age Concerns non-affiliated x 4

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The relationship with Kent County Council (KCC), a key commissioner, has also influenced how AUks in Kent are structured

- In 2010/2011 Age UKs and Age Concerns were asked by KCC to form local consortia and to appoint/elect a lead charity to hold and distribute the core grant
- From April 2015 KCC collapsed all the existing grants and rolled them into one single payment to each Age UK/Age Concern. KCC also asked that the local consortia be changed to reflect KCC's ambition to co fund in future with CCGs. Thus new geographical groupings have been designed to be co-terminus with CCGs.

Ashford & Cantebury	Thanet and South Kent Coast
Age UK Faversham & Sittingbourne	Age Concern Deal
Age UK Canterbury Age UK Ashford Tenterden Day Centre Age UK Herne Bay Age UK Whitstable	Age UK Thanet Age UK Dover Age UK Folkestone Age UK Hythe & Lyminge Romney Marsh Day Centre

Dartford, Gravesham,Swanley and Swale	West Kent
Age UK North West Kent	Age UK Sevenoaks & Tonbridge
Age UK Sheppey Age Concern Darent Valley	Age Concern Malling Age UK Maidstone Age UK Tunbridge Wells

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We identified primary objectives that form the basis of our Impact Measurement Framework

	CLIENT - ORIENTATED			ORGANISATION/NETWORK - ORIENTATED		
Theme	**Social Vibrancy**	**Health and Wellbeing**	**Empowering Choice and Independence**	**Skills and Education**	**Supporting the Family and Caring Circle**	**Campaigning, Community & Partnerships**
Primary Objective	Combatting Social Isolation in older people	Responding to the health and wellbeing needs of older people	Sustaining control and self-direction in the life of older people	Developing social care knowledge and best practice in staff, volunteers and the wider community	Providing targeted services and a resilient network to informal carers	Engaging with individuals, public and private organisations to best support older people
Key Audience/ Beneficiary	Clients	Clients	Clients	Staff, Volunteers, Trainees, Health and Social Care professionals	Family, Carers, and others in the Caring Circle (Non-professionals)	Public, Private and Third Sector Individuals and Organisations

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To measure impact, Level 1 Objectives were broken down into Level 2 Objectives that are linked to the impact questions in our questionnaires

Social Vibrancy

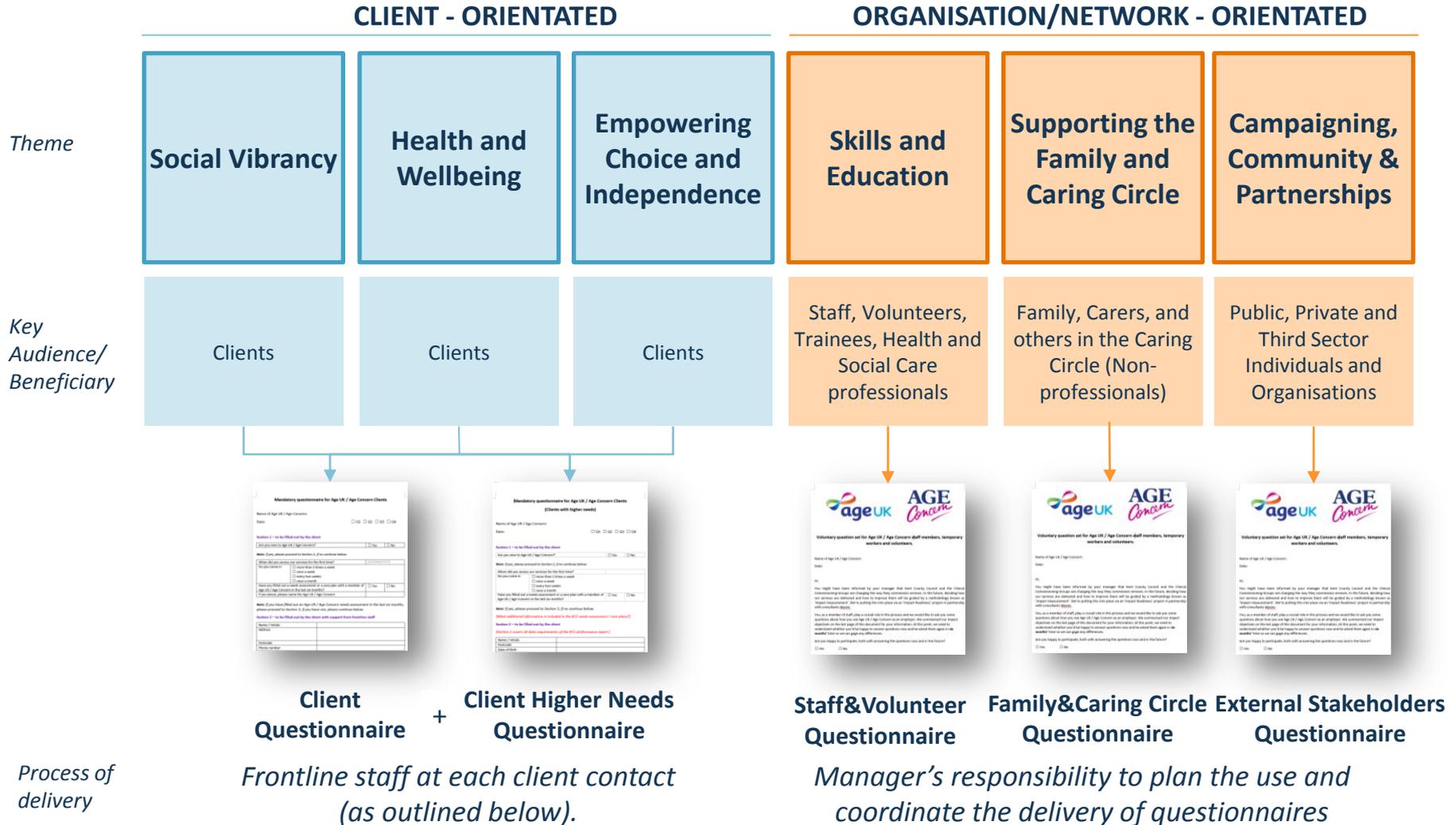| Level 1	Level 2 Objectives	
1. Providing opportunities to meet outside of the home	• Companion-ship • Education • Emotional support • Friendship • Nutrition	• Positive experience • Regular contact • Self esteem • Social interaction
2. Providing opportunities to engage with others in communal spaces	• Community engagement / belonging • Companion-ship • Educational opportunities	• Friendship • Respite • Social interaction
3. Facilitating social interaction in domestic settings	• Friendship • Feeling valued • Regular contact	
Providing accessible and regular points of contact with staff/volunteers	• Access to professional support • Safeguarding	

Health and Wellbeing

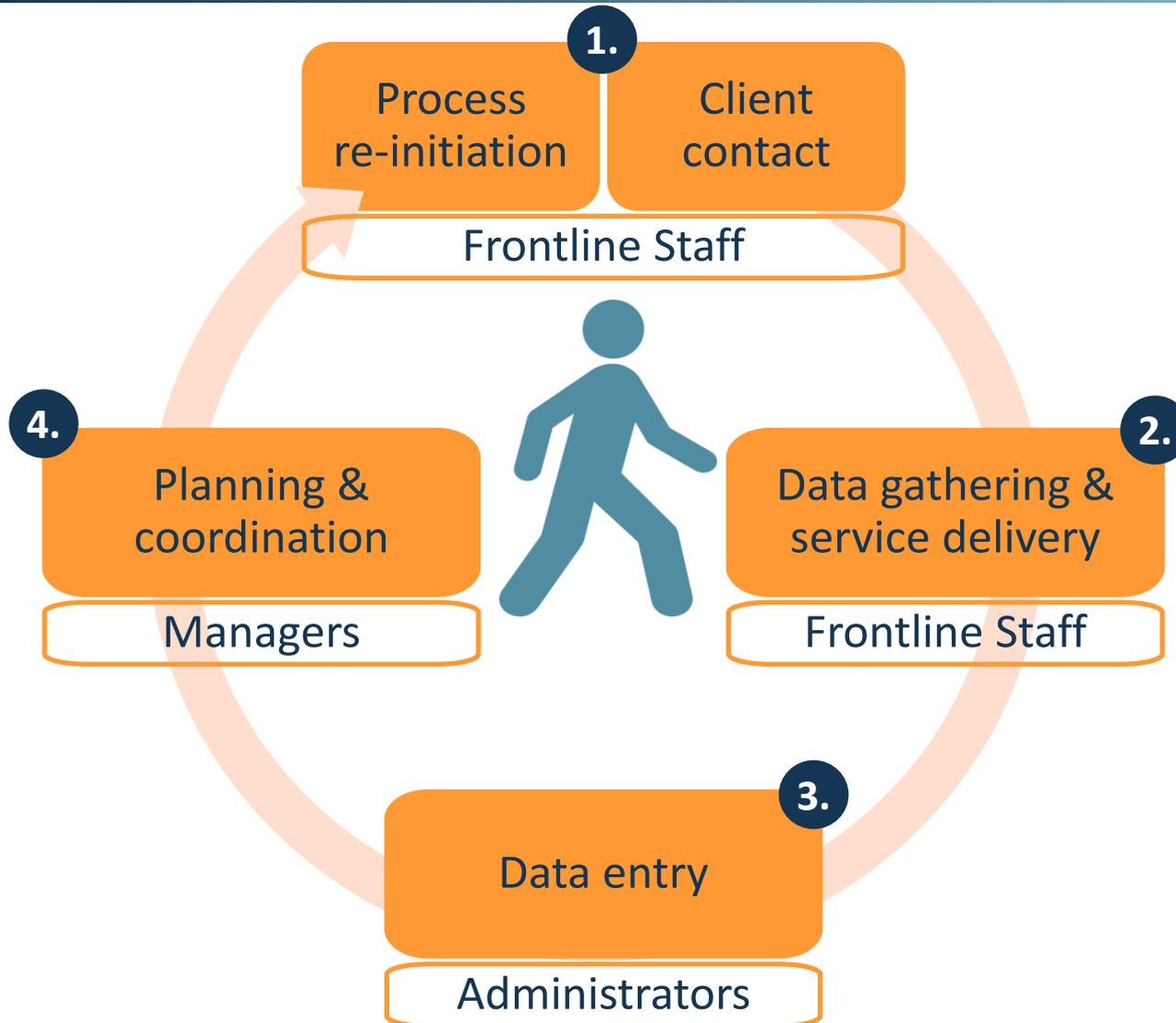| Level 1	Level 2 Objectives
1. Supporting clients to maximize their physical abilities	• Mobility • Flexibility • Personal Hygiene • Nutrition • Postural Stability (falls prevention) • Sensory Support • Stamina • Fluids / Rehydration
2. Providing support to meet mental needs	• Crisis Recovery • Confidence building • Dementia mental stimulation • Non-Dementia Mental Capacity • Dementia Physical Stimulation • Security
3. Providing opportunities to improve clients' emotional wellbeing	• Appearance • Companionship • Friendship • Emotional wellbeing • Entertainment • Food enjoyment • Having fun / laughter • Self esteem

Empowering Choice and Independence

Level 1	Level 2 Objectives	
1. Facilitating living in and around one's own home	• Confidence • Education • Emotional wellbeing	• More in control • Independence • Safety • Self-esteem
2. Facilitating movement between locations	• Community engagement • Independence • Freed om of movement	access to services and activities • Inclusion • Safety
3. Providing trusted advice with life choices	• Access to professional input • Overcome challenges • Guidance	• Support to reach goals • Enable decision making • Self direction / control
4. Enabling voice to be heard	• Feeling understood and supported	
5. Providing and promoting trusted information about options and choices	• Access to resources • Personalised support	
6. Providing mobility & access support in service delivery	• Accessibility of services	
7. Enabling financial security	• Comfort about financial issues	• Meeting needs

We developed different questionnaires for different audiences and beneficiaries that are linked to our impact themes

	CLIENT - ORIENTATED			**ORGANISATION/NETWORK - ORIENTATED**		
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Client Questionnaire + **Client Higher Needs Questionnaire**	**Staff&Volunteer Questionnaire**	**Family&Caring Circle Questionnaire**	**External Stakeholders Questionnaire**

Process of delivery	*Frontline staff at each client contact (as outlined below).*	*Manager's responsibility to plan the use and coordinate the delivery of questionnaires*

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The basic process of data collection and the different roles involved

1.

Process re-initiation

Client contact

Frontline Staff

4.

Planning & coordination

Managers

Data gathering & service delivery

2.
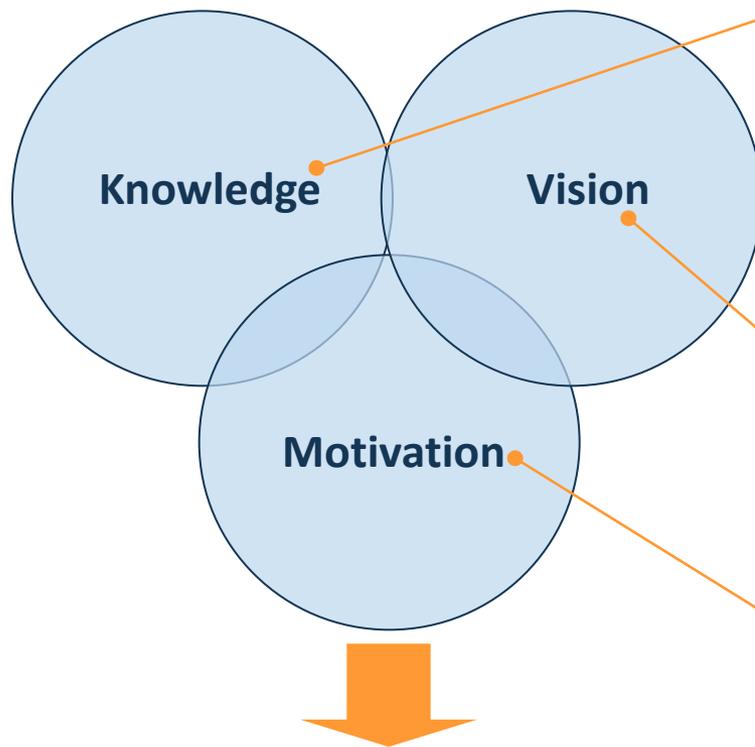
Frontline Staff

3.

Data entry

Administrators

On a high level, impact measuring can be seen as a circle of activities consisting of four steps:

*Having established the initial **client contact,** frontline staff **gathers data** as part of the **service delivery** process. The process of **data entry** remains the administrator's responsibility. The process of overall **planning and coordination** of data collection activities is the managers' responsibility. On the one hand, this is to ensure that frontline staff re-initiates the process of data collection. On the other hand, it means that managers need to select target audiences and approach external stakeholders for data collection purposes.*

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Snapshot: COs and Managers need to be strategic planners and control and understand all activities of the impact measuring process

Individual Competency Framework for Managers

Knowledge

- Understanding of impact measuring and the different steps required throughout the process across the organisation.
- Sufficient IT skills to produce report, do some basic data analysis in Excel and summarise results in PowerPoint presentations

Vision

- Strategic planning and monitoring skills
- Ability to adapt and introduce changes
- Ability to give instructions and support as well as being able to exert control

Motivation

- Ability to motivate other members of staff to change their behaviour in order to promote the impact measuring process
- Motivation to learn new methods of data gathering and planning

Knowledge   **Vision**

Motivation

IMPACT MEASURING

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Impact Cycle delivery pattern and principles

Month	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Cohort	C1a				C1b				C1c			
Data		C2a				C2b				C2c		
Collection Pattern				C3a				C3b				C3c

Key: 'C1a' stands for 'Cohort 1, first data collection with client'; 'C1b' is 'Cohort 1, second data collection with client', and so on.

- **Each locality with 3 cohorts per year, recruited in a specific month**

- **Each cohort with a minimum of 5 clients, interviewed 3 times in a year (every 4 months)**

- **Assuming 5 clients in cohort, this makes 15 interviews per cohort, a total of 45 interviews per locality per year**

Guided Conversation	+	Questionnaires	=	Ongoing data collection & analysis

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Task Two - Function

(a) How is evidence of impact reviewed within your organisation?

   1. Frequency

   2. Who?

   3. How?

(b) How does/ should evidence of impact drive performance management and quality?

N = 8

Session Outputs – Task One - Accountability and Engagement

Accountability

- There are different frames of accountability – responsibility within an organisation; legal, shared accountability across a network for the welfare and wellbeing of young people

- Most organisations had a single person responsible for impact, however the level of seniority and authority varied between organisations

- Accountability is crucial; responsibility and action must be taken to drive impact – the 'right' blend of performance management, learning, and improvement

- All youth work professionals should take professional accountability for improving impact

- Do funding streams indirectly drive accountability set-up?

Engagement

- Engage with stakeholders to define what 'good impact' looks like

- Effective dialogue needed with a wide range of stakeholders

- Early engagement is the foundation of Collective Impact projects

- Monitoring & Evaluation can be viewed in one angle as on-going engagement with active service users – need to learn from data

- Providers need to be proactive and 'own' the engagement

- Young people must be at the heart of engagement

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Session Outputs – Task Two – Evidence Review and Quality

Evidence review

- Example of a focus of one topic per Board meeting, which allows analysis and depth of review

  - The 'What If' questions are discussed in Board sub-committees

- Peer challenge is crucial

- Analysing and synthesising data is proving a challenge – the 'so what' question – do we have skills required to analyse and synthesise complex data

- Youth voice needs to drive change, however can be challenging to understand and interpret strategically

- Need to build in time for reflection and peer learning

Impact and Quality

- The relationship between quality and impact is complex – overlapping but distinct

- Quality standards and impact both have an element of subjectivity and interpretation

- Delivering efficiency does not mean you are delivering effectiveness – working well, but on the wrong activities

- Support needed to drive quality; otherwise feels all 'stick' and no 'carrot'

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Thank You

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