Measuring the Social Impact of Innovation: A Case Study of Greenwich Recovery College

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H C T Wetherill, Written while at Bridge Mental Health, Hettie21@hotmail.co.uk

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Abstract

Impact measurement is becoming a high priority. It emerged as a key theme in the G8 Social Impact Investment Forum in 2013, demonstrating the growing realisation that measuring impact is essential for developing the social market, particularly in an environment of austerity and public-funding cuts.

After setting the context and origins of impact measurement in social sector, this assignment uses @Recovery College Greenwich to analyse the difficulties faced in developing an effective outcomes-framework. By dealing with each stage of the process separately, detailed recommendations can be made to overcome the challenges faced by the college at this time in its development.

INTRODUCTION

INTRODUCING THE TOPIC

Impact measurement is becoming a high priority. It emerged as a key theme in the G8 Social Impact Investment Forum in 2013, demonstrating the growing realisation that measuring impact is essential for developing the social market, particularly in an environment of austerity and public-funding cuts. There is no shortage of innovations to address social problems, but quantifying them for comparison is difficult. For social innovations to be able to demonstrate comparable-success, these barriers need to be addressed.

Quantifying social impact (box1) requires two stages: First is identifying the intermediary steps of the causal relationship between inputs and desired outcomes and their indicators. Secondly there is the process of collecting the data from these indicators. This is explored in more detail using a case study; Recovery College Greenwich.

DEFINITION BOX1
Social Impact is the difference a project or idea makes on solving a social problem

INTRODUCING RECOVERY COLLEGE GREENWICH

Recovery College Greenwich was established in 2013 to offer courses, workshops and seminars that support people affected by mental health a complex client group with a non-linear recovery path. The college, and all courses, are created alongside people with lived experience of mental health known as peer trainers, mental-health providers, and relevant education and substance-misuse services. This co-production adds complexity, as accountability needs to be demonstrated to all stakeholders; students, partners and funders. My role in the college has involved a number of projects, including writing bids for courses, buildings and funding, developing a constitution for the College and Student Union, and liaising with the CCG to develop an outcomes framework.

EXPLAINING THE ASSIGNMENT, THE CONSTRUCTION and THE ARGUMENT

After setting the context and origins of impact measurement in social sector, this assignment uses an innovative case, to analyse the difficulties faced at each stage of developing an effective outcomes framework for impact measurement. By dealing with each stage of the process separately, detailed recommendations can be made to overcome the challenges faced by the college at this time in its development.

METHODOLOGY:

These complexities are analysed through semi-structured internal and external interviews, steering groups, personal experience and secondary resources.

In this paper the measurement of impact is seen in three main stages:

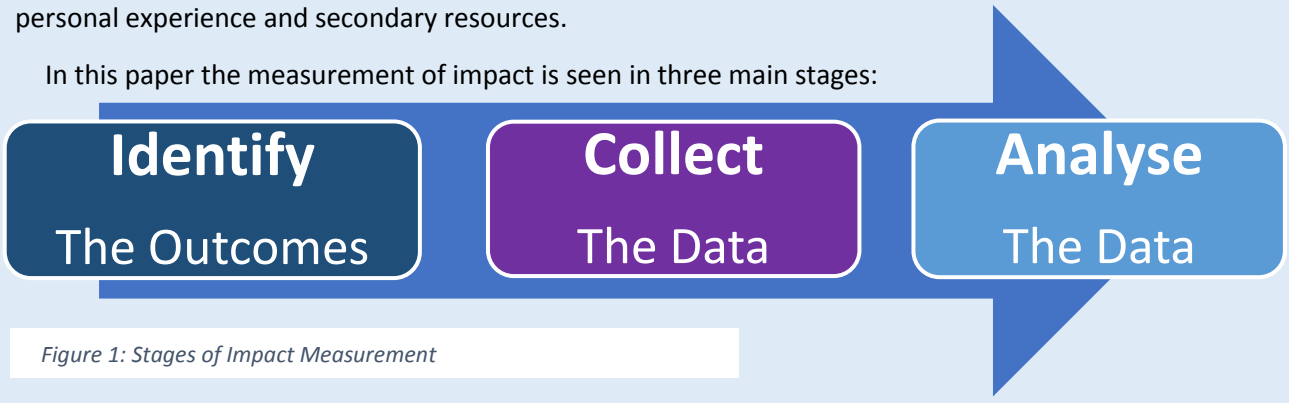


Figure 1: Stages of Impact Measurement

This work focuses on the first two, reflecting the college's priorities at this stage of its development.

ANALYSIS

CONTEXT

When the G8 Social Impact Investment Forum met in 2013, the need to standardise impact measurement was one of the three key themes addressed and all delegates, including Cameron, agreed that shared standard were crucial for increasing social investment (G8 SIIF, 2013). Highlighting the recognition of this need globally and nationally.

Measuring impact within the social sector is not a new issue, however progress is held-back by problems entrenched in measuring social impact. James Perry recently wrote an article claiming that it was time to admit defeat; social problems need long-term, co-ordinated interventions which is difficult to demonstrate for time-bound, contracted funding (Perry,2013). A key part of creating a framework is understanding the causal reasoning for a project, demonstrated with a theory of change (Box2). This is emphasised by the uncertain journey of an often chaotic client group. Perry argues that instead, a logic- and moral-based emphasis should determine the value of investment. This paper looks at overcoming this argument.

DEFINITION BOX2

Theory of Change is the rationale behind why the actions taken will lead to the achievement of the mission

Impact measurement requires resources that need to be spent either by the college itself, or invested by partners. Many organisations believe that these resources would be better spent on the service itself instead of the framework; less than 50% measure impact for all project (NPC,2013). However, as stated before, this is not the case for the long-run, resources invested now could create a greater efficiency for the college and its stakeholders (Nicholls, 2013).

In a reply to Perry, Nicholls (2013) writes that the complexity of the link between inputs and outcomes doesn't make it impossible to measure and, even if it did, this doesn't mean we cannot learn and improve the service. Social impact measurement cannot reach the precision of science, or even impact measurement in businesses, but measurement still has value. An NPC consultant said the most important reason for impact measurement is in understanding what works and what is draining resources (Svistak, 2014). Impact measurement is what demonstrated what the real effect of microfinacnce was creating in communities (Phils,2009).

This is particularly important for an innovative idea, which needs to demonstrate an increase in value for cost, and increasingly important in the austerity-driven changes in social care. In this new environment there are three areas in which outcomes can help; internally outcomes can be used as a management tool to ensure the project is working and to identify areas that are needed for improvement (Harvard, MSI); Upwards it provides concrete evidence for the value of the services, encouraging funding and support; lastly downwards to the service users themselves, demonstrating that it is a service that could work for them (NPC Presentation, 2013).

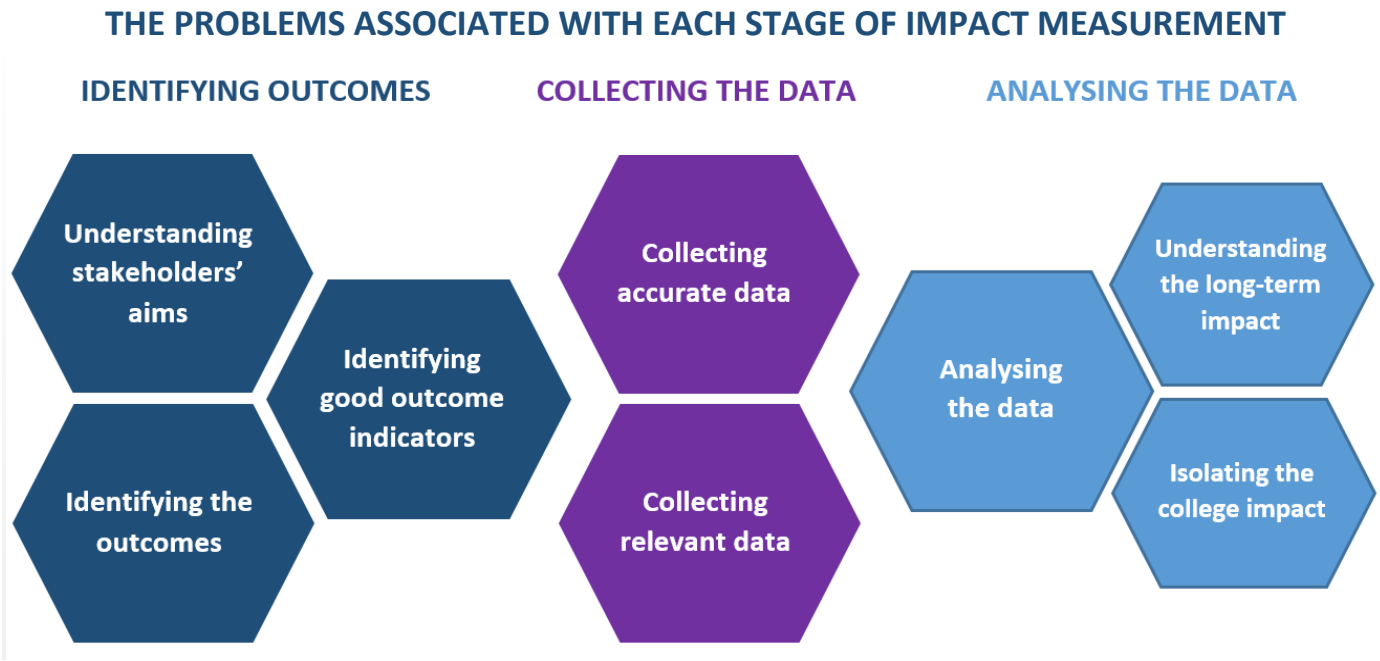


Figure 2: Overview of problems associated with impact measurement

UNDERSTANDING THE DIFFERENT VIEWS ON OUTCOMES

The problems from Figure2 are explored within the context of the Recovery College, so more evidence-based solutions can be made on developing an accurate framework for impact measurement.

Key starting point for an outcomes framework is a clear purpose, an outline of the contributions the organisation is trying to make (NPC Conference,2013), which in this case is the increasing recovery of people with mental health. However, the aims for a service are different between funders, partners and students. It's important any framework satisfies all stakeholders. By spending time and resources on identifying the correct outcomes it ensures that resources are not wasted in collecting irrelevant data, or that any necessary data is forgotten.

At the individual level, the aims are focused on themselves; increased confidence and recovery. Whereas the college and its partners are concerned for the individual recovery, but also how this will contribute to individual aims. By creating an environment for individuals to learn new skills, build their confidence and commit to a routine enables them to recover, reducing their reliance on services and increase their contribution to their community (McGirr, 2014). For the local authorities it is how all of these impacts will contribute to national targets. [Figure3].

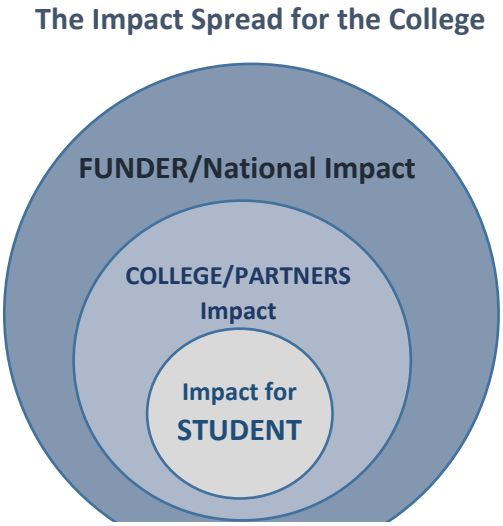


Figure 3: Impact of the Recovery College

This layering of priorities (Figure3) was demonstrated in my research. In interviews with peer trainers the priorities were the student, such as 'managing their mental health' (Hughes,2014) and being able to overcome the 'us'/'them' culture in mental-health services (Prowse,2014). Whereas the Recovery College Co-ordinator,

Jacquie Yeoman (2013), identified the individuals recovery alongside the need to create the sustainability of the college. Further still a secondee from Royal Borough Greenwich Commissioning Team spoke about ensuring that the student and college impacts met the needs of the funding body, in this case the CCG, and other partners looking beyond just the student (McGirr,2014). Any outcomes approach must reflect these aims to ensure accountability to everyone as well as providing a better understanding of the social impact the college is having.

IDENTIFYING OUTCOMES AND THEIR INDICATORS

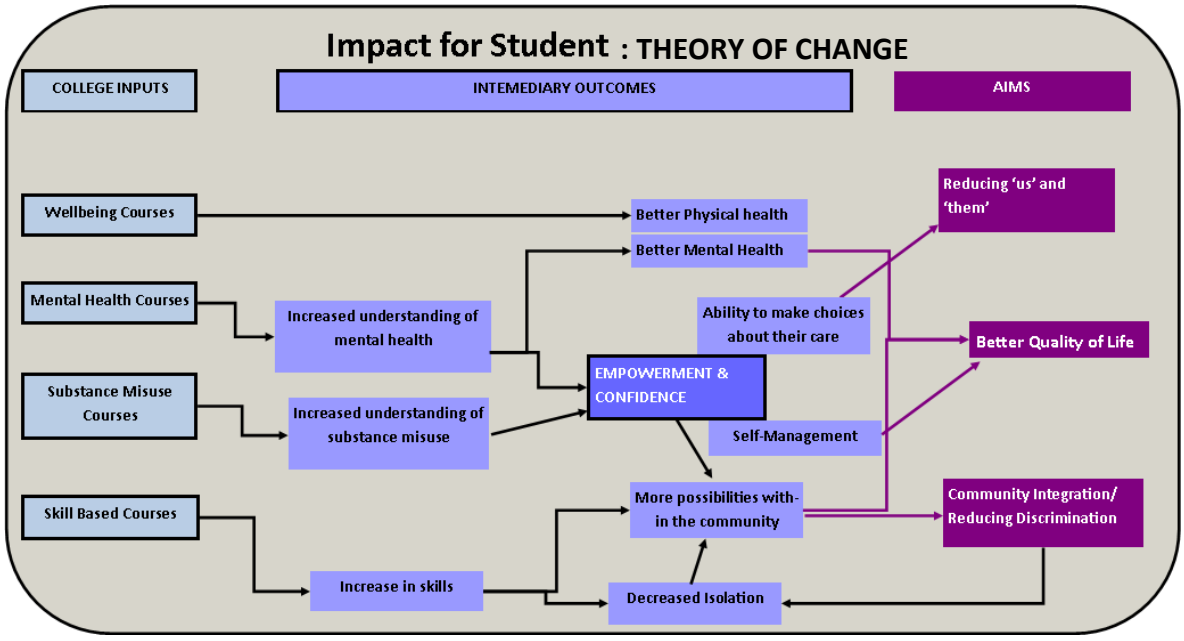
To achieve this, the aims of each stakeholder need to be collected and a full theory of change formed. This then identifies the relevant outcomes for each stakeholder so the correct data can be collected.

MISSION FOCUSED THEORY OF CHANGE

Part of the process of building an outcome-framework is in exploring the causal relations between the inputs and the desired outcomes, this is done using a theory of change which defines all the outcomes required to bring about a long-term goal. This causal-path allows an understanding of the outcomes needed for a long-term goal, and can frame the outcome and indicators for the measurement framework (ToC Site). However demonstrating the extent that a service increases an individual's well-being and the extent to which this, in turn, impacts local and national levels is difficult to demonstrate in robust and quantitative terms. This section is only discussed briefly due to limited space and time within this assignment, a full analysis is included in the full report.

The goals of the college are broad; increasing the quality of life for those affected by mental health issues, decreasing the discrimination and in particular eliminating the 'us' and 'them' attitude within services. ToC 1 demonstrates a simplified theory of change to achieve these for the student.

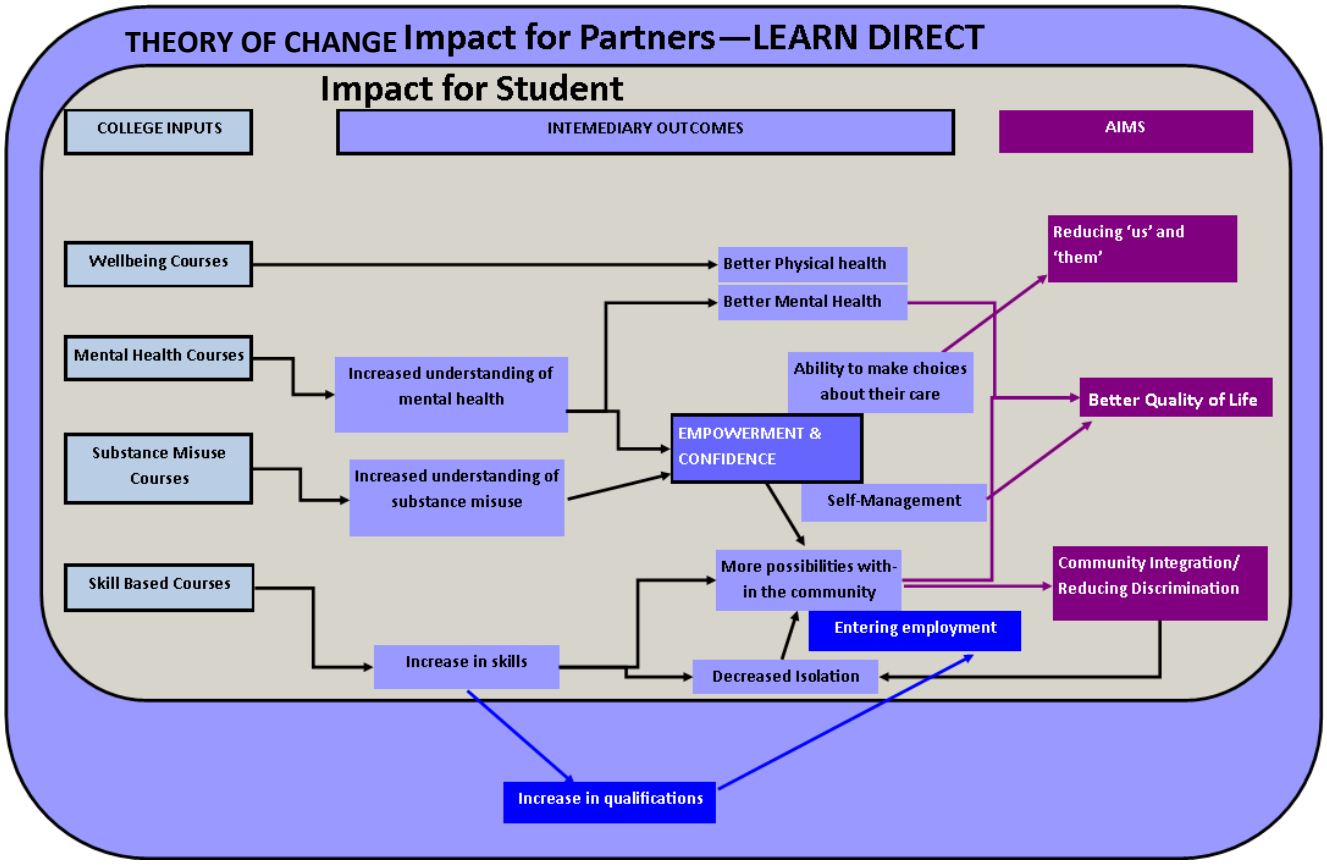
ToC 1: Simplified Theory of Change for a student



This is a simplified causal-path; it doesn't demonstrate the unpredictability and heterogeneity of the client group. Mental health recovery is not a linear path, it can involve a number of set-backs and barriers that often need time, support and other resources before that individual can move-on (Bridge Mental Health, prospectus). The theory of change above identifies the outcome stages, but oversimplifies the reality of the journey taken by individuals. These limitations are discussed in Full Report for Recovery College.

Whatever theory of change is created for the student can then be developed for each stakeholder. For example the acceptance of a partnership with learn direct, whose aim is to increase skills to help individuals into work (LearnDirect Site), may require an extension of the theory. This small alteration a then has an impact on the outcomes framework, as the new outcomes need to be incorporated into the framework.

ToC 2: Simplified Theory of Change for the partner Learn Direct



As well as the theory of change being robust, it needs to remain flexible. As we begin to discuss funding from other sources, such as the Royal Borough of Greenwich, the framework must be able to incorporate new outcomes. Also, to be effective the process needs to be reviewed on the basis of the data analysis, this will bring changes to the details (Trotter et al. 2014).

OUTCOME INDICATORS

Once the theory of change has been created there is a need to identify how to demonstrate that the college contributes to these intermediary outcomes, and therefore the overall aims. For innovative ideas there is often little work into which indicators can be used, for the college this is exacerbated by the lack of work on mental health outcomes more generally (MNH report, 2011). To support the work for the Recovery College, regular meetings have been had with the CCG to discuss the indicators.

Creating indicators for a 'better quality of life', 'empowerment' or 'physical health' is challenging. For Learn Direct 'employment' is a key indicator, but a peer-trainer believed employment didn't resemble recovery, instead recovery was about the possibility of employment (Prowse, 2014). It's important that each stakeholder has a say in the framework and that student-valued, partner-valued and funder-valued outcomes are incorporated (Kabir&Wykes, 2001). To satisfy the students, user-valued outcomes need to be used in conjunction with the partner-valued 'employment' indicator. This can result in a complex model that demands more resources, or a compromise between student and partner accountability.

Figure 4: Sample of Recovery College Partnerships

This balance between compromise and resources is exacerbated by the co-production nature of the College (RC Material, 2013). This means that a number of different institutions, including NHS, education and other specialist services, are all looking for evidence of impact that matches their own objectives, which all need to be incorporated to retain the label of co-production (McGirr,2014).

This is particularly true in a time of austerity and cuts, where all investments need to demonstrate a value for cost for all those investing resources. As demonstrated earlier this requires resources, but allows greater efficiency in the long-term future of a service (Perry,2013;Nicholls,2013)

A second issue around indicators, is the access to the data needed to analyse the long-term impacts of the College. Funding comes primarily from the CCG, whose aims are driven by and developed from national targets (NHWMH Policy), which are often too difficult to satisfy with the data available for the college. Unlike other recovery colleges, Recovery College Greenwich is not funded by an NHS provider and, therefore, has no access to RIO and other clinical information. This also applies to figures on crime, anti-social behaviour and other factors that rely on confidential data. To ensure that the outcomes are practical, the type of data that can be collected needs to be understood (Svistak, 2014).

COLLECTING THE DATA

Once stakeholders' outcomes have been put together by the college, and a coherent list is completed, the next step is to collect the relevant data. The first barrier is that unlike output data, which is requires less invasive techniques, outcome measurements require a deeper insight into the students. This is challenging when the college is unable to follow up students after they have left, NHS and Crime data are held as confidential, although the Ministry of Justice has just opened up data for certain causes, they require a significant sample group to qualify, which could be difficult in a new project such as the college (Marples,2013).

The second barrier is based on the nature of mental health. Mind describes mental health as 'an illness…that you can't see' (Mind Site). Many of those working with people with mental health say that the individual record no explicit markers of improvement, such as employment or increase in activities, however demonstrate clear progress on interaction with staff (Judge,2014). Improvement can be seen in the smaller details, such as a student being confident enough to instigate a conversation, make a phone call to the college or ask for advice, steps which are difficult to quantify or even identify sometimes (Yeoman,2014).

This could be explored through self-reporting mechanism, but this brings new difficulties to overcome. Hoskin (2012) outlines seven dangers to self-reporting, within this is honesty and an introspective ability, both of which are particularly sensitive with individuals reporting on their mental health. Mental health holds an extremely high stigma, with 87% of people with mental health issues experiencing it (Time2Change Site), as does having a criminal record (Tietjen&Park,2010) and substance misuse (Rees,2010) which affects many of our students. This stigma can decrease the honesty of answers for individuals and potentially damage the culture of the college which is a non-judgemental, open space to learn. Compromising between respecting their privacy and gathering the relevant information requires an anonymous mechanism (Trotter et al. 2014)

This bias can also come from the experience of many of the students. One college graduate stated, 'there can be an association with forms that when you tick the box you have been re-categorised' (Prowse, 2014). This can be exacerbated by low literacy or communication skills (Hughes,2014). The use of forms, online or other formats could exclude entire groups that are unconfident with writing or technology, biasing the results. Lastly, for many it can be hard to understand that the data is not a reflection of themselves but an opportunity for them to express their thoughts, opinions and ideas to influence the college (Steering Group,2014).

These barriers have been addressed in conversations with steering groups and the CCG on developing the outcomes, some of the ways in which this has been done are discussed in the next section.

SOLUTIONS AND RECOMMENDATIONS

My analysis demonstrates the importance of an impact-based approach for accountability and performance review. However my work has also highlighted the complexity in measuring the social impact of a new idea, below are some solutions to overcoming these barriers.

Ref.	Suggested Solutions	Advantages	Disadvantages
MANAGING THE FRAMEWORK			
MF1	**Assign a single lead**	- Allows a focus of resources into skills and education on impact measurement - Will support a coherent framework	- Reduces collaborative ideas and solutions, could create bias
MF2	**Assign a budget**	- Allows better management - Limits excessive resources by clarifying where compromises need to be	- Can be difficult to predict with no prior experience and so force compromises that bias the framework
MF3	**Transparent approach**	- Provides accountability to stakeholders - Allows stakeholders to contribute with sufficient understanding	- Could create debate on the resources being invested
IDENTIFYING THE OUTCOMES			
IO1	**Involve stakeholders**	- Forms a full picture of impact - Creates a comprehensive framework	- Discussion together could drown the voice of smaller partners, but individually is resource intensive
IO2	**Rely on existing research and resources**	- Reduces resources needed to identify outcomes	- They're not specific to the project; potentially not relevant
IO3	**Encourage the partners to create their own**	- Reduces resources needed to identify outcomes	- Heterogeneous results require resources to collate - Potential to bias the framework
IO4	**Regular review of the outcomes**	- Increases accuracy of the path and outcomes	- Resource intensive, relies on effective analysis
COLLECTING THE DATA			
CD1	**Use multiple techniques**	- Allows all students to have their say - Reduces bias against certain groups, increasing the accuracy of results	- Resources needed to design techniques and collate results - Possible repetition of data
CD2	**Educate and listen to staff and users**	- By educating frontline staff, the reporting is more accurate - Outcome measurement can engage the staff	- Resources are needed to educate
CD3	**Create data sharing partnerships**	- Increases the understanding of the project impact on the sector	- Issues in getting organisations to agree

Table 1: Possible solutions to overcome complexity of impact measurement

RECOMMENDATIONS – IDENTIFYING OUTCOMES

My solutions table demonstrates the centrality of the compromise between resources and an effective framework. The college already communicates with partners individually and in steering groups (ref. IO1) and although review is an important process, the exclusion of analysis in this paper means this must be looked at later in the process (ref. IO4).

One of the central recommendations this paper makes for the Recovery College Greenwich is to utilise the resources already available in healthcare and wellbeing frameworks (ref. IO2). The resources to identify the right frameworks and adapt them to reflect the college would be less than creating them from scratch, as well as increasing the evidence-basis to justify them.

It can be difficult to quantify or measure an outcome like a 'Better Quality of Life'. Instead of using the limited resources to research and trial indicators, other frameworks can be adapted to reflect the priorities and aims of the college. So the Better Life Index (2013) identifies quality of life as health, education, social connections, civic engagement, and subjective well-being.
Creating indicators for these intermediary outcomes is much easier. For example the more concise outcomes of health can be more clearly identified by indicators. The following were accepted by the CCG, the funding body.

Table 2: Health Outcomes and their indicators from RCG Framework

OUTCOME	OUTCOME INDICATORS for Recovery College	
2D: Health Status	i	Self-reporting on physical health
	ii	Number of times they cook per week
	iii	Number of times they've completed 20mins of exercise
	iv	Average amount of fruit and vegetables eaten daily
	v	Number of emergency medical appointments in last month
	vi/vii	Average units of alcohol drunk / cigarettes per week
	viii	Frequency of drug use
	ix	Change in weight

This approach can also be used in incorporating stakeholder priorities, as an alternative to allowing partners to create their own (ref. IO3). A partner such as Learn Direct or CCG will have a clear framework for their outcomes. Below is an example in which the CCG framework has been edited to reflect only the outcomes central to the college's objectives (references relate to CCG document).

Table 3: Relevant Outcomes and their indicators for the CCG

CCG – Outcomes Indicator Set		
OUTCOME	RELEVANT OUTCOME INDICATORS for Recovery College	
1: Preventing premature death	C1.1	Encouraging healthy behaviours, including screening, vaccinations, and check-ups
	C1.12	Specifically for mental illness, looks at the number who received a list of physical checks
2: Enhancing Quality of Life for people with long term health conditions	C2.1	Use of EQ-5D scores
	C2.2	Feeling supported to manage their condition – done through self-reporting
	C2.9	Access to community services for BME
3: Helping people to recover from ill health	C3.2	Emergency readmissions within 30 days of discharge from hospital
4: Ensure people have positive experiences		Self-reporting
5: Treating and caring for people within a safe environment	C5.1	Incidents of sever harm, including those that potentially could / did lead to harm of a patient

RECOMMENDATIONS – COLLECTING DATA

Collecting data is resource intensive and requires the input and enthusiasm of all those involved to be worth it, there also dangers in ensuring that the mode of collection doesn't bias the results- this is particularly important with sensitive information (Tourangeau&Smith,1996). My recommendations for overcoming this are in a flexible approach.

By using a variety of techniques (ref. CD1), all students can express themselves in a manner that they're comfortable with. Below are some examples of form-alternatives.

us, non-invasive

Dartboard- Reducing scale concept

App Development- increasing access

Figure 5, 6 and 7: Alternatives for Data Collection

The diagrams above demonstrate approaches to gathering information that is not related to the more conventional techniques that invoke negative experiences. Based on steering groups with students and peer-trainers they are interactive, and reduce sensitivity through anonymity and low-judgement; the dart board hides the scale in a more negative image that is still relatable. Some involve technology, such as app design, but not all because although it reduces resources for collection and analysis many of our students are not comfortable with technology (Hughes, 2014).

In developing understanding of long-term impact, more substantial data is needed to compare to a control group (CD3). The CCG is funding the college, providing a strong partnership with the NHS however discussion so far have not resulted in any development towards data sharing. To lobby the NHS and push for more open sourcing requires a level of resources not available to a small start-up (Svistak, 2014), however creating data that is compatible with these studies satisfies these stakeholders and prepares the college for action should a data lab become available in the future.

CONCLUSION

Exploring impact measurement at the start demonstrated its high importance, and this paper has shown that despite the hurdles it is not impossible to build a framework that will offer real benefits to the college and its stakeholders.

This paper explores the multi-faceted motivations of stakeholders, the complexity of identifying outcomes from a long-term theory of change, the issues of collecting data from complex clients and offers solutions in overcoming them all. The college needs to evolve a robust and flexible theory of change based on existing resources, ensuring flexibility and close attention to the collection of data to limit the negative impact of data-gathering on the students and the service.

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Jacquie Yeoman (2014): *Recovery College Co-ordinator*

As the Administrator for Bridge Mental Health, Jacquie became involved in the college from the beginning and is now co-ordinator for its running and development.

Kelly Prowse (2014): *Peer-Trainer Graduate & Recovery College Administrator*

Kelly completed the peer trainer course in June 2013, and after volunteering for the college became a paid employee in January 2014. Her experience of services from the side of a client is invaluable in developing tools such as the outcome measurements.

Frankie Hughes (2014): *Peer Trainer*

Frankie joined in June 2013 as a volunteer to help teach the peer-trainer course as a person with lived experience of mental health issues. She is currently working on running a new course for the summer term.

John McGirr (2014): *College lead Dual Diagnosis*

John is a drug and alcohol commissioner for Royal Borough of Greenwich on secondment for the recovery college to offer his expertise in dual diagnosis. Ensuring that the college offers something to a group often overlooked in services.

Marina Svistak (2014): *Consultant on Measurement and Evaluation, NPC*

Marina works on a number of impact measurement projects, focusing a lot on economic analysis. She was able to offer a more general and experienced approach to the issues discussed in this paper.

Steering Group (2013): *Participants with lived experience of mental health*

As part of my role supporting the college, I set-up and ran a steering group with a number of people with lived experience of mental health and were hoping to get involved in the college. All comments were anonymised to encourage more active feedback from the group.

OWN EXPERIENCE:

Charities Evaluation Services (2013): *Outcomes and Impact Measurement Course*

A workshop that tackled the problems of building an outcomes framework, including the identification of outcomes indicators and establishing a Theory of Change.

Bridge Mental Health: *Outcomes and Impact Co-ordinator*

My role within Bridge Mental Health includes taking the lead on their outcomes approach, including developing a database, developing outcome indicators, collating the data, analysis and offering training to front-line staff to ensure accurate and consistent data is collected.

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