The Tasmanian Societal Impact Model Playbook

An introduction to the Tasmanian approach to planning for and amplifying societal impact.
What is the Tasmanian Societal Impact Model?

The Tasmanian Societal Impact Model (TSIM) is the result of a collaboration between the University of Tasmania (UTAS) and Elsevier, and explores ways to effectively amplify and measure societal impact.

The TSIM has undergone preliminary testing at UTAS, and has so far proved to have wide and varied application in a higher education setting. We believe it is a tool that can assist higher education institutions to develop place-based strategies that amplify impact for local areas, while capturing learnings with global relevance. These strategies can then be used to address societal risks and opportunities, monitor the success of those strategies, and demonstrate their societal impact to external stakeholders using measures that go beyond traditional metrics of organisational performance.

The model emphasises collaboration with key external partners around an agreed understanding of local context, the model of change, investment, information and data sharing, analytics, and impact measurement.

We are sharing this model for free use and adaptation, with a view to furthering our collective understanding of how to measure and amplify societal impact globally.
Foreword

In my role at Elsevier, I have the privilege of meeting with leaders of universities, funding bodies, and government research departments around the world to learn about their priorities, challenges and opportunities. A theme that consistently comes up in those conversations is the desire to measure and maximise the positive impact of their entity on society. Leaders are increasingly under pressure to demonstrate the return to society from taxpayer-funded investments, but more importantly, leaders are driven by their mission to make the world a better place. The University of Tasmania (UTAS) is truly distinctive in this regard: it puts maximising impact for its region at the heart of its mission, which is “a University for Tasmania and from Tasmania”. Moreover, it takes action to support its mission: for example, it was ranked top in the world in terms of Climate Action by Times Higher Education’s Impact Rankings in 2022.

At Elsevier, we also put impact at the heart of our mission to “help researchers and healthcare professionals advance science and improve health outcomes for the benefit of society”. We aim to do through high quality information, data, and analytics to inform decision-making.

Given our shared values and strong commitment to address the challenge of how to measure and maximise our positive impact on society, Elsevier and UTAS embarked on a collaboration in 2019. Together we developed what we now call the Tasmanian Societal Impact Model (TSIM) which this Playbook describes. It is the result of three years of collaboration, which included multiple forms of activity within and beyond the university. It is still a work in progress; however, we feel it is in a sufficiently developed state to be shared so that others can engage with it, apply it, and help us improve upon it. We welcome all feedback and look forward to engaging with like-minded institutions around the world to further our shared interest in making the world a better place.

Dr. Nick Fowler
Chief Academic Officer, Elsevier

Our University mission is to be “a University for Tasmania and from Tasmania, a lighthouse to the world on how to live sustainably on our planet”.

We are a university that is not just of Tasmania, we are here for Tasmania and our distinctive place enables us to make unique contributions from Tasmania to the world. We have a unique opportunity to make a difference. By working with our communities to make Tasmania a truly sustainable and fair society with a unique quality of life, we can both make this a better place for all Tasmanians and provide an inspiring example for the world. Place defines our mission, our identity, and our delivery of it.

Guided by the United Nations Sustainable Development Goals (SDGs) as organising principles we can create a model of a more sustainable society and economy, from which others can draw lessons and inspiration.

Our partnership with Elsevier is important to elevating the focus of our work towards societal impact rather than simply what we are good at as a university.

Our model begins not from within the university, but from an understanding of the critical societal challenges we all face and how we could collectively create new knowledge and capabilities to solve systemic challenges such as climate change and inequality.

As a university we are not bound by the constrained timeframes of political cycles or annual profit and loss reporting. Ours is truly a long-term endeavor to be clear on the important systemic societal problems to solve, and to organise and realign with our partners to solve those problems.

Our model takes the time to get the questions right, to ensure there is agreement on impact possibilities, and how to measure progress towards impact.

In our model we focus on how to create new knowledge and insight over time and in deep partnership with governments, business, and communities.

TSIM is still in formative stages as it takes time to realign university thinking, structures and practices, to problem solve systemic and seemingly intractable problems. Framing the challenges correctly is crucial, as is understanding the complex chains of causation, and the multidimensional nature of social change.

It takes time and effort to move from transactional relations with governments, businesses, and communities to long term coalitions for impact.

At the heart of our long-term University strategy to make a difference is a focus on three qualities, impact, empowerment, and collaboration. The partnership with Elsevier is a step in that journey.

Professor Rufus Black
Vice-Chancellor University of Tasmania
Overview

For maximum impact, universities must play to their strengths.

Public recognition of what universities do underpins their societal mandate. In the face of increasing marketisation and deregulation, that societal mandate is being challenged. Universities are continually being asked to demonstrate their impact and contribution to society by international organisations, national governments, funding agencies, and business partners. As a result, attempts to measure impact are proliferating.

However, measuring impact is notoriously difficult. Societal impact – such as longer life expectancy, reduced carbon emissions, and job-creating inventions – typically takes decades to be realised through complex, iterative processes undertaken by disparate actors. And meaningful indicators are elusive; often they focus on retrospective activities (such as educating students) and outputs (such as counting scholarly outputs), rather than outcomes. Impact frameworks, often based on case studies, are vulnerable to criticism for being subjective, qualitative, incomplete, and non-scalable.

The Tasmanian Societal Impact Model (TSIM) looks outwards. Working with key partners, it identifies and prioritises specific societal risks and opportunities to address. In recognition of the fact that we can’t tackle every issue, it aims to identify areas where research capabilities are robust (as indicated by publication/citation proxies), where educational capacity is strong (indicated, for example, by the number of graduating students), and where effective partnerships and community engagement have been, or can be readily established, for greater influence.

This analysis leads to strategic priority setting. Areas that are both important for society and have high potential to influence become clear investment priorities.

The next step is to build action plans in those priority areas to translate activity into actual impact. For example, UTAS research showed that sedatives can be a poor response to managing dementia, despite their frequent use.

This led to us mobilising multiple pathways to ensure our findings benefited people living with dementia: educating pharmacists, launching online courses for carers, changing government guidelines, and signing over 150 agreements with aged-care service providers. By analysing the causal chain of impact, we aim to build even more rigorous pathway models to inform future planning.

The final step is to implement those action plans and measure progress. We know this takes years and requires continual monitoring and prioritising, in line with the changing societal landscape.

Our aspiration is for the TSIM to become the global standard framework for planning a pathway to impact. We hope that it will lead to higher education institutions around the world working in partnership to prioritise and focus their efforts, so that over the long-term they are translating their activities into societal impact.

We invite all interested organisations to apply the model to their local context and to share their journey towards amplification of societal impact.
The Tasmanian Societal Impact Model – Playbook

The project team

The University of Tasmania and Elsevier collaborated on the development of the Tasmanian Societal Impact Model (TSIM). This playbook was written by project team members from both parties and responsibility for the model is shared equally among us.

For the University of Tasmania:
Tasmanian Societal Impact Project Team

For Elsevier:
Elsevier Tasmanian Societal Impact Project Team

Dedication

We dedicate this playbook to the memory of Dr Rebecca (Bec) Harris, who made invaluable contributions to our collaboration. Bec led research at Climate Futures at the University of Tasmania, and made an important and sustained contribution to helping government and industry partners better assess their exposure to climate risk and develop adaptation solutions. Bec was committed to, and had lasting impact on community climate literacy as an avenue for making change. Bec was a globally respected climate scientist, Intergovernmental Panel on Climate Change (IPCC) lead author, and an exemplar of how research translates to societal gain.
Frequently asked questions

Why should I use the TSIM playbook?
Research and teaching organisations are in a unique position to have real impact. They inherently maintain deep research capability, teaching expertise, and professional resources that can, when mobilised, address the needs of their communities. However, planning for, and having societal impact is typically not consistently prioritised or delivered at scale.

The Tasmanian Societal Impact Model (TSIM) has been designed to empower higher education institutions to plan for and implement long-term societal impact.

National assessments of academic research and teaching performance increasingly include measures of societal impact alongside traditional metrics, such as publications and citations. The TSIM is a tool that enables universities to deliver measurable long-term impacts that benefit society. This playbook provides concise, practical steps to apply the model, and to develop research and teaching strategies that align with place-based needs, thereby amplifying their societal impact.

Key benefits of the playbook:
- Provides a planning framework for amplifying societal impact.
- Can be adapted and nuanced to meet the requirements of different organisations and contexts.
- Highlights the need and provides a mechanism for external partners to have early and ongoing input.
- Identifies strategic and achievable actions that can be assigned different time horizons (i.e., immediate, or long-term) for embedding in organisational strategic plans.
- Supports organisations to evaluate and measure their societal impacts.
- Supports early identification of metrics to monitor societal impact that go beyond traditional measures of organisational performance.

Who is the TSIM playbook for?
The model was developed in the context of higher education, and the practical suggestions and examples in this playbook reflect that origin. This guide is intended for use by university leaders (presidents, rectors, or vice-chancellors) and their strategy teams; faculty, colleges, or school heads; and by research group leaders.

However, we believe that the model can be adapted to fit the needs of many organisations and situations, and we hope it will find an audience among corporate R&D departments, charitable foundations, and research funding organisations.

How should I use the TSIM playbook?
This playbook is designed to practically assist an individual or team during the early stages of understanding and planning for societal impact.

When first reading the playbook, it’s best to start at ‘Chapter One: Step 1 – Frame the societal problem’ and then move sequentially through the chapters, as each one builds on the previous sections.

In our experience, use of the model evolves over time, and once the five steps are well understood, it is often not appropriate to begin at Step 1. Throughout the playbook, you will find examples of testing and refinement at the University of Tasmania, which demonstrate the model’s flexibility and future potential.

The theoretical basis of the model uses the ‘theory of change’ method. If you would like to know more, please see the ‘Further Reading’ page (currently under construction) at societalimpactmodel.org.
How do I prepare to implement the TSIM at my organisation?

While testing the model at the University of Tasmania, we discovered some tips and tricks that helped us along the way:

- **Identify a suitable project sponsor:** When our projects have been championed by a senior leader, they have achieved much stronger buy-in and adoption.

- **Establish a project team and manager:** In our experience, a project team with a dedicated project manager has been critical to furthering most projects (it depends on the scope of the activity). The project manager does not need to be a subject matter expert, but should have the authority and budget to plan, co-ordinate, and collate activities and information. It is important that the project team members can commit sufficient time during the implementation period. When this has not occurred, the pace of a project has slowed significantly. The project team size may fluctuate over time. In many instances, our project teams reduced in size once implementation was complete.

- **Read this playbook:** Implementation of the model was enhanced when our project sponsors and project team members familiarised themselves with the playbook’s five steps prior to implementation.

- **Agree a ‘why’ statement:** Organisational change can be difficult and time-consuming. In our experience, having an agreed ‘why’ statement helped to keep our project teams focused and on track. Your statement will be informed by a theory of change, but, ultimately, must be shaped by your organisation’s mission and commitment to contributing to society.

- **Consider adopting change-management best practice:** The model is about organisational change, so consider adopting change-management principles, such as the popular and practical Prosci method [prosci.com/methodology/adkar](http://prosci.com/methodology/adkar). You may have experienced change-management people within your organisation whose expertise you can draw on.

Reach out to us (optional): We’d love to hear from you. Feel free to contact us if you have questions or want advice (see How can I connect? section below for contact details).

Where can I get more copies?

You can download the playbook at [societalimpactmodel.org](http://societalimpactmodel.org).

To cite this playbook, please refer to: TSIM Project Team (2022) The Tasmanian Societal Impact Model Playbook. doi: 10.1234/tsim.123.123456789

How can I connect?

If you have feedback or questions, please get in touch. Email: hello@societalimpactmodel.org

Acknowledgements

We thank the many reviewers and contributors who provided extensive feedback on the model and contributed their expertise.
Chapter One:
Step 1 – Frame the societal problem
The goal

To scope and frame, with external partners, the range of possible societal impact risks and opportunities for amplification of societal impact through collaborative intervention.

The output

When Step 1 is complete, there will be:

- Shared understanding on the scope of the opportunities.
- Shared understanding of how to frame issues – as risks or opportunities, short term vs intergenerational, causes or symptoms, deficits vs assets, simple vs complex, etc.
- An initial view of a theory of change, and therefore a sense of a future state.
- Manageable lists of addressable factors that are each linked to a societal risk or opportunity of local importance. These addressable factors will be used throughout the remaining steps of the model.

The importance

This step articulates and contextualises the building blocks of an institutional strategy that is driven by external needs (as opposed to institutional priorities). Step 1 can become the foundation on which the rest of the model is built, so it should be undertaken with care and deliberation the first time you use the model. Once familiar with the process, it may be more appropriate to start at a later step.

The approach

1. Agree the broad thematic area(s) that contain potential societal risks and opportunities

- These will guide which experts and resources you consult. They are usually described in organisational documents as broad goal or impact areas, and typically follow on from mission- and value-type statements. In general, they tend to focus on the economy, society, and the environment as key goal areas shaping prosperity and wellbeing.

- Consider existing frameworks:
  - One well-known global framework is the United Nations Sustainable Development Goals (UN SDGs), a set of 17 goals for the year 2030 with associated targets and progress indicators.
  - A global framework may not address societal risks and opportunities of local importance, so you may need to draw on other sources, where there is mission and goal alignment; for example, partner documents and strategies.

Start with one

If it is arduous to agree on multiple thematic areas, then simply start with one, such as ‘Education’.

Learn more

Learn more about the UN Sustainable Development Goals

Read the University of Tasmania Strategic Plan 2019-2024 (page 36)
2. Take an ‘inside-out’ view of the potential societal risks and opportunities in each area

- Review internal documents and consult with your staff and internal subject matter experts to gain a full understanding of your thematic area(s).
- Academic staff active in teaching and / or research can contribute expertise from their own fields and be engaged through small-scale workshops. In later steps of this model, these academics can be asked to provide insights on your organisation’s current strengths, so including them at this stage can help to secure their ongoing engagement.

3. Then take an ‘outside-in’ view

- To reduce bias towards your existing activities, it is important to include inputs external to your organisation. This is best achieved through partnerships with, for example, the community, the government, or industry. Consider:
  - Collecting and summarising existing information, such as government policy documents and white papers, thinktank reports, and the recommendations of expert bodies.
  - Holding a series of small workshops with external stakeholders, such as community groups or consumers, charities, emergency services, business leaders, and government departments.
  - Supplementing qualitative inputs from these workshops with quantitative input from an online survey (of the stakeholder groups mentioned above, or of the public). Allow open-ended responses to capture opportunities not already identified.

4. Finalise the list of possible societal risks and opportunities, to create addressable (and assessable) factors

- Once you have comprehensive input on all potential societal risks and opportunities, it’s important to exercise judgement to ensure that your list of opportunities per thematic area is manageable. This is the list you will take through the remaining steps of the model.
- You now need to create addressable factors that sit within the societal risks and opportunities. Addressable factors should be measurable and conceptually clear (see Table 1.1 for an example).
- To optimise your organisation’s societal impact, it is also helpful to prioritise those challenges that will benefit from an integrated effort of expertise across multiple areas within your institution.

**Acknowledge existing work**

The staff in your organisation will already be active in addressing societal risks and opportunities. Their input and contribution are invaluable and well worth building into this process.

**Go deeper again**

Depending on your time and resources, collate further information on each addressable factor (such as the data included in Table 1.1). This will come in handy in later steps, as the project team begins to analyse and refine.

**Go deeper**

Browse and search public policy documents at Policy Commons.
Worked example from the University of Tasmania

1. Agree on thematic areas:
At UTAS, the strategic plan outlines six outcome areas (page 36) for impact. In our pilot, we decided to use these six outcome areas as the starting point for determining our broad thematic areas. Following team deliberations related to capacity and capability, the project team recommended to the project sponsor that we focus on Health, and specifically on the societal impact opportunity ‘to reduce the incidence of preventable health conditions’. Because of the multiple impact possibilities, we further defined the preventable health conditions to be assessed.

2. An ‘inside-out’ view:
We convened a roundtable of academics within the College of Health and Medicine to better understand potential addressable factors. This resulted in a list of 10 measurable and conceptually clear addressable factors:

1. osteoporosis,
2. cardiometabolic disease,
3. dementia,
4. mental health,
5. respiratory disease,
6. hypertension,
7. addiction,
8. arthritis,
9. kidney disease,
and 10. multiple sclerosis.

3. An ‘outside-in’ view:
Later, we added participants to the roundtable to understand the ‘outside-in’ view. Drawing on existing partnerships, we brought together external stakeholders, including government representatives, hospital staff, and local health practitioners. We also drew on external publications and data and discovered, from health statistics collected by the Australian Government, that the conditions identified by the academics were more common in Tasmania than on the mainland. After extensive consultation, it was decided that hypertension was a risk factor for several of the preventable health conditions initially identified. Rather than considering each preventable health condition separately, reducing the incidence of hypertension was considered a more appropriate addressable factor.

4. The finalised list:
Table 1.1 contains a fictional example of a finalised list of addressable factors for the thematic area of Health.

<table>
<thead>
<tr>
<th>Broad thematic area</th>
<th>Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Societal risk or opportunity</td>
<td>To reduce the incidence of preventable health conditions</td>
</tr>
<tr>
<td>Addressable factors</td>
<td>Increased identification of hypertension in regional areas of Tasmania</td>
</tr>
<tr>
<td>Information</td>
<td>Hypertension is a precursor to several preventable health conditions with a high incidence rate in Tasmania.</td>
</tr>
</tbody>
</table>
Chapter Two:

Step 2 – Calibrate to people and place
The goal

To achieve an agreed understanding of the relative importance of place for the addressable factors identified in Step 1.

The output

At the end of Step 2, you will have:

- A summary assessment of the relative importance of place to each of the addressable factors within your societal risks and opportunities identified in Step 1, based on both qualitative and quantitative information.

The approach

1. Identify decision makers, influencers, and partners

Identify the people who are best placed to help assess the relative importance of the addressable factors.

These include:

- **Decision makers**: There are times when achieving consensus will be difficult, so having a clear decision-making process, person, or governance is critical. The role of the decision maker is to apply judgement and be accountable for the final assessments of importance. Ideally, they will have been involved in the initial consultations with influencers and stakeholders.

- **Influencers**: These are the people who are influential in the area being assessed. They may be able to help reach consensus and/or provide information external to your organisation. For example, the head of a government department is influential in determining policy and allocating resources.

- **Partners (internal and external stakeholders)**: These may include academic staff active in teaching or research who can contribute their field expertise, as well as external stakeholders, such as industry partners, government bodies, funders, and specialist volunteer groups, whose first-hand knowledge can help you assess importance.

The importance

This step is important because it calibrates the relevance of the addressable factors to your place context, ensuring that your institutional strategy will have realistic, positive, and significant benefits for your community and overall society.

Higher education institutions have finite time and resources. This step brings everyone onto the same page: the people in your organisation, external partners, and the community. This ensures a shared understanding and alignment on the local context, enabling you to distil focus areas that will have the greatest impact.

From local to global

Focusing on place enables impact to be amplified for local areas, while also capturing learnings that can be relevant globally. For example, UTAS’ Institute for Marine and Antarctic Studies uses its place advantage to undertake Antarctic and marine research that goes on to inform global policy.

Decide who decides

Discuss within the project team (or ensure strong and clear project governance) to determine who will make the final decision based on what criteria. The organisation should have the support of the project sponsor.
2. Agree on the components of importance

Theoretically, everything in your list of addressable factors is important. Therefore, as a project team you will need to select independent components that can help you compare and assess the addressable factors to rate their relative importance (see Table 2.1 for an example).

Note that the components may change, depending on the broad thematic area being assessed. For example, components of importance used in Health may not make sense for an analysis of Education.

3. Gather information and resources

These will help you to quantify and compare the components of importance for each addressable factor.

Consider:

- Reference points to time, e.g., impacts that might need to be addressed now because of their urgency, vs impacts that can be addressed in the future.
- Reference points to institutional or national goals, e.g., health conditions that affect economic importance, or environmental conditions that affect health/life-expectancy.

Consider the following sources for information:

- **Academic staff**: They will be familiar with relevant data sets.
- **Publications**: These can contain references and data about trends and findings.
- **Partners**: External stakeholders, including governments, can often have excellent, publicly available national data (e.g., a Bureau of Statistics data collection) and an excellent working knowledge of importance. They are also likely to have unique local information and perspectives.
- **Local and Indigenous knowledge**: Consult with local representatives to ensure all views are included and considered.
- **Global data sets**: For example, Our World in Data is an excellent resource for global data, while its SDG Tracker hosts data related to the SDGs indicators.

### How much information?

Consider how much time and effort you want to invest in gathering comparable information. You will ultimately score the relative importance of each addressable factor (e.g., on a scale of 1 to 5), so you do not need to be overly precise.

For example, when looking at incidence of disease, ideally, you’d want to compare data from the same year. However, if you have to use 2019 data for arthritis incidence and 2020 data for kidney disease incidence, that should be fine, as it’s unlikely to change the relative scores.

### What if the data doesn’t exist for my place?

If this is the case, we suggest sourcing data that can be used as a proxy.

**EXAMPLE**: The disability-adjusted life years (DALY) data was not available for Tasmania, so we used Australian data as a proxy.

4. Score each component with the help of decision makers, influencers, and partners

Score each addressable factor with your project team, in collaboration with the decision makers, influencers, and partners. This will enable you to arrive at a summary view of the importance of each possible problem.
5. Create a summary view of the relative scores
Using a table or list, analyse your relative scores for each addressable factor. This gives you a clear sense of their relative importance to your place. Consider this summary view as a heuristic and practical guide to support conversation and the subsequent judgements between stakeholders, rather than an end in itself.

Difficult conversations
Step 2 requires judgement, discussion, and peer review. Conversations will not always be easy and issues you may encounter include:

- **Moral choices.** For example, are 10 people severely impacted by one disease more important than 1,000 people somewhat impacted by another disease?
- **Inter-relatedness of addressable factors.** For example, the relationship between cardiometabolic disease and hypertension means that the incidence in hypertension will affect the incidence in cardiometabolic disease over time.
- **Target group.** Determining which group the addressable factor is important to, e.g., is it the aged care community? Or those in industry? Or government? What is important to one person may not be important to another.
- **Timescale.** For example, is this a problem that needs to be addressed immediately or in 20 years’ time?

Worked example from the University of Tasmania

1. **Identify decision makers, influencers and partners:**
   For the Health thematic area pilot, these were determined based on existing relationships and hierarchical structures: decision makers were the current decision makers within the College of Health and Medicine; influencers were internal subject matter experts (discipline and school/institute leaders); and partners were drawn from relationships with the state government Department of Health, and relevant local health service providers.

2. **Agree on components of importance:**
   As a pilot approach, our broader impact team analysed five components of importance to assess the addressable factors for each thematic area. These were:
   1. economic impacts,
   2. incidence or prevalence,
   3. Indigenous peoples,
   4. public want, and
   5. social impacts.
   Table 2.1 provides a fictional example of this.

3. **Gather information and resources:**
   In the Health pilot, the project team used several sources to gather information on the components of importance for each thematic area. Much of this information was already known from discipline expertise and government data and reporting, or it was readily available via desktop research. Table 2.2 provides a fictional example of how this information might be summarised.

4. **Score each component:**
   In the Health pilot, decision makers, influencers, and partners deliberated extensively on where the greatest social impact could be achieved in relation to community incidence and geographic need. Throughout this process, hypertension was determined as a constant. Table 2.3 provides a fictional example of how scoring might be applied and presented.

5. **Create a summary view of the relative scores:**
   When we did a desktop pilot of the model, we presented our summary scores in a format similar to the one used in Table 2.3. However, on other occasions, we have used a less formal determination process, drawing on all of the available and collected information.
Table 2.1: An example summary of components of importance, including weightings, definitions, and information sources for the societal impact opportunity ‘reduce the incidence of preventable health conditions’. Content is fictional and for demonstration purposes only.

<table>
<thead>
<tr>
<th>Component of importance</th>
<th>Weighting</th>
<th>Definition</th>
<th>Information sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic impacts</td>
<td>25%</td>
<td>The economic costs paid by governments and health systems.</td>
<td>Government reports.</td>
</tr>
<tr>
<td>Incidence of disease</td>
<td>25%</td>
<td>The occurrence of new cases of a health condition in a population over a specified time-period.</td>
<td>Government bureau databases, such as the Australian Bureau of Statistics database.</td>
</tr>
<tr>
<td>Public want</td>
<td>25%</td>
<td>The community’s desire to solve this problem.</td>
<td>Results from a commissioned community survey. Google searches in Tasmania in 2019, sourced from Google Trends (view an arthritis example).</td>
</tr>
<tr>
<td>Social / health impacts</td>
<td>25%</td>
<td>Disability-adjusted life years (DALY): healthy life lost (via premature death or living with a disability) due to illness.</td>
<td>Burden of Disease by Cause, sourced from Our World in Data.</td>
</tr>
</tbody>
</table>

Table 2.2: An example presentation of information sourced for each component of importance. Content is fictional and for demonstration purposes only.

<table>
<thead>
<tr>
<th>Component of importance</th>
<th>Arthritis</th>
<th>Cancer</th>
<th>Cardio-metabolic disease</th>
<th>Dementia</th>
<th>Kidney disease</th>
<th>Mental health</th>
<th>Multiple sclerosis</th>
<th>Osteoporosis</th>
<th>Hyper-tension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic impacts</td>
<td>$x million per year</td>
<td>$x million per year</td>
<td>$x million per year</td>
<td>$x million per year</td>
<td>$x million per year</td>
<td>$x million per year</td>
<td>$x million per year</td>
<td>$x million per year</td>
<td>$x million per year</td>
</tr>
<tr>
<td>Incidence of disease</td>
<td>X per capita</td>
<td>X per capita</td>
<td>X per capita</td>
<td>X per capita</td>
<td>X per capita</td>
<td>X per capita</td>
<td>X per capita</td>
<td>X per capita</td>
<td>X per capita</td>
</tr>
<tr>
<td>Social / health impacts</td>
<td>X million DALY</td>
<td>X million DALY</td>
<td>X million DALY</td>
<td>X million DALY</td>
<td>X million DALY</td>
<td>X million DALY</td>
<td>X million DALY</td>
<td>X million DALY</td>
<td>X million DALY</td>
</tr>
</tbody>
</table>
Table 2.3: An example summary of scores of relative importance for the societal impact opportunity ‘reduce the incidence of preventable health conditions’. Content is fictional and for demonstration purposes only.

<table>
<thead>
<tr>
<th>Component of importance</th>
<th>Arthritis</th>
<th>Cancer</th>
<th>Cardio-metabolic disease</th>
<th>Dementia</th>
<th>Kidney disease</th>
<th>Mental health</th>
<th>Multiple sclerosis</th>
<th>Osteoporosis</th>
<th>Hypertension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic impacts</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Incidence of disease</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Public want</td>
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<td>5</td>
<td>3</td>
<td>5</td>
<td>2</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
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<td>5</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

Resources for further support


Our World in Data (an excellent resource for global data), and its [SDG Tracker](https://ourworldindata.org/).
Chapter Three:
Step 3 – Assess the ability to influence
The goal
To assess your organisation’s relative ability to influence each of the addressable factors in conjunction with the relative ability of partners.

The output
At the end of Step 3, there will be:

- A summary assessment of your organisation’s relative ability to influence positive impacts for each of the addressable factors identified in Step 1.

The importance
As discussed in Step 2, the Tasmanian Societal Impact Model (TSIM) recognises time and resources are finite. This step aims to identify areas where you can make the biggest difference. It is important because it provides a rigorous, information-driven assessment process to identify areas of societal opportunity in which your organisation should be influential. The greater your ability to influence, the more likely you are to succeed.

The approach

1. Identify decision makers, influencers, and partners
Identify the people who are best placed to help assess your organisation’s ability to influence each of the addressable factors. They may well be the same individuals you identified in Step 2. They can be divided into three groups:

- **Decision makers:** They will apply judgement and be accountable for the final assessments of organisational strength and influence.
- **Influencers:** These are the people who are influential in the area being assessed. They may be able to help reach consensus and/or provide information external to your organisation.
- **Partners:** Academic staff active in teaching or research can contribute their knowledge on the activities of your organisation and its strengths. External stakeholders, such as industry partners, government bodies, funders, and specialist volunteer groups, can provide input on the strengths of your organisation from an ‘outside-in’ perspective.

2. Agree on the components of ability to influence
- As a project team, first decide whether your organisation will only focus on current capability or include potential capability. Next, categorise the main functions of your organisation; for example, a research and teaching university may choose the categories ‘teaching’, ‘research’, and ‘outreach’, while a teaching college may only include ‘teaching’ and ‘outreach’.

For each functional category, agree the components you will use to assess your relative ability to influence. For example, in ‘research’ your ability to influence might include a measure of how many research staff there are at your organisation, or your historic research performance. Components that are prescriptive and measurable are easier to collect information for. Table 3.1 provides a list of potential components of organisational influence you can draw on, along with detailed descriptions.

Table 3.1 provides a list of potential components of organisational influence you can draw on, along with detailed descriptions.

- Consider creating an ‘index of ability to influence’ by assigning weightings to each component relative to your organisation’s functions. For example, a teaching and research university may give ‘teaching’, ‘research’, and ‘outreach’ an equal weight, while a research-intensive university may give ‘research’ a higher weighting than other functions. This weighting can be used for the final index scores in Step 4.

What if the information does not exist at my organisation?

If this is the first time you’ve tried to measure influence, you may find the information points you need haven’t been formally collected before.

In the case of community outreach, surveying your academic staff on the activities they have conducted over a specified time-period is a good way to begin your analysis. Consider setting up a central database to collect this information for future rounds of assessment, either via surveys or self-reporting mechanisms.
3. Gather information and resources

Additional information and resources will help you quantify and compare your relative ability to influence each addressable factor. See Table 3.1 for suggested definitions, measurements, and information sources.

Consider whether it’s beneficial to use indicators that enable comparison nationally and/or internationally; what a manageable list of influence components looks like; and how much information collection you want to do at this stage.

Weigh up whether extra effort will change the outcome of the scoring, then remove anything that doesn’t add value.

4. Score each component with the help of your decision makers, influencers, and partners

Discuss the information you’ve gathered with your project team and score each agreed component. This will enable you to arrive at a summary view of your relative ability to influence each of the addressable factors. We suggest providing benchmarked information to identify genuine organisational strengths, compared to global national averages. The relative weighting on criteria also plays a role here.

Worked example from the University of Tasmania

1. Identify decision makers, influencers, and partners:
For the Health pilot project, we used the group identified in Step 2.

2. Agree on components of influence:
Examples of components that we considered included:

- Learning and teaching strength: Demonstrated by external rankings and/or where there was strong local community support and/or enrolments.
- Research strength: Demonstrated by Excellence in Research Australia (ERA) ratings and/or critical mass and/or infrastructure.
- Existing strengths in community engagement: Demonstrated by public engagements and/or community collaborations and/or policy input.

3. Gather information and resources:
For the Health pilot project, internal subject matter experts drove the types of information collected, and provided much of the information sourced. Where there were gaps in their data, we also looked to internal data, and data available through our partners. Table 3.1 suggests potential information sources.

4. Score each component:
When we did a desktop pilot of the model, we presented our summary scores in a format similar to the one used in Table 3.2. However, on other occasions, we have used a less formal determination process.
### OUTREACH / ENGAGEMENT

<table>
<thead>
<tr>
<th>Suggested component of organisational influence</th>
<th>Suggested definition</th>
<th>Suggested measurement</th>
<th>Suggested information source</th>
</tr>
</thead>
</table>
| Community teaching and learning                | Learning and teaching that is open to the public and relevant to the addressable factor | • Number of Massive Open Online Courses (MOOCs)  
• Number of MOOC graduates  
• Number of public lectures / school visits  
• Number of attendees at public lectures / school visits | • Organisational databases  
• Academic staff survey |
| Citizen science                                | Active citizen science initiatives | • Number of citizen science initiatives  
• Number of citizens involved | • Academic staff survey  
• Public databases e.g., for Australia citizenscience.org.au/ala-project-finder/ |
| Policy input                                  | Your Organisation’s input into policy | • Joint appointments between the government and your organisation  
• Number of policy citations to organisational publications  
• Number of policy document co-authors based at your organisation | • Organisational databases  
• SciVal, or similar research intelligence solutions |
| Partnerships                                  | External partnerships with industry, the government, and influential community / volunteer groups | • Number of existing partnerships with industry  
• Number of co-funded projects  
• Number of corporate co-authors | • Organisational databases  
• SciVal, or similar research intelligence solutions |
| Alumni                                        | Alumni of your organisation that now work in industry, the government, or with influential | • Number of alumni  
• Number of employers of alumni  
• Graduate satisfaction scores  
• Employer satisfaction scores | • Organisational databases  
• Organisational alumni survey  
• Alumni magazine mail-outs  
• LinkedIn  
• Facebook  
• (For Australia) Quality Indicators for Learning and Teaching (QILT) survey  
  - Graduate satisfaction survey  
  - Employer satisfaction survey |
<table>
<thead>
<tr>
<th>Suggested component of organisational influence</th>
<th>Suggested definition</th>
<th>Suggested measurement</th>
<th>Suggested information source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TEACHING</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Course / unit offerings                       | Courses that are relevant to the addressable factor | • Number of courses  
|                                               |                      | • Number of units        | • Organisational databases |
| Teaching expertise and quality                | Learning and teaching expertise and quality in units, and / or courses that are relevant to the addressable factor | • Number of teaching staff  
|                                               |                      | • Teaching evaluation scores | • Organisational databases |
|                                               |                      |                       | (For Australia) Quality Indicators for Learning and Teaching (QILT) survey  
|                                               |                      |                       | – Graduate satisfaction survey  
|                                               |                      |                       | – Unit and teaching evaluation surveys  
| Course / unit enrolments                     | Enrolments in units relevant to the addressable factor | • Number of undergraduate enrolments  
|                                               |                      | • Number of graduates    | • Organisational databases |
| **RESEARCH**                                  |                      |                       |                             |
| Research staff critical mass and seniority    | Researchers in fields relevant to the addressable factor, including PhD candidates, post-doctorates, and tenured research staff | • Total number of researchers  
|                                               |                      | • Number of early-career researchers  
|                                               |                      | • Number of mid-career researchers  
|                                               |                      | • Number of senior researchers    | • Organisational databases |
| Publications                                 | The quantity and quality of publications related to the addressable factor | • Number of publications  
|                                               |                      | • Number and percentage featured in 1%, 5% and 10% top citation percentiles  
|                                               |                      | • Field-Weighted Citation Impact (FWCI) of publications | • SciVal, or similar research intelligence solution |
| Funding                                      | Funded projects related to the addressable factor | • Number of projects  
|                                               |                      | • Total research income for projects received from competitive grants  
|                                               |                      | • Number of industry collaborators on funded projects  
|                                               |                      | • Number of dollars invested by industry in co-funded projects | • Organisational databases |
|                                               |                      |                       | (For Australia) Quality Indicators for Learning and Teaching (QILT) survey  
|                                               |                      |                       | – Graduate satisfaction survey  
|                                               |                      |                       | – Unit and teaching evaluation surveys  
<p>|                                               |                      |                       | • Organisational databases |
|                                               |                      |                       | Pure, or similar research information management solution |</p>
<table>
<thead>
<tr>
<th>Suggested component of organisational influence</th>
<th>Suggested definition</th>
<th>Suggested measurement</th>
<th>Suggested information source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RESEARCH</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Growth                                         | Growth in research to capture emerging areas within the organisation | • Percentage growth in publications  
• Percentage growth in Higher Degree Research (HDR) and research unit enrolments | • Organisational databases  
• SciVal, or similar research intelligence solution |
| Innovation, entrepren–eurship / policy         | Innovation, policies, patents, entrepreneurship, start-ups, and licencing related to the addressable factor | • Number of patents  
• Number of policy citations  
• Commercialisation income | • SciVal, or similar research intelligence solution  
• PatentSight  
• Overton |
| Infrastructure                                 | Specialised existing research infrastructure, e.g., telescopes, biosecurity-compliant quarantine facilities, ice-core freezers, and specialised laboratories, such as trace-element labs | • Number of facilities  
• Cost of facilities  
• Number of specialised staff required to run infrastructure | • Organisational databases |
| **ADVANTAGES**                                 |                      |                       |                             |
| Natural                                        | Natural advantages, such as proximity to a natural phenomenon, e.g., proximity to Antarctica is a natural advantage for UTAS | • Number of natural advantages (could also be a yes / no response)  
• Proximity to a natural advantage | • Academic consultation |
| Constructed                                    | Constructed advantages, such as existing funded training centres, e.g., UTAS has the Australian Maritime College in the North of the State | • Number of constructed advantages (could also be a yes / no response)  
• Years invested in a constructed advantage | • Organisational databases  
• Academic consultation |
<table>
<thead>
<tr>
<th>Suggested component of organisational influence</th>
<th>Suggested definition</th>
<th>Suggested measurement</th>
<th>Suggested information source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CORPORATE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alignment</td>
<td>Alignment with other departments within the organisation</td>
<td>• Number of departments aligned with • Strength of alignment</td>
<td>• Organisational databases • Academic consultation</td>
</tr>
<tr>
<td>Communications and marketing</td>
<td>Strength of communication and marketing programs in areas of addressable factors</td>
<td>• Number of marketing campaigns • ‘Response’ metrics, such as Facebook likes or retweets</td>
<td>• Professional staff consultation • Facebook • Twitter</td>
</tr>
<tr>
<td>Corporate information</td>
<td>Information collected at the organisational level, e.g., marketing information on households, or community surveys on trust in the organisation</td>
<td>• Trust scores • Demographic information (e.g., an older population may be more favorable towards organisation research on health conditions that affect the elderly)</td>
<td>• Community surveys • National Bureau of Statistics data</td>
</tr>
<tr>
<td>Corporate capability</td>
<td>Corporate capability at the organisational levelorganisation, e.g., an environmental sustainability department that wins global awards for leadership</td>
<td>• Ranking position in global assessments</td>
<td>• STARS accreditation stars.aashe.org/ • Times Higher Education Impact rankings timeshighereducation.com/impactrankings</td>
</tr>
</tbody>
</table>
Table 3.2: An example summary of scores of relative ability to influence for the societal impact opportunity ‘reduce the incidence of preventable health conditions’. Information is fictional and for demonstration purposes only.

<table>
<thead>
<tr>
<th>Component of importance</th>
<th>Weighting</th>
<th>Arthritis</th>
<th>Cancer</th>
<th>Cardio-metabolic disease</th>
<th>Dementia</th>
<th>Kidney disease</th>
<th>Mental health</th>
<th>Multiple sclerosis</th>
<th>Osteoporosis</th>
<th>Hypertension</th>
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</thead>
<tbody>
<tr>
<td>OUTREACH / ENGAGEMENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community engagement</td>
<td>10%</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Partnerships</td>
<td>10%</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Policy input</td>
<td>10%</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>4</td>
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<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Critical mass</td>
<td>10%</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>(staff profile and pipeline)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Growth</td>
<td>10%</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Infrastructure</td>
<td>10%</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Track record</td>
<td>10%</td>
<td>4</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>2</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>TEACHING</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Course offering</td>
<td>10%</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Teaching expertise</td>
<td>10%</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Unit enrolments</td>
<td>10%</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Chapter Four:

Step 4 – Select strategic priorities
The goal
To prioritise which addressable factors you will include in your strategic plans.

The output
At the end of Step 4, you will have:
- A suite of priorities for societal impact that your institution can commit to.
- The information and ability to engage in conversations about the scale and scope of amplified societal impact for proposed interventions.

The importance
In Step 2, we focused on a rigorous assessment of the relative importance of each addressable factor identified in Step 1. In Step 3, we looked at how you can determine your organisation’s ability to influence each factor. This fourth step of the Tasmanian Societal Impact Model (TSIM) is important because it combines the information collected during those previous steps. With this information, your organisation can make decisions around strategic priorities and resourcing for optimal impact.

The approach
1. Create a high-level overview of the information collected in previous steps
Take the information gathered in Steps 2 and 3 and present it in a high-level overview. This gives your decision makers a clear sense of the relative position of each addressable factor.

While the model does not prescribe a structure for this overview, Figure 4.1 shows the format we used during our pilot phase.

2. Agree with decision makers, stakeholders, and community advocates which addressable factors should be prioritised
Present the summary overview to decision makers, stakeholders, and the community to guide discussions around priorities and resourcing. It is worth reiterating that this is an exercise to amplify societal impact. While an area of exceptional research excellence may not necessarily show up as being of high importance to society, it could bring in other benefits; for example, significant research income, international acclaim for your organisation, or the value of adding to the global bank of knowledge organisation.

These discussions will require judgement and a governance approach. The following factors can help to guide the conversations:
- The opportunity cost of resource allocation
- The conviction with which you think you can achieve positive impact
- Untapped ability and capacity in your organisation
- Areas that are ‘quick-wins’ or ‘low hanging fruit’
- During Steps 2 and 3, we suggested focusing on current ability to influence. Here you can consider potential ability to influence, if resources are available.
- Areas where the societal importance is not high today, but may be in the future, e.g., a COVID-19 vaccine was not at the forefront of most people’s minds prior to the COVID-19 pandemic.
Worked example from the University of Tasmania

1. Create a high-level overview of the information collected in previous steps:
   Figure 4.1 provides a worked example of how we did this for the UTAS desktop pilot. It demonstrates scores and weightings developed in Step 2 (importance) and Step 3 (ability to influence) as an index for each addressable factor. The information has been pivoted into a quadrant with ‘ability to influence’ on the x-axis and ‘importance to society’ on the y-axis. This loosely assigns each addressable factor to one of four categories:
   - Top right: High ability to influence and high importance
   - Top left: Low ability to influence and high importance
   - Bottom right: High ability to influence and low importance
   - Bottom left: Low ability to influence and low importance
   This approach enabled us to determine the following prioritisation:
   - Top right: High priority to continue resourcing
   - Top left: Provide further resources to shift these to high priority
   - Bottom right: Shift resourcing to areas of high importance
   - Bottom left: Consider discontinuing resourcing

2. Agree on prioritisation:
   For the Health pilot project, the summary overview supported a discussion on prioritisation between decision makers from UTAS and its partners. The decision was taken to focus the project on hypertension, as an area that was likely to have the greatest societal impact.

![Figure 4.1: Example summary of outcomes from Steps 2 and 3 for the societal impact opportunity ‘reduce the incidence of preventable health conditions’](image-url)
A reminder

Our approach highlights the steps as a broad guide to important decision-making processes around planning for societal impact. They are not meant to be rigidly sequential but rather building blocks to ‘play’ with to maximise not just impact but the ability to confidently measure and attribute plausible explanations of impact.

Step 1: Frame the societal problem

The Goal: To scope and frame, with external partners, the range of possible societal risks and opportunities for amplification of societal impact through collaborative intervention.

The Importance: To articulate and contextualise the building blocks of an organisation’s strategy to achieve and amplify societal impact

Step 2: Calibrate to people and place

The Goal: To achieve an agreed, information-based understanding of the relative importance to place for the societal risks and opportunities.

The Importance: To calibrate the importance of the societal risks and opportunities to place, and ensure that the organisation’s strategy will have realistic, positive, and significant benefits for society.

Step 3: Assess the ability to influence

The Goal: To assess the organisation’s relative ability to influence each of the societal risks and opportunities in conjunction with the relative ability of external partners.

The Importance: Time and resources are finite. Identifying those areas where the biggest difference can be made is important because it provides a rigorous, information-driven assessment process to identify areas of societal opportunity in which the organisation can be influential. The greater the ability to influence, the greater the likelihood of success.

Step 4: Select strategic priorities

The Goal: To prioritise which societal risks and opportunities to include in organisational strategic plans.

The Importance: To bring together the information collected thus far and empower the organisation to make decisions about strategic prioritisation of resources for optimal impact. Also, to facilitate discussions around the amplification of impact in areas of high importance, but in which ability to influence can be improved.

Step 5: Build action plans and measure impact

The Goal: To develop action plans for each societal risk and opportunity to prioritise. The plans should specify the impact pathways of the interventions, and how societal change will be measured.

The Importance: To enable the organisation to build action plans for intervention, with time horizons and monitoring of change, to ultimately demonstrate impact. If you make it this far, congratulations! Impact occurs over a long time horizon, and as such we are yet to fully test and understand this part of the model. We hope that you will join us in sharing your lessons learnt, so we can collectively build our understanding and knowledge to amplify societal impact.

Tasmanian Societal Impact Model – A guide to planning for societal risk and opportunities for maximum impact

Diagram of the Tasmanian Societal Impact Model:

1. Frame the societal problem
2. Calibrate to people and place
3. Assess the ability to influence
4. Select strategic priorities
5. Build action plans and measure impact

Partnerships

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University of Tasmania / Elsevier
Chapter Five:
Step 5 – Build action plans and measure impact
The goal
To develop action plans for each of the addressable factors prioritised in Step 4. These plans should specify the impact pathways of the interventions, and how societal change will be measured.

The output
At the end of Step 5, your organisation will have:
• A means-end model (or other suitable action plan diagram) for each of the high priority addressable factors identified in Step 4.

The importance
This step is important because it supports the identification of pathways to impact, the building of action plans for intervention, decisions around time horizons, and monitoring for change. These, in turn, enable your organisation to demonstrate its impact. The development of the model also enables you to share responsibility with external stakeholders for the short- and long-term impacts you identify.

The approach
1. Decide on the consultation group
There are several considerations:
• In previous steps, your consultation group included decision makers, influencers, and stakeholders. For this step, consider incorporating specialists with expertise in the area related to the addressable factor.
• Consider the network that the consultation group brings with them, and how it might benefit the project in the longer term. For example, if you are a higher education institution, your alumni may be a good resource to consult.
• Consider group size – too few members and a diversity in viewpoints will be lacking, too many and voices will get lost. Differing perspectives at this stage can save time and resources in the long term.
• Consider holding workshops that group different sectors together. For example, a health initiative may benefit from having community nurses, health advocates, and general practitioners. You can then hold another workshop to explore potential interventions with those that have the required research expertise, before circling back to the first group to confirm whether the interventions will work on the ground.
• We suggest identifying the stakeholders relevant to the addressable factor. That is, the community, the influencers who sit around the community, and the intersections between the community and the sector. Consider:
  – Who is the project seeking to help?
  – Which locations does the project target?
  – Who might be the project’s partners?
  – Who’s missing?

Attribution, contribution, or plausible association?
One of the missions of the TSIM is to enable organisations to link their interventions to positive societal changes in their locale. This is a difficult, complex, and messy process, as often several factors need to come together for change to occur. We prefer to use the terms ‘contribution’ or ‘plausible association’. organisation Mayne (2012) is a good introductory paper on contribution analysis as an approach to confirming that an intervention is a contributory cause to societal change.
2. Create an action plan

Consider developing a means-end model or diagram to clearly visualise the phases of impact for each addressable factor. These models structure decision making. They capture the problem in its current state and what the desired goal looks like, then help you to map the steps required to bridge the gap between the two.

The means-end diagram will:
- Clearly lay out the pathway to impact.
- Divide the action plan into short, intermediate, and long-term goals.
- Define the intermediate and final metrics that you will use to monitor the project’s impact.
- Enable your organisation to track positive shifts in early indicators and use them to predict future impact.
- Provide demonstrable evidence of your organisation’s positive impact.

Consider the most appropriate time horizons for the impact your organisation wants to achieve (see Diagram 5.2). These time horizons are not mutually exclusive and can occur parallel to each other, so build in indicators that will demonstrate change for each of them. Note: The addressable factors should still be worded in a way that makes them measurable. It’s possible that there will be multiple indicators you can use, for example, the SDG Tracker from Our World in Data.

Different time horizons of impact are not mutually exclusive and can occur parallel to each other.

3. Build monitoring dashboards

Using the means-end diagram, identify the information sets you will need to monitor the program’s progress. For example, determine which information will enable you to:
- Confirm the current state so that you can plan next steps.
- Establish where the intervention begins and what level of granularity is required.
- Track progress and direction once the action plan has been decided, including progress over different time horizons (as these will likely differ).
- Benchmark against data sources; for example, globally, nationally, and locally.
- Monitor local interventions; for example, an intervention through a pharmacy or sporting program needs localised information about attitudes and behaviors, people’s access to those amenities, and other places where people interact with the health system in small communities.

Build dashboards to help monitor progress and model predictions:
- Dashboards of baseline information can be used to monitor impacts over the next several years.
- Consider modeling the interim impacts and their potential impacts, for example, Rule of Law.
- Consider making the dashboards of baseline information publicly accessible so that external stakeholders and the community can view them.

4. Monitor progress

Plan to revisit the dashboards with the consultation group to assess and monitor progress. It might be useful to have more frequent meetings in the beginning; this enables early pivots and the identification of any required adjustments.

From a governance perspective, these meetings should be deliberate, regular, and a requirement for key stakeholders so that you can celebrate successes, review risks, manage project evolution, and respond to changing context (per Steps 1 and 2). Your organisation may have existing strategy systems and processes that your impact project could slot into.

5. Demonstrate your impact

Congratulations, you’ve reached the point of demonstrating impact! As measurement of impact takes time, we have yet to fully test this part of the model at UTAS, but Table 5.3 proposes data analysis methods for attribution modeling and demonstrating societal impact. If you have learnings from this stage of the model you are willing to share, we would love to hear from you, so that we can collectively build our understanding and knowledge.
Worked example from the University of Tasmania

1. Decide on the consultation group:
The Health pilot project, which arose as a consequence of the prioritisation determined in Step 4, resulted in what is now known colloquially as the Hypertension Project – its formal title is ‘Prevention, Diagnosis and Management of Hypertension in NW Tasmania’. The individuals and partner organisations who participated in discussions for the Health pilot were invited to join the new Hypertension Project consultation group. Invitations were also extended to geographic health and subject matter experts, and community / consumer groups and individuals.

2. Create an action plan:
A review of UTAS’ impact in dementia led to the development of a retrospective means–end diagram (see Diagram 5.2), which maps all our activities that benefit people with dementia over three time horizons, along with how they relate to each other.

While there are many UTAS examples for which we could retrospectively attempt to demonstrate contribution, when it comes to planning for and implementing societal impact activities, we are only at the beginning of an endeavour that will take 20 years or more. With that in mind, it would be artificial to share examples of our progress in relation to the remaining three approach steps:

3. Build dashboards [in progress]
4. Monitor progress [in progress]
5. Demonstrate your impact [in progress]

Via a community of practice, we hope to continue to share our progress and learnings with other institutions working in this space.

Diagram 5.1: Visual representation of partnered governance framework for UTAS Hypertension Project

Governance framework

- Steering Committee
- Project Advisory Group
- Project Design Team

Community Group 1
Community Group 2
Community Group 3
Community Group 4
Diagram 5.2: An example means-end diagram to guide monitoring metrics for different time horizons, highlight what information needs to be collected, and demonstrate the societal impact of dementia-focused activities at UTAS. Information is fictional and for demonstration purposes only.

Time Horizon 1
- Rates of dementia predicted to double by 2015.
- 1,369 students enrolled in the Bachelor of Demential Care’s first year unit.
- Service on Board of Australia’s first research-ready dementia village and various advisory roles.
- Program of targeted research (2001–2016) 123 research outputs, 36.3 cites per output.
- Partnerships with public and private aged care organisations and services (e.g. MOUs with >150 providers).
- Understanding Dementia MOOC (top 50 of all time), $500K in salaries to develop.
- 76 Pharmacists were trained to deliver educational content.

Time Horizon 2
- Community – testimonials.
- Understanding of issues and needs: Lack of knowledge in the aged care industry and poor links between healthcare professionals, patients.
- Understanding of issues: Sedative use increasing.
- Boost prominence through international connections.
- 90,635 participants (180 countries) and average completion rate of 40%.
- 2,500 nursing staff and carers participated.
- 85% of UD MOOC participants were female, with a large proportion identifying as family carers or care-workers without tertiary education.
- 30,000+ Facebook followers.

Time Horizon 3
- Influence on medication use and approvals in the State’s public hospitals.
- Ongoing substantial philanthropic support (>6m) to continue to build impact.
- 77% MOOC participants agreed that they had used the knowledge that they gained.
- 38% antipsychotic users and 41% benzodiazepine users either reducing or ceasing use of these sedatives in 2016.
- 143 (95%) of the RACFs reduced their medication use.
- Understanding Dementia MOOC (top 50 of all time), $500K in salaries to develop.
- 76 Pharmacists were trained to deliver educational content.

Benefits to people with dementia
- Rates of dementia predicted to double by 2015.
- 1,369 students enrolled in the Bachelor of Demential Care’s first year unit.
- Service on Board of Australia’s first research-ready dementia village and various advisory roles.
- Program of targeted research (2001–2016) 123 research outputs, 36.3 cites per output.
- Partnerships with public and private aged care organisations and services (e.g. MOUs with >150 providers).
- Understanding Dementia MOOC (top 50 of all time), $500K in salaries to develop.
- 76 Pharmacists were trained to deliver educational content.
Table 5.3: Suggested data analysis methods that can be used for attribution modelling and demonstrating societal impact

<table>
<thead>
<tr>
<th>Nature of data or modelling</th>
<th>Conceptual models</th>
<th>Impact workshops</th>
<th>Scenario planning</th>
<th>Qualitative models</th>
<th>Bayesian Networks</th>
<th>Machine Learnings e.g. Multi-touch models</th>
<th>Agents-based Models</th>
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Resources for further support

Glossary

**Ability to influence:**
This refers to an organisation’s areas of strength, or unique qualities that distinguish it from other organisations. Strengths may be strong research capabilities, established and well-connected networks of industry partners, or high-quality teaching expertise. They are the areas where an organisation is most likely to have the ability to influence a positive outcome for an addressable factor.

An opportunity arises in Step 3 (which is based on Steps 1 and 2) to engage not only with current potential to influence but with future potential. Where opportunities are deemed very important but there is a low level of influence, then an assessment should be made of the potential to increase capacity to influence, and the likely return on investment in terms of impact. Scenario planning is an example of an approach that could help to identify the various tradeoffs involved in moving to increase capacity to influence. Of particular interest is the ability to identify where the maximum potential impact is likely to be.

**Addressable factor:**
This term describes a measurable and conceptually clear factor of societal need, such as ‘the proportion of students retained from Year 10 to Year 12.’ The addressable factors sit within the more broadly defined societal risks and opportunities. The addressable factors should not be unattainable (e.g., completely eliminate bushfires in Tasmania), or too specific so you can maximise your efforts (e.g., reduce the incidence of headlice in school-age children in the northern suburbs of Hobart). ‘Addressable factor’ is similar in meaning to terms used in traditional strategy documents, such as ‘initiative’ or ‘action,’ which we have purposefully tried to steer away from using.

**Amplified impact:**
Implicit in the idea is a focus on structural determinants of prosperity and wellbeing; factors that tend to ripple across all outcome domains. An example is the level of educational attainment in a community that has impacts across society, the economy, and the environment. In other words, the whole is more than the sum of its parts.

Amplified impact requires:
- Deep understanding of the dynamics of place
- An information base to enable tracking, measurement, and attribution of actions
- Partnering to foster collective impact
- A focus on influencing structural determinants of wellbeing, prosperity, and sustainability.

Here is a social sector example:
amplify.csi.edu.au/about/

**Component of importance:**
We use this term to refer to variables that encapsulate a characteristic, a number, or element of importance that can be measured or counted for the broad thematic area being assessed. It also refers to a qualitative judgment (e.g., a community narrative). See the UTAS ‘Worked example’ in Step 2.
Glossary

**Place:**
This refers to the people and places local to your organisation. Place is often described as local or regional impact in many jurisdictions. The geographic range of your place will depend on your organisation’s size and scale. We recommend defining a realistic range that enables your organisation to achieve desired societal impact goals.

**Component of organisational influence:**
This refers to variables that encapsulate a characteristic, number, or element of influence that can be measured or counted for the broad thematic area being assessed. See the UTAS ‘Worked example’ in Step 3.

**Framing societal risks and opportunities:**
Framing is critical for developing a shared understanding of societal risks and opportunities. Framing is about reaching agreement on the opportunity or problem, its context (e.g., contributing factors), and how to address it. Ideally the framing is connected to a common theory of change. Traditionally, universities use research goals for framing, rather than, for example, the societal risk or opportunity the research may contribute to solving.

*Here is a good example of how to go about framing a societal impact opportunity: ctb.ku.edu/en/table-of-contents/advocacy/encouragement-education/reframe-the-debate/main*

**Means-end model:**
Also known as a means–end diagram, it is a suggested strategy development tool that provides multiple functions for societal impact planning. It breaks a problem up into manageable pieces and uses intermediate goals to bridge the gap between ‘current state’ and ‘desired state’. A quick Google search will turn up many excellent resources for means-end model development.

**Place-based:**
Place-based refers to orienting and coordinating resources of the organisation towards a deeper understanding of place dynamics and the capacity (with others) to construct place advantage. By focusing on where there is a shared understanding and prioritisation of a societal risk or opportunity, a collective impact approach is possible. This focus is not simply on knowledge about place but knowledge for place. A core assumption underpinning place-based is that a deeper understanding of place and for place will construct advantage for amplified impact; for example, by enabling the identification of risks and opportunities for industry innovation, productivity, and growth.

**Scope of societal risks and opportunities:**
Scope refers to the range and volume of societal risks and opportunities that will be considered.

**Societal risk or opportunity:**
This describes a societal challenge, such as ‘educational attainment’. Societal risks and opportunities are the middle tier within a loosely defined classification system (see Table 1.1). They sit within a broad thematic area such as Education (upper level), and guide the identification of specific addressable factors (lower level).
Glossary

**Theory of change:**
A theory of change is an ‘if…then’ statement that connects the addressable factors through possible intervention pathways to probable impacts. The strength of the relationship between the intervention(s) and planned impacts enables statements around contribution and possible causation. In preventable health, a theory of change could be that if we can reduce hypertension through family and community-based early intervention around lifestyle and access to pharmaceuticals, then health status will improve leading to increased levels of wellbeing and workplace productivity. University research is often a key measurable component of a theory of change.

Here is a good example of how to go about developing a theory of change: [ctb.ku.edu/en/table-of-contents/advocacy/encouragement-education/proposal-for-change/main](http://ctb.ku.edu/en/table-of-contents/advocacy/encouragement-education/proposal-for-change/main)

**Theory of change and ability to influence:**
One of the key assessments involved in ‘capacity to influence’ is the strength or veracity of the underlying theory of change. That is, the level of confidence that impact will occur because of the planned intervention(s). As the levels of complexity, scale, and scope increase, then the capacity to influence often declines. While not an argument to avoid ‘wicked problems’, it is an argument for clarity around confidence for impact and therefore the ability to attribute back to decisions at this stage around capacity to influence.