



Understanding Theories of Change

CHAPTER

2

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- Components of a Theory of Change
- Recorded, Expressed, and Active Theories of Change
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A Theory-Based Approach to Change, Complexity, and Accountability

One of the most effective strategies for managing complexity and change and establishing accountability is for system stakeholders to develop a clear link between their ideas and the strategies they intend to put in place. Creating an effective system of care is more than establishing a wraparound program or an interagency council. It requires a well-developed concept for how a system will be built and the identification of the actual strategies believed necessary to create change. Participants in the system-development process can benefit from a theory-based approach to system reform and service planning that helps them make explicit links between their ideas or theories about what will work best in their community, the strategies they plan to implement, and the outcomes they hope to achieve. Not doing so places system planners and implementers in danger of implementing services prematurely, selecting strategies that are not appropriate for the populations served, and engaging in activities that will not lead to improved system functioning and improved child and family well being.

Simply stated, a theory of change is the articulation of the underlying beliefs and assumptions that guide a service delivery strategy and are believed to be critical for producing change and improvement in children and families (Hernandez & Hodges, 2001). Theories of change represent the beliefs that system planners, implementers, and funders hold about what children and their families need and what strategies will enable the service system to meet those needs. A theory of change establishes a clear link or connection between a system's mission and goals and actual outcomes. Theories of change create meaningful associations between the context of service delivery, the children and families being served, the strategies or activities that are being implemented, and the desired outcomes.

In addition, the process of developing a theory of change can help establish consensus among staff and other stakeholders regarding the design and implementation of a system of care.

A theory of change for a local system of care is "theory" in the sense that it represents stakeholders' best ideas about the action they need to take. For example, at the system level, theory might involve specific combinations of partner agencies, funding agreements, and policy changes. At the program level, theory will involve the development of a unique array of services and supports. Although planners may be implementing services and supports that have evidence regarding their effectiveness, their unique combination within a particular community represents local stakeholders' best guess about how they should be prioritized and how they will work in combination with one another. These unique combinations of services and supports are "theory" about what strategies are most likely to produce a particular result for a population of children and families. As theory, stakeholders must monitor the results of implementation to determine if their strategies have been successful in creating the anticipated change. A theory of change approach to system development assumes the need for ongoing feedback so that implementation can be adapted and changed if it is not as effective at producing change as originally expected.

The process of developing a system of care theory of change is designed to make explicit the goals and values of local stakeholders and provide them with a tool to describe the infrastructure, procedures, services, and support used to accomplish those goals and implement those values. A theory of change approach to system development provides a way to make the de facto system visible and subject to thoughtful examination by the participants in that system. Theories of change are useful in reducing the complexity inherent in creating system change because they offer a specific approach for working at the multiple levels at which change must occur. By creat-

What is a Theory of Change? Beliefs that funding agencies, planners, and implementers have about

- *What children and their families need, and*
- *What strategies will enable them to meet those needs*

ing theories of change at the broadest organizational and policy level as well as the program and practice levels, system developers are better able to integrate their efforts so that policy-level actions are reflected in the experience of children and families served.

Theories of change can and should differ from one system to the next because communities differ in their needs and strengths. Although all systems of care will share similar goals of providing individualized, community-based, culturally competent services in the least restrictive clinically appropriate environment, the changes that a particular community will need to make in order to achieve those goals will differ and should reflect specific community needs and strengths.

Components of a Theory of Change

A theory of change has two broad components.

The First Component

The first component of a theory of change involves conceptualizing and operationalizing three core elements of the theory. These elements can be defined as:

Population Context: A description of the needs and strengths of the population to be served in the context of the environment in which system development will occur.

Strategies: A description of the strategies that stakeholders believe will accomplish desired outcomes.

Outcomes: A description of the goals or desired outcomes of the system, including desired change for the population of focus.

The Second Component

The second component of a theory of change involves building an understanding of the relationships between the three core elements and expressing those relationships clearly. Stakeholders must make the link among the population context, strategies, and outcomes explicit by articulating why they believe

the strategies they have chosen will make a difference for the population of focus. In doing so, they will have a clearer and more informed understanding of what should be implemented and what they expect to accomplish.

Identifying the three core elements of a system theory and clearly articulating their relationship provides system stakeholders with a picture of:

- What a system of care will look like in their community,
- What local service delivery processes and infrastructure changes will be necessary to develop this system of care,
- Whether stakeholders share a vision of how to accomplish this change, and
- What steps should be taken to build stronger consensus among stakeholders and to engage them more fully in the development process.

Figure 1: Theory of Change Component 2



Understand and express the relationship between the three core elements

Recorded, Expressed, and Active Theories of Change

In order to reach consensus on a theory of change for a system of care, stakeholders must consider the possibility that theories of change exist in more than one form. Theories of change can be one of three types: recorded theories of change, expressed theories of change, and active theories of change.

Recorded Theory

Recorded theories are the articulation of intended action. These represent the formal conceptualization of programs, systems, and strategies. Recorded theories of change tend to be oriented toward the future because they focus on intended action and results. These theories are often found in written documents that represent an official or public description of systems or programs. Recorded theories of change can be found in grant proposals, statements of purpose, mission statements, and guiding principles for systems and programs.

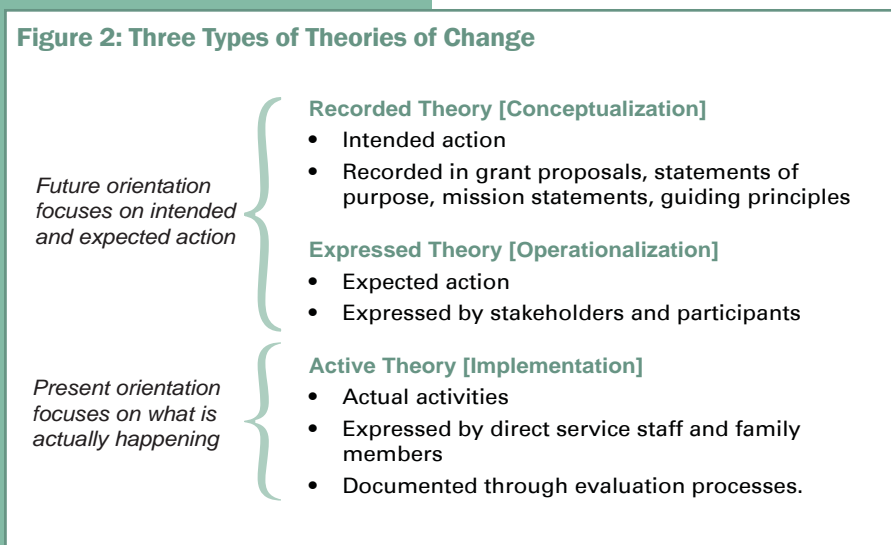
Expressed Theory

Expressed theories are articulated through the verbal descriptions of systems and programs offered by individual stakeholders. They focus on the expected action and results. Expressed theories represent the operationalization of programs, systems, and strategies at the stakeholder level. Such descriptions can provide insight into how individual participants believe their system or program is operationalized. These may differ markedly from the conceptual descriptions contained in official documents and also differ from one stakeholder to another.

Active Theory

Active theories represent the implementation of programs and systems at the level of the child and family. They focus on the actual activities of a system or program as they relate to children and families. Because active theories articulate what is actually happening at a given point in time, active theories are anchored in the present. Active theories can be documented through evaluation processes and or quality improvement processes that capture information about who is actually receiving services, what services are actually being delivered, and what the rationale is for providing these specific services. For example, the service delivery strategies of a system of care should be implemented in a manner consistent with systems of care principles. It is important to evaluate the fidelity of service practices to systems of care principles. The System of Care Practice Review (SOCPR) is an example of an evaluation tool that has been used successfully to assess systems of care principles for children's mental health (Hernandez et al., 2001).

Figure 2: Three Types of Theories of Change



Integration of Theories

The challenge to stakeholders is that the recorded theories that were conceptualized during the proposal writing process may not be consistent with the expressed and active theories that are in place as a funded project is operationalized and implemented. This inconsistency is not an uncommon occurrence because one individual or group of individuals is often responsible for grant writing and others are later responsible for operationalizing and implementing the funded project. The problem of inconsistency is compounded if staff turnover occurs during the months between when a grant proposal is written and when the project is funded. In addition, few grant-writing processes have the luxury of time that would allow the inclusion of all the people who are expected to implement the funded project. In addition, divergent and conflicting theories may exist within these theory types because individual stakeholders do not share the same beliefs or ideas for change.

An important goal of using a theory-based approach in the development of systems of care is to achieve unity within and across the recorded, expressed, and active theories. This ensures that multiple perspectives embedded in these theories are clarified and integrated. For a discussion of theories of action and research related to the connection between theory and practice, Patton's Utilization-Focused Evaluation is recommended (Patton, 1997).

Theories of Change at Multiple Levels

Theories of change should be developed for the multiple levels of a local system of care. These levels range from a broad policy and organizational level to the level of a specific program or practice. Depending on the complexity of the desired system and service delivery changes, more than one framework level may need to be developed in order to

capture the comprehensive nature of local system development.

The most significant and relevant levels for systems of care are called the System, Bridge, and Practice levels. The System Level defines the population of focus most broadly (e.g., children with serious emotional disturbance and their families) and identifies what elements of the system will need to change in order to better serve that population within a particular community. System Level strategies are most often about broad policy that affects interagency relationships and funding processes that directly or indirectly influence the ability to serve these children and families locally. As a result, outcomes associated with the System Level are related to the mechanisms, structures, and processes needed to ensure that services are provided in a coordinated and holistic manner. Other outcomes can include improvements in collaborative planning between community and state level partners, the ability to serve children and adolescents within their own communities, expanded services and supports, and improved access to an array of flexible services (Stroul, 1993). It is not appropriate for outcomes associated with System Level change to focus on symptomatic change at the individual child and family levels. Instead, they should reflect the expected changes associated with accomplishing organizational reform consistent with systems of care values and principles (Hernandez & Hodges, 2003).

Connecting System Level change to services at the individual child and family level requires an intermediate or Bridge Level linking the two. This Bridge Level is intended to define the population of focus with more specificity and to identify services and supports for these children and their families. For example, strategies at the Bridge Level might describe clusters of services and supports for youth in foster care so that their movement into more intensive placement is interrupted. Examples of outcomes at the Bridge Level include

Figure 3: Theory of Change Levels

System Level:

- Broadest expression of how to meet community needs for children with serious emotional disturbance

Bridge Level:

- Increased detail provided for
 - Specific strategy
 - Specific program
 - Specific process

Practice Level:

- Greatest detail for program or practice

changes in the number of children in intensive placements, the stability and the length of these placements, and changes in the stability of children once they return to their home communities.

The Practice Level defines the population of focus at the level of actual service delivery and identifies issues and strengths related to child and family level practice. Practice Level strategies are carried out for individual children and their families. This level is embedded in the Bridge and System Level strategies in that Practice Level strategies should be both consistent with and a continuation of strategies at the Bridge and System Levels. Examples of strategies at the Practice Level could include the implementation of wraparound processes, coordination of care, day treatment programs, respite care, and therapeutic interventions. Outcomes associated with this level can be measured at the level of an individual child and may include symptom reduction, improved social skills, and reduced

functional impairment.

In systems of care, the System, Bridge, and Practice Levels exist simultaneously and together define the system of care. No one level represents the entire system of care. In this manner, they are nested or embedded in one another so that consistency of purpose and strategy across levels can be achieved. This process of linking across levels is called Dynamic Chaining. The chaining or linking of these levels helps achieve consistency of purpose throughout a local system of care. It is important to remember that the process is dynamic because strategies can be adapted and changed at each level, incorporating feedback regarding the results of strategies as they are implemented across and between levels. Linking strategies across levels ensures that direct service staff understands how the outcomes they are achieving fit into the goals of the entire system. When systems are unclear about their System Level goals and the associated strategies, practice level staff will likely be confused.

Figure 4: Dynamic Chaining – Keeping the Levels Connected

