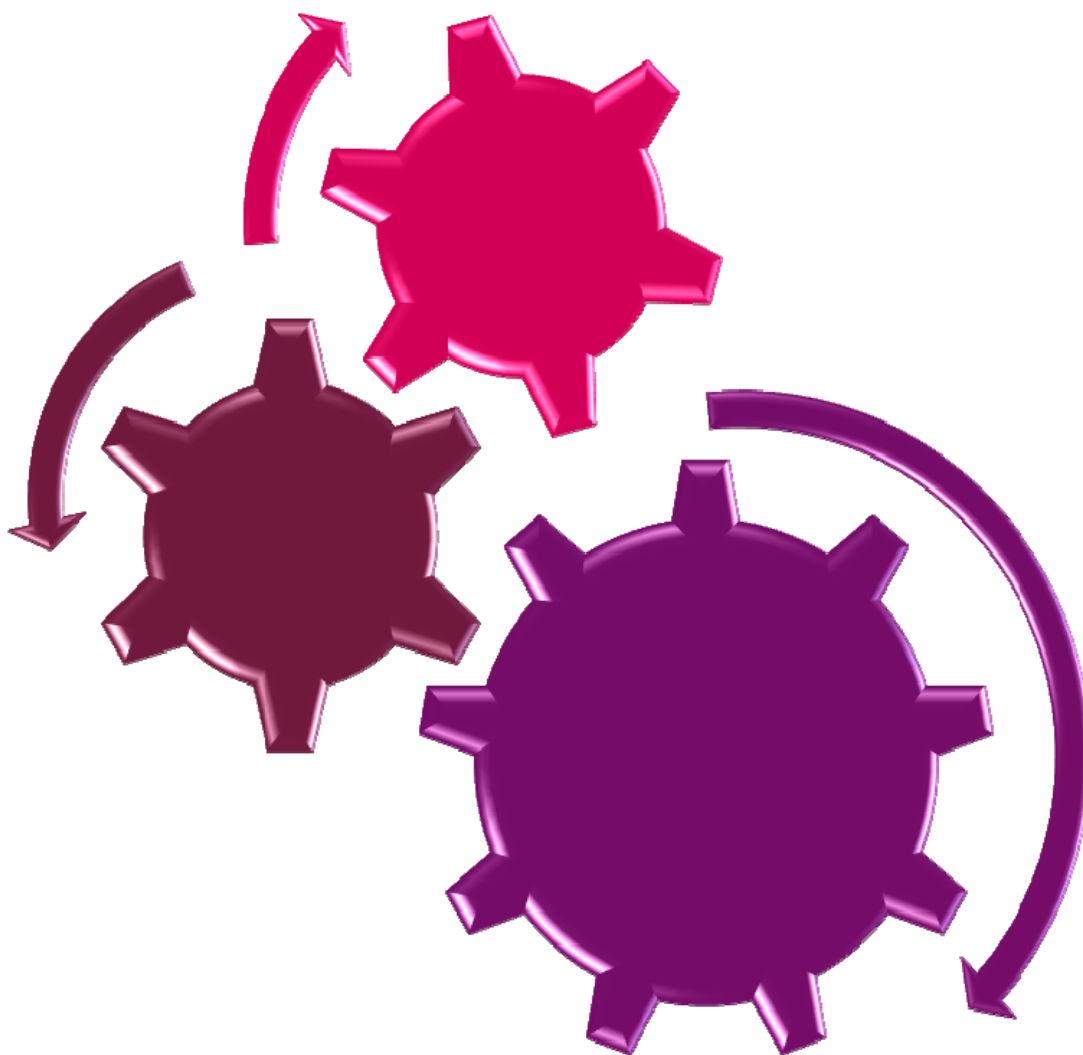


Making Connections

Using a theory of change to develop
planning and evaluation

By Jean Ellis, Diana Parkinson and Avan Wadia
for Charities Evaluation Services

February 2011



Background to this guide

This guide was written by Jean Ellis, Diana Parkinson and Avan Wadia for Charities Evaluation Services' National Performance Programme. The National Performance Programme is funded by Capacitybuilders' National Support Service programme and is led by Charities Evaluation Services (CES) in partnership with ACEVO, the LGBT Consortium, nef (the new economics foundation), New Philanthropy Capital and Voice4Change England.

Improving Support is an initiative led by Capacitybuilders that brings together practical resources and learning to strengthen support services for voluntary and community organisations.

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Introduction

This guide

This guide is an introduction to the ‘theory of change’ approach to planning, monitoring and evaluation. It explains what it is, why to use it and how to use it. It will help you:

- understand what the theory of change is
- see how it fits with other models of planning and evaluation
- decide whether it is the right model for your organisation
- develop your own theory of change.

Chapter 1 provides an overview of the theory of change approach and Chapter 2 explains more about how the approach is used. Chapter 3 is the core chapter: we take you in greater detail through the several steps of developing a theory of change, and discuss what you will need to include in it to make it most useful. Chapter 4 describes how a theory of change can serve as a dynamic and comprehensive framework for evaluating projects and programmes.

The guide illustrates the text by building a theory of change step-by-step for a fictitious project working with unemployed young people. We also provide links to a real-life example of theory of change developed by TB Alert and to a case example of an evaluation using the approach by the Chinese National Healthy Living Centre.

The guide also provides suggestions for [further reading](#) and a [glossary](#).

Who this guide is for

Making Connections is aimed at voluntary or community sector organisations wanting to bring about change – whether at an individual, organisation, community or policy level.

The language used in this guide

Long-term aim is used to mean the overall aim of your project or organisation. For some organisations this may equate to a mission statement.

Specific aims are broad areas of change that you hope will bring about the long-term aim.

Outcomes are the specific changes, benefits, learning or other effects that happen as a direct result of your activities or services.

Outputs are all the detailed activities, services and products you do or produce.

Stakeholders are the people or groups who are affected by or who can affect the activities of an organisation, including users.

Pathways of change show both the links between the specified outcomes and the links between different outputs and outcomes.

Assumptions refer to the underlying conditions or resources that need to exist for planned change to occur.

1. What is a theory of change?

The theory of change model

A theory of change is a description of a social change initiative that shows how early changes relate to more intermediate changes and then to longer-term change. It can form the basis of strategic planning and, as a blueprint for the work ahead and its likely effects, it can be used for management and decision making as a project or programme develops and progresses.

It can also reveal what should be evaluated, and when and how, so that project and programme managers can use feedback to adjust what they do and how they do it to achieve the best results. A theory of change methodology will also help to identify the way people, organisations and situations change as a result of an organisation's activities or services, helping to develop models of good practice.

Theory of change concepts began to emerge from 'realistic' evaluation techniques in the 1970s and 1980s, driven by the need to deal more effectively with context issues and complexity when evaluating larger social programmes. The term 'theory of change' emerged in the early 1990s.¹

A theory of change is particularly helpful when you want to think through all the different elements required for a successful complex initiative. However, a theory of change model can be a flexible tool and be useful for more straightforward projects as well as for more complex programmes. A theory of change may be described in outline or in greater detail and complexity. It may be stated as a narrative and in a variety of ways visually.

The [CES Planning Triangle](#), used widely as a starting point for project planning and evaluation, is a basic theory of change. It is worked through by clarifying the specific aims and outcomes that will be required to achieve long-term aims or impact. Once specific aims have been identified, objectives (and their outputs) are agreed that will directly link to, and will result in, desired change.

The CES website illustrates [fully worked triangles](#) for different types of projects.

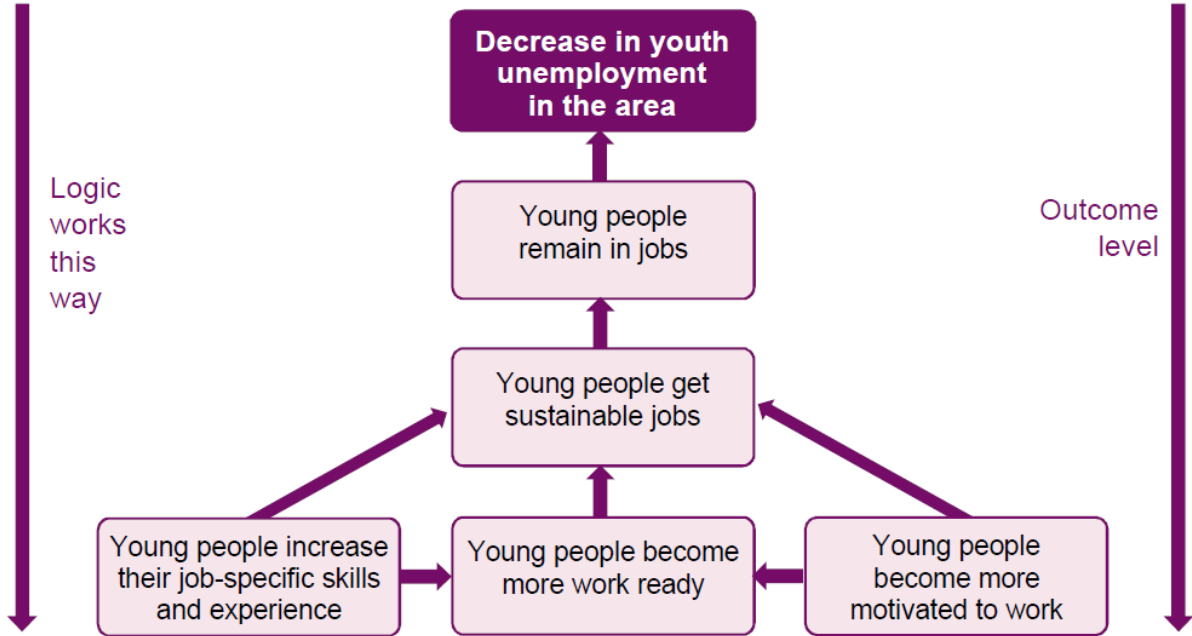
A fully developed theory of change will spell out more clearly the sequence in which outcomes are likely to happen, how early and intermediate outcomes lead to end outcomes, and how they connect to each other. (There is an illustration of intermediate outcomes on page 14). Sometimes outcomes are closely related, or they may occur independently. These changes and connections are often represented visually, for example through a chart, or a set of tables.

¹ For realistic evaluation, see Pawson, R and Tilley, N (1997) *Realistic Evaluation*, Sage Publications, London. In the US, the theory of change approach (ToC) was developed by the Aspen Institute (Fulbright-Anderson, Kubisch, and Connell, 1998).

Mapping the change journey

This guide provides an example of a straightforward project with unemployed young people, and illustrates a theory of change in its different stages of development. Diagram 1 below shows how the project can map a sequence of outcomes that will achieve its long-term aim, 'To reduce youth unemployment in the local area'.

Diagram 1: Developing a sequence of outcomes

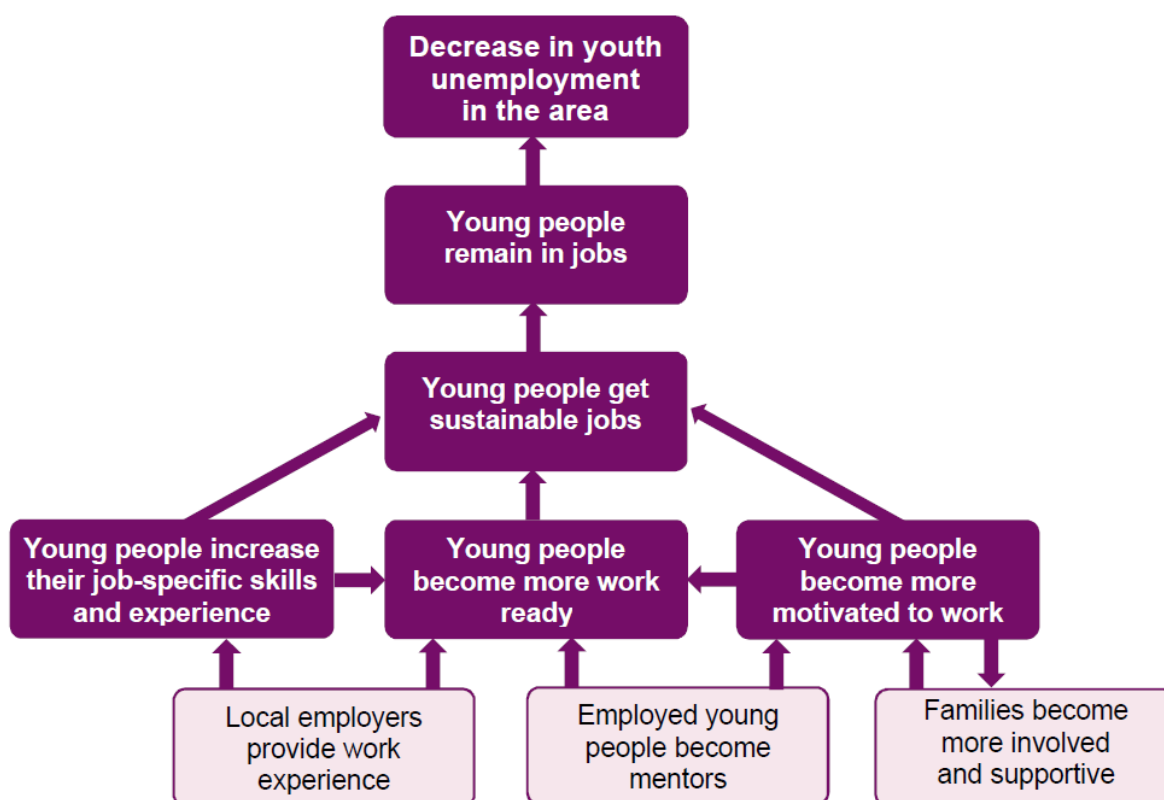


In the diagram above, the arrows between outcomes show the direction of change. However, the theory of change is **mapped backwards**.

Once the longer-term aim and the desired outcomes are clear, you can agree the activities and outputs that will achieve change.

As you start thinking through the activities and outputs necessary to deliver the results, you may identify other groups that you will need to work with to achieve the desired outcomes, and your model will become more detailed as these preconditions for change are added. This is shown in Diagram 2 on page 4.

Diagram 2: How change happens – developing the theory



In order to be really useful as a planning tool and evaluation model, the theory of change will also identify:

- **the assumptions** that are being made. These could be about the effectiveness of specific models of service delivery, or about the context in which you are working.
- **the resources** you will need to carry out your activities
- **the collaboration** or points of contact you will need with other agencies
- **the timelines** attached to your activities, delivery of outputs and different levels of change.

These different components of a theory of change are discussed further in Chapter 3, *How to develop a theory of change*.

What are its benefits?

A theory of change puts emphasis on what you want to *achieve* rather than what you want to *do*. It offers a theory of **causal connections** that can provide a firm basis for deciding on particular activities, delivery models and outputs. It suggests plausible expectations of achievable outcomes. It requires you to bring to the surface and think about underlying assumptions and to test them.

In the US, ActKnowledge, in partnership with the Aspen Institute Roundtable on Community Change, has developed training materials, examples, and a website (www.theoryofchange.org) to build the capacity of organisations working in the social change field to do better planning and evaluation by being clear about what they expect to accomplish and why.² The website says that working through a theory of change process will provide:

- **a clear and testable theory** about how change will occur, which can give you a framework for monitoring and evaluation, and provide the basis for both accountability and learning
- **a visual representation of the change** you want to see and how you expect it to come about
- **a blueprint for evaluation** with measurable indicators of success identified
- **an agreement among stakeholders** about what defines success and what it takes to get there
- **a powerful communication tool** to capture the complexity of your initiative.³

Chapter 2 discusses in greater detail how you can use a theory of change.

² ActKnowledge is developing an online tool that will help organisations build theory of change models.

³ Source: <http://www.theoryofchange.org/background/benefits.html>

2. Using a theory of change

A robust process

External evaluators quite often find that those planning projects and programmes have selected outcomes that are inappropriate to their work. The advantage of spending time on a theory of change when planning an initiative is that the exercise can be used to bring to the surface, and to challenge if necessary, the assumptions about how people expect certain outcomes to be achieved.

If this process is shared between trustees, project personnel, funders and other stakeholders, this can result in more appropriate shared expectations.

Once you have developed your theory of change, you can use it to:

- plan
- evaluate
- communicate the journey of change for your work.

If a theory of change is not developed when a project is planned, it can be done at a later stage, as part of checking progress, or the first stage of a more thorough evaluation

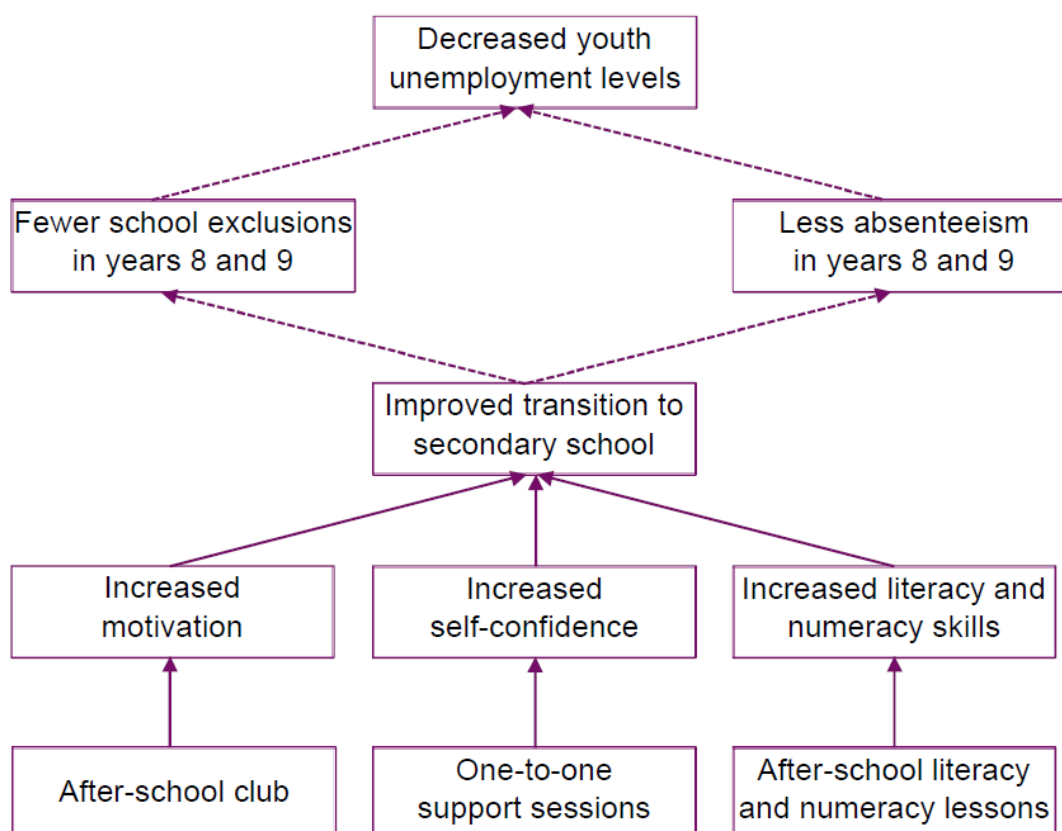
More realistic planning

A theory of change exercise can be an ideal opportunity to get stakeholders really involved in your work. It provides an opportunity for all those involved to assess what they can influence and what level of change they can realistically expect to achieve within the time and resources available.

Organisations sometimes find that there is a gap between the level at which they are working with users and the evidence of impact that their funders want to see demonstrated – a gap between project level and higher-level outcomes. A theory of change might help you show how your project, working at a local level and on a relatively small scale, can contribute to the broader picture.

For example, if our illustration project wants to contribute to the longer-term aim of reducing youth unemployment, but is working with younger children, aged 9-13 years, providing an intervention at transition to secondary school, it may feel that it can not realistically be accountable for achieving this longer-term aim. There will be too many other individual, family or other context factors, both positive and negative, that will affect longer-term change. However, it would be valid for the project's theory of change to show the links between the outcomes that it can directly influence through its own work, and those positive longer-term changes to which it might contribute, as shown in Diagram 3.

Diagram 3: Keeping aims realistic – demonstrating the link



----- Indicates effects that may occur after the project's intervention

A theory of change will also give you a detailed picture of the steps needed to achieve an aim and to identify what services to design or outputs to deliver, when, and to whom, and what resources you will need. This will provide a sound basis for writing a business plan or producing a detailed action plan about how you are going to deliver your work.

Using a theory of change for planning a campaign

Campaigning organisations are generally clear on their strategies, tactics and their long-term aims. These long-term aims are often expressed as policy changes, environmental conditions or changes in the wellbeing or quality of life for specific groups of people. Meaningful evaluation of campaigning work requires definition of what happens between the implementation of strategies and the ultimate long-term outcomes or impact.

In order to achieve a policy change or set an agenda, organisations may identify a number of strategies including campaigns, collaborations, public awareness efforts, community mobilisation efforts and so on.

Through a theory of change, campaigns can plot the different arenas of change that they want to alter, and how they relate to each other:

- **Strengthened organisational capacity:** skills, staffing and leadership
- **Strengthened alliances:** level of coordination, collaboration and mission alignment
- **Strengthened base of support:** the grassroots, leadership and institutional relationships and alliances
- **Improved policy:** stages of policy change in the public policy arena, including adoption, implementation and funding
- **Shift in social norms:** the knowledge, attitude, values and behaviours
- **Changes in impact:** the ultimate changes in social and physical lives and conditions. Impact is affected not just by policy change, but by other strategies, such as community support and changes to behaviours.

Adapted from Organizational Research Services for the Annie E. Casey Foundation (2009) *Getting Started: A Self-Directed Guide to Outcome Map Development Exercise*, Seattle.

Developing learning

A theory of change can provide a framework against which you can analyse your project's progress and its unfolding effects. Your theory will identify specific aspects of your work, allowing research questions to be developed around them; these will provide the basis for an evaluation. When you evaluate, it will allow you to question what it is about a specific project or intervention or way of working that causes or triggers change for individuals, for organisations or for policy change. It can also question what other sets of conditions or circumstances, apart from project activities, will be necessary for desired outcomes to occur.

Whether the evaluation is carried out internally or externally, if project personnel are involved in establishing a theory of change, it can encourage a greater culture of analysis and learning within the organisation.

Chapter 4 discusses using a theory of change for evaluation in greater detail.

Improving communication

Once you have established a well-thought through process and have identified the journey of change, you will be better equipped to make your case with funders for investing in your initiative, and will have the basis for sharing a common language and understanding.

Using a theory of change for funding social initiatives

Theory of change models are increasingly being used by some funders:

- to design their funding programmes
- to help funded organisations design projects
- to provide a basis for reporting by funded organisations.

A theory of change can be particularly helpful when the desired programme change is difficult to define or quantify. It can also be a useful tool to think about the level of impact, influence and leverage that can be reasonably expected with the financial resources available for a programme.

A theory of change set out for the SOAR Opportunity Fund in the US shows the theory of change for a programme of supporting quality of family, friends and neighbour care. It identifies change at three levels:

- **Impact** on wellbeing for children, families and communities directly served by grants
- **Influence** on policies, regulations and systems
- **Leverage** in terms of public and private investment in improving outcomes for children and families.

If funders work with funded organisations on a theory of change, it may change the relationship with them. It will require a closer partnership and more transparency about weaknesses and problems than most organisations are used to.

Source: Organizational Research Services for the Annie E. Casey Foundation (2004) *Theory of Change: A Practical Tool for Action, Results and Learning*, Seattle.

An evaluation framed around a theory of change will provide a powerful tool for influencing policy makers and to help contribute to further debate about good practice.

The time you invest in developing your theory of change will depend in some respects on the complexity of your project or programme. The process can be quite time-consuming, potentially involving research into similar initiatives to help you develop your theory, and bringing together a group of people with insight into your work. Above all, it will require commitment and an organisational culture that values learning and allows time for it. Chapter 3 describes this process through a series of five key steps.

3. How to develop your theory of change

Planning the process

Before you begin work on developing your theory of change, there are a number of points you should consider:

- Why do you want to develop a theory of change? Who will the target audience be? How you will use it?
- What will be the scope of your theory of change? Will it be a simple change model or a more detailed, complex one?
- How much time can your organisation commit to the process, including adequate time to consult with your stakeholders?
- Who will lead the work (a lead person or team with adequate support)?
- Do you have adequate skills in house, or do you need an external consultant to work with you to facilitate the process and provide technical support?
- How will your stakeholders be involved? You will need to clarify what is expected of them, how long the process will last, and how you will use any information gathered.

Your developed theory of change should be:

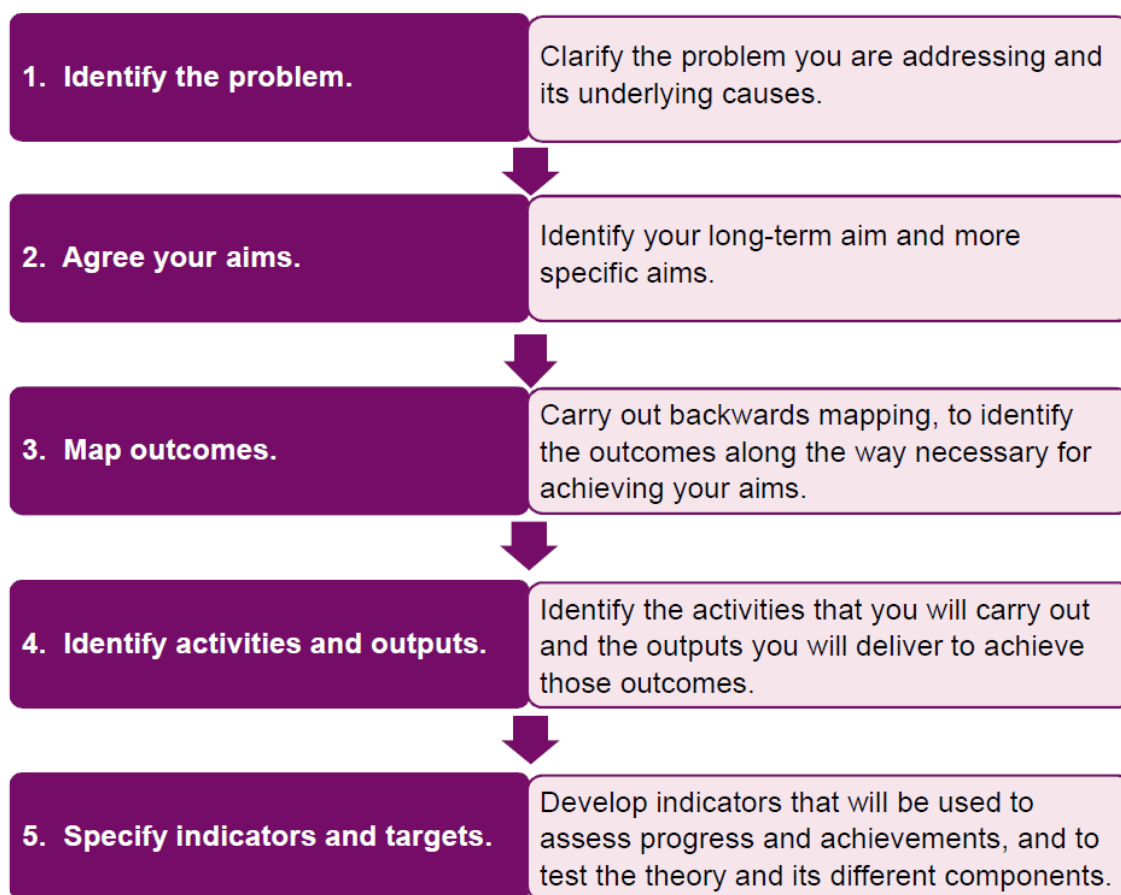
- **Credible.** It should be based on previous experience and insight from your different stakeholders or relevant research where appropriate.
- **Achievable.** You will have the necessary resources to carry out the intervention as detailed.
- **Testable.** The model will provide clear, specific and comprehensive indicators that you can use to assess progress and achievements.
- **Supported.** Your stakeholders will be involved in defining and agreeing your theory of change and you will have a common language with which to go forward.

Your theory of change is likely to include a map, or series of maps, of your aims, outcomes and the activities and outputs that you believe will lead to your long-term aim. This may be accompanied by a list of assumptions and a narrative demonstrating the linkages between different elements of the model.

What are the steps?

Your process will depend to a certain extent on whether you develop a theory of change when you are planning your project or programme, or whether you are developing it retrospectively for evaluation purposes. You should also be guided by your available resources and what is realistic in terms of the change you are aiming to achieve.

The process will include the following steps:



As you move along these steps, you will need to clarify and make explicit the assumptions that lie behind your theory. This is discussed further on page 20.

Some outcomes may be outside the direct influence of any one organisation, or any one intervention. Once this question is thought through, you might suggest ways of working together with other agencies that can influence those changes that will be important to the achievement of your targeted outcomes.

Change frameworks usually go through many revisions. Outcomes may be added, moved and deleted until a map emerges that tells a story the group can agree on. This discussion is an important part of the process.

Step 1: Identifying the problem

Your starting point is an analysis of the problem you are trying to address and its underlying causes. You can do this by:

- using research – either commissioning your own research or referring to other people’s research
- consulting with your users – for example, by holding focus groups or sending out a survey
- drawing from your own previous experience and that of your stakeholders.

It is important to identify the causes of the problem, as this will suggest the step-by-step changes that you want to see. For example, if one element of the problem of youth unemployment is that young people become discouraged and de-motivated by their experience of looking for work, your theory may suggest developing a stronger sense of their potential place in a working environment; in order to do that young people should gain some experience of work placements.

Step 2: Agreeing your aims

Agreeing your long-term aim

The main problem you are addressing should be mirrored in its ultimate resolution – your long-term aim. This long-term aim is the starting point for your theory of change.

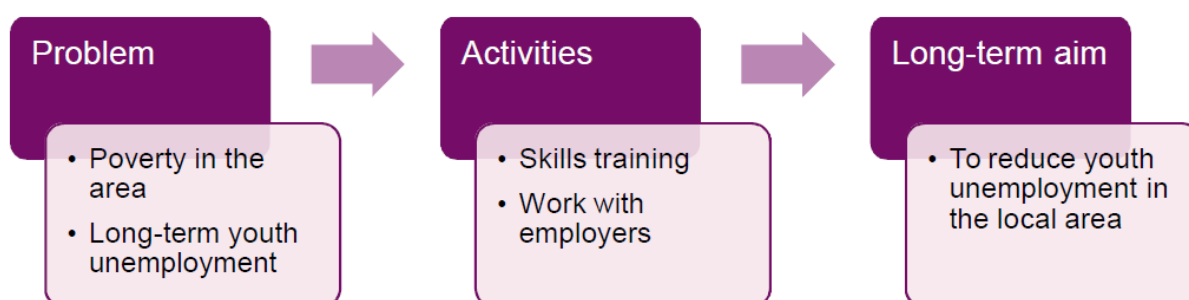
Summarise your long-term aim in a clear statement. This should describe the broad difference you want to make. In our illustration project, where the problem is youth unemployment: **‘Our long-term aim is to reduce youth unemployment in the local area.’**

You may also want to think about how your long-term aim fits in with local strategic priorities or funding programmes, so that you can place your work in a wider context. This may involve looking for relevant research or identifying connections between your work and those broader priorities.

There is more about developing aims in CES’ publication, [First Steps in Monitoring and Evaluation](#).

At this stage, you are likely to have a start point (the problem and identified needs) and an end point (long-term outcomes), and some general ideas about the sort of activities the project might carry out. This is illustrated in Diagram 4.

Diagram 4: First steps in a theory of change



Agreeing specific aims

You will then need to work back from your long-term aim to think about the changes (specific aims) that need to happen in order to achieve this longer-term change.

Use your more detailed problem identification to define broad areas of change that will help you to address the issues you have identified. Try to think about all the different ways in which people might change:

- situations (for example, housing, employment)
- wellbeing (for example, mental or physical health)
- behaviour (for example, involvement in crime, drug use)
- attitudes and feelings (for example, how people feel about themselves or others)
- skills and abilities (for example, communication skills or ability to work under pressure)
- awareness and knowledge (for example, awareness of rights)
- relationships (for example, with peers, family or at work).

Think also about the ways in which situations might change:

- policy (for example, changes in immigration law)
- environment (for example, better access to green spaces)
- services (for example, new services or services delivered in different ways)
- ways of working (for example, new partnerships developed).

Your theory will show how each of your specific aims links with your long-term aim and how the project can contribute to, if not achieve, long-term outcomes.

Identifying specific aims

In order to achieve our long-term aim, we will need to:

- increase the levels of motivation and aspiration in the young people
- develop young people's job-related skills and experience
- enable young people to be work ready
- develop commitment by local employers to providing greater training opportunities for young people.

Step 3: Mapping outcomes

Once you have identified your long-term and specific aims, the next step is to work backwards from each of your specific aims. At this point, you are beginning to plot the change process in much greater detail, thinking about the different steps along the journey towards each specific aim.

Take each specific aim in turn and think about the changes needed to achieve them. These will be intermediate outcomes. There is more about intermediate outcomes in the CES guide [Your Project and its Outcomes](#).

Identifying intermediate outcomes

To achieve our specific aim, 'To enable young people to become more work ready', young people will:

- have a better understanding of what being in work means
- become more aware of how they will need to improve their own skills or knowledge, or perhaps change their behaviour
- have more knowledge and skills in work-related areas, such as looking for work or managing money
- know how to behave in the workplace
- be more confident of their place in a working environment.

Some of the young people will need to improve basic skills such as literacy, numeracy and IT skills.

Once you have identified outcomes, you can start to work out the order in which they will need to occur. For each outcome you should think: *What change will be needed before this can happen? How does this outcome relate to other changes?* These links between different outcomes are the pathways of change.

A pathway of change

Before young people are ready to gain experience in the workplace, they will need to have an understanding of how to behave in the workplace and to have developed appropriate skills. Some young people will also need to have improved their basic skills.

Change may be complex; outcomes may occur independently of each other or they may be linked. As you chart this, try to show these relationships. The flowchart in Diagram 5 (on page 16) illustrates how you might do this.

Your outcome map will show the pathways; it may be a visual diagram that depicts relationships between initiatives and intended results. These outcomes may reflect changes at different levels:

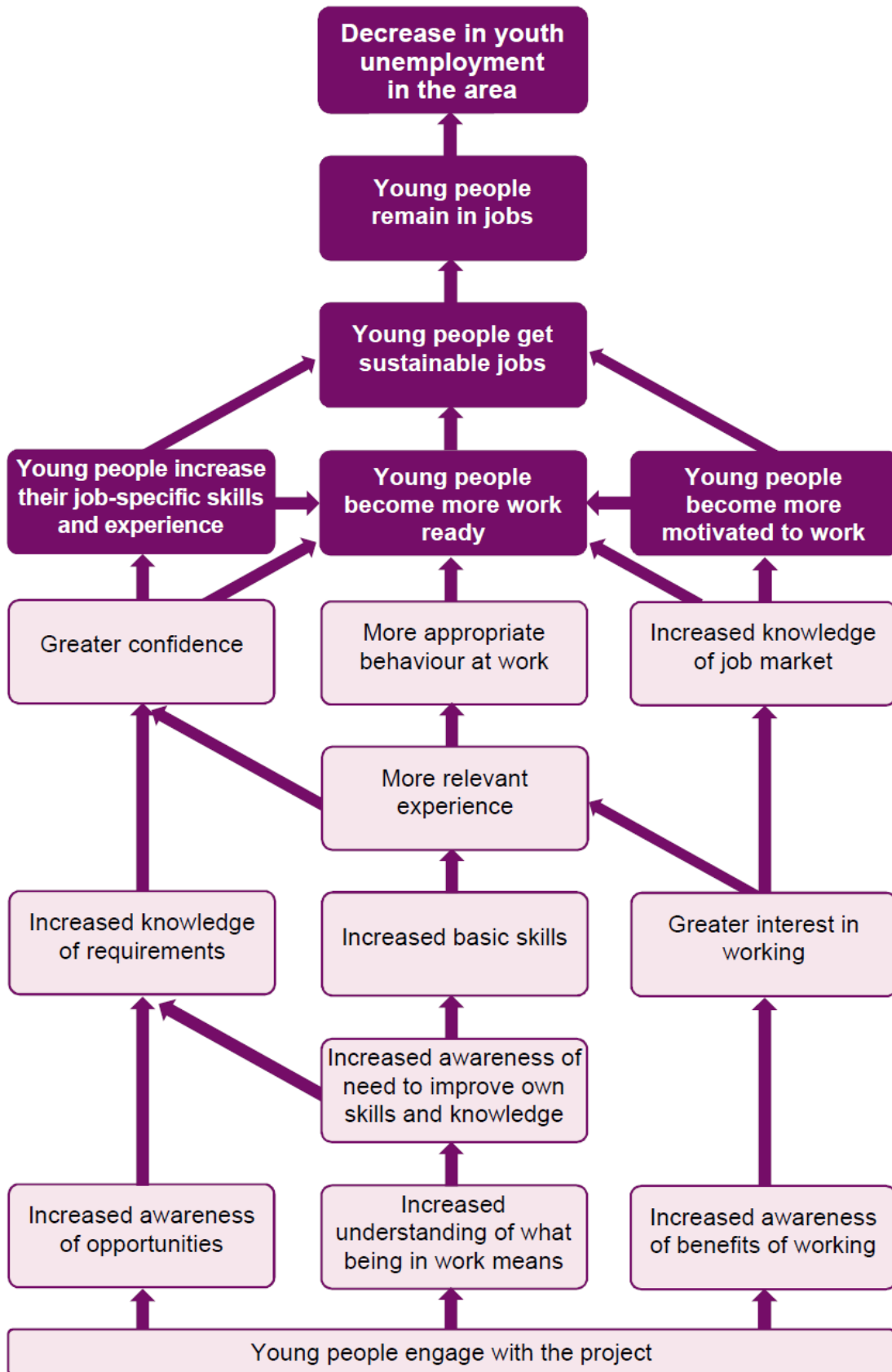
- individual
- family
- community
- organisations
- policy.

Changes usually start at the level of the individual and if this foundation is not put in place, long-lasting change is unlikely to happen. For example:

- Change for the individual: in awareness, knowledge and skills.
- Change for the family: changes in behaviour or financial status.
- Change for the community: increase in neighbourly behaviour; decrease in petty and violent crime.
- Organisational change: more sharing of approaches and good practice; collaboration.
- Policy change: increased awareness of issues; specific policy changes.

Diagram 5 on the next page shows outcome mapping at the level of the young people in the illustration employment project.

Diagram 5: Mapping outcomes



Step 4: Identifying activities and outputs

You are now ready to start thinking about what services and outputs will help you to bring about the outcomes you have identified. For a new piece of work, this will involve thinking creatively about the outputs that will be most effective in bringing about your desired outcomes and when they are best delivered.

Identifying activities and outputs

In order to increase young people's knowledge about working, we will need to run a series of workshops and talks, focusing on:

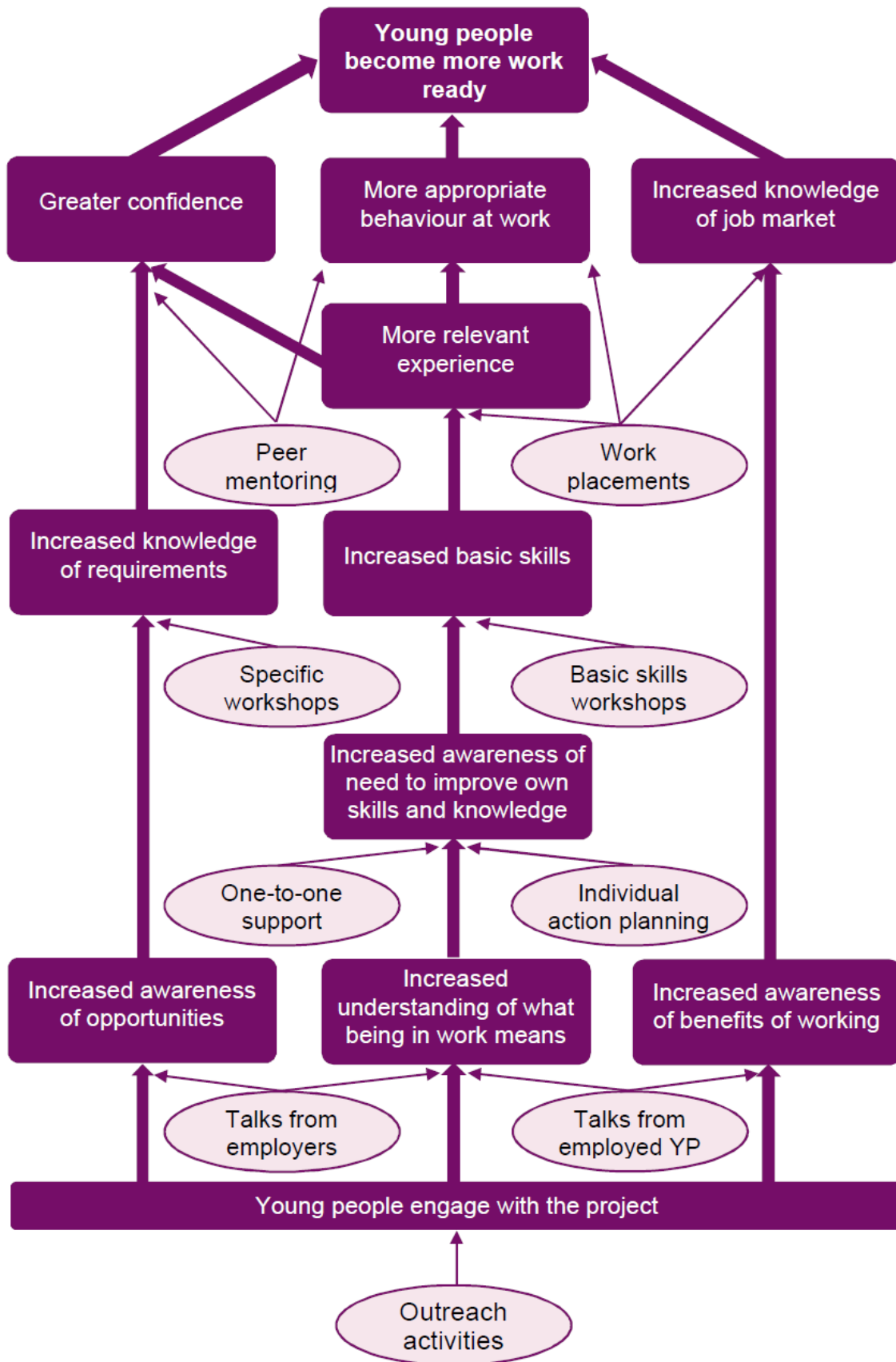
- job-searching, CV writing and interview skills
- employer expectations (such as being on time, dressing appropriately, getting on with colleagues)
- travelling to work and managing money.

Remember that some outputs will involve collaboration with other agencies, and some outcomes may only be achieved if other services are also involved in some way, so these contact points or joint activities will need to be charted as part of your theory.

Diagram 6 on the next page shows how outputs can be added to your flowchart at relevant points, linking to the outcomes that they will produce.

If you are creating a theory of change for an existing project, as you plot your existing activities and outputs, this may lead to some discussion about how well outputs are delivering your anticipated outcomes, and it may lead in turn to some revision of what you do, and how you do it.

Diagram 6: Linking outcomes and outputs



Step 5: Specifying indicators and targets

The final step in developing your theory is to identify indicators relating to the different elements in it. Indicators are measurable pieces of information that will help you to assess how your organisation is carrying out its work and achieving its aims:

- **Output indicators** help you to assess the delivery of your services and outputs, for example, the number of workshops you deliver.
- **Process indicators** help you to assess how you are implementing your work, for example, how well you collaborated with partners.
- **Outcome indicators** help you to assess progress towards achieving your aims, for example, the number of people who increase their skills or knowledge.

Defining indicators

Our indicators will include:

- number of young people making contact with the project
- number of young people drawing up action plans
- level of motivation among young people to find and gain work
- number of young people gaining work experience
- number of young people gaining permanent jobs
- type of jobs taken up by young people
- the level of engagement by employers
- the type of support provided by one-to-one sessions
- the type of work experience gained by young people.

You may want to think about specifying targets relating to your outputs indicators, that is, the level that you consider necessary as the precondition for achieving the next level of change.

Specifying output targets needed for change

For young people to be in a position to gain from their work experience, they will need to attend at least three of the introductory workshops we run.

You may also want to set targets related to your outcome indicators, such as the number of young people attending interviews, gaining jobs, and numbers remaining in permanent employment.

For more information on developing and using indicators, see [Keeping on Track: A Guide to Setting and Using Indicators](#), available from CES.

Clarifying assumptions

As you go through the process of defining your long-term aim and specific aims, you will find that you have made a series of assumptions about these and about your project's potential to achieve its specified outcomes.

Discussing what needs to be in place in order for your long-term and specific aims to be achievable is an important aspect of developing your theory of change. Recognising these assumptions will help you identify some of the critical factors that will affect the success of your work. It will also help you to shape how you deliver your services. You will want to test out the assumptions when you evaluate your work, so it is important to document them.

There are different categories of assumption; the important ones are likely to be about the following:

- the connections between the long-term, intermediate and early outcomes
- the links between programme activities and the outcomes they are expected to produce
- the contextual or environmental factors that may influence whether outcomes are achieved.

Clarifying key assumptions

Our assumptions cover a range of different issues and include the following:

- The target group of young people will respond to outreach and engage with the project.
- Young people will have sufficiently stable lives to engage productively.
- Families will get involved and be supportive.
- The model of peer support will be inspirational.
- One-to-one work will build confidence and increase learning.
- Work experience will provide appropriate skills to match available jobs.
- There is sufficient buoyancy in the job market to take on more workers.
- Available jobs will be permanent positions.

When you are developing the first elements of your theory and putting forward assumptions, it may be useful to base these on the literature, existing practice or expert knowledge. On the other hand, you may be testing a completely new way of doing something and this should be clear in your theory.

Establishing timelines

As your theory of change takes shape, you will be thinking about when your various activities and outputs will come on stream, and when intermediate and longer-term outcomes are likely to happen. It is important to write in these timelines. This should

shape expectations of what can be monitored and when, and will help in planning review and evaluation timetables.

Planning resources

If you think through the activities associated with the delivery of your outputs, this will help you to plan the resources you will need and to set a budget for the intervention. Remember to bring to the surface assumptions about the amount of staff and volunteer time that will be needed or about the level of skills that will be necessary and available to you. When you evaluate, one question to consider may be whether appropriate resources were planned and delivered.

Getting ready to use your theory of change

As you develop your theory of change, you may revise it many times – testing out your assumptions and adding, moving or deleting outcomes - until you have a theory that everyone agrees with. The discussions involved in this are crucial as they help people to be really clear about what they are trying to do and why.

Your theory of change may now be presented in a chart, a set of tables or a spider's web or starburst. It will be helpful to write the theory as a narrative as well. This will mean drawing out the connections and assumptions contained in your visual representation and expressing your theory in normal language.

A narrative might include:

- **background:** the context and the need
- **long-term outcomes or impact:** the ultimate desired change
- **intermediate outcomes:** how these outcomes are important for themselves and how they contribute to the ultimate impact
- **assumptions and justifications:** the facts or reasons behind the features of the initiative
- **the resources** you will need to carry out your activities
- **the collaboration** or points of contact you will need with other agencies
- **the timelines** attached to your activities, delivery of outputs and different levels of change: the initiative's activities and programmes.⁴

⁴ Adapted from ActKnowledge and the Aspen Institute Roundtable on Community Change (2003) *Theory of Change: Guided Example: Project Superwoman* (http://www.theoryofchange.org/pdf/Superwomen_Example.pdf)

TB Alert: Using a theory of change as part of the project planning process

Background

TB Alert is a charity working in the UK and overseas to help fight TB. The UK's Department of Health has given TB Alert a lead role in raising awareness of TB among primary care health professionals and at-risk communities.

TB Alert is pushing for the adoption of a social model of health rather than the dominant clinical public health model, and works by enabling local partnerships between public sector (NHS and local government) and third sector organisations. TB Alert has two Community Development Officers (CDOs) based in Manchester and London running pilots across England. In addition TB Alert has created 'The Truth About TB' programme (www.thetruthabouttb.org).

TB Alert recognised the need for a structured approach to monitoring and evaluation in order to provide evidence of outcomes and to demonstrate learning. Programme staff worked with CES to develop planning materials and to build their self-evaluation capacity, so that monitoring and evaluation would be part of the project throughout.

Developing the theory

CES worked with TB Alert through workshops and follow-up to develop its theory of change.

First, a stakeholder workshop gathered stakeholders' views on programme priorities, outcomes, outputs, indicators and tools. Stakeholders included TB Alert personnel, the Department of Health and the NHS, other health charities such as those working in HIV, and wider voluntary sector partners.

During a second workshop a brainstorm with programme staff was developed into a story map – a large-scale theory of change, which CES was able to use as the basis for developing a full monitoring framework and information collection tools. As TB Alert's programme moves out of the pilot phase, the theory of change will be reviewed, updated and improved.

TB Alert managers and CDOs were fully involved in the process – building their capacity through 'learning by doing'. As the CDOs develop further TB awareness-raising work they should be able to use these planning methods to support their third sector partners' monitoring, evaluation and learning activities.

TB Alert's [full story map](#) is set out in Appendix 1.

This chapter has taken you through the process of developing your theory of change. Chapter 4 describes how your theory of change can be used as a framework for monitoring, dynamic evaluation and useful learning.

4. Using theory of change for monitoring and evaluation

Monitoring against your plan

Once you have completed your theory of change, you can use it as a framework to support your project or programme monitoring:

- It will help you check progress against milestones.
- You can check what really happened against your map and document lessons learned.
- Your indicators will suggest what routine data to collect.
- You can use it as a basis for reports to trustees, funders and other stakeholders.

The timelines you established when planning will be important and indicate when to expect change to occur and when to monitor it. Some outcomes may occur quite early on, while others may take several years. You can use the theory of change as a basis for setting out a [monitoring and evaluation framework](#), which will provide a plan of action for your self-evaluation, and will also indicate when you might have an external evaluation carried out; it will also provide the starting point for briefing your evaluators.

There is more guidance on collecting outcomes data in the CES publication [Assessing Change: Developing and Using Outcomes Monitoring Tools](#).

Evaluating your theory of change

Ideally, you should plan some level of evaluation early on, rather than leaving it to the end of the project, so that lessons can be fed back into your project or programme delivery.⁵

Your central evaluation questions are likely to include the following:

- Was the central theory a valid one?
- What outcomes, planned or unexpected, occurred for the target group and for others?
- Were our assumptions, for example, about the enabling environment, and the links between outputs and outcomes, borne out?
- What was important in the way that we did things? What activities were valued and gave positive results? What needed to be different?

The theory of change will be constructed around a central proposition. When you bring your data together and evaluate, above all, this is what you will be testing, as well as the associated assumptions that you made, assessing whether your theory has been confirmed or how it might be reformulated.

⁵ This is called formative evaluation, where evaluation findings are used for management purposes – to improve delivery or review expectations.

The central theory (or proposition) for our project working with unemployed young people (described in Chapter 3) is shown in the box below.

Clarifying the central theory

Sustainable jobs are potentially available locally. The conditions for challenging youth unemployment in the area can be created by developing new opportunities for young people without jobs. Those opportunities can be stimulated by engaging local employers in building confidence and job-related skills in young people. Young people learn new skills most readily in a supportive, one-to-one mentoring and coaching environment, and confidence is likely to be built with both peer and family support.

Sometimes the theory revolves around quite specific approaches to social change. We can take an example of a different sort of social action to illustrate this. One project approach to resolving tensions and conflict in a community might be to use mediation processes, focusing on specific problems and events, and seeking agreement around changed behaviours. An alternative approach might be to build mutual understanding of differences and cooperation through more self-directed community 'conversations'. These imply different theories about how change happens, which an evaluation might test.

Testing against your central theory will involve collecting data against output and outcome indicators in order to check whether things happened as planned and whether expected change took place. This is illustrated in the following example of evaluation questions for the youth unemployment project.

Testing against the central theory

- How many young people found work?
- How confident did they feel?
- How well did they accommodate to the workplace?
- What skills and experience had they developed?
- How work ready did their employers think they were?
- Was there anything else they needed to help them become more work ready?
- Did the jobs available meet the expectations of young people?

When you collect your data, your methods should allow you to get both quantitative and qualitative data. They should also permit you to explore things that happened and outcomes that you had not expected or planned.

This testing will also mean evaluating the processes involved in implementing the project and the assumptions you made about links between outputs and outcomes.

Testing the links between outputs and outcomes

- Did employed young people who acted as mentors give the support and encouragement anticipated?
- Did local employers provide work experience that was relevant and valued by the young people?
- Were the workshops sufficiently targeted and did they meet individual needs?
- What activities did participants most associate with immediate benefits from the project?

Looking for causal connections

You will also need to formulate evaluation questions to test out other underlying assumptions that you made. In our project with young people, these covered a number of different elements in the project, such as the initial responsiveness of the young people and their ability to engage, and the importance of family and peer support. The project assumed that the work experience would provide a vital link between the participants and more permanent jobs.

When you assess what happened against these elements in your theory, there will be related questions. For example, how important was the type of work experience and the quality of support offered by employers to the development of young people's motivation and confidence?

Participants' own experience, attitude, previous education history and skills may also be important factors that can affect change. So the evaluation might see what the data suggests about the possible link between those individual circumstances and results.

Finally, the evaluation should take into account the assumptions that were made about the external environment. In our employment project, there was an underlying assumption that sustainable jobs were available if young people were more 'work ready' and could take them up. The evaluation will need to look at the kind of jobs that young people found and the type of local jobs available for young people more generally and put this in context. Had local enterprise been developing, or were businesses closing or reducing their workforce? Were there wider government policies creating an effect which interacted with the project?

There will be some factors that were within the control of the project and others that were not; these should be identified as they may be critical when you reformulate your theory of change as a result of your evaluation.

The Chinese National Healthy Living Centre: Using a theory of change for evaluation

The King's Fund, in its Partners for Health programme, 2005-2010, developed an approach founded in realistic evaluation. The programme put considerable resources into training organisations in evaluation through a two-day workshop during the application process, emphasising the importance of establishing research questions and identifying user pathways towards outcomes. Funded organisations were encouraged to collect information about context as well as outcomes, so that evidence could be used by other health providers.

The Chinese National Healthy Living Centre was funded for three years to provide mental health advocacy to Chinese users. The Centre developed a theory of change using three categories:

- **Contexts** (including individual social circumstances)
- **Mechanism** (including project resources)
- **Outcomes** (the anticipated changes).

There were two components to the evaluation: a quantitative component derived from case notes and a qualitative case-study component consisting of interviews with clients, clients' relatives and care providers to address specific research questions. The contexts, mechanism and outcomes were revisited in the light of the research data, and as a result the theory of change was refined and re-written.

A detailed [case study](#) of the theory of change process adopted by the Chinese National Healthy Living Centre and its evaluation findings is attached as Appendix 2.

Combining theory of change with other approaches

Evaluating against your theory of change will allow you to trace cause and effect (although not to offer conclusive proof) as you assess whether the theory held good, testing against each part of the change journey that you mapped. You will not be able to generalise from your findings, but you will be building knowledge about how change happens.

The quantitative data you obtain about your outcomes may be an important part of your evaluation findings – as well as the 'story' that is told about pathways to change and the analysis of process and testing of assumptions. If the project or programme is dealing with a sufficient number of participants and has related quantitative

outcome data, you may also be able to use statistical analysis and test for the significance of the perceived results.⁶

If your outcomes data is solid, you can also combine using a theory of change with an approach that assesses social value, such as social return on investment (SROI). SROI was developed from traditional cost-benefit analysis and from social accounting. The methodology puts a monetary value on the social and environmental benefits of an organisation relative to a given amount of investment. An analysis of inputs, outputs, outcomes and impacts leads to the calculation of a monetary value of those impacts, and finally to an SROI ratio or rating. For example, an organisation might have a ratio of £4 of social value created for every £1 spent on its activities.

A number of different models have been used to assess social value, but the SROI methodology puts stakeholder involvement at its heart, and also acknowledges the complex interaction between different interventions and contexts in creating outcomes. Although theory of change focuses on how an intervention works and in what circumstances and, by contrast, the end point of an SROI is a monetary calculation, the two approaches can work together.

Developing useful monitoring and evaluation

If you monitor and evaluate your project or programme using a theory of change you will have a framework against which to gather data and look for explanations for what occurred as the initiative unfolded. This will help you to be accountable to those who have invested in your work. It will also allow you to be accountable to other stakeholders, including those whom the initiative is intended to benefit. Monitoring and evaluation at specific implementation points will also help you to manage your work and adjust what you are doing to get the best outcomes.

Incorporating an analysis of process and implementation against your theory of change blueprint will help you to better interpret your project or programme results. Voluntary and community organisations are increasingly looking for ways to capture the value of their work. Understanding how a service or practice model is delivered and achieves its positive outcomes is essential for its replication; using a theory of change approach in your planning and evaluation can help this understanding. This will make your evaluation more useful for others implementing similar initiatives or developing policy and, more generally, allow you to contribute to a wider body of knowledge.

⁶ These tests can be done with some quantitative data expertise and computer software, such as SPSS. See for example Bryman, R and Cramer, D (2005) Quantitative Data Analysis for SPSS 12 and 13, Routledge.

Further information

You can find further information on the theory of change on the following websites:

ActKnowledge: www.actknowledge.org

ActKnowledge has a website (www.theoryofchange.org) devoted to the use and practice of the theory of change methodology. Theory of Change Online will soon be available to provide online support for building a theory of change.

The Aspen Institute Roundtable on Community Change: www.aspenroundtable.org

Further reading and references

Author and title	Link
Anderson, A (2005) <i>The Community Builder's Approach to Theory of Change: A Practical Guide to Theory Development</i> , The Aspen Institute, Washington DC	www.ccitoolsforfeds.org/doc/commbuildersapproach.pdf
Fulbright-Anderson, K, Kubisch, AC and Connell, JP (eds) (1998) <i>Approaches to Evaluating Community Initiatives Volume 2: Theory, Measurement and Analysis</i> , The Aspen Institute, Washington DC	http://www.aspeninstitute.org/publications/new-approaches-evaluating-community-initiatives-volume-2-theory-measurement-and-analysis
Mackinnon, A and Arnott, N (2006) <i>Mapping Change: Using a Theory of Change to Guide Planning and Evaluation</i> , for Grantcraft	www.grantcraft.org/dl_pdf/theory_change.pdf
Organizational Research Services (2004) <i>Theory of Change: A Practical Tool for Action, Results and Learning</i> , prepared for the Annie E. Casey Foundation	www.organizationalresearch.com/publications/aecf_theory_of_change_manual.pdf
Pawson, R and Tilley, N (1997) <i>Realistic Evaluation</i> , Sage Publications, London	http://www.uk.sagepub.com/books/Book205276

Other publications from Charities Evaluation Services

These CES publications provide further guidance on monitoring and evaluation methodology:

Guide	Description
Assessing Change: Developing and Using Outcomes Monitoring Tools (2010)	Practical handbook to help you identify and develop ways to collect information on the outcomes of your work. Free to download at www.ces-vol.org.uk/assessingchange
Discussion papers	CES' series of papers on evaluation covers seven important topics, including Outcomes monitoring and Assessing impact
First Steps in Monitoring and Evaluation (2002)	A basic guide for organisations who are looking at monitoring and evaluation for the first time. Free to download at www.ces-vol.org.uk/firststepsme
Keeping on Track: A Guide to Setting and Using Indicators (2008)	Guide to help third sector organisations improve their skills in setting output, outcome and process indicators
Next Steps: Monitoring and Evaluation on a Shoestring (2011)	Practical guide to help organisations develop their monitoring and evaluation approach and improve their effectiveness on a limited budget. Free to download at www.ces-vol.org.uk/shoestring
Practical Monitoring and Evaluation: A Guide for Voluntary Organisations, 3 rd edition (2009)	Comprehensive guide to monitoring and evaluation in the voluntary sector, now in its third section
Using ICT to Improve your Monitoring and Evaluation (2008)	This workbook covers the steps and issues you need to consider in developing appropriate computer systems that will help you monitor and evaluate your work
Your Project and its Outcomes (2007)	A booklet for trustees, staff and volunteers who are involved in planning, monitoring and evaluating their project. The aim of the booklet is to help you describe the outcomes you want your project to achieve Free to download at www.ces-vol.org.uk/yourproject

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www.ces-vol.org.uk/publications

Glossary

Term	Description
Assumptions	The underlying conditions or resources that need to exist for planned change to occur
Backwards mapping	The process of starting with a long-term aim and working backwards to the earliest changes that need to occur
Evaluation	The process of using monitoring and other information to make judgements on how an organisation, project or programme is doing
Impact	There are different definitions of impact. It is often seen as the change, effect or benefit that results from the services or activities at a broader or higher level than an outcome. Others use it to mean the same as outcome
Indicators	Signs or clues that you collect information on and that help you to assess how your organisation is carrying out its work and achieving its aims.
Intervention	Project-level or programme-level activity carried out in order to bring about specified outcomes
Long-term aim	The overall aim of your project or organisation. For some organisations this may equate to your mission statement
Monitoring	The routine, systematic gathering and recording of information for the purpose of checking an organisation's or project's progress against its plans.
Narrative	A summary of a project or programme theory of change that explains the pathways of change, highlights some of the major assumptions and tells the story about how outcomes and long-term change will be achieved
Outcomes	The actual changes, benefits, learning or other effects that happen as a result of services and activities provided by an organisation or project
Outputs	The activities, services and products provided by an organisation
Pathways of change	Pathways of change show the links between the specified outcomes and the links between different outputs and outcomes
Pilot	A way of testing out the effectiveness of a new system by applying it to a small group and getting feedback on the process

Process	The method, or step-by-step description, of how a task or activity is to be done
Social Return on Investment (SROI)	SROI is a framework for understanding, measuring and managing outcomes and impacts. It is based on involving stakeholders in determining the relevant outcomes and puts financial values on the significant changes identified by stakeholders.
Specific aims	Broad areas of change that you hope will bring about your long-term aim
Stakeholders	The people or groups who are affected by or who can affect the activities of an organisation. This can include staff, volunteers, users, customers, suppliers, trustees, funders, commissioners, donors, purchasers, investors, supporters and members
Target group	The main group or groups you are working with and the people your organisation or project is aiming to benefit
User	A beneficiary of an organisation or project

Appendix 1: TB Alert change story map



Introduction

TB Alert works in the UK and overseas to help fight TB. The UK's Department of Health has given TB Alert a lead role in raising awareness of TB among primary care health professionals and at-risk communities.

TB Alert works in the UK by enabling local partnerships between public and third sector organisations to deliver awareness-raising work. In addition TB Alert has created 'The Truth About TB' programme (www.thetruthabouttb.org).

TB Alert recognised the need for a structured approach to monitoring and evaluation in order to provide evidence of outcomes and to demonstrate learning. Programme staff worked with Charities Evaluation Services (CES) to develop a theory of change as part of their planning processes and to build self-evaluation capacity. First, a stakeholder workshop gathered views on programme priorities, outcomes, outputs, indicators and tools. During a second workshop, a full story map was developed, which CES was able to use as the basis for developing a full monitoring framework and information collection tools.

As TB Alert's programme moves out of the pilot phase, the theory of change will be reviewed and updated. It is a living document that shows both the intended outcomes and the programme's developing practice.

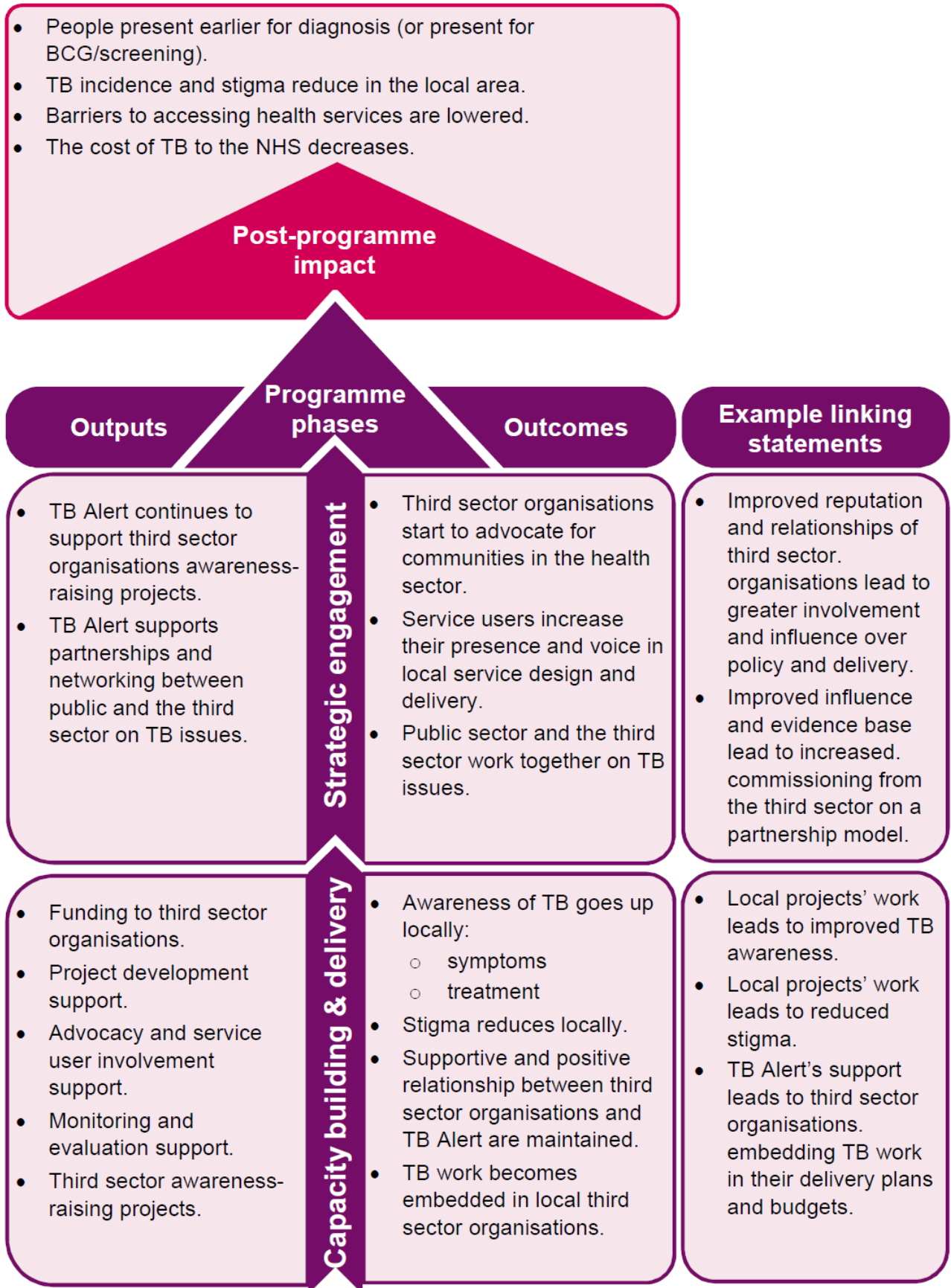
Using the map

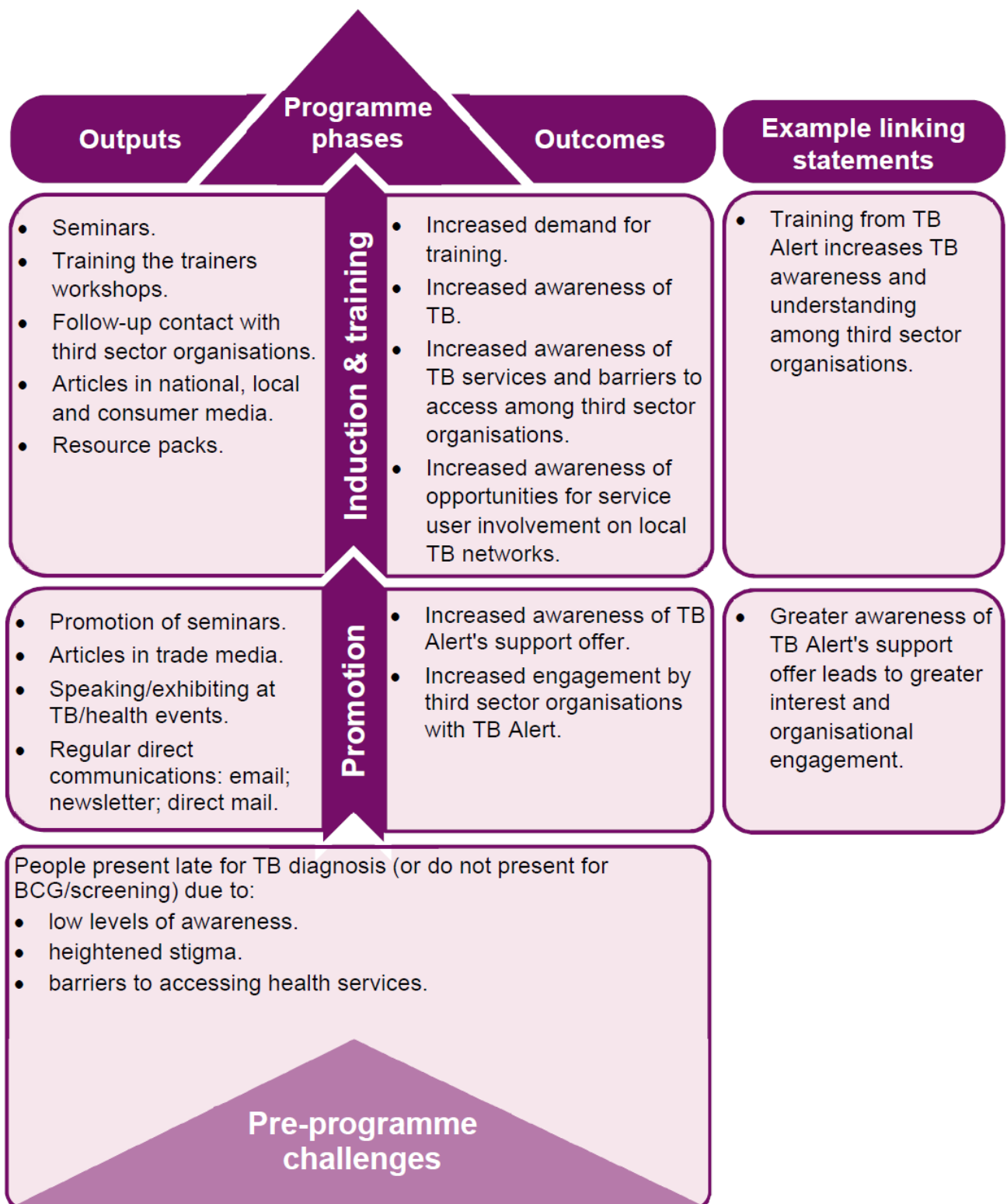
This map shows the story of the programme in its four phases of promotion, induction and training, local delivery and strategic engagement. Each phase has its own outputs and outcomes, which can be tested through monitoring and evaluation, so that the programme's effectiveness can be assessed and demonstrated.

The story is rooted in the needs originally identified by TB Alert, including addressing low levels of awareness and barriers to accessing health services. TB Alert aspires for the programme to have long-term positive impact, including reduced TB incidence and reduced cost to the NHS.

For more information on developing a Theory of Change map, see www.ces-vol.org.uk/TOC.

Visual map





Story map summary

Target group A: Individuals at-risk of/with TB		
Need	Pre-programme	<ul style="list-style-type: none"> • People present late for TB diagnosis (or do not present for BCG/screening) due to low levels of awareness. • High stigma. • Barriers to accessing health services.
Programme phase outcomes	Promotion	
	Induction and training phase	<ul style="list-style-type: none"> • Awareness starts to increase.
	TSO capacity building and delivery phase	<ul style="list-style-type: none"> • Awareness increases more, leading to early presentation and reduced stigma.
	Strategic engagement between third and public sectors	<ul style="list-style-type: none"> • Awareness, early presentation and reduced stigma stabilise or improve. Individuals have better access to better services.
Impact	Post-programme	<ul style="list-style-type: none"> • People present earlier for diagnosis (or present for BCG/screening), TB management improves; incidence and stigma reduce in the local area, barriers to health services are lowered.

Target group B: Public sector organisations		
Need	Pre-programme	<ul style="list-style-type: none"> • A lack of locally owned public/third sector partnerships working on TB issues. • Barriers to accessing health services for at-risk communities. • TB incidence increasing.
Programme phase outcomes	Promotion	<ul style="list-style-type: none"> • Public sector organisations are aware of the programme and take an interest.
	Induction and training phase	<ul style="list-style-type: none"> • Awareness and interest increases, along with some partnership working and network activity with the voluntary sector. Public sector partners begin to engage in project delivery, eg, through seminars.
	TSO capacity building and delivery phase	<ul style="list-style-type: none"> • Awareness, interest and partnership working continue to build. Local networks of public sector and TSOs are strengthened.
	Strategic engagement between third and public sectors	<ul style="list-style-type: none"> • Networks are established and some partnerships become formal. Public sector partners can see that the work is of high-quality and effective; this leads to their commissioning TB work on a similar model.
Impact	Post-programme	<ul style="list-style-type: none"> • Locally owned public/third sector partnerships working on TB issues, funding provided, reduced barriers to access, incidence reduces and management improves, cost of TB reduces.

Target group C: Third sector organisations	
Need	<p>Pre-programme</p> <ul style="list-style-type: none"> • Low awareness of TB symptoms, diagnosis, services and support. • High stigma. • A lack of locally-owned public/third sector partnerships working on TB issues.
Programme phase outcomes	<p>Promotion</p> <ul style="list-style-type: none"> • Voluntary organisations start to hear about TB Alert through media, direct contact and word-of-mouth, as a result their understanding of TB Alert's work increases, and this results in further demand for training and other materials.
	<p>Induction and training phase</p> <ul style="list-style-type: none"> • TB Alert delivers awareness raising seminars and training for trainers, which increases TB awareness and understanding amongst staff. Their understanding of TB Alert's work increases. • Some organisations start to carry out awareness-raising work using resource packs. • Some voluntary sector organisations seek further involvement, by applying for funds from and developing projects with TB Alert. • These projects receive a range of support from TB Alert, which results in well-run projects focused on TB, which achieve their outputs and outcomes. • Support from TB Alert also builds the reputation of these projects with TB stakeholders, leading to more development and partnerships.
	<p>TSO capacity building and delivery phase</p> <ul style="list-style-type: none"> • Local awareness projects deliver TB-focused interventions, with ongoing support from TB Alert, resulting in improved awareness and reduced stigma around diagnosis and treatment. • Other TSOs continue with basic awareness-raising activities, supported by TB Alert. These activities result in improved awareness and reduced stigma, resulting in increased early presentation of TB cases in the intervention areas. • The high quality project and monitoring process design results in a decent evidence base regarding the projects' changes stories and outcomes.
	<p>Strategic engagement between third and public sectors</p> <ul style="list-style-type: none"> • Projects, with TB Alert's support, build their credibility and relationships and start to form networks with the local public sector, getting involved in both policy and delivery. • Their influence increases the voice of TB patients in public sector decision-making, improving policy at the local and national level.
Impact	<p>Post-programme</p> <ul style="list-style-type: none"> • Better TB management and lower stigma, locally owned public/third sector partnerships working on TB issues, funding for TB work

Appendix 2: A theory of change for mental health advocacy: a case study

Partners for Health in London, a King's Fund one-year grants programme running in 2005-2010, was designed to produce good quality evidence from community interventions. There were three themes to the programme: mental health advocacy, sexual health and end-of-life care.

Service teams were introduced to a realist evaluation framework⁷ and supported to collect and analyse data to answer specified research questions. Realistic evaluation includes the identification of a theory of change at the outset, and the evaluation then tests out whether there is any evidence to suggest that the theory is supported.

The Chinese National Healthy Living Centre (CNHLC) was funded for three years in June 2006, to provide mental health advocacy to Chinese users. There is evidence for under-representation of Chinese people across the NHS, including in mental health services. This could suggest that Chinese people experience better mental health than the general population or that specific barriers to services exist. This project was designed to improve access to services for Chinese people with mental health problems. The evaluation officer, Lucy Tran, segmented the population into three groups: new arrivals, first generation settlers and students. It was thought these groups would respond to the intervention differently, and it would be useful to find out about the differing needs and contexts.

She developed the theory using three categories:

- **C**ontexts
- **M**echanism
- **O**utcomes

Taken together they become CMO configurations and are used to explain why the service provider thinks the project will work.

CMO configurations

- **Contexts** – this includes factors describing the social circumstances of the individual and their situation that may affect the project and the ability of the user to access and use the service
- **Mechanism** – this encompasses the resources that the organisation brings to the problem identified and the reasons why the user would use the service
- **Outcomes** – this indicates the changes that the organisation would expect to see as a result of their work.

⁷ Described in Pawson and Tilley (1997) *Realistic Evaluation*, Sage, London.

The evaluator set out her first change theory in the table below:

	Contexts	Mechanisms	Outcomes
First generation settlers	<ul style="list-style-type: none"> • Mainly Cantonese-speakers from Hong Kong • Cultural conflict between generations • Isolation among the elderly • Lack of English 	<ul style="list-style-type: none"> • Need for support identified by family or the community and met by provision of an advocate with Chinese cultural background and language skills 	<ul style="list-style-type: none"> • Improved access to services • Improved communication and understanding between clients and health professionals
New arrivals	<ul style="list-style-type: none"> • Mainly Mandarin-speaking from China • Isolation from family (in homeland) and community • Culture shock • Welfare issues • Lack of knowledge of health and social care system • Lack of English 	<ul style="list-style-type: none"> • Need for support identified by service providers and met by provision of an advocate with Chinese cultural background and language skills, and provision of practical support 	
Overseas students	<ul style="list-style-type: none"> • From China, Hong Kong, Malaysia, Singapore • Initial isolation • Culture shock • Pressures to achieve (cultural and financial) 	<ul style="list-style-type: none"> • Need for support identified by student support services and met by provision of an advocate with Chinese cultural background and language skills 	

This initial theory of change at the start of the project, showed in the table above, was expressed in the following:

Mental health advocacy, delivered by a Chinese advocate with Mandarin and Cantonese language skills, to first generation settlers, new arrivals and students, will improve access to services, and communication and understanding between clients and health professionals.

She decided to ask these three research questions to understand the project better:

1. What issue does the client want to tackle?

Lucy's early assumptions were that clients may not want to admit to having mental health problems and may concentrate on physical symptoms. She wanted to track what they wanted to discuss to see if this happened. She also thought that each group would have slightly different concerns.

2. Does the advocate support the client in discussing illness with the family or community?

Family and community are considered very important to this group and there is a strong notion of 'face', or what is socially acceptable to the group. Mental illness carries a great deal of stigma and Lucy thought that families may present a barrier to clients seeking help. She wanted to find out if the advocate had an educational role within the wider community and with families to enable clients to gain greater access to services.

3. What is the kind of cultural explanation done by the advocate in meetings with the health professional?

Lucy thought that cultural explanation, more than the language skills of the advocate, may play an important part in the advocate's role.

Evaluation methods

There were two components to the evaluation:

1. A quantitative component derived from the case notes kept by the advocate: number of clients; client demographics; referral routes.
2. A qualitative case-study component consisting of interviews with clients, clients' relatives and care providers to address the research questions posed by the process evaluation.

Between the start of the project in December 2006 and July 2009 when data was collated, a total of 40 clients accessed the service. For the qualitative component, eight client cases were selected and a total of 14 transcripts were analysed, with the data set consisting of a mixture of interviews with clients, their family members, care providers and an advocate account.

Evaluation findings

Did the project meet its intended outcomes?

Overall, the project was highly successful in providing effective, culturally-sensitive support to its users.⁸ The intended outcomes were:

- Improved communication and understanding between clients and health professionals.
- Improved access to services for clients.

The findings demonstrated a clear role for the Chinese mental health advocate in improving communication and understanding between health professionals and patients – not only in providing linguistic and cultural support during meetings but also in providing an independent, external link through which information could be passed in both directions. Contrary to the conventional role of an advocate in working on behalf of a single client, the advocate on many occasions was also advocating for service providers, for example, in reinforcing their messages.

The project also achieved the second outcome of improving access to services. Through the provision of an advocate of the same cultural and linguistic background, the project hoped to break down any barriers to mainstream services that might be perceived by the Chinese community. Indicators for this might be:

- an increase in self-referral rates and referrals by family members as a measure of change in the perceptions of Chinese community members
- number of referrals made to other services by the advocate.

In the first eight months, only 9 per cent of referrals were made by family or clients themselves. This increased to 60 per cent and 69 per cent in the second and third quarters of the project, perhaps suggesting that members of the community were more willing to seek help, although the increase might also be attributed to increased awareness of the service.

Family or self-referrals were mainly associated with less severe illness and emotional problems. In these cases, the advocate accompanied clients to GPs and made referrals to mental health services and the CNHLC's Chinese-speaking counselling service.

All referrals made to the project by statutory services were for clients with severe diagnoses. In these cases, the advocate improved patient compliance and engagement with mental health services.

For service providers, language support was also highly valued but the advocate added an additional dimension to the role of the interpreter, providing an independent

⁸ The term 'user' here refers to both the statutory service providers and clients who accessed the project.

voice. Service providers often found it difficult to engage with Chinese patients and in these circumstances, the advocate was often working to support the provider. The advocate also acted as a link person, relaying client past history and cultural contexts to the provider and relevant information to the client.

Research question 1: What issues did clients want to tackle?

The evaluation revealed differences between the issues that clients in the first generation and new migrant groups faced. For new migrants, practical issues such as immigration and welfare and language issues were the primary concerns. For first generation settlers, these were also issues but the range of issues was much broader. The differences were not clear cut, but were likely to be associated with length of residence in the UK, circumstances of the migration (with new migrants tending to have migrated under irregular circumstances), immigration status and diagnosis.

For some clients, the benefits of having an advocate were not initially recognised, and they appreciated only the language support provided. The continuity provided by the advocate became valued as the advocate-client relationship progressed and in some cases clients also developed emotional dependence on the advocate.

In the original CMO configurations, isolation from family was a characteristic of the new migrant group and this was borne out in the project findings. Social isolation and lack of support from friends and family was a significant issue among new migrants. The advocate's input was crucial in enabling engagement with mental health services and supporting the basic health and welfare needs of this group. However, the broader support needs of this group were not met.

The evaluation also found that clients who self-referred or were referred by family expressed their difficulties in psychological or emotional terms (rather than focusing purely on physical symptoms). The majority of clients who had clinical diagnoses accepted their diagnosis.

Research question 2: Did the advocate support the client in discussing illness with the family or community?

In posing this question, **assumptions** were made about the stigma of mental illness and its impact on the client's relationship with family members and friends within the context of strong family identity and values.

It has been suggested that the close-knit family structure of the Chinese community offers protection against mental ill health. While the findings of this project neither support nor refute this hypothesis, they show that the family situation and cultural influences sometimes contribute to mental illness. In these cases, the cultural identity of the advocate was an important asset in the mediatory role of the advocate, both between client and family, and between health professionals and family.

Stigma associated with mental illness was not captured in the evaluation. Clients who approached the project themselves or who were referred by family were more likely

to be suffering from common mental disorders or psychological distress which carry less stigma than severe mental disorders.

Research question 3: What is the kind of cultural explanation done by the advocate in meetings with health professionals?

Cultural explanations for client behaviour or reasoning were generally provided to health professionals outside of meetings with clients, with clients' consent. The type of culture-related information that the advocate provided included:

- client history and its cultural context
- client beliefs around medication and the use of Chinese medicine
- Chinese family structures and values.

However, the cultural input of the advocate during meetings was less obvious. The advocate felt that the process of interpretation itself often went beyond the linguistic and carried cultural nuances that were difficult to capture.

For clients, there was not an explicit need for cultural explanation but the cultural identity of the advocate was a crucial factor in enabling them to access the service.

Based on the findings, the conjectured CMO configurations proposed at the start of the project were revised and show the mechanisms and outcomes of the advocacy process for each client group. CMO configurations for health and social care professionals were also created based on the findings.

	Contexts	Mechanisms	Outcomes
First generation settlers	<ul style="list-style-type: none"> • Mainly Cantonese-speakers from Hong Kong • Cultural conflict between generations • Isolation among the elderly • Lack of English • Family issues 	<ul style="list-style-type: none"> • Self- and family referral • Cultural identity and language skills of advocate • Cultural explanation for professionals and language support 	<ul style="list-style-type: none"> • Improved access to services • Improved communication and understanding between clients and health professionals
New arrivals	<ul style="list-style-type: none"> • Mainly Mandarin-speaking from China • Isolation from family (in homeland) and community • Culture shock • Welfare issues • Lack of knowledge of health and social care system • Lack of English 	<ul style="list-style-type: none"> • Service provider referral • Language skills and practical support for the client • Language and advocacy skills to engage clients 	<ul style="list-style-type: none"> • Improved compliance and better engagement with services • Improved communication and understanding between clients and health professionals
Overseas students	<ul style="list-style-type: none"> • From China, Hong Kong, Malaysia, Singapore • Initial isolation • Culture shock • Pressures to achieve (cultural and financial) 	<ul style="list-style-type: none"> • Self, family and service provider referral • Cultural identity and emotional support • Cultural explanation for professionals and language support 	<ul style="list-style-type: none"> • Improved communication and understanding between clients and health professionals

Contexts	Mechanisms	Outcomes
Mental and physical health professionals, eg, psychiatrists, GPs, community psychiatric nurses, social workers	<ul style="list-style-type: none"> • Cultural explanation • Improved quality of interpretation • Continuity • Befriending 	<ul style="list-style-type: none"> • Greater understanding of user • Greater confidence in their impact on user
Social care services, eg, social workers, housing officers Other agencies, eg, benefits agencies, legal services	<ul style="list-style-type: none"> • Interpretation • Continuity • Befriending 	<ul style="list-style-type: none"> • Greater understanding of user • Greater confidence in ability to improve the user's situation

Revised theory of change

As a result of the evaluation, the theory of change can be refined and re-written:

Mental health advocacy, delivered by a Chinese advocate with Mandarin and Cantonese language skills, to first generation settlers, new arrivals and students will improve access to health, social welfare and community services, and improve compliance to medication and understanding of the treatments for service users.

Mental health advocacy, delivered by a Chinese advocate with Mandarin and Cantonese language skills to first generation settlers, new arrivals and students will improve the cultural understanding of this community, strengthen continuity of provision, and increase confidence in the ability to improve the users situation for service providers.

Extracted with permission from the final report to the King's Fund: *Evaluation of a Chinese Mental Health Advocacy and Support Project*, November 2009, by Lucy Tran.

http://www.kingsfund.org.uk/current_projects/partners_for_health_in_london/case_studies/chinese_national.html



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Charities Evaluation Services
4 Coldbath Square
London EC1R 5HL
020 7713 5722