



Theory of Change

As part of their Health Equalities programme, The National Lottery Community Fund has awarded £700,000 to support local areas to develop effective and sustainable partnerships between the voluntary and community sector, the NHS and local authorities to improve health and wellbeing, reduce health inequalities and empower communities. These partnerships have the potential to bring about significant change, promoting the role of the voluntary sector and the value of cross-sector partnerships.

The Innovation Unit have been working with 14 Health Equality Development Grantees as a learning and support partner. During a workshop with the Grantees we discussed the Theory of Change tool. It is a framework for helping you to think about complexity and adaptive change, and a tool for navigating it. In this document we share the framework we introduced to HEDG. and delve into more detail around how to answer each section.

For more resources visit

https://www.innovationunit.org/projects/health-equalities/#resources

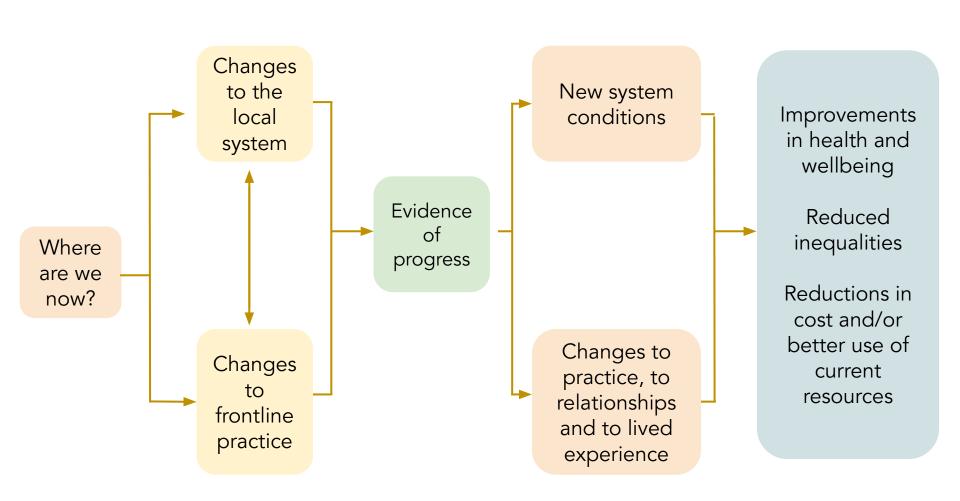
What is Theory of Change?

It is a framework for helping you to think about complexity and adaptive change, and a tool for navigating it.

It can give you:

- Strong outcomes and narrative
- Clarity around what you need to change to make the outcomes happen system, people, services
- An understanding of assumptions and interdependencies
- An opportunity to bring in multiple views and perspectives
- Consensus and energy for action from stakeholders
- A shared plan
- A clear foundation for evaluation
- New and important questions
- Clear sight of gaps in your plan and thinking, opening up 'black boxes'

A template for Theory of Change



Phases 1 and 2 - Define outcomes and agree starting points

You may already have outcomes specified for your work together (e.g. strengthen our partnership).

Where are we now?

The best outcomes are ones that have meaning beyond your partnership - outcomes that tell a story about the difference you want to make in the world.

In a theory of change outcomes and starting points are linked. You can think of them as your vision and your case for change. This is what we are hoping for and working towards and this is why it's important that we succeed.

Improvements in health and wellbeing

Reduced inequalities

Reductions in cost and/or better use of current resources

Phase 3 - Define the enabling conditions

What needs to change in the system for the outcomes you have specified to be achieved?

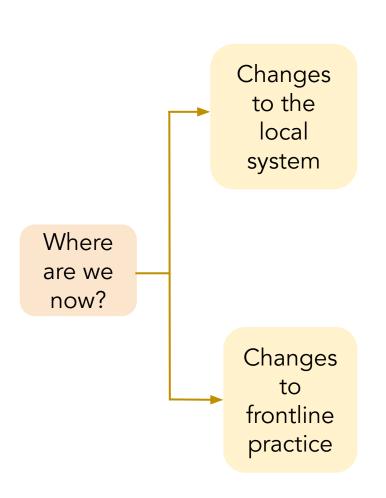
This is one of the places where partnership might be very important, for example in reducing friction between different parts of the system, or bringing together services or resources in new ways.

What changes do you need and expect at the "frontline" or where people and the system meet and interact?

If you are successful, what will the future services, practice and systems look like?

New system **Improvements** conditions in health and wellbeing Reduced inequalities Reductions in cost and/or Changes to better use of practice, to current relationships resources and to lived experience

Phase 4 - What work will you do together?



This is the action part of the theory of change. You may already have committed to certain plans, so here is where you test your logic and evidence - and the underlying assumptions - for these.

What will you change and how?

What will you be doing in the local system that will be different?

What will you be doing in your practice that will be different?

How do these relate to one another? And how confident are you that the activities you have outlined here will lead to the changes you hope to see and the outcomes you are aiming for?

Phase 5 - Evidence

This phase asks you to think about indicators that you can look for in the short to medium term that will reassure you that you are heading in the right direction.

The outcomes you have identified may not materialise until years into the future and are likely to be technically difficult and expensive to measure.

By committing to gathering evidence of interim progress in important areas of development in your work, you create the opportunity to tell confident stories of progress much earlier, meaning you can use these to grow engagement and support for your work, while it is still ongoing.

Evidence of progress Think carefully about the kinds of evidence you might need.

This is likely to relate to the people you need to influence, which might include residents as well as commissioners and funders.

Ideally your evidence will be compelling and serve as plausible proxy indicators for your final outcomes.

Printable template

