

ABSS Why Theory of Change Matters

- The ABSS approach

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Overview

- Theories of Change, Logic Models, test and learn criteria and fidelity monitoring are all critical in contributing to the 'what works' agenda
- They are also crucial to determining where a service wants to go, and how it will get there
- This presentation will go through theories of change, logic models, test and learn criteria and fidelity (model integrity) of delivery, and our approach to them
- They are all 'living' models and need to be reviewed regularly
- They should be co-produced at all levels

Evidence levels in ABSS service/project and activities:

- **Evidence based** – found to be effective in comparison studies (e.g. Randomised Controlled Trials)
- **Science based** – based on the best available evidence, but has not as yet been through its own comparison study
- **Innovation** – a new and untested service, project or activity but which has a theory of change and a logic model (or a developing one)

ABSS has a mixed portfolio of all three.....

Key definitions

- **Outcomes** - A measure of what a project, activity or service is attempting to change in terms of impact and value (such as are knowledge, skills, beliefs, motivation)
- **Theory of Change** – the **why** and **how** of a project, activity or service in the change that it wants to make, and the possible chain of events that we hope will change this
- **Logic Model** – the **what** of a project, activity or service. Explores the relationship between inputs, outputs, impact and outcomes
- **Dark Logic Model** – the possible unintentional consequences of a project, activity or service
- **Improvement Science** – Framework for exploring and undertaking quality improvement when a project, activity, or service is in delivery (learning through implementation)
- **Fidelity** – The extent to which a project, activity or service is implemented in the way it was intended or designed
- **Test and Learn** – The way that a project, activity or service is new and innovative

ABSS Programme Outcomes

– what we want to achieve



In the **short-term** children in our ABSS wards will have **improved key developmental outcomes**;

In the **medium-term** children in our ABSS wards will have at least the **same level of development** as Southend children;

In the **long-term** children in Southend will have **at least or exceed the national averages for key developmental outcomes**.

Our overarching Outcomes

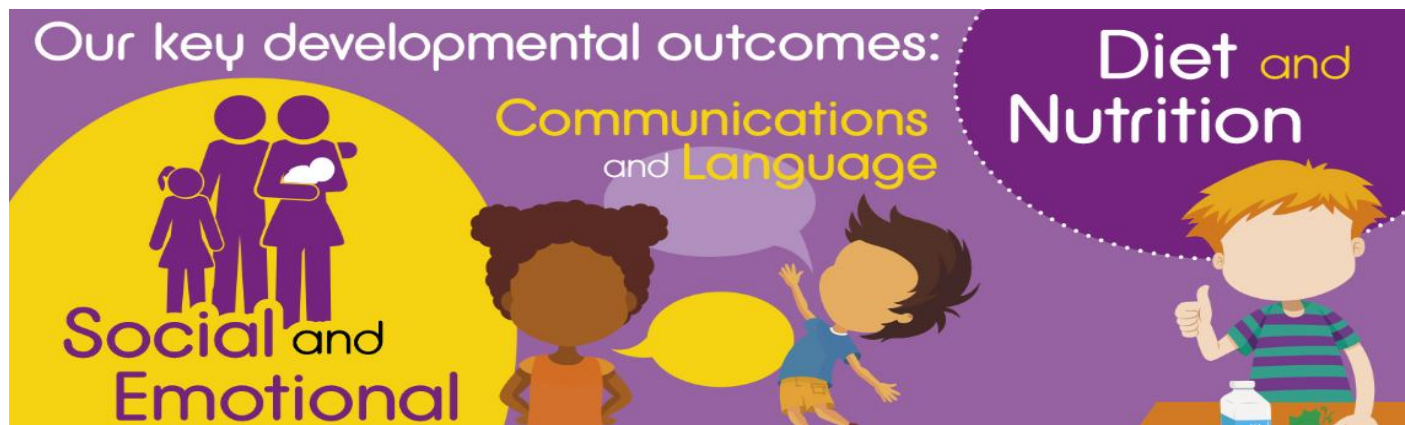
Our overarching outcomes

Children achieve well because:

- their parents are **ready** for **parenthood**;
- they have a **positive** parent/child **relationship**;
- they are **ready** for **school**;
- they and their families receive **effective** and **consistent professional support**;
- there is **improved health** at individual, family and community levels.



Our Key Developmental and Local Outcomes



In addition in Southend we chose the outcomes:

- Community Resilience
- Systems Change

Theory of Change

The 'how' and 'why' of service design and delivery

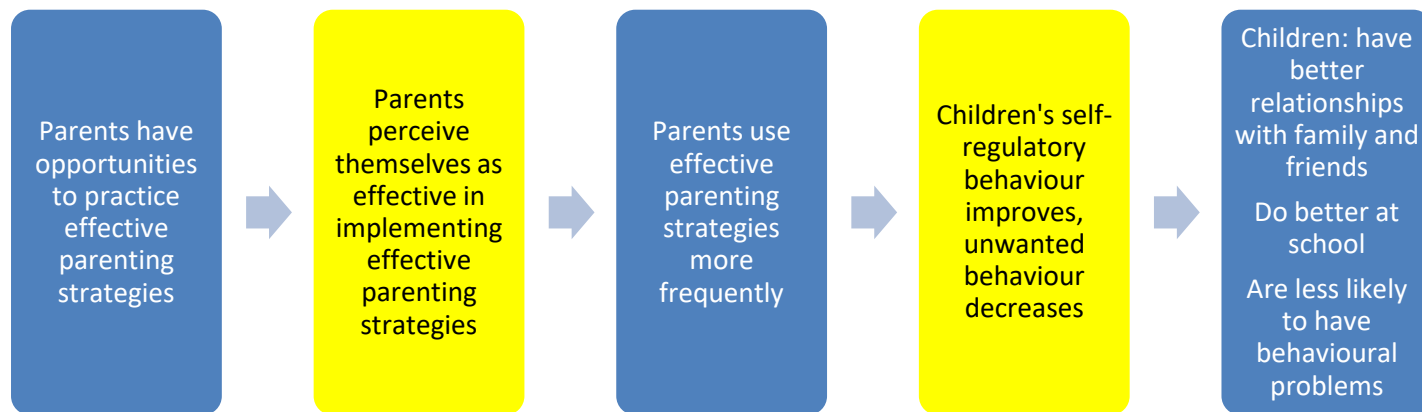
- They support planning, critical thinking and provide a pathway of change
- Are helpful for testing, challenging, thinking, developing outcomes, impact and successful scaling
- Make it easier to communicate the service/project/activity to others
- Provide a roadmap for change and innovation
- Support shared learning and evaluation
- It is crucial that theories of change are developed and informed by the latest research

Reflection:

- What are we trying to change with the service/project/activity?
- Where do we want to go with it, and what is its direction?
- What are the risks if we don't deliver this service/project/activity?
- Why do you think that this will work?
- What is unique about it?

Theory of Change – Example (s)

Graphical Theory of Change:



Narrative Theory of Change:

“Through investing in 6 facilitators, in the delivery of a 9 week attachment based parenting programme we will increase sensitive parenting. As long as we can ensure that parents use the skills and knowledge at home then we can assume that we will ultimately make improvements in the social and emotional development of children in Southend”

Logic Model- Background

The 'what' of service design and delivery

- There are two types of logic model (standard and dark logic models)
- Logic modelling helps you to explore **what** needs to take place for the delivery to be successful
- This includes: inputs, outputs, intermediate outcomes and final impact
- They are particularly critical where a service has multiple components or activities
- They can focus on the journey of one participant or multiple
- They should be meaningful, measurable and logical activities which show dosage and duration
- Dark logic models focus on unintended risks or consequences, and it is critical that these are explored and mitigated in human services

Logic Model - Example

Inputs	Outputs	Intermediate Outcomes (Short term)	Intermediate Outcomes (Mid term)	Impact
Practitioners, investment, training, key partners	Parenting support workshops	Increased knowledge of child development	Increases in levels of effective parenting techniques being used at home	Improved social and emotional outcomes for children

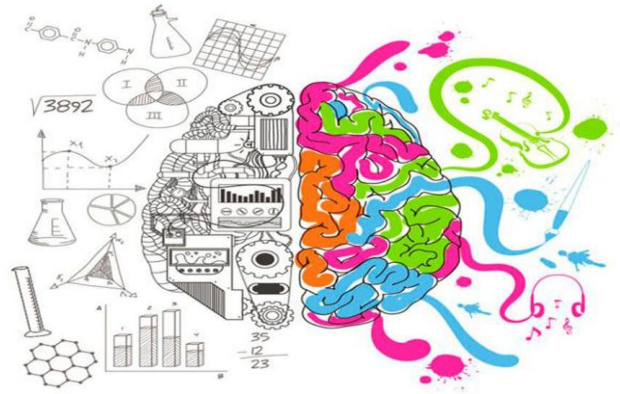
Improvement Science

- ABSS strives to embed the principles of improvement science into delivery and practice
- ‘Test and Learn’ criteria development is one of the ways that ABSS shows that it is using the science
- In human services it is crucial as it supports delivery that is safe and consistent, and is continuously improving
- It works best with small adaptations rather than ‘eating an elephant’
- It helps build and maintain enthusiasm for change and working together as a system
- Supports seeking solutions that -
 - **Working at scale** – and does not break down when they are tried for everyone
 - **Will spread to others** – not just the most ‘enlightened’ or the ‘worried well’
 - **Will sustain over time** – remain in practice and are resilient to system changes

'Test and Learn' Criteria



'Test and Learn' Logs



- 'Test'
- Project management 'the timetable')
- 'Scrum', PDSA (Plan, Do, Study, Act) and rapid cycles
- Accountability
- Task
- 'inside the box'

- 'Learn'
- Create and collaborate 'own journeys' through relationships
- Co-design
- Process 'the journey'
- The human experience
- 'outside the box'

'Test and Learn' Criteria

- How will you test your theory, and identify the unique elements of the service?
- What does the research and evidence tell us about what is most likely to make delivery successful in terms of outcomes?
- ABSS focusses on three main areas 1. Who delivers 2. How is it delivered (and who to)? 3. Where (and what time) is it being delivered?

Reflection (the type of questions that you might ask):

- Will more parents engage in services if it delivered at the weekend or evenings?
- Would including weekly calls to participants increase engagement?
- What groups might be least likely to access the service and how will we engage them?
- How do we ensure that beneficiaries are 'ready' for the service?
- How do we support practitioners to come up with new ideas for the service?
- How might we 'boost' the input that we have given? (e.g. take home tips, follow up events)



Fidelity – Model Integrity

- The extent to which delivery adheres to, and has integrity with its logic model
- If adaptations are adopted then the theory of change and logical model will need to be reviewed
- It often raises debates as to balancing adaptation / tests (flexible elements) and exact replication (core elements)
- It is a critical feature in quality as well as understanding how and why delivery does or does not work, and how it might be improved
- Where delivery is 'evidence based' fidelity is an 'assumed' feature, in an innovation it will likely be developmental
- Determining required fidelity is critical to how the delivery is evaluated
- There are 5 main features to fidelity:
 - **Adherence** (delivered as set down)
 - **Dosage** (amount received or completed)
 - **Quality of delivery** (the way that it is delivered)
 - **Participant responsiveness** (how engaged are beneficiaries with the service)
 - **Programme differentiation** (what are the unique features of the service)

Fidelity....

- Low fidelity is one of the **biggest predictors** of low or no change in outcomes!
- Delivery with fidelity **does not mean** that adaptations cannot be made (e.g. through ‘test and learn’). However it is essential that development of practitioners or facilitators includes a focus on understanding how and when delivery **can be** flexible or adapted

- **Some suggested ways of fidelity monitoring:**

- Checklists
- Scheme of work / lesson plans
- Delivery manual
- Specified resources
- Robust and regular supervision
- Quality protocol



Facilitator's manual



Reflection:

- What does fidelity mean to your delivery?
- What components of your delivery **can be** adapted or localised?



The ABSS Approach to ToC

- ABSS co-produce a Theory of Change (ToC), a Logic Model (LM), and test and learn criteria (this will include key stakeholders inc. the delivery partner and parent champions) for all its services, projects and activities
- This will usually be in a ABSS facilitated 3 step process – 1. Theory of Change (how and why), 2. Logic Model (what) and 3. Test and Learn Criteria (adaptation approach and innovation) and through its governance processes
- ABSS will work collaboratively to resource literature searching, as well as links to the current evidence base for the service, project or activity
- ABSS will advise on scaling the co-production of the theory of change depending on size of investment and risk etc.
- The delivery partner and ABSS in its commissioning role will review the theory of change documentation at reviews
- ABSS and the delivery partner will share the agreed ToC, LM and Test and Learn criteria with its appointed evaluators (Formative and Summative)




The ABSS Approach to ToC (Con)...

What the step by step process looks like:

1. A desk and literature review of the latest evidence and research in the area of the service, project or activity will take place
2. ABSS and its partners will agree the change that it wants to make supported by the ABSS Outcomes framework (and key developmental outcomes), local data and the latest research evidence [Theory of Change]
3. A graphical and narrative version of this will be agreed
4. The supporting evidence used will be documented and referenced
5. A logic of supporting activities [Logic Model] will be agreed (inc. inputs, outputs and outcomes)
6. The test and learn criteria will be agreed through co-production with a view to innovation and improvement science
7. Once agreed through governance ABSS and its partners will continue to be responsible for its review

Supporting Approach Frameworks

Service Design	Evaluation	Outcomes																																																																
<p>The Southend Approach: SERVICE DESIGN FRAMEWORK</p> <p>Applying Design in an Integrated Context to Create Innovation and Impact</p>  	<p>The Southend Approach: EVALUATION FRAMEWORK</p> <p>Evaluating in an Integrated Context to create Evidence and Impact</p>  	<p>3. Diet and Nutrition</p> <p>Agreed Vision: All mothers will understand the benefits and be supported to breastfeed. They will have the knowledge and skills to provide their family with a healthy diet to support growth, development and long-term health.</p> <table border="1"> <thead> <tr> <th>Key</th> <th></th> </tr> </thead> <tbody> <tr> <td>↑</td> <td>Increasing / decreasing against intended target</td> </tr> <tr> <td>↔</td> <td>Increasing / decreasing in line with target progress</td> </tr> <tr> <td>↔</td> <td>No change from previous data collection period</td> </tr> <tr> <td>★</td> <td>Future Goal or Target Figure</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="6">Diet and Nutrition</th> </tr> <tr> <th>Outcome</th> <th>Indicator</th> <th>Baseline Measure</th> <th>Short Term 2018 Measure</th> <th>Mid-Term 2021 Target</th> <th>Long Term 2025 Target</th> </tr> </thead> <tbody> <tr> <td rowspan="4">3.013 Breastfeeding initiation % (in the first 48 hours) (2014-2015) (Midwifery Health Care Pathway - Commissioning for Value Pack)</td> <td>ABSS</td> <td>76.4 (14/15)</td> <td>87.0% (18/15)</td> <td>81.0% (18/15)</td> <td>Best in England</td> </tr> <tr> <td>Non-ABSS</td> <td>82.5 (14/15)</td> <td>82.0% (18/15)</td> <td>-</td> <td>86.7% (15/15)</td> </tr> <tr> <td>Southend</td> <td>79.7% (14/15)</td> <td>85.0% (18/15)</td> <td>-</td> <td>-</td> </tr> <tr> <td>National</td> <td>74.0% (14/15)</td> <td>74.0% (18/15)</td> <td>-</td> <td>-</td> </tr> <tr> <td rowspan="4">3.012 Breastfeeding persistence (at 6 weeks) % (Maternity Health Care Pathway - Commissioning for Value Pack)</td> <td>ABSS</td> <td>34.0% (14/15)</td> <td>45.0% (18/15)</td> <td>44.0% (18/15)</td> <td>Best in England</td> </tr> <tr> <td>Non-ABSS</td> <td>43.0% (14/15)</td> <td>52.0% (18/15)</td> <td>-</td> <td>60.2% (15/15)</td> </tr> <tr> <td>Southend</td> <td>36.0% (14/15)</td> <td>40.0% (18/15)</td> <td>-</td> <td>-</td> </tr> <tr> <td>National</td> <td>40.0% (14/15)</td> <td>40.0% (18/15)</td> <td>-</td> <td>-</td> </tr> </tbody> </table>	Key		↑	Increasing / decreasing against intended target	↔	Increasing / decreasing in line with target progress	↔	No change from previous data collection period	★	Future Goal or Target Figure	Diet and Nutrition						Outcome	Indicator	Baseline Measure	Short Term 2018 Measure	Mid-Term 2021 Target	Long Term 2025 Target	3.013 Breastfeeding initiation % (in the first 48 hours) (2014-2015) (Midwifery Health Care Pathway - Commissioning for Value Pack)	ABSS	76.4 (14/15)	87.0% (18/15)	81.0% (18/15)	Best in England	Non-ABSS	82.5 (14/15)	82.0% (18/15)	-	86.7% (15/15)	Southend	79.7% (14/15)	85.0% (18/15)	-	-	National	74.0% (14/15)	74.0% (18/15)	-	-	3.012 Breastfeeding persistence (at 6 weeks) % (Maternity Health Care Pathway - Commissioning for Value Pack)	ABSS	34.0% (14/15)	45.0% (18/15)	44.0% (18/15)	Best in England	Non-ABSS	43.0% (14/15)	52.0% (18/15)	-	60.2% (15/15)	Southend	36.0% (14/15)	40.0% (18/15)	-	-	National	40.0% (14/15)	40.0% (18/15)	-	-
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There is also a further presentation / resource on 'Theory of Change' on our Knowledge Lab on our website - <https://abetterstartsouthend.co.uk/wp-content/uploads/2018/05/ABSS-SD-M.-RAW-160518-v2-web-MIND-THE-GAP.pdf>

Summary

- All ABSS services and projects will have these models
- The theory of change matters, and not just for evaluation
- For some funders a theory of change is crucial and required bid information
- They are great tools for explaining the service, and how it aims to effect change
- Logic models are a great way of keeping an eye on the chains of steps that are required for success
- Improvement science and ‘test and learn’ criteria supports quality and adapting as you go
- ‘High Fidelity’ is a good way of thinking through scaling, quality and thinking through the components of success
- All ABSS services, projects and activities are committed to this approach

References

- Bonell, C. Jamal, F. Melendez-Torres, GJ. and Cummins, S. (2015), Dark Logic: Theorising the Harmful Consequences of Public Health Interventions, *J Epidemial Community Health*, Jan 69 (1), 95-8
- Carroll, C. Patterson, M. Wood, S. Booth, A. Rick, J. and Balaian, S. (2007), A Conceptual Framework for Implementation Fidelity, *Implementation Science*, 2 (40)
- Inkelas, M. Christie, CA. and Lemire, S. (2017), Value and Opportunity for Improvement Science in Evaluation, *Improvement Science in Evaluation: Methods and Uses*, 2017, 153, 93-102
- FNP National Unit and Dartington Service Design Lab (2018), FNP Adapt – Key Documents for Clinical Adaptation Design
- Lindsay, G. and Cullen, MA. CEDAR (2010), Evaluation of the Parenting Early Intervention Programme, DfE
- Moran, P. Ghate, D and van der Merwe, A. (2004), What Works in Parenting Support? A Review of the International Evidence, Policy Research Bureau



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We want Southend-on-Sea to be the best place in this country to bring up a child and be a parent