



THEORY OF CHANGE WORKSHOPS: Guidance and resources



STRiDE Research Tool No.1

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FOR CITATION PURPOSES

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* A full list of STRiDE project members can be found at the end of this document.

INTRODUCTION

STRIDE

STRiDE (Strengthening Responses to Dementia in developing countries) is a project which aims to build capacity in generating and using research to support the development of policies to improve dementia care.

The project seeks to generate research evidence on what works in dementia and to better understand the impacts of dementia in different cultural, social and economic contexts, in order to help countries in the development, financing, planning, implementation and evaluation of national dementia plans (www.stride-dementia.org).

It is funded by the UK Research and Innovation Global Challenges Research Fund in Brazil, Indonesia, India, Jamaica, Kenya, Mexico and South Africa. Researchers in other countries are currently using some of the same research tools, as part of a wider STRiDE collaboration.

WP1: THEORY OF CHANGE

Theory of Change (ToC) is an outcomes-based approach which describes how a programme brings about specific outcomes through a logical sequence of intermediate outcomes. The Theory of Change process is a way to systematically set out the steps that will lead to achieving the aims of the STRiDE project.

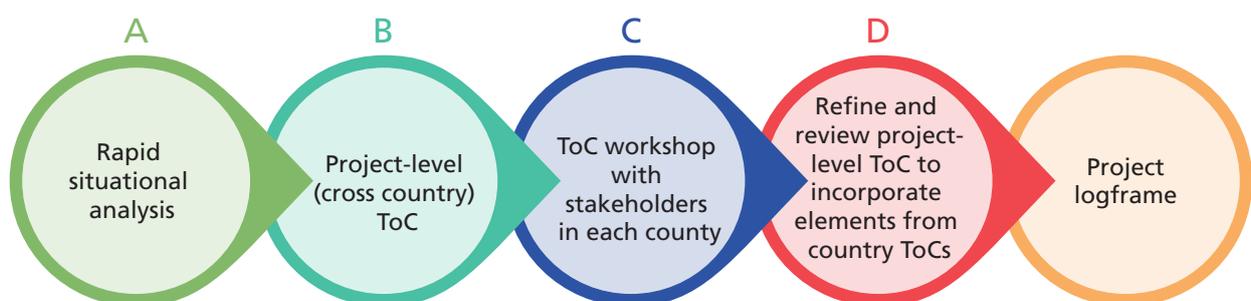
1 PURPOSE OF GUIDANCE

A core part of STRiDE was conducting Theory of Change (ToC) stakeholder workshops to (1) develop a strategic direction for STRiDE and dementia care, treatment and support across STRiDE countries (2) develop a monitoring and evaluation framework for STRiDE across STRiDE countries, and 3) develop a strategic direction for STRiDE and dementia care, treatment and support within STRiDE countries.

Within STRiDE we developed ToCs in the following way. We (A) conducted a rapid situational analysis to provide an overview of the dementia situation in each country and to identify relevant stakeholders for the workshops; (B) developed a project-level (cross-country) ToC with all STRiDE project partners (which was also used as training); (C) developed country-specific ToCs in stakeholder workshops in each country; and (D) reviewed and refined the cross-country ToC taking the country ToCs into account. The cross-country ToC has provided a framework to develop our monitoring and evaluation framework and the STRiDE project logframe. This is currently being prepared for publication.

In this guidance we outline an approach to co-developing a ToC with stakeholders to provide strategic direction for policy and programmes for dementia based on the experience of STRiDE. It does not aim to be a comprehensive guideline to developing ToCs or conducting ToC workshops, but rather an outline of the approach used in STRiDE. (It should be read together with the forthcoming publication by Breuer et al. which describes the process and outcomes of the STRiDE ToC as well as other resources outlined in Section 4 Further Reading.)

Figure 1 The STRiDE ToC process



2 INTRODUCTION TO ToC

ToC is an outcomes-based approach to developing a programme theory. The resulting theory shows how a specific programme brings about outcomes through a logical sequence of intermediate outcomes and articulates how and why specific programmes work¹. ToC belongs to a group of evaluation approaches called Theory Driven Evaluation which includes logic models, logframes and realist evaluation. In Theory Driven Evaluation, the focus is on understanding the theory of how and why a programme works (the programme theory or ToC) in order to evaluate a programme². ToC has been used to develop, monitor and evaluate complex programmes by researchers, health planners, international organisations and development agencies³. However, the practical details of how the ToCs were developed or used in the development and evaluation of interventions are often not described in detail⁴.

ToC outlines the impact the programme is likely to achieve, the hypothesised outcomes on the causal pathway of the programme, the interventions required to achieve this, the assumptions it is making and the indicators that could be used to measure each outcome on the ToC pathway⁵.

ToC can incorporate existing theories and frameworks both implicitly and explicitly. For example, a ToC related to the development of health services may implicitly include Tanahashi's framework on improving service coverage⁶ or a ToC related to decreasing stigma and discrimination may explicitly include intergroup contact theory⁷.

Key elements of ToC are illustrated in a fictional example in Figure 2 and defined in Table 1.

Figure 2 Key elements of ToC and fictional ToC

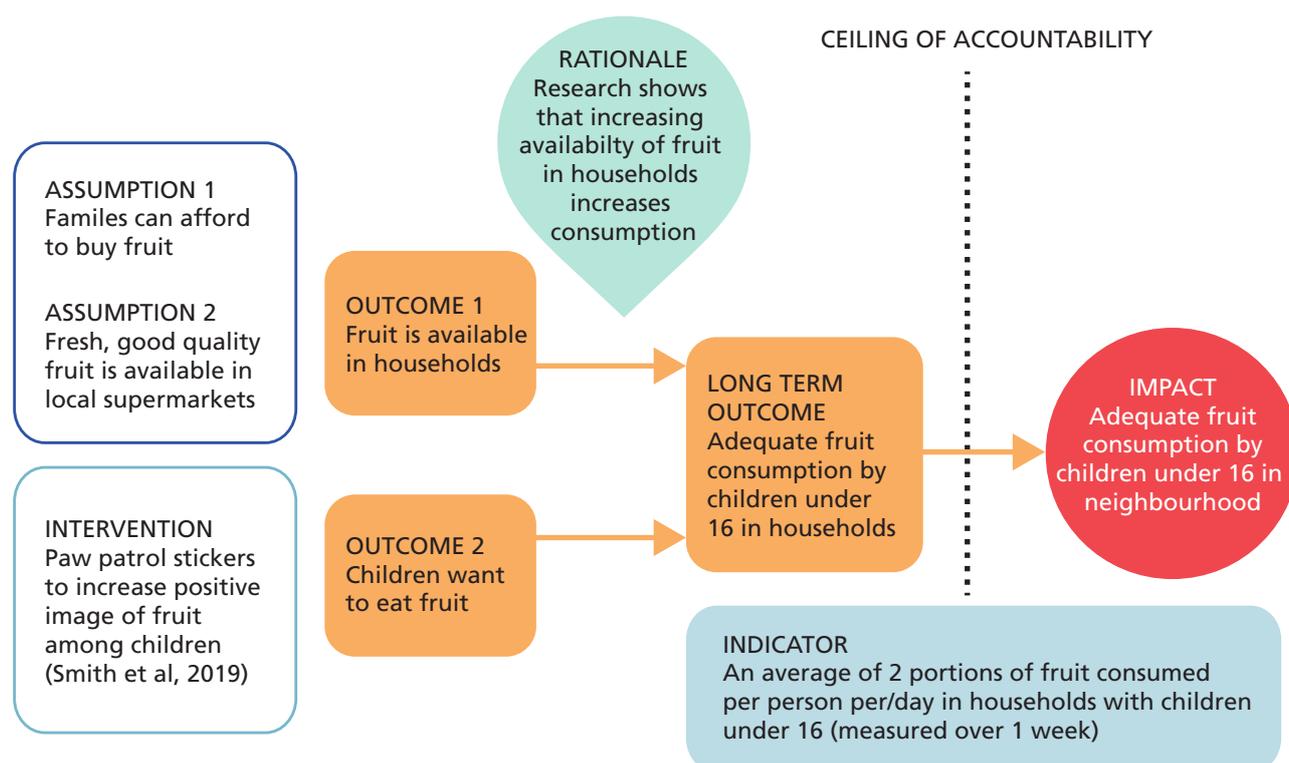


Table 1 Definition of elements of ToC

Theory of Change elements	Definition Fictional example: Fruit consumption in children (Figure 1)	Examples of ToC elements
Impact	The real world change the programme is trying to achieve	Adequate fruit consumption by children under 16 in neighbourhood
Outcomes	A set of logical steps that need to happen if the impact is to be achieved. These are usually mapped out backwards from the impact.	<ol style="list-style-type: none"> 1. Fruit is available In households 2. Children want to eat fruit
Assumptions	The assumptions about what needs to be in place for outcomes to occur which need to be considered in the planning	<ol style="list-style-type: none"> 1. Families can afford to buy fruit 2. Fresh, good quality fruit is available in local supermarkets
Rationale	The evidence, or rationale, for why one outcome will logically lead to the next	Research shows that increasing availability of fruit in households increases consumption
Indicators of success	Who/what, how, how long, how much change will occur as a result of the programme	An average of two portions of fruit consumed per person/per day in households of children aged under 16 (measured over one week)
Interventions/ key activities	What needs to be done to move from one outcome to the next	Paw patrol stickers to increase positive image of fruit amongst children (Smith et al. 2019)
Ceiling of accountability	The line which defines up to what point the programme is responsible for the outcomes	<p>Ensuring adequate fruit is available is deemed achievable by the project but whereas the final impact is not under the control of the project.</p> <p>The impact should occur if the ToC adequately describes the programme theory (see Figure 2).</p>

Adapted from De Silva et al. 2014

3 DEVELOPING THEORIES OF CHANGE USING WORKSHOPS

ToCs can be developed using workshops, interviews, questionnaires, programme documents, observations of programmes or other approaches (4). However, ToC workshops which co-develop the ToC with stakeholders are a powerful way to engage stakeholders and include them in the programme development from the outset. This guideline focuses specifically on using ToC workshops to develop ToC. We outline three phases to conducting ToC workshops: preparation, conducting the workshop and follow up.

3.1 PREPARATION

1 Overview of the Dementia Situation (The Rapid Situational Analysis)

The questions outlined in Box 1 were developed by STRiDE to provide a rapid overview of the dementia situation and identify relevant stakeholders in preparation for the ToC workshops in each country. The idea of this overview is to build on information that is easily available to the project team.

2 Purpose of the workshop

ToCs can be used for one or more of the following purposes: to develop a strategic direction for a programme, to provide a framework for reporting and accountability, to develop interventions, to evaluate and to involve stakeholders. Prior to developing a ToC, it is important that to be clear about the purpose(s) of the ToC as this will determine how it should be developed and will allow the facilitators to balance to purposed with the number and length of the workshop and the complexity and depth of the resulting ToC.

In STRiDE, the purpose of the ToC was to develop strategic direction for the STRiDE project and dementia policy and a monitoring and evaluation framework for STRiDE. In addition, we wanted to ensure buy-in from stakeholders in STRiDE countries.

3 Length of the workshop

Ideally, the ToC workshop should be about 12 hours/ 1½ days including breaks. This includes introductions to the project and the ToC process. It also allows for stakeholders to reflect on the process. The session could be held on 2 consecutive days or 1–2 weeks apart, or as 3–4 half day sessions, depending on the context.

Box 1: Questions for the Rapid Situational Analysis

- 1 **Context:** population size and structure, key country characteristics
- 2 **Dementia prevalence:** if possible, national data, if not, use World Alzheimer Report 2015 (www.alz.co.uk/research/WorldAlzheimerReport2015.pdf)
- 3 **Societal impact of dementia:**
 - a Costs of dementia in your country (including whether there are any existing, ongoing or planned studies)
 - b Other impacts of dementia: care needs, quality of life of people with dementia and their paid and unpaid carers, carers' health, carers' ability to work, etc.
- 4 **Short description of the current provision of dementia care, treatment and support by the health system, the long-term care system, Non-Governmental Organisations (NGOs) working outside the health system, communities and families, covering:**
 - a The health system
 - i Public health system
 - ii Private health system
 - b The long-term care system
 - i Public long-term care system
 - ii Private long-term care system
 - c NGOs
 - d Communities and families
- 5 **Short description of the current provision of support by sectors outside the health system:** housing, pension(s)/grants support and other social development initiatives, transport, etc.
- 6 **Existing dementia policies and expectations of policy change:**
 - a Does your country have a National Dementia Plan, or is work already under way to develop one? If so, who is developing it?
 - b What other dementia policies does your country have (national or sub-national)?
 - c If your country has a National Dementia Plan already, is it considering updating/revising, or developing implementation policies?
 - d If your country does not have a National Dementia Plan and is not developing one, is your country considering developing one or including dementia in other policies (such as ageing, long-term care, non-communicable diseases, mental health...)?
- 7 **Priorities:**
 - a What do you think should be the most important policy priorities in your country in relation to dementia?
 - b What do you think are the most important dementia research priorities in your country?
- 8 **Stakeholder identification** (to help plan the ToC workshop):
 - a Who are the key stakeholders involved in dementia treatment, care and support in your country or who has the capacity to inform or influence policies around dementia care?
 - b What is each stakeholder's capacity to participate in, inform and influence the development, approval and implementation of a dementia plan?
 - c What are the inter-linkages and relationships between stakeholder groups? What are the possible conflicts of interest?
 - d How can appropriate approaches be designed to engage stakeholders in the STRiDE project? Consider the following aspects of stakeholder participation:
 - i Nature – e.g. lived experience, expert opinion, etc.
 - ii Form – e.g. as a participant in the ToC workshop, member of the advisory group for your country, interviewee...
 - iii Mode – e.g. as an individual participant or representative of a group
- 9 **Scope of dementia research** in [Country] (epidemiology, care, financing, services, interventions, costs, awareness and stigma)

4 Participants

The ToC workshop should include diverse stakeholders as identified as part of the rapid situational analysis. Stakeholders to consider are ones who can help shape the project, who can shape dementia policy and/or who understand the system (including as a user of the system, specifically people living with dementia and their carers). You should consider the level of hierarchy in the room and whether it will be possible for everyone to contribute. You should aim for about 15–30 participants in the workshop. More than 40 will be difficult to manage.

In STRiDE, we aimed for representation from:

- Policy makers (health, long term care, social development, others)
- Researchers and clinicians/practitioners currently working in dementia (nationally)
- Relevant NGOs/government partners
- People living with dementia and care partners.
- Other locally relevant stakeholders

It may not be possible for all stakeholders to contribute, for example if there is a lot of hierarchy between stakeholders or you have too many stakeholders. If so, you should consider holding multiple workshops for different types (or hierarchical levels), limiting the workshop to one hierarchical level of stakeholders or using other strategies to involve all participants such as interviews. Facilitation techniques such as small group work with active facilitation by small group facilitators may also improve the ability of stakeholders to participate.

If you do hold multiple workshops, you will need to decide whether you will develop new ToCs in each workshop and try to align them or whether you ask the successive groups to refine the ToC from the first workshop.

5 Ethical considerations

If the workshop is recorded or photos are taken, a form to request permission should be signed by the participants in the workshops (see example in Appendix 1). If the transcripts of the workshop will be used as data for qualitative research, then ethical approval should be sought from the relevant institutional ethics committees.

6 Invitations

The way in which stakeholders are invited to the workshop may influence their participation. Some strategies to increase buy-in include (1) mobilising a well-respected local stakeholder who is able to encourage people to attend; (2) getting buy-in from senior policy makers who deputise juniors to attend; or (3) sending invitation letters sent from the government offices when the workshop is co-hosted with government, and (4) mobilising local intersectoral dementia networks where available.

7 Venue and equipment

The venue should accommodate the number of people comfortably in a series of smaller tables spaced in the room (cabaret seating), but would ideally not be so large that amplification is necessary for participants asking questions and giving feedback. (A microphone may still be necessary for the facilitator.) A powerpoint projector and screen should be available. There should also be a wide wall which can be used to hang sticky notes and sheets of paper. Ideally, a flipchart should be available to summarise plenary discussions.

A camera is necessary to take photographs of the resulting ToC and the process of ToC development. If you would like to video or audio-record the ToC workshop, video and/or audio recording equipment should also be available and a skilled technician available to set up and record the workshop. The relevant permissions should be obtained from participants (for discussion on permissions see 5 Ethical considerations).

8 Consumables

The following stationery should be available on each table:

- Sticky notes (for challenges)
- Thin marker pens (e.g. Sharpies)
- A4 sheets of paper (white) or large Sticky Notes (for outcomes)
- A5 sheets of paper or large sticky notes (multiple colours with one colour each) (for interventions, assumptions and indicators)
- Adhesive putty (Prestick/Blutac or similar) to attach these pieces of paper to the wall.
- A consent form (Appendix 1) for all participants to complete and sign indicating their agreement to photos being taken and used in various media and reports.

9 Facilitators

Ideally, one facilitator will be responsible for the whole workshop. This person should have good facilitation skills and should have some knowledge of dementia. They do need to understand the ToC development process and what the purpose of the ToC that is developed in this workshop will be. Ideally, facilitators will have attended in person or online training in ToC or at least another ToC workshop to understand how a ToC workshop should be conducted. (see Section 4. Further reading for training resources).

They should be supported by at least one co-facilitator who also understands the ToC process and has some understanding of dementia. If you are using group work, it is helpful to have a facilitator or team member in each group who understands the ToC process.

We recommend that the research team have a dedicated note taker, who is not involved in facilitation or participation in the meeting. This is highly skilled role and should be another researcher (or equivalent) who understands the area, rather than someone who is an administrator.

10 Nametags and name plates

On registration, it is helpful if participants receive both name tags (to facilitate conversation and networking during the breaks) and name plates for the table (to ensure the facilitator can read the names and can refer to everyone by name).

11 Seating

It is important that there is heterogeneity in the groups during the group work. There are two ways to achieve this:

- Plan the seating for individuals prior to the workshop and then place name plates on the tables
- Allocate participants to tables during registration

Although it is desirable to have heterogenous groups during the group work, it may also be helpful to cluster people with specific expertise so they can cover certain aspects of the ToC during the group work. For example, people living with dementia and their care partners could be paired with an NGO which provides care for people living with dementia. This group could then work on themes related to the provision of care for people living with dementia.

12 Practice

Unless you are using an experienced facilitator, try to arrange a 'mock' or internal project ToC workshop with the project team in order to test out facilitation techniques, logistics and get a sense of the scope and breadth of the ToC which might be developed in a full workshop. The internal project team ToC, as well as providing practice, is also a good way to bring the team together and create a common understanding of the project, which is very valuable, particularly when the project team spans multiple institutions or locations.

3.2 CONDUCTING THE WORKSHOP

1 Structure of the workshop

ToC workshops are usually structured to start with the impact and then map the outcomes, interventions, assumption, rationale and, if necessary, indicators. We also suggest some sessions at the beginning of the workshop which include an introduction to the dementia situation, the project, ToC and outlining the challenges. This suggested timeline would run over two days – the break between days can be determined by the facilitating team but should be after the development of the outcome pathway. During the break, the ToC facilitators would ideally draw, refine and print the ToC to show to partners (see section below). In Table 2 we outline the suggested sessions of the ToC workshops. We have not included a session on indicators as this is best done in a small group setting once the ToC has been finalized.

Table 2 Structure of the ToC workshop

Session	Detail
<p>Welcome and introductions</p> <p>Presentation</p> <p>Plenary session</p>	<p>Welcome should ideally be conducted by senior representative of the organisation. The facilitator can then arrange a round of introductions</p>
<p>An overview of dementia care</p> <p>Presentation</p>	<p>Overview of the status of dementia care and financing nationally based on the Rapid Situational Analysis</p>
<p>Introduction to the project</p> <p>Presentation</p>	<p>A brief introduction to the project for which the ToC is being conducted</p>
<p>Introduction to ToC</p> <p>Presentation</p>	<p>Introduction to the ToC approach (impact, outcomes, assumptions, interventions, evidence, indicators). If there is time, it may be helpful to conduct a brief ToC on an unrelated topic.</p>
<p>Identifying challenges</p> <p>Small group discussions (4–6 people) and feedback to plenary</p>	<p>The small groups are asked to identify problems and knowledge gaps related to dementia in the country.</p> <p>They can be at any level (health system and service, carer, legal, social and long term care). The answers are written on sticky notes (1 per challenge) and reported back to the group.</p>
<p>Agreeing on impact – what would success look like for us?</p> <p>Plenary discussion</p>	<p>The plenary is asked to discuss and agree on the planned impact (long term social change) that the programme is trying to achieve. Where the impact is already defined by the programme, the stakeholders can still discuss this and decide whether this is worth aiming for and what changes need to be made.</p>
<p>What needs to be in place for us to achieve this?</p> <p>Developing an outcomes map</p> <p>Work in small groups (4–6 people) and then presentation to the plenary</p>	<p>The small groups are asked to determine the short-, medium-, and long-term outcomes necessary to lead to the impact. These should be clearly defined, achievable and realistic. The groups may be divided so they can work on 1–2 specific themes as identified in the session on challenges.</p> <p>The outcomes are written on A4 sheets (1 per outcome) and reported back to the plenary. The facilitators can stick these onto the wall into a sequence which starts to develop a ToC.</p>

Table 2 Structure of the ToC workshop (continued)

Session	Detail
<p>Logic and evidence check</p> <p>Plenary</p>	<p>Plenary discussion based on the following questions: Does each outcome lead logically to the next outcome in the ToC map? (If not, are additional intermediary outcomes needed, or an intervention to move from one outcome to the next and what are they? Is more formative research needed before we can be confident that one outcome logically leads to the next in this setting?)</p>
<p>How do we achieve it? Developing strategies and interventions</p> <p>Work in small groups (4–6 people) and then presentation to the plenary</p>	<p>Group work to determine the strategies, interventions or programmes necessary to lead from one outcome to the next? What, who, how and when will these be implemented? These are written on A5 sheets of paper and added to the ToC map.</p>
<p>We will be successful if... Checking assumptions</p> <p>Work in small groups (4–6 people) and then presentation to the plenary</p>	<p>Group work to determine what needs to be in place for the outcomes to occur. These are written on A5 paper and added to the ToC map.</p>
<p>Deciding on the ceiling of accountability</p> <p>Plenary discussion</p>	<p>The group decides which part of the ToC the programme or project will be responsible for.</p>

2 Refining and reviewing the ToC after and during the workshop

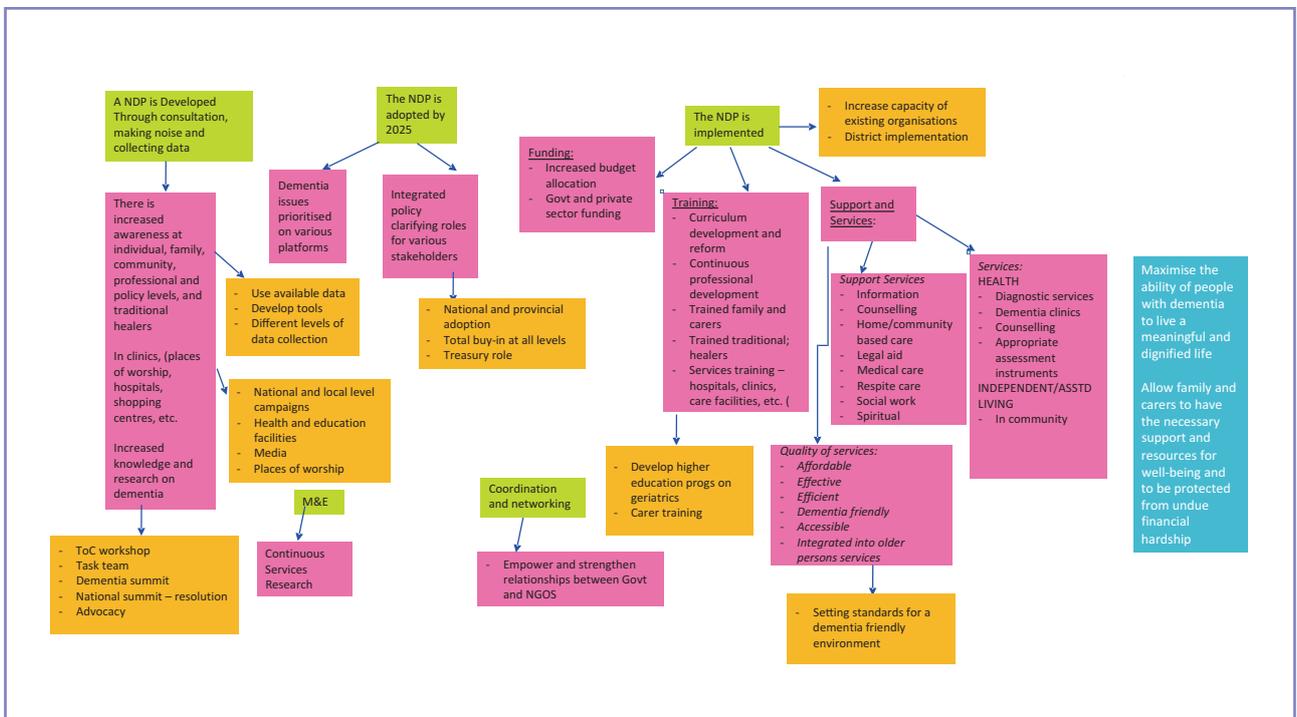
We suggest that you draw a draft ToC and present it to the workshop participants during the workshop, for example, on the morning of the second day. The easiest way to do this is to use PowerPoint to write up all the outcomes and then start connecting them logically with arrows. The interventions, assumptions and indicators (if using) can be listed using numbered bullets which can then be placed on the ToC map.

For example, in the STRiDE South Africa ToC workshop we drew up the ToC which was developed on the wall using sticky notes (Figure 3). Then we drew the ToC in PowerPoint, edited and refined the map, added the interventions and linked the outcomes with arrows (Figure 4).

Figure 3 STRiDE South Africa ToC developed during the workshop on a wall with sticky notes

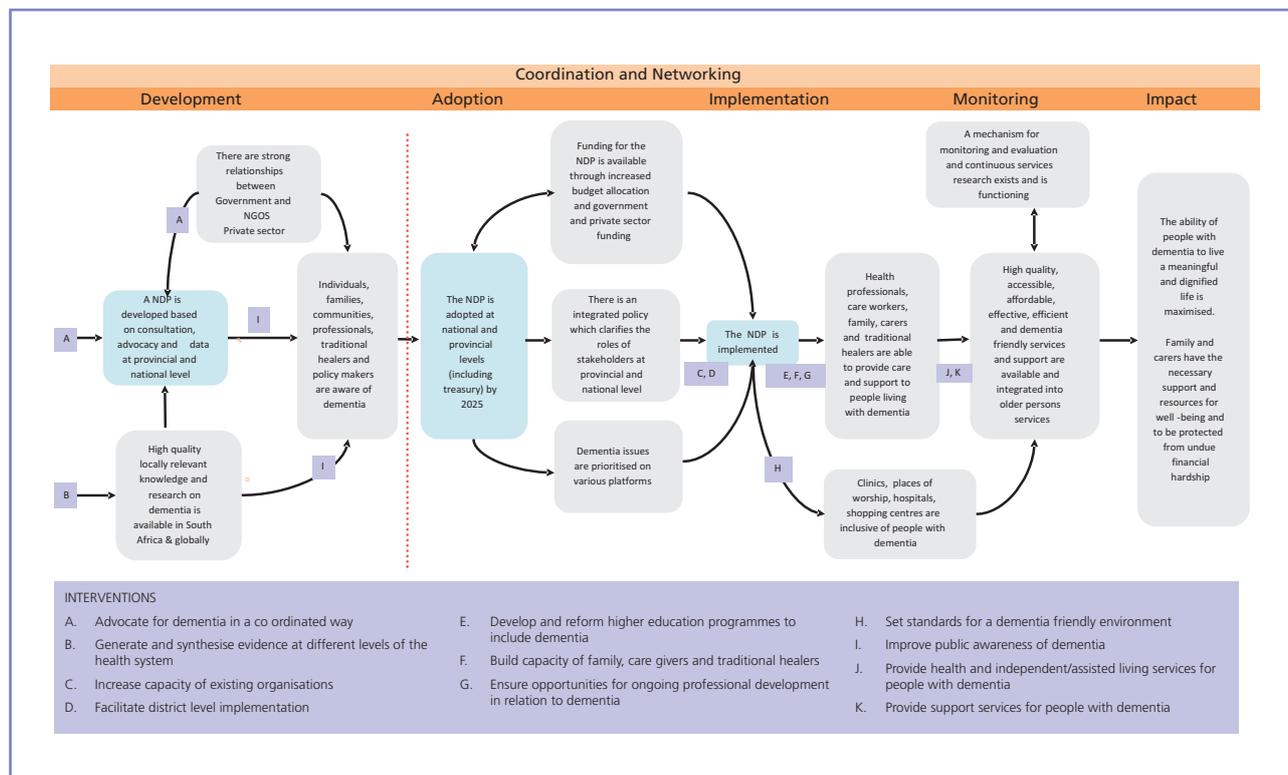


Figure 4 STRiDE South Africa ToC First Powerpoint Draft



On the morning of the second day of the ToC workshop, we printed the edited map onto A3 paper and gave each participant a chance to comment. A useful strategy is to allow participants to make changes and suggestions on the map, these then collected at the end. In addition, each small group (4–6 participants) can discuss the map and give feedback to the plenary. This feedback was incorporated after the workshop into the final ToC map (Figure 5).

Figure 5 STRiDE South Africa ToC



3 Notetaking during the ToC workshop

Notetaking for the ToC workshop is important to ensure the decisions made and the process of making them are recorded, they can be referred to while finalising the ToC, and to capture the rich discussion around the issues discussed in the workshop while they arise.

The note taker should record:

- Outline of the process and the key discussion points.
- The opinion of stakeholders around the different elements of the ToC, i.e.
 - Impact
 - Outcomes
 - Rationale
 - Assumptions
 - Interventions
 - This is particularly important when members of the group do not agree.
- The amount of participation in the ToC Process – whether all participants participated equally

3.3 FOLLOW UP

1 Refining the ToC

After the workshop, the ToC can be edited further and be sent around via email for further input.

If you are developing the ToC to inform the monitoring and evaluation of the programme you will need to develop indicators for each of the outcomes identified in the ToC. Table 3 shows an example of how this can be done. It is important that you have specified your ceiling of accountability correctly otherwise you may be measuring your programme against outcomes that you are unlikely to achieve in the life of your programme.

Table 3 Example Indicator from ToC

ToC Outcome	Example indicator	Data Sources
Policy-makers across sectors are convinced that actions to improve dementia care, treatment and support are a priority	Number of policy committees or working groups in the area of ageing and/or dementia that are active in a given year in STRiDE Countries (four at the end of year 4) Number of citations of STRiDE research in policy documents, key speeches, parliamentary (or equivalent) questions (ten at the end of year 4)	STRiDE country teams and Advisory groups Altmetric

2 Review of ToC

The ToC can be reviewed annually by the programme team and the advisory group for the project. The indicators of the ToC can be reviewed annually by an advisory group (comprised of 5–10 stakeholders from the ToC workshop) to determine whether the programme is on track.

3 Reporting on the ToC process

The ToC process should be reported in the form of a report. In Table 4 we provide a checklist from Breuer et al. 2016 (4) which outlines how to report ToC in public health interventions. Sections 1–3 may be the most relevant.

Table 4 Checklist for reporting ToC in public health interventions.

1. Define the ToC approach	
a. Describe your definition of ToC	<input type="checkbox"/>
b. Describe the rationale for using a ToC	<input type="checkbox"/>
2. Describe the ToC development process	
a. Describe the methods used to develop the ToC, such as stakeholder meetings and interviews, document reviews, programme observation, existing conceptual frameworks or published research.	<input type="checkbox"/>
b. Describe where and how stakeholders are involved. Outline how many stakeholders participated, what their role was in relation to the intervention or programme, how they were consulted (e.g. number of interviews, focus groups, ToC workshops) and the extent to which the consultations were participatory	<input type="checkbox"/>
c. Describe the method used to compile the data into a ToC described (including how disagreements between stakeholders were resolved)	<input type="checkbox"/>
d. Describe to what extent the stakeholders were able to validate the resultant ToC and were owners of the final product.	<input type="checkbox"/>
3. Show the resultant ToC (or a summary thereof) in a diagrammatic form and include:	
a. The long term outcome or impact of the intervention	<input type="checkbox"/>
b. The anticipated short and medium term outcomes and the process of change	<input type="checkbox"/>
c. The intervention components which happen at different stages of the pathway	<input type="checkbox"/>
d. The context of the intervention	<input type="checkbox"/>
e. Assumptions about what is needed for change to occur	<input type="checkbox"/>
f. Include other relevant ToC elements such as indicators, supporting research evidence, beneficiaries, actors in the context, sphere of influence and timelines where relevant.	<input type="checkbox"/>
4. Describe the process of intervention development from the ToC	
a. Describe the methods of how interventions were refined from the ToC to something which can be implemented (For example, further stakeholder workshops, interviews, systematic literature reviews)	<input type="checkbox"/>

Table 4 Checklist for reporting ToC in public health interventions.

5. Describe the way the ToC was used to develop and implement the evaluation	
a. Describe whether evaluation research questions were generated from the ToC	<input type="checkbox"/>
b. Describe the role of ToC in the design, plan or conduct of the evaluation clear	<input type="checkbox"/>
c. Describe the extent to which the key elements described in the ToC were measured in the evaluation (i.e. impact, short- and medium-term outcomes and the process of change, context, assumptions and the intervention)	<input type="checkbox"/>
d. Describe whether and how process indicators were used to improve the quality of the intervention	<input type="checkbox"/>
e. Explain the role of the ToC in the analysis of the results of the evaluation	<input type="checkbox"/>
f. Describe the role of ToC in the interpretation of the results of the evaluation (including the breakdown of programme theory, unanticipated outcomes and causation including the strength and direction of causal relationships)	<input type="checkbox"/>

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4 In-depth Situational Analysis

In STRiDE, an in-depth Situational Analysis has been carried out subsequently as part of the STRiDE “Models of Care” workpackage 7.*

*Guidance and resources are also available for the in-depth Situational Analysis, these will be made available via the STRiDE project website www.stride-dementia.org (interim versions can be requested via stride.dementia@lse.ac.uk)

4 RESOURCES, TRAINING COURSES AND SUPPORT

4.1 RESOURCES

The following resources are helpful guides for facilitators of the ToC workshops. Workshop facilitators should be familiar with these before they facilitate the workshop.

Mental Health Innovation Network ToC Toolkit:

- De Silva MJ, Breuer E, Lee L, Asher L, Chowdhary N, Lund C, et al. (2014) Theory of Change: a theory-driven approach to enhance the Medical Research Council's framework for complex interventions. *Trials*, 15, 267.
www.ncbi.nlm.nih.gov/pmc/articles/PMC4227087/pdf/1745-6215-15-267.pdf
- De Silva MJ, Lee L, and Ryan G. (2015). *Using Theory of Change in the Development, Implementation and Evaluation of Complex Health Interventions: A Practical Guide*.
www.mhinnovation.net/sites/default/files/downloads/resource/MHIN%20ToC%20guidelines_May_2015.pdf
- De Silva MJ. "How to develop a ToC" webinar www.mhinnovation.net/resources/mh-innovation-developing-theory-change-framework

Andersen A. *A Community Builder's Approach to Theory of Change: a Practical Guide to Theory Development*. New York: The Aspen Institute 2004.

Taplin DH, Clark H, Collins E and Colby DC. (2013). *Theory of Change Technical Papers: A Series of Papers to Support Development of Theories of Change Based on Practice in the Field*. New York, ActKnowledge. www.actknowledge.org/resources/documents/ToC-Tech-Papers.pdf

4.2 TRAINING COURSES AND SUPPORT

- www.actknowledge.org
- www.edx.org/course/theory-of-change-for-development-0
- Erica Breuer (erica.breuer1@gmail.com) provides customised ToC training, mentoring and support

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APPENDIX 1

EXAMPLE CONSENT FORM FOR PHOTOGRAPHY, VIDEO AND/OR AUDIO RECORDING OF TOC WORKSHOPS

PARTICIPANT RELEASE FORM FOR BEING PHOTOGRAPHED DURING THE THEORY OF CHANGE WORKSHOP

The Alan J Flisher Centre for Public Mental Health (CPMH) from University of Cape Town in collaboration with Alzheimer's South Africa (ASA) is conducting a theory of change workshop on 12th and 13th July, 2018 in Kempton Park, Gauteng to develop a road map for Strengthening responses to dementia in Developing Countries (STRiDE) work in South Africa, and will take photos during the workshop. The overall STRiDE project is led by the London School of Economics and Political Science (LSE). These photos will be included in reports and presentations related to STRiDE and will be used for purposes of dissemination of findings by STRiDE partners. You (the "participant") have agreed that CPMH and ASA may take photos on both days of the workshop for possible inclusion in reports and presentations. This release form sets out what you have agreed regarding the use of these materials by the STRiDE partners (LSE, CPMH-UCT, ASA).

1. I (the participant) hereby give all consents necessary so as to permit CPMH and ASA to photograph me
2. I agree that the photos taken are full consideration for my contribution and the rights I am granting under in this release.
3. I acknowledge that the Partner and those authorised by the Partner, shall have the unlimited right forever worldwide to use all photos in any and all media whether now known or hereafter invented without further reference or liability to me, including, without limitation.
4. I acknowledge that the photos may also be made available on the partners' websites.
5. This release is subject to English law and the exclusive jurisdiction of the English courts.

Please confirm your agreement of the above by signing and returning this form.

Signed.....

Date.....

FULL LIST OF STRIDE PROJECT MEMBERS

Emiliano Albanese	Jerson Laks
Suvarna Alladi	Michael Lefevre
Rochelle Amour	Mariana Lopez Ortega
Fabiana Araujo Figueredo Da Mata	Klara Lorenz
Claudia Astudillo Garcia	Crick Lund
Sube Banerjee	David McDaid
Paola Barbarino	Anji Mehta
Erica Breuer	Christine Musyimi
Adelina Comas-Herrera	Elizabeth Mutunga
Sumaiyah Docrat	Huseyin Naci
Sarah Drew	David M Ndetei
Petra Du Toit	Deborah Oliveira
Nicolas Elias	Meera Pattabiraman
Sara Evans-Lacko	Narendhar Ramasamy
Nicolas Farina	Maximilian Salcher
Rosa Maria Farres	Tara Puspitarini Sani
Cleusa P Ferri	Marguerite Schneider
Emily Freeman	Rebecca Smith
Ishtar Govia	Kate Swaffer
Luis Miguel Gutierrez Robledo	Dubhglas Taylor
Saadiya Hurzuk	Eileen Taylor
Shereen Hussein	Imelda Theresia
Alia Ibnidris	Priya Thomas
Stefania Ilinca	Yuda Turana
Roxanne Jacobs	Wendy Weidner
Martin Knapp	

www.stride-dementia.org