

Change and Implementation in Practice



Capacity Building
CENTER FOR STATES

Theory of Change



A theory of change is a valuable tool that child welfare agencies can use to illustrate the pathway from where they are now to where they would like to be. Using a theory of change helps agencies be strategic in planning, achieving, and monitoring change (Farmelo, 2014). It also sets the foundation for later steps in achieving change, particularly in selecting an appropriate intervention.¹ This brief can help child welfare agency leaders and managers—ideally working within a team of partners and stakeholders—create a theory of change that addresses an identified problem,² need, or opportunity for improvement.

Change and Implementation in Practice Series

Child welfare agencies continually undertake efforts to implement new programs and practices to produce better outcomes for children, youth, and families. Effectively implementing new approaches and achieving sustainable change can be challenging. To support agencies in applying a structured approach to implementation and overcoming common challenges, the Capacity Building Center for States has developed the **Change and Implementation in Practice** series.

Briefs in this series provide user-friendly guidance on implementation concepts to strengthen child welfare systems' ability to implement change. These "how-to" guides explain key steps in the Child Welfare Capacity Building Collaborative's (the Collaborative's) Change and Implementation Process, a synthesis of several implementation and continuous quality improvement (CQI) frameworks and tools (Collaborative, 2015). The Change and Implementation Process describes overlapping phases and steps that guide organizations from problem exploration through sustainable implementation. While the briefs align with the Collaborative's process, they can be used with similar implementation frameworks.

This brief addresses "develop a theory of change," a critical early phase in the Change and Implementation Process. Theory of change development occurs after an agency or team has identified a problem and before it has selected a solution.

Before developing a theory of change, your agency or team should have:

- ◆ A clearly identified problem
- ◆ An analysis of the root cause(s) of the problem
- ◆ An initial goal or outcome
- ◆ A team with diverse expertise and representation to guide the change and implementation process
- ◆ Data and information about the problem

If your team has not achieved these milestones yet, review "Change and Implementation in Practice: Problem Exploration." Find this and other topical briefs at <https://capacity.childwelfare.gov/states/focus-areas/cqi/change-implementation>.

The guidance presented in this brief on developing a theory of change draws largely from the Development, Implementation, and Assessment (DIA) Toolkit, a product of the Permanency Innovations Initiative Training and Technical Assistance Project (PII-TTAP) supported by the Children's Bureau (CB). For related DIA resources and tutorials, visit CapLEARN at <https://learn.childwelfare.gov/> (registration required).

¹ An intervention is any specific practice, service, policy, strategy, program, practice model, or combination of these that is clearly defined, operationalized, and distinguishable from one or more alternatives (Framework Workgroup, p. 5).

² This series uses the word "problem" to refer to what needs to change to improve agency functioning or outcomes. Problems may reflect identified needs or opportunities to improve agency or system functioning and outcomes.

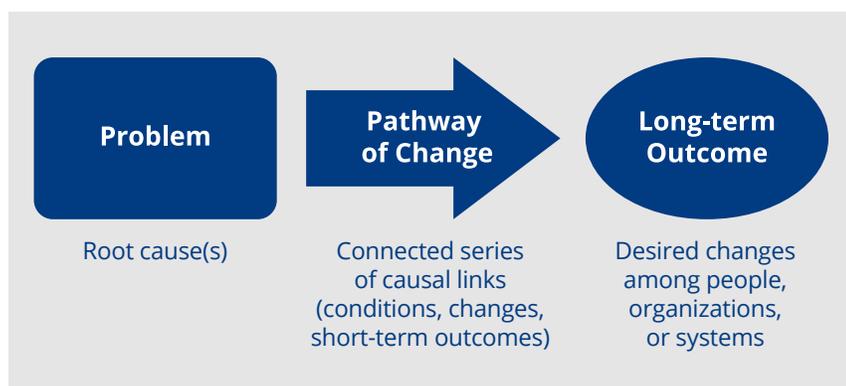
Understanding a Theory of Change

This first section focuses on what a theory of change is and how it can help facilitate change. The following section provides more detailed guidance on how to develop one for your agency's or team's child welfare change initiative.

What Is a Theory of Change?

Essentially, a theory of change is a roadmap that illustrates the pathway from an identified problem to a long-term outcome in which the problem has been addressed (see exhibit 1). A theory of change presents a hypothesis for needed changes in behaviors or conditions that must unfold to move from the root cause(s) of a problem to an improved state. It provides direction for how and why change will happen and outlines what needs to occur before the desired outcome can be achieved (PII-TTAP, 2016).

Exhibit 1. Theory of Change Illustration



Why Develop a Theory of Change?

A well-constructed theory of change provides the foundation for implementing an appropriate program or other intervention to address an identified problem, need, or opportunity for improvement. A theory of change helps agencies with several important aspects in the change and implementation process (PII-TTAP, 2016):

- ◆ **Achieve buy-in:** A theory of change helps partners and stakeholders get on the same page about what needs to happen to reach shared goals.
- ◆ **Select the right intervention:** A theory of change articulates desired short- and long-term outcomes and sets the groundwork for finding the best approach for achieving them.
- ◆ **Guide strategic planning:** A theory of change can serve as a practical tool for focusing attention and decision-making throughout the change process.
- ◆ **Inform evaluation and continuous improvement:** A theory of change helps program staff and evaluators identify what indicators to measure to monitor progress, assess needed adjustments during implementation, and evaluate overall results.

Theory of Change Key Terms

- ◆ **Problem** – what needs to change to meet agency priorities. Problems may reflect identified needs or opportunities for building on successes to improve agency or system functioning and outcomes.
- ◆ **Root cause** – the origin or source underlying a problem and its symptoms. If the root causes are corrected, then the problem is less likely to happen again.
- ◆ **Contributing factors** – elements that affect the problem or outcome but are not the root cause.
- ◆ **Long-term outcome** – desired change in conditions among people, organizations, or systems.
- ◆ **Short-term outcome** – changes (particularly in knowledge, attitudes, and skills) that need to occur before reaching a long-term outcome.
- ◆ **Target population** – the specific group of people affected by the problem who would be helped by achieving the desired long-term outcome.
- ◆ **Pathway of change** – a connected series of causal links from the root cause(s) of the problem to a long-term outcome.
- ◆ **Causal link** – a condition or change that leads to an improved state and the long-term outcome. May include short-term and intermediate outcomes.
- ◆ **Actions** – specific steps or tasks that should be taken to meet short- and long-term outcomes.
- ◆ **Assumptions** – accepted beliefs or expectations that help explain the connections between the causal links and the selected pathway of change.
- ◆ **Narrative** – a brief explanation of the hypothesis and rationale illustrated by the theory of change.
- ◆ **Intervention** – any specific practice, service, policy, strategy, program, practice model, or combination of these that is clearly defined, operationalized, and distinguishable from alternatives.

How Does a Theory of Change Differ From a Logic Model?

While complementary, a theory of change and logic model are two different tools that show different perspectives of a program or model (Brown, 2016; Clark & Anderson, 2004):

- ◆ **A theory of change** explains why a change is expected to occur and shows the pathway from the root cause(s) of the problem to the desired outcome. It provides the strategic “big picture” view.
- ◆ **A logic model** illustrates program components and includes the inputs, activities, outputs (immediate results), and outcomes that occur as a result of the activities/interventions. It typically focuses on the program level in a structured, linear way.

Generally, a theory of change is developed before selecting a specific strategy or program, and it can help identify an appropriate intervention. While some teams may begin to create a logic model at the same time as a theory of change, finalization of a logic model typically occurs after identifying an intervention (PII-TTAP, 2016). For more information on creating a logic model, visit <https://www.childwelfare.gov/topics/management/effectiveness/models/>.

What Are the Characteristics of a Sound Theory of Change?

To be useful, a theory of change should meet the following criteria (Connell & Klem, 2000):

- ◆ **It is plausible.** There is widespread agreement that the logic is correct, and there is data or evidence to support that logic (i.e., if we do “x” and “y,” we should get the results we want and expect).
- ◆ **It is doable.** Needed resources can be obtained to implement the pathway of change that the theory suggests.
- ◆ **It is testable.** There are credible ways to explore whether predicted results occur.
- ◆ **It is meaningful.** Team members and other stakeholders view the outcomes as important, and expected changes are worth the effort.

Inviting multiple agency team members, partners, and stakeholders to provide input and feedback on a theory of change will help teams ensure that a theory of change meets the above criteria.

How to Develop a Theory of Change

The process for developing a theory of change can be broken down into five essential functions or tasks:

1. Gather information on the problem statement, root cause(s), and target population.
2. Identify a long-term outcome.
3. Develop the pathway(s) of change (causal links).
4. Define actions.
5. Document assumptions and rationale.

1. Gather Information on the Problem Statement, Root Cause(s), and Target Population

The starting point for a theory of change is a **root cause**. This is the origin or source underlying a problem or its symptoms. Often, multiple root causes combine to result in a problem and its undesirable outcome. Root causes represent what needs to change to have an impact within a child welfare agency or system.

Before developing a theory of change, your team should have already conducted a research-based analysis of root causes and contributing factors, considered any constraints that may limit the agency’s ability to address certain root causes, and reached a consensus on which root cause(s) to prioritize. For more information on root cause analysis, see “Change and Implementation in Practice: Problem Exploration” (available at <https://capacity.childwelfare.gov/states/focus-areas/cqi/change-implementation>).

Along with the root cause(s), the team should have identified the **target population** most affected by the problem and related poor outcomes. This group will benefit from or be influenced by an intervention leading to the desired outcomes. The team should describe target populations and their characteristics (e.g., age range, geographic location, experiences related to child welfare system) in specific terms.

Examples of target populations include:

- ◆ Youth ages 13–17 in out-of-home care for more than 2 years
- ◆ Families with children under age 5 with reports of neglect
- ◆ Parents with co-occurring issues of child maltreatment and substance abuse in county “x”

2. Identify a Long-Term Outcome

Key to developing a theory of change is identifying the desired **long-term outcome** based on where the agency or team wants to be in relation to the current state. Outcomes represent changes in conditions of some kind among people (e.g., behavior changes, improved knowledge, or enhanced skills), organizations (e.g., policy changes, culture shifts), or systems (e.g., enhanced collaboration, improved service accessibility). Desired outcomes should be understandable, directly related to the problem, and realistically achievable.

In child welfare, long-term outcomes typically relate to some aspect of safety, permanency, or well-being. Examples of outcomes include:

- ◆ Improved safety outcomes for children under age 5 in Region 1
- ◆ Increased placement stability among youth ages 13–17
- ◆ Improved connections between children and youth in out-of-home care and their birth parents

The timeframe for a long-term outcome in a theory of change can vary (e.g., 5, 10, or more years) (Anderson, 2009). To determine an appropriate timeframe, teams should consider the nature of the problem and root cause(s), research findings on how change can occur, and time constraints of current initiatives or planning processes. In some cases, teams may develop a theory of change with an expected long-term outcome timeframe (e.g., 5 years) that extends beyond the current change initiative’s scope (e.g., 2 years). The pathway of change will help illustrate the assumptions for how short-term changes are expected to eventually lead to the long-term outcomes.

3. Develop the Pathway of Change (Causal Links)

A theory of change includes a series of **causal links** that must unfold to achieve the desired outcome. Together, these links make up the **pathway of change** from the root cause(s) of the problem to the long-term outcome (PII-TTAP, 2016). Some people refer to the causal links as “building blocks” or “preconditions,” while others identify them as “short-term or intermediate outcomes.” Only causal links that can be connected in a way that shows a logical progression toward a long-term outcome should be included in a theory of change.

Causal Links

The causal links in the pathway of change should focus on desired conditions, results, accomplishments, or changes (Anderson, 2009). When creating a pathway of change, teams often will want to jump to strategies and actions—however, those will come later. See exhibit 2 for examples that distinguish between causal links and strategies.

Exhibit 2. Examples of Causal Links and Strategies

Use Causal Links	Instead of Strategies
◆ Caseworkers understand protective factors for families experiencing stress	◆ Train new workers on protective factors
◆ Parents engage in positive parenting practices	◆ Implement new parent-child education program
◆ Agency culture embraces youth voice	◆ Invite youth to participate at planning meetings

When creating causal links, it can be helpful to think about the following questions for each link:

- ◆ Who or what will change? (This may differ from the overall target population.)
- ◆ How much change is needed?
- ◆ How long will it take to bring about the necessary change?

Thinking now about indicators that “tell the story of how success will be recognized” at each part of the pathway will help your team make sure the theory makes sense and prepare for tracking progress later (Anderson, 2009, p. 5).

The team should use research and data related to the problem and its root cause(s) to help identify and justify each causal link. A team may realize that multiple pathways lead to the long-term outcome. This discussion first focuses on creating a single pathway of change and later presents an example with multiple root causes.

Teams can identify and present a pathway of change in several different ways; a few are described below.

Staircase Approach

One approach to presenting the pathway of change is to think about a staircase that leads from the root cause(s) up to the desired long-term outcome and fill in each stair along the way (JBS International, 2015). To fill in the pathway, your team can either:

- ◆ Start with the long-term outcome and identify the changes or conditions that need to occur, working backwards to the earliest change that addresses the root cause(s)

OR

- ◆ Start with the root cause(s) and work through the changes that eventually lead to achievement of the outcome

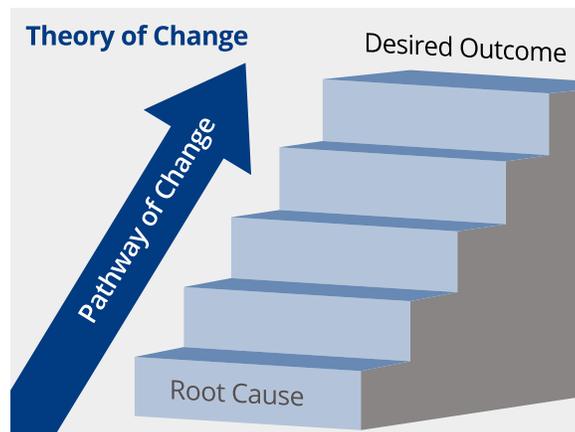
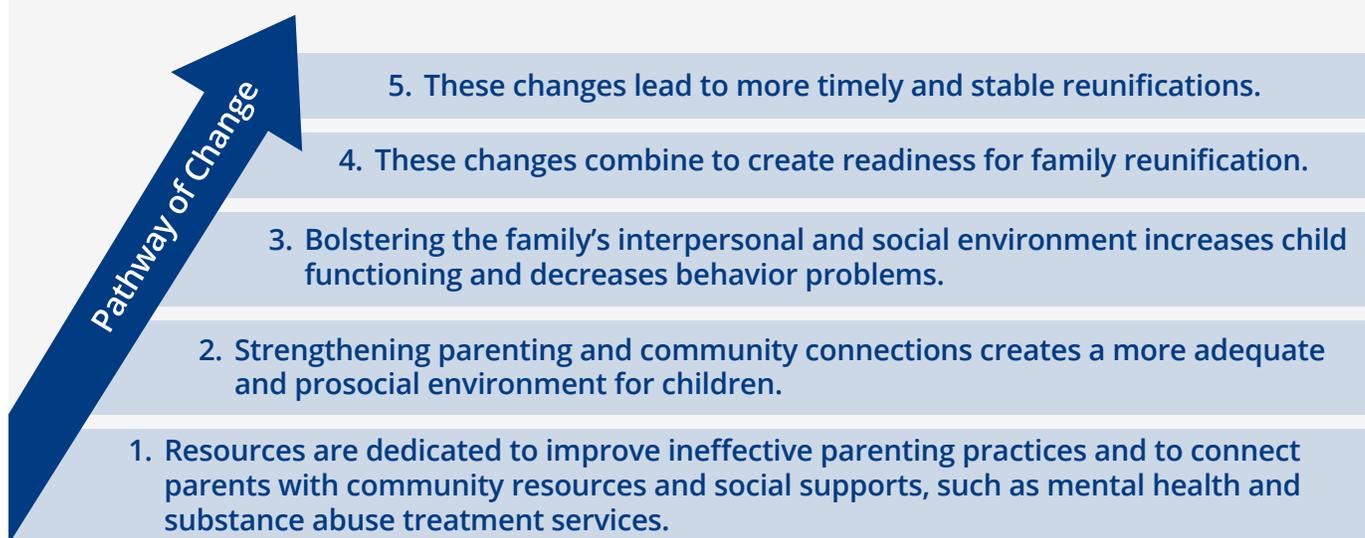


Exhibit 3 illustrates the staircase approach and reflects the Kansas Intensive Permanency Project (KIPP), part of CB’s Permanency Innovations Initiative (PII-TTAP, 2016, p. 95). This grantee project aimed to develop strategies to promote permanency and reduce long-term foster care. Based on local experiences and supported by national data, the KIPP design team identified children with serious emotional disturbances as the population most likely to experience long-term foster care. While the team selected these children as the target audience, they chose to focus change efforts on services for parents of these children. This focus reflected the premise that parents of children with serious emotional disturbances faced multiple challenges—including ineffective parenting practices, poverty, and parental mental health and substance abuse problems. During the grant planning process, the team conducted extensive research to verify that children’s mental health was a risk factor for long-term foster care, describe critical barriers experienced by their parents, and identify systems barriers that hindered permanency (Akin, Bryson, McDonald, & Walker, 2013). The research, in turn, informed the theory of change shown in the exhibit. To understand KIPP’s intended pathway of change, begin reading the identified problem and root cause and work your way up the causal links to the desired outcome.

Exhibit 3. Sample Theory of Change From the KIPP

Desired long-term outcome: A decrease in long-term foster care for children and youth ages 3–16 meeting serious emotional disturbance criteria



Root cause of the problem: Foster care contractors are not delivering meaningful, intensive, home-based services and concrete supports to birth or permanency parents.

Problem: Children in the Kansas foster care system with a serious emotional disturbance are more than 3.5 times as likely as children without a serious emotional disturbance to experience long-term foster care. They also are 90 percent less likely to reunify than children without a serious emotional disturbance. Parents of these children face multiple, complex problems and encounter significant gaps in services.

Target population: Children and youth ages 3–16 who meet criteria for serious emotional disturbance. (While these children and youth were KIPP’s target population, the focus for the theory of change was their parents.)

Excerpted from the *KIPP Theory of Change, DIA Toolkit, Section 2, Module 1*

For more information on KIPP, see: https://www.acf.hhs.gov/sites/default/files/cb/kipp_grantee_profile.pdf.

Once the team has identified a series of causal links, it can be helpful to confirm the links using “why” or “why not” questions. In a well-crafted theory of change, the answer to “Why should a causal link occur?” can be easily related to the following link. In the Kansas example, following link 1, if you ask “Why should resources be dedicated to improve ineffective parenting practice?” the answer appears in link 2: “Because strengthening parenting and communications creates a more adequate and prosocial environment for children.” Alternatively, some people prefer to confirm by working from the top and moving backwards asking “why not?” For example, based on link 5, the question “Why don’t we have timely and stable reunifications?” leads into link 4, “Because we have not created readiness for family reunification.”

“So That” Chain Approach

While many teams find the above staircase approach helpful to creating their pathway of change, others opt to use a “so that” chain. This technique creates a causal pathway by showing that something is done so that something else will happen (Annie E. Casey Foundation, 2004). Exhibit 4 illustrates the KIPP example using a “so that” chain. (For more information on the “so that” theory of change approach, see <http://www.aecf.org/resources/theory-of-change/>.)

Exhibit 4. Sample “So That” Chain With the KIPP Example

Resources are dedicated to improve ineffective parenting practices and to connect parents with community resources, social supports, and mental health and substance abuse treatment services

So that

A more adequate and prosocial environment for children is created

So that

Child functioning increases and behavior problems decrease

So that

There is readiness for family reunification

So that

There are more timely and stable reunifications

In some chains, two causal links will need to occur at the same time before leading to a third link in the pathway. Those connections are shown with the connector “and” in place of the “so that.” For example, increases in awareness of shared interests and enhanced communication mechanisms might be needed before the later link of improved partnerships.

Multiple Root Causes

As noted earlier, teams often realize that problems in child welfare are complex and have multiple root causes. These root causes may reflect a variety of factors (service array, caseworker knowledge and skills, organizational culture, policy and infrastructure issues, other factors), which combine to cause poor outcomes. Theories of change can be particularly helpful tools for teams to think through responses to complex problems (Vogel, 2012).

Exhibit 5 illustrates a sample theory of change with multiple root causes. In this example, the team presents a theory for addressing the agency’s problem of not closing child protection investigations in a timely manner, particularly in rural areas. Based on their problem exploration, the agency team has identified two root causes—the first stems from understaffing in rural areas, and the second reflects the fact that in some rural counties with high proportions of open investigations, staff carry blended caseloads that include investigations and in-home services. The pathways of change focus on (1) increasing the number of qualified staff in rural counties and (2) creating an infrastructure that enables specialization and allows staff who conduct investigations more time to focus on closing those investigations. The team hypothesizes that the two intermediate outcomes—more qualified staff and focused time on investigations—will lead to 90 percent of investigations meeting standards.

While the theory of change in the exhibit has two pathways of change, complex child welfare problems may actually require more than two pathways to achieve desired outcomes.

Exhibit 5. Sample Theory of Change With Multiple Root Causes

Problem: A high proportion of child protection investigations remain open for longer than the required timeframe (particularly in rural counties).

Target population: Child protection investigators in rural counties

Root Cause 1: Child welfare agencies lack access to qualified staff in rural counties.

Expanded qualification requirements allow for a broader pool of candidates
and
Increased access to qualified degree programs in rural areas
and
Support and incentives are available for completion of social work and human services degrees
so that
A broad pool of qualified candidates is available
so that
More positions are filled with qualified staff in rural counties

Root Cause 2: Competing demands divert attention from closing investigations.

Policies allow for specialization of functions in counties experiencing problems
and
Agency infrastructure (staffing structure, training, supervision) supports specialized caseloads
so that
Specialized child welfare staff focus more time on closing investigations

Desired long-term outcome:

Ninety percent (90%) of investigations are closed within the required 45-day timeframe.

Assumptions/Background:

- ◆ Root Cause 1 and Pathway of Change:
 - Understaffing in rural areas stems from a mismatch between agency qualification requirements and the supply of local university graduates. Turnover in rural offices is relatively low.
 - Any modifications to staff qualification requirements must ensure a workforce with an educational background that aligns with the agency's practice model to serve children and families.
 - All new staff in rural offices will complete child welfare training.
 - A temporary plan can rotate staff from other regions to fill some of the staffing gaps in rural areas, as this plan will take time to affect the long-term outcome.
- ◆ Root Cause 2 and Pathway of Change:
 - In the past, blended caseloads helped rural counties manage limited staff resources. Studies show recent caseload increases have created new challenges, including delays in investigation closures.
 - An unintended consequence of blended caseloads is that investigators prioritize their work on open in-home services cases over closing out investigations.
 - Staff do not have sufficient time to complete investigations and address the needs of open cases.
 - Separating investigation and in-home services will enable greater focus and efficiencies.
 - Workload/positions can be adjusted to accommodate separating investigation and in-home services.
 - Any modifications to the current structure of caseload assignments of investigations must ensure that in-home cases also receive the appropriate level of agency services and staffing.

Causal Link/Outcome Table and Map

To help organize thoughts about the causal links, teams can individually or collectively complete simple charts or templates like the ones in appendix A and appendix B. Starting with the long-term outcome, fill in what must occur for that outcome to happen and why. Then make sure the links follow a logical order.

Illustrations of Causal Pathways

Based on the identification of causal links, some teams create illustrations to capture the progression of their pathways of change. These may be fairly simple or more complex. Find illustration examples from the Fiver Children's Foundation and the Hunger Project on the Center for Theory of Change website: <http://www.theoryofchange.org/library/toc-examples/>.

4. Define Actions

After developing a list of causal links, the next step is to identify what actions could bring about needed changes. As a team, review each causal link and brainstorm ideas for action. **Keep in mind that your team is not identifying an intervention or program yet.** For now, define what it will take to address the causal link and achieve the short-term outcome. Think in terms of "if we do x, we can achieve y."

In the theory of change presented in exhibit 5, possible actions might reflect the following:

- ◆ Causal link: Expanded qualification requirements allow for a broad pool of candidates.
- ◆ Sample actions:
 - ◆ Examine existing qualification requirements for barriers to staffing
 - ◆ Research national standards
 - ◆ Modify agency requirements

5. Document Assumptions and Rationale

While developing the causal pathway, teams should articulate and clarify the underlying **assumptions** related to the causal links. These assumptions point to expectations about how and why the proposed theory of change will work. Assumptions also include important contextual issues that may affect the achievement of outcomes (e.g., available resources, legislative requirements, barriers to change). Tying assumptions to available research in child welfare or related fields strengthens your theory of change.

Exhibit 5 presents assumptions in the box below the sample theory of change, including:

- ◆ Understaffing in rural areas stems from a mismatch between agency qualification requirements and the supply of local university graduates.
- ◆ In the past, blended caseloads helped rural counties manage limited staff resources. Studies show recent caseload increases have created new challenges, including delays in investigation closures.

In addition to documenting assumptions, some teams will write a brief **narrative** that helps explain the rationale and logic underlying the theory of change. The narrative should be succinct and easy for team members, stakeholders, and external audiences (e.g., funding agencies and potential partners) to understand. In some cases, a separate narrative is not necessary, as the pathway of change and the assumptions already capture the core information.



Questions to Consider When Completing a Theory of Change

- ◆ Has your team identified a credible theory about addressing the root cause(s) of the problem?
- ◆ Are there data to support the causal links and underlying assumptions in the pathway of change?
- ◆ Did the team seek meaningful input on the theory of change from stakeholders?
- ◆ Did the team clearly define expected short- and long-term outcomes?
- ◆ Is there a clear, logical pathway from the problem to the expected outcomes?
- ◆ Has the team explored potential challenges (e.g., systemic and organizational capacity issues) to achieving the outcomes?

Considerations on Organizational Capacity

Throughout each step in the change and implementation process, it is useful to keep in mind five **dimensions of organizational capacity**: organizational resources, infrastructure, knowledge and skills, culture and climate, and engagement and partnership. (For more information on the dimensions of organizational capacity, visit <https://capacity.childwelfare.gov/states/focus-areas/capacity-building/organizational-capacity-guide/>.)

While developing a theory of change, consider:

- ◆ Does the agency have sufficient organizational capacity for each step in the pathway of change? (For example, are there sufficient resources to complete the causal links? Do staff have adequate knowledge and skills to achieve each step?)
- ◆ Does your team hold specific assumptions related to the dimensions of capacity? (For example, will the existing organizational culture support the changes? Will new partnerships be required?)
- ◆ What aspects of capacity may serve as barriers to achieving the long-term outcome? (For example, infrastructure limitations)
- ◆ What aspects of capacity may help facilitate successful achievement of the long-term outcome? (For example, supportive leadership)

Teams will revisit capacity issues later in the change process when assessing readiness after an intervention has been selected.

Conclusion

A solid theory of change can serve as a roadmap to guide decisions about a needed intervention to address the root cause(s) of a problem. Ideally, data, critical thinking, and meaningful input from partners and stakeholders contributed to the development of the theory of change. After developing a theory of change, teams can begin identifying interventions that align with the identified pathway of change. In addition, theories of change can serve as powerful tools throughout implementation for communicating about the need for change and garnering support for the selected pathway toward desired outcomes. Finally, the theory of change also will support later evaluation activities as teams and evaluators test hypotheses on how change will lead to specific results and identify needed refinements.

Key Milestone for Moving on to Select and Adapt/Design an Intervention:

Development and documentation of a theory of change that reflects:

- ◆ The root cause(s) of the problem
- ◆ A credible pathway to move from the problem to achieving the desired long-term outcome



Related Resources and Tools

Training Resources

- ◆ Children’s Bureau. (2016). *Video series on data driven decision making (part 1)*. Available from <https://www.acf.hhs.gov/cb/resource/data-driven-decision-making-series>
- ◆ Framework Workgroup. (2013). *A framework to design, test, spread, and sustain effective child welfare practice: Identify & explore (part 2)*. Available from <https://www.acf.hhs.gov/cb/capacity/program-evaluation/virtual-summit/framework/video2>
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Access other **Change and Implementation in Practice** briefs and related resources at:
<https://capacity.childwelfare.gov/states/focus-areas/cqi/change-implementation>

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Appendix A: Causal Link Table

Use the following table to organize thoughts on the causal links needed to reach a desired long-term outcome. After listing possible causal links and their rationales, use the left-hand column to show the order in which they should occur.

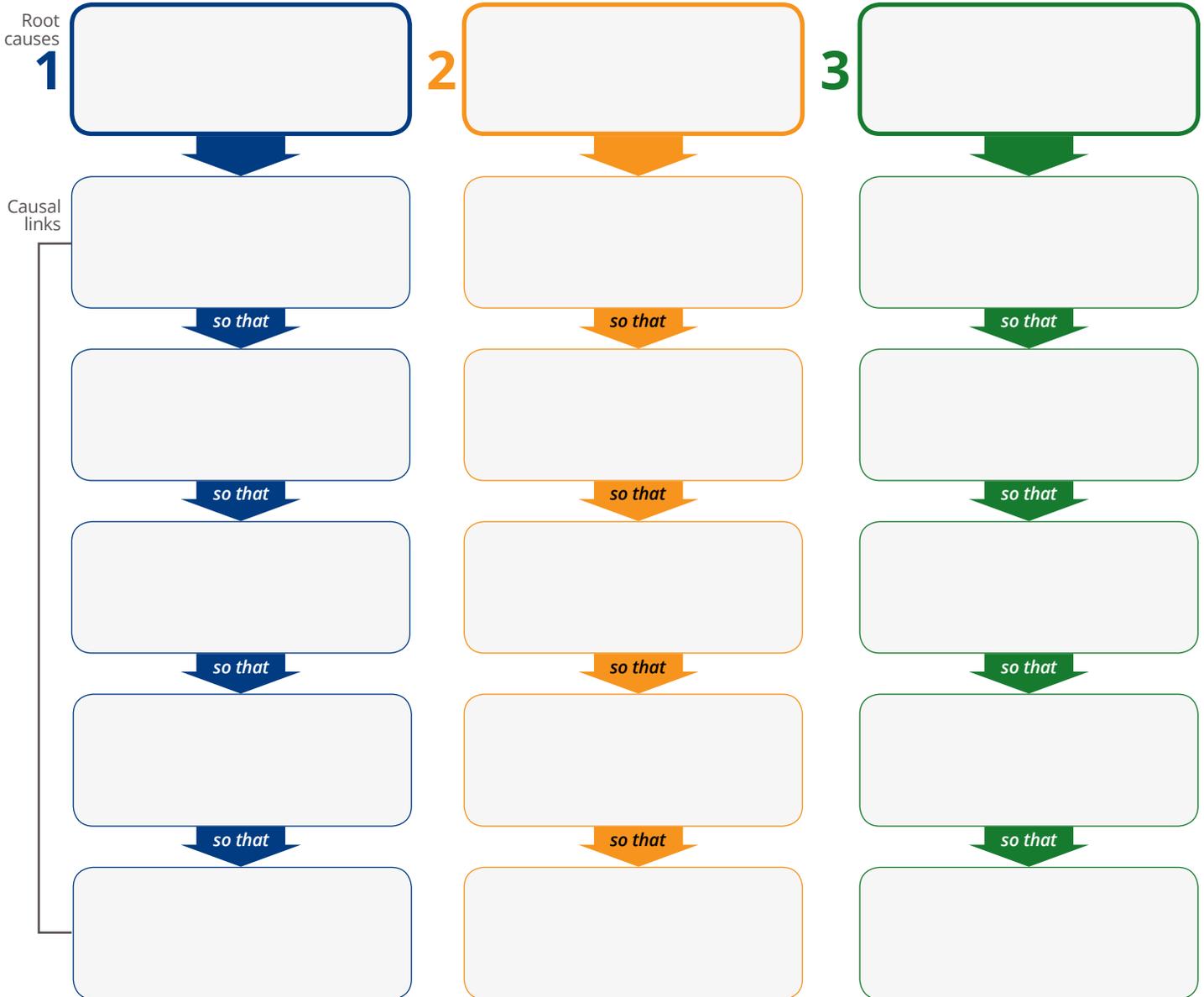
Long-term outcome:

Order #	Causal Link	Why Each Causal Link Is Necessary

Appendix B: Theory of Change Template

Use this template to present your theory of change for multiple root causes and multiple pathways.

Problem/Need:



Long-term outcome:

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