Meeting new challenges with better theories of change

Patricia Rogers

Emil Laurberg Mogensen

Australian Evaluation Society conference
Making space, valuing place

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Extreme heat, health inequalities, and the net zero transition: future directions

RAJAT GUPTA
ANNA MAVROGIANNI
CATHRYN BIRCH
CLARE HEAVISIDE
MIKE DAVIES
RUTH DOHERTY
SHAKOOR HAJAT
AMR HAMADA
ANDREW IBBETSON
ANDREW SCHURER
BHARGAV MARCHA
CARLY REDDINGTON
CHENG CUI
CHENYANG WU
DALE HOYLAND
EMER O'CONNELL
GESCHE HUEBNER
GIANDOMENICO VURRO
GIORGOS PETROU
HANNAH MARSHALL
HUGH WADDINGTON
JAMES MILNER
LAUREN DAVIS
LIZZY CURTIS
MADALENA VAZ MONTEIRO
MATT GREGG
PENINAH MURAGE
SAHAR ZAHIRI
SADIE BONIFACE
SARI KOVATS
SUSAN MICHIE
SUSIE VERNON
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*Author affiliations can be found in the back matter of this article

eceee Summer Study proceedings

COLLECTION: POLICY, PROGRAMMES AND GOVERNMENT

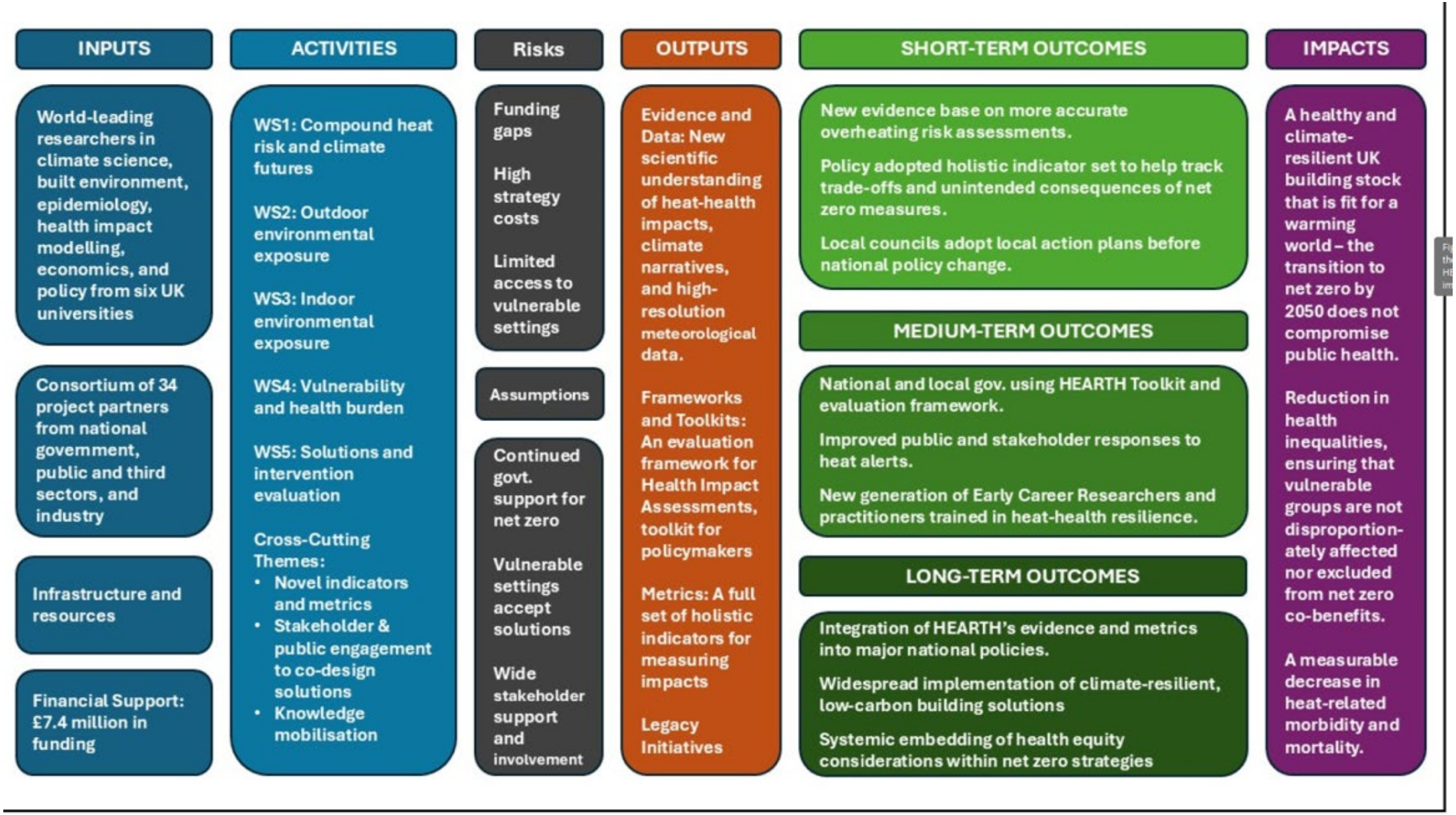
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CORRESPONDING AUTHOR:
Rajat Gupta
Oxford Brookes University, Oxford, UK
rgupta@brookes.ac.uk

KEYWORDS:
net zero; heat; health; future directions; vulnerable households

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FIGURE 7 HEARTH THEORY OF CHANGE

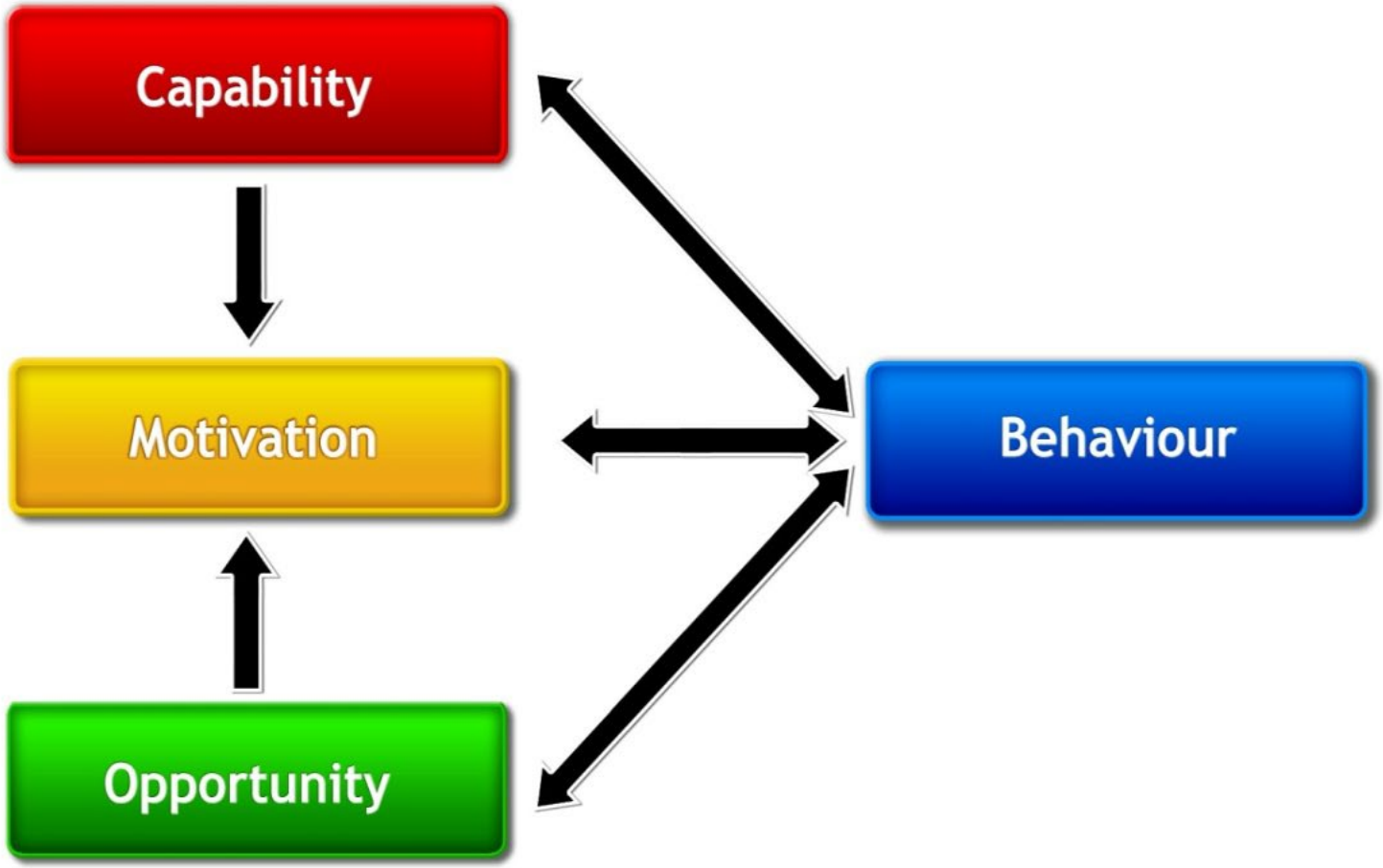


Source; Gupta, R., Mavrogianni, A., Birch, C., Heaviside, C., Davies, M., Doherty, R., Hajat, S., Hamada, A., Ibbetson, A., Schurer, A. and Marcha, B., 2026, July. Extreme heat, health inequalities, and the net zero transition: future directions. In eceee Summer Study proceedings (Vol. 1, No. 1). European Council for an Energy Efficient Economy (ECEEE) https://discovery.ucl.ac.uk/id/eprint/10228709/1/6a634477a4f9b.pdf



#1 EXPLICIT, APPROPRIATE CHANGE PROCESSES/CAUSAL MECHANISMS

CAUSAL MECHANISMS INVOLVED IN INDIVIDUAL BEHAVIOUR CHANGE



The COM-B system - a framework for understanding behaviour. Michie et al. Implementation Science 2011 6:42 doi:10.1186/1748-5908-6-42

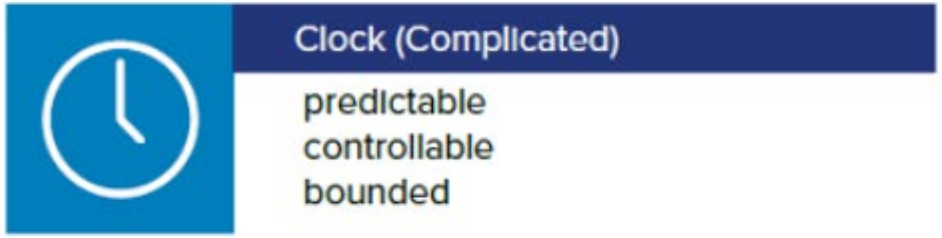
POSSIBLE MECHANISMS FROM PARTICIPATORY RESEARCH PROGRAMS WORKING WITHIN AGRICULTURAL INNOVATION SYSTEMS (DOUTHWAITE AND HOFFECKER, 2017

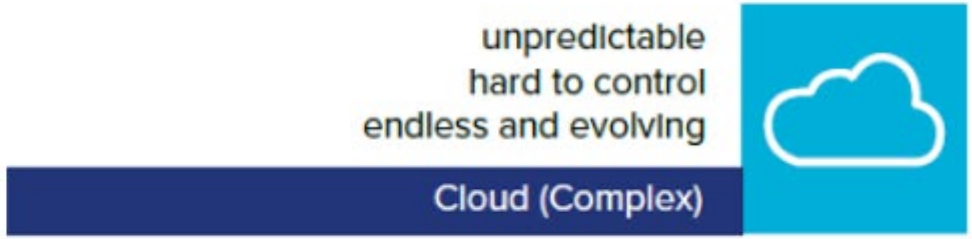
- SHARED GOAL
- SOLUTION CREATION
- EARLY WINS
- NEW CONNECTIONS
- MUTUAL INTERESTS IDENTIFIED
- TRUST BUILDING
- PROOF OF THE PUDDING
- LOCAL OWNERSHIP
- INCREASING CONFIDENCE

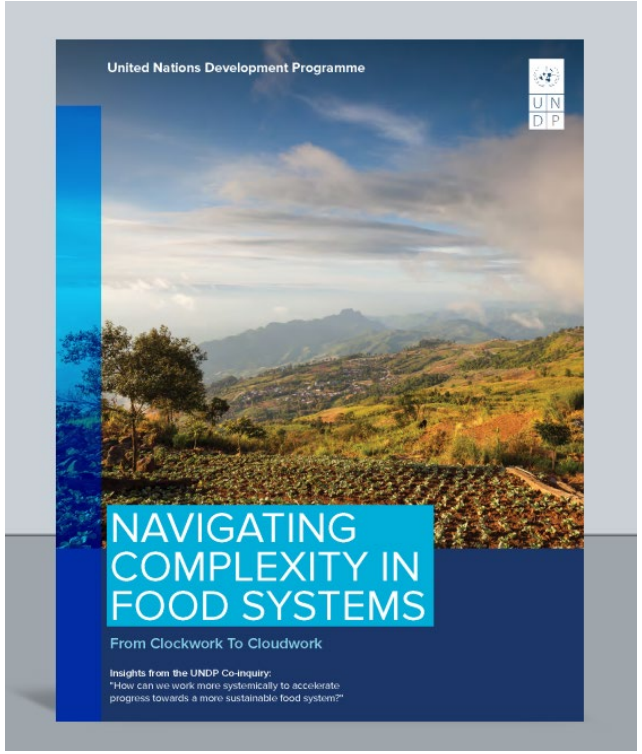


Douthwaite, B. & Hoffecker, E. (2017). Towards a complexity-aware theory of change for participatory research programs working within agricultural innovation systems. Agricultural Systems. 155: 88-102 https://doi.org/10.1016/j.agsy.2017.04.002

THEORIES OF CHANGE FOR ‘CLOUD’ WORK







https://www.undp.org/facs/publications/navigating-complexity-food-systems-clockwork-cloudwork https://www.undp.org/foodsystems/blog/undp-launches-collaboration-labs-address-complex-challenges

RECOMMENDATIONS FOR BETTER NAVIGATING COMPLEXITY

1. Adopt collaborative and adaptive approaches to programme design and implementation
    - Work with the local context and realities
    - Support more inclusive, collaborative processes
    - Find the most promising leverage points
    - Put learning and adaption at the heart of programmes

2. Accelerate organisational change
    - Build the capacity of staf
    - Break down silos and strengthen internal and external collaboration
    - Strengthen organisational culture and learning
    - Adjust organisational procedures to be more agile and adaptive
    - Empower staff to catalyse organisational change from within

3. Change the wider system incentives

https://www.undp.org/facs/publications/navigating-complexity-food-systems-clockwork-cloudwork https://www.undp.org/foodsystems/blog/undp-launches-collaboration-labs-address-complex-challenges

About Us

Levers for Change.

We see a critical role for philanthropy in supporting key levers for change that provide pathways for principles-based food system transformation.

Value Diverse Knowledge & Inclusion

- **Foster participatory approaches** to governance.
- **Support evidence-based research and knowledge** from diverse perspectives.
- **Build positive narratives** and challenge disinformation

Influence Financial Flows

- **Unlock greater resourcing** among philanthropic, public sector, multilateral and bilateral funders, and private investors.
- **Account for the environmental, social, and health impacts** of food systems policies and practices.
- **Engage private-sector actors** to support non-extractive, principles-based practices and ensure strengthened corporate accountability.

Catalyze Enabling Environments

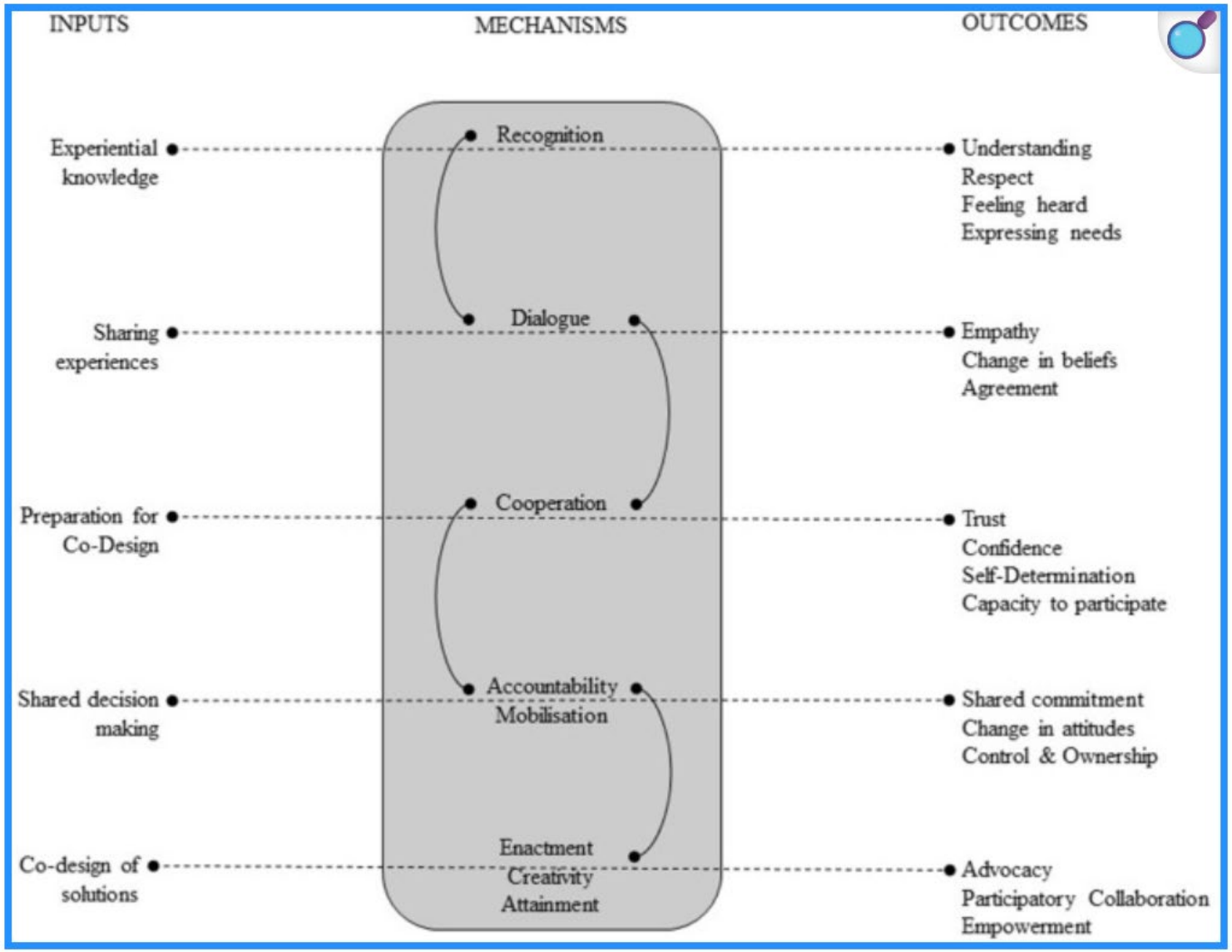
- **Foster the conditions** where agroecology and regenerative solutions and diverse production can flourish.
- **Ensure nutritious, sustainable, whole-food diets** adapted to local, sociocultural contexts are available to all.
- **Advance approaches to evaluation and learning** that reflect the nature of complex systems change.



futureoffood.org

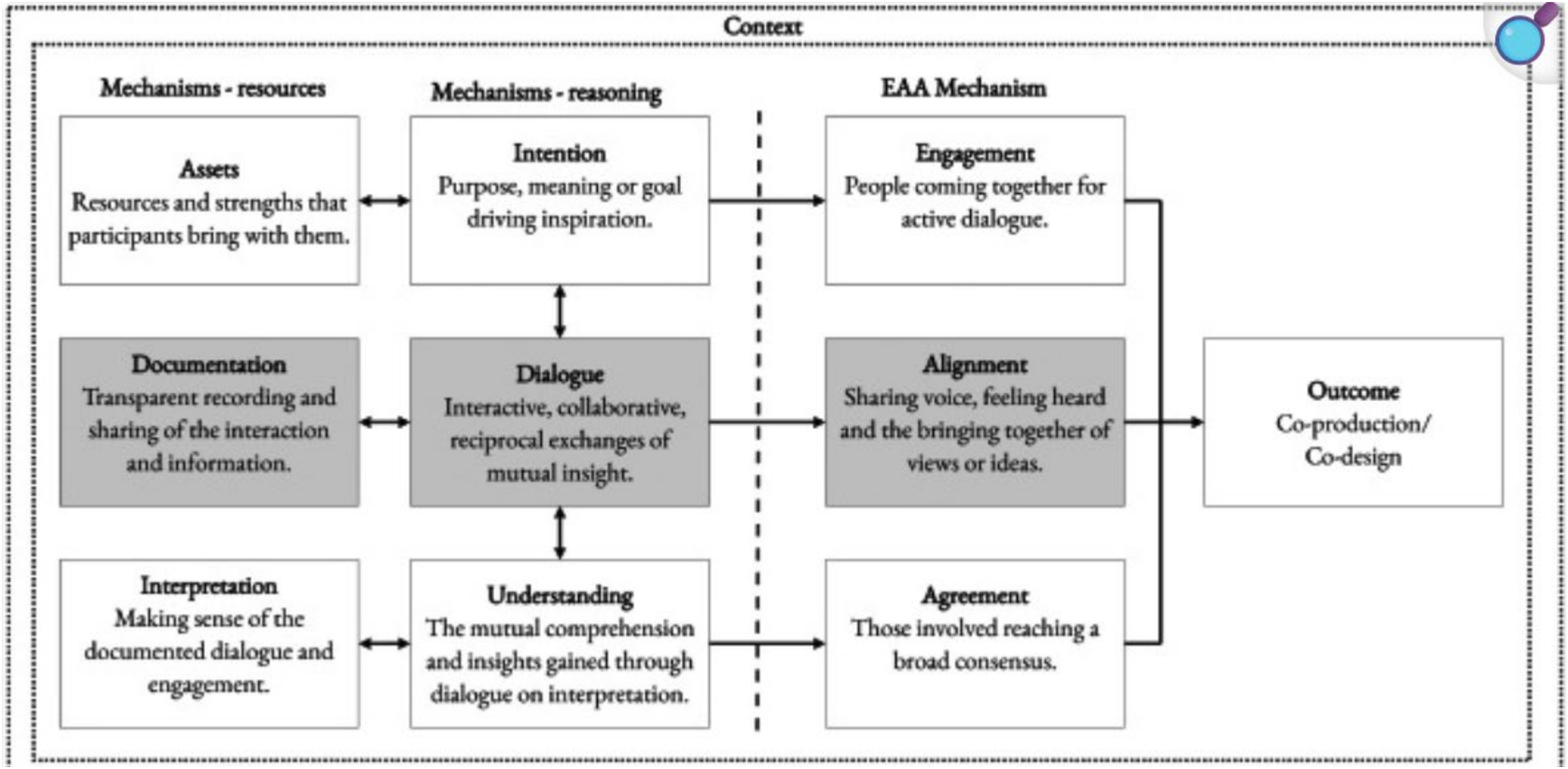
https://futureoffood.org/publication-library/the-global-alliances-2030-strategic-compass/

EIGHT MECHANISMS OF CHANGE IDENTIFIED WITHIN MENTAL HEALTH EXPERIENCE CO-DESIGN METHODOLOGY (PALMER ET AL, 2019)



Palmer, V.J., Weavell, W., Callander, R., Piper, D., Richard, L., Maher, L., Boyd, H., Herrman, H., Furler, J., Gunn, J. and Iedema, R., 2019. The Participatory Zeitgeist: an explanatory theoretical model of change in an era of coproduction and codesign in healthcare improvement. Medical humanities, 45(3), pp.247-257.

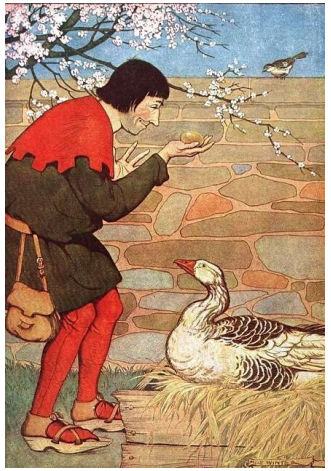
MECHANISMS FOR CO-DESIGNING AND CO-PRODUCING HEALTH AND SOCIAL CARE: A REALIST SYNTHESIS (MASTERSON ET AL 2024)



Masterson, D., Lindenfalk, B., Kjellström, S., Robert, G. and Ockander, M., 2024. Mechanisms for co-designing and co-producing health and social care: a realist synthesis. Research Involvement and Engagement, 10(1), p.103.

VALUE CREATION THEORIES (JULIAN KING, 2021)

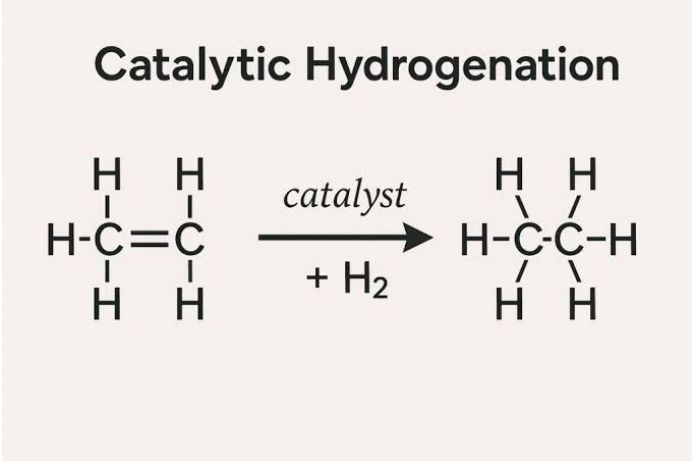
Golden goose



Rudder



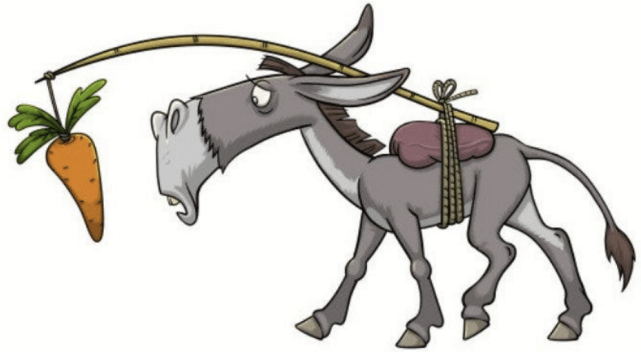
Catalyst



Magnet



Carrot



And 6 more...

King, J. (2021). Expanding theory-based evaluation: incorporating value creation in a theory of change. Evaluation and Program Planning. https://doi.org/10.1016/j.evalprogplan.2021.101963 https://www.julianking.co.nz/wp-content/uploads/2021/06/King-2021-ToVC-Preprint.pdf



#1 EXPLICIT, APPROPRIATE CAUSAL MECHANISMS

Take a moment to think about this in relation to a program you're interested in.

- What might be some important causal mechanisms/change theories to make explicit in your TOC – or candidate mechanisms (possible ones) to investigate?
- How might you identify some potential change mechanisms?

In pairs share your thoughts.

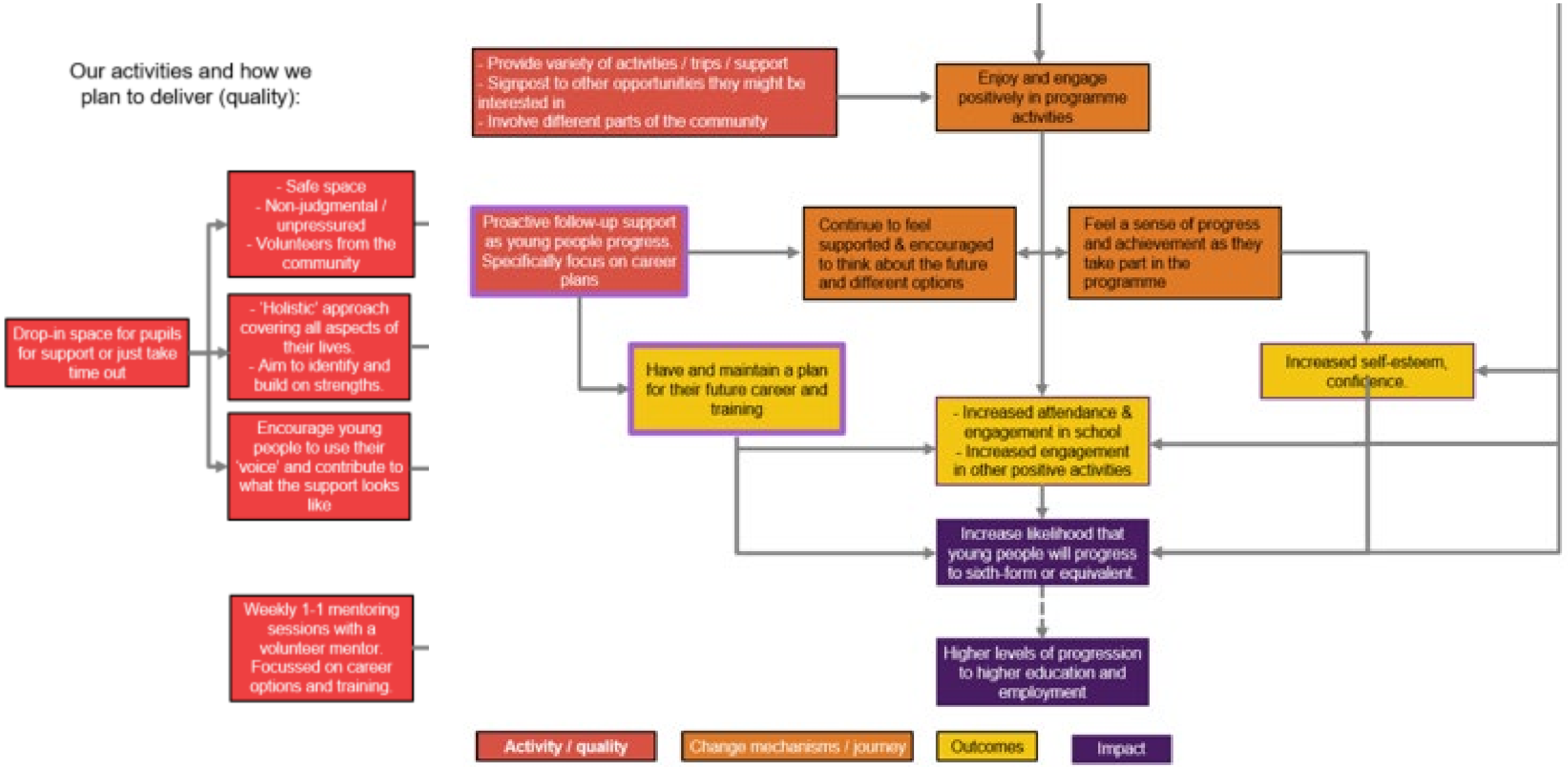
Then we will have the chance for some brief comments or questions in plenary



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#2 ACTIVITIES SHOWN WHERE THEY CONTRIBUTE TO CHANGE PROCESSES

SHOWING WHERE ACTIVITIES CONTRIBUTE TO THE CHANGE PROCESS



Source: Noble, J. (2019). Theory of change in ten steps. Our new guide to creating your theory of change: NPC. https://www.thinknpc.org/wp-content/uploads/2019/10/Theory-of-Change-10-Steps.pdf



#2 ACTIVITIES SHOWN WHERE THEY CONTRIBUTE TO CHANGE PROCESS

Take a moment to think about this in relation to a program you're interested in.

- Is it helpful to show all the activities at the start of the causal pathway in the theory of change?
- Might it be useful to show different activities along the causal pathway?
- What barriers might there be to representing the theory of change in this way?

In pairs share your thoughts.

Then we will have the chance for some brief comments or questions in plenary



#3 MULTI-LEVEL PROGRAMS

DANISH CASE EXAMPLE OF A STRATEGY FOR PATIENT & PUBLIC INVOLVEMENT

World-class diabetes care — created together with patients and the public (PPI)

The purpose is world-class diabetes care. One way the centre pursues it is patient and public involvement — and, through strategic involvement, changing the culture at every level: among people, across the organisation, and throughout the wider health system.

Among people

Across the organisation

Throughout the system

4
pathways

29
initiatives

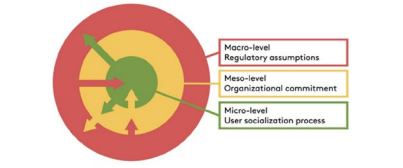
150+
concrete activities

10-yr
horizon

3
Domains (Clinical PPI, Organizational PPI, Research PPI)

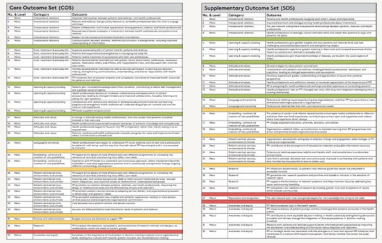
Steno Diabetes Center Odense, Denmark

Establishing the levels and how they connect through an abductive approach



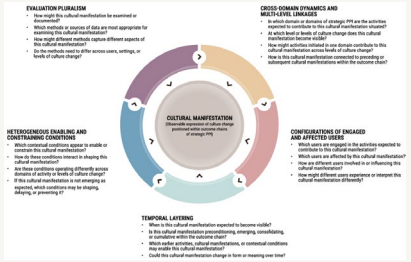
PPI-CC model

A multi-level model of culture change from a scoping review



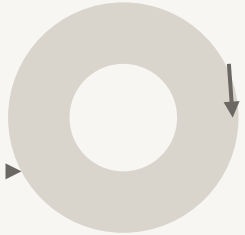
Core & Supplementary Outcome Sets

65 prioritised outcomes (33 + 32) from consensus process



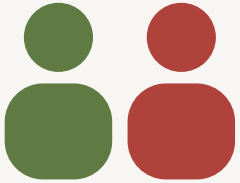
Contextual Navigation Tool

Resource for making sense of context



Co-design

Together with representatives of the people engaged and affected by the strategy

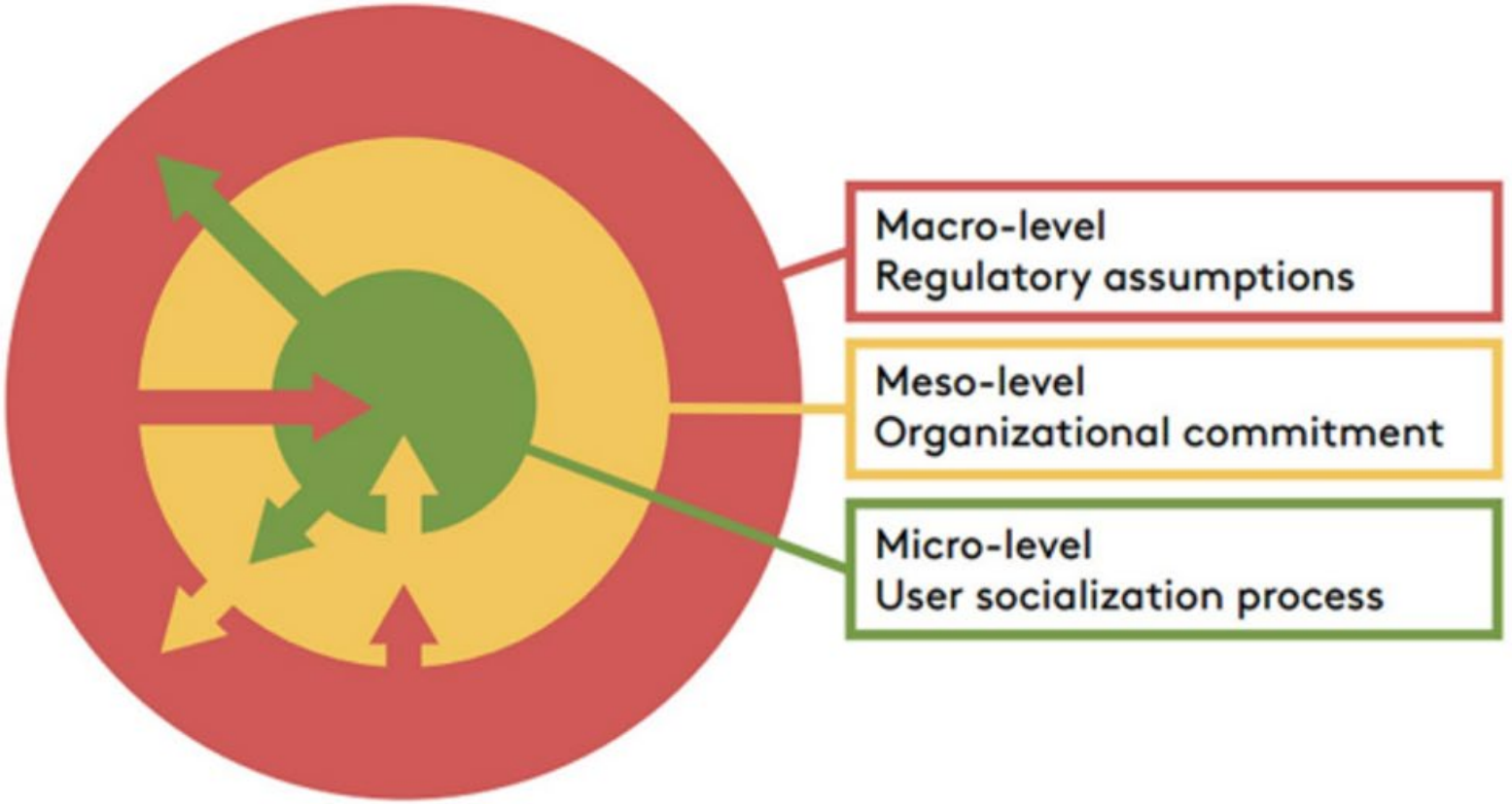


Patient partnering

Lived experience throughout

The PPI Culture Change (PPI-CC) model

(Mogensen et al., 2025)



Micro, meso and macro as interdependent, non-hierarchical layers within one shared, adaptive system.

Micro level — *User socialization process*

How individuals and collectives negotiate the everyday ways of relating, thinking and talking when patients and the public are involved.

LEVEL & ORIENTATION	ACTIVITY CLUSTERS	MECHANISM CONSTRUCT	CONTEXT	CULTURAL MANIFESTATIONS (OUTCOMES)
User-oriented. Patients, relatives, clinicians, project staff, leaders, researchers. *Indicative patterns point primarily to the frontline — patients, relatives and clinicians.*	• Every consultation opens with the patient's own agenda • A shared communication course for all clinical staff • Coaching for clinicians after real consultations • Shared decision-making in the encounter • Workshops where patients help teach staff	**Cultural negotiation** *of accepted ways of relating, thinking, acting and talking* The change is carried through individuals and collectives negotiating what counts as accepted behavior. **Tension:** integration ↔ fragmentation CANDIDATE MECHANISMS • disclosure • sustained engagement • withdrawal		• Patients and relatives feel genuinely listened to • Patients receive treatment in line with their own preferences • Less use of power strategies in the encounter • Respect for patients' choices and refusals • Mutual appreciation of each other's contributions

Meso level — *Organizational commitment*

How the organisation embeds and sustains involvement through its structures, resources and routines.

LEVEL & ORIENTATION	ACTIVITY CLUSTERS	MECHANISM CONSTRUCT	CONTEXT	CULTURAL MANIFESTATIONS (OUTCOMES)
Organisation-oriented. Leaders, project staff and researchers — alongside clinicians, patients and relatives. *Indicative patterns bring in management, researchers and project staff.*	• A standing forum for involvement, with a user on the board • Patients sit on staff hiring panels • An outpatient clinic redesigned around patient needs • A dedicated budget and team for involvement • Small “try-it-and-see” change experiments	**Structural enactment** *through organising, resourcing, reporting and deciding* Change is carried by building and committing to new structures and routines — and structures only hold when people commit to them. **Tension:** embedding ↔ decoupling CANDIDATE MECHANISMS • reprioritisation • reallocation • routine persistence		• Care becomes more patient- and person-centred • Budget is allocated to support involvement • Services are differentiated to meet diverse needs • Involvement shapes organisational plans, priorities and policies • Involvement becomes embedded as continuous practice

Macro level — *Regulatory assumptions*

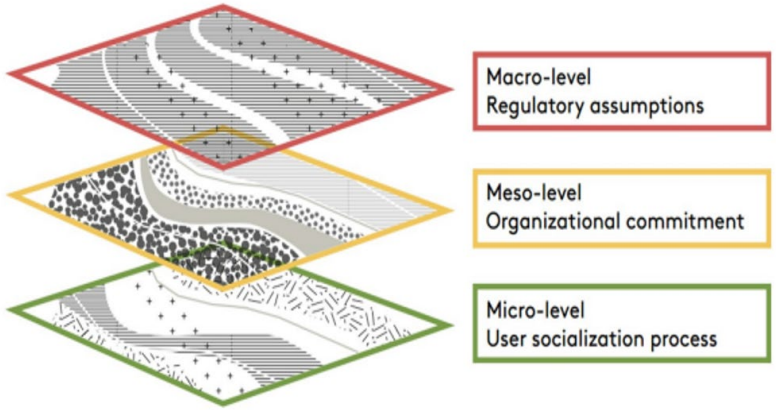
How broader norms, policies and assumptions come to regulate how involvement is understood and expected.

LEVEL & ORIENTATION	ACTIVITY CLUSTERS	MECHANISM CONSTRUCT	CONTEXT	CULTURAL MANIFESTATIONS (OUTCOMES)
System-oriented. Policymakers, funders and professional bodies — alongside clinicians, patients, relatives and leaders. *Indicative patterns: the most diffuse and multi-actor of the three.*	• Speaking about involvement in public debate • Sharing the model nationally with the patient association • Making involvement a requirement in funding applications • The centre assessing how far its own involvement reaches	**Institutionalization** involvement passing from something chosen into something assumed Change happens when involvement stops being a decision and becomes an expectation – written into the rules, norms and routines of the wider system until it is simply how things are done. **Tension:** legitimation ↔ contestation CANDIDATE MECHANISMS • normalisation • disengagement / performative participation		• The user network is respected for the knowledge it brings • Involvement contributes to more equitable decisions in the health system • Growing awareness of patient journeys across the system • Increased trust in the health system

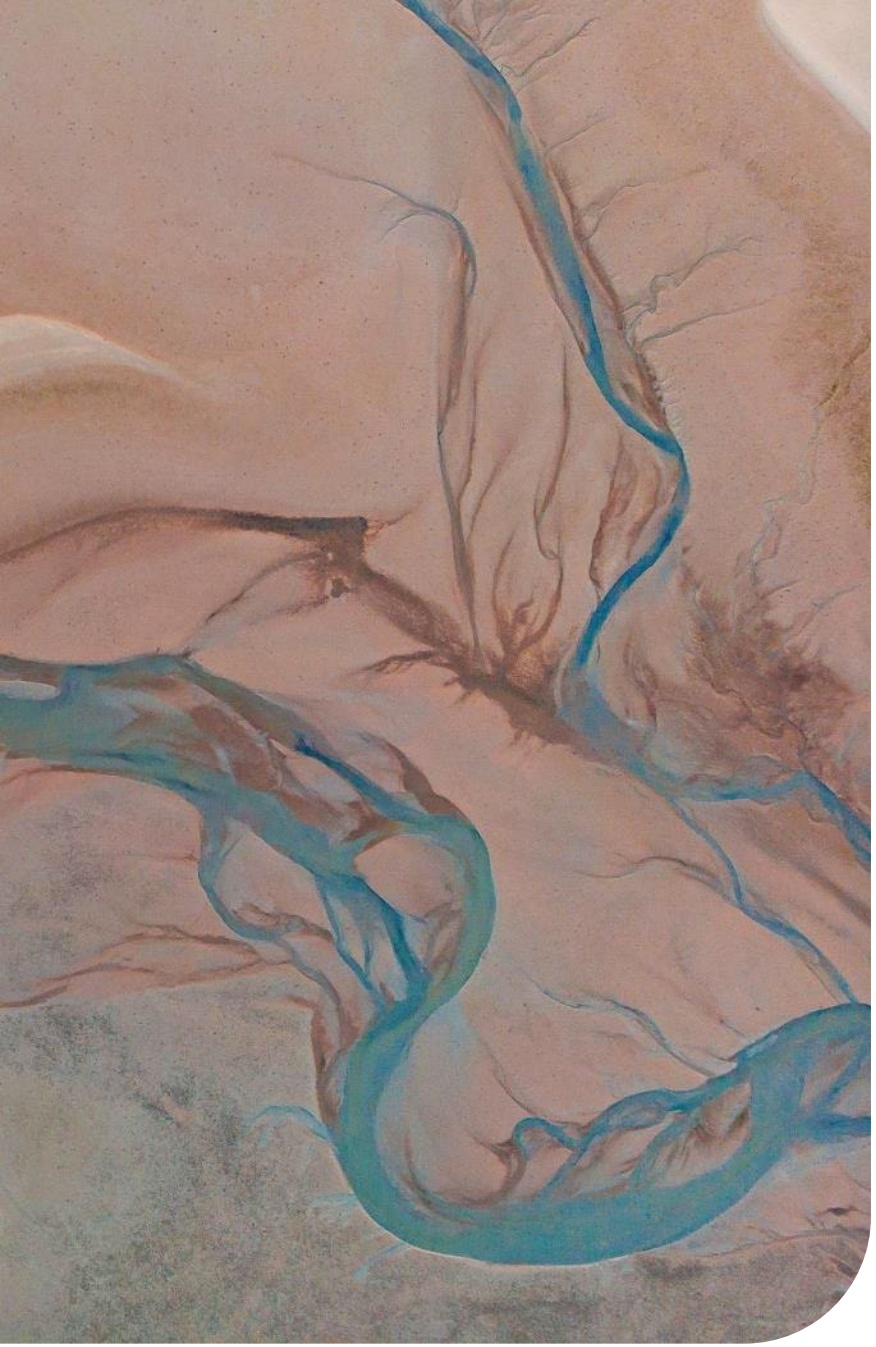
The three levels, connected — *one shared, adaptive system*

Each level is its own change pathway (right); together they are interdependent layers within one adaptive system (left).

LEVEL	ACTIVITY	MECHANISM	MANIFESTATIONS
Micro User socialization process	• Consultations open with the patient's agenda • Communication course; co-teaching	**Cultural negotiation** *of accepted ways of relating, thinking, acting and talking* *Tension: integration ↔ fragmentation*	• Patients and relatives feel genuinely listened to • Patients receive treatment in line with their own preferences
Meso Organizational commitment	• Involvement forum; user on the board • Dedicated budget/team; trials	**Structural enactment** *through organising, resourcing, reporting and deciding* *Tension: embedding ↔ decoupling*	• Care becomes more patient- and person-centred • Budget is allocated to support involvement
Macro Regulatory assumptions	• Public debate; national dissemination • Assessing its own involvement	**Institutionalization** *involvement passing from something chosen into something assumed* *Tension: legitimation ↔ contestation*	• The user network is respected for the knowledge it brings • Involvement contributes to more equitable decisions in the health system



Shared and adaptive system



#3 MULTI-LEVEL THEORIES OF CHANGE

Take a moment to think about this in relation to a program you're interested in.

- Have you used multi-level theories of change in your work?
- If yes, what were the different levels? What did the levels let you see that one level wouldn't?
- If no, do you think this might be useful to add to your work? What might the levels be?

In pairs share your thoughts.

Then we will have the chance for some brief comments or questions in plenary

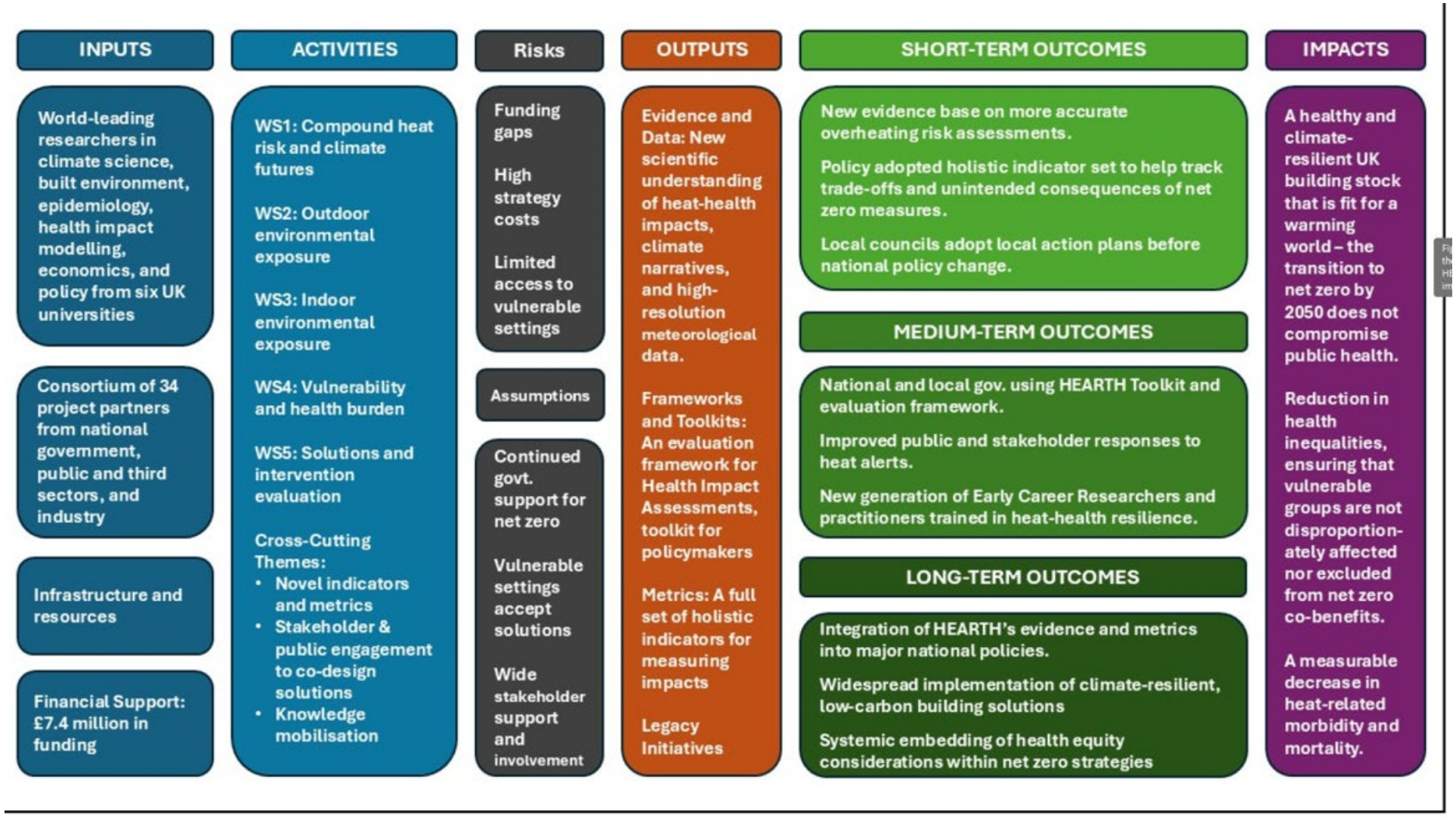
#4 Showing where different contexts make a difference

Each row reads: activity → outcome, **because** *a mechanism,* **as long as** *the context holds.*

LEVEL	ACTIVITY	MECHANISM · because	CONTEXT · as long as	MANIFESTATION (OUTCOME)
Micro User socialization process	• Consultations open with the patient's agenda • Communication course; patient co-teachers	**Cultural negotiation** • disclosure • sustained engagement • withdrawal	▲ motivation, trust & respect ▼ competencies, existing culture *read with the Navigation Tool*	• Patients and relatives feel genuinely listened to • Patients receive treatment in line with their own preferences • Less use of power strategies in the encounter
Meso Organizational commitment	• Involvement forum; user on the board • Dedicated budget/team; trial experiments	**Structural enactment** • reprioritisation • reallocation • routine persistence	▲ financial resources, leadership ▼ resistance to change, resources *read with the Navigation Tool*	• Care becomes more patient- and person-centred • Budget is allocated to support involvement • Services are differentiated to meet diverse needs
Macro Regulatory assumptions	• Public debate; national dissemination • The centre assesses its own involvement	**Institutionalization** • normalisation • disengagement / performative participation	▲ supportive frameworks ▼ existing culture, tokenism *read with the Navigation Tool*	• The user network is respected for the knowledge it brings • Involvement contributes to more equitable decisions in the health system • Growing awareness of patient journeys across the system

Contextual Navigation Tool for Strategic PPI – a resource useful for making sense of context

FIGURE 7 HEARTH THEORY OF CHANGE



POSSIBLE ADDITIONS?

1. Explicit and appropriate change processes/ causal mechanisms.
2. Activities shown where they contribute to change process.
3. Multi-level theories of change.
4. Showing where and how different contexts make a difference.

Source; Gupta, R., Mavrogianni, A., Birch, C., Heaviside, C., Davies, M., Doherty, R., Hajat, S., Hamada, A., Ibbetson, A., Schurer, A. and Marcha, B., 2026, July. Extreme heat, health inequalities, and the net zero transition: future directions. In eceee Summer Study proceedings (Vol. 1, No. 1). European Council for an Energy Efficient Economy (ECEEE) https://discovery.ucl.ac.uk/id/eprint/10228709/1/6a634477a4f9b.pdf

CONCLUSION