



# Co-developing Program Theories for Best Fit Social Innovations in Long-Term Care: Lessons From a Cross European Implementation Project

## PERSPECTIVE

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## ABSTRACT

**Context:** The need for socially innovative care models is crucial in addressing the challenges posed by ageing populations. Social innovations developed in other settings often require adaptation to ensure they are the best fit for a new setting.

**Perspective:** We propose that participatory Theory of Change workshops can strengthen the development and adaptation of best-fit social innovations in long-term care by engaging multiple stakeholders to develop a program theory which describes how a complex programme or policy is hypothesised to work in a given context. We use an example from InCARE, a European Union funded project from 2020 to 2023, which aimed to develop and use participatory processes to design and implement social innovations for long-term care in Spain, Austria and North Macedonia.

**Implications:** Theory of Change can work to develop a common vision with stakeholders, identify and adapt innovative ideas, engage early and meaningfully with stakeholders and partner with stakeholders who can support sustainability as well as outline the challenges and limitations inherent in the Theory of Change approach.

### KEYWORDS:

Social innovation; long-term care; Theory of Change; participatory workshops; stakeholders; Program theory

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## INTRODUCTION

The need to identify socially innovative care models and to accelerate their implementation in long-term care is increasingly important to cater for the care needs of ageing populations. Social innovations are solutions to complex social problems, including long-term care, which use collaborative processes and empowerment to develop creative solutions with a view to generate societal impact and/or systems change (Van Niekerk *et al.*, 2021). They are developed using a bottom-up approach and arise out of community needs (Westley and Antadze, 2010). Once successful, there is an increasing pressure to generalize success and scale up and/or adapt the innovations to other settings (Mulgan, 2012).

However, because the effectiveness of these successful innovations is assessed on evidence from a specific setting, an intermediate process of adaptation needs to be included in the innovations adoption cycle, in order to ensure successful adoption, transfer and implementation in different settings. Innovations should be tailored to local needs, aligned with the preferences of local stakeholders. Adaptation should include consideration of local culture, existing services, policies and funding arrangements, as well as opportunities for and barriers to change. In other words, instead of focusing on scaling up existing evidence-based social innovations, the focus should be on adapting social innovations to ensure ‘best fit’ in long-term care.

We have previously proposed four key principles to inform the development of best-fit social innovations in long-term care (Ilinca *et al.*, 2021). These are:

1. Work with stakeholders to develop a *common vision* for what is desirable, relevant, timely and feasible;
2. *Identify and adapt* promising, innovative ideas and adapt them to fit the skills of local implementers and the characteristics of the local context;
3. *Engage early and meaningfully with stakeholders* and throughout the design and implementation process; and
4. *Partner early on with stakeholders who can support sustainability and scale-up* at high governance levels.

However, there is little guidance on how to operationalise these and meaningfully engage diverse stakeholders in the adaptation process can ensure that long-term care programmes and policies with local stakeholders to develop contextually appropriate adapted evidence-informed solutions.

In this perspectives paper, we propose participatory Theory of Change workshops (Breuer *et al.*, 2014) as a way to contextualise and adapt best-fit social

innovations in long-term care. We use a case example from the EU funded InCARE project which developed and implemented social innovations for long-term care in Austria, Spain and North Macedonia from November 2020 until October 2023 (European Centre for Social Welfare Policy and Research, 2022). We were all involved in this project as technical, implementation or policy partners. We are of diverse European heritage with various professional and academic backgrounds. The policy and implementation partners were living in the implementation countries at the time of the project. We use this project as an example of how Theory of Change can be used in a multi-country European project on adopting, transferring and implementing social innovations, to structure the adaptation process and develop best fit-for-purpose social innovations and policies. We argue that an explicit program theory can assist in contextualizing social innovations for specific contexts. In addition, understanding program theories across contexts will allow us to identify the generalizable features of social innovations and policies which work across contexts.

## THEORY OF CHANGE APPROACH

The Theory of Change (ToC) is an approach increasingly used in global health and social programmes to understand the underlying theory of whether and how a programme, innovation or policy might work in a specific context (Breuer *et al.*, 2016; Connell and Kubisch, 1998; Coryn *et al.*, 2011; Funnell and Rogers, 2011; Vogel, 2012; Weiss, 1995). ToC is based on the premise that every programme has an implicit program theory or mental model which should be articulated to understand whether, how and why a programme works (Coryn *et al.*, 2011). It draws on generalisable theories, evidence and/or stakeholder experience which underpin the social innovation, the program theory is developed and/or adapted for the local context. Theory of Change also provides a clear framework to outline the activities needed for implementation as well as a structure to monitor and evaluate the short-, medium- and long-term outcomes of the innovation.

Program theory is different to other types of theory, notably ‘grand’ and ‘mid-range’ theory. Grand theory refers to higher organisations of abstract ideas and their relationships and provides overall explanations for a specific area of knowledge, for example, macro-economic theories about how supply and demand may influence prices (Kislov *et al.*, 2019). They are also different to middle-range theories which are generalizable theories that describe the active ingredients of how a programme may work (Kislov *et al.*, 2019). For example, cognitive behavioural therapy is based on the theory that behaviour can be changed by changing our cognitive responses to

situations. Normalisation process theory aims to explain how interventions are implemented successfully by becoming 'normalised' (May et al., 2007). In contrast, program theories or ToCs are a programme-specific theories embedded in the context which hypothesizes how the programme may work. It can include one or more mid-range theories. Results from evaluations of program theories can be synthesised and aggregated to refine the middle-range theories (Kislov et al., 2019). Rather than using middle-range theories and reducing them to a level of abstraction which is applicable across local contexts, development of program theory ensures that context is taken into account and includes the systemic and structural factors which may facilitate or limit the implementation or the success of the intervention.

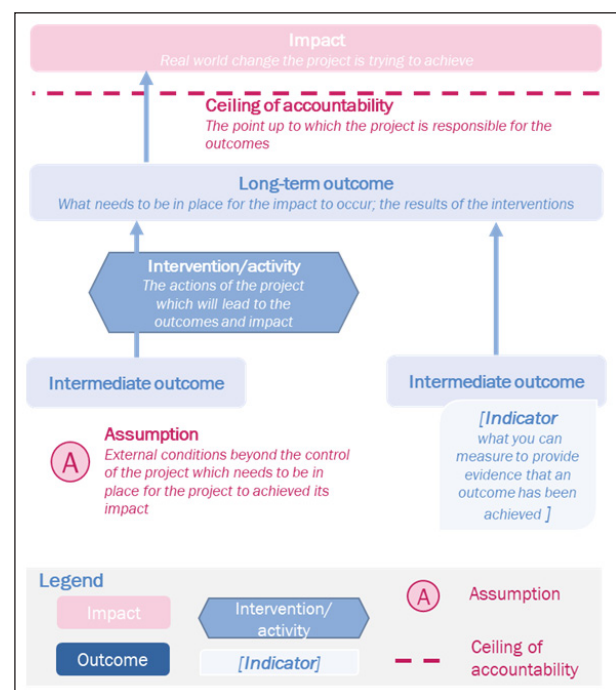
Research guidance for complex health interventions (Moore et al., 2015; Skivington et al., 2021) and the implementation science literature (Wolfenden et al., 2021) increasingly supports the development of a program theory to support implementation and evaluation of interventions. Ideally, program theory should be developed in context with stakeholders (Moore and Evans, 2017), prior to implementation (Hawe, 2015), combine middle-range theory from different fields such as psychology and sociology (Kislov et al., 2019; Nilsen, 2015) and applied, tested and refined in order to further develop mid-range theory (Van Belle et al., 2017). ToC can provide a structured approach to developing the program theory as well as helping to articulate middle-range theories which may influence the working of the program theory. Unlike traditional pipeline logic models, for example, the recently developed implementation science logic model template (Smith, Li and Rafferty, 2020), ToCs go further in specifying context and potential causal pathways as well as allowing flexibility in representing the levels of change and action and promoting a more participatory approach to development.

Ideally, a ToC is developed in a workshop setting with a range of stakeholders prior to the development of an innovation (Breuer et al., 2014). Stakeholders should include people who (1) fund, implement and manage the innovation; (2) deliver the innovation and (3) use the innovation, including people with lived experience and their persons close to them. ToC workshops provide a formal process which helps stakeholders to make explicit this program theory, or ToC, by articulating the *impact* the innovation is trying to achieve, the *outcomes* which are steps towards the impact, the *activities* required to reach the outcomes, the *assumptions* which underly the innovation and the *indicators* which can measure progress (Breuer et al., 2019; De Silva et al., 2014). In addition, the ToC makes explicit the *ceiling of accountability* – the point after which the programme is no longer solely accountable for the outcomes and impact of the programme (Figure 1).

ToC creates a framework to understand the innovation and its intended impacts with opportunities to input evidence and theory while being led and contributed to by stakeholders to ensure it is fit for the context. This provides a link between traditional top-down models of scale-up and implementation and bottom-up community participation in the development and adaptation of interventions. It also ensures understanding of context, system, needs and buy-in from implementers and end users.

In InCARE we chose ToC over other approaches for adaptation for several reasons: (1) it is a flexible but structured approach which allows each implementation site to use it as needed to develop and/or adapt their social innovation; (2) it allows stakeholders to provide substantial input into the development and/or adaption of an innovation in an efficient and structured way (this was necessary because many of the stakeholders volunteered their time to participate); (3) it allows the hypothesized causal pathways to be validated; (4) it can be used to understand the program theory for both the social innovation and the broader systems level changes needed; (5) it can draw on broader social theories, adapt and apply them to local contexts and (6) can align indicators used in the evaluation of the project to the outcomes the project is aiming to achieve.

We used ToC workshops both across and within implementation countries to develop best fit-for-purpose social innovations which we then tested in a pilot study. The InCARE project (European Centre for Social Welfare Policy and Research, 2022) is European Union funded project from 2020 to 2023 which aimed to develop and use



**Figure 1** A visual example of the key components in a Theory of Change with definitions. Reproduced from Breuer et al., 2022 and adapted De Silva et al., 2014.

participatory processes to design and implement social innovations for long-term care in Spain, Austria and North Macedonia and to contribute to the long-term national care policy development. We explicitly aimed to include a large range of stakeholders in an ongoing way including care users, care providers and policymakers in the InCARE countries in the development and implementation of the social innovations to ensure they were sustainable and aligned with existing services and policy.

## USING ToC in InCARE

### Project-level ToC workshop

First, we conducted a project ToC workshop (with two workshop sessions) in December 2020 across the project to co-develop a Theory of Change (ToC) for the InCARE project which described the local, national and European level impact and pathways to impact of the project; the challenges and assumptions of the project; how the InCARE work packages will likely influence the impact of the project and to provide a set of outcomes which could be measured by indicators in the monitoring and evaluation plan. In addition, this served as an introduction to the workshop process for the InCARE implementation and policy partners who went on to facilitate these workshops in their respective countries. We included implementation, policy and technical partners who were involved in InCARE across all countries. We followed the agenda outlined in Breuer *et al.* (2019) (Box 1). The workshops were initially planned face-to-face but were conducted online due to COVID-19. The ToC, which was an output of this ToC development workshop is shown in Figure 2. This project-level ToC describes how the four key domains of outcomes within this project lead to the long term outcomes and impact. These four outcome domains were (1) processes and policies; (2) organisational level; (3) implementation of the pilot;

and (4) care users and their families. The ToCs for each implementation country were different and developed in the country-level workshops described below.

### Country level workshops

Then, the implementation and policy partners in each country conducted ToC workshop (comprising 2 to 3 sessions) in the InCARE Implementation countries between June 2021 and January 2022. The workshops and stakeholders are outlined in Table 1 and described in more detail in Breuer *et al.* (2022). Stakeholders were purposively chosen because of their role in either (1) funding, implementing and managing the innovation; (2) delivering the innovation or (3) using the innovation. We used a variety of strategies to engage the stakeholders before the workshop and invite them to attend. This included personal communication with the stakeholders, individual meetings to introduce stakeholders to the project, multiple contacts and the preparation and circulation of invitations, flyers and summary documents to participants.

To ensure adequate knowledge and skills in ToC, country teams were trained in the ToC approach by ToC and monitoring and evaluation experts (EB and RK) and received mentorship throughout the process. The workshop agendas were largely based on the one found in the STRiDE Theory of Change Guidance (Breuer *et al.*, 2019). Country teams had the flexibility to adapt the workshop to suit their needs together with the technical partners who had experience with ToC. All workshops included stakeholders working together to identify the long-, medium- and short-term outcomes for InCARE, and the activities required to achieve these. Because of COVID-19 some of the workshops were conducted face-to-face with COVID-19 infection risk reduction strategies in place (North Macedonia and Spain, 1st and 2nd session,

#### Box 1 InCARE project level ToC workshop agenda

##### Session 1

1. Welcome & Introduction to the Theory of Change workshops
2. Overview of InCARE goals and objectives based on the grant application
3. Introduction to the ToC process
4. Surfacing challenges related to social innovation in long-term care in InCARE countries
5. Agreeing on the impact the project is trying to achieve
6. Identifying the short-, medium- and long-term outcomes necessary to achieve impact

##### Session 2

7. Reviewing the outcomes and impact and how they influence each other
8. Identifying the ceiling of accountability which indicates the point at which the project is no longer accountable for the outcomes
9. Reflecting on which work packages and activities will result in which outcomes
10. Introduction to indicator development and how this will be developed into a monitoring and evaluation plan

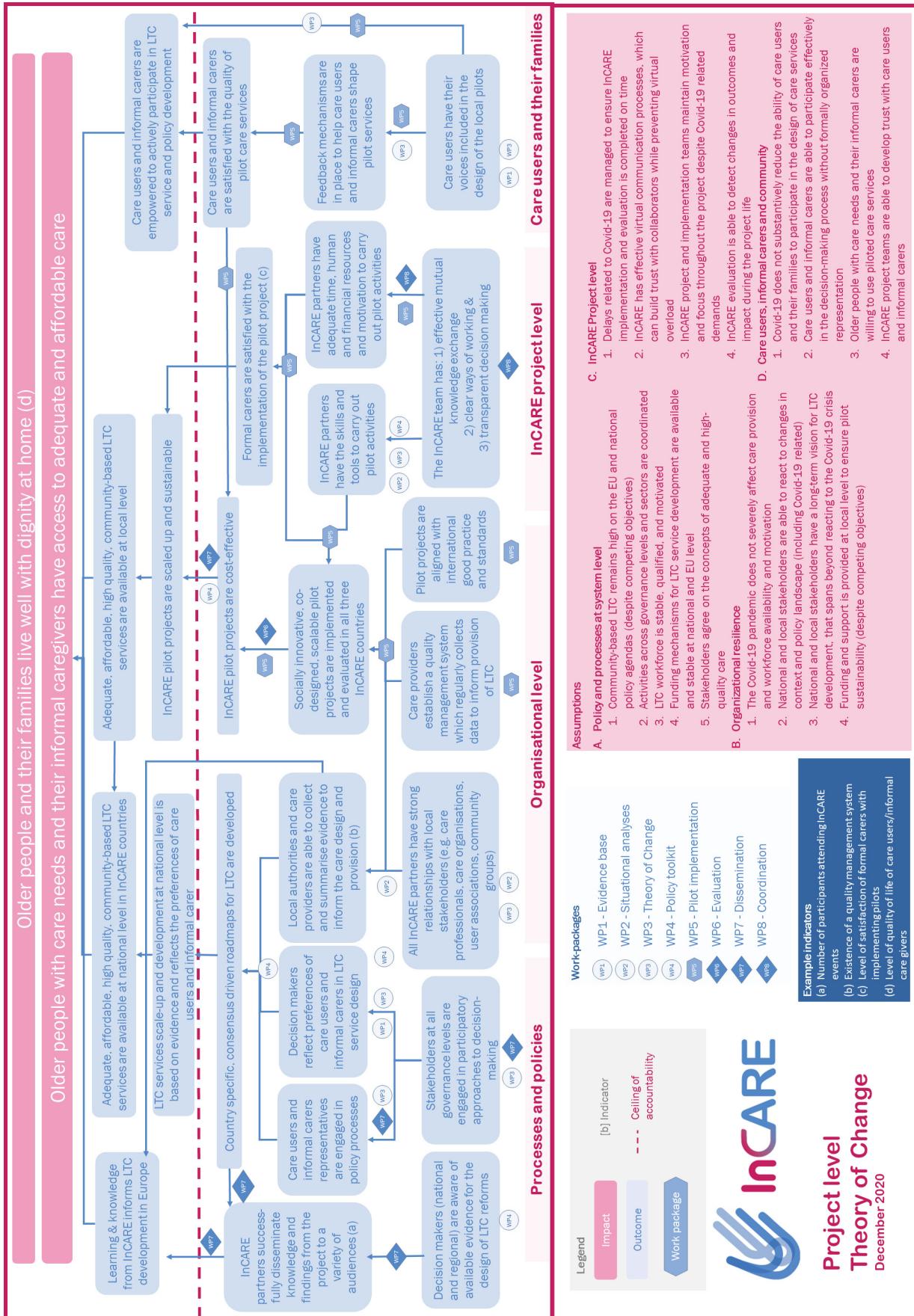


Figure 2 InCARE project level Theory of Change.

	AUSTRIA		NORTH MACEDONIA		SPAIN		
<b>Social innovation</b>	Integrated provider network for delivery of community-based long-term care in Styria		Integration of an Emergency Button Service within a home-care service package		Support for family caregivers of people with dementia within an integrated service approach		
<b>Workshop sessions</b>	1	2	1	2	1	2	3
<b>Length(hours)</b>	4	4	5	4.5	7	3.25	1.5
<b>Format</b>	Online	Online	In person	Online	In person	In person	Online
<b>Software</b>	Zoom Padlet Yopad Mural	Zoom Padlet Yopad Mural	n/a	Zoom Mural	n/a		Zoom PowerPoint
<b>Language</b>	German		Macedonian		Spanish		
<b>Stakeholders (total)</b>	<b>22</b>	<b>18</b>	<b>24</b>	<b>15</b>	<b>32</b>		<b>22</b>
<b>Policymakers</b>	6	5	7	3	10		7
<b>Care users</b>	1	1	2	1	2		1
<b>Non-professional carers</b>	2	1	–	–	2		–
<b>Healthcare professionals or providers of counselling/advice</b>	3	1	2	2	2		2
<b>LTC service providers</b>	3	4	8	4	10		6
<b>Other</b>	2	1	–	–	6		6
<b>Facilitators/project team</b>	5	5	5	5	7		

**Table 1** InCARE country Theory of Change workshops. Reproduced from Breuer et al. (2022).

respectively) while others were conducted online (Austria, Spain, 3rd session). The workshops in Spain and North Macedonia used a similar agenda to the cross-country level workshops while the Austrian workshop changed its agenda to more readily to adapt to the online setting. In Spain, an additional face-to-face implementation focused workshop in San Sebastian, the implementation site, which as described in detail in Breuer et al. (2022). During the workshops, disagreements were resolved via discussion.

## THE ROLE OF THE ToC PROCESS IN STRENGTHENING BEST-FIT SOCIAL INNOVATIONS IN InCARE

Including an InCARE ToC process helped to strengthen the best-fit social innovations by providing a structured process to develop or adapt an evidence-based practice for a specific context. This includes taking into account existing systems in each context including financing, legislation, formal service provision and cultural factors related to family or other non-professional care-giving. The InCARE ToC process ensured that the innovations were based on contextual needs, knowledge, differing systems laws policies resources, implementation and cultural specificities and norms. This is described further in Table 2.

The ToC process helped InCARE partners in each country to operationalize the key principles outlined by Ilinca et al. (2021) in the following ways.

### DEVELOPING A COMMON VISION

The structure of the ToC workshops and the participatory process ensures the stakeholders need to agree on a common impact for the project as well as a set of short-medium and long-term outcomes necessary to achieve impact. Developing the impact and outcomes with stakeholders ensures that these are relevant to the context, consider local resources and systems and are seen as needed by stakeholders. For example, although the impact of the innovations was broadly set by the funding, in each country the stakeholders were able to adapt it to make it more meaningful for the context. In addition, the short-, medium- and long-term outcomes needed to achieve this were decided on by the group and then mapped onto the ToC map. For example, in Spain, a common vision for long-term care was developed through the initial workshop which framed the national long-term care strategy, specifically that ‘all people in need of long-term care can develop their life project in the community and improve their quality of life, with quality care and quality jobs and that family and professional carers can also continue developing their life project’.

<b>A BEST PRACTICE IS...</b>	<b>LOCAL IMPLEMENTERS SHOULD ASK...</b>	<b>WHAT THE INCARE THEORY OF CHANGE PROCESS ADDED...</b>
<b>... addressing a specific social need/challenge</b>	Is the social need addressed by this initiative sufficiently similar to the most stringent needs of our local community? Do we have sufficiently close ties and exchanges with the community to determine those needs?	Used a structured process to work together with a range of stakeholders to determine whether the impact of the project aligns with the needs of the community Ensured the inclusion of all stakeholders in an open and transparent process
<b>... building on previous experiences and available knowledge</b>	What are the main strengths and resources of our local community? What skills and experience exist already? and which should we try to enhance?	Included a range of local experts who understand the local context Include people with an understanding of the evidence from other settings and expertise in adaptation Used theory, evidence and experiential knowledge to support and develop the programme
<b>... proposing new approaches and ways of working</b>	Would these approaches work well in our context? What changes to these approaches would make them more coherent with our local conditions?	Worked with stakeholders to find ways to meet the outcomes and adapt potential social innovations Checked alignment and fit with existing services and structures and suggested changes to existing structures
<b>... bringing together the right stakeholders</b>	How can we encourage the participation of the target group the initiative seeks to benefit? Who are our local allies? How can we bring other local groups on board? What changes could we make to ensure all our allies and collaborators are as engaged as possible? What support can we get from national/international stakeholders?	Used active and meaningful inclusion of stakeholders in the Theory of Change process and as a conduit to further involvement which has been continued after the workshops
<b>... capitalizing on opportune timing</b>	What ongoing policy or social processes can support the development of a local social innovation initiative? And how? What funding, joint learning and exchange opportunities are out there?	Conducted the workshop with local stakeholders to understand the local context Policymakers using workshop findings to inform work
<b>... tracking progress and community-level impact</b>	What is important for our community and collaborators? How can we measure our contribution?	Identified key outcomes with stakeholders and develop indicators to measure these outcomes

**Table 2** Best practice, best fit-for-purpose social innovations and the role of ToC. Adapted from Ilinca et al. (2021).

## IDENTIFY AND ADAPT INNOVATIVE IDEAS

Prior to the ToC workshop in the grant application stage, implementers had identified social innovations which were relevant to local priorities that could be adapted to the setting. Although the social innovation had been identified and was in different stages of development/adaptation but how it could be adapted for implementation and the policy, organisational and family and carer level changes had not been operationalised. For example, in North Macedonia, an emergency button system was identified as a way to ensure that older people could continue to live at home while being assured they could call for help as required. The ToC workshop helped stakeholders to ensure that the implementation of the intervention was more suited to the context in North Macedonia as well as the systems and structures related to long-term care. However, the ToC also highlighted where successful and promising innovations may not be the best fit. In Austria, we initially planned to adapt an integrated provider network, based on the Buurtzorg model from the Netherlands to the Styrian context and establish a local care management

platform linking local authorities with care providers. However, while developing the impact and outcomes during the Austrian ToC workshop, it became clear that this would duplicate some functions which already existed. Instead, the innovation changed to better linking together these existing service providers rather than creating a duplicate system.

## ENGAGE EARLY AND MEANINGFULLY WITH STAKEHOLDERS

The ToC workshops explicitly selected a wide variety of stakeholders including policymakers, care users, non-professional carers and social and healthcare professionals or providers of advice. Including them in the ToC workshops as a first step started the collaborative relationship for further engagement from the outset and allowed their perspectives to be included at the outset of the project, allowing for a more contextually rich and nuanced ToC and plan for pilot implementation and further policy changes. For example, care users in Austria raised the issue of violence in private care arrangements while caregivers in Spain highlighted the importance of

outcomes related to caregivers such as self-care. In Spain, although a diverse and policy-rich set of ToC workshops was held, the implementing organisation realised the importance of including local implementers in the ToC development. Therefore, an additional ToC workshop was held in the local implementation site, San Sebastian, to develop a more detailed ToC for the implementation site and ensure local context was taken into account to ensure successful implementation and sustainability.

Additional strategies, such as ongoing stakeholder advisory groups are needed to maintain stakeholder input. For example, in Austria, the InCARE team is carried out four regional stakeholder workshops during the project to sustain engagement relationships.

### **PLAN AND ENGAGE FOR SUSTAINABILITY AND SCALE-UP**

ToC workshops are designed to include a range of stakeholders including policy makers and funders to ensure that the social innovation is developed to work within existing structures or highlight changes which may be necessary in the longer term. For example, in North Macedonia, the need for changes to legislation and financing was suggested. Although out of the scope of this project, the workshops allowed stakeholders to highlight this as an important policy issue which needs to be addressed. In Spain, the initial set of ToC workshops focussed on two parts of the ToC: (1) the long-term care strategy in Spain for the next years; and (2) the specific programme for carers which is the aim of the InCARE pilot in Spain. The direct involvement of key senior policymakers in the workshop made it possible for them to identify activities, strategies and barriers and highlighted the need for structural reform, for example, in relation to co-ordination between the health and long-term care system and quality monitoring, to ensure improved outcomes for people in need of long-term care.

A strength of the ToC workshop process is that it combines both bottom-up and top-down approaches to intervention development. Stakeholders are able to contribute in a structured way to the vision and context of the programme but the resulting output is in a form that can be used by implementers, funders and evaluators.

### **THE IMPORTANCE OF A ToC FOR BEST-FIT SOCIAL INNOVATIONS**

The resulting ToC map makes explicit the program theory which outlines how the innovation is expected to work. In the InCARE ToCs, the program theory included outcomes at four levels: (1) policies and processes; (2) organizational; (3) project; and (4) care users and their families. Making explicit the program theory allows people to assess the validity of the program theory

(Hawe, 2015) and whether the interventions are likely to work. It provides a structured framework which was used to develop the evaluation plan so the evaluation plan measures what the innovation was trying to achieve.

Understanding and explicating the program theory can help clarify the active ingredients of the intervention itself and the implementation processes. In healthcare, there is a large drive towards implementation science which studies the way in which evidence-based programmes are implemented in routine practice. Incorporating implementation science into the development, adaptation and implementation of social innovations would strengthen long-term care and align better with healthcare. Working in both settings that are extremely complex and using learning from implementation science as well as having a clear program theory and participatory co-development of innovations have the potential to result in more sustainable innovations.

Articulating a program theory allows future programmes to use it, together with the results, as a starting point for the adaptation and contextualization of their own programme. This allows for the development and refinement of middle-range theories to inform social innovations in long-term care.

Moreover, we also found the Theory of Change approach to be useful for the formative evaluation of the project. The evaluation was designed based on the theory of change maps, with 'older people with care needs and their informal caregivers have access to adequate and affordable care and they, together with their families, live well and with dignity at home'. as the broader impact goal and with the elements leading up to it. The theory of change maps provided the starting point for the development of the evaluation indicators to provide outcome and process evaluation. The widely accepted evaluation criteria of relevance, coherence, efficiency, effectiveness, impact, and sustainability were chosen to guide the evaluation process and were aligned with the ToC elements.

Other approaches to the adaptation of evidence-based interventions include similar steps to the ones taken in InCARE. In a recent scoping review, Escoffery *et al.* (2019) identified 11 intervention adaptation steps commonly described across 13 adaption frameworks for public health interventions. In InCARE we used most of these steps, namely understanding the intervention, selecting the intervention, consulting with experts and stakeholders, adapting the original intervention, training staff, implementing the adapted intervention and evaluating the intervention. However, using ToC ensures that the program theory is used throughout the process, for example, to understand the intervention, consult with experts and stakeholders, plan for implementation and to develop the evaluation. In other words, the strength of the ToC approach is that the program theory ties all of the steps in the adaptation process together. ToC could



readily be used together with a process-based adaptation framework to guide the adaptation steps.

## CHALLENGES AND LIMITATIONS

There remain some challenges with the ToC approach. The first is that the ToC does include understanding context and multiple causal pathways but often gets simplified into a linear model which does not take into account some of the features of complex adaptive systems such as tipping points, emergence and feedback loops (Braithwaite *et al.*, 2018). The second is that although ToC workshops involve a diverse set of stakeholders, additional plans to continue this engagement are necessary throughout the design and implementation process in order to iteratively understand and deal with bottlenecks and revise the ToC as a result of emerging challenges. This is especially important when stakeholders change over the course of the project and continued buy-in is essential. Third, it is necessary to have strong implementation partners who have ongoing relationships with policy partners who can convince local stakeholders to contribute to the workshops. Fourth, although ToC should inform them, it does not replace standard project implementation plans, timelines, monitoring and evaluation frameworks. Fifth, the participatory approach that we describe did not have a specific structured or criteria-based analysis to understand the feasibility or robustness of ToC. Further research is required on how best to combine stakeholder-developed ToCs with those developed using evidence from the literature. Sixth, practical challenges to conducting workshops exist, such as workshop costs and time commitment. Lastly, face-to-face workshops were limited as a result of COVID-19. Although online workshops did work to develop a ToC, the workshops were shorter to maintain engagement and there was a learning curve with the use of online software. In addition, the social and networking aspects of an in-person meeting were not realised. Further challenges are outlined in Breuer *et al.* (2022).

## CONCLUSIONS

ToC can be an important tool to develop and adapt social innovations in long-term care by making the program theory of the innovation explicit together with stakeholders. This can assist in both contextualizing social innovations for specific contexts as well as identifying the generalizable features of social innovations and policies which work across contexts. It supports work with diverse stakeholders by providing a structured approach

to involve them in planning a project as well as providing a framework for the evaluation.

## ETHICS AND CONSENT

We are submitting this as a perspectives paper which describes the authors' experience of Theory of Change during an implementation project and therefore does not need ethical approval.

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## COMPETING INTERESTS

The authors have no competing interests to declare.

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**REFERENCES**

- Braithwaite, J., Churruca, K., Long, J.C., Ellis, L.A. and Herkes, J.** (2018) 'When complexity science meets implementation science: A theoretical and empirical analysis of systems change', *BMC Medicine*, p. 16. Available at: <https://doi.org/10.1186/s12916-018-1057-z>
- Breuer, E., Comas-Herrera, A., Docrat, S., Freeman, E. and Schneider, M.** (2019) *STRiDE Theory of Change Workshops: Guidance and Resources*. STRiDE Research Tool No.1 (version 2). London: Care Policy and Evaluation Centre, London School of Economics.
- Breuer, E., De Silva, M.J., Fekadu, A., Luitel, N.P., Murhar, V., Nakku, J., Petersen, I. and Lund, C.** (2014) 'Using workshops to develop theories of change in five low and middle income countries: Lessons from the programme for improving mental health care (PRIME)', *International Journal of Mental Health Systems*, 8, p. 15. Available at: <https://doi.org/10.1186/1752-4458-8-15>
- Breuer, E., Kadi, S., Champeix, C., Garcia, A., Grbevaska, T., Comas-Herrera, A., Kahlert, R., Oliva, S., Ondas, K., Slavkoska, A., Stouthard, L. and Ilinca, S.** (2022) 'Co-developing and contextualising long-term care innovations in Europe using Theory of Change: Lessons from InCARE', InCARE Policy Brief No.3.
- Breuer, E., Lee, L., De Silva, M. and Lund, C.** (2016) 'Using theory of change to design and evaluate public health interventions: A systematic review', *Implementation Science*, 11, p. 63. Available at: <https://doi.org/10.1186/s13012-016-0422-6>
- Connell, J.P. and Kubisch, A.C.** (1998) 'Applying a Theory of Change approach to the evaluation of comprehensive community initiatives: Progress, prospects, and problems', in K. Fulbright-Andersen, A. Kubisch and J.P. Connell (eds.). *New approaches to evaluating community initiatives*, Vol. 2: *Theory, measurement, and analysis*. Washington, DC: The Aspen Institute.
- Coryn, C.L.S., Noakes, L.A., Westine, C.D. and Schroter, D.C.** (2011) 'A systematic review of theory-driven evaluation practice from 1990 to 2009', *American Journal of Evaluation*, 32, pp. 199–226. Available at: <https://doi.org/10.1177/1098214010389321>
- De Silva, M.J., Breuer, E., Lee, L., Asher, L., Chowdhary, N., Lund, C. and Patel, V.** (2014) 'Theory of Change: A theory-driven approach to enhance the Medical Research Council's framework for complex interventions', *Trials*, 15, p. 267. Available at: <https://doi.org/10.1186/1745-6215-15-267>
- Escoffery, C., Lebow-Skelley, E., Udelson, H., Böing, E.A., Wood, R., Fernandez, M.E. and Mullen, P.D.** (2019) 'A scoping study of frameworks for adapting public health evidence-based interventions', *Translational Behavioral Medicine*, 9, pp. 1–10. Available at: <https://doi.org/10.1093/tbm/ibx067>
- European Centre for Social Welfare Policy and Research** (2022) 'InCARE'. Available at: <https://incare.euro.centre.org/> (Accessed).
- Funnell, S.C. and Rogers, P.J.** (2011) *Purposeful program theory: Effective use of theories of change and logic models*. San Francisco, CA: John Wiley & Sons.
- Hawe, P.** (2015) 'Minimal, negligible and negligent interventions', *Social Science & Medicine*, 138, pp. 265–268. Available at: <https://doi.org/10.1016/j.socscimed.2015.05.025>
- Ilinca, S., Simmons, C., Zonneveld, N., Benning, K., Comas-Herrera, A., Champeix, C., Nies, H. and Leichsenring, K.** (2021) 'Social innovation in LTC in Europe: Towards a common narrative for change', InCARE Short Report no 1.
- Kislov, R., Pope, C., Martin, G.P. and Wilson, P.M.** (2019) 'Harnessing the power of theorising in implementation science', *Implementation Science*, 14. Available at: <https://doi.org/10.1186/s13012-019-0957-4>
- May, C., Finch, T., Mair, F., Ballini, L., Dowrick, C., Eccles, M., Gask, L., Macfarlane, A., Murray, E., Rapley, T., Rogers, A., Treweek, S., Wallace, P., Anderson, G., Burns, J. and Heaven, B.** (2007) 'Understanding the implementation of complex interventions in health care: The normalization process model', *BMC Health Services Research*, 7, p. 148. Available at: <https://doi.org/10.1186/1472-6963-7-148>
- Moore, G.F., Audrey, S., Barker, M., Bond, L., Bonell, C., Hardeman, W., Moore, L., O'Cathain, A., Tinati, T. and Wight, D.** (2015) 'Process evaluation of complex interventions: Medical Research Council guidance', *BMJ*, 350, h1258. Available at: <https://doi.org/10.1136/bmj.h1258>
- Moore, G.F. and Evans, R.E.** (2017) 'What theory, for whom and in which context? Reflections on the application of theory in the development and evaluation of complex population health interventions', *SSM-Population Health*,

- 3, pp. 132–135. Available at: <https://doi.org/10.1016/j.ssmph.2016.12.005>
- Mulgan, G.** (2012) *The theoretical foundations of social innovation*. London, UK: Palgrave Macmillan. Available at: [https://doi.org/10.1057/9780230367098\\_2](https://doi.org/10.1057/9780230367098_2)
- Nilsen, P.** (2015) 'Making sense of implementation theories, models and frameworks', *Implementation Science*, 10, p. 53. Available at: <https://doi.org/10.1186/s13012-015-0242-0>
- Skivington, K., Matthews, L., Simpson, S.A., Craig, P., Baird, J., Blazeby, J.M., Boyd, K.A., Craig, N., French, D.P. and McIntosh, E.** (2021) 'A new framework for developing and evaluating complex interventions: Update of Medical Research Council guidance', *BMJ*, 374, n2061. Available at: <https://doi.org/10.1136/bmj.n2061>
- Smith, J.D., Li, D.H. and Rafferty, M.R.** (2020) 'The implementation research logic model: A method for planning, executing, reporting, and synthesizing implementation projects', *Implementation Science*, 15, pp. 1–12. Available at: <https://doi.org/10.1186/s13012-020-01041-8>
- Van Belle, S., van de Pas, R. and Marchal, B.** (2017) 'Towards an agenda for implementation science in global health: There is nothing more practical than good (social science) theories', *BMJ Global Health*, 2, p. e000181. Available at: <https://doi.org/10.1136/bmjgh-2016-000181>
- van Niekerk, L., Manderson, L. and Balabanova, D.** (2021) 'The application of social innovation in healthcare: A scoping review', *Infectious Diseases of Poverty*, 10, 26. Available at: <https://doi.org/10.1186/s40249-021-00794-8>
- Vogel, I.** (2012) *Review of the use of 'Theory of Change' in international development*. UK: Department for International Development (DFID).
- Weiss, C.** (1995) 'Nothing as practical as a good theory: Exploring theory-base evaluation for comprehensive community initiatives', in J.P. Connell, A.C. Kubisch, L.B. Schorr and C. Weiss, (eds.) *New approaches to evaluating community initiatives: Concepts, methods and contexts*. New York: The Aspen Institute.
- Westley, F. and Antadze, N.** (2010) 'Making a difference: Strategies for scaling social innovation for greater impact', *Innovation Journal*, 15.
- Wolfenden, L., Foy, R., Presseau, J., Grimshaw, J.M., Ivers, N.M., Powell, B.J., Taljaard, M., Wiggers, J., Sutherland, R. and Nathan, N.** (2021) 'Designing and undertaking randomised implementation trials: Guide for researchers', *BMJ*, 372, m3721. Available at: <https://doi.org/10.1136/bmj.m3721>

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