PROJECT: Becoming a Network-of-Networks
April 2024 - May 2025

A Network Theory of Change: Notes from a 3-Part Conversation
April 2025

Contents

What We Learned

We identified many core elements and principles that should be considered in the creation of a fully formed 'theory of change' for a network-of-networks to drive systems change.

In summary ...

We imagine that a pan-Canadian intersectoral **network-of-networks** has the potential to contribute to the creation and implementation of a **movement for a wellbeing society** by:

1. **Establishing an effective network structure that is ...**
   - Based on values of equity and inclusion, addressing issues of power from the beginning
   - Engaging for all participants, allowing different ways to be part of the network
   - Mobilized around concrete action, even if small

2. **Being inclusive of all sectors ...**
   - Defined based on their organizing structure and principles (e.g. government, civil society (including non-profit), and business) or their discipline (e.g. health, social services)

3. **Understanding the context and the mechanisms supporting change from a systems perspective, including ...**

   Barriers to change... for example:
   - Commercial determinants of health
   - Needing to agree on a shared objective given the challenge of articulating clear added value
   - Inauthentic and non-reciprocal philanthropic relationships

   Enablers of change ... for example:
   - Concept of a wellbeing society has synergy right now
   - Story telling is powerful for connecting ToC with a logic model within a system
   - Resources are necessary (funding, partnerships), especially to engage communities denied equity
   - Being in relationship and reciprocity need to be at the centre (a network can help with this)

   Assumptions that are related to collaborating for change... for example:
   - Networks increase the number and diversity of people and organizations in relationship with each other
   - Everyone joins a network to contribute in some way
   - It is possible to measure the impact on society (to improve wellbeing), in part by measuring personal impact (feeling supported, generating new ideas)
   - Networks support communication and therefore action (activities, knowledge, skill)

4. **Establishing a clear purpose ... for example:**

- *To create a wellbeing society* ... a world where wellbeing is possible for everyone (radical wellbeing, improved quality of life and life expectancy)
- *Where health promotion (promotion of wellbeing) is* ... valued by decision makers and practitioners, is made a priority, is supported by knowledgeable and skilled actors at all levels, and has the necessary resources
- *Our action must be* ... ethical, community-led, intersectoral, intersectional and equity centred, building on individual agency and collective action (of citizens, practitioners, and decision makers)

Background

Representatives from 8 networks/organizations working to address the social and structural determinants of health and to promote a wellbeing society met three times in April 2025 to explore a theory of change for a network-of-networks.

This document is a summary of the three Theory of Change (ToC) conversations, with the purpose of sharing key points for anyone who may be interested in helping to move the work forward.

Each virtual meeting was 1-hour in length, hosted via the **Zoom** platform with **Wordly** software for real-time translation, allowing for a bilingual English/French conversation. The notes from each session were posted in both English and French following each session in the online community space "Building a pan-Canadian intersectoral network-of-networks" established on the En Commun platform.

This community is a closed group (requires a request to be added as a member) and includes a Notebook "Theory-of-Change for an Intersectoral Network-of-Networks". This Notebook also includes background information related to the topics of intersectoral networks, health promotion and theory of change.

Participants

The conversation participants included:
[*Note: not everyone participated in every session*]

1. Jorge Garza, Director, Communities Building Belonging, Tamarack Institute
2. Stephan Hardy, Chair, LGBTQ Collective of Manitoba (Collectif LGBTQ* du Manitoba)
3. Ian Culbert, Executive Director, Canadian Public Health Association
4. Leila Sarangi, Senior Director of Strategy and Innovation, Family Service Toronto, and National Director, Campaign 2000
5. Claire Betker, Scientific Director / Faith Layden, Program Manager, National Collaborating Centre for Determinants of Health
6. Antoine Désilets, Director, Francophone Health Society (Société Santé en français)
7. Michèle Vincent Félix, Member, Board of Directors, International Francophone Network for Health Promotion (REFIPS), America Region
8. Sarah Chaput, Director, International Francophone Network for Health Promotion (REFIPS), America Region (co-facilitator)
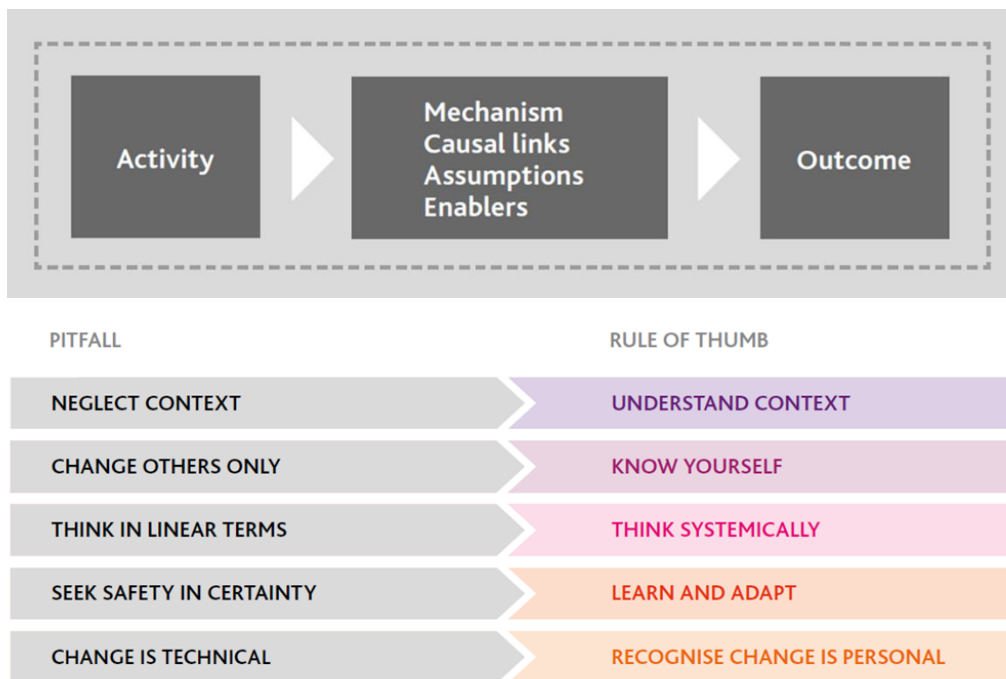9. Lesley Dyck, Co-chair, Health Promotion Canada (co-facilitator)

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Organizing Framework for the Conversations

A framework for applying a theory of change for systems change (Abercrombie et al., 2018) was used to organize the 3 conversations. The sessions started at the end with 'outcomes' and worked back to 'activity', considering the rules of thumb for developing a theory of change in our context.

Systems change is a critical focus for a network-of-networks concerned with building a wellbeing society. However, it is challenging to translate this into a theory of change. The framework helped to make assumptions clear, even if we were not able to arrive at a fully formed understanding of how change happens.

Activity	Mechanism Causal links Assumptions Enablers	Outcome

PITFALL	RULE OF THUMB
NEGLECT CONTEXT	UNDERSTAND CONTEXT
CHANGE OTHERS ONLY	KNOW YOURSELF
THINK IN LINEAR TERMS	THINK SYSTEMICALLY
SEEK SAFETY IN CERTAINTY	LEARN AND ADAPT
CHANGE IS TECHNICAL	RECOGNISE CHANGE IS PERSONAL

From: Abercrombie et al. 2018. Thinking Big: How to use theory of change for systems change. New Philanthropy Capital (NPC), London.

NOTES
Session 1
Session 1: Clear Outcomes – where are we going?

Round 1: What impact do we want to achieve? Consider shared definitions in the 'core concepts' document

- Prioritization of health promotion across Canada
- More resources for health promotion
- Greater value at the level of political decision makers
- Longer term ... increase the quality-of-life expectancy of people in Canada
- Actions that consider different identities, in an intersectional way (in addition to intersectoral)
- An intersectional approach can be implemented now without additional funding and a network approach could help with this
- Greater understanding of best practices in health promotion among practitioners and decision makers, so that they make different decisions
- Community led action that is equity centered. This will start with shared language between the nonprofit sector and health/public health practitioners.
- Radical wellbeing approach to address inequities and develop best practice. Will require seeing individuals as having agency and capacity, not passive service recipients
- Build the capacity of organizations by pooling resources, get better organized, improve communication
- Engaging the community and practicing an intersectional approach needs good, disaggregated data on health and wellbeing. A network could build this, in an ethical way
- Community involvement is about choice, agency and also shaping the way services and policies are being implemented. They know what they need.
- More communication between silos, including issues specific to women's health

Round 2: What outcomes are shared across our networks and how we understand change? How is 'learning and adapting' part of these outcomes?

- We need to share outcomes not only at the beginning of a project, but also at the end of the project. We need to resource this communication, especially in the context of pilot projects
- Change can be a source of fear, and our organizations have been going through a lot of change lately. Regular communication about change is essential.
- It is important to consider 'responsible entry' ... which is very relevant to philanthropy. As non-profits we need to ask more questions about why we are doing this and recognize that we generate consequences, which we need to name, especially those that may be unintended, and those that might be considered radical.
- Developing knowledge is an important part of understanding and supporting change as we need to change the way people see things. Communication is a key tool to translate knowledge.
- Change occurs in the narrative and in the spaces between us, so we need discourse and discussion, or change will not occur
- We need to overcome the fact that there are practitioners who feel that they are not allowed to use their agency and act on equity issues. We need to reach decision makers who can give the permission and encouragement that is needed.

- Our inability to measure change is a barrier. We need resources to measure outcomes.
- Evaluation is essential, including in relation to the development of this network so that we can advocate for the resources that are needed.

Round 3: What outcome(s) do we imagine as a priority for an intersectoral health and wellbeing promotion network?

- A network can be valuable as it may have people/organizations with diverse experience, for example with impact evaluation, and other practices

Session 1 - summary

Our purpose is to:

- **To create a wellbeing society** ... a world where wellbeing is possible for everyone (radical wellbeing, improved quality of life and life expectancy)
- **Where health promotion (promotion of wellbeing) is** ... valued by decision makers and practitioners, is made a priority, is supported by knowledgeable and skilled actors at all levels, and has the necessary resources
- **Our action must be** ... ethical, community-led, intersectoral, intersectional and equity centred, building on individual agency and collective action (of citizens, practitioners, and decision makers)

Tools and approaches that will help us to get there:

- Shared language
- Pooling resources
- Improving communication
- Undertake advocacy
- Stronger organizational capacity and coordination
- Address fears related to change
- Improve and use data
- Consider unintended impacts
- Ongoing engagement and discourse
- Ongoing evaluation and learning
- **Value of networks** ... they increase the number and diversity of people and organizations in relationship

Session 2
Session 2: Our Context – what does it look like?

Round 1: What are the barriers/enablers to achieving these outcomes?

- The concept of a wellbeing society seems to be growing and there is lots of synergy; Many people with the same goal are using different language but coalescing around the concept of wellbeing
- From a barrier perspective, the political and commercial determinants of health are a challenge as there is a lot of money to be made from keeping people unhealthy
- The challenge of having a shared objective for a network is another barrier. Organizations are very busy and asking them to participate in building a network, or explore a theory of change, competes with all the other work they need to do. We need to be clear about the added value of a network, and to explore the benefits for organizations and what they may want to contribute.
- Storytelling is powerful and can help us to distinguish between a theory of change and a logic model. A theory of change does not need to have an end, so as we work with communities, we need to use stories to amplify the message that it is not a horizontal process. We need to provide examples of how we can collaborate at different levels in the system.
- We need to articulate that to do this work we need to resource it. This could include supporting it as a foundation, but ensuring that it is a reciprocal partnership, where the network could help to leverage relationships with funders and hold the space for this. A pool of funding could be available to bring individuals from equity denied communities that are being compensated appropriately as they help us curate powerful stories of change.
- To direct funding, you first need to have funding. But the way it is provided and how projects that are being funded are supported are important. A positive example of this is the collective impact project in Montreal (Project Collectif), but overall, there is a lot of concern about the state of philanthropy in Canada right now. We need authentic and reciprocal relationships, not short term with specific outcomes.
- A network could act as a funder and walk the talk by showing a way that is reciprocal and supportive of relationships for deeper impact, and to change the mindset of funders. We could show by example, and document stories on how we can work together in a way that is more equitable and longer term, focused on getting the resources to the community and making sure there is a clear story and the capacity of the community is developed. Being in relationship and values are at the centre.

Round 2: What assumptions are we making about how we will achieve our proposed outcomes?

- Are we assuming that everyone is coming to a network willing to contribute? We need to consider that the network needs to subsume individual goals of member organizations to achieve the larger goal of the network. But this can result in lip service to the network and member organizations may lose interest and walk away.
- Are we assuming that we can impact the building of a wellbeing society? We need to be cautious and test this individual and collectively. We need to identify an impact that is sensitive enough to measure, which means it needs to be a bit more concrete. Otherwise, people will lose interest. We would not need a huge number of outcomes, just those that are sensitive to the network.

- It can be a challenge to measure an outcome (e.g. a meningitis outbreak campaign) and it is humbling when you can't validate the impact of the activities on the outcome.
- One of the outcomes of networks is the personal impact (e.g. the moral support, new ideas). These 'soft outcomes' can be concrete and are very important to measure. (Note: personal change is an element in the Abercrombie et al. 2018 framework).
- Can we assume that networks have an important communication function? We know that mobilization activities and knowledge and skills, are important in complex health promotion approaches. Communication is critical as it strengthens skills and capacities but also inspires people and helps them learn that we are not alone.
- One way to explore barriers/enablers and assumption is to learn from experiences of being excluded from networks ... we should discuss this further.

Session 2 - Summary

To understand the context from a systems perspective we need to consider:

Barriers ... for example:
- Commercial determinants of health
- Agreeing to a shared objective given the challenge of articulating clear added value
- Inauthentic and non-reciprocal philanthropic relationships

Enablers ... for example:
- Concept of a wellbeing society has synergy right now
- Story telling is powerful for connecting ToC with a logic model within a system
- Resources are necessary (funding, partnerships), especially to engage communities denied equity
- Being in relationship needs to be at the centre (a network can help with this)

Assumptions ... for example:
- Networks increase the number and diversity of people and organizations in relationship
- Everyone joins a network to contribute in some way
- It is possible to measure the impact on society (to improve wellbeing), in part by measuring personal impact (feeling supported, generating new ideas)
- Networks support communication and therefore action (activities, knowledge, skill)

Session 3
Session 3: How can a network be most effective and who needs to be part of it?

Reflections on Session 2:
- The discussion started with a recognition that participation in a network is on a spectrum from those who want to contribute a lot, and those who want to contribute less. This is not necessarily from a bad intention, but is likely related to capacity. We need to expect that contributions will also change over time.
- People also join networks to get a variety of things, including learning.
- Further to measuring impact of a network, there was recognition that we want to strive for the distant goal of creating a wellbeing society, but that we need to measure more immediate outcomes like improved relationships and collaboration.
- There was also a comment that participation in a network represents both individuals and organizations, and perhaps also communities and other jurisdictions such as provinces. Therefor the impact can be measured at all of these levels. This includes how networks can contribute to 'mutual aid', where both individuals and organizations can help each other.
- The point about networks reinforcing diversity was reinforced, helping people talk to different people and potentially overcoming unintentional or unconscious bias.
- It would be helpful to be clear about what a network of networks wants to achieve, which would help to clarify assumptions, including about how people participate and contribute. Having a diversity of members, even if they are not all actively contributing, can be very important for establishing the credibility of the network, which helps contribute to its impact. As a result, we need to provide different ways for network members to participate over time. It all makes a difference.

Round 1: Based on the intended outcome (to create a wellbeing society), the enablers and barriers to doing this work, and assumptions about the value of networks ...

Who needs to be a part of an intersectoral network?

- From a health system perspective, the argument was made for 5 types of stakeholders: 1) the community or population that you are trying to help, 2) the post-secondary institutions that do the training or build capacity, 3) health services managers on the administrative side, 4) the professionals who deliver health services, and 5) the decision makers on the public policy side.
- It is interesting to think about the business sector in this context as the provision of health care services is a public good, even when they are delivered by private care providers at times.
- This reinforces the idea that there needs to be membership criteria or principles to guide a network, for example to be 'by and for' the people we serve (e.g. LGBTQ*, minority francophones). Having a distinctions-based approach based on the principle of non-discrimination is important to ensure the network is inclusive of difference, especially for minorities in specific settings. This means we also need to talk about populations and not only communities.
- It will be important to be clear about the intended effect of the network to answer the questions of who needs to be part of it and at what level(s). For example, are people in the community considered to be part of the network, or is it only organizations or networks that community members belong to? Or does it depend on the activity of the network? How can we make this more concrete?

- Who is invited in to the network is important and will likely evolve over time. Having principle for engagement, and welcoming those who are attracted to the network, will be important. If we start with the principles and vision, that may be enough for now.
- We need to be cautious about how we invite people as it can become elitist and move to a place of less diversity. We need to consider doing a big call out to be sure to invite and welcome people and groups we may not have identified. Those people who respond to the invitation need to help create what is being built.
- It will be important to define both what an intersectoral network is, as well as what intersectoral action is. And are the sectors defined based on their organizing structure and principles (e.g. government, civil society (including non-profit), and business) or their discipline (e.g. health, social services)? And how do they fit together? We need to take a systems thinking approach, especially given there is no common definition of 'sector' in the literature (e.g. NCCDH is currently undertaking a rapid review of intersectoral action).

  Note: Two 'sector' resources are referenced in the 'Core Concepts' developed for this project in both English and French, available here: https://drive.google.com/drive/folders/1FAEw4sFPw2-F_PPo67AD0oxTuvOV3nnt?usp=sharing

Round 2: What network structure would be most effective?

- The point was made that it is important to have some kind of established structure, such as meetings (if you meet), timing and purpose for meetings, agenda or way of working together (e.g. circle with a 'calling in' approach, ground rules for how we engage), approach to documenting or recording conversations, expectations after meetings. People seem to like some structure and some cadence so that they know a bit about what is going to happen when they get there. They appreciate knowing that somebody or something is in charge (providing leadership and facilitation, not exercising power over), and they want a voice in shifting and moving the conversation and resulting action.
- One structure that seems to work is a hub and spoke system, with the leadership and facilitation support at the hub to activate. This can be supported by a charter of responsibility to let people know how to contribute and what is expected of them, inclusive of different roles.
- It is also important to have a way for people to identify that they are a member of the network, even if it is a loose formulation. A structure that tracks and engages membership is important for the organizers as well, to support the work of the network. A secretariate structure can help with this by support the logistics and keep the work moving (e.g. Campaign 2000 has a membership form for people to sign on to the declaration and principles, and gives some ideas about how they could contribute, including share communication messages with your network, receive the annual report card and talk about it with your elected representative).
- Mobilizing people around concrete projects could also be important for providing a structure that strengthens relationships and attracts resources and funding. This could also help demonstrate the impact of networks through measurement (and research) and get the necessary resources for the network-of-networks concept.

Round 3: How can we continue the conversation on a network ToC after the project?

- There seems to be support and momentum for pursuing a network of networks, so it may be time to sketch out the vision and principles, and concept of membership, for review and development.
- It will be important to just keep moving forward, even with minimal funding and small steps ... use partners and focus on avenues for simple steady communication that helps create a feeling of solidarity!

Session 3 - Summary

Who needs to be part of a network-of networks?
- Inclusive of all sectors, defined based on their organizing structure and principles (e.g. government, civil society (including non-profit), and business) or their discipline (e.g. health, social services)

What network structure would be effective?
- Based on values of equity and inclusion, addressing issues of power from the beginning
- Engages all participants, allowing different ways to be part of the network
- Mobilize around concrete action, even if small