101  Realistic evaluation: Origins and destinations

Nick Tilley¹
¹University College London, United Kingdom

Pawson and Tilley’s Realistic Evaluation was published twenty years ago. It is timely to reflect on its origins and future directions. The basic ideas for Realistic Evaluation were first aired publicly at a criminology conference in San Francisco in 1991. There followed a series of papers in which the ideas were refined. Once Realistic Evaluation appeared in 1997 we wrote a few more papers together before moving to separate research agendas that build on the work: Pawson (mainly on methodology) and Tilley (mainly on practice and policy). Against expectations the ideas set out Realistic Evaluation, which appeared radical and subversive when first mooted, have become fairly mainstream with a welcome community of practitioners now working on them. The main examples used in Realistic Evaluation and in our early papers related to crime and crime prevention (Tilley’s main interest). The take-up has until recently been in other fields, most notably health (Pawson’s main substantive focus in recent years). The first part of this address will be retrospective. It will describe the genesis and development of realist evaluation. It will stress the dual concerns with methodology and with the production of findings that can be used to inform policy, practice and program development. It will highlight the serendipity involved in the production of the work, whilst also acknowledging that it appeared at a time that was ripe for fresh thinking. The second part of the address will look forward to issues that those involved in developing realist evaluation methods, in conducting realist evaluations (and reviews), and in developing and delivering policing and practices that are informed by realist thinking need to be thinking about. It will also highlight some obstacles that will need to be overcome if the potential benefits of realist evaluation are to be realized.

102  Walking the talk: Being realist in practice

Dr Geoff Wong¹
¹University of Oxford, United Kingdom

There has been a veritable explosion in interest and use of realist research approaches in the past few years. It used to be a minority pursuit when I first started in using these approaches, but now major funders in the United Kingdom and wider afield are happy to fund realist reviews and realist evaluations – particularly to make sense of complex health and/or social issues.

This is good news for all of us who use and promote the use of realist approaches, but beneath the surface a problem lurks – are all of these realist reviews or evaluations really the real thing?

In this presentation, I will outline this issue from my personal perspective from being a realist research practitioner, one who provides methodological support to realist research teams, a teacher and a peer-reviewer. I will discuss the state of things as they are, postulate some reasons and propose possible ways to slay the beast that lurks below. Most importantly, I want to open the floor to you – to gather your thoughts on these issues and to begin a discussion on what we are or might want to do about it all!
103  Process evaluation of a randomised controlled trial of family-led rehabilitation post stroke in India

Dr Huei Ming Liu

The George Institute for Global Health, Camperdown, Australia

Background: Task shifting may improve access to rehabilitation in low-resource settings. A large randomised controlled trial in India, evaluated training a family carer (in the first 2 months) to provide rehabilitation for post-stroke patients in addition to usual care. We found that the intervention did not decrease death or dependency at 6 months when compared to usual care alone.

Aims/Methods: Realist evaluation informed our process evaluation (planned a priori) to explore trial implementation and for whom, how and why the intervention worked for. Data sources included quantitative process data, observations and interviews with participants.

Results: Intervention fidelity and adherence to the trial protocol was high across the 14 sites. The intervention was perceived as an acceptable community based package comprising of goal setting, early mobilisation, functional task training and communication strategies. Many viewed it necessary for the poor and rural populations with limited access to rehabilitation. Some form of rehabilitation was widely accessed by the urban patients recruited. Sustaining motivation of patients and carers to continue with rehabilitation in the face of significant emotional and financial stress post stroke was a key challenge. Implementation of early supported discharge was not feasible due to a lack of hospital beds, and as such patients were already discharged once medically stable.

Conclusion: Using the Realist framework we identified possible reasons for why the trial results were neutral. Our findings of the intervention’s mechanism suggests that the difficulty in sustaining patient and carer motivation for rehabilitation without ongoing stroke coordinator support, and the context of higher than expected levels of routine rehabilitation being accessed by both groups may explain the lack of benefit in the trial. Nonetheless family based rehabilitation was seen as a concept worthy of further development especially for the poor and rural populations in India.

104  When, for whom, and how serious gaming outcomes are achieved by patients during multidisciplinary rehabilitation; a realist process evaluation

Miel Vugts, Margot Joosen, Hubertus Vrijhoef

Tranzo, Tilburg University, Tilburg, Netherlands, Ciran Rehabilitation centers, Venlo, Netherlands, Maastricht University Medical Center, Maastricht, Netherlands

Background: Serious games may offer (modest) behavioural and clinical outcomes, easy access, and patient engagement. A new serious game (LAKA) was designed as an additional modality in learning to live mindfully under adverse conditions of chronic pain or fatigue. It is unknown whether, when, for whom, and how serious gaming can help to improve the modest effectiveness of current biopsychosocial treatment in patients with Chronic Pain (CP) or Functional Somatic Syndromes (FSS).

Methods: A process evaluation based on realistic research principles was embedded in a naturalistic quasi-experiment, comparing self-reported health outcomes between multidisciplinary rehabilitation with versus without serious gaming. Open user feedback, 10 semi-structured patient interviews, and 3 provider focus groups were coded on the basis of theoretical building blocks for perceived context factors (barriers and facilitators), mechanisms (thoughts, feelings, and doings) and outcomes (perceived health consequences) of serious gaming. CMO configurations were described from relationships between outcomes and mechanisms, and their eliciting context factors.

Results: Outcomes perceived (by 155 intervention group participants and 4 providers from 2 sites of 1 rehabilitation center) involved increases of self-awareness, self-regulation, and self-transcendence. Mechanisms of 1) non-automatic action planning in gaming 2) coping with gaming were conceivable from self-discrepancy theory. Barriers or facilitators for these mechanisms were perceived by innovation (compatibility, observability, and design quality), patient (age, personal habits and preferences, coping style, and health status), caregiver (work style and role perceptions) and organization (facilities and equipment, planning) levels.

Conclusion: The first findings on context, outcomes and mechanisms of serious gaming in an actual health care context are presented. The utility of realist research is illustrated for pragmatic research on patient outcomes of complicated treatment programs, and for collection of practical information for quality improvement by novel delivery modes.
105  Putting a Box around Context: when do we have the whole story?

**Leslie Johnson**

*Emory University, Atlanta, United States*

One of the main draws to Realist Evaluation is the focus on context and how it influences outcomes. Context, however, can be conceptualized in a multitude of ways, so how do you determine critical contextual elements in relation to outcomes of interest? This issue is further complicated when evaluating complex interventions where complexity is at odds with parsimony when developing and refining theory. Data from a realist process evaluation of the INtegrated DEPrEssioN and Diabetes TreatmENT (INDEPENDENT) trial will be presented to demonstrate different approaches to identifying and structuring contextual factors within context-mechanism-outcome-configurations (CMOCs). Examples of how different methods were used to name context within different CMOCs will be offered, with attention on the use of observation. The preliminary findings will highlight the importance of context within CMOCs for health service interventions research in low- and middle-income countries, particularly in regards to stakeholder engagement. Because these results are often used to refine programs and guide future dissemination efforts it is important for researchers to understand the process of conceptualizing and categorizing context and begin to let the research setting guide methods and innovation within this element of realist thinking.

106  Supporting Saskatchewan’s Indigenous peoples in making optimal patient-centred health decisions: the development and assessment of realist program theory

**Vicky Duncan**, **Dr Gary Groot**, **Mrs Tamara Waldron**, **Dr Tracey Carr**, Dr. Rose Roberts, Dr Linda McMullen, Lori-Ann Patient Advisor, Lorna Arcand, Tania Lafontaine

*University of Saskatchewan, Saskatoon, Canada, Patient Advisor, Saskatoon Health Region, Canada*

Our realist synthesis of the shared decision making (SDM) literature and resulting program theory offers insight into the complexity of this intervention and highlights several interconnected key mechanisms that describe how SDM works and for whom that can be applied across a range of contexts. SDM is a process whereby clinicians and patients relate to and influence each other to make healthcare choices that are informed by best evidence and by what matters to the patient. In this session, we will 1) describe our development of a realist SDM program theory, and 2) outline how we tested and refined the SDM program theory in an Indigenous context. This refinement considers the macro-context of colonial policies and the role that mechanisms such as ‘trust’ and ‘worldview’ play in healthcare decisions of Indigenous people. In refining the program theory, we further synthesized the literature on Indigenous health and decision making, implemented a realist analysis of interviews with Indigenous patients with cancer, and used sharing circle methodology to ask Indigenous patients and families about their healthcare decision experiences. In our next assessment, we will modify the local Saskatchewan (SK) Indigenous Navigator program to create a system support intervention to aid the decision processes that occur between health care providers and Indigenous people who have a cancer diagnosis. An Indigenous navigator will be employed to conduct a series of longitudinal case studies of Indigenous patients who have a new diagnosis of cancer. We will also interview health care providers to examine the program theory mechanisms with a focus on “perception of patient capacity”. The refined program theory will provide health system and Indigenous leaders as well as policy makers with the theory required to inform future programs and interventions targeted at supporting SK’s Indigenous peoples in making their optimal patient-centered decisions.
107 Using the findings of a realist synthesis to select and adapt a self-management support training intervention for health professionals

Dr Freya Davies1, Dr Fiona Wood1, Professor Alison Bullock1, Dr Carolyn Wallace2, Professor Adrian Edwards1
1Cardiff University, Cardiff, United Kingdom, 2University of South Wales, Pontypridd, United Kingdom

Introduction: There is an increasing drive for health professionals to support their patients to manage their own long-term conditions. Providing self-management support (SMS) requires specific skills and can challenge traditional models of working. Previous professional training interventions which aimed to improve SMS provision have shown variable results. To develop effective training for professionals in our setting of interest (progressive neurological conditions (PNCs)), we set out to explore the contexts in which, and mechanisms by which, SMS training operates, and the associated outcomes.

Methods: We performed a realist synthesis of the literature. Our two research questions, formulated in conjunction with key stakeholders examined 1) how health professionals, teams and organisations view and adopt self-management; 2) how SMS needs to be tailored for people with PNCs. Database searches were supplemented with citation tracking, grey literature searching and stakeholder recommendations. Key informant interviews (n=5), stakeholder advisory group meetings, and three existing middle range theories informed the synthesis process.

Results: Forty-four original articles were included, from which seven programme theories were developed. The theories identified several important training components (evidence provision, building skills and confidence, facilitating reflection and generating empathy) as well as notable contextual factors that facilitated or inhibited the acceptance and application of SMS techniques. These results were used to select an existing training approach which seemed most likely to trigger the key training mechanisms required for further evaluation. Our understanding of contextual barriers at the individual and organisational level will inform discussions with training providers to allow these to be proactively addressed in training.

Conclusions: The results of a realist synthesis can be used to select a training intervention, and to suggest adaptations to training content. Developing programme theories prior to training delivery can also inform theory-based training evaluation, which will form the next phase of our planned work.

108 From Evidence to Health System Change: A Case Study of the Efficacy of Realist Methodology Applied to Rural Surgical Networks

Dr. Jude Kornelsen1
1Department of Family Practice, UBC, Vancouver, BC, Canada

The attrition of rural, generalist-supported surgical services in British Columbia has been significant over the past two decades, with closures precipitating not only the loss of local procedural care but of local maternity care as well due to the lack of on-site caesarean section. This situation is mirrored in other rural jurisdictions internationally, including in Australia. Rural health system policy and decision-making has been largely reactionary in response to fiscal constraints, health human resource challenges and inter-professional pressures from adjacent communities. Additionally, specialist interests and attitudes towards their interprofessional colleagues have been inconsistent at best, lack of support resting in concerns about GP proceduralists’ surgical competence, the lack of CQI and regulatory frameworks and inadequate outcomes evaluation. In this policy context, presenting best available evidence to inform policy direction was essential for rational health planning and lead to the commissioning of a realist review by the Ministry of Health and Perinatal Services of BC, the provincial organization mandated to provide leadership, support and coordination for the strategical planning of perinatal services in BC. This presentation will describe the process of introducing evidence from a realist review on optimal perinatal surgical services for rural women focusing specifically on the safety and outcomes of generalist GP services, data on costs and cost-effectiveness, sustainability and satisfaction. The review findings will be understood in the context of the socio-political health service changes that occurred in parallel to release of findings. This included peer-review publication of the review leading to an evidence-based national position paper on rural surgical and obstetrical services and an ensuing application to fund the system initiatives necessary to support such services. This process provides a case study illustrating the utility of the application of best evidence, in the form of realist reviews, to inform the process of health system change.
109 Realist Evaluation Identifies Community and Programmatic Factors Influencing Effective Use of System Dynamic Models

Dr. Karen Minyard1, Tina Anderson Smith2, Richard Turner3, Dr. Bobby Milstein4
1Georgia Health Policy Center, Georgia State University, Atlanta, United States, 2Anderson Smith Consulting, Atlanta, United States, 3AMJ Enterprises, Atlanta, United States, 4ReThink Health, Cambridge, United States

Historically, evaluation of system dynamics modelling has focused on model construction rather than implementation. To advance future application of dynamic simulation modelling in the health arena, we evaluated the first five sites that piloted the ReThink Health (RTH) model. The evaluation used a realist approach to determine contextual characteristics and pre-conditions that promote or undermine effective model use.

The ReThink Health (RTH) Dynamics model simulates how alternative health interventions play out, facilitating leaders' alignment around effective strategies. RTH's year-one pilot phase (2011-2012) provided a multi-site laboratory for exploring important practice-based questions.

Through a realist evaluation lens, we analyzed the communities' modelling experience to better understand how the presence or absence of a range of contextual and intervention characteristics, alone or in combination, promote or undermine effective community use of the system dynamics model.

This evaluation created, tested, and modified an evaluation framework, Elements Affecting Model Use, that was organized around the realist constructs—context, mechanism, and outcome. In addition to testing the robustness of the initial pilot hypotheses, the evaluation design allowed for the emergence of factors not included in the initial framework. As a result, the framework was modified to reflect new insights regarding context-, mechanism-, or outcome-related factors appearing to influence model use effectiveness.

Cross-site observations indicate that sites with certain pre-existing collaborative characteristics, leadership capacities, and internal motivation for the project were better able to use the model and harness its potential to catalyze change. The final domains identified in the Elements Affecting Model Use framework can be used by practitioners to identify communities positioned to effectively use modelling tools, design effective community engagements, and evaluate modelling implementation, with the ultimate goal that broader application of modelling will create greater community impact.


Miss Kara Danks1
1Northumbria University, Newcastle Upon Tyne, United Kingdom

This paper examines the combination of complexity theory and realist methodology, as an overarching framework for inquiry. The application of related concepts are considered with the aim of exploring the relevance of the approach for the evaluation of complex systems. This inquiry was conducted in the prison setting and related to the ‘real world’ service development of a peer support initiative. The inquiry was undertaken as part of a PhD project and involved two phases; the first phase was a qualitative exploratory study which examined the context through interviews with stakeholders at different levels of the system and progressed the development of programme theory. The second phase involved a mixed methods approach to the evaluation, to test and refine the programme theory. The analysis of findings uses the Context Mechanism Outcome configuration (CMOc) as a means of ‘zooming in’ on aspects of the system with the concept of the Mechanism explored as a continuum within the process. The metaphor of the ‘strange attractor’ is employed to assist the conceptualisation of the complex system on a broader level, in appreciation of the nonlinear dynamics and with the aim of examining the interactions between the multiple and overlapping systems. As well as the theoretical implications, this research aimed to inform the ongoing service development of the peer support initiative in the prison setting and therefore findings are discussed in the relation to the relevance for practice and policy.
**111 Is a realist dosage different? How and why?**

*Emma Williams*, *Dr Ruth Nicholls*  
*1 Northern Institute, CDU, Darwin, Australia, 2 Prime Minister & Cabinet, Canberra, Australia*

‘Dosage’ is of interest both in program theory and in evaluating implementation; any claims that an intervention is responsible for an effect are strengthened if a dose-response pattern can be demonstrated. However, dosage is not a simple concept. As well as distinguishing between dose intensity, frequency, duration and breadth, there are important distinctions between dose intended in the program theory, offered in implementation, and received by participants. Evaluators may also want to distinguish between intervention dose and implementation dose (amount of activity required to ensure program fidelity – often including training, monitoring and support of key actors), and to determine if there is a ‘threshold’ dose in either case – perhaps in both. While dosage is an important topic in much of implementation science, this presentation will focus on the question of how and why a realist understanding of dosage might differ from others, and what learning outcomes a realist understanding of dose might generate that would differ from other approaches. Cases discussed will include prison through care, maternal and child health, and early childhood interventions.

**112 Realist approaches in International Development**

*Prof. Bruno Marchal*  
*1 Institute of Tropical Medicine, Belgium*

For reasons of accountability and organisational learning, evaluation is central in the field of international development. It is no surprise that realist evaluation (RE) is making inroads. This talk looks into why this is happening and why it took so long. I will discuss in which conditions RE works and whether we are not trying the impossible when applying RE in international development.

Reflecting the origins of RE, a sense of frustration with the dominant approaches to evaluation of effectiveness of international development programmes led commissioners to turn to alternatives that deal better with the social complexity underlying development.

Agencies adopt RE because of its potential for systematic learning: engaging with stakeholders and existing knowledge allows to identify assumptions and gaps in design; empirically testing the programme theory leads to accumulation of lessons, which can inform programme improvement and implementation in other settings. However, RE is not always eagerly received by M&E staff, reflecting tensions between different management and aid paradigms.

The configurational analysis of causation that is at the core of RE requires depth of data. Yet, evaluations often have tight timelines and budgets, and little data on process and context. What are then the necessary conditions to produce a good RE? Unless the intervention in question is simple, a rapid realist evaluation may need to be adopted, which a minima identifies the necessary conditions for the intervention to work. Doing this systematically leads to specification in the form of “This assumption we regarded as self-evident will only hold if ...” and provides for structured learning. Obviously, overly rapid realist evaluations are far from ideal and not a match for complex issues. Ultimately, it is all about ‘horses for courses’.
113 The realist approach to policy implementation: how to capture the multi-level interactions that explain adoption, implementation and outcome?

Dr Jean-Paul Dossou¹, Dr Bruno Marchal¹
¹Institute of Tropical Medicine, Antwerp, Belgium, ²Centre de Recherche en Reproduction Humaine et en Démographie, Cotonou, Benin

Clear conceptualization of the outcome is a key step in the methodology and the reporting of realist evaluation (RE). Applying the realist approach to study policy implementation is becoming popular, but existing typologies of “policy implementation outcome” do not capture and unpack properly the multi-level nature of policy implementation. We present a frame to conceptualize outcomes of policy implementation that facilitates the realist approach to policy implementation analysis. We did a scoping review to identify the methods that are used to define ‘implementation outcome’ in the health field. We mapped the terms and the definitions used and categorized in at macro-, meso- and micro-level.

This led to the development of a multi-level framework of policy implementation, which we applied in a study of the fee exemption for cesarean section in Benin. According to the framework, policy administration happens at the macro-level with four scenarios (“no administration”, “partial administration”, “administration as foreseen” and “administration of an improved policy”). Policy adoption occurs at meso-level (slippage, co-adaptation, technical learning and mutual adaptation). Micro-implementation refers to interactions between service providers and the users. Finally, the ultimate implementation outcome refers to the extent to which the goal of the policy is achieved.

We illustrate the application of this framework with examples from our empirical research and discuss its alignment with the realist approach.

114 Realist evaluation of intersectoral oral health promotion interventions for schoolchildren living in rural Andean communities

Dave Bergeron¹², Lise Talbot¹, Isabelle Gaboury¹
¹Université de Sherbrooke, Sherbrooke, Canada, ²Université du Québec à Rimouski, Rimouski, Canada

Introduction: Cross-sectorial collaboration, known to promote more sustainable change within communities, is being examined in an oral health promotion program (OHPP). In Peru, an OHPP was advanced by the Ministry of Health, to reduce the incidence of dental caries (DC) in schoolchildren. In rural Andean communities, however, these initiatives seem to meet limited success. This project aims to achieve a realist evaluation to understand underlying mechanisms and context, to understand the limited success of community OHPP for schoolchildren in Peruvian Andean rural communities. This presentation focuses on the Context-Mechanism-Outcome (CMO) configurations developed in this research project.

Method: Three rural communities in Cusco region where OHPP interventions have been conducted previously were selected. For data collection, OHPP’s outcomes such as oral hygiene (OH) and DC were measured with quantitative data and elements of context and mechanisms where explore with qualitative data. Afterwards, iterative data analysis and a validation process allow the identification of CMO configurations.

Results: Four CMO configurations involving communities stakeholders can explain school children’s OH and DC. Two configurations have a positive influence and two others have a negative one on schoolchildren’s OH and DC. Previous positive experiences of collaboration, importance given to communication, feeling of being respected and considered, development of leadership and trust among stakeholders involved in OHPP are parts of configurations that influence positively schoolchildren’s OH and DC. On the other hand, unfavourable physical, social and political environment, previous negative health experiences, feeling of not being respected and considered, demotivation, development of mistrust and insufficient leadership are among configurations that have a negative influence on schoolchildren’s oral health.

Conclusion: This research project emphasizes the importance of local stakeholders’ leadership in OHPP. It is therefore essential to involve and consider them in OHPP implementation process in order to build trust between local stakeholders and oral health staff.
A Realist Evaluation: The role of institutional entrepreneurs in building adaptive capacity in not-for-profit healthcare organisations

Ms Sweatha Iyengar
The University of Queensland, Brisbane, Australia

The sustainability of not-for-profit healthcare organisations represents one of the most pressing issues currently facing the public sector. Recognising that a well-functioning and responsive not-for-profit healthcare services market is fundamental to our economy, sustainability efforts have been the subject of considerable discussion, with emphasis placed on adaptive capacity- ‘to embrace, and be open to, change’. In doing so, it has been suggested that the agency of institutional entrepreneurs might play a key role in building adaptive capacity. Understanding how, in which circumstances and to what extent, these agents can contribute to an adaptive organisation, is a vital task of scholarship in the domain of adaptation thinking.

An adapted rapid realist review was completed in early 2017, producing ten program theories about ‘what works, how, in what respects, and under what circumstances’. Through-out the review process, we actively engaged with an expert reference group, consisting of representatives across the not-for-profit sector and those who are most likely to use the findings. Six rounds of Delphi discussions were conducted to facilitate the development of the program theories, in addition to an extensive review of the literature. Our experience using a rapid realist review highlighted a number of challenges across the following components: (1) the development of search terms, (2) the criteria for including documents in the review, (3) the challenge of extracting relevant data, and (4) data management issues. In this presentation, we consider how to best conduct a review that is both rapid and all-encompassing of the fundamental steps involved in a traditional realist review.
**117  Realist economic evaluation**

Mr Julian King\(^1\), Ms Bronny Walsh\(^2\), Prof Gill Westhorp\(^3\), Prof Rob Anderson\(^4\)

\(^1\)Julian King and Associates, New Zealand, \(^2\)Bronny Walsh and Associates, Australia, \(^3\)Charles Darwin University, Australia, \(^4\)University of Exeter Medical School, United Kingdom

There has been some initial work undertaken developing realistic approaches in economic evaluation. Anderson et al have published in the area and a Nobel Laureate economist has spoken in favour of the approach. This paper will report on the initial work undertaken by an international collaborative of economic and realist evaluators from academic and consultancy backgrounds to further this development.

The team, drawn from Australia, New Zealand and the UK, comprises economic evaluators working in the areas of health, international development, financial literacy, and social policy, as well as realist evaluators working across a range of sectors. The two economic approaches under consideration in the first instance are Cost-Benefit Analysis and Cost-Effectiveness Analysis. Additionally, rubric-based approaches offer potential for incorporating intangible or qualitative values (King, 2017). The work starts from the premise that realist evaluation (RE) is an approach, not a method; and that the key principles of realism can therefore be incorporated within other evaluative methods and approaches (in this case, economic evaluation, EE). This paper will explain the similarities and differences between RE and EE as they are commonly practiced; some of the issues that need to be addressed in bringing the two approaches together; and the approaches and ‘working principles’ the group developed to underpin their work.

It will demonstrate examples of how REE might change ‘standard’ economic or realist evaluations and identify examples of REE design in practice.

The initial stages of this Realist Economic Evaluation project have been funded through Charles Darwin University.

**118  Complimentary Mindsets: Using realist evaluation and design thinking to co-design and test new initiatives**

Ms Kaye Stevens\(^1\)

\(^1\)RMIT University, Melbourne, Australia

Realist thinking requires practitioners to be aware that not all interventions work for everyone in all contexts. What works for whom in what circumstances and how is explored by seeking to understand the mechanisms an intervention is intended to trigger to generate outcomes for specific subgroups in a particular contexts.

Design thinking has a focus on solutions that create a better future that benefits end users by learning from action rather than being problem-focused. It has been described as seeking to build ideas up unlike critical thinking which breaks them down. (Linda Naiman, Creativity at Work website). Co-design and realist evaluation methods both pay explicit attention to differences between people (customer segmentation, identifying subgroups) and actively seek to uncover and test assumptions.

The co-design processes used to design a literacy initiative as part of a collaborative project between RMIT University, Centrelink and a community in Tasmania demonstrates the compatibility of realist evaluative thinking and design thinking.

Activities that informed a detailed understanding of context were: a review of relevant literature; participatory design workshops; interviews with community members with low literacy; interviews with literacy program clients; interviews with Centrelink staff; observations at Centrelink; analysis of Centrelink referral data and discussion with literacy service providers.

These activities identified subgroups within both Centrelink staff and Centrelink customers. Understanding the potential mechanisms that could trigger changes in staff behaviour and in turn the potential mechanisms that could generate changes in customer responses informed the development of a staff training initiative.

The strength of co-design - generating and rapidly prototyping new ideas - combined with realist evaluation’s explicit exploration of mechanisms generated a differentiated, reasoned approach with testable hypotheses about what was working for whom, in what circumstances and why.
119  Realist methods in an Aboriginal community context

Sharon Barnes, Lawurrpa Maypilama
2Northern Institute, CDU, Darwin, Australia, 2Ipsos, Australia

Realist program evaluations pay attention to program contexts and mechanisms as well as outcomes. A 2016 presentation (Williams and Westhorp) made a case for realists also paying attention to the research or evaluation context for each project, and the research mechanisms and outcomes they generate. This presentation offers a detailed look at an example from Aboriginal communities in northern Australia. Some of the most important aspects of the research context to be discussed are cultural. That means that not every aspect will be discussed at the conference; there are guidelines in Aboriginal culture for what can be talked about – and who can talk about it. Also, words are only part of every conversation; understanding the full meaning depends on understanding more than words; those with local and/or cultural knowledge will have a deeper understanding than an outsider could achieve. This project employed local researchers to conduct interviews in local language(s); they are supervised by other researchers – not from that community, but who are also Aboriginal and have substantial cultural knowledge themselves. Because the local researchers are local and well-known to those they are interviewing, some questions an external researcher could ask would sound silly coming from them; they already know that information. However, the data analysts back at head office do not have all that knowledge, so communicating extra information to them is also important. Another aspect of the research context is that many people in communities have been asked questions multiple times already, and may not see the point of answering one more set, especially when they might not see evidence that government has responded to needs and suggestions they have already voiced. Realist methods were generated in European contexts; this project shows some tweaks may be needed in different research contexts.

120  A comprehensive model for preventing sexual violence and abuse in two Australian Indigenous communities: A realist evaluation

Ms Susan Rayment-McHugh
1Griffith Criminology Institute, Mt Gravatt, Australia

Sexual violence and abuse (SVA) in Australian Indigenous communities is a key public health priority. To address this, Griffith University’s Neighbourhoods Project brought together a team of academics, practitioners and local Indigenous leaders to design implement and evaluate an innovative new place-based approach to SVA prevention in two communities. This approach draws on established crime prevention concepts and methods, and offers an innovative approach to SVA prevention, with a focus on making ‘places’ safer. Across the two communities a suite of thirteen integrated and complementary primary, secondary and tertiary level prevention activities were implemented. These activities spanned education packages for local professionals and paraprofessionals, clinical programs for youth and families, community-wide engagement with the problem, a new policing strategy, and crime prevention through environmental design initiatives.

Evaluation was guided by realist evaluation principles (Pawson & Tilley, 1997; Tilley et al, 2014), aiming to discover “what works for whom, in what circumstances and in what respects, and how?” Official data, interviews with local service providers, community interviews, site observations, public refuse, and questionnaires and surveys informed this evaluation. Realist evaluation has revealed promising program outcomes to date, along with significant learnings relevant to the implementation of prevention activities in this context, and for ongoing prevention practice in this field. This approach has addressed some of the key evaluation challenges faced in this specific field. Building on conference themes, after a brief outline of the Neighbourhoods Project, this presentation will focus on evaluation challenges in the sexual violence and abuse field, the realist evaluation methods adopted by the project to address these challenges, and the use of evaluation findings to inform future prevention policy and practice.
121 A realist explanatory theory of sexual violence and abuse concentrations

Ms Susan Rayment-McHugh¹
¹Griffith Criminology Institute, Mt Gravatt, Australia

The prevalence of sexual violence and abuse is not evenly distributed in time and place, with higher concentrations of abuse noted at specific points in time, in some countries, neighbourhoods, organisations or other local contexts. Understanding why these concentrations develop is important for prevention; however existing endeavours in the sexual violence and abuse field have been limited by primarily descriptive attempts to understand this phenomenon and an existing theory base largely restricted to the identification of contributing variables.

This presentation will outline a new theory of endemic (concentrated) sexual violence and abuse, which has been guided by a realist social explanatory framework (Pawson & Tilley, 1997). Based on this realist framework, a much deeper level of explanation is achieved, focused on the causal mechanisms and contextual conditions which lead to these concentrations in time and place. This greatly enhances currently available explanations for such a complex social phenomenon.

The application of this realist explanatory theory to three disparate global case studies, including an international conflict zone, remote and marginalised communities, and youth-serving institutions, will then be presented. This tests and enhances the understanding of these causal mechanisms in real world contexts. To conclude, a discussion of the benefits of a realist explanatory framework in theory development will be presented. This will include the important implications of this approach for prevention policy and practice efforts.

122 Realist explanatory theory building method for social epidemiology: Protocol for mixed method multilevel study of neighbourhood context and postnatal depression

John Eastwood¹,²,³, Lynn Kemp⁴, Bin Jalaludin²
¹Sydney Local Health District, Croydon, Australia, ²University of New South Wales, Kensington, Australia, ³University of Sydney, Camperdown, Australia, ⁴University of Western Sydney, Sydney, Australia

A recent criticism of social epidemiological studies, and multi-level studies in particular has been a paucity of theory. We will present here the protocol for a study that aims to build a theory of the social epidemiology of maternal depression. We use a critical realist approach which is trans-disciplinary, encompassing both quantitative and qualitative traditions, and that assumes both ontological and hierarchical stratification of reality. We describe a critical realist Explanatory Theory Building Method comprising of an: 1) emergent phase, 2) construction phase, and 3) confirmatory phase. A concurrent triangulated mixed method multilevel cross-sectional study design is described. The Emergent Phase uses: interviews, focus groups, exploratory data analysis, exploratory factor analysis, regression, and multilevel Bayesian spatial data analysis to detect and describe phenomena. Abductive and retroductive reasoning will be applied to: categorical principal component analysis, exploratory factor analysis, regression, coding of concepts and categories, constant comparative analysis, drawing of conceptual networks, and situational analysis to generate theoretical concepts. The Theory Construction Phase will include: 1) defining stratified levels; 2) analytic resolution; 3) abductive reasoning; 4) comparative analysis (triangulation); 5) retroduction; 6) postulate and proposition development; 7) comparison and assessment of theories; and 8) conceptual frameworks and model development. The strength of the critical realist methodology described is the extent to which this paradigm is able to support the epistemological, ontological, axiological, methodological and rhetorical positions of both quantitative and qualitative research in the field of social epidemiology. The extensive multilevel Bayesian studies, intensive qualitative studies, latent variable theory, abductive triangulation, and Inference to Best Explanation provide a strong foundation for Theory Construction. The study will contribute to defining the role that realism and mixed methods can play in explaining the social determinants and developmental origins of health and disease.
Social exclusion, infant behaviour, social isolation, and maternal expectations independently predict maternal depressive symptoms: A realist non-linear principal component analysis

John Eastwood1
1Sydney Local Health District, Croydon, Australia

The objective of this realist study was to identify latent variables that could be used to inform theoretical models of perinatal influences on postnatal depressed mood and maternal–infant attachment. A routine survey of mothers with newborn infants was commenced in South Western Sydney in 2000. The survey included the Edinburgh Postnatal Depression Scale (EPDS) and 46 psychosocial and health-related variables. Mothers (n = 15,389) delivering in 2002 and 2003 were surveyed at 2–3 weeks for depressive symptoms. Nonlinear principal components analysis was undertaken to identify dimensions that might represent latent variables. Correlations between latent variables and EPDS >12 were assessed by logistic regression. A five-dimension solution was identified, which accounted for 51% of the variance among the items studied. The five dimensions identified were maternal responsiveness, social exclusion, infant behaviour, migrant social isolation, and family size. In addition, the variable maternal expectation contributed significantly to total variance and was included in the regression analysis. Regression on EPDS >12 was predictive for all variables except for maternal responsiveness, which was considered an outcome variable. The findings are consistent with the proposition that social exclusion, infant behaviour, social isolation among migrant mothers, and maternal expectations are determinants of maternal mood.

Designing an Integrated Care Initiative for Vulnerable Families: Operationalization of realist causal and programme theory, Sydney Australia

John Eastwood1,2,3,4
1Sydney Local Health District, Croydon, Australia, 2University of New South Wales, Kensington, Australia, 3University of Sydney, Camperdown, Australia, 4Griffith University, Gold Coast, Australia

Introduction: In July 2015 Sydney Local Health District (SLHD) implemented an integrated care initiative for vulnerable families in the inner West region of Sydney, Australia. That initiative was designed as a cross-agency care coordination network that would ensure that vulnerable families: had their complex health and social needs met; kept themselves and their children safe; and were connected to society. We will describe the development of the integrated care design that drew on earlier realist causal and program theoretical work.

Methods: Realist causal and program theory were used to inform the collaborative design of initiatives for vulnerable families. The collaborative design process included: identification of desirable and undesirable outcomes and contextual factors, consultation forums, interagency planning, and development of a service proposal.

Results: The Design Elements included: identification of vulnerable families; care coordination; evidence-informed intervention(s); general Practice engagement and support; family health improvement; placed-based neighbourhood initiatives; interagency system change and planning; monitoring of individual and family outcomes; and evaluation.

Conclusions: The design study described advances our earlier empirical and programme design studies toward the implementation of a full whole-of-government integrated health and social care initiative. That initiative was designed as a cross-agency care coordination network that would ensure that vulnerable families: had their complex health and social needs met; kept themselves and their children safe; and were connected to society. In so doing we aim to break intergenerational cycles of poverty, violence and crime, poor education and employment opportunities, psychopathology, and poor lifestyle and health behaviours, through strengthening family resiliency, improving access to services, and addressing the social determinants of health and well-being.
Investigating policy systems and outcomes using Realism and New Institutionalism

Dr Patrick Harris¹, Dr Ashley Schram², Mr Brendan Clifford¹
¹University of Sydney, Sydney, Australia, ²Australian National University, Canberra, Australia

Background: Realism and new institutionalism approaches share much in common for analysing complex policy problems, systems, and interventions. However there has been limited explicit conceptual integration to the detriment of research and practice aiming to improve policy-making by fully understanding policy systems, processes, and outcomes.

Approach: Our insight comes from conducting realist, institutionalist, and complexity oriented policy research investigating the inclusion of health in public policy. This presentation articulates the similarities between the approaches and limitations that each field, together, help to overcome. We support our analysis with insights from research programs investigating the inclusion of health issues in land use planning policy (Australia), the role of health in homelessness policy (Australia), trade policy (cross-national), and evaluations of policies on health equity outcomes (Australia).

Findings: Key findings that support bridging these approaches include: (1) congruous ontological, epistemological, and methodological underpinnings; (2) benefits accrued to realist research and evaluation when structured on core constructs of new institutionalism – actors, ideas, and structures – but where additional insight from policy process and political theories enrich analysis, particularly concerning points of change and influence; and (3) capacity of realist approaches to bridge the gap between the process-oriented new institutionalism and the need for instrumentalist outcome-oriented research.

Conclusions: Realist evaluation tends to focus on programs which are easier than policies to define in terms of context, mechanisms, and outcomes. New institutionalist policy analysis has a long history of identifying the conditions and mechanisms through which policies and politics create or (mostly) prohibit actions or events occurring. This can be especially useful when working with units of analysis at level of “sectors” such as health, trade or housing. Integrating realist and institutionalist approaches offers a comprehensive analysis of complex policy conditions and mechanisms across structures, actors and their ideas to produce outcomes.

Critical realist randomised controlled trials: theory, method and application

Samuel Porter¹, Joanne Reid², Tracey McConnell²
¹Bournemouth University, Bournemouth, BH1 3LT, United Kingdom, ²Queen’s University Belfast, Belfast, United Kingdom

In this paper, we argue that realist randomised controlled trials (RCTs) are feasible and useful. We start by identifying the weaknesses of RCTs as they are currently used within the postpositivist paradigm, contending that they are unable to explain the causal relations that they identify; to take into account the influence of the social context of the interventions they evaluate; and to account for individual difference. What they can do is provide relatively unbiased data about average outcomes in closely controlled environments.

Using Bhaskar’s realist account of natural science experiments, and assuming that RCTs are epidemiological proxies for experimental closure, we argue that it is possible to reconceptualise what is going on in RCTs in critical realist terms. To the extent that RCTs can control for context, they are able to establish the effectiveness of interventions. However, they are less able to differentiate the effects of programme mechanisms, and unable to identify contextual mechanisms or the role of human agency. Thus, RCTs are able, and only able, to provide us with information about outcomes.

We argue that the adoption of critical realist evaluation strategies can fill this knowledge gap by uncovering programme and contextual mechanisms, as well as the part played by human agency. This can be done by developing and testing realist hypotheses about the resources and restrictions embedded in the intervention and its contexts, and by using qualitative strategies to uncover how the people affected by the intervention respond to and experience it.

We illustrate our arguments with an account a current critical realist RCT that we are conducting that is evaluating the effectiveness of music therapy in improving the quality of life of palliative care patients. This account will highlight the possibilities and difficulties involved in attempting to forge a novel research approach.
Combining realist and developmental approaches in a multi-site evaluation of collaboratives planning innovative financing strategies for health

Dr. Karen Minyard¹, Dr. Emily Heberlein¹
¹Georgia Health Policy Center, Georgia State University, Atlanta, United States

This presentation will discuss the evolving design and early findings of a realist evaluation study of five multi-sector collaboratives across the United States, each receiving tailored technical assistance to support their local work in developing innovative strategies to sustainably fund a population health initiative. Our aim is to investigate how, why, and to what extent the technical assistance works, for whom, and under what conditions. To best understand the local context and to capture the innovation process as it unfolds, each site has engaged its own evaluator to partner with the national program evaluation team. Our design also incorporates developmental evaluation principles to facilitate feedback loops between local sites and the national technical assistance team. This presentation will provide an overview of the combination of data collection methods used and qualitative analysis strategies. We will also outline how the findings were used to refine the technical assistance interventions.

Combining realist and developmental evaluation principles, we are refining a theoretical framework describing the innovation cycle by which collaboratives work to identify community needs, develop innovation ideas, and select, develop, and implement a financing innovation focused on population health. By utilizing realist evaluation, we aim to identify the factors that contribute to each phase of the innovation cycle and refine the theoretical framework to reflect the innovation process through data sources including semi-structured interviews, surveys, community meeting notes, and participatory sense-making, and informed by the innovation adoption literature. The local-national evaluator model employs evaluators from the community to provide rich qualitative data, giving technical assistance and site leaders valuable real-time data. Cross site synthesis supports identification of patterns that inform improvements in the technical assistance efforts. These technical assistance improvements can help local leaders more effectively move through the innovation cycle.

Success principles for useability of realist evaluation findings: A government and university partnership co-creating implementation resources for the playgroup model

Dr Kate Williams¹, Ms Iona Tait², Professor Donna Berthelsen¹, Ms Carolyn McBurney²
¹Queensland University of Technology, Kelvin Grove, Australia, ²Department of Education and Training, Brisbane, Australia

When governments commission evaluation work with an intention to stimulate action and change in program implementation, it is incumbent upon evaluators to use methods appropriate to context, and to make clear concluding recommendations. In 2014 the Queensland Government Department of Education commissioned the Queensland University of Technology to conduct a two year state-wide evaluation of the supported playgroup family support model involving parents with children below school age. This is a model of intervention widely used across Australia. Four strands of methodology employed included: an international systematic literature review; secondary data analyses of national longitudinal data; an effectiveness study involving 212 parents and their children, 34 playgroup facilitators and several community stakeholders from 43 diverse playgroups across Queensland managed by seven different organisations; and a multi-site case study in eight supported playgroups. The evaluation involved diverse program settings, staff, and participants, and the realist approach allowed for the identification of nine common principles of implementation success across communities and 10 clear recommendations for ongoing development of the model. These provided the evidence and platform upon which government could take further action to support the field, and led to the commissioning of follow-up work to co-create implementation resources. This paper, co-presented by the government commissioners of the research, and the university evaluators, will: describe and reflect upon the success factors for the ongoing and highly productive government-university partnership; reflect on the role and value of realist approaches to evaluation in stimulating ongoing use of evaluation outcomes for different client groups; and identify challenges that exist in this field of work. Delegates will benefit from discussion of key generalisable principles for realist evaluation approaches that aim to produce useable outcomes, and for successful commissioner-evaluator partnerships.
Does peer review improve the quality of energy and climate change evaluations and how does it do so? In what circumstances is peer review likely to be successful and when is it likely to be unsuccessful?

Charlie Michaelis¹
¹Strategy Development Solutions Ltd, United Kingdom

This paper will present a realist theory of peer review drawing on interviews with policy makers, evaluators and peer reviewers who have been involved in evaluation of the UK’s policies relating to energy efficiency, renewable energy, climate finance and energy security. The evaluations that will be considered have all involved peer review. The author brings experience of working as an evaluator on realist evaluations that have been subject to peer review and as a peer reviewer of realist evaluations.

The paper will identify useful insights for the effective use of peer review in evaluations, particularly considering:

- How and in what ways can peer review improve the quality of evaluations?
- What are the characteristics of projects and peer reviewers that lead to peer review improving evaluation quality?
- If peer review is to be successful; when should it take place, what should its scope be, how should it be managed and how should it be delivered?
- Are there circumstances where peer review can have a detrimental effect on the quality of evaluations, what are they and how can they be avoided?

Presentation of the paper at Realist 2017 will provide an opportunity to identify additional evidence to support, refute or refine elements of the theory.

Mining the Mechanisms of Influence: A realist approach to maximising the impact of evaluation on policy and practice

Dr Julie Harris¹
¹University of Bedfordshire, Luton, United Kingdom

This paper aims to contribute to understanding of the change processes through which evaluation achieves influence on policy and practice. It draws on a realist evaluation conducted over three years by the authors at the University of Bedfordshire. The study evaluated a phased programme of service development (funded by CSEFA, the Child Sexual Exploitation Funders’ Alliance) which sought to catalyse a shift in positioning child sexual exploitation (CSE) as an integral part of mainstream safeguarding (child protection) activity. Sixteen specialist CSE services were given funding to extend their reach into some 65 new local authority areas by using a ‘hub and spoke’ model of service development.

The aims of the study were to evaluate how effective this model was in triggering the systemic and cultural change required to safeguard children through appropriate child protection responses. A realist design enabled comparison across multiple sites, identifying contextual features that supported or inhibited new service developments, alongside the key mechanisms of change. The evaluation was formative and an ongoing dialogue between the evaluation team and funders provided a route for informing programme decision-making in process. Likewise, ongoing knowledge production and exchange between evaluators and evaluation participants directly influenced how new services were established and embedded. Of key interest is how the evaluation process itself influenced behaviours and understanding, contributing towards the creation of new contexts and outcomes over the course of the programme.

Drawing on the Mark and Henry’s conceptual framework identifying the mechanisms and outcomes of evaluation influence (2004) we explore how analysis of mechanisms operating at individual, interpersonal and collective levels can support theory development about how evaluation influence may be achieved through general influence, cognitive and affective, motivational and behavioural processes. We conclude with some ideas about how that learning might be applied in improving the outcomes of evaluation practice.
131  Use of NVivo in a realist evaluation; an interactive skills based workshop

Dr Sonia Dalkin¹, Miss Natalie Forster¹, Dr Philip Hodgson¹, Dr Monique Lhussier¹, Prof Susan M Carr¹
¹Northumbria University, Newcastle Upon Tyne, United Kingdom

There have been calls for increased transparency in realist approaches. Strategies for responding to these calls include: detailing the formulation of initial programme theories explicitly; having a clear audit trail of the programme theory refinement process; and clear documentation of associated thought processes. This skills workshop will demonstrate the use of Computer Assisted Qualitative Data Analysis Software, specifically, NVivo, to build and refine programme theories (using team notes, literature and interview data) in a realist evaluation. It will offer participants the opportunity to set up their own NVivo file, and apply their knowledge to their own data sets. Following this, there will be an NVivo clinic, where participants can describe any ongoing issues they may have. The workshop aims to be collaborative, with shared learning at the forefront; we recognise that the way we have used NVivo in realist evaluation is not the only possible method. We also do not claim to be NVivo experts, but do have realist expertise and can offer comparative reflections on experience of undertaking realist projects both with and without NVivo.

201  Realist evaluation in the real world

Penny Hawkins¹
¹Independent Evaluation Consultant, Scotland and New Zealand

The use of realist evaluation has slowly gained traction over the past 20 years. The international development field has been a laggard in adopting this approach - not entirely surprising given the dominance of ‘rigorous’ evaluation dogma in impact evaluation over the last decade. Although the need to better understand why interventions work or not is generally accepted, there have been significant barriers to increased use of realist approaches, including the sparse supply of experienced realist evaluation practitioners and commissioners. However, examples have emerged recently that have contributed to much needed practice learning and insights into how to commission, design and implement realist evaluations in the real world.

202  Seven challenges for Realist Evaluation and Realist Synthesis: Seven Tasks for the Conference!

Ray Pawson¹
¹Leeds University, United Kingdom

This virtual presentation reviews seven key ideas in realist research and evaluation and outlines seven challenges for the conference and beyond. There are challenges for commissioners of evaluation and policy personnel as well as for evaluators; challenges about what is and what should be; about what is evaluated, when, by whom and how; and about representation and testing of theories.

203  Testing realist program theory – quantitative and qualitative impact evaluation

Mr Andrew Hawkins¹
¹ARTD Consultants, Surry Hills, Australia

Realist evaluation holds much promise but is challenging. It requires deep thinking about intervention activities and associated causal mechanisms and the contexts in which they generate outcomes. In cases of CCTV or locks on doors it is fairly straightforward to define the intervention, when dealing with more complicated social policy it can be difficult to specify what was done and with whom. The more complex the intervention and the system in which it intervenes, the more challenging it is to explain causal mechanisms (M) and how they interact with context (C) to generate outcomes (O)—different investigators might locate Ms and Cs at various levels of a social system where structure and agency interact. For realist evaluation to live up to the promise of more tailored and targeted interventions it needs to be dealing in ‘transfactual MCOs’ — establishing whether relationships detected in a particular study retain explanatory power in future situations, in others words, establishing the external validity of theories. This requires moving beyond theory development to theory testing. In pursuing scientific evaluation Pawson (2013) advocates ‘a mutually disputatious community of truth seekers’ for adjudicating between theories. There is no doubt that peer review and argumentation are core components of the logic of scientific discovery, but so is the process of testing theory. This paper extends on past work on testing realist program theory using experimental design (Hawkins 2016) to testing realist theory using qualitative impact evaluation methods, specifically, Qualitative Comparative Analysis (QCA). In this approach a theory gleaning stage is followed by the systematic gathering of data about purported MCOs and support factors across a wide range of cases. This allows for tests of the extent to which purported MCOs or other factors are actually necessary, or more likely, sufficient to form a causal package or MCO configuration.
Evaluating Values Based Culture Change – Values as Mechanisms?

Professor Deborah Blackman¹, Professor Steven Henderson², Dr Brian Wink², Dr Linda Dewey¹, Professor Michael O'Donnell¹
¹UNSW Canberra, Canberra Act, Australia, ²Southampton Solent University, Canberra ACT, Australia

The Australian Defence Force Academy trains officer cadets for service in the Army, Air Force and Navy. Successful cadets spend at least three years on the base. Following a series of incidents caused by cadet misbehaviour, the senior officers elected to move away from relying solely on the traditional command and control model towards a regime where appropriate cadet behaviour would be governed by a series of values, Courage, Respect, Integrity, Service and Professionalism (CRISP) (Clements, 2014), which would generate appropriate professional behaviours. These values and behaviours were to be embedded into the whole training and education programme, being reinforced by instructors at all stages.

This paper introduces a realist proposal for the evaluation of an organisational culture model. From the assertion that the change of values will bring about a change of behaviour, it follows that the values must, in large part, form part or all of a mechanism that fires in contexts. What is more, these values resemble Pawson’s notion of worldview.

This paper builds up cadets’ worldviews using Q methodology to identify three groups of cadets that responded to the values based culture change programme in distinct ways: a group that accept the values and broadly lives by them; a group that accepts the values but does not agree they represent a consistent culture on the base; and a group that does not accept the values and lives by a different code.

This paper is a step towards an episodic culture change evaluation method. It identified the effects of the programme on the worldview of individual cadets, thereby demonstrating the extent to which culture change is possible in the current context.


Methodology for less harmful, more helpful evaluation in natural resource management programmes in South Africa

Prof Eureta Rosenberg¹
¹Rhodes University, Grahamstown, South Africa

In South Africa’s natural resource management sector, we have promised government and scientists implementing environment and development programmes better ways to evaluate. Our (tentative) promise is that we can help them overcome common problems with monitoring and evaluation in programmes reporting in/to either government or international donor agencies including:

- Compliance with narrow indicator and target based processes detracting from meaningful work and adaptive management
- Failure to learn what works and how to do better
- Schisms between social and natural science approaches and a lack of cooperation between role players exacerbated by reporting practices.

As evaluation lead I partner with programme implementers in two river basins in the Limpopo and Eastern Cape provinces respectively. Both programmes aim to build resilience to climate change through a range of social learning and capacity development activities around better land management, using a social-ecological systems perspective.

Our evaluation approach has been multi-methods with a critical realist under-labouring, combining monitoring against indicators with open-ended process monitoring and case studies.

In the first years of implementation, it has been too early for a Context – Mechanisms – Outcomes analysis. We are still gathering outcomes data, using Wenger, Trayner and De Laat’s 2011 value creation methodology, and would like to use the conference to explore a realist framing to this method. We also want to reflect on the value of working with the concept of ‘theory of change’ and ‘the realist interview’ to surface mechanisms, to help implementers make more explicit, strategic and better communicated programme steering decisions. Governance arrangements are critical to make innovative evaluation ‘work’; how do we optimise them? And finally, how do we aggregate from quantitative and qualitative findings into national and international reporting systems, so as to revitalise the practice of evaluation towards better (understood) environment and development programmes?
No ‘Silver Bullets’: Learning from Realist Evaluation in an education context

Graham Francis\(^1\), Prof Gill Westhorp\(^2\), Ken Lountain
\(^1\)Department for Education and Child Development, Australia, \(^2\)Charles Darwin University, Australia

Education authorities are always focussed on what will improve the learning outcomes of students and considerable effort is poured into identifying the most effective ways to support learners to raise standards. Accordingly, the decisions of policy-makers and project managers have become more evidence-based as research and evaluation has provided increasingly sophisticated data about ‘what works’.

Over the past decade, a series of ‘realist evaluations’ commissioned by the South Australian Department of Education and Child Development have provided information that has enriched the store of organisational knowledge about ‘what works’ but also ‘for whom’, ‘where’, ‘why’ and ‘how’.

These evaluations have prompted more explicit project design based on greater clarity about theories of change and a deeper appreciation of the importance of context for any change project. They have also informed decisions about ‘what to continue’, ‘what to refine’, and ‘what to reconsider’. Of course, our experience underscores that the use of evaluation data in education is always mediated by a range of other factors, emphasising further the importance of context.

This presentation will explain the range of realist evaluations that have been undertaken and some of the differences in methods used for particular questions or circumstances. More importantly, it will discuss how findings have been received and factors that have enabled or impeded the use of evaluation findings in policy and programs.

Using realist evaluation in evaluations of aid interventions: recounting the Belgian Development Agency’s 5 year experience with RE

Dr. Sara Van Belle\(^1\), Dr. Paul Bossyns\(^2\), Dr. Karel Ghyselinck\(^2\)
\(^1\)Institute of Tropical Medicine, Antwerp, Belgium, \(^2\)BTC Belgian Development Agency, Brussels, Belgium

In this session, we recount and critically review the experience of the BTC Belgian Development Agency with realist evaluation. In search of alternative and more comprehensive evaluation approaches, the Health department of BTC adopted Realist Evaluation to combine programme evaluation and organisational learning. More than learning whether a programme worked, the aim was to draw lessons applicable to the development of programmes addressing similar problems in other countries.

Paul Bossyns (BTC) will recount the experience with realist evaluation in health programmes in sub-Saharan Africa. One characteristic of Belgian aid interventions is to support African countries’ policy choices (such as PBF, strategic financing, universal health coverage) alongside carrying out interventions to strengthen vertical and horizontal governance within the health sector. A major evaluation aim is to learn across countries given the common underlying strategic approach to BTC’s programmes. Paul will then explain the BTC’s view on RE and why the health unit adopts it for its programme evaluations.

Sara Van Belle will discuss the findings of a realist evaluation of the PAGOSAN bilateral aid programme in Senegal. In 2013, the Ministry of Health launched a policy initiative that would contribute to universal health coverage through ensuring free provision of basic essential health services for the whole population. BTC contributed by carrying out an action research programme and embedding its programme both at implementation and national level (‘double encrage’). She will present the RE of the latter aspect.

Finally, Karel Gyseleinck will present what the BTC learned from 3 programme evaluations that applied realist principles and how the agency learned lessons across country settings using this approach.
Bilingual Education in the Northern Territory 45 years on: really researching at Gäwa

Mr Ben van Gelderen¹
²Charles Darwin University, Darwin, 0909, Australia

Bilingual Education in the Northern Territory of Australia is in the middle of a mid-life crisis. It has always been a controversial and political issue, but despite formal policy allowing for its continued use, support theoretically and practically for its implementation is waning. There is also confusion as to which bilingual ‘model’ is supported by best-practice research. Working from a realist framework, research was conducted with the small, very remote, homeland community at Gäwa on Elcho Island to ascertain their philosophies and priorities around schooling and traditional language transmission. However, the most significant factor concerned the commitment to utilise the existing methodology of the Warramiri Yolŋu themselves who live on and own the land of Gäwa and beyond. Such an approach raised issues concerning multilingual usage, generative and transdisciplinary research practices and definitions of epistemic equality for genuine community consultation. This paper will outline the Yolŋu methodology utilised and problematize its interaction with western academic approaches, including its interplay with the realist tradition. It will briefly discuss the ‘findings’ of the research itself, to demonstrate that such a ‘Bothways’ methodology is synchronous with the issues facing bilingual education in its broader application.

Useful (or not) for whom, in what respects, why?: reflections on the utility of a realist evaluation at multiple levels

Emma Williams¹, Janenell Kennedy²
¹Northern Institute, CDU, Darwin, Australia, ²Catholic Education Western Australia, Australia

The Aboriginal Families as First Educators (AFaFE) program, based on the Australian adaptation of the Abecedarian Program, is being delivered by Catholic Education Western Australia in schools in both metropolitan and very remote areas. A realist evaluation of AFaFE was initiated by Catholic Education WA in the first half of 2017 and is scheduled to conclude in October 2017. It is hoped that this will be the first stage in a three-stage evaluation process that will allow the longer-term impact of the program on school factors such as on-entry to school literacy and numeracy achievement, attendance and ultimately NAPLAN. Stakeholders involved in the evaluation include representatives from Prime Minister and Cabinet (providing funding for AFaFE an Indigenous Advancement Strategy grant), Catholic Education Western Australia (implementing the Western Australian adaptation of the 3a/Abecedarian program in schools across the state), and those working in or with individual schools and communities. The evaluation should be useful for all of these stakeholders – but in different ways. This presentation, co-presented by the evaluator, evaluation commissioner, and users from different stakeholder groups, will present findings on what has caused the evaluation to be useful (or not) in what respects for each stakeholder group – and why. The ‘mechanisms of utility’ will be identified, together with the outcomes they have generated, and the contexts that generated them.

"I'm new here" Session for Supervisors to learn more about realist research and supervising a realist research PhD and Student.

Ms Rebecca Hardwick¹, Dr Geoff Wong²
¹University of Exeter, Exeter, United Kingdom, ²University of Oxford, Oxford, United Kingdom

Introduction: Frequent visitors to the RAMESES JISCMail list will recognise a semi-regular topic of conversation is PhD students talking about how to work with a supervisor, or supervisory team that doesn’t understand the methodology of realism. These students are supported with the following kinds of advice: get some good quality realist reviews/evaluations to show your supervisors how it’s done; print off some of the earlier writing from Ray Pawson and others about the need for realist research and how it ‘works’ and share that too and come back to RAMESES JISCMail list for further help. This focus on supporting the student is important, but in this session, we’re going upstream a bit to help out PhD supervisors who might be new to the methodology, or who have questions they need answering, or who just want to parley with other PhD supervisors about the highs, lows and pitfalls of supervising realist research PhDs and Masters students.

Content: In this session we will introduce realism to participants, and how it gets applied to different kinds of research problems, and then participants will be invited to share their experiences of supervising realist PhD’s, and the rest of the session will focus on helping the participants find solutions to the problems they have identified.

Format: Participative, seminar style.

Audience: This session is aimed primarily at PhD or Masters supervisors who are interested in learning more about realism and who are keen to become better supervisors.
211 The role of qualitative interviews in assembling, refining and consolidating program theory

Dr Jo Durham

1University of Queensland, Herston, Australia

Realist evaluation is increasingly being used in the planning and delivery of health care to demonstrate how innovations in health care 'work'. This presentation, using experiences and lessons learned from a qualitative evaluation of a community outreach program designed to increase access to, and uptake of, hepatitis B testing, management and treatment for people from culturally and linguistically diverse communities in the greater Brisbane area, presents critical reflections on: 1) the challenge of identifying middle range theory when the program was not developed with an explicit theory or theory of change framework; 2) the salience of capturing intended and unintended outcomes; 3) the process of developing context, mechanism, and outcome configurations and incorporating middle-range theory into this process. For illustration, the presentation uses the process of qualitative interviews and data analysis, and contributes to the methodological guidance on how to undertake realist interviews. In particular, the presentation focuses on the iterative nature of the qualitative data collection process, including the sampling design and the construction of topic guides as the evaluators moved through the different phases of the realist process of assembling potential theories, refining theories and theory consolidation. The presentation will conclude with the commissioning body's perspectives of the process, and how the findings have been used to provide more conceptual clarity around the program and its outcomes.

212 More than tea and cake: using ethnographic methods to uncover how and why memory cafes work

Mrs Lisa Burrows1,2, Professor Jos Latour2, Dr Ruth Garside3,4, Professor Bridie Kent1,2,3

1PenCLAHRC (The National Institute for Health Research NIHR, Collaboration for Leadership in Applied Health Research and Care CLAHRC, South West Peninsula), Plymouth/Exeter, United Kingdom, 2School of Nursing and Midwifery, Plymouth University, Plymouth, United Kingdom, 3Centre for Health and Social Care Innovation, Plymouth University: A Joanna Briggs Institute Centre of Excellence, Plymouth, United Kingdom, 4European Centre for Environment and Human Health, University of Exeter Medical School, Truro, United Kingdom

Background: Memory cafes are a growing community based support for people with dementia and their carers. However, there is limited evidence of how they benefit the people that use them. Exploring the social phenomenon of memory cafes is necessary for providing insights for practitioners in dementia care on how memory cafes work, for whom and in what circumstances and why.

Aim: To conduct a realist evaluation using ethnographic methods to explore, test and refine programme theories about how and why they work.

Method: A series of observations and in-situ interviews with people with dementia, carers and volunteers was carried out in four cafes, over a ten month period. Notes were taken during the observation periods, using a specifically developed tool. These notes were then written up as full field notes, along with reflections of the observation period. Notes were coded and analysed against the programme theories developed from the review phase of the project. Continuous reflexivity provided a critical approach to data collecting and my role as an insider researcher.

Results: The exploration of four cafes has revealed heterogeneity in how the cafes work despite all being in one rural region of England. Preliminary findings support the overarching themes for the programme theories from the review; psychological connections, social connectedness, information and support, environment, facilitator, memory and selfhood. New programme theories also emerged around the philosophy of the cafes and the way they are structured and delivered; e.g. activity focused or interaction focused.

Conclusion: Preliminary findings show that the cafes are much more than tea and cake with additional services and support provided. Some attendees visit numerous cafes for different reasons or select a specific café based on need. The application of realist approaches and ethnographic methods have provided deeper understandings of the different contexts whilst observing mechanisms in action.
213  Realist secondary analysis of evaluation data

Ms Bronny Walsh, Prof Shannon Scott, Ms Lauren Albrecht, Prof Gill Westhorp

1Bronny Walsh and Associates, Encounter Bay, 5211, Australia, 2University of Alberta, Edmonton, Canada, 3Charles Darwin University, Darwin, Australia

Realist methodologies assume that the same kinds of interventions will generate different outcomes in different contexts. Five projects had been conducted in Canada introducing Clinical Practice Guidelines or Clinical Pathways in paediatric healthcare sites. The projects had demonstrated different levels of effectiveness but the reasons why were not clear. This project sought to understand those reasons.

The evaluation of each project had included multi-disciplinary focus groups and interviews. Thematic analysis of the data across the five studies had been undertaken, but failed to identify explanatory differences between the cases. A realist analysis was then attempted because of its explanatory potential. However, the original evaluations were neither theory based nor realist, raising the question: would sufficient evidence be available for a realist analysis?

The analytic approach was drawn from realist review (Pawson, 2006) and realist qualitative analysis (Westhorp, 2008). This paper will describe the processes used to develop initial tentative theories, develop CMOs, organise CMOs using formal theory and previous publications, and to refine both findings and the initial hypotheses. The strengths and weaknesses of the data sets for realist analysis will be described, along with their capacity to answer the research questions for the project and identify future research agendas. The implications for other realist secondary analysis projects and implications for future research and interviewing methods will be described.

The five overarching CMOs identified relate well to previous knowledge translation theory, but identified one additional overarching context which significantly affected how the projects worked and their effectiveness.

This study demonstrated that it is possible to undertake realist secondary analysis of non-realistic qualitative data, and that doing so offered explanatory potential above thematic analysis. The implications for developing portable ‘platforms’ for realist investigation (Pawson, 2013) will be described.

214  What works to improve child wellbeing? From policy to programme theory to practitioners: reflections on a realist journey.

Dr Emma Coles, Professor Helen Cheyne, Dr Maria Fotopoulou, Professor Brigid Daniel

1Nursing Midwifery & Allied Health Professions Research Unit, University of Stirling, Stirling, United Kingdom, 2Faculty of Social Sciences, University of Stirling, Stirling, United Kingdom, 3Queen Margaret University, Musselburgh, United Kingdom

Child wellbeing in the early years is influenced by multiple factors. The potential to influence future outcomes via early intervention is widely accepted; there are numerous policies and programmes around this theme, resulting in a broad evidence base. Previous reviews have addressed the effectiveness of such interventions, yet there is a knowledge gap regarding the ‘how’ and ‘why’ of what works in the early years. We undertook a realist review of early years interventions to improve wellbeing to address the question ‘what works, for whom and in what circumstances?’ (Coles et al 2015).

After initial literature immersion and expert/stakeholder consultation, we based our programme theory on Getting it Right for Every Child (GIRFEC), a flagship child wellbeing policy in Scotland, UK. As novice realist reviewers, this heralded a journey of discovery, which began with policy and theory but ended with people, illustrated by emerging mechanisms around early years practitioners, and their interactions and relationships with service users (‘relational dynamics’). We learned that people, not interventions, are the key driver of change in the early years. We argue that the use of the realist approach was instrumental in this and other related findings.

This presentation will reflect on the challenges and lessons learned from the process of undertaking this review, including:

- Applying realist methodology as novices
- Managing the scope and timeframe of the review
- Identifying and conceptualising concept, mechanism and outcome, explicit or implicit, despite blurred boundaries
- Thinking in terms of CMOs when faced with ‘free-floating’ data
- Data analysis and synthesis issues
- Practical application of findings

Advancing from an L-plate to a P-plate in commissioning rapid realist reviews: using notes from a forklift driving manual

Dr Ruth Nicholls
1Department of the Prime Minister and Cabinet, Canberra, Australia

My partner and I do very different work; he drives a forklift, while I commission evaluations. From our conversations about the art of forklift driving, I have come to see some principles I can apply to my work. I recently had a go at commissioning a rapid realist review for the first time. As a neophyte to realist evaluation, I donned an imaginary bright yellow L-plate. In this session, I share some of my reflections as an L-plater realist review commissioner, and would like to invite a conversation with those more seasoned in rapid realist reviews (as either authors or commissioners). To structure this conversation, I will consider three key principles of forklift driving.¹

1. “Practice. Driving a forklift is nothing like driving a car. Forklifts are steered by their rear wheels, have unwieldy weight distribution, and often have counter-intuitive controls. Depending on where you operate, you may need a license or specialised training.” Practice! A rapid realist review is nothing like a traditional rapid evidence assessment. Realist reviews are shaped by explorations of context-mechanism-outcome, use a variety of theories, and engage with complexity. Do you need experience in undertaking a full realist synthesis prior to attempting a realist rapid review?

2. “Note the size and shape of what you are lifting.” What are the dimensions of focus for the review? How to prioritise questions that unfold in the review process and ensure the right mix of material has been considered ie. in what ways do literature searches also differ in comparison to traditional systematic reviews?

3. “Tilt to travel, lift an object only to the height needed to move it, so as to balance the weight.” Where do you draw the line in determining theoretical saturation? How to nail answering the research question within constraints of time and budget?

¹www.wikihow.com/Drive-a-Forklift

A qualitative realist approach to evaluating health system reform in Saskatchewan and Tasmania

Dr Leigh Kinsman1, Dr Gill Westhorp2, Dr Donna Goodridge3, Ms Rachel Flynn4, Ms Jane Sugden5, Dr Thomas Rotter3, Ms Angela McKay5

1University of Tasmania and Tasmanian Health Service, Australia, 2Charles Darwin University, Northern Institute, Darwin, Australia, 3University of Saskatchewan, Saskatoon, Canada, 4University of Alberta, Edmonton, Canada, 5University of Tasmania, Australia

Context

Health systems are constantly under pressure to reform and produce better patient outcomes in increasingly budget-constrained environments. ‘Lean’ is a concept derived from the Toyota car company that is used in healthcare as a framework for reform, yet many Lean initiatives do not produce sustained improvements, and outcomes are erratic and contradictory. Recent health care reforms in Saskatchewan (Canada) and Tasmania (Australia) incorporated Lean principles into planning and provided an opportunity for our research team to investigate how leadership influences reform and what has worked in both settings. Similarities are evident in the Saskatchewan and Tasmania contexts, including geographically dispersed populations from low socio-economic circumstances, ageing populations and rapidly increasing rates of chronic disease.

Approach: We used a qualitative realist approach to interview key health system stakeholders in Saskatchewan and Tasmania. The interviews in Saskatchewan were conducted first and assisted with the generation of hypotheses and initial realist program theory that are to be further developed through interviews in Tasmania.

Findings: We interviewed 26 key stakeholders (health service managers, clinicians, patients, medical staff and nursing staff) in Saskatchewan.

The main hypothesis developed from the Saskatchewan interviews was that effective health system reform needed to prioritise leadership capacity and culture as a precedent to system changes.

A further 21 stakeholders have been interviewed in Tasmania with transcribed interviews being analysed. Results from the Tasmanian interviews will be presented.

Discussion: The realist approach to investigating what works when Lean is used in healthcare reform has provided a new understanding of how leadership influences effective change. This new knowledge was not evident in published health services research where traditional evaluation methods had been employed.
Catalyzing Health System Transformation: Learning from Realist Evaluation

Dr Karen Minyard, Dr Ruth Wageman, Tina Anderson Smith, Richard Turner, Anna Marie Creegan
Georgia Health Policy Center, Georgia State University, Atlanta, United States, ReThink Health, Cambridge, United States, Anderson Consulting, Atlanta, United States, AMJ Enterprises, Atlanta, United States

We present a new evaluation-practice framework (Practice-Evaluation Iteration) developed from a realist-based evaluation of a catalyst organization’s capacity. This evaluation informed how ReThink Health (RTH) evolved its approach to catalyzing health system transformation (HST) at the community level. In this case study, the new evaluation-practice framework provided both the catalyst organization, RTH, and its external evaluators a structure to learn from emerging evidence and rapidly make sense of experience.

The focal question of this evaluation was how realist evaluation contributes to learning about the practice of catalyzing HST. Four key findings suggest an intimate and mutually reinforcing relationship between the evolution of catalytic activities and the practice and refinement of realist evaluation. 1) Realist evaluation improves catalysts’ theory of change. 2) Realist evaluation allows the discovery of unanticipated mechanisms of HST that shape catalysts’ theory of intervention. 3) Realist evaluation promotes a more integrated theory of intervention across catalytic practices occurring within an organization. 4) Applying a realist framework to HST shapes the practice of realist evaluation itself.

Realist evaluation enabled RTH to affirm, reject, or refine its understanding of how health systems change, including new insights about what impedes HST and what factors may accelerate it. These insights enabled RTH to identify fruitful community-level contexts where HST was more likely to be accelerated, by assessing the presence of specific aspects of readiness and the ability of community change agents to perceive potential pitfalls and deliberately build momentum over time.

Realist evaluation contributes to evolving catalytic practice by improving evaluability; generating findings that support designing, tailoring, and scaling interventions to achieve desired outcomes; and co-evolving evaluation and practice in a Practice-Evaluation Iteration framework, which provides a guide for catalyst organizations and evaluators to structure and learn from emerging evidence, rapidly make sense of experience, and confidently and effectively support HST.

‘Telehanced’: realist evaluation of how telehealth coordinators can enhance access to telehealth for children in rural and remote Australia

Associate Professor Alexandra Martiniuk, Dr Seye Abimbola, Ms Philippa Crooks, Ms Katherine Burchfield
The University of Sydney, Sydney, Australia, Royal Far West, Manly, Australia

Background: Telehealth is touted as a solution to health services in rural communities where health professionals are lacking in number. Although pilot projects emerge in telehealth, the challenge remains of embedding telehealth into practice as usual and achieving sustainability. In Australia and globally, telehealth faces challenges of funding, scheduling and resourcing, partly due to lack of skilled personnel with sufficient time to facilitate telehealth. Telehealth coordinators can work to support the quality and continuity of health care using technology.

Methods: Since 2013, Royal Far West (a non-profit NGO supporting children in rural/remote Australia to access non-acute health services), has provided a unique school-based telehealth service. Interviews with service stakeholder groups, ethnographic observation of telehealth coordinators and document analysis provide understanding about how and under what circumstances introducing telehealth coordinators since 2014 has influenced access to services, quality and sustainability of the program.

Results: Preliminary findings suggest that telehealth coordinators function as an “information superhighway” between key service stakeholders and health care users. This “highway” platform allows them to facilitate the logistics of triaging, optimise resources, build capacity of stakeholders and assist with tools for clinical governance. Our data shows that these mechanisms have crucial implications on access to care for children in rural/remote Australia, depending on contextual factors such as stakeholder engagement in service seeking, organisational processes and procedures, model of funding, access to technology and connectivity.

Conclusions: Using realist methods our data focused on telehealth coordinators and reveals implications for telehealth business modelling, service fee structures and the skills and training required for the emerging role of telehealth coordinators in Australia and globally. We will co-present our results with Royal Far West and share how realist methods uncovered contexts and mechanisms essential to the sustainability of telehealth at Royal Far West, and describe its applicability in Australia and globally.
Supporting policy dialogue for health planning and financing: A realist intervention theory of the Universal Health Coverage Partnership

Dr Emilie Robert1,2, Dr Dheepa Rajan3, Dr Valéry Ridde3,4, Denis Porignon5

1Research Institute of McGill University Health Centre, Montréal, Canada, 2Equipe de recherche et d’intervention transculturelles, Montréal, Canada, 3Department of Social and Preventive Medicine at the University of Montreal, Montreal, Canada, 4University of Montreal’s public health research institute (IRSPUM), Montreal, Canada, 5Department of Health Systems Governance, Policy and Aid Effectiveness at WHO, Geneva, Switzerland

The Universal Health Coverage Partnership supports the Ministries of Health (MoH) from 20 priority countries in strengthening policy dialogue to improve the development, negotiation, implementation, monitoring and evaluation of robust and comprehensive national policies, strategies and plans, with a view of promoting universal health coverage. In order to better understand the interplay of evidence, tacit knowledge of stakeholders, contextual factors and the processes that link these elements to policy formulation and implementation arrangements, the World Health Organization commissioned a realist research. The objectives of the paper are to present the intervention theory as the first output of the research, and to reflect on its value for the researchers and the commissioners. The theory was developed through an iterative process combining: reading of documents; meetings with the commissioners to reveal the intended causal reasoning behind the program; scoping the literature on policy dialogue, capacity building, and collaboration, in order to find out preliminary mechanisms; and presenting the theory to national key stakeholders to refine it.

According to the theory, WHO acts as a broker in the policy dialogue and an advisor to the MoH. Through WHO support, an inclusive and participatory policy dialogue fed by knowledge and led by the MoH takes place. Such a policy dialogue would fire three mechanisms: i) mutual understanding of issues, evidence and information, and courses of action; ii) stakeholders’ buy-in of decisions; iii) appropriation of the policy dialogue process by the MoH. The expected results are the formulation of robust and comprehensive health policies, strategies and plans; alignment of stakeholders; and strengthened leadership of MoH.

The theory was helpful in describing the national experiences and adjusting the interview guides to six national case studies. It promoted a sense of mutual understanding among researchers, implementers and commissioners. It was also used as a data collection tool.

The Safety of rural maternity care without local access to cesarean section: changing policy through realist methodology in two jurisdictions

Dr. Jude Kornelsen2, Dr. Lesley Barclay2

1Department of Family Practice, UBC, Vancouver, BC, Canada, 2Professor Emeritus, Sydney University School of Medicine, Australia

In both British Columbia and Australia, the health service is currently undergoing a review of the structure and organization of rural maternity services. This has been precipitated by the ongoing challenge of sustaining small rural maternity services due to a confluence of reasons including difficulties recruiting and retaining rural providers with maternity skills and the predominance of specialist-based, centralized care. Ideally, maternity care is provided within an environment that supports operative delivery capability, should it be necessary. Where population and infrastructure do not make this efficient, however, the planning question becomes: Is it safer for a rural population to have no local intrapartum services, or primary maternity services? Answering this question is predicated on understanding the relative safety of primary maternity services when compared to services with local cesarean section capacity, but also compared to understanding the population health outcomes from communities with no access to local care. This latter perspective has been largely overlooked in health planning to date.

This collaborative realist review of the literature on the safety of services in the absence of local cesarean section services was undertaken in partnership by research units in British Columbia, Canada and NSW, Australia. Findings were grouped by outcomes of physician led services, midwifery-led services, psycho-social risks, distance to care, volume to outcomes and the importance of service sustainability. Using a realist methodology allowed us to apply findings to two disparate, although similar contexts, demonstrating the internationally shared experience in the attrition of rural maternity services but also, methodologically, the utility of the realist methodology in contextually grounding data for increased use of findings. The findings have been used in both jurisdictions to provide evidence-based policy directions and underscores further collaborative work on rural maternity care.
222 Capacity building and the use of realist evaluation findings

Mr Andreas Sihotang¹, Mr Timothy Nugroho Adi¹, Ms Elvi Tambunan²
¹Wahana Visi Indonesia, Kupang, Indonesia, ²World Vision Indonesia, Jakarta, Indonesia

Realist evaluation is intended to be useful. By understanding how and why programs work (and do not work) in different contexts, policy and program staff should be better placed to improve their programs. Concurrent realist evaluation should support this objective by feeding evaluation findings back into the program while it operates, so that improvements can be made before the program completes.

Since 2014, Wahana Visi (World Vision Indonesia) has conducted a long term, concurrent, capacity building evaluation of a program to improve maternal and infant health. The evaluation is undertaken collaboratively by programme staff and a private consultancy company specialising in realist methods. Direct participation in evaluation is also expected to support use of evaluation findings. These should be ideal conditions for use of evaluation findings, and yet little use has been made of findings to date.

While programme staff believe that there are benefits in a realist approach above the methods they have used previously, a number of barriers have been identified. Some are difficulties in undertaking realist evaluation across cultures and languages. Other barriers affect the use of findings and relate to how capacity building has been organised, the stage of theory refinement, the timing of evaluation cycles and program cycles, and the problem of positive findings. Some other barriers are common to all kinds of evaluation.

This paper will explain the realist capacity building approach used and progress to date, reflect critically on the barriers to use of findings, and examine strategies to overcome those barriers in the final stages of the project as well as future evaluations.

223 Strategies to improve uptake of domestic and family violence knowledge translation: A realist review

Ms Jacqui Cameron¹,², Professor Cathy Humphreys¹, Professor Kelsey Hegarty¹
¹University of Melbourne, Carlton, Australia, ²Flinders University, Adelaide, Australia

The realist approach with an emphasis on ‘what works for who’ under what conditions, has rarely been used as the framework for a systematic search of the literature in regards to knowledge translation. More commonly, it has been used to evaluate programmes and provide a lens beyond efficacy, which is narrowly defined. In my research, I intend to undertake a realist review of the knowledge translation strategies that have been used to underpin family and domestic violence research.

Over the past ten years there has been an increase on the value add of ‘research translation’ to research and yet whilst it popularity has grown, it remains one of the most difficult areas of research to define. There are multiple versions, variations and examples of knowledge translation in the literature. In a similar way, there has also been a growth in health-related research regarding domestic and family violence (DFV) however a recent review highlighted the fact that this research was largely being ignored with the majority of studies receiving “little to no online attention or citations in academic journals, indicating a need for the field to focus on implementing strong knowledge dissemination plans.”

Thus, now more than ever before with the current spotlight in Australia firmly focused on DFV research it is critically important to identify and maximise the knowledge translation strategies for the implementation of DFV research to ensure ongoing policy attention and support.

My PhD topic is on the knowledge translation of a program of work, designed to promote 'Safer Families: Tailoring early identification and novel interventions for intimate partner violence'.

A realist review is especially suited for complex issues that require ‘answers’ for both policy makers and practitioners thus the aim is to conduct a realist review of knowledge translation theory/model/strategies used to improve uptake of DFV.
224 Complexity of decision making in healthcare: What method of data collection would be most effective in realist research and evaluation.

Mrs Angela McKay¹, Dr Leigh Kinsman¹, Dr Damhnat McCaan¹
¹University of Tasmania, Newnham, Australia

Responding to patient deterioration is a complex problem in healthcare. The First2Act; face-to-face and web based educational programs (Web) http://first2actweb.com/ has demonstrated impact on educational outcomes (Buykx et al, 2012) and in two preliminary studies a significant impact on clinical performance (Kinsman et al, 2012).

In a recent study (2016) four hospitals participated in a mixed methods cohort trial where data was analysed to compare the impact of the web based verses the face to face program within and between groups. This existing data includes the audit of 1600 clinical notes pre and post intervention, knowledge questionnaires from 149 nurses, skills assessment data, evaluation forms, cost analysis and qualitative focus groups. The results showed significant knowledge improvement, significant clinical impact in increasing clinical reviews and improving nursing interventions. However, little is known about how the intervention lead to its effects especially around changing nurses behavior and decision making.

Decision making for the nurses around responding to deterioration requires input from individuals with different but relevant expertise and perspectives. The individuals involved are influenced by context. Context refers to a broad array of factors that can influence the practice or success of interventions (Gagliard, Webster, Brouwers, et al. 2014). Context includes micro (individual) and meso (organizational) level factors (Cummings, Estabrooks, Midodzi, et al, 2007). These factors are therefore important data to capture if you are to attribute an intervention to change.

The complexity in which decision making in healthcare operates is a challenging aspect of my thesis. Therefore, I would like to discuss my project and pose a question to the group as to what method of data collection would be most effective in this realist research and evaluation. This study is in conceptual development.
Development and refinement of Q methodology in realist evaluations

Dr Kevin Harris¹, Professor Steven Henderson¹, Brian Wink¹
¹Southampton Solent University, United Kingdom

Several studies and one completed PhD have demonstrated that Q sort method contributes to a realist evaluation through amplification of the “whom” part of “what works, for whom and why”, and its underlying affinity with what Pawson has called “worldview”. This paper looks at developments in the application of Q sort as it has arisen through practice. The paper looks at improvements in design, administration and presentation as well as further integration with realist evaluation theory.

The design aspects will review the Q sort process, in particular the use of appreciative inquiry (Cooperrider and Srivastva 1987) in the development of the concourse aspects (White 2017) to elicit the range of elements that might be assembled to form an opinion by those actively engaged (or not) with the aims of the project.

The administration aspects will look at the development of recent online platforms that make Q sort easier to administer to dispersed samples. The paper will also review continual sticking points, such as sample sizes, classification of responses and the formalisation of the interpretation processes. This formalisation has assisted in the logic of abduction within the qualitative interpretation stage where the aim is the build an understanding of the underlying theories within each of the factors under investigation. The Watts and Stenner (2012) method is used to unearth contexts, mechanisms and outcomes to build theory culminating in a holistic narrative.

The presentation aspects examine improvements to the way that data and evidence is presented to the clients, and elsewhere, in a manner more easily understood and applied by evidence users.

A realist review of Comprehensive Geriatric Assessment in primary care

A/Prof Irene Blackberry¹, Ms Karrie Long¹, A/Prof Rene Melis², A/Prof Virginia Lewis¹, A/Prof John Furler³, A/Prof Kwang Lim⁴, A/Prof Briony Dow⁵, Dr Pauline Savy¹, Dr Suzanne Hodgkin¹
¹Australian Institute of Primary Care and Ageing, La Trobe University, Wodonga, Australia, ²Radboud University Department of Geriatrics, Nijmegen, Netherlands, ³The University of Melbourne, Department of General Practice, Carlton, Australia, ⁴Melbourne Health, Parkville, Australia, ⁵National Ageing Research Institute, Parkville, Australia

Evidence on the effectiveness of Primary Care Comprehensive Geriatric Assessment (PC-CGA) in promoting healthy ageing remains inconclusive. We hypothesised that despite variations in PC-CGA tools, implementation processes and contexts may be crucial to success of PC-CGA programs. Rather than re-examining the effectiveness of PC-CGA, it is more critical to understand when the PC-CGA works, how, for whom, and in what context.

Realist review is a theory-driven approach to elicit Context-Mechanism–Outcome configurations (CMOs) (Wong et al, 2016). Literature on PC-CGA targeting community-dwelling people aged 65+ years published from 2010 to 2016 in English was evaluated. Selected literature was analysed thematically to extract CMOs guided by Implementation theory (May, 2013) and the Expanded Chronic Care Model (Barr et al., 2003). CMOs were identified to explain: variations in PC-CGA program implementation; variations in follow-up after the needs assessment at individual care level; and variations in the effectiveness of an individual intervention. Program ineffectiveness may be explained by a mismatch between program content and its target population (e.g. health risk appraisal strategies for frail older people). Older people may value PC-CGA for different reasons (e.g. building trust with a health professional) than for which PC-CGA is intended (e.g. identifying unmet preventable health needs). Hence, agreement on the purpose of PC-CGA between older people and their health professionals, as part of patient centred care, is vital.

Realist review offers critical insights into PC-CGA beyond the controlled circumstances of randomised trials to inform policy and resources by targeting appropriate intervention to intended population.
228 Communicating complication and complexity

Professor Patricia Rogers¹, Associate Professor Greet Peersman²
ANZSOE, Carlton, Australia

A key strength of realist evaluation is its focus on not “What works?” but “What works for whom, in what circumstances?”, producing, in theory at least, conceptualisations and findings that better support decisions that are appropriate for local context. But this intent is often challenged by a desire for simple solutions, from decision makers who are not always aware of the importance of contextual factors and from research and evaluation institutions that are focused on accumulating answers to ‘What works’. And there can be a tension between realist evaluation’s focus on improving theory and evaluation commissioners’ desire for recommendations. This session will share examples of how realist evaluations have addressed this in terms of representing program theory and in framing findings. How have they represented the various contexts and mechanisms involved in a program? Have they clearly shown how program activities could trigger different mechanisms in different contexts? The session will present a typology of program theory representations and ways of presenting findings and include discussion of their potential advantages and disadvantages, with a view to some initial identification of what might work for whom in what circumstances when communicating realist conceptualisations of programs and policies,

229 A realist view of throughcare for women in the Northern Territory

Emma Williams¹, Anika Frieling²
Northern Institute, CDU, Darwin, Australia, Darwin YWCA, Darwin, Australia

Realist informed evaluations have been conducted recently with two throughcare programs for women, that is, programs that begin in prison but continue after release. The Women of Worth program, auspiced by the YWCA, works with women re-entering the community from Darwin Correctional Centre. The Kunga Stopping Violence program, auspiced by the Central Australian Aboriginal Legal Aid Service, works with women who are re-entering the community from Alice Springs Correctional Centre. Aspects of the two throughcare programs will be presented, including their achievements, the areas they have in common, and areas of difference. For example, Kunga was working with Aboriginal women with complex needs and a history of violent offending, which Women of Worth works with a substantial proportion of Indigenous women but has a more diverse clientele and a wider range of offending behaviours. This affects program theory. Co-presented by one of the evaluators and the commissioners/users of the evaluations, the presentation will analyse the ways in which the realist or ‘realist informed’ evaluation was useful for each program and the areas where it failed to live up to its promise. Each program provided a different context for the evaluation; these will also be discussed.

230 RE-LIVING: integrating a realist evaluation in the LIVING trial study in Kenya – Why, what and how

Prof. Bruno Marchal¹, Ariadna Nebot¹, Janice Lee², Olawale Salami², Prof. Washington Onyango-Ouma³, Prof. Isaac Nyamongo³, Prof. Christiana Nöstlinger¹
Institute of Tropical Medicine, Antwerp, Belgium, Drugs for Neglected Diseases Initiative (DNDi), Geneva, Switzerland, Institute of Anthropology, Gender and African Studies, University of Nairobi, Nairobi, Kenya, The Co-operative University of Kenya, Nairobi, Kenya

Globally, 2.6 million children under 15 years of age live with HIV. Only half of them are on treatment. Improving access to paediatric antiretroviral treatment (ART) requires both large-scale treatment programmes and medication adapted to children and caregivers. For infants, new ART formulations in the form of pellets (lopinavir/ritonavir) may overcome many challenges related to traditional formulas such as bitter taste, difficult storage and administration, and high costs for countries with limited resources. The Drugs for Neglected Diseases Initiative (DNDi) set up the RE-LIVING study in 2016 to assess the multi-level factors that contribute to the acceptability and adherence of the pellets and their ease of use by caregivers and health care workers. This study adopted the realist evaluation (RE) approach and was carried out in three hospitals in Kenya within the context of a clinical trial run by DNDi to assess the new formulation’s effectiveness.

In this session, we will alternate between the position of DNDi (the commissioner) and the research team. First, Janie Lee presents why DNDi decided to commission a realist evaluation and how they envisaged to use its results. Ariadna Nebot then presents the design of the study and its main results. This is followed by the DNDi perspective on the yield of the project in terms of actionable results (Janice Lee). Finally, Bruno Marchal presents the researchers’ perspective on methodological challenges encountered during the study, including strengths and weaknesses of RE when applied in a programme that aims at rapidly diffusing innovations using relatively short time frames and limited budgets. This part takes max. 40 minutes. We end with a 20 minutes discussion.
Maintaining self-determination for people with dementia living in residential care facilities: state of the art and preliminary results

LLM J. (Jogé) Boumans1, Dr. L.C. (Leonieke) van Boekel1, Prof. dr. C.A. (Caroline) Baan1,2, Prof. dr. K.G. (Katrien) Luijkx1
1Tilburg University, Tranzo, Tilburg, the Netherlands, 2National Institute for Public Health and the Environment (RIVM), Bilthoven, the Netherlands

The freedom to live one’s life as one desires, in other words, self-determination, is increasing in value and recognition, also for people with dementia living in residential care facilities. In recent research little attention has been paid to the question whether residential care facilities with different backgrounds preserve self-determination of their residents.

There is a serious body of literature about quality of care for and quality of life of people with dementia living in a residential care facility. However, these studies do not acknowledge the complexity of living with dementia in an institutionalized setting and maintaining self-determine.

To unravel various elements that are important for people with dementia to maintain self-determined when living in a residential care facility, we made use of realist methods.

Literature review: First, we performed a literature review in which we found several CMO configurations which lead to ten main mechanisms that explain how caregivers, family members and people with dementia themselves, stimulated and maintained self-determinate.

Observations and interviews: Second, we performed a multiple case study. Two residential care facilities in the Netherlands with different backgrounds were studied. This study had three aims. 1) To describe how the two care facilities stimulate and maintain self-determination of their residents. 2) To compare the mechanisms found in the case study with the mechanisms found in the literature review. 3) To find those moments in the lives of people with dementia in which maintaining self-determination was very obvious. In our multiple case studies we used different methods; document analysis; observations and interviews with developers, caregivers, family members and people with dementia. The observations were conducted before and after the interviews. Therefore information from the first round of observation and interviews could be verified during the second round of observations.

Motivating oneself to keep on going; insights from a realist evaluation of walking after stroke

Mrs Caroline Stretton1, Dr Suzie Mudge1, Ass. Prof Nicola Kayes1, Prof Kath McPherson1,2
1Centre for Person-Centred Research, AUT University, Auckland, New Zealand, 2Health Research Council, Auckland, New Zealand

Background: This realist case-study evaluated the impact of a programme designed to promote sustained change in walking behaviours after stroke. Despite the benefits of developing a physically active lifestyle, stroke survivors are markedly inactive.

While physiotherapy interventions can improve skill through physical training, gains often do not transfer to real world settings or produce sustainable change.

Intervention Development: The programme theory was iteratively developed drawing on data from existing literature, semi-structured interviews with people with stroke, relevant theory and end-user consultation. An intervention was developed that focused on improving planning for action, building self-efficacy for walking, promoting formation of new walking habits and enhancing social connections to support change processes. Based on self-determination theory, the Walking for Wellbeing after Stroke was an individually tailored eight-week programme, led by a physiotherapist.

Impact Evaluation: The treatment theory was evaluated using a case-study approach. Quantitative and qualitative data were collected at four time points: baseline, mid-intervention, post-intervention and three month follow up. Data were analysed using individual levels of change (quantitative) and content analysis (qualitative) and integrated using mixed-methods matrices.

Findings: Key mechanisms of action that appeared to support sustained change included; biological (energy balance), psychological (planning, automaticity, mastery and management of emotions) and psycho-social (connecting, collaborating and normalisation mechanisms). For some participants, participation in the intervention helped to create a virtuous cycle producing motivational “spill-over” which facilitated other health promoting behaviours. Contextual barriers to change included fear and reduced capacity to reflect on the change processes. The practice of walking daily; experiencing an atmosphere which supported autonomy; developing a growth mind-set and sharing experiences with peers during outdoor walking groups could promote sustained change and improve well-being after stroke.

Conclusion: Motivating oneself to keep on going after stroke involved learning mechanisms that built self-efficacy through skill mastery and management of negative emotions.
Using Qualitative Research in Realist Evaluation

Joseph Maxwell¹
George Mason University, United States

Although much qualitative research is, at least ostensibly, constructivist in orientation, realism is a legitimate stance for using qualitative approaches and methods. After clarifying what I understand as "realism," I address the important strengths that realism provides for using qualitative methods in program and policy evaluation. Most importantly, a realist theory of causation is far more compatible with, and useful for, qualitative research than the regularity theory that has informed much quantitative research, and which led to the rejection of the entire concept of causation by many qualitative researchers. First, a realist view of causation supports one of the main strengths of qualitative research: its attention to the processes that lead to particular outcomes. This understanding of process includes a realist understanding of meanings and other “mental” phenomena, and their causal role in programs and policies, an understanding that is supported by recent work on the philosophy of mind. Second, realism emphasizes the fundamental importance of context in shaping outcomes, an emphasis that is shared by realist and qualitative approaches. Third, a realist understanding of variation and diversity challenges the prevalent focus on average outcomes and general conclusions, a focus that has seriously interfered with evaluators' ability to address local causation and outcomes. These three understandings entail a major rethinking of validity issues in research and evaluation, identifying the flaws in traditional procedural approaches and supporting an alternative, realist conception of validity. Finally, realism provides a valuable perspective for combining qualitative and quantitative approaches and methods in evaluation, emphasizing the specific strengths and limitations of each approach, and illuminating ways in which the two are complementary. These understandings have major implications for the use of qualitative methods in evaluation, including addressing validity issues, and for integrating qualitative and quantitative approaches.

From realist evaluation to realist research. Is there a need to adapt the analytical toolbox?

Dr Emilie Robert¹, Dr Sara Van Belle²
¹Research Institute of the McGill University Health Centre (RI-MUHC) / Equipe de recherche et d'intervention transculturelles (ERIT), Montréal (Canada), Montreal, Canada, ²Institute of Tropical Medicine, Antwerp, Antwerp, Belgium

While we are happy that RE is being relabelled as realist research, evaluation and synthesis (not coincidentally the title of this conference), it has its origins in the field of evaluation. Many initial studies focused on interventions and programmes. Other researchers, including Joseph A. Maxwell, apply the realist perspective more broadly to their research topics. In this session, we similarly explore how RE can be used to investigate social phenomena rather than interventions.

Emilie Robert will explain how in her realist review, her focus moved from the intervention (user fee exemption policies) to the phenomenon it targeted (healthcare seeking). The intervention became a context in which healthcare seeking occurred. CMO configurations proved to be an efficient analytic framework and a useful lens to apply social theories. The main challenge was building a realist middle-range theory on problems rather than interventions in the absence of guidance. Such guidance should complement the RAMESES standards.

Sara Van Belle conducted two realist-inspired reviews for the World Health Organisation on how social action (including civil society action and litigation) promotes sexual and reproductive health and rights. That covered multiple disciplines (public health, legal studies, social sciences) Identifying mechanisms underlying social action proved not to be difficult – relevant middle range theories abound in sociology and political science. The challenge was drawing the boundaries of social action and defining relevant the time-frame when assessing actions of civil society organisations. She argues that there appears to be a difference in the “boundedness” of health interventions (and other types of “social engineering”) and the fluid emergence of social action, which cannot be considered as a discrete ‘intervention’.

In the discussion, we will explore whether RE as it stands can deal with social phenomena rather than interventions strictu sensu.
303 Locating middle-range theory by adapting realist synthesis: the case of workplace harassment interventions

Dr Tracey Carr1, Dr. Elizabeth Quinlan1, Dr. Susan Roberston1, Ms. Angie Gerrard1
1University of Saskatchewan, Saskatoon, Canada

The methodology of realist synthesis for complex interventions has been articulated in reporting standards and guiding principles. In this paper, we outline how we adapted realist synthesis techniques to identify middle-range theory from the expansive and heterogeneous workplace harassment intervention literature. Following Jagosh and colleagues, we hold there is not a single approach to realist synthesis but rather a set of principles that often need to be tailored. Our novel and multi-pronged approach to the realist synthesis of workplace harassment interventions describes our pursuit of middle-range theory to link macro and program level theories. After discovering the limitations of a more fixed approach to realist synthesis, we modified our search strategy and focused our analysis on a subset of data. Diverging from the standardized version of realist syntheses, we followed iterative searches down idiosyncratic pathways. Our need to customize arose because of: 1) the nature of the literature we were examining, in which theory is seldom explicitly identified; 2) our previously developed theoretical framework, which contained macro-level critical social theory and 3) the program-level theory which we will use in our empirical study – a realist evaluation of a workplace harassment intervention. Once integrated, the middle-range Labour Process Theory of workplace harassment oriented the framework to the problem context and provided the connection between the macro and program-level elements. Our experience contributes to an understanding of how, under what circumstances, and with what consequences realist synthesis principles can be customized. By way of example the paper argues for the importance of aligning substantive theory with the particular stream of realism underpinning the methodology used in a review, in our case, critical realism. Our ultimate goal is to use the conceptual platform in a subsequent stage to formulate hypotheses to be tested in an intervention directed at reducing workplace harassment.

304 Combining realist evaluation, cost analysis and impact assessment of a policy for better TB care in Georgia

MPH Ariadna Nebot Giralt1, PhD Karin Diaconu2, MPH Lela Sulaberidze1, MD and MPH Akaki Zoidze1, PhD and professor Anna Vassall4, PhD and professor Sophie Witter2, PhD Bruno Marchal1
1Department of Public Health, Institute of Tropical Medicine, Antwerp, Belgium, 2Institute for Global Health and Development at Queen Margaret University, Edinburgh, United Kingdom, 3Curatio Foundation International, Tbilisi, Georgia, 4London School of Hygiene and Tropical Medicine, London, United Kingdom

Georgia is facing a high incidence of tuberculosis (TB), low treatment success rates and high levels of multidrug-resistant TB. The health system underwent dramatic reforms in 2003-7 that led to a full-scale privatization and deregulation of the health sector. Tuberculosis care and prevention is the responsibility of private-for-profit providers, for whom the long treatments TB patients require are not necessarily a priority. Policymakers intend to use results-based financing to stimulate the private actors to provide better TB care.

The Results4TB research project aims at informing the pilot intervention and will evaluate its effects on adherence and treatment success rates, its cost and how it works. It adopts a theory-informed controlled trial design, in which a realist evaluation is integrated. The project started with 2 workshops, during which policymakers, TB programme managers, providers, representatives of the Global Fund and other key actors met to inform the design of the pilot intervention.

We will present the policymakers’ and the researchers’ perspective on how RE can contribute to developing a theory-informed policy. First, the justification of the research approach and its expected benefits for policymaking will be discussed by Kaki Zoidze (15 min). Second, Ariadna Nebot will present how the workshops led to the joint development of the initial programme theory (15 min). Third, Bruno Marchal will present how the research protocol combines the realist evaluation approach with a trial design (15 min). The discussion will allow for clarification questions and about the challenges we met in terms of identifying the assumptions of the different actors, jointly developing a set of rival theories and translating this into a ‘testable’ programme theory (15 min).

The Results4TB project is funded by the Department of International Development (DFID), the Economic and Social Research Council (ESRC), the Medical Research Council (MRC) and the Welcome Trust.
305  Modified MSC for realist evaluation in international development

Mr Andreas Sihotang¹, Ms Elvi Tambunan², Mr Timothy Nugroho Adi³
¹Wahana Visi Indonesia, Kupang, Indonesia, ²World Vision Indonesia, Jakarta, Indonesia

Most Significant Change (MSC) stories are a commonly used tool for collecting information about program outcomes, but are they appropriate for realist evaluation? They were originally designed for use in community development programs in international development settings where outcomes could not easily be predicted. Realist evaluation on the other hand expects outcomes to be predicted in the program theory.

The process of selecting ‘most significant’ changes also provides information about what is valued by participants, staff, and management. However, it can also hide variation either in outcomes themselves or in what is valued. Realist evaluation depends on identifying and analysing data about differences.

Wahana Visi (World Vision Indonesia) is conducting a Citizen Voice and Action program to improve maternal and infant health in three districts of Indonesia. A long term, concurrent realist evaluation is being undertaken of the program. Modified MSC stories provide one data source.

This paper will describe how multiple aspects of MSC stories have been adapted to meet the different data requirements of this realist evaluation, while seeking to protect some key principles of MSC. Modifications have also been made to overcome difficulties in relation to language, the evaluation capacity of local staff and budgetary constraints. Examples of how MSC data have been analysed and how they have contributed to theory refinement will be provided.

306  Adventures in commissioning: testing the fit in Indigenous affairs

Ms Kim Grey¹², Ms Kylie Brosnan³, Ms Sharon Barnes³
¹²PM&C, Woden, Australia, ³Charles Darwin University, Darwin, Australia, ³IPSOS, Brisbane, Australia

Our journey into commissioning realist evaluation is a work-in-progress. Sessions cover diverse topics: school attendance, work-readiness, early childhood development, child protection and land /sea management. In Indigenous affairs, with contingency of effectiveness often paramount – featuring heterogeneous populations, small target groups, divergent worldviews – ‘realist’ offers to fit complex and ‘place-based’ problems.

First: What does the realist approach offer us? Our needs and circumstances vary: from unpacking how program staff think a strategy works, to understanding ‘active ingredients’ of success; seeking actionable lessons for good practice; testing conventional theory in remote contexts; and examining whether a mainstream program – tested overseas – works the same way in remote communities here.

Second: How do evaluators respond to briefs?

The tension between being purist and practical is balanced within project constraints. We explore to what extent in what circumstances we can use substantive theories from Behavioural Science and prior work in theory gleaning, to hit the ground running (without stumbling) working with Indigenous populations. In experimenting, we seek ethics clearance for iterative processes.

Third: Does the realist approach work with Aboriginal and Torres Strait Islander community researchers?

Themes are trust and courage; with supplier, consultant, and community collaborating in sense checking. Emerging is a pattern of overlapping stories: in remote communities, the ‘business’ of daily life, separately conceived in tidy social policy domains, coexist in reality.

We explore early benefits and invite audience discussion. Some policy staff are intrigued, others uncertain. In the context of emerging capability among evaluators and commissioners, we don’t yet know what we don’t know.
307 In what contexts and to what degree does (which) qualitative software package work for realist analysis?

Ms. Adrienne Levay¹
²University of British Columbia, Hungary

This workshop will enable participants to discuss their personal experience using qualitative analysis software for CMO coding and analysis of qualitative realist evaluation data. Analysing data using a realist approach can feel overwhelming and disorganised, with Cs over here and Ms over there, and Os in some other place, resulting in lost time just figuring out HOW to undertake the process of CMO coding and analysis while maintaining sanity. Although qualitative analysis software may help to maintain some semblance of order, qualitative software packages have not been designed specifically for realist analysis. A peer facilitator will note the issues as they are identified in the discussion, documenting the difficulties encountered but also practice tips offered by participants.

308 Evaluating complex programmes: Reflections on Realism and Resilience

Gretta Fitzgerald, Nicola Giordano, Stephen McDowell, Jennifer Leavy, Edward Boydell¹
²Climate Change and Resilience

Realist evaluation has the potential to be a powerful approach to evaluating programmes that aim to strengthen the resilience of communities to climate change and the impacts of disasters. This paper is based on our collective reflection on our use of realist evaluation for the mid-term review of the “Building Resilience to Climate Extremes and Disasters” (BRACED) programme, a 3-year, 8-country initiative funded by the UK Department for International Development (DFID). The mid-term review centred on the question ‘How, where, when and why do BRACED interventions work, and what can be learned/how can good practice be replicated?’ Our paper is presented from the perspectives of the programme-level evaluation team and the evaluation leads in individual BRACED projects. It captures lessons that provide insight into using realist principles to evaluate complex resilience-building programmes in diverse international development contexts. The lessons from this process will inform our upcoming work for the BRACED final evaluation, and give rise recommendations for people commissioning and undertaking evaluation of large resilience-strengthening programmes.

309 Woulda, Coulda, Shoulda: overcoming challenges in realist evaluation

Ibukun-Oluwa Adepoju¹,²,³, Dimitri Renmans⁴,⁵, Marsha Orgill⁶, Jean Paul Dossou⁷,⁸, Bruno Marchal⁷, Geoff Wong⁹, Sara Van Belle¹⁰
¹Athena Institute, Vrije Universiteit, Netherlands, ²Maternal and Reproductive Health Unit, Department of Public Health, Institute of Tropical Medicine, Belgium, ³ISGlobal, Barcelona Centre for International Health Research (CRESIB), Spain, ⁴Institute of Development Policy and Management, University of Antwerp, Belgium, ⁵Health Financing Unit, Department of Public Health, Institute of Tropical Medicine, Belgium, ⁶School of Public Health and Family Medicine, University of Cape Town, South Africa, ⁷Health Services Organisation Unit, Department of Public Health, Institute of Tropical Medicine, Belgium, ⁸Centre de Recherche en Reproduction Humaine et en Démographie, Benin, ⁹Nuffield Department of Primary Care Health Sciences, University of Oxford, United Kingdom, ¹⁰Health Policy Unit, Department of Public Health, Institute of Tropical Medicine, Belgium

Theme: Overcoming challenges in realist research

Background: An increasing number of researchers, including doctoral students are applying realist methodology to generate new insights and evidence in their respective subject areas. In addition to the RAMESES community of practice, researchers often collaborate in teams, which usually include persons with different levels of understanding, experience and purism in realist methodology. Fresh on the realist scene, doctoral students can introduce new insights or challenges encountered but also practice tips offered by participants.

Approach: Specific challenges from four doctoral students applying realist methodology to health-related topics in diverse settings will be presented (10 minutes each). In-between presentations, two realist experts (Sara Van Belle and Geoff Wong) will deliberate on each dilemma in an open feedback process that is strengthened by invited comments and questions from the audience (10 minutes each). The goal is to stimulate discussions on potential solutions (i.e. woulda coulda, shoulda) to overcoming challenges within a realist evaluation framework.
310 Realist evaluation results: enlightening or too nuanced?

Dr Lesley Middleton1, Professor Jacqueline Cumming1
Victoria University of Wellington, Wellington 6140, New Zealand

This presentation explores how users engaged with the results of a realist evaluation of a multi-faceted integrated care initiative. Circumstances where the realist findings proved enlightening, and those where users struggled, are explored.

Background: An independent evaluation was commissioned of the Localities initiative. The initiative started as a clinical network designed to shape primary care resource allocation decisions (programme theory one: the networks theory). Three years in, the initiative morphed into a set of activities valued for the opportunities to strengthen relationships between primary, secondary and social care (programme theory two: the relationships theory), and a new model of care for those with long term conditions (programme theory three: proactive primary care theory).

Results: An interim report from the evaluators on the evolving realist programme theories proved enlightening for those implementing the initiative. Areas for further evaluative work were prioritised to investigate candidate theories two and three. An on-line survey of local providers (both general practices and local care organisations) and focus groups in general practices, identified conditions which made the achievement of agreed immediate outcomes more (or less) likely.

Key learning: The final realist informed results were valued by individual localities leaders as reflective of the reality of programme delivery. However, interest at very senior levels of the organisation remained in the net effects being achieved across the whole Localities initiative. Overall, the experience is leading us to conclude that whole of system integrated care initiatives are likely to be burdened with very ambitious business cases claiming significant effects, when the reality is that behavioural changes are much more nuanced.

311 Using realist review to inform the development of a complex intervention using technology to engage hospitalised patients in their care

Dr Shelley Roberts1, Prof Wendy Chaboyer1, Dr Ruben Gonzalez3, Prof Andrea Marshall1,2
1Menzies Health Institute Queensland, Griffith University, Gold Coast, Australia, 2Gold Coast Hospital and Health Service, Gold Coast, Australia, 3School of Information and Communication Technology, Griffith University, Gold Coast, Australia

Patient participation in health care is associated with improved outcomes for patients and hospitals. New technologies are creating vast opportunities for patients to participate in care at the bedside. Our team developed a theory- and evidence-informed complex intervention using technology to engage hospitalised patients in their care. We undertook a realist review of previous studies using bedside technologies to engage hospital patients in their care to understand what works for whom under what conditions (i.e. the context, mechanism, outcome relationship), to inform our intervention. The realist review was guided by Pawson’s published methodology. Interactive learning was the overarching theme of studies using technology to engage patients in their care. Several propositions underpinned this, which were labelled: information sharing; self-assessment and feedback; tailored education; user-centred design; and support in use of technologies. As studies were mostly feasibility or usability studies, outcomes included patient use, acceptability and satisfaction of technologies. Proposed mechanisms behind these outcomes included improved communication, shared decision-making, empowerment and self-efficacy; which acted as facilitators to patient participation in care. Context (setting, patient group etc.) influenced how mechanisms worked and hence outcomes. The findings of this review supported other theory and evidence that underpinned the foundations of the intervention being developed by our team, and informed specific intervention strategies (including use of a new technology). The review also highlighted other issues, such as a lack of representation from IT experts in the design and evaluation of such interventions in the health care setting, particularly in terms of usability and user-centred design of programs. Using realist review to inform complex intervention development was useful directly (i.e. for informing intervention strategies) and indirectly (i.e. for uncovering broader issues related to design and evaluation) and is important for understanding the successes and failures of previous interventions in a contextual and meaningful way.
312 Exposing the impact of intensive advice services on health; a realist evaluation

Dr Sonia Dalkin,1 Miss Natalie Forster,2 Dr Monique Lhussier,1 Dr Philip Hodgson,1 Ms Alison Dunn,2 Dr Pete Philipson1, Prof Susan M Carr1

1Northumbria University, Newcastle Upon Tyne, United Kingdom, 2Citizens Advice Gateshead, Gateshead, United Kingdom

Background: The impact pathways from intensive welfare advice to health improvement are complex. This project was a collaborative evaluation with one welfare advice service in the UK. It focused on three intensive services, targeted at young people, people with mental health issues and GP referrals.

Methods: Initial programme theories were developed in collaboration with service staff and from the literature, before being tested and refined through empirical evidence. Validated measures were selected collaboratively and included pre and post measurement of the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) and Perceived Stress Scale (PSS) (n=191). Interviews with clients (n=22) and staff (n=6) were used to develop, refine and test emerging theories, whilst explaining the quantitative findings.

Results: A very significant difference between pre and post advice was found for both WEMWBS (p<0.001) and PSS (p<0.001), indicating positive impacts on stress and wellbeing.

Nine realist programme theories explaining the mechanisms of action of the advice are summarised under three clusters: (1) Welfare advice increased clients’ capabilities (2) It was delivered in a safe environment founded on trust (3) It provided a buffer between people who are often marginalised and a state system seen as adversarial and inflexible.

Conclusions: Our data suggest that the impact of welfare advice on health is mediated by significant positive changes in stress and mental wellbeing. A tightening of public service purse strings internationally means increasing demands are being placed on advice services. Therefore, it is important for advice services to demonstrate their impact on clients’ health to secure further funding. Our collaborators are now using WEMWBS and PSS routinely beyond the services included in this project. Realist evaluation allowed us to expose, how, when and for whom advice services worked; this was then used to inform and improve practice.

313 Effects of mHealth for maternal health workers in low and middle-income countries: findings from a realist review

Ibukun-Oluwa Adepoju1,2,3, Onaedo Ilozumba1,3,4, Bruno Marchal4, Marjolein Zweerhorst1, Marjolein Dieleman1,5

1Athena Institute, Vrije Universiteit, Netherlands, 2Maternal and Reproductive Health Unit, Department of Public Health, Institute of Tropical Medicine, Antwerp, Belgium, 3ISGlobal, Barcelona Centre for International Health Research (CRESIB), , Spain, 4Health Services Organisation Unit, Department of Public Health, Institute of Tropical Medicine, Antwerp, Belgium, , Belgium, 5Royal Tropical Institute, , Netherlands

Background: Access to skilled health care workers (HCWs) during pregnancy and delivery is critical to addressing the high burden of maternal deaths in low and middle-income countries (LMIC). However, research shows that sub-optimal performance of health workers remains a challenge. In the last decade, the use of mobile technologies for improving health service delivery (i.e. mHealth) has risen rapidly, and mHealth is seen as a means to bridge the know-do gap and improve health care workers’ (HCW) performance.

Objective: We explored theoretical explanations underlying how mHealth influences performance of HCW, for delivering maternal health services in LMIC.

Methods: A realist review was conducted using a framework depicting three loops, each related to an outcome of interest (adoption/utilisation, changes in competence and performance changes), which was refined through the review process. Program theories were constructed by populating the framework using Intervention-Context-Actors-Mechanism-Outcome (I-C-A-M-O) configurations drawn from 21 reviewed papers. We distinguished between the features and characteristics of mHealth Interventions (I), the actors (A) who use it, the environmental and health system contexts (C), mechanisms (M) and outcomes (O). Factors were clustered into categories as patterns emerged.

Results: We found more explanatory linkages for the adoption and utilisation of mHealth, than for its effects on competence and performance. Two main mechanisms identified for mHealth adoption were empowerment and usability, while third party recognition explained the utilisation of mHealth in certain contexts. Although weakly substantiated, empowerment was the key explanatory mechanism behind improved competence of HCW. No evidence on the linkage between use of mHealth and performance of maternal health workers was found.

Conclusion: Evidence on the effects of mHealth for maternal care is skewed in favour of its adoption and utilisation, exposing an important evidence gap regarding how exactly it influences the performance of maternal health workers.
Combining Results Based Accountability and Realist Evaluation: A journey in evaluation use

Mr Patrick Maher\(^1\), Ms Bronny Walsh\(^2\), Dr Gill Westhorp\(^3\)
\(^1\)DCSI, Adelaide 5001, Australia, \(^2\)Bronny Walsh and Associates, Adelaide, Australia, \(^3\)Charles Darwin University, Darwin, Australia

The South Australian Community Services Support Program provides funding and support to non-government organisations that provide local community based services. In 2012 the Department began a reform process to move from historical to needs-based funding, strengthen responsiveness to local needs, and support agencies in moving towards evidence-based practice. One of the strategies included the introduction of Results Based Accountability (RBA).

RBA is a results-centred monitoring and evaluation system intended to shift agencies from accountability for activity to accountability for outcomes. It encourages use of a very limited number of objective, quantitative indicators at an aggregate (ie community) level, and monitoring of collective impact. However, RBA does not provide strategies for disaggregating outcomes for different sub-groups, or for explaining differences in effectiveness.

An independent evaluation of the CSSP therefore proposed integrating RBA and realist evaluation. This process highlighted issues in the way the RBA system had been established which make it difficult to aggregate and report outcomes at program and community levels. The evaluation has therefore integrated a number of strategies in an effort to support the development of a more useful evaluation framework and system. The strategies have included development of program theory at funding stream level; a retrospective realist evaluation of the impacts of the reform for agencies; a series of extremely rapid realist-informed literature reviews; and the development of agency-level and sector-level rubrics. A process of renegotiating aspects of RBA with funded agencies will be undertaken in 2017-18. This paper will describe the issues that have been encountered in trying to develop a truly useful evaluation system for both the Department and the funded agencies which combines the benefits of RBA and RE, and the ways in which the Department seeks to use the evaluation findings to help the sector move towards greater impact at the community level.

Evaluating the capacity building ability of the Queensland Country Women’s Association Country Kitchens program

Claire Palermo\(^1\), Louise van Herwerden\(^1\), Isabella Maugeri\(^1\), Fiona McKenzie-Lewis\(^2\), Roger Hughes\(^1\)
\(^1\)Monash University, Notting Hill, Australia, \(^2\)Queensland Country Women’s Association, Queensland, Australia 3 Brisbane, McKenzie-Lewis

Building capacity in individuals, organisations and communities is a strategic imperative for effective and sustainable public health effort because it focuses on ensuring effective strategy implementation. It is an aspect of practice that is ambiguous in application and rarely evaluated. This study aimed to evaluate capacity building strategy and capacity gains associated with the Queensland Country Women’s Association (QCWA) Country Kitchens program, funded by Queensland Health. The Country Kitchens program hopes to build the capacity of the QCWA to improve health of rural Queenslanders through a range of strategies focussed on food literacy. Realist evaluation approaches were applied to address previous limitations through the use of a comprehensive conceptual framework for capacity building evaluation. This included consideration of multiple determinants of capacity and used a methodology informed by the central questions of realist evaluation including what works, for whom, under what circumstances and why? This framework has been used to develop a capacity assessment scorecard that uses data and researcher triangulation to quantify and qualify capacity measures sympathetic to context. Drawing on data from key stakeholder interviews, field notes by the project implementation team and focus groups the evaluation method applies a prospective case study design, using a sample of program implementation sites from QCWA branches as cases, which will track how capacity changes in implementation sites over the three year program. To date, baseline evaluation measures have been completed and reinforce expectations that there would be significant initial gaps in capacity. Baseline measures suggest that in the context of the QCWA as a state-wide community organisation there is stimulus for community-engaged public health effort. Variable commitment to the program initiative and implementation, variation in active community partnerships and an organisational workforce of volunteers who are well connected but require significant development and support are likely to impact outcome.
How do realist methods align (or not) with Australian Indigenous ways of knowing?

Sharon Barnes
1IPSOS, Australia

This session, with attendance restricted to Australian Aboriginal and Torres Strait Islander participants, will enable discussion of the ways in which realist approaches which seek to identify motivations and reasoning may or may not align with Australian Indigenous values and ways of knowing, including ways of gaining and sharing knowledge. Discussion topics will be determined by participants, but are likely to cover:
- How realist approaches might be framed depending on the context they set out to explore, and
- What has been found to work or be problematic in particular Indigenous contexts, including remote Aboriginal and Torres Strait Islander communities?

Issues that may be discussed include language and the challenges of translation, but also the limitations and risks of adopting Anglo-European repetitive probing regarding 'the “why”?' in realist interviewing – in settings where culturally grounded ways of determining what information should be shared by and with whom, in what circumstances and by what means are strong. This goes to the heart of research and evaluation ethics, cultural integrity and respect. This session may therefore usefully inform future realist method development, potentially including protocols and ethical assessment.

Combining quasi-experimental and realist evaluation: the value for commissioners

Prof Gill Westhorp
1Charles Darwin University, Darwin, Australia,
2RMIT University, Melbourne, Australia

Global investment in child sponsorship is substantial. Donors invest approximately US$1.3 billion annually in World Vision (WV) child sponsorship. Child sponsorship supports WV’s community-based approach to child-focused development, delivered through Area Development Programs (ADPs). The aim of WV’s ADPs is to improve the well-being of children, particularly the most vulnerable.

This research was the third phase of an investigation into the effectiveness of WV’s community-based approach to improving the well-being of children and the way this is supported by the child sponsorship model. Aspects of the community based approach that were investigated included community strengthening, Christian identity, child participation, and multi-sectorality.

The evaluation design combined a realist approach, which aimed to understand what had produced different patterns of results in different contexts, with comparative data on standardised indicators of wellbeing from a matched community without an ADP. Five case studies provide a rich picture of how the same overall approach to child sponsorship has been implemented in different ways in sites in different countries, with different levels of poverty, physical infrastructure and community cohesion, different histories in terms of previous conflict and natural disasters, and different religious groups.

This paper will describe the processes used in the evaluation, the challenges faced in relation to data, and how realist and quasi-experimental designs were combined in an attempt to address some of those challenges. The value and drawbacks of the different approaches will be considered from the perspective of World Vision as it seeks to use the learning arising from the project.