POSTER ABSTRACTS

P1   A rapid realist review into the action guided principles for community engagement interventions

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Community engagement (CE) is seen as key to the development of citizen-centred and sustainable healthcare systems, however it remains unclear which approaches are effective under which circumstances. This holds especially true for interventions regarding disadvantaged groups. Six regions in the Netherlands are searching for the most effective CE methods to engage citizens in the design and delivery of healthcare interventions and policies.

We conducted a Rapid Realist Review (RRR) to highlight which forms of CE are effective in improving communities' health outcomes. The review investigated the action-oriented 'Guiding Principles' through which CE interventions should be implemented. The Principles along with the underlying contexts (C), mechanisms (M), and outcomes (O) are useful for policy and practice leaders to consider when developing their own strategies.

The RRR followed the methodology laid out in papers like Willis et al (2014) to allow for the faster dissemination of results to stakeholders.

The Principles are underpinned by CMO configurations (CMOCs) directly mentioned in the selected papers. Reviewers then proceeded to cluster the CMOC mechanisms, firstly per type of CE intervention. Reviewers then searched for keywords in those mechanisms and thematically clustered the mechanisms accordingly, thus highlighting the Principles.

Principles
- Foster supportive and facilitative leadership based on transparency
- Ensure involvement of citizens in the early project phases
- Acknowledge and address citizens' experiences of power imbalances between citizens and professionals
- Create quick and tangible successes
- Foster a safe and trusting environment to enable citizens to provide input
- Empower citizens who feel they lack the confidence to engage
- Be willing to share some control with citizens
- Take into account both organisations' and citizens' motivations in the engagement process

Reviewers held a workshop with stakeholders to ensure the Principles had face value for stakeholders and to provide feedback regarding their application.

P2 Exploring the impact of memory cafes for people with dementia and their carers: A realist review

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Background: Memory cafes are community based support for people with dementia and their carers. Run by volunteers generally twice a month; they are now an established feature of dementia services in the UK and elsewhere. Despite their growth in popularity, there is little clarity or consistency on their structure, aims and potential impact. Given this, traditional systematic review methods are unlikely to provide meaningful understandings on memory cafes.
Aim: A realist review sought to provide greater insight on how and why memory cafes work in different contexts, through theory development.
Method: The realist review was conducted using a two-step approach. Step one involved a scoping search of the literature and mapping the potential territory of memory cafes. The second step utilised a systematic literature search of journal articles and grey literature. Articles (n=17) were included based on their relevance to development of the programme theories about how and why memory cafes may be working. Data was extracted using a bespoke excel spreadsheet and chains of inference formed. Discussions with stakeholders confirmed findings whilst providing avenues for further exploration.
Results: Seven overarching themes emerged; psychological connections, social connectedness, information and support, facilitator, environment, memory and selfhood. Chains of inference were developed to show how these themes are linked; e.g. facilitators that adopt a more structured and formal approach are likely to create an environment that inhibits interaction between café guests.
Conclusion: This approach enabled mechanisms to be considered from relatable programmes and fragments of information across papers combined to develop programme theories. The findings suggest that memory cafes work through providing an opportunity to share experiences and stories, receive information and support, develop friendships and engage in activities all in one safe, informal space. The second part of the PhD project is a realist evaluation of four cafes in Cornwall.

P3 Resilience of children in child protection in the NT in relation to educational and criminal justice outcomes using SA/NT Datalink.

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The role of resilience in providing a positive reaction and adaption to risk has been used increasingly in research to examine how children adapt and cope with the risks and adversity they face in their lives (Resnick, 2000; Luthar et al., 2000; Ungar, 2004; Rutter, 2012; Zolkoski and Bullock, 2012; Cicchetti, 2013; Brownlee et al., 2013). The ability to be resilient is critical in providing the individual with the ability to positively respond to adverse life events and as a consequence in providing them with a mechanism by which to prevent or reduce future problem behaviours or outcomes (Clauss-Ehlers, 2008; Werner, 1995).

It is usual for most people not to develop problems despite experiencing stressful situations (Luthar, 2000) and many children cope well despite exposure to severe challenges (Brooks, 2006; Masten, 2007, 2011). However, some children experience much poorer outcomes. It is therefore important to examine why some people cope with adversity better than others, the risk and protective factors which influence their ability to cope with hardship and how resilient people differ from those who are less resilient, even when faced with similar difficulties in their life.

The research will examine the outcomes for children who experience child protection in the Northern Territory and ask if, in the context of risk and protective factors, there are differences in educational outcomes and levels of delinquency for children who experience child maltreatment and are in child protection in terms of the type of maltreatment and child protection they experience.

The analysis will be conducted using SA/NT Datalink data which is provided by NT Government Agencies. The statistical analysis will use multilevel modelling to provide a socio-ecological approach to examining risk and resilience in children at the individual, family, community and school levels.

P4   Should midwives challenge the guidelines for the care of babies at birth?

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Background: All aspects of childbirth have become increasing technological; care of the baby at the moment of birth is no exception. Some babies require active intervention, many receive interventions that are unnecessary, and some babies may even receive intervention that may be harmful. Midwives are the health practitioners present at every birth; at many births midwives will be the only health practitioner(s). They have the greatest experience of witnessing the normal transition to extrauterine life and they promote the philosophy that birthing is a physiological event that should remain undisturbed as possible.
Aim: The presentation will explore the evidence relating to a number of aspects of care that are implemented at medicalised births.
Method: I will use a rapid realist review to explore the evidence relating to many of the aspects of care of babies at birth. I will examine the evidence the Resuscitation Council has used to support the advice it gives. Much of the level of evidence is expert opinion; which is often in stark contrast to the rapidly developing understanding of firstly, the physiology of the transition to extrauterine life and secondly, birth asphyxia. A number of the recommendations devalue midwifery knowledge and expertise. For example removing colour from the initial assessment of the newborn, removes one of the important assessments which midwives use to determine what action they need to take. The increasing use of technology may distract midwives from the essential acts of expanding and ventilating the baby's lungs, putting emphasis on the machines rather than the assessment of the baby.
Results: The evidence which examines a physiological approach to the care of the newborn baby, including resuscitation, and the effects some actions may have on women, both physiologically and psychologically, will explore how a physiological approach to care will benefit women, babies and midwives.

P5   A realist evaluation of the refocused school nurse programme within early adopter sites in Scotland

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Background: The school nurse's (SN) role has varied greatly across Scotland. Recently, the Chief Nursing Officer proposed that the role should be refocused. The refocused role places emphasis on nine priority areas with a view of improving children and young people's health and wellbeing. Two early adopter sites were identified to test the new programme. Our aim was to assess how, why and in what circumstances the refocused role works in order to provide learning to support SN training and intended national roll-out of the programme.
Methods: We used a realist evaluation approach, conducted in three phases. In phase one, six managers took part in individual interviews and a focus groups and this data was complemented by the programme documents to develop initial programme theories. In phase two, the programme theories were tested using qualitative data from 27 school nurses, and secondary data from the first 6 months of the programme that captured patterns of referral. The programme theories were refined through analyses and interpretation of data in phase three.
Findings: The context of the nine priority areas worked through the mechanism of streamlining referrals and extended school nurses working relationships with wider agencies and this ensured that school nurses receive mainly relevant referrals. The mental health and wellbeing priority area was the most frequently used. Whereas nurses referred complex mental health cases to a specialist agency, they felt less equipped to deal with low to moderate cases. Lack of training in mental health issues was identified as one of the main challenges as was lack of qualified staff for the new role.
Conclusion: The refocused SN role and school health teams have the potential to improve children and young people's health as well as mitigate some of the issues they face, if sufficient training and staffing is made available.

P6 Building realist program theory for interventions for vulnerable children and families in Sydney, Australia.

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Introduction: We have previously reported on the study design and findings of a critical realist multi-level mixed method study in Sydney Australia that constructed a middle-range theoretical framework with realist causal propositions and models explaining neighbourhood context, stress, depression and the developmental origins of health and disease. The purpose of this study is to describe middle range program theory that draws on that study and other extant works.

Theory/Methods: Realist causal propositions are described are used to propose program mechanisms which if applied may improve outcomes. The programme design propositions and hypotheses will be expressed, in realist terms, as context-intervention-mechanisms and outcome (CIMO) conjectures.

Results: Causal mechanisms analysed included: expectations, loss, being alone, lifetime trauma, discrimination, mastery, sense of control, mattering, trust, isolation, access to services, information literacy, social capital, social exclusion. Program mechanisms identified included: family-peer trust, family-provider trust, willingness to share power, co-operation, Information, building self-help skills. Examples of intervention activities that might deliver these program mechanisms include: strengthening peer and family support, client centred workers, home visiting, and telephone support. Design Elements identified included: wrap around services, place-based initiatives, Care coordination, sustained nurse home visiting, family group conferencing, targeted parenting, social media, and workforce training.

Discussion: We have used critical realist meta-theory to assist in the translation of previously reported empirical explanatory theory building to theory driven interventions. We will situate these interventions in the socially disadvantaged regions of Sydney where the local child and family inter-agencies are collaborating to design and implement new programme interventions based on earlier studies of perinatal, child, youth and family outcomes.

Conclusions: The analysis described here seeks to bridge the translational research gap from theory building to program design and subsequent theory testing. The study demonstrates the application of the Confirmatory Phase of our previously described Explanatory Theory building Method.

P7 "Each is in different circumstances anyway": A realist multilevel situational analysis of maternal depression in South Western Sydney, Australia.

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Introduction: We present here the findings of a realist multilevel situational analysis of maternal depression. We use situational analysis to identify the interaction of mothers with social structures and the possible causal influence of those social structures on her wellbeing. The analysis moves from an emergent empirical approach toward the more reflexive and abductive approach of situational analysis thus better informing our abductive reasoning and the generation of theory.

Methods: Critical realism and symbolic interactionism provide the methodological underpinning for the study. Interviews of mothers and practitioners were analysed using open coding to enable maximum emergence. Situational analysis was then undertaken using situational and social worlds/arena maps.

Results: Home and neighbourhood situational analysis mapping and analysis of relations identified the following concepts: a) expectations and dreams; b) marginalisation and being alone; c) loss or absence of power and control; and d) support and nurturing. The neighbourhood and macro-arena situational analysis mapping and analysis of relations identified the following concepts: a) social support networks, social cohesion and social capital; b) services planning and delivery and social policy; and c) global economy, business and media.

Discussion: Emerging was the centrality of being alone and expectations lost as possible triggers of stress and depression within circumstances where media portrays expectations of motherhood that are shattered by reality and social marginalisation. We further observe that powerful global economic and political forces are having an impact on the local situations. Emergent theory building methods such as those used here are also consistent with accepted critical realist methodologies (i.e. grounded theory). We were not able to identify where situation analysis had been previously used for critical realist theory building but, as a symbolic interactionist methodology, its use within a critical realist epistemology is appropriate.

P8   Designing initiatives for vulnerable families: from theory to design in Sydney, Australia

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Introduction: Intergenerational cycles of poverty, violence and crime, poor education and employment opportunities, psychopathology, and poor lifestyle and health behaviours require innovative models of health care delivery to break them. We describe a program of research informed service development targeting vulnerable families in inner metropolitan Sydney, Australia that is designed to build and confirm a theory of "Neighbourhood Context, Stress, Depression, and the Developmental Origins of Health and Disease (DOHaD)". We will describe the development of an intervention design and business case 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: Perinatal coordination, Sustained home visiting, integrated service model development, two place-based hubs, Health Promotion and strengthened research and analysis capability.

Conclusions: We demonstrate here the design of interventions for vulnerable families in Sydney utilising translational research from previous realist causal and program theory building to operational service design. We have identified the importance of our earlier analysis of underlying causal mechanisms and related programme mechanisms for identifying the elements for the full intervention design. The application of theory added rigour to the design of the integrated care initiatives. In applying the theory to the local situation the analysis took into account: the role of the local agencies; evidence of program effectiveness; determinants and outcomes for local children and their families; the current deployment of service resources; and insights from front-line staff and interagency partners.

P9   Retrospective realist evaluation of a pragmatic substance-misuse intervention in remote Indigenous Australian communities

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Background & Aims: The Cape York Cannabis Project (CYCP) was a pragmatic, before-and-after evaluation of a multiple component intervention targeting cannabis in three remote communities. This study is an example of retrospective realist evaluation (RE) enabling the transition from pragmatic to realist program theory.

Method: Similar intervention studies funded by Australia's National Health and Medical Research Council since publishing its 'Roadmap for Indigenous health' were reviewed to identify common assumptions. Qualitative, thematic analysis of 431 interviews with community residents illuminated possible mechanisms for change at the individual level. Interviews with key research staff, the original study design and the literature informed a refined program theory with key theoretical mechanisms in context.

Findings: Experimental and quasi-experimental study designs for substance misuse interventions made implicit assumptions about local agency, relying on local people to translate intervention processes. The CYCP interviews demonstrated that local residents considered that cannabis was harmful and viewed demand reduction favourably, particularly by focusing on family and employment. The CYCP's research feedback built trust and credibility, but local people focused on different information to researchers. Cannabis' illicit nature created a conflict of interest for local dealers. Tobacco intervention studies face no such legal barrier. Policies that can prioritise cannabis as a community safety concern, robust local workplace structures and researcher flexibility enabled responsiveness to isolated opportunities to embed actions. Trust and engagement were conceptualised as sequential emergent contexts driven by credible, local data represented with authentic, culturally-relevant symbolism.

Conclusions: The CYCP survey and data feedback process was effective. Local symbolism was under-utilised. Policy was a key mediator for capturing locally-inspired demand reduction strategies. The realist lens highlights mechanisms for intermediate outcomes with researchers obliged to examine assumptions about causal pathways.

Future directions: Quantitative findings will furnish context-mechanisms-outcome clusters, concluding the initial RE cycle and enabling subsequent prospective RE designs.

P10 A realist evaluation of transdisciplinary research collaboration on knowledge translation understandings and behaviors

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Background: Transdisciplinary research collaboration and knowledge translation are common terms in research, but what do they have in common? A positive relationship between transdisciplinary collaboration and knowledge translation (impact) is often assumed or implied in research, funding, and policy documents, which does little to explicate the complex relationship between the concepts. Realist evaluation can facilitate understanding of if, how, why, and for whom transdisciplinary collaboration impacts knowledge translation.

Methods: We are conducting a realist evaluation with an embedded longitudinal case study of the transdisciplinary knowledge translation processes within a large-scale Australian research collaboration. This collaboration is a Centre for Research Excellence (CRE) in Frailty and Healthy Ageing, funded for 5 years by the National Health and Medical Research Council. Over the CREs lifespan, we will iteratively cycle between theory development, verification and refinement by way of a rapid realist review, four qualitative data collection time points with CRE members, visual elicitation data, ongoing document review and observation to develop a middle range theory of if, how, for whom, and under what circumstances transdisciplinary research impacts knowledge translation understandings and behaviours.

Results: Initial steps towards program theory development are underway. Baseline semi-structured interviews with 16 CRE investigators and postdoctoral fellows were completed (range: 37-74 min.; M= 59 min.). The working program theory is that transdisciplinary research teams, combined with facilitation from knowledge translation researchers (Archibald & Kitson) and implemented within a favourable team environment (e.g., frequent, open communication) will contribute to a shared perspective of knowledge translation as a collaborative and iterative process, and be reflected in behaviours (e.g., communication and collaboration methods) and successful implementation of study findings.

Conclusion: Understanding the complex and often assumed relationship between transdisciplinary research and knowledge translation could be used to optimize impact of collaborative teams while concurrently supporting internal functioning with the CRE.

P11 Using a realist evaluation framework for a First Peoples program that supports families with a parent in prison

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This poster will outline the rapid realist review and realist evaluation of a program that supports First Peoples (Indigenous Australian) families with a parent in prison.

There are three things you need to know:
1. The First Peoples of Australia have the highest incarceration rates in the world. The consequences of this mass incarceration add to the history and ongoing impact of colonisation.
2. Globally, the wider impact of incarceration has been acknowledged. Families that are left behind are impacted, but the experience is highly contextual. Inevitably, over-represented minority communities see this in a concentrated and intensified form.
3. The number of service providers supporting families are increasing. But the issues are still complex, they are generally under-resourced, and there is a lot to learn in how to support families.

The aim of my PhD: I had the opportunity to evaluate a locally designed program specifically supporting First Peoples who had a parent in a New South Wales prison.

What we did? I completed a rapid realist review to inform the subsequent realist evaluation. I used methods that reinforced self-determination and ensured that the contexts, mechanisms, and outcomes were drawn from the program and service providers rather than from a top-down approach.

What was found? The RRR shed a strong guiding light for the evaluation. Three outcomes were the axis of establishing CMOs: supporting positive family relationships, strengthening cultural identity, and ensuring adequate and culturally appropriate access to services. The evaluation allowed for an intricate understanding of how the CMO's were related.

Overall, a limitation was the lack of quantitative outputs that are commonly relied on for further funding. However, there were numerous benefits in using the realist approach, particularly in highlighting the contextual nature of incarceration and the unique CMOs of First Peoples.

P12   A realist evaluation on implementation of option b+ for prevention of mother-to-child transmission of HIV (PMTCT) among Indigenous Papuan Community

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Introduction: An effective PMTCT program is increasingly important in Indonesia as MTCT currently results in 7.5% HIV infections in infants born to HIV+ mothers, far from the optimal 1% reported elsewhere. The purpose of this study was to examine the implementation of the latest PMTCT policy that aims to increase enrolment and retention of HIV-positive women in antiretroviral (ARV) treatment to reduce MTCT.

Methods: The research utilised a realist framework to evaluate the implementation of Option B+ for PMTCT within indigenous Papuan community, where a generalized HIV epidemic has been documented since 2007. We used a qualitative approach through in-depth interviews of program providers and users at two selected referral hospitals providing PMTCT services for majority of HIV-positive women in Papua. The analysis focused on configuration of the links between context, mechanisms and outcomes to explain the impact of the program, for what types of women, and in what circumstances.

Results: Implementation of Option B+ for PMTCT resulted in improved program outcomes including increased number of women tested for HIV and enrolled in the program. The effectiveness of the program relied on facilitating contexts including non-discriminating health workers and partners who did not prevent women from getting treatment. The impact of the program for asymptomatic women was undermined in environments where partners were unsupportive, and the community was stigmatizing and discriminating. Outcome differences across both contexts were mediated by the mechanisms of high quality HIV post-test counselling, women's belief in the ARV efficacy (or not), and the desire to have a healthy baby.

Conclusions: The new policy may improve indigenous women's uptake and retention in PMTCT program. To achieve better outcomes there is a need to adapt hindering circumstances on different levels while improving women's belief in the ARV efficacy.

P13   Keeping complexity appropriately complex: A critical realist approach to evaluating rehabilitation interventions

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Background: The use of experimental group designs have been advocated to rigorously demonstrate intervention effectiveness; however, problems with this approach have been identified within the evaluation of complex rehabilitation interventions. Reducing the intervention complexities to variables that can be measured in such a way that linear causality can be guaranteed with greater confidence, can result in difficulties translating the findings back to 'real world' practice where complexity is the norm. Critical realist approaches offer an alternative approach to evaluating intervention effectiveness,

Aims: To overview how a critical realist framework is being used to evaluate how, and to what extent, a therapeutic horse riding intervention may work, for typical participants who access it.

Design: Mixed methods research design

Methods: A three-phase research design is being used to explore the context, mechanisms, and outcomes of a therapeutic riding intervention, providing a comprehensive account of intervention effectiveness.

Findings: Adopting a critical realist approach involves attaining knowledge about underlying causal mechanisms for events of interest, and not just measuring empirically observable events themselves. A key concern of critical realism is whether the knowledge gained about context, mechanisms, and outcomes can be generalised, thereby giving attention to the utility of knowledge gained from the outset of the research process.

Conclusion: Evaluations of the effectiveness of complex rehabilitation interventions need to provide more than yes/no answers. Adopting a critical realist framework allows for an ideographic focus on the ways that people benefit (or not) from rehabilitation interventions, and the ways those interventions may be optimised to promote outcomes.

P14 Realist evaluation of factors affecting the uptake and sustainability of videoconferencing in care homes

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Background: Approximately, 416,000 older adults in the UK are now living in care homes, with many developing a range of complex health care needs that can no longer be managed independently. This number is predicted to increase in the years to come, with the number of older adults being expected to increase by 4.75 million in the next two decades. Therefore, evaluating and optimising new technological interventions, such as videoconferencing, is imperative to harnessing limited resources.
One way videoconferencing is being used, is by linking a hospital to care homes, to provide round the clock advice for care staff. However, there is a deficit of theory driven research around factors affecting uptake and sustainability of videoconferencing.
Aim: To explore the contexts and mechanisms that affect the uptake and sustainability of videoconferencing in care homes.
Methods: A Comparative Case Study approach, using Realist Evaluation methodology for theory development refinement and testing. The case studies were identified through a survey that was sent out at the beginning of 2015 to understand the current provision, knowledge and attitudes towards videoconferencing in care homes in Yorkshire and the Humber. Three care homes were identified for further study; one where videoconferencing was well integrated in to care home pathways, a second where the home was trialling the use of videoconferencing, but struggling to optimise the use of it and a third care home that had no plans to implement it.
Results: Emergent findings suggest the most pertinent theories for the uptake and sustainability of videoconferencing in care homes are around leadership, organisational commitment, tension for change and self-efficacy.
Conclusions: Once data analysis is complete, key principles will be developed to help inform commissioners and strategic managers as to which care homes may be best suited to videoconferencing. These will be presented at the conference.

P16   How can a realist approach to trauma-informed care for child protection clients work?

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The poster, "How can a Realist approach to Trauma-Informed Care for child protection clients work?", describes the findings of a project using the Realist approach to design and implement a multi-sectoral team in the Queensland city of Logan. The Logan Integrated Care Team (LIT) project is a cross-sectoral initiative involving the Queensland Government. The Team is multi-disciplinary, co-located and uses a trauma-informed approach. The poster includes an exemplar CMO configuration for an imaginary young person who represents clients of the LIT. The CMO configuration is based on a Rapid Realist Synthesis and practitioner knowledge. The poster also includes a diagram that compares the successful firing of mechanisms identified within "Attachment Theory", with business as usual. The poster demonstrates the firing of these mechanisms within a specific, defined context, and links the theory to "deep" and "empirical" outcomes.