October 3rd – 5th, 2016

2nd International Conference on Realist Evaluation and Synthesis: Advancing Principles, Strengthening Practice

Barbican Conference Centre, London
Welcome

On behalf of the 2016 CARES conference planning committee, I would like to extend to all a warm welcome to the University of Liverpool London and the Barbican Centre for the 2\textsuperscript{nd} International Conference on Realist Evaluation and Synthesis. This conference had been designed to support training, networking, discussion and debate on realist methodology and key areas for development. This year’s conference theme, ‘\textit{Advancing Principles, Strengthening Practice},’ means to inspire us as a community of engaged co-learners, to clarify the principles underpinning the work carried out in realist inquiry, and to solidify our understanding of how to go about doing such evaluations and syntheses.

Realist Methodology is at a critical junction in its development. Burgeoning interest is mainstreaming the application of the realist approach in health, social, and development sectors and beyond. Such developments require us to be attentive in building the foundation of understanding while at the same time innovating and advancing the field. To that end, may this conference be a key opportunity to gather our collective experience to elucidate what has been successful to date and how we can improve the accessibility of realist methodology for an ever-widening array of research and evaluative fields. At this 2\textsuperscript{nd} conference of the Centre for Advancement in Realist Evaluation and Synthesis (CARES), we have an impressive lineup of plenary speakers, oral and poster presentations, as well as roundtable and open mic sessions. Enjoy the event. May you advance in your understanding, and may you be successful.

Sincerely,
Justin Jagosh, Ph.D
\textit{Director, Centre for Advancement in Realist Evaluation and Synthesis}
\textit{University of Liverpool}
CARES Conference Planning Committee:

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& Director, Community Matters Pty Ltd

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Nuffield Department of Primary Care Health Sciences
University of Oxford

Soo Downe
School of Community Health and Midwifery
University of Central Lancashire
Information for Delegates and Guests

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Old Street Station: Northern Line and National Rail. Approximately a 10 minute walk to the University.

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**Café**
The University café is located on the ground floor.

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There are Female, Male, and Disabled toilets on every floor.

**Accessibility**
The building is accessible by ramp.

**Accommodation**
For a list of accommodation options please request information from the course organiser.

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**Map of local area**

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1. Golden LanesLeisure
2. Fitness First Old Street
3. Virgin Active
4. Slim Jims

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1. Natwest
2. Lloyds
3. Nationwide
4. HSBC
5. Barclays
6. Santander

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1. Boots (Chemist)
2. Waterstones (Bookshop)
3. Book Works
4. Curry's Digital
5. Post Office
6. Argos
7. Co-op Food
8. Marks and Spencer

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1. St Bartholomew's Hospital (Walk in centre on site)

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2. Liverpool St.
3. Old St.
4. St Pauls
5. Bank
6. Bank (DLR)
7. Barbican
Barbican Centre Floor Plans are on the next few pages. Come to the Barbican’s main entrance on Silk Street, walk into the Centre and across the foyer - use any lift or the main staircase to reach the Garden Room on Level 3 for the event cloakroom, registration and catering.
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Intentional rounding in hospital wards: What works, for whom and in what circumstances? A realist synthesis

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Realist ethics roundtable

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Building capacity in realist methods in international development: Ideals, Realities & Practicalities

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This presentation will describe the use of a realist evaluation methodology in the context of the evaluation of innovative child sexual exploitation (CSE) services. The evaluation is being conducted by the authors at the University of Bedfordshire, and is funded by CSEFA, the Child Sexual Exploitation Funders' Alliance. The paper will be structured in three main parts:

First, we will describe the background and aims of the evaluation. The evaluation, which is taking place over four years, is following the establishment and development of 16 innovative child sexual exploitation services across England. Each project is based in a voluntary sector organisation, and is using a ‘Hub and Spoke’ model – this is where the charity recruits and supports workers to provide a specialist child sexual exploitation service in neighbouring areas, where no such service has existed before. These workers (the ‘Spokes’) are employed by the voluntary organisation (the ‘Hub’) but are based out in their new areas, hosted largely by statutory organisations such as Children's Social Care or the Police; many of the host settings are multi-agency teams. To date, eight services are ‘up and running’, with 2-5 Spokes established at each site; another eight services have newly recruited Spoke workers. Spoke worker roles include individual casework with young people experiencing CSE, consultancy and training with other professionals, and running awareness raising sessions for local organisations.

Second, we will describe why a realist approach was adopted for the evaluation of this ‘Hub and Spoke’ initiative, and how the evaluation has been designed and progressed according to realist principles. Central to our approach is understanding the different contexts into which these 16 services are being developed – including structure and organisational contexts (for example Police forces, Local Authorities, Children’s Social Care), relational contexts (for example between the voluntary sector and statutory organisations locally), and CSE contexts (for example types and prevalence of CSE locally, history of prosecutions).

Following realist principles, the evaluation is focussed on identifying not ‘what works’ in setting up innovative CSE services, but on what works for whom, in what circumstances, and why. Thus understanding the impact of local context on the development of these services is at the centre of the evaluation. The design of the evaluation has included an initial round of data collection, using quantitative and qualitative methods, to inform the development of candidate theories. A second round of data collection is now underway to test out these theories. In addition to the perspectives of Hub and Spoke staff and professional stakeholders, the evaluation has included the perspectives of the young people using these new services, alongside their parents and carers.

Third, the presentation will outline some of the emerging findings from the evaluation – for example around multi-agency working, Spoke worker identities, and voluntary-statutory sector relationships. We will conclude by outlining some of the benefits of using a realist approach to evaluate innovative CSE services, as well as presenting some challenges of using this approach in this rapidly changing field of social policy.
In the current policy and commissioning environments for services aimed at improving the lives of children and families, increasing priority is placed on the ability to measure and demonstrate the effectiveness of social welfare intervention. However, this is often delivered in the context of complex social systems in which a multiplicity of factors interplay between those individuals who are managing, providing and using social services. This complexity presents significant methodological challenges in understanding the effect of intervention on individuals' lives. Often the pressures to produce highly aggregated outcomes data mean that the experience and the voice of those using services is overlooked and the connection between data and lived experience is lost.

The objective of this study was to trial a more ‘bottom up’ approach to measuring outcomes known as Goal Attainment Scaling (GAS) which engages service users alongside their practitioners in co-determining the goals of intervention. Consistent practice in setting, scaling and reviewing means that a quantitative measure of goal attainment can be drawn across the service.

This study was concerned to frame ‘evaluation’ and ‘outcomes measurement’ as participatory and reflexive activities that should be embedded within service delivery. The over-arching aim was to facilitate reciprocal or ‘bi-directional’ learning between the providers and users of services which could underpin interventions, particularly with vulnerable populations of service users.

GAS was implemented with practitioners and young people within the context of a leaving care support service provided by a voluntary sector service. Stein’s resilience theory (Stein, 2005) was used as an organising framework for analysing goal choice and the outcomes ‘footprint’ for care leavers with differentiated support needs in order that services might better time, tailor and target interventions towards discreet service user groups. The trial was evaluated using a realist research strategy and adopting a mixed methods approach in developing, testing and refining a number of theories about what might work best for service providers and beneficiaries. This revealed the significance of context when introducing new approaches to outcomes measurement and evaluation into practice environments, betraying a concerning picture of the pressures and constraints on practice experienced by a large leaving care service in a climate of austerity and cuts to public services. An analysis of context, mechanism and outcome drew on Astbury and Leeuw’s classification of situational, action formation and transformational mechanisms (Astbury and Leeuw, 2010) to reveal how the generative causal chain unfolded throughout the course of the trial, distinguishing between the broader forces that were in play and those at individual and interpersonal levels. The study contributes empirical knowledge about how contextual conditions might support or present barriers to the use and implementation of evaluation.

The research illustrates how complex and interrelated policy and practice environments interplay with the challenging aspects of transition for young people and their heterogeneous pathways from care. Important learning
for evaluation research, the implementation of evaluation in practice and the policy and practice agenda for ‘leaving care’ is identified.
Part 3: Is 35 mechanisms too many? Learning through a realist evaluation of safe accommodation for children affected by sexual exploitation and/or trafficking.

Monday, 3rd October - 12:30 - Realism in Action I - OS-1 - Barbican Centre, 4th floor - Frobisher Room 1 - Themed paper (30 min)

Dr. Lucie Shuker 1

1. University of Bedfordshire

Children in care feature disproportionately in the case loads of services supporting those at risk of or experiencing sexual exploitation. This reflects both the prior vulnerabilities of victims and the additional risks presented by experiences of poor care. In response to growing concern about children who are trafficked and/or sexually exploited when missing from care, Barnardo’s was awarded a grant from the DfE to deliver a ‘Safe Accommodation Project’ from 2011-2013. This paper presents the findings of the evaluation of the Safe Accommodation Project, and some key lessons learned in this attempt to apply a realist evaluation methodology to a small mixed-methods multi-case study.

The project piloted a specialist foster care program with 14 young people who were either known or suspected victims of child sexual exploitation (CSE) or child trafficking. This involved recruiting carers to the program and providing them with two days training on CSE and trafficking. A specialist project worker then offered weekly support to the young person, and advice to the foster carer(s) as requested. The evaluation gathered qualitative interview data at up to three points in time over each placement with carers, young people, project workers and social workers. Further qualitative data was gathered through foster carers’ weekly logs, which also collected quantitative data on missing episodes, school attendance and contact with the police.

The evaluation tracked a series of outcomes including placement stability, rates of going missing, and the young person’s awareness of healthy/unhealthy relationships. Warm and trusting relationships developed between the carers and young people in the majority of the placements, and these were a key that unlocked wider outcomes relating to the young people’s safety and well-being (educational attendance, reduced missing incidences, awareness of risk).

The application of a realist evaluation methodology was limited in light of the small number of young people in the pilot. It was not possible to identify significant outcome patterns across the placements for example. However, though few of the findings are generalizable, realist evaluation’s foregrounding of theory provided a meaningful framework and goal for this small but in-depth piece of research. A placement model was produced at the beginning of the evaluation, drawing on consultations with those involved. This was then revised in the final report to take account of new insights about how the programme actually worked in practice.

The presentation will critically reflect on the strengths and weaknesses of this specific endeavor to take a realist evaluation approach including: insights that came through the CMOC analysis; the struggle to build causal pathways; presenting theories as the product of research; and deciding on the right level of description for mechanisms.
Combining soft systems approaches with realist evaluation principles to understand a childhood accident prevention programme

Background
Healthcare organisations have been charged with reducing the rate of death and injury from accidents. This paper reports the first stage of a Knowledge Transfer Partnership project, an evaluation of a child home safety intervention and the development of a transferable model for accident prevention.

Aim
Using realist principles, to evaluate the home safety equipment scheme available within the Action on Children’s Accident Prevention (ACAP) programme. The analytical task was to uncover what aspects of the programme worked, for whom and in what circumstances. Using a theory-led approach enabled the identification of effective accident prevention practices that could be transferred to other settings.

Methods
Soft systems approaches were used to engage with stakeholders to identify ‘prosaic theories’, about how the programme worked. The theories were used to guide the collection of qualitative data, collected using documentary analysis, observation of programme delivery (n=20), interviews with service users (n=19), programme staff (n=10), health visitors (n=8) and service partners (n=12). Data were thematically analysed and set within context, mechanism and outcome configurations to explain their meaning. Approval to proceed was granted by the programme’s host organisation and the University Faculty of Health Ethics committee.

Findings
ACAP was identified as a multi-layered dynamic programme that capitalised on the local availability of both human and financial resources. A shared vision between ACAP stakeholders meant that approaches to accident prevention practice were comprehensive and consistent. The programme was predicated on a preventive model, where resources are most effectively directed at reducing risks across a deprived demography. This was dependent on health visitor use of referral criteria and professional judgement, which enabled universal access to assessment and targeted delivery of the intervention (provision and fitting of reduced cost safety equipment in conjunction with a personalised home safety talk provided by health visitor team paraprofessionals). Service users demonstrated programme participation and adoption of safety practices when interactions with programme staff were facilitative and encouraged active learning.

Conclusions
Soft systems methodology was useful for formulating initial programme theories that were needed for proceeding with the theory led realist evaluation. The accident prevention programme was based on five key transferable elements, each with operating CMOs that collectively explained how the overall programme worked. They were: 1) a whole systems approach involving team and partner agency working shared visions, synergies and...
integrated efforts. 2) The use of social marketing supported the commissioning of service and promoted active public response to the initiative. 3) Incentives encouraged accident prevention resources to be used, whilst 4) proficient practices that enabled learning facilitated attitudes to be changed. The overall effect was a focus on 5) promoting collective behaviour change, through informed decision making, which was sustained over time. By identifying contextual influences on programme strengths it has enabled the creation of a service model for accident prevention, theoretically transferable across populations and settings. The whole system approach towards home safety and education has contributed to a social movement embedding consistent messages, normalising safer behaviour, and improving health outcomes for the local population.
Developing a conceptual platform for a realist synthesis of soft skills training programmes

Mr. Ben Mitchell

1. Leeds Beckett University

The focus of this research is identifying what works in training programmes that aim to enhance soft skills among adults. The term ‘soft skills’ is a broad, umbrella term covering generic, transferable or employability skills that include elements of human interaction, attitudes and presentational qualities. In recent decades, they have become more important to employers as a result of a growth in the proportion of jobs that have service responsibilities and types of organisational working that require collaboration and a large element of communication.

To answer the question of what works when trying to teach or learn these skills, a conceptual platform is developed with the purpose of conducting a realist synthesis of relevant interventions. Such an approach is particularly suitable for the study of soft skills because definitions of those skills often draw upon multiple influences and perspectives. These include the close relationship that soft skills have with personality and the question of whether they can be even defined as skills.

In order to develop the conceptual platform, the paper first looks at how soft skills are applied and valued in the workplace, considering the various abilities that may come under this heading, specifically those which require understanding and control of emotions at work, and those which require the ability to present the right ‘aesthetic’ or attitude. The types of intervention that may be implemented to develop these skills are then considered using the realist Context, Mechanism, Outcomes configuration.

Following this, a pilot review of a small selection of evaluations of soft skills programmes from a range of settings is used to develop the conceptual platform further. This uses Pawson’s (2013) ‘complexity checklist’ and ‘organising principles of evaluation science’ as a guide for analysing the papers in the pilot review. From this, a series of questions are set out for a future realist study on this topic.
Worldview in Realist Evaluation

Realist evaluation is structured around the key question of “What works, for whom and why” (Pawson and Tilley, 1997). Substantial development of metrics, mechanisms and programme theory have done much to create robust methods for understanding what works and why, yet the “whom” element has not yet developed into a distinctive methodological style. To some extent, this undermines what can be learned in the CMO approach. This paper begins by considering the central but frequently overlooked idea that the worldview of a participant is the key to understanding what mechanisms will fire in a particular context. Programmes seek to change minds (Pawson, 2013: p.34) and the success of a programme depends upon the range and stability of participants’ worldviews. It is clear from this definition that not only is worldview a primary component of “whom” and therefore critical in answering the “what” and “why” elements of the question, but also that a range of worldviews might be anticipated within any population of participants. “Whom” thus refers, in large part, to the specificity of worldviews within a population of participants.

The paper begins by briefly alluding to the philosophical background of worldview by drawing upon Steven Peppers depiction before reviewing some realist attempts to include worldview in an evaluation. Although Pawson appears to favour the idea of decision architecture, other realists have tried using role and demographic characteristics with limited success. More open, qualitative efforts have been partially successful, and at least one attempt has actually created the worldview it sought to study. Arguably, methods for studying “whom” and worldview doing have fallen behind those for considering programme theory and CMO.

The paper then offers operant subjectivity and its attendant Q sort method as means to formalise the “whom” component and thereby offer further insights into worldview, mechanism and context. Operant subjectivity (Stephenson 1977) refers to the functional, as opposed to logical, distinctions that constitute an individual subjective viewpoint. Q sort is a method for using factor analysis to collate and categorise similar individual viewpoints (or worldviews) into robust collective views by the ranking of statements drawn from programme theory, project objectives, literature review, folk knowledge and any other source. Thus a CMO can be modelled for each subgroup with a distinctive worldview.

The paper then offers examples of evaluation work carried out using Q methodology to define participants by worldview, demonstrating its potential and identifying further work that needs to be done.
The aim of this session is to critically engage with how a realist approach can be applied to ethnographic fieldwork, illustrated with examples from the author's own work and from the literature.

In common with a realist approach, ethnographic research is explicitly theory-driven. As a method, ethnography produces rich data which enables interpretation of the actions and meanings attached to actions which practitioners, organisations or cultures engage in. Realist approaches and ethnographic work produce detailed and contextualised theoretical accounts of the phenomena in question. Furthermore, ethnographic data collection tools, with their focus on developing a deep understanding of the cultural and contextual explanations of how and why phenomena happen, offer the best opportunity for understanding complex, culturally influenced processes; realist research also prizes attempts to explain the complex, with its focus on ‘what works, for whom, in what circumstances and why’. It would seem that ethnography and realist approaches are a match made in heaven.

However, ethnographic work is said to have been historically rooted in positivist ontology, if indeed an underlying ontology is acknowledged. So a researcher wishing to apply a realist approach to ethnographic work needs to critically engage with reconciling these opposing philosophies in a way that is authentic and capable of producing coherent findings.

In this themed paper session, I will share my reflections on how the different ontologies may be reconciled through discussion of how others in the literature have applied a realist approach in ethnographic work and how I approached this in my own research.
The ‘inverted case study’ – methodological innovation using a realist approach to research mental health policy and service delivery for 16-25 year olds in a comparative context in Australia and the UK.

Monday, 3rd October - 11:30 - Applying Realism in a Ph.D - OS-4 - 4th floor - Frobisher Room 4 - Themed paper (30 min)

Ms. Sarah-Jane Fenton ¹
1. University of Warwick

This paper explores the methodological approach undertaken in a PhD research project conducted at the University of Birmingham and University of Melbourne, looking at mental health policy and service delivery for 16-25 year olds in the UK and Australia. The paper seeks to describe and explain the approach taken during the course of this research as an innovative method of social enquiry.

Youth mental health issues and the debate about service provision have received increasing public interest and policy attention. This research is timely as there is an increasing interest in mental health and youth in both the UK and Australia. Due to its comparative nature, the study offers insight into the different strengths and challenges posed within each system.

The study took place in six case sites (three in the UK, and three in Australia) during 2013-2014. The design adopted privileged ontology, and identified laminated strata (based on the work of Bhaskar and Danermark, 2006). Using the identified laminated levels, qualitative research was conducted at each strata in order to explore the generative mechanisms operating within the six case sites. The design was developed in response to the challenge presented when a classic case study research design did not fit the multi-layered, multi-site approach needed in order to answer the research questions posed. The idea of creating this model was that through interviewing along the strata, a rich and textured understanding of the open system would be developed in order to facilitate answering the research questions. In this way, the context of the whole system and an understanding of critical realism was embedded in the research design, and then operationalised as a framework for social enquiry. As it was designed, the model allowed for comparison not just between cases (as with classic case study research), but also enabled comparison within cases at laminate level. The research conducted included analysis of policy documents relevant to each of the case sites, and thematic analysis of 219 interviews undertaken with policy makers, managers, front-line staff and young people, who were accessing services from across the six case sites. Results from this analysis will be presented to illustrate how the design worked in a live research context.

This paper represents the first time the model itself will be presented at a conference as a completed piece of work, including accompanying research findings and results. The presentation seeks to encourage debate about how qualitative research may be used to answer complex research questions, as well as to explore the embryonic idea of an ‘inverted case study’ approach.
Background:
As third year PhD students, we remain novices in realist evaluation (RE). However both have decades of clinical experience with open question interview style instilled into our beings. For we are not the person in front of us, who may be intimidated by our roles and be keen to please, giving the answer believed to be desired as opposed to actual. The concept of 'I'll show-you-my-theory-if-you'll-show-me-yours' is thus a challenge particularly, based on our experience, when engaging with the vulnerable in society.

Our PhD research with vulnerable people:
The first realist inspired evaluation is on telecare for older people living in their own homes (MB). Some participants were frail and/or had cognitive impairment (CI) due to dementia. The second is on Salvation Army Corps based services for people with problematic alcohol use (PAU) and CI, including due to alcohol-related brain damage (JH). We argue that a realist interview approach of 'showing' your programme theory to the interviewees to ask for their opinion is not always appropriate. For as clinicians, we are also immersed in, ‘first, do no harm’ and programme theories presented may cause distress to participants. Nevertheless we recognise potential paternalistic influences in our stances in this matter.

Interviews and focus groups: what worked, for who, in what circumstances and why:
Both researchers opted for open question approaches based on topic guides, though JH found with certain participants, closed questions were sometimes useful for clarity and to encourage responses. Participants often had personal stories they wished to convey, not necessarily of relevance to the research. However the stories added to understanding of the complexity of the context. It also gave MB and JH opportunities to informally assess capacity for research participation: this could vary dependent upon influences on cognitive function including infection, alcohol and drugs. Key to interview success was a rapid establishment of trust enabling participants to feel relaxed and able to converse. With some, clear and relevant responses were provided to the interview topics, and with others, 'nuggets' were found within more participant led aspects of conversation. Sometimes conversations circled till clarity in a specific area was reached. For some of JH's participants, the draw of alcohol limited the duration and thus interview content. However there was a 'drystane dyke' effect within the interviews, with different participants adding strength to understanding with recognition also that gaps remained. Both MS and JH adapted their interview style to that which met the cognitive ability, vocabulary, communication and behaviour style of each participant. This included encouragement of participant sharing of their own views as opposed to what they might think was expected. Personal reflections post each interview by MB and JH enabled refinement of subsequent approaches in accordance to individual participant need.

Conclusion:
In order to optimise researcher learning from vulnerable people including those with cognitive impairment,
mental ill-health or problematic drug or alcohol use, sensitivity and readiness to adapt realist evaluation inter-
views to a style in keeping with participant cognitive ability, vocabulary, communication and behaviour style is recommended.
This paper aims to critically explore whether Realistic Evaluation principles enable practitioners in the field of physical activity to Monitor and Evaluate their programmes. The paper draws upon the findings of an evaluation design utilising Q and realist methods to test a participatory M and E framework delivered at a south coast university.

The topic of M and E has drawn considerable interest in recent years in sport and physical activity programmes (Coalter, 2007, 2010). The interest and subsequent critique has focused on scepticism around whether they are able to facilitate change, how they are monitored and evaluated and who should be involved in these processes. A lack of evidence discourse (Nichols et al, 2010) has emerged which raises a series of issues around the capacity of these programmes. In order to move the field forward it has been suggested that a deeper understanding of what works for whom and why (Pawson and Tilley, 1997) is required to make sense of the mechanisms that may lead to certain outcomes in programmes.

On this backdrop, this study explored the crucial role of practitioner involvement and accountability in the M and E process. It drews upon a participatory approach, training a sample of student sport development practitioners in M and E techniques at a south coast University. The production of an evaluation framework which embeds realistic evaluation techniques (Pawson and Tilley, 1997) was trialled with the practitioners who were monitoring and evaluating their own projects in the local community. The framework consisted of workshops and action learning sets built around a common set of collaborative principles for evaluation (Schula et al, 2016) to build the capacity of practitioners.

The framework was evaluated to test the engagement with realist evaluation and to what extent the collaborative principles facilitated this. Testing consisted of a new and innovative realist evaluation methodology that synthesised realist approaches with Q methodology. The evaluation design consisted of administering a Q sort and factor analysis to understand subjective viewpoints underpinning the practitioners, which led to the production of holistic narratives distinguishing the different groupings of practitioners in relation to what worked for them, why and how. This was then followed and clarified through realist designed interviews and blogs which asserted context mechanism outcome configurations refining the holistic narratives asserted by Q.

The findings of the evaluation uncovered four different groupings (factors) of practitioners based on what worked for whom in what circumstances and why. Findings asserted positive outcomes and mechanisms for those engaging in realist approaches, but based on context, different practitioners reasoned and responded to the framework in different ways. Insight was gained into the significance of the collaborative principles underpinning the framework. These mechanisms are duly discussed.

In conclusion, this paper establishes two key contributions. Firstly, it provides empirical insight around how ap-
appropriate realist evaluation is for practitioners working in practice provided appropriate support, training and collaborative mobilisation is achieved. It secondly (on a methodological level) strongly advocates the benefits associated to combining realist evaluation with Q.
Conceptualising contexts, mechanisms, and outcomes: Dilemmas and the road ahead in Health Services Research

Background
Realist methods, including theory building, review, synthesis and evaluation are gaining popularity in health services research (HSR) because of their apparent applicability to the complexity of care and focus on causal mechanisms. Interventions can be evaluated in terms of how participants ‘reason or behave in response to new resources’. Understanding how outcomes are generated by mechanisms working differentially in different contexts is at the core of realist thinking, but how contexts and mechanisms are conceptualised remains under-explored. As realist methods are increasingly used in multidisciplinary and cross-sectoral projects, it is a priority to better conceptualise these core aspects.

Aim
To illustrate and explore the dilemmas of categorising and conceptualising contexts, mechanisms and outcomes when building theory using a realist approach in real world health and social care settings.

Round table method
•(10min) Introductions
•(20min) Present our propositions (see below) using examples from analyses carried out in two ‘realist’ projects carried out in the south west of UK:
•A mixed methods ethnographic and ‘value stream mapping’ study of decisions about admission made in emergency settings
•Development and evaluation of an intervention for prison leavers with mental health problems
•(10min) Panel members discuss these propositions in turn.
•(50min) Further discussion with panel members and audience regarding these propositions to build on adapt and expose uncertainties and further theoretical work needed to develop the propositions. All participants will be encouraged to illustrate their points, wherever possible, with examples drawn from realist research.

Propositions
1. A generic framework is useful for considering different typical scenarios in health service research settings:
   a. Such a model would encompass organisational structures, processes and cultures as well as practitioners’ interactions with patients/clients/individuals
   b. Other key interactions include practitioner-practitioner interactions and individual-other practitioner interactions.
   c. Practitioners bring resource/s to an individual which might change their thinking, skills or behaviours
   d. The way the system supports practitioners is critical. The resource could be the manager-supervisor (providing guidance), a piece of technology (prompting or assisting data flow), or a space (for example in emergency

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Prof. Richard Byng¹, Dr. Cath Quinn¹, Dr. Mark Pearson², Dr. Sarah Brand³

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rooms) which allows an individual practitioner to work in a different way.
e. Together these form an interlocking logic model of how organisations along with individual practitioners can generate better outcomes for patients/clients within systems.

2. It is important to conceptualise the internal logic of health service research context-mechanism-outcome chains.

a. Our findings build on the concept of intervention ‘dose’ (Rycroft-Malone et al) in that outcomes may be graded; they may be either changes in patterns of thinking and knowledge, or actual behaviours.
b. Outcomes are likely to be the result of multiple mechanisms interacting or at adding cumulatively.
c. Mechanisms can have effects on multiple different outcomes

Given the lack of context-independent magic bullets it becomes even more important to understand when mechanisms can be triggered within certain contexts to produce small changes in outcomes. It is valuable, given these complexities, to build up an interlocking theory of potential causal links, with contingencies.
This paper discusses three recent and challenging realist inquiries that required tweaking standard practice to maintain realist principles: an evaluation of a reintegration program for Aboriginal women leaving prison in the Australian central desert, where two of the co-authors were themselves program clients; a realist-informed assessment in East Sumba of how irrigation is impacting on potable water and sanitation access, with interviews conducted by local young people in a language for which no written form exists; and an evaluation headed by a Javanese doctor of the variable take-up of Frontline SMS by health workers in a number of eastern Indonesian districts, with culture emerging as an important factor. In each of these projects, realist concepts had to be translated not just linguistically but also culturally, from gaining acceptance of realist ontology and epistemology from Aboriginal women who spoke English as a third or fifth language and had their own distinctive cosmology and axiology, to tweaking methodology to deal with cultural situations that influenced who talked about what, and in what ways, in different Indonesian islands. In order to maintain rigour, it proved important to analyse the evaluation contexts, the mechanisms they triggered or prevented, and the demi-regularities in discovery outcomes that resulted. (For example, analysis of transcript pronouns in Bahasa Indonesia – the language in which the interviewers transcribed their Sumbanese interviews, as that is a purely oral language – was used to distinguish cases where interviewers were likely to be capturing their own hypotheses rather than interviewees’ perceptions.) Although the challenging circumstances in which these inquiries were conducted made this type of analysis imperative, the results indicate that – given realists’ position on epistemology – even ‘mainstream’ inquiries could benefit from conducting this type of analysis and presenting it in reports.
The paper presented here will discuss how action research and realist enquiry share some of the same premises and goals and how as methodologies they are useful, though challenging, to use in public health research. Drawing on my own experience of conducting applied health research in the NHS and academia and using examples of projects, both action research and realist, I will unpick how the attention to mechanisms and levels of abstraction hold the key to evidence based practice for health improvement. Projects include a workplace intervention for cardiovascular health promotion; a literature review of diabetes care and older people; and a study of end of life kidney care. The usefulness of action research and realist enquiry in exploratory early stage research is described, as are the challenges and advantages of these methodologies early in the research trajectory. The overarching themes of equity and cultural intelligence run through this paper and I relate these to the application of realist and action research to policy and practice. As to why the methodological specifics matter, I give a brief account of some of the common barriers and misconceptions associated with both. Finally I conclude that for population and individual health to benefit directly from research a public health workforce which is equipped to facilitate research and understand mechanisms alongside outcomes is a necessity.
Scaling ladders and stitching theory: navigating the challenges of a large scale realist evaluation in international development

Monday, 3rd October - 14:45 - Realism in Action II - OS-5 - Frobisher Room 1 - Themed paper (30 min)

Ms. Melanie Punton

1. Itad

This session reflects on a realist evaluation in progress: a three-year impact evaluation of the £13 million Building Capacity to Use Research Evidence (BCURE) programme funded by the UK Department for International Development (DFID). The BCURE programme consists of six linked projects spanning 11 countries in Africa and Asia, all aiming to increase the capacity of policy makers to use research more effectively through building the skills, incentives and systems required to access, appraise and apply evidence in decision making.

The session aims to offer the evaluation community insights into the challenges of a realist approach in international development, but also the value it can add by generating operationally relevant evidence on how and why change happens within complex environments. In the first year and a half of the evaluation, the team have grappled with a number of questions, some practical and others conceptual:

• How can we identify and prioritise realist context-mechanism-outcome configurations within a large scale, complex, multi-country intervention?
• How can we systematically analyse realist data and synthesise evidence from across multiple cases within the resources available for the evaluation?
• How can we recognise and encompass complexity in our evaluation design?
• How can we communicate effectively with international development donors and commissioners about realist evaluation methods and findings?
• How can we navigate the tensions between the theory-driven nature of realist evaluation, and the structures and incentives of the international development sector?

The session will reflect on the lessons learned and strategies developed to navigate these challenges during the first half of the evaluation.
The transferability of complex interventions: a case study of parenting programmes.

Monday, 3rd October - 13:45 - Realism, Trials and Transferability - OS-6 - Frobisher Room 2 - Themed paper (30 min)

Prof. Daniel Wight 1, Dr. Alison Devlin 1
1. MRC/CSO Social and Public Health Sciences Unit, University of Glasgow

Background
Evaluation design generally focuses more on the strength of the causal relationship between intervention and outcomes (internal validity) than on the generalisability of these findings (external validity). Consequently there are numerous examples of interventions demonstrated to be effective in one setting which fail in another. Despite considerable advances in understanding how interventions operate, there has been little work to analyse what shapes the transferability of interventions between settings, different target groups, or different problems. Policy makers and practitioners frequently have to decide whether an intervention developed for a different setting, target group and/or problem would be appropriate for their needs, and research funders have to decide whether further evaluation is required for interventions being delivered in different circumstances. This is critical as research and public service interventions are globalised, especially in low-income countries (LICs) where there are scarce resources to confirm evidence from studies in high-income countries (HICs).

Aims
This paper will set out the rationale for identifying general principles for assessing the transferability of interventions and some of the challenges involved. We will explore which aspects of setting, target group or problem impact on effectiveness, and what makes interventions resilient to loss of effectiveness. We will illustrate this using a literature review of the transferability of parenting interventions from HICs to LICs.

Issues
A recent review (Gardner et al. 2015) found that four HIC parenting interventions were effective when transferred, even into culturally distant settings, but these only included two middle-ICs and no LICs. We will explore which kind of HIC parenting interventions seem effective in Africa, which contextual factors do or do not impede their effectiveness, and why.

Several conceptual issues will be addressed. Should ‘the intervention’ be defined in terms of form or function? Focusing on programme theory would suggest the latter, yet most programme designers prescribe content (e.g. Incredible Years, Triple P). Others define their programme by its goals and approach, intending to make it adaptable to local culture (e.g. International Child Development Programme).

What criteria should be used to define effectiveness, e.g. evaluation design, strength of outcomes, and/or size of effect? More fundamentally, concepts of effectiveness are socially constructed: should we restrict ourselves to the designers’ intended primary outcomes or include secondary, interim, or unanticipated but beneficial outcomes which might be more socio-culturally appropriate?

Analysing context generates most challenges. Realist evaluation has long acknowledged that some intervention factors can be defined as either mechanism or context, for instance the motivation of facilitators in parenting programmes. Even if this distinction is unproblematic, it is difficult to know which aspects of context are...
important in relation to a specific intervention and therefore need to be described. Contextual factors need to be categorised to formulate general principles. The literature suggests three possible typologies: levels in the socio-ecological model; Pawson's VICTORE checklist of dimensions of complexity; or elements of programme theory. We hope to identify which typology is most useful in exploring the transferability of parenting programmes.

Can theoretically informed realist approaches be successfully employed to synthesis multiple data sets and develop and evaluate a complex intervention? The ‘Engager’ synthesis saga.

Monday, 3rd October - 14:15 - Realism, Trials and Transferability - OS-6 - Frobisher Room 2 - Themed paper (30 min)

Dr. Cath Quinn ¹, Dr. Sarah Brand ², Dr. Mark Pearson ³, Prof. Richard Byng ²

¹. Plymouth, ². PUPSMD, ³. Ex

Realist informed approaches have been cited as being suitable for integrating multiple data sources and as appropriate for developing complex interventions. What, precisely, is meant by ‘realist informed’ approaches and how data from apparently incommensurable ontological approaches should be combined, remains less clear. We suggest that the development of theoretically informed intervention development and evaluation approaches, which move beyond inhabiting an a-theoretical middle ground, remain under theorised.

The Engager intervention supports prisoners with common mental health problems. The intervention was designed to engage with individuals with common mental health problems who are close to release, to set up a pathway of care in preparation for discharge, and to carry on for up to 8-16 weeks in the community. Within the wider context of a lack of suitable services for this population the Engager research project developed a theoretically informed intervention from a realist literature review, focus groups, case studies and the expertise of people with lived experience. The intervention was then tested in a pilot trial, which was evaluated by a realist formative process evaluation, additional focus groups, case studies and those with lived experience continued to contribute. The resultant intervention and it's delivery platform are currently being evaluated in a realist process evaluation in a randomised control trial (RCT).

The presentation will interrogate the key challenges for theoretically informed realist methodologies that were experienced, reflected on and (hopefully) resolved within the first two phases of the synthesis. The issues addressed will include:

• Integrating a qualitative informed appreciation of absences and silences; realist informed methods lean towards prioritizing things that have happened. Learning to ‘listen’ for things that had not happened, or which we had not ‘heard’ was particularly beneficial.

• Allowing a range of data collection techniques to inform the overall realist focus. This allowed us to both reduce expansive approaches while also actively working against linear and reductive thinking.

The solutions arrived at included developing the following:

• A multi-stage iterative intervention development process.
• Rejecting realism=pragmatism and committing to the most appropriate method for the question being asked.
• Becoming comfortable with shifting from exploratory qualitative to applied realist approaches.
• Developing our understanding of how a critical realist approach, of what works for who, where, why, how and when, could be applied across data sets, regardless of the original ontological position from which they were produced; whilst appreciating that they might have additional findings of interest within their own paradigms.
Recognising that our decision making processes needed to be explicit and include not only the research team, but also those who may receive the intervention and those who may deliver it. The titular reference to ‘saga’ is intended to highlight the role that an understanding of power dynamics contributes to developing complex interventions within real world settings.

We believe that, against the challenges of Marchal et al., we have produced a theoretically coherent Realist RCT of a complex intervention. We invite you to listen to our defence of this position and challenge us.
Using Realist Evaluation in intervention development: Key learning from a Realist Process Evaluation of a complex intervention in a pilot trial (Engager)

Monday, 3rd October - 14:45 - Realism, Trials and Transferability - OS-6 - Frobisher Room 2 - Themed paper (30 min)

Dr. Sarah Brand¹, Dr. Cath Quinn¹, Dr. Mark Pearson², Prof. Richard Byng¹

¹. Plymouth University Peninsula School of Medicine, ². University of Exeter

Background
Engager is a care-coordination intervention to improve mental health outcomes of men near to and after release from prison who have common mental health challenges. A Realist Review (reported 1st CARES conference) produced programme theory (PT) about what might work for this population and in what way. This informed development of the Engager intervention and its delivery platform (practitioner manual, training, and supervision). A pilot trial put the intervention PT into practice.

Realist Evaluation was used alongside other methods as part of a broader project of intervention development and testing. The Realist Evaluation aimed to explore whether the delivery platform was working in the way theorised, who for, and in what way, to inform changes to the PT, the delivery platform, and the intervention for the full trial.

Method
Realist interviews were carried out with men in the pilot trial, practitioners delivering Engager (Engager practitioners), and practitioners from other services. Engager practitioners took detailed notes about their delivery of the Engager intervention (what they did, who for, and in what way). Sessions between Engager practitioners and men receiving the intervention were recorded.

A five-level Framework Analysis (FA, Ritchie & Spencer, 1994) was used to analyse the data.

Results and Discussion: Learning from using Realist Evaluation for the process evaluation of the Engager pilot trial

1. The original PT was detailed and complex. The Realist Evaluation focused our understanding of the PT on the core ways the intervention is expected to bring about the desired outcomes for this population. We refer to this as core PT. This core PT informs the design of the process evaluation, the intervention model, and the delivery platform for the main trial.

2. For pragmatic purposes, using Realist Evaluation in intervention development required the Realist Evaluation to feed-in in two ways:

I. Real-time during pilot. During the pilot trial, pieces of data were selected for follow up in real-time using judgement based on incomplete, emerging data from a range of sources. For example, data suggesting changes that would prevent failure or promote success of the pilot trial and ability to test the model, such as data related to disengagement of practitioners in delivering the model. This allowed emergent issues to be discussed by the wider team across two sites. In this way, PT could be quickly updated and important changes made to the intervention during the pilot, such as adding monthly supervision for the mentalisation-based approach via Skype.
II. Main analysis post-pilot. The Framework Analysis refined the PT, the intervention model and the delivery platform for the main trial. ‘Core’ PT emerged from this process, such as the impact of release day work with men in the intervention on engagement in the community.

3. The Realist Evaluation supported understanding of contextual mediators and moderators of mechanisms firing. The practitioner manual outlined when and for whom the practitioners should use different intervention resources.
Mechanisms and Philosophy of Action

Monday, 3rd October - 13:45 - Understanding Mechanisms - OS-7 - Frobisher Room 3 - Themed paper (30 min)

Prof. Steven Henderson 1, Prof. Gill Westhorp 2
1. Southampton Solent University, 2. Community Matters

It is almost twenty years since Pawson and Tilley’s seminal work on realistic evaluation required evaluators to think seriously about mechanisms – the hidden and subjective factors fired in a particular context that brings about change in behaviour. There is an explanatory typology of five types of mechanism; reasoning in response to a resource, a force, an interaction, a power and/or a process, but in both theory and practice the boundaries between these remain problematic.

Many of the difficulties found in evaluation were described by Hollis writing around the same time as Pawson and Tilley but, like the shrieking neighbours observed by Boswell, he was arguing from different premises. His thought evaluation conjectured on the mechanisms that led three neighbours to comply with, ignore or partially accede to water restriction orders respectively, during a drought. His own reasoning derived from the philosophy of action literature that traces its origin back to Aristotle.

Merle, writing in the same year as Pawson and Tilley, defines philosophy of action as two central questions, firstly what are actions and secondly how are actions to be explained? More enigmatically, Wittgenstein posed the problem as “what is left over if I subtract the fact that my arm goes up, from the fact that I raise my arm”. In short, the precursors of actions are the very definition of the philosophical debate.

Philosophy of action debates such issues as intentionality, action and event, causality, reasoning and sufficient reasoning, action and individuation, will and free will, decision and choice and so on. There are even contributors to the debate arguing for a realist approach to social and symbolic capital as significant mechanisms.

This paper is an early discussion of some central ideas from the philosophy of action debates, and how they might be usefully considered. It is to regarded as a debate rather than a polished argument since the authors do not share premises either.

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Boswell J. Life of Samuel Johnson, Comprehending an Account of His Studies, and Numerous Works, in Chronological Order: With His Correspondence and Conversations. 1847.
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Why ‘reinvent the wheel’? Using an a priori implementation theory to think about mechanisms in realist evaluation

Monday, 3rd October - 14:15 - Understanding Mechanisms - OS-7 - Frobisher Room 3 - Themed paper (30 min)

Ms. Adrienne V. Levay 1, Dr. Gwen Chapman 2, Dr. Hannah Wittman 1

1. University of British Columbia, 2. University of Guelph & University of British Columbia

As the ‘M’ in Context + Mechanism = Outcome configurations, mechanisms are central to realist evaluation and it is therefore critical to have clarity (and perhaps more uniformity) around how to think about them. This presentation will illustrate this potential union of realist evaluation and Contextual Interaction Theory to clarify thinking around mechanisms by drawing upon a realist evaluation currently underway in British Columbia, Canada exploring the implementation of provincially mandated nutritional criteria for foods and beverages sold in public schools.

Mechanisms, in realist evaluation, are considered to be the “engines of change”; those processes that occur between the roll-out of program resources and individuals’ decisions to change their behaviours. These processes of behaviour change have been said to be: (1) mostly invisible, (2) are influenced by context, and (3) produce outcomes (i.e. behavioural change). These well-acknowledged characteristics of mechanisms are reflective of the complexity thinking underpinning a realist approach to evaluation. Some realist evaluations have tended towards identifying highly context-specific and varied mechanisms, leaving little room for developing ‘middle-range’ mechanisms that could, in practice, help alleviate some of the complexity around the concept of a mechanism. Ray Pawson, in his 2013 book “The Science of Evaluation: a Realist Manifesto”, proposed an ex nihilo (but evidence-based), generalisable conceptual platform of program mechanisms that can be used as a frame for thinking about mechanisms across programs and sectors.

Another potential approach to thinking about mechanisms in a more broad way is to use an existing implementation theory. Realist evaluation literature has largely neglected this established area of study in the field of evaluation research originating from the 1970s. One major critique of implementation theories, however, has been their lack of parsimony. Implementation theories have often emerged from case studies of program or policy implementation, consisting of lengthy, highly context-specific and varied lists of factors influencing implementation.

One parsimonious implementation theory introduced by a cadre of Dutch and American researchers in the late 1980s, Contextual Interaction Theory (CIT), is a heuristic tool that takes into consideration these ‘lengthy lists’ of implementation factors. It has been applied in various fields from environmental to public health policy and programming. CIT posits that implementation occurs through individual actors who each have unique motivations, cognitive frames of references, and resources. Quality of implementation of a program is influenced by the context only in as much as the context influences individual actors’ own motivation, cognitive frames of references, and resources.

If the realist approach views mechanisms as “the process of how subjects interpret and act upon the intervention stratagam” after being provided programmatic resources, then there is potential to apply CIT from the realm of
implementation research to use as an a priori guiding framework to help clearly identify program mechanisms.
Uncovering the contexts and mechanisms through which an intensive citizens advice service has health impacts - emerging theories.

Monday, 3rd October - 14:45 - Understanding Mechanisms - OS-7 - Frobisher Room 3 - Themed paper (30 min)

Dr. Sonia Dalkin ¹, Ms. Natalie Forster ¹, Dr. Monique Lhussier ¹, Dr. Philip Hodgson ¹, Prof. Sue Carr ¹

¹. Northumbria University

Introduction: Welfare advice is suggested to improve people's health through action on the wider determinants of health and reducing stress and anxiety. However, due to the distal nature of health outcomes, and as advice services are highly tailored and nested in a wider system of health provision, evidencing the potential health impact of advice services has proven difficult.

Methods: A realist evaluation will test if, how, for whom and in what circumstances an intensive programme for clients with complex needs provided by the Citizens Advice Bureau impacts on various socio-economic determinants of health. Sixteen initial programme theories were developed based on the advice service literature and interviews with staff from the citizen's advice bureau who deliver the programme. Theoretical literature was used to support theory development, where empirical evidence was not available. The programme theories were tested using a mixed methods design in phase 2 of the research, using questionnaire data and realist interviews with staff and clients.

Findings: We describe three emerging findings:

(1) Formal brief health interventions were often not used by case workers, who instead provided health advice through anecdotes and personal experience (resource). This was due to health interventions sometimes being perceived as intrusive and 'preaching'. CAB case workers felt that they weren't medically trained and therefore health interventions were not within their remit (context). The use of anecdotes avoided clients feeling judged for their health behaviour (reasoning) and resulted in them being more receptive to health information and engaged in discussions (outcome). This allowed case workers to retain the trust of the clients whilst still delivering health advice.

(2) One route to health impact as a result of CAB advice and increased finances may be a reduction in social isolation. Often clients are socially isolated due to low income (context) which is increased after advice from CAB (resource). This prompted a decision by clients to engage in social activities they may have previously not been able to (reasoning), resulting in increased wellbeing (outcome).

(3) In the context of a distrust of agents of the state (context 1) and/or where clients have a weak social support network (context 2) CAB acts as a 'person of standing' offering impartial and non-judgemental services (resource). This allows clients to feel supported and develop trust (reasoning). This results in a buffer between the person and the state (outcome 1) which allows access to benefits (outcome 2), less stress and anxiety (outcome 3) and potential re-referrals for longer standing issues related to health (such as counselling) (outcome 3).

Conclusions: Emerging findings are beginning to make explicit the mechanisms through and contexts within which intensive advice services may impact on health. Although the chain of causality is likely to be long and convoluted, early findings suggest that key steps in the process seem to be trust development, engagement...
and stress reduction. Another pivotal factor in identifying health outcomes in this project is to take a broader definition of health which includes decreased social isolation and increased wellbeing.
A realist synthesis of case management for community-dwelling older people: an overview

Monday, 3rd October - 13:45 - Realism in Action III - OS-8 - Frobisher Room 4 - Themed paper (30 min)

Mrs. Therese Van Durme¹, Dr. Jenny Billings², Dr. Olivier Schmitz³, Mrs. Sophie Ces¹, Prof. Jean Macq¹

¹. Université catholique de Louvain, 2. University of Kent, 3. Université

Case management interventions for older people are complex interventions as they are made of multiple, interacting components and agents and occur in multi-layered social realities. Evaluations of their effectiveness by the means of traditional systematic reviews show inconsistent results. Moreover, they fail to come up with satisfactory explanations about the observed results.

The aim of this study was to answer the following questions: What is it about case management for older people that makes it effective or not? For which older people? Under what conditions? Why?

We conducted a realist synthesis to identify and understand the mechanisms through which case management could achieve desirable outcomes for this population in different contexts. Primary theory building within a group of experts resulted in a six-stepped sequential framework, oriented by a theory-of-change and guided by the review process. Data were then extracted, analysed and synthesised iteratively through a group of stakeholders.

In total, 42 context-mechanism-outcomes configurations were found, refining the initial theories. The results refined the initial theory and showed how the mechanisms can explain the success or failure of case management in its given context. Case management interventions are both the result of and impact the local healthcare system in which they are implemented. This is the reason why the description of the contexts, interacting with case management is so important for this type of analysis.
Healthy Start: do low-income pregnant women use food vouchers to improve their diets or to save money?

Monday, 3rd October - 14:15 - Realism in Action III - OS-8 - Frobisher Room 4 - Themed paper (30 min)

Mrs. Heather Ohly 1, Prof. Nicola Lowe 1, Dr. Nicola Crossland 1, Prof. Fiona Dykes 1, Dr. Victoria Moran 1

1. University of Central Lancashire

Healthy Start is the UK’s food voucher programme for low-income pregnant women and young children. Eligible women receive vouchers worth £3.10 per week, which can be exchanged for fruit and vegetables, plain cow’s milk or infant formula. There has been limited evaluation of Healthy Start since its introduction in 2006. Previous studies have focused on the perceived value of the programme and its implementation (Lucas et al., 2013; McFadden et al., 2013) but there is a need for more in-depth examination of the contextual factors and causal mechanisms underpinning its effectiveness.

Realist methodology is increasingly used to explain why different individuals respond in different ways to interventions and experience different outcomes. It was chosen for this study to enhance our understanding of how the Healthy Start programme works, for whom, in what circumstances, and why. A realist review was conducted in two overlapping stages: 1) developing and 2) testing ‘programme theories’ about Healthy Start, which were constructed as ‘context – mechanism – outcome’ configurations. Context may be defined as the pre-existing conditions into which the programme is introduced, such as cultural norms, beliefs and values, geographical or political conditions. Mechanisms are the reasoning and reactions of individuals in response to the resources offered by the programme (Pawson, 2006).

A combination of creative and exploratory methods was used to develop and prioritise candidate programme theories: a scoping search, an intervention mapping exercise and multiple stakeholder consultations. The ways in which low-income pregnant women respond to being given food vouchers was identified as being under-studied and extremely influential in terms of the potential impact of the programme on nutritional outcomes. Therefore, this became the focus of the review and earlier stages of the intervention pathway, such as the application process, were not explored.

Existing empirical evidence was used to test and iteratively develop the programme theories. After first examining evidence on the Healthy Start programme, the search strategy was expanded to the US food voucher programme – the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Purposive and systematic methods were used to identify, select, extract, appraise and synthesise evidence from relevant studies, in accordance with quality standards for realist synthesis (The RAMESES Project, 2014).

Interim findings suggest that some women use Healthy Start vouchers for nutritional benefits (intended outcomes) and other women use them for financial assistance (alternative or unintended outcomes). The programme theories explain that, if women value healthy eating and believe it is important (relative to other concerns), they are more likely to perceive the vouchers as an opportunity to achieve health benefits for themselves and the unborn baby, and use the additional income to increase their consumption of target foods. However, for many low-income women, other things take priority over healthy eating and they are more likely to perceive the vouchers as a way to save money, with no impact on nutritional outcomes.
The final evidence-based programme theories will be presented at the conference, and plans for further realist investigation of Healthy Start will be outlined.
The transformation into an integrated care organisation (ICO): applying a realist review and evaluation framework in a researcher-in-residence model

Monday, 3rd October - 14:45 - Realism in Action III - OS-8 - Frobisher Room 4 - Themed paper (30 min)

Dr. Felix Gradinger¹, Ms. Rebecca Hardwick², Prof. Rob Anderson², Dr. Mark Pearson², Prof. Sheena Asthana³, Prof. Richard Byng³

¹ University of Plymouth, Torbay and South Devon NHS Foundation Trust, ² University of Exeter, ³ University of Plymouth

Background: Integrated health and social care appears to be the standard for patient-centred coordinated care (PCCC) in the three devolved UK regions, most recently with The Public Bodies (Joint Working) (Scotland) Act coming into force in April 2016. In England however, few pathfinder sites pioneer this approach to whole system change of the various providers and commissioners, amongst which are those based in the South Devon and Torbay area. Developing useful theory of unpredictable systems in flux, while also learning from natural experiments within them requires a bringing together of theory, research, innovation and evaluation. We explore how the applied model of ‘researcher-in-residence’ can be combined with the rigour of realism as a way of developing robust and useful practice-based theory.

Aims & Methods: This applied evaluation project uses a realist review on the complexity of shared and intermediate care as a basis for understanding and explaining how and why multiple initiatives for integrated care within one system may improve experience and outcomes for patients with multiple long-term conditions. It will do so using a researcher-in-residence approach, working from within the providers and commissioners to understand, explain, evaluate, and improve implementation. In a mixed-methods approach and over the course of the coming two years it will map planned and on-going innovations, conduct secondary analysis of evaluation and performance data, and collect data from interviews with patients, practitioners and managers.

Findings: Research is ongoing and we will present early findings in relation to three middle-range theories derived from the previous realist review on shared care. These were related to: 1. Supposed efficiency gains (shifting care to less costly settings, better tailoring to need, enhanced use of patient and carer resources); 2. Routinising care through System change (introducing new components, reconfiguring existing ones); and 3. Sharing relationships (the development and maintenance of trusting and reciprocal relationships between practitioners and services).

We will focus the presentation on the methodological process of building on prior theory gained from a review using local real world evidence from one wide-ranging complex system. We will also reflect on how emerging theory was fed back to, interpreted by and acted on by local stakeholders.

We will share our experience of how these theories translated into an emerging realist evaluation framework and how this sits within the local context and outcomes. We also hope to present emerging findings from applying this framework that test and refine the three mid-range theories and their relationships.

Implications: This project addresses several key problems facing the NHS including how to marry evidence based practice with practice based evidence in applied and transferable health services research models, as well as how to effectively and efficiently transform service provision for increasingly complex health needs and ageing populations. Sharing methodological insights and developments early and interactively seeks to
strengthen realist practice by providing feedback loops and shared learning for all stakeholders involved.
Middle range theory and the trials of 'accumulating knowledge'

Monday, 3rd October - 13:45 - Roundtable Session II - RT-2 - Frobisher Room 5 - Roundtable discussion (90 min)

Dr. sue mann 1, Mrs. Katie Shearn 2
1. University College London, 2. Sheffield Hallam University

Introduction
One of the ambitions of realist research is to ‘accumulate a progressive authoritative body of knowledge which may be known as evaluation science’ (Pawson, 2013). This round table discussion will begin with a presentation of a method for comparing and contrasting realist projects to develop refined middle range theories. Examples will be given from two realist informed primary studies and three realist research papers which consider the delivery of effective sexual health services. A facilitated discussion will follow based on three of the key challenges when working towards middle range theory.

Proposed round table format and flow
30 mins: Explanation of the methods used to compare and contrast results including critical questioning and consideration of:
• Conceptual overlap in the original studies both in terms of: outcomes of interest, and; realist propositions and definitions.
• Researcher perspectives
• Study focus/orientation
Then:
• Theoretical overlap including critical reflection of confluent and digressive or contradictory theories
• A case for ‘nested’ middle range theories?
60 mins: Challenge questions - depending on size of the group could work in break out groups:
• Are these the right questions one should ask of realist data sets before attempting to triangulate it?
• In what ways do the theories proposed, in this example, deliver on the promise of middle range theory? In what ways do they not?
• How should we account for researchers’ values and reflexivity to allow effective and accurate synthesis of theories?

Outcomes
Delegates should come away with a clear example of how realist projects can come together to build a body of knowledge. They will also be mindful of the tests one should apply to research findings, even with closely related aims, in order to triangulate data accurately. The discussion anticipated around the table will strengthen the methodology proposed which may lead to more robust outputs from future realist projects.
Crouching resources, hidden reasoning: Using realist approaches to address the challenges of Knowledge Mobilisation Research

Tuesday, 4th October - 11:30 - Roundtable Session III - RT-3 - Frobisher Room 5 - Roundtable discussion (90 min)

**Dr. Iain Lang¹, Dr. Mark Pearson¹, Ms. Rebecca Hardwick¹, Dr. Jo Day¹, Prof. Annette Boaz²**

¹. University of Exeter, ². St George’s, University of London & Kingston University

Research into knowledge mobilisation is concerned with how and to what end knowledge is shared, spread, and used. The focus of Knowledge Mobilisation Research (KMR) is typically on the relationship between research and practice and how these two inform, or fail to inform, each other but can also include study of the ways other forms of knowledge are created, communicated, and applied.

There are a number of recurrent challenges in KMR. These include the tension between fidelity and adaptation (do it strictly by the book or change things so they make sense in local context?); the varying but central role of leaders, facilitators, and champions that can make all the difference in whether something does what it's anticipated it will do; the fact that knowledge use depends on how the 'recipient' of the knowledge interprets it in context and what it means for their practice; and so on.

In all of these issues, and others, difficulties and uncertainties that we might recognise as related to contexts, mechanisms (the interaction of people's reasoning and resources), and outcomes come repeatedly to the fore.

Recognising this, we propose that applying a realist approach to KMR is an important and valuable next step for both fields, in particular for the potential development of explanatory middle-range theories.

In this roundtable session we will:

1. Introduce participants to KMR
2. Summarise examples of realist research that have made distinctive contributions to KMR (intervention development, service delivery changes, evaluation of cross-organisational knowledge mobilisation, synthesis of process evaluations) and reflect on their strengths and weaknesses
3. Explore how realist approaches could be used to address additional challenges in KMR
4. Identify future collaborations and work necessary to develop realist KMR.
How theories of information can contribute to the development of literature search methods for realist reviews

Mr. Simon Briscoe
1. University of Exeter

Background
Guidance on literature searching for systematic reviews has typically prioritised searches of bibliographic databases over other search methods. Bibliographic databases are recommended because the search terms can be transparently documented and reproduced by other searchers, and the main databases cover a wide range of journals which minimises bias.

Realist reviews have different literature requirements to traditional systematic reviews. Traditional systematic reviews are topic focused, whereas realist reviews are theory focused. Subsequently, the appropriateness of traditional bibliographic database search methods for realist reviews has been challenged, and information scientists have sought to develop new literature search methods. Perhaps most prominent is Booth's (2013) CLUSTER search method, which uses a variety of berry picking methods outlined by the information scientist Bates (1989).

This presentation will advocate that – in addition to redressing information science practice – information scientists should redress information science theory in order to adequately resource realist reviews.

Methods
This presentation will further the development of literature searching for realist reviews by demonstrating how theories of information inform the development of literature search methods. An overview of two opposing theories of information will be presented with reference to the debate between the prominent information scientists Bates and Hjorland – in particular, Hjorland's (2007) critique of Bates' work as “objectivist” and his advocacy of the socio-cognitive theory of information will be discussed. Examples of how Bates and Hjorland's theories of information can contribute to the development of literature search methods will be presented.

Results and conclusions
Findings on how theories of information can be used to develop a more satisfactory basis for information science theory and practice for realist reviews will be presented.

References
Layering programme, pathway and substantive theories in realist evaluation

Developing programme theory is an essential part of any realist project. Often researchers can struggle with this process of initial generation, particularly when theory from different levels of abstraction is desired or required. The Realist And Meta-narrative Evidence Syntheses: Evolving Standards (RAMESES) guidelines for synthesis state that excellent refinement of programme theory requires the relationship between the programme theory and relevant substantive theory to be identified, i.e. that the theory layering process is made explicit. However, the operationalisation of theory development, refining and layering is not always clear in the literature.

Using the example of a realist evaluation of a Citizens Advice Bureau project we illustrate how programme theories were developed and how theory development can be layered in order to enhance sense making of how the programme works, for whom, in which circumstances. Thus we use programme, pathway and substantive theories to shape and enhance our understanding prior to data collection and theory testing. Programme theories consist of informed ‘hunches’ about how the programme works, which sat underneath a layer of pathway theories which were defined in the JRF report ‘How Does Money Influence Health’ (Benzeval et al., 2014). A range of substantive theories were identified using ‘ABC of Behaviour Change Theories’ (Michie et al., 2014) and the project team’s own theory knowledge.

Layering theories prior to testing using mixed methods allowed for (1) a greater understanding of the programme and (2) the testing of not only programme but also pathway and substantive theories. This demonstration of theory layering will help researchers to engage with substantive theory earlier in the realist research process and throughout.
Understanding the Theoretical Underpinning of the Exercise Component in a Falls Prevention Programme for Older Adults with Mild Dementia: A Realist Review - Work in Progress

Background: Older adults with mild dementia are at an increased risk of falls. Preventing those at risk from falling requires complex interventions involving patient tailored strength and balance challenging exercise, home hazard assessment, visual impairment correction, medical assessment and multifactorial combinations. Evidence for these interventions in older adults with mild cognitive problems is sparse and not as conclusive as the evidence for the general community-dwelling older population. The objectives of this realist review are (i) to identify the underlying programme theory of strength and balance exercise interventions targeted at those individuals that have been identified as falling and who have a mild dementia, and (ii) to explore how and why that intervention reduces falls in that population, particularly in the context of a community setting. The rationale for using a realist review approach and an outline of the method for this work in progress will be described.

Methods: Realist review is a methodology that extends the scope of traditional narrative or systematic evidence review. Increasingly used in the evaluation of complex interventions, realist enquiry can look at the wider context of the intervention, seeking more to explain than judge if the intervention is effective by investigating why, what the underlying mechanism is, and the necessary conditions for success. In this review, key rough programme theories were articulated and defined through discussion with a stakeholder group. Six rough programme theories were outlined and are currently being tested against literature found using a comprehensive search strategy. The themes of these rough programme theories include; (i) physiological changes, (ii) enjoyment, (iii) encouraged, (iv) fearful of negative consequences, (v) empowered to achieve a goal, and (vi) influenced by social and cultural expectations or beliefs. The process of data extraction, appraisal and synthesis will lead to the refinement and production of an explanatory programme theory. The review has been registered with PROSPERO (CRD42015030169).

Discussion: As far as the authors are aware, this is the first realist literature review within falls prevention research and adds to the growing use of this methodology within healthcare. This synthesis of evidence will provide a valuable addition to the evidence base surrounding the exercise component of a falls intervention programme for older adults with mild dementia and will ultimately provide clinically relevant recommendations for improving the care of people with dementia.
Realist programme theory development in practice: the example of the IMPACT realist review on antimicrobial prescribing for doctors-in-training

Tuesday, 4th October - 12:15 - Innovations in Realist Theorizing - SO-1 - Frobisher Room 1 - Short paper (15 min)

Dr. Chrysanthi Papoutsi, Dr. Nicola Brennan, Mr. Simon Briscoe, Prof. Karen Mattick, Dr. Mark Pearson, Dr. Geoff Wong


Published papers reporting on realist reviews often neglect to explain the process of programme theory development in enough detail or only present post-hoc rationalised accounts. Without adequate attention to the process of developing programme theory, there is diminished scope for methodological development and capacity building. Explicitly setting out the process of programme theory development, including the involvement of stakeholders, allows for increased methodological rigour and transparency.

This presentation will discuss programme theory development as part of the IMPACT review of interventions to improve antimicrobial prescribing for doctors-in-training. In this review, we departed from the most common approach, which focuses on identifying the programme theory of interventions themselves, to concentrate instead on the programme theory of the overall process under study – that is antimicrobial prescribing. To do this, we looked at how doctors-in-training are involved in antimicrobial prescribing, i.e. how the process of antimicrobial prescribing for doctors-in-training works more generally in different healthcare settings, rather than looking at how it was assumed interventions designed to change the anti-microbial behaviour of doctors-in-training would work.

Our approach to iterative programme theory development allowed us to incorporate a wider breadth of literature towards understanding how mechanisms triggered in particular contexts produce certain outcomes.

Step 1: An initial programme theory of the process of antimicrobial prescribing was developed drawing on the experiences of the project team and informal searching of the literature. Step 2: Using the programme theory as a preliminary frame for the review, the literature emerging from the main search of electronic databases was screened for relevance and coded to understand how and why different facilitators and barriers of antimicrobial prescribing influenced the practices of doctors-in-training. Step 3: Explanations were built and refined iteratively, through multiple rounds of familiarisation with the literature and formalised NVivo coding. Step 4: Through this process of theory building we identified hierarchical relationships as core aspects in antimicrobial prescribing practices for doctors-in-training. Step 5: Using this increased understanding, we carried out an additional literature search specifically on hierarchies to allow for an in-depth explanatory focus.

Drawing on medical hierarchies as a lens for configuring explanations of antimicrobial prescribing provided a focus for weaving together different forms of evidence from different study types. Through iterative rounds of refining, refuting and corroborating aspects of the programme theory, the additional literature provided an explanatory backbone to the configuration of contexts, mechanisms and outcomes.

Apart from analysing and configuring the literature, programme theory was also influenced by the stakeholder group recruited for the IMPACT review. Consisting of patients, health professionals and policy-makers, the role...
of the group was significant in confirming and refining aspects of the programme theory. Instead of a uniform approach to stakeholder involvement in realist reviews, however, we would advocate for an explicit rationale on what different members of a stakeholder group can contribute at different stages of the review process. This comprehensive account of programme theory development from the IMPACT review could contribute to relevant methodological debates on what constitutes good practice on this issue.
Free cesarean section policy in Benin: Eliciting the program-theory of the implementation from the perspective of policy-makers

Background
Western Africa has the highest maternal mortality ratio in the world with 675 maternal deaths per 100000 live births. Although cost-effective strategies exist and have been introduced throughout the region in an effort to reduce this burden, their micro-implementation usually failed and the timely and equitable access to quality services is insufficient. Little is known about what explains these failures, for whom and in which circumstances.

Our case study was the free cesarean section (CS) policy of 2008, which was implemented in with mixed implementation outcome in 44 public and private hospitals nationwide in Benin. The study aim was to make explicit what about this policy, was expected to make it implemented as planned.

Methods
This is a qualitative exploratory study, using the top-down policy passages theory of Berman (1978) as a conceptual framework. We adopted the policy-scientific approach to reconstruct the implementation program theory. We conducted in-depth interviews with 25 policy-makers purposively selected, and reviewed policy documents until saturation. The transcripts and memos were managed using NVIVO 10. Field and desk retroductive analyses were conducted following an adaptive, iterative and cumulative process.

Results
Local health managers were expected to adopt the policy following compliance and persuasion. The top-down administrative authority and the bottom-up pressure from users were the main enforcement factors expected to trigger compliance. The inclusive and evidence based policy-making process, the equal distribution of resources between facilities, the timely provision of all the required resources and the frequent feedback meetings were expected to promote mutual trust, goals alignment, and social exchanges that would trigger persuasion.

Providing sufficient resources to facilities (150 € per CS, consumables and materials), was expected to lead to the provision of necessary resources for CS to health workers, who would provide a timely CS to all women actually in need, without additional charge. Thus policy-makers were expecting variations in the implementation outcome, based on fees facilities used to charge before: in cases where this fee was less than 150 €, a full removal was expected; in the other case, users would pay the balance.

Conclusion
A rich set of implicit hypothesis supports the design of the implementation of the free CS policy in Benin. Making this explicit provides room for empirical testing and refinement, to strengthen the adaptive and implementation capacities of the whole health system. In similar contexts, the refined theory and this process may have great benefits for the micro-implementation of all the Universal Health Coverage policies.
Context, mechanisms and outcomes in end of life care for people with advanced dementia

Tuesday, 4th October - 12:45 - Innovations in Realist Theorizing - SO-1 - Frobisher Room 1 - Short paper (15 min)

Dr. Nuriye Kupeli ¹, Prof. Gerard Leavey ², Dr. Kirsten Moore ¹, Dr. Jane Harrington ¹, Ms. Kathryn Lord ³, Prof. Michael King ¹, Prof. Irwin Nazareth ¹, Dr. Elizabeth Sampson ¹, Dr. Louise Jones ¹

¹. University College London, 2. University of Ulster

Background: The majority of people with dementia in the UK die in care homes and many receive sub-optimal care. We aimed to understand the care home context and the mechanisms active in these establishments which create enablers and barriers to the outcome of good end-of-life care for people with advanced dementia.

Method: We recruited a purposive and representative sample of health care professionals providing care who took part in qualitative interactive interviews, completed between September 2012 and October 2013. Transcripts were thematically analysed and then conceptualised according to context, mechanisms and outcomes, exploring relationships between these according to realist logic. The settings were private care homes and supportive services provided by the National Health Service including memory clinics, mental health and commissioning services in London, United Kingdom. The participants included 14 health and social care professionals including health care assistants, care home managers, commissioners for older adults’ services and nursing staff.

Results: The provision of palliative care for people with advanced dementia is enabled by addressing physical needs including symptom management, the prioritisation of psychosocial and spiritual care, development of relationships with family carers, and continuous integrated care provided by a multidisciplinary team. The care home context may currently support barriers to good end of life care, such as: an emphasis on financial efficiency over person centred care; care homes functioning within a complex health and social care system, societal and family attitudes towards staff; staff training and experience, governance and bureaucratisation of care home services; advance care planning and staff characteristics. Mechanisms that influence the quality care include: level of care home staff confidence and resources for improving end of life care and supporting families.

Conclusions: A realist approach enabled a deeper understanding of the care home environment for people with dementia who are close to death. Contextual factors within care homes may be persistent and negatively impact on the quality of care. Local level mechanisms may be more amenable to improvement. However, systemic changes to the care home environment are necessary to promote consistent, equitable and sustainable high quality end of life dementia care across the UK care home sector.
Patient movement from high income to middle income countries for healthcare is well documented, with patients seeking treatments that are cheaper or more readily available than at home. Less well understood is the movement of patients from low income countries to the same or higher ones. In this paper, we present a realist review that was undertaken to explore this patient movement. This paper presents a realist synthesis that aimed to address the questions: Why and how do patients from low- and middle-income countries cross international borders for healthcare? What are the contextual factors which influence this choice? In this way, our paper is novel in that we examined a social phenomenon rather than an intervention per se. We undertook a realist synthesis because we knew from our initial scoping of the literature that the available research was primarily qualitative and we wanted to go beyond describing patterns of trans-border health-seeking practices to understand context-mechanism-outcome configurations. We also felt that the realist synthesis methodology was well suited to the study of social phenomena such as trans-border healthcare seeking because such practices occur within a complex system, in diverse contexts and in the process of seeking healthcare, patients interact within a network of relationships and with range of different players.

In order to understand this phenomenon, we conceptualised health services as a market place and specifically a market place that spanned national borders. In this sense, health was a commodity to be bought and sold, and we drew initially on the theory of neoclassical free-markets. As we continued with our synthesis however, we found this had limited explanatory power in relation to cross-border patient movement, and turned instead to the sociology of markets and the work of Pierre Bourdieu to understand the interplay between context, material and non-material capital and cognitive processes in decisions to cross borders for healthcare. In this paper, we reflect on how we incorporated theory into our syntheses and consider the ways in which it enhanced our understanding as well as the challenges and limitations we experienced. We also illustrate how the outcome of one context-mechanism-outcome-configuration, provided the context for the next.
A realist evaluation of a humanitarian unexploded ordnance clearance program in the Lao PDR

Following violent conflict, the continued presence of landmines and unexploded ordnance (UXO) pose a barrier to rebuilding livelihoods. Mine action removes these explosive remnants of conflict to enable communities to safely return contaminated land to productive use. There is limited understanding, however, of how, why, in what context and in what respects mine action contributes to livelihoods. Yet, such information is required for effective resource allocation, checking underlying program assumptions, understanding benefits and potential harms. This paper presents the results of a mixed methods evaluation of a mine action program in the Lao People’s Democratic Republic. A mixed methods realist evaluation design was selected because of its potential to provide the outcome measures demanded by donors, but also because of its potential to strengthen our understanding of how mine action programs work, particularly in rural communities in low-resource settings and where livelihoods are often precarious. Initially, a typical program log frame, common in many development aid programs, was constructed with stakeholders and illustrated how program resources and strategies were expected to result in livelihood outcomes. A review of program documents, the logic model and initial interviews with program recipients, was used to articulate the essential elements of the program development. These initial interviews also revealed three main stages in the delivery mechanism (i.e. decontaminating UXO land): 1) identification and prioritisation of UXO contaminated land; 2) decontamination of selected sites; and 3) cleared land returned to the land user and used to support livelihoods. The underlying assumption seemed to be that removing UXO from land would act as a motivating factor for program recipients to return the land to productive use to achieve economic returns. Based on these initial understandings we developed a questionnaire and interview guide to test our emerging hypothesis and the causal mechanisms in the outcomes chain. In total of 37 interviews with program staff and local government authorities, 38 individual interviews with program recipients and eighteen focus group interviews (9 with males, 9 with females), each with 6-9 participants and 1,485 structured questionnaires were administered.

The evaluation revealed that outcomes varied depending on context and that different mechanisms worked at different stages of the project. Two main mechanisms were identified through which the program ‘worked’: 1) communication pre- and post-clearance; and 2) the delivery of the product (cleared land). Many of the contextual factors were similar to those that have been found in other incentive programs.

The use of a realist approach to this evaluation helped us to unpack the context-mechanism-outcome configurations and provided a more refined explanation of how mine action works to enhance livelihoods and informed recommendations for the program. The resulting program theory was more developed and explanatory than the initial, somewhat simplistic and reductionist description of the program and helped explain why outcomes were different for different program recipients.
No Fault Compensation Schemes: A rapid realist review

Tuesday, 4th October - 12:00 - Realist Inquiry in Community and International Development - SO-2 - Frobisher Room 2 - Short paper (15 min)

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To inform the introduction of a no fault compensation scheme for birth injury in England, we developed a framework describing the mechanisms that might influence engagement in such a scheme. We conducted the first part of a realist synthesis which identified empirically and theoretically-based context, mechanism and outcome (CMO) configurations.

We focused on papers examining outcomes affecting claimants regarding their access to justice and their health, and those associated with clinicians, in terms of clinical practice and patient safety. We searched iteratively across medical and legal journals to fully understand the mechanism of 'no fault' as it operates across jurisdictions in developed countries.

Liability was the key variable in the schemes and the concept of blame shaped the schemes profoundly. In France, their compensation scheme was an expression of solidarity with individuals who had suffered major injury, but retained the notion of blame and the litigation process for those patients who could establish liability. In New Zealand, the country to most clearly dispense with blame, their scheme operated like a targeted social security benefit programme with its broad eligibility criterion of 'treatment injury'. In the United States, tort reform seemed to be the reluctant consequence of a breakdown in the compensation system when doctors could no longer afford the insurance premiums and were leaving the profession.

Evidently, the schemes were a product of their jurisdictions. In New Zealand and Scandinavia, with their universal health care provision, the creation of a state-run compensation scheme fitted with their conception of health care as an important provision by central government. In the United States, there was unwillingness to deny claimants the possibility of attaining damages through the court process since there was less of a welfare safety net to support individuals with on-going ill health and disability.

Empirical research alongside theoretical contributions enabled the development of propositions which explained the effects of no fault schemes when compared to the tort system. These studies explained: the more precise targeting of compensation; the impacts on physical and mental health outcomes, and health system costs; the more equitable access to justice and health care; the differing strategies to deliver procedural justice; the possibilities of improved patient safety; and the limitations to data on medical error. The lack of studies about the impacts of no fault schemes on the physical and mental health of claimants suffering from medical treatment injury meant that our CMOs were less supported since the evidence came from studies of accident victims. We suppose that the mental health detriment of claimants with injuries arising from medical treatment may be greater since this situation may represent a breakdown in trust not present in victims of car accidents.

We discuss the evidence that allowed us to develop our propositions. We reflect on our experiences of conducting a realist review, given our intellectual background in systematic reviewing. We consider the issues of delivering a realist review when experience and expectations assumed a more formal systematic review product and discuss how we met those challenges.
Public health policy and practice principally acknowledge a needs-based approach when developing, implementing, and evaluating community health programs. This needs-based perspective receives criticism because it focuses too heavily on what is missing or wrong with communities as opposed to building on their strengths. As a result, community members are perceived as passive recipients, which is disempowering, and ultimately risks creating unsustainable and ineffective programs. In recent years, there has been a growing interest in an alternative lens, the asset-based approach, which accentuates positive capabilities. While the amount of literature discussing the benefits of this perspective has grown substantially, accompanying evaluation required to sustain continued investment has been limited. Compared to needs-based research, there exists less literature on asset-based evaluation. Emphasis on such research could progress standardization of evaluation methodologies and theories bringing a dimension of universality of the approach to researchers, ultimately encouraging its use. The purpose of this study is to apply an existing public health evaluation framework – the RE-AIM model (Glasgow, Vogt, and Boles, 1999) – to asset-based community health interventions. To examine the utility of such an evaluation structure across a variety of asset-based health projects. A multiple case study design facilitated comparison of the applicability of the RE-AIM model dimensions – Reach, Effectiveness, Adoption, Implementation, and Maintenance across three cases in the East London borough of Tower Hamlets, United Kingdom. These include the Local Links Asset-mapping project, the Healthy Early Years Project, and the Good Moves project. The RE-AIM framework is additionally guided by principles of the Realist Evaluation approach (Pawson and Tilley, 1997). This research study contributes to asset-based research by supporting the development of asset-based intervention evaluation theory and practice.
Evaluating the Missed Opportunities in Maternal and Infant Health (MOMI) project in Burkina Faso, Kenya, Malawi and Mozambique using a realist approach

Tuesday, 4th October - 12:30 - Realist Inquiry in Community and International Development - SO-2 - Frobisher Room 2 - Short paper (15 min)

Ms. Nehla Djellouli 1, Dr. Sue Mann 1, Dr. Bejoy Nambiar 1, Dr. Tim Colbourn 1
1. University College London

Postpartum care (PPC) remains a neglected area of care in interventions focusing on improving maternal, neonatal and child health in sub-Saharan Africa. The MOMI project, started in 2011, aimed to strengthen health systems to improve the uptake and delivery of evidence-informed PPC both in communities and health facilities of four African countries: Burkina Faso, Kenya, Malawi and Mozambique. In each country, a package of postpartum interventions to increase demand for PPC and to improve delivery of PPC was designed and tailored to implementation gaps identified through participatory methods. A realist approach was followed to understand what worked, for whom, how and in what circumstances in the design, implementation, delivery and sustainability of PPC and to draw comparisons between countries. Data was collected in each country using a case study methodology and monitoring data collected through routine systems. Observations and interviews with community members and stakeholders at all levels of the system were undertaken and triangulated with various data sources.

We tested and refined programmes theories represented by Context-Mechanism-Outcome configurations in each setting and from there, developed four middle-range theories relevant to all settings. Indeed, the results of the MOMI evaluation suggest that if community level interventions lead to postpartum healthcare seeking for a critical mass of women, a “buzz” for change is created. Reinforced by social cohesion and local dialogue, norms shift and appear to create a critical tipping point leading to a social movement that holds a collective belief in the acceptability of and perceived value of attending for PPC that outweighs the costs. Our findings further supported the concept of social capital as having an important effect on demand for postpartum services mediated through the community health workers who could bridge trust between communities and the formal health sector. For the supply side interventions, the impact of MOMI was dependent upon the accountability systems that operated and largely did not favour postpartum care. In general it was found that where integration had been attempted, the staff in the better resourced health facilities were observed to have more clearly defined professional roles with little overlap between maternal and infant healthcare and therefore the combined provision of the services was less easily achieved. In smaller facilities individual healthcare workers were often co-located, knew about each other’s roles and expected to perform overlapping functions to account for absences. Therefore service integration was performed more intuitively by healthcare workers in smaller rather than larger facilities.

The MOMI evaluation shed light on the mechanisms of success and failure of implementation that are very relevant to policymakers and implementers in the field of maternal and child health. We further discuss the challenges and limitations encountered during the evaluation process, from the field to data analysis, and how our evaluation strategy aimed to address these (e.g. evaluating implementation strength to explain findings;
adopting a realist reasoning in an African setting).
Capacity Building for Realist Evaluation in International Development

Realist evaluation is being used increasingly in international development projects and programs. However, to date, expertise in realist methodologies has been largely concentrated in Western countries. This paper will describe one project that seeks to contribute to building expertise in realist evaluation in Indonesia by undertaking a concurrent, capacity building realist evaluation of a four year program to improve maternal and infant health outcomes.

The ‘Citizen Voice and Action for Government Accountability and Improved Services for Maternal and Child Health’ project is being conducted in NTT, a province in Indonesia. Funded by the World Bank’s Global Partnership for Social Accountability (GPSA) program and conducted by Wahana Visi (World Vision Indonesia), the project aims to improve maternal, newborn, child health, and nutrition (MNCHN) services, and in particular, “improved quantity and quality of Midwives and District Health Office’s Services for MNCHN”. The project uses World Vision’s ‘Citizen Voice and Action’ approach. It aims to improve the quality of services by holding governments and service providers accountable for their provision.

The evaluation is a collaborative initiative between Wahana Visi Indonesia, World Vision Australia, and Community Matters Pty Ltd. Community Matters is the independent evaluation company leading the evaluation, and providing capacity building in realist evaluation for Wahana Visi and project staff. Data collection is undertaken by project staff. Analysis is undertaken by staff from the project, Wahana Visi National Office, and Community Matters. World Vision Australia has contributed significant funding to the evaluation as a contribution to evaluation capacity building in Wahana Visi.

This paper will describe the stages and processes used to develop capacity in realist evaluation for the project team and Wahana Visi to date, the outcomes of capacity building to date, the plans for capacity building in future stages, the issues encountered along the way and the strategies used to address them.
Stitches, patterns and woven fabric: an analogy for meeting the challenge of explaining how realist evaluation elements come together.

Background: Parenting is an activity central not only to the functioning of families, but also whole communities. Parenting and family support programmes are typically multi-component and thereby socially complex systems, involving human occupants who possess the power to behave unpredictably. This complexity means they are difficult to assess using traditional scientific methods and they require a realist evaluation approach that will accommodate the programme layers and embedded emergent powers. However, programme stakeholders or research students unfamiliar with realist principles can find this approach to evaluation confusing. The challenge is to find ways of communicating and explaining the meaning of contexts, mechanisms and outcomes and how they build and fit together as configurations. This is necessary to encourage commissions for evaluations that can explain programme elements and the often invisible details that impact on the nature of outcomes.

Aim: In this paper two parenting and family support evaluations studies are used as exemplars to illustrate how the application of realist evaluation principles can be explained through the analogy of woven fabric, made up of stitches and patterns.

Methods: Each of the studies incorporated qualitative data collection methods, including: participant observation and individual and group interviews. In each study, data were coded and thematically analysed. The first exemplar offers evidence of parents' experiences whilst using services, from an evaluation involving 18 purposively selected individual and collective case studies. In contrast, the second exemplar illustrates service provider experiences and draws on an evaluation of a single children and families partnership team working across health and local authority provider organisations.

Findings: The exemplars show how the realist evaluation framework can support an evaluative exercise that goes beyond the obvious inputs and outputs of a social intervention to uncover elements that are tremendously meaningful to participants but often invisible to outsiders. An example included evidence of proactive action (mechanisms) taken by practitioners during and outside of formalised parenting course or staff training sessions (contexts) that were considered by recipients, to have meaningful consequences (outcomes).

Conclusion: The process of explaining the data as contexts, mechanisms and outcomes and displaying how they fit together offers an opportunity to create a visual of the many elements of the programme, or system of service provision, and how they interact. This is likened to the analogy of woven fabric that contains different stitches that in sequence create patterns that join to produce a whole garment.
Qualitative researchers have a number of different analysis methods available to them, which can sometimes make choosing the right one a difficult task. Interpretative Phenomenological Analysis (IPA) has recently gained popularity as the go-to analysis method, particularly among novice researchers, due to the accessibility of its detailed yet flexible step-by-step guide (Smith, 2004). Most other analysis methods do not have such a guide, or may have less well-defined steps to follow e.g. content, thematic, or discourse analysis. Grounded Theory is perhaps the only other method providing thorough and structured practical guidance, although it is much more rigid and complex than IPA, hence less accessible to novice researchers. Of course, choosing the right method to use is not based on its accessibility, but on whether it can suitably contribute to answering the research question(s) posed within a specific philosophical framework. This begs the question: can IPA be used in a realist inquiry?

IPA is fundamentally grounded in Phenomenology, which seeks to understand and describe experiences. It also acknowledges the notion of double hermeneutics, recognising that accessing and making sense of experiences involves interpretation not only on the researcher’s part, but also the participant’s. Realist research (in the social sciences), on the other hand, draws on the philosophy of Critical Realism, which intends to go beyond the experiential surface to uncover causal mechanisms. However, this often necessarily depends on making sense of people’s experiences first and scrutinising their interpretations of why they experienced it so, before further inferences (e.g. abstraction and retroduction) of causal theories can be made. The interpretative step in IPA does not put a limit on what could be inferred, therefore it is possible to direct the interpretative function of this analysis method towards deciphering causal mechanisms. Thus, IPA could potentially be adopted and adapted to suit the realist philosophy. However, practically speaking, how might this be done and would it really work? This paper intends to explore this possibility by reflecting on my own analysis process as a novice researcher in my attempt to find causal mechanisms using IPA. Relevant literature on IPA, realist research, and other qualitative analysis methods will accompany the demonstration of theoretical applications to practice. Although critical realism is a well-established philosophy of science, there is a shortage of guidance on the practical implications and applications of its theories to conducting analysis. IPA, on the other hand, provides a good example of how theory meets practice in an accessible manner to produce a rigorous yet flexible approach to conducting qualitative analysis. It is hoped that by applying the realist philosophy to IPA, we may stand to gain a more structured practical guide that would be accessible to novice researchers. A discussion therefore is encouraged regarding (1) the appropriateness of this method in realist inquiry; and (2) whether it could contribute to improving realist methodology to help novice researchers conduct rigorous research that is unhindered by confusion, nor tied down by over-restrictive guidelines.
The challenges of identifying mechanisms in realist evaluation: What can co-operative inquiry offer?

Tuesday, 4th October - 12:00 - Advancing Realist Evaluation - SO-3 - Frobisher Room 3 - Short paper (15 min)

Mrs. Caroline Hudson
1
1. University of Brighton

Critical Realism (Bhasker, 1978) and Merten’s (2009) Transformative paradigm fused together many philosophical strands to inform the positioning of this doctoral thesis (in progress). The chosen methodology: a combination of co-inquiry (Heron 1996) and realist evaluation will be discussed in relation to the challenges of identifying mechanisms.

Preliminary analysis of data on role resilience within a preceptorship programme will be presented. Preceptorship programmes for newly qualified practitioners are well established in the health professions. Despite this, descriptions of what supports preceptorship has failed to understand what positively influences the preceptorship relationship, and little is known of the personal, professional and contextual factors that influence the effectiveness of these programmes.

Using co-inquiry (Heron 1996) two separate groups, namely newly qualified (n=10) and those who support them, preceptors (n=5) from one local NHS Trust joined two co-inquiry groups. The co-inquiry groups met for four sessions over the duration of a preceptorship programme (6 months). Focused co-inquiry group questions were based on Heron’s (1996) extended epistemology.

Co-inquiry is an inclusive approach in which the practical knowing of those joining the study, referred to as the co-researchers are given equal status to that of the researcher. Throughout the study design, attention was paid to acknowledging this key tenet of co-inquiry, namely to research with, rather than on co-researchers. The construction of the research questions reflected a commitment to ‘Deep Participation’ (Banks et al 2011 p 4). Giving voice to the counter-narratives, and identifying issues as seen by the collaborators who were enacting their role in challenging contexts, was crucial to exploring mechanisms to support role resilience and positively influence the preceptorship relationship.

The first phase was designed to conceptualise role resilience in preceptorship using realist evaluation to explore: ‘What works for whom, in what circumstances and in what respects, and how?’ (Pawson and Tilley, 2004 p2). Themes that were identified by co-researchers were agreed upon and used as search terms for a consultative literature review (Hart and Heaver, 2013). This led to the second phase of co-inquiry, to develop a Preceptorship Resilience Framework (PRF).

Linking to a wider multi-sited research programme on resilience, The Imagine Programme http://www.imaginecommunity.org.uk/projects/the-social-context/, the study aimed to determine whether the process of co-inquiry in which co-researchers were seen as ‘inquiring agents’ (Heron, 1996 p3) could firstly identify mechanisms, and secondly be empowered to ‘switch on’ such mechanisms under existing contextual challenges, to do better than expected (outcomes) during the process. In line with a 5th wave approach to resilience research and practice, ‘Overcoming adversity, whilst potentially subtly changing, or even dramatically transforming, (aspects of) that adversity,’ (Hart, Gagnon, Aumann, & Heaver, 2013) issues of empowerment and change-
orientation will be discussed.
The concept of the dimmer-switch has been developed by Dalkin and colleagues as a way to explain how professionals might reason over time as they experience the effects of change (Dalkin, Greenhalgh, Jones, Cunningham, & Lhussier, 2015). This analogy was useful when exploring the way researchers react and reason in response to changes being put in place by a health research funder to close the gap between health research findings and their eventual take-up. Researchers were observed to have differing degrees of intensity of change in response to the policy of requiring them to provide evidence of plans for the use and uptake of their research in their applications for research funding. The implicit theory is that this policy works by changing the behaviour of researchers so they are encouraged to proactively prepare and make connections with those who will implement their findings (O). Yet the results of a realist evaluation found a pattern of reasoning that was less about a particular behaviour or activity being switched on or off, and more about the degree to which the policy affirmed a behaviour that was a defining feature of the research community the researchers identified with. The concept of the dimmer switch used by Dalkin and colleagues to explain differing levels of anxiety for healthcare professionals working with palliative care patients, was developed further to explain differing levels of affirmation and sensitisation in the reasoning of health researchers to the knowledge transfer policies being put in place by a New Zealand-based health research funder. I will describe how three phases of work were undertaken, iterating between: (1) the perspectives of those that design knowledge transfer policies (a first phase involving interviews with policy makers and reviews of policy and planning documents); (2) the perspectives of those that are the recipients of the policy (a second phase comprising interviews with researchers based on a sample of their written knowledge transfer sections in research applications); and (3) the perspectives of those that manage the policy (a final third phase surveying assessors of research applications). The findings highlight the circumstances where researchers are more or less likely to make an effort to proactively prepare and make connections with others (O), in response to contexts relating to the type of health research being undertaken, and the beliefs and prior experiences of the researchers (C) with different types of “sensitising” mechanisms being fired or affirmed (M).
Let’s talk about the conceptual, theoretical and methodological challenges for carrying out a multiple case study with the realist approach!

Tuesday, 4th October - 12:30 - Advancing Realist Evaluation - SO-3 - Frobisher Room 3 - Short paper (15 min)

Mr. Anthony Lacouture ¹, Prof. Valéry Ridde ², Prof. Christian Dagenais ³, Prof. Jeanine Pommier ¹

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Background: The objective of this presentation is to provide an overview of the conceptual, theoretical and methodological challenges of a research project in health promotion that uses the Yin's multiple case study methodology with the Pawson and Tilley's realist approach. Currently, even if this type of study begins to be carried out and published in this research field, the subsequent challenges are not often discussed by its users.

Method: We illustrate these challenges with a research project in which we are involved in. The aim of the project is to understand and explain how designers of population health intervention research (PHIR) produce knowledge on health inequalities and foster its use in public action for reducing health inequalities at the local level in France. In the project, the stages of the Yin's multiple case study methodology were combined to the conceptual and theoretical framework of the realist approach. Two cases of population health intervention research are eligible. Firstly, for each case, the initial 'program theory' of the integrated knowledge translation strategies was constructed and refined with the designers of each PHIR. Secondly, a cross case analysis allowed to build the initial middle-range theory of all strategies. This theory will be refined during a seminar with the designers and others involving in PHIR implemented during the research project at the local level in France. Each theory is translated into Context-Mechanism-Outcome configuration.

Results: Various conceptual, theoretical and methodological challenges were highlighted for carrying out a multiple case study with the realist approach.

1) Conceptual challenges:
   • The key concepts of the realist approach (i.e. mechanism, context, strategy, outcome) need a significant time of appropriation and their application is more or less complex according to the nature of the intervention;
   • The different contextual levels of the intervention need to be clarified and linked together (e.g. research and/or intervention contexts of a PHIR), taking into account the space and temporality of the intervention;

2) Theoretical challenges:
   • The comprehension of the logic of intervention by researchers involves an active participation of stakeholders during the development of theories;
   • The follow-up throughout the research project is essential to take into account the evolution of the logic of intervention;
   • The choice to develop CMO configurations on the basis of either a specific mechanism or a specific outcome is crucial during a multiple case study to initiate the development of a program theory or a middle-range theory.

3) Methodological challenges:
• The development and analysis of theories (i.e. CMO configurations) require a substantial time and a technical and logistical preparation;
• The development of suitable and easy to use tools that facilitate the abductive process to test and refine theories with stakeholders.

Conclusion: This presentation will stimulate a discussion on the operationalization of a multiple case study with the realist approach, and more broadly, on the practices of the realist approach in research.
This presentation will explore the challenges of working with theory in the realist evaluation of a project-in-practice, describing the process and results, and identifying theory's contribution to navigating complexity.

The research involves the evaluation of a novel Mentoring Programme offered to specialist practitioners working with people living with a long term neurological condition. They came from all sectors and a range of organisations across the north east of England (2009-2011), (Lawson, 2012). Due to a lack of mentoring theory (Bozeman and Feeney, 2007), this training intervention was simply described as an innovative way of increasing workforce capacity and capability and improving services to meet National Service Framework quality standards (DH, 2005). This reflected an hierarchical, management-performance discourse. The Programme was evaluated and reported at the time (Akhurst, 2011; Lawson, 2011).

This longitudinal realist evaluation (2009-2016), explores how mentoring works as an intervention and an approach when offered to practitioners as an opportunity to learn differently, work differently and make a difference. This is framed by a more agentically collaborative, outcome discourse.

What were the main challenges of locating theory in this evaluation?

- The challenge of purpose: identifying the theory of change in the Mentoring Programme and mentoring within it, and how middle range theory might structure an understanding of both;
- The challenge of analysis: combining theory, literature and expert opinion to support analysis of causality (theory-primed, literature-populated, expert-informed and participant-configured); and
- The challenge of transferability: reporting findings to contribute to understanding how this type of intervention might work and to strengthening practice in realist evaluation methodology.

Key words: realist evaluation, theory, mentoring, health and social care workforce development, outcomes

References


Our experience introducing Realist Evaluation within a public service agency: development and early use of an experimental Guidebook to help facilitate consideration of realist approaches in Australian Indigenous policy evaluation contexts

Tuesday, 4th October - 11:30 - Realism in Action IV - SO-4 - Frobisher Room 4 - Short paper (15 min)

Mr. graham brice

1. Australian government, civil servant

Shifts in policy emphasis can have implications for evaluation. As the Australian government’s Indigenous strategies have become more place-based over the last decade, respectful engagement with Aboriginal and Torres Strait Islander communities and regions has become more differentiated and of a higher priority. Evaluation is in part, becoming more focused on the core issues of population diversity and effective policy implementation with particular sub-populations. This ‘messy business’ calls for better theoretical articulation and/or more tailored evaluation approaches.

To support further ‘realist’ discussion within the Indigenous Affairs function of the Australian government a Realist Evaluation Introduction and Guidebook ‘What’s so special about Realist Evaluation?’ was prepared for a non-technical readership, using examples in Indigenous policy settings. A recent workshop with staff from our internal evaluation area highlighted that the circumstances of evaluation practice matter and present particular challenges. Deeply reflective literature reviews for realist purposes ideally tease out key mechanisms of change in particular populations and contexts in configuration with sub-contextual features of agency and known outcomes (the classic realist ‘CMO’ approach) in order to test and refine theory. Given the realpolitik of addressing complexity in high profile, high pressure policy contexts that typically strive for more straightforward solutions and often with limited data, the time and effort available for reflective practice is limited.

Discussion on these issues led to modifications to the Guidebook (using a notion of ‘bounded complexity’) and the further production of a ‘mini’ realist review of indicative literature (along the lines of a Rapid Realist Review) in a particular program area with possible CMOs signalled to facilitate realist reflection and scheduled early discussion between external evaluators and policy and program civil servants. Both products (the Guidebook and the mini review) remain ‘living documents’ to encourage a broader understanding of realist evaluation paradigms and their relevance to contemporary social policy challenges in Australia, particularly in Indigenous settings.

Additional in-house resources and workshops are being considered which will further address particular challenges such as these, and to boost understanding of the strengths and limitations of realist approaches.

Disclaimer: Views expressed throughout this paper/presentation are and will be those of the authors and do not necessarily reflect those of the Australian government. This paper will be delivered in a private capacity and is not an official government presentation or publication.
Does a Realist Review have the potential to change midwifery practice?

Tuesday, 4th October - 11:45 - Realism in Action IV - SO-4 - Frobisher Room 4 - Short paper (15 min)

Ms. Beryl Davies
1. Auckland University of Technology

Background:
Premature birth is a significant contributor to infant mortality and morbidity. The medical profession has been unable to have any significant impact on the incidence of premature births in the last decade. Furthermore, the efficacy of the current medical treatments is unclear: they are often traumatic for women and their families and the babies may suffer varying degrees of morbidity.
In New Zealand midwives are the main care providers in most uncomplicated births. When a woman is identified as being at risk of having a preterm birth or goes into labour prematurely, her care is transferred to obstetric specialist care.
Evidence suggests a wide range of causes are responsible for premature births, they range from anxiety, depression and stress, to gum disease, infections and immune responses.
I will argue that it is time for midwives take up the challenge and explore the preventative and alternative measures they could consider implementing.

Aim:
The aim of this presentation is to identify how a realist synthesis review can identify strategies that midwives could introduce which may be able to go some way to prevent preterm births.

Method:
A literature review was used to explore the evidence which supports current medical interventions, then a realist synthesis review was undertaken to analyse all of the evidence which supports alternative treatment approaches.
The advantage of the realist review is that the research evidence which will be accepted is broad. The randomised controlled trials will not be considered the gold standard, rather an extensive search of sources of knowledge from all appropriate disciplines will be valued, critically analysed and synthesised.
The findings will be used to formulate realistic, non-medical approaches to preventing premature labour, which would be more acceptable to women. Then an evaluation will be possible and the mechanisms that influence outcomes will be identified.

Findings
There are number of strategies which seem promising, several of these are simple, low cost and allow women themselves to control their implementation.
Identifying CMO configurations in the study of a programme with varied implementation methods: occupational therapists in reablement services.

Tuesday, 4th October - 12:00 - Realism in Action IV - SO-4 - Frobisher Room 4 - Short paper (15 min)

*Mrs. Lisa Dibsdall* ¹

1. University of the West of England

Occupational therapists have been highlighted as key professionals to contribute positively to reablement services in the UK. Occupational therapists are not always integrated members of reablement teams and their role in reablement is not clearly defined. A realist review of the literature identified that occupational therapists are utilised in a variety of different ways within reablement services.

Three different reablement services that include occupational therapists within the service were selected as case studies. Observation of occupational therapists and interviews and focus groups with occupational therapists and other team members were undertaken in the three case study areas to identify the breath of practice of occupational therapists.

This presentation describes the analysis stage of the research focussing on identifying context mechanism outcome (CMO) configurations within the ‘programme’ of occupational therapists working in reablement services where there is no set implementation method. It will discuss the usefulness of identifying the different interventions of occupational therapists as an additional element to CMO configurations. In this way features of the different interventions undertaken are separated from the contexts and mechanisms that affect the outcomes for service users and reablement team members.
Creating a realist theorizing framework for the development of Human Rights Health Impact Assessment Methodology (HRHIA).

Tuesday, 4th October - 12:15 - Realism in Action IV - SO-4 - Frobisher Room 4 - Short paper (15 min)

Ms. Fiona Haigh¹, Dr. Patricia Bazeley¹, Prof. Lynn Kemp²

¹. UNSW Australia, ². Western Sydney University

Health Impact Assessment is a structured process that uses scientific data, professional expertise, and stakeholder input to identify and predict public-health consequences of proposals and suggests actions that could be taken to minimize adverse health impacts and optimize beneficial ones. This presentation focuses on the preliminary results of doctoral research investigating integration of human rights into health impact assessment. I set out to conceptualise a HRHIA methodology that was based on critical realist (CR) ontological perspectives and to embed this HRHIA concept within a wider theory about the relationship between the methodology and the environment within which it would be applied, and that it was intended to influence. I also wished to critique use of CR-based research approaches to develop theory.

The approach involved use of a critical realist framework for theory development and verification. The theorizing framework adapted from existing CR frameworks involved four interrelated and iterative steps: description and analytic resolution of events and their effects; explication of structure using abductive and retroductive reasoning; explanatory power and contextualization assessment; theory verification and concretization.

In this presentation I will describe the process of developing a realist theorizing framework for methodology development and how that was then applied to the development of HRHIA methodology and theory using survey, case study and analytic self-study methodologies.

I will also present a theory of HRHIA which includes five clusters of CR informed constructs and propositions that concern.

- key ‘HRHIA’ entities and their respective attributes
- entities in HRHIA environments that may influence the exercise of HRHIA mechanisms and their effects/impacts (their respective attributes and contingent mechanisms)
- attributes of a methodology
- attributes and mechanisms of a HRHIA methodology
- contingent and contextually-influenced relationships between a HRHIA methodology and HRHIA environments
What strategies are used by institutional entrepreneurs to build adaptive capacity in non-profit organisations? A rapid realist review

Tuesday, 4th October - 12:30 - Realism in Action IV - SO-4 - Frobisher Room 4 - Short paper (15 min)

Ms. Sweatha Iyengar 1, Dr. Jo Durham 1, Mr. Aaron Katz 2

1. University of Queensland, 2. University of Washington

Increasingly, government-funded health services are shifting to market-driven approaches. A market, whereby entry and exit of service providers is relatively easy, aims to identify providers who will deliver health services most competitively. For organisations traditionally buffered from the competitive pressures of for-profit enterprises, such as non-profits, this means demonstrating the kinds of operational efficiencies associated with the business sector. We undertook a rapid realist review to provide decision-makers with theory-driven, contextually relevant strategies to suggest how particular providers could adapt to this change, in specific circumstances. This ‘adaptive capacity’, considered one of the essential organisational capacities for enabling non-profits to achieve their mission, requires non-profits to strategically change in anticipation of, and in response to, changed circumstances and in pursuit of enhanced results. Previous research on adaptive capacity indicates that change agents have a key role to play. There is limited understanding, however, to explain the wide diversity of strategies used by change agents, specifically institutional entrepreneurs, to build adaptive capacity, in what circumstances, why, and what outcomes were generated.

In Australia, the Queensland State Government has embarked on a raft of policy and financing reforms with the aim of improving service delivery and value for money. For policy makers and practitioners, these findings generate evidence-based research, mapping policy and its emerging, real-time impacts. Given our focus, we chose an adapted rapid realist review methodology, that is, by using theory to develop initial CMO configurations, as a way of producing information for decision-makers in a timely manner, whilst also maintaining the central elements of the realist methodology. In this way, our paper takes a novel approach to the rapid realist review by drawing on an initial theory of institutional entrepreneurship to understand the interplay between strategy, context and cognitive processes in decisions to build adaptive capacity. We test this theory through an iterative process, involving searches of papers and reports from databases such as PubMed, Web of Science, PsycINFO, Scopus, EMBASE, and web-based searches of policy documents, data extraction, and data synthesis. Throughout we worked closely with a multi-disciplinary expert reference group and with key decision-makers in non-profit organisations. The reference group was particularly valuable in helping us to identify key strategies to include in the review and important contextual information. In this paper, we discuss how we incorporated theory into our synthesis and the ways in which it enhanced our understanding of the interplay between context, mechanisms, and outcomes. The next step of this research is to ‘test’ our program theory using case studies to refine our theory based on feedback and reflective shared learning.
One hand washes the other: Realist evaluation framework and First Nations justice programs

Objective:
This paper reflects on how the realist evaluation framework and First Nations justice programs can strengthen each other. This relationship will be illustrated with an applied example of a realist approach to the evaluation of a First Nations parental incarceration program administered in a correctional centre in New South Wales, Australia.

Reflections & Observations:
The impacts of parental incarceration on the family and community are highly contextual. Adverse consequences are concentrated and intensified in minority communities that are over-represented in correctional facilities, such as in First Nation communities in Australia. Service providers supporting families deliver complex interventions for complex issues with empirical research providing little understanding of “what works”. Evaluations have an important role in delivering evidence informed programs; however culturally competent evaluations are still developing in Australia. For First Nations peoples, evaluations can be more complex when considering the historical, cultural, methodological, and bureaucratic contextual factors.

A realist framework provides an opportunity to use theoretically driven evaluations to understand how contextual factors of First Nations peoples interact with program elements to impact the effectiveness of social justice interventions. The incorporation of context into understanding outcome measures and the opportunity to consider Indigenous ways of knowing in program theory development are key traits of the realist evaluation framework that can strengthen the evidence base for First Nations justice programs.

There have been a number of evaluations of First Nations programs that have contributed to strengthening the practices of the realist approach. The authors’ evaluation of a First Nations parental incarceration program has contributed to advancing the realist evaluation practice for micro scale and community led projects, incorporating Indigenous ways of knowing and doing, and combining a synthesis and evaluation in one research project.

Conclusion:
The authors have learnt a number of lessons in the process of our evaluation. However overall, we have noted how the realist framework has the possibility to strengthen First Nations justice programs and in turn how this process can advance the practice of the realist framework.
Making evidence fit: how knowledge managers facilitate the use of research in public health decision making

Dr. Peter van der Graaf¹, Prof. Rosemary Rushmer¹, Dr. Mandy Cheetham¹, Ms. Karen McCabe²

¹. Teesside University, 2. Sunderland University

Objectives: This paper will explore the mechanisms used by knowledge managers to make evidence useful for local decision makers when they commission and plan public health interventions. Knowledge manager is the collective term we use for people whose role requires them to gather, and re-present ‘evidence’ to support organisational decision making. The data below is drawn from a larger National Institute for Health Research project that studied how, when, where and by whom research evidence (and other information) is used in commissioning and planning cycles.

Methods: Using a mixed methods cross-comparative case study design, data on the use of research evidence across two sites was collected and analysed using a realist approach. The two sites compared evidence use in different policy contexts (across a purchaser-provider split in England, and through joint planning in Scotland). Data included eleven in-depth interviews with knowledge managers across both cases, observations at meetings and documentary analysis.

Results: Our findings indicate that evidence is typically not readily applicable to the problem at hand, but needs to be made to ‘fit’ for local commissioning and planning purposes by knowledge managers. Favoured sources and types of evidence are used and formats (and people) for sharing this evidence are pre-selected. We identified two mechanisms that are used by knowledge manager to make evidence fit: localising (relating it to local context and needs) and tailoring (presenting actionable messages). This led to the exclusion of other types of evidence, those who provide it and different presentation formats in our two case study sites.

Conclusions: We argue that the pivotal role of knowledge managers has been underestimated as they are instrumental in what evidence enters the local commissioning and public health planning processes and in what format. We conclude that ‘what evidence is seen to fit’ is not only about the nature of the evidence, but its mobilisation; and what is valued, so useful evidence and valid knowledge is intrinsically tied to where it is used and by whom.
Vocational Rehabilitation – A realist synthesis of findings

Tuesday, 4th October - 15:00 - Poster Session and Reception - PS-1 - Garden Room and Conservatory - Thematic poster

Mr. Rasmus Ravn 1
1. Aalborg University, Department of Political Science

Background: An increasing number of people in the developed countries are not in employment or education due to health related issues or social problems. It is estimated by the OECD that the OECD countries on average spend about 2 per cent of their GDP solely on disability and sick leave benefits. A large share of the member states have vast experiences with vocational rehabilitation interventions (VR) aimed at reintegrating these people on the labour market but have yet to significantly decrease the number of persons receiving these benefits. The puzzle on how to get this diverse group to participate on the labour market has yet to be entirely solved. There is no one-size-fits-all solution to this problem and the problems of the target group are often diverse, multifaceted and complex which makes it even more challenging to produce evidence on which interventions work in this regard.

There is however a growing literature on VR – including both qualitative studies and quantitative impact studies. This makes it possible to piece together these nuggets of information to get a clearer understanding of what works for whom under which circumstances. Using the realist approach to synthesizing evidence the present review aims at piecing the nuggets of information together to provide us with greater knowledge of which mechanisms are to be activated, in particular contexts, in order to achieve the desired outcome (employment or education).

Methods/design: Using the five steps to conducting realist synthesis proposed by Pawson, the present review aims to develop, test and refine a “generic individual-oriented” program theory for VR interventions. The term “generic” is used to clarify that the program theory will not be guided by the diagnosis of the clients participating in VR but rather focus on the general mechanisms that further labour market integration of groups with varying health related issues in specific contexts.

Results: Despite still being a work in progress, a multitude of mechanisms that may help to improve the outcomes (return to work or education) in VR interventions have however already identified. These include among others the individuals’ motivation in VR and return to work, expectations of gaining employment, self-efficacy, self-confidence, fear-avoidance beliefs and the working alliance between the client and the caseworker. A series of contextual factors that may either impede or promote the succes of VR were further identified. On the individual level these include: Age, educational attainment, severity of health issues, prior employment, duration of benefit reciprocity and sick leave. On the interpersonal level these include quality of relationship with case worker or VR counsellor, the quality and frequency of communication between parties, expectation management, and coordination between various stake-holders. On the institutional and infrastructural level the contexts that moderate the success of VR include the demand for specific types of labour, employer and colleague attitudes, work environment and the match between both the VR intervention and the individual and the match between the employer and the individual.
The process of discharging People living With a Dementia (PWD) is commonly recognised amongst staff and families as a complex disjointed process (Bauer et al 2009; CQC 2014; OECD 2015). The Alzheimer's Society (2009) states that when PWD are admitted to hospital they stay longer and are more likely to receive poor care. Dementia care is complicated and the discharge process is recognised as inconsistent and discombobulated. The realist approach has become increasingly popular amongst healthcare practitioners in allowing them to understand complex social situations and interventions. A realist synthesis (RS) approach to this problem explains the successes and failures of complex interventions (Wong et al, 2013) and provides valuable insight and more helpful guidance, as oppose to the more superficial recommendations that staff, PWD and their families are currently bombarded with (Alzheimer’s society 2014; NHS 2015; CQC 2014). This fairly new method of reviewing has proven to be more valuable in understanding the intricate working of the hundreds of administrative and clinical steps required in the discharge process of PWD.

This approach has not been done before and many RS studies prove advantageous in providing a deeper level of analysis in what works for PWD. Programme theories have been developed and tested with stakeholders in the field. A poster presenting the findings of the results may allow other students to see the benefits of the approach and how it was applied to the complex process that is discharge. This research is a part of a doctoral study.
Lightening rods and pitfalls: lessons arising from the development of a realistic evaluation of Well Doncaster (a Well North pilot site)

Tuesday, 4th October - 15:00 - Poster Session and Reception - PS-1 - Garden Room and Conservatory - Thematic poster

Ms. Susan Hampshaw ¹, Mr. Nick Germain ², Ms. Vanessa Powell-hoyland ³, Dr. Adam Garrow ⁴, Dr. Annie Harrison ⁴, Mr. Chris Dayton ⁵

¹. Doncaster Metropolitan Borough Council; University of Sheffield, ². Doncaster Metropolitan Borough Council, ³. Doncaster Metropolitan Borough Council; Sheffield Hallam University, ⁴. Manchester University, ⁵. Sheffield Hallam University

Background
Well North is a collaborative programme which is developing community-led interventions to improve the health of vulnerable people living in some of the most deprived areas of the North of England. These interventions are intended to help people solve, rather than manage their health, social and economic problems. Denaby Main, a former mining community near Doncaster and identified as having high levels of need, was chosen as a Well North pathfinder site. An appreciative inquiry process revealed that residents and local staff felt Denaby had missed out on resources that could have supported the community. In realist terms a possible explanatory cause for poorer outcomes.

Developing the evaluation approach:
Through the appreciative inquiry a number of potential theories were identified and the evaluation team recognised that using Pawson and Tilley’s realistic evaluation would help us both understand what works, for whom in what circumstances. Moreover, insights arising from the evaluation would help us adapt our programme of activities. The community identified the need for a space to meet, and therefore a Bumping Space project was commissioned, to provide an opportunity to bring people together and engage them in community activity. This provided an ideal opportunity for us to operationalise realist methodology in a small-scale study. Given the philosophy of Well North we were keen to ensure stakeholder involvement in the evaluation and also began work to explore how realistic evaluation could combine with return on investment approaches.

Findings and discussion
In this paper, we will describe our approach to date and argue that the articulation of theory and its refinement (for our pilot evaluation of the Bumping Spaces project) has helped direct the project and strengthen programme management. We will present evidence from participants and project workers which allows us to better understand whether and how it works, who benefits the most, and in what circumstances. We will describe how we have sought to ensure stakeholder involvement by operationalising realistic precepts in a meaningful, practical and understandable way.

Provisional results have demonstrated considerable value in the realist evaluation approach. At the same time, we have identified challenges for extending the evaluation which merit discussion within the realist community. These challenges are: evaluation at different levels of programme operation (strategic, operational and project levels) with limited evaluation resource; communicating both the evaluation approach and its finding to range of stakeholders i.e. local politicians, council officer, community members and project workers and our work to
combine a realistic evaluation approach with measurement of return on investment.
Steps Towards a Realist Economic Impact Model? Reflections on the ReCreate Evaluation

Tuesday, 4th October - 15:00 - Poster Session and Reception - PS-1 - Garden Room and Conservatory - Thematic poster

Dr. Julie Brown, Prof. Steven Henderson, Dr. Linda Julief, Dr. Brian Wink
1. Southampton Solent University

This paper examines issues that arise when seeking to combine the “what works, for whom and why?” of realist evaluation with the positivist approach to economic impact assessment. The matter is of some concern, particularly in the UK, as the evaluation of economic interventions is still dominated by RCT, quasi experimental methods and a somewhat arithmetical treatment.

This paper shares the evaluation of the ReCreate Project between UK and France. The project was a large cross-Channel initiative (funded under INTERREG IV) which aimed to boost local economic prosperity (economic regeneration and town centre employment) by reusing derelict, vacant and semi-vacant town centre premises to develop new creative enterprise hubs. ReCreate is a partnership of local authorities, other public bodies and the third sector organisations situated in small and medium sized urban areas in 9 areas across South-East England and Northern France. Each of these 9 areas has suffered the adverse effects of the 2008 economic crisis. The total budget for the project was over six million euros.

The programme theory (if it can be so called) was based upon the premise that an estimated 12,000 creative enterprises, many of which are micro-enterprises, are often physically isolated, operating from home or in unsupportive environments and lacking access to specialist workspace and interaction with other creative enterprises. The intervention thus provided such spaces and the context for emerging benefits of co-working, collaboration and enterprise. Further, the project sought to facilitate national and international links across the partnership and boost the number of performances, exhibitions and festivals to raise the profile of the arts in relatively bleak urban landscapes.

The evaluation team had limited time to complete its work. The method analysed what economic metrics were available from the project team and its own limited fieldwork to assess economic impact through jobs created, tourism impact and so forth. The evaluation team also used Q sort method to assess the categories of participating entrepreneurs; finding a typology of four distinctive groups of beneficiaries that can be understood in terms of what worked for whom; enabling informed conjecture on why. But how to combine the economic results and Q sort results?
Within the welfare state and often outside of it, successive UK governments have pursued a marketised approach to welfare. A more recent addition to this marketised policy agenda is the acknowledgement, through the Care Act (2014), that consumers (patients, service users etc) require information and advice (I&A) in multiple and accessible formats. On this basis, central government have funded third sector agencies to provide I&A and have also made it an obligation for local authorities to provide I&A services. However, local authorities are in a transitional and austere period, and anecdotal evidence outlines that there is a tendency for local authorities to signpost people to existing third sector services rather than provide it themselves.

In theory, I&A acts to inform and enable quality decision-making in the pursuit of welfare related outcomes. However, welfare is characterised by information asymmetries, instances and circumstances that make it hard to act like mainstream consumer. There are significant ambiguities around how, considering the wider uncertain conditions of different fields, why, for whom and in what circumstances I&A can be deemed efficacious.

With a forthcoming paper outlining the appropriateness of a realist evaluation approach (Harding et al. 2016), and using a doctoral study on a national third sector telephone housing options service, this poster will outline i) key considerations when applying realist evaluation to this increasingly important area of research and ii) findings of the aforementioned study.
Enhancing health visiting service in Scotland: a realist evaluation

Background:
In the middle of 2013, NHS Ayrshire and Arran in Scotland transformed their health visiting service by increasing the number of home visits and a focus on pre-birth to 5 years. The service change was a pilot programme set within the wider context of the recommendations of NHS Scotland Chief Executive Letter (CEL) 13 (2013), which aims to refocus health visiting in order to improve care delivery within the community and tackle health inequalities.

The primary aim of this evaluation was to understand how the enhanced health visiting service works, with a view to inform the impending implementation and evaluation a structured, increased home visiting service in Scotland.

Methods:
A realist evaluation design was considered to be the best approach to answer the evaluation questions. The evaluation was conducted in three phases: phase 1 defines the programme theory; phase 2 tests the programme theory; and phase 3 provides an explanation and refinement of the programme theory. In phase 1, eight managerial staff who were involved in developing and implementing the programme provided data, which were used to formulate programme theories. In phase 2, the theories were tested using qualitative data from 25 health visitors who delivered the service and 22 parents who received the service. In phase 3, all the data were brought together and explanation of how the programme works was provided.

Findings:
Facilitating mechanisms: Parents’ increasingly viewed health visitors as their first point of contact on wellbeing and developmental-related issues. This was primarily due to more trusting relationships they have developed with health visitors through the enhanced programme. They also felt comfortable contacting health visitors by phone for additional support. Although this was possible in the previous service, however, health visitors reported that the frequency of contacts had increased. Both parents and health visitors reported that the programme has improved early identification of concerns, leading to early engagement with wider services, including nursery services, in ways that were not previously possible. Also, health visitors felt that the changes have made their role much clearer and well defined. They perceived that this has enhanced their professional partnership working.

Constraining mechanisms: Both parents and health visitors found the gaps between some home assessment visits in the timeline too wide. Some health visitors, were concerned about referral pathways. They felt they were cumbersome and presented significant challenges to the enhanced service. Health visitors universally acknowledged that increased home visiting has been challenging and reported that they struggled to fulfil the entire timeline. This prompted some areas to involve staff nurses and skill mix staff to fulfil the timeline.
Conclusion:
Realist evaluation was instrumental in terms of identifying factors which may require further consideration to improve outcomes in the nation-wide roll-out of the enhance service.
A realist approach investigating hidden mechanisms underpinning implementation of community based rural stroke services

Tuesday, 4th October - 15:00 - Poster Session and Reception - PS-1 - Garden Room and Conservatory - Thematic poster

Mrs. Jo Howe ¹, Prof. Marion Walker ¹, Dr. Rebecca Fisher ¹
¹ University of Nottingham

Informed by evidence from randomised controlled trials, national stroke guidelines recommend early supported discharge (ESD) from hospital is offered to patients with mild to moderate stroke. ESD is a complex intervention comprising multiple components that are delivered by stroke specialist multidisciplinary teams. A core tenant of ESD is that patients receive rehabilitation in their own homes at the same intensity as they would have been received in hospital. Although commissioning of ESD services has increased, the models of service delivery vary and there is inequity in service provision across England. It has been questioned as to whether it is possible to fully implement ESD in practice. Rural multidisciplinary teams implementing ESD face practical difficulties covering the large geographical areas they serve. Also, given that the original clinical trials were conducted in urban settings, it remains currently unclear how to successfully implement clinical guidelines within a rural context.

This PhD, currently in its first year, will adopt a realist approach and focus on uncovering the mechanisms facilitating or hindering implementation of ESD within rural community stroke services. It is envisioned multidisciplinary team working will be central to the successful implementation of the ESD guidelines and the current research will focus on identifying Context – Mechanisms – Outcome configurations (CMOc) of team working which facilitate the implementation of ESD guidelines. Previous research investigating provision of stroke care in acute stroke settings identified 13 mechanisms central to multi-disciplinary team working. This research will investigate whether similar mechanisms are found within provision of rehabilitation by rurally based community stroke services. Also the aim will be to identify new mechanisms, unique to either community or rurally based services.

A multi-case study approach will be undertaken which has the benefit of complimenting a realist approach as both methods advocate using multiple sources of data collection and recognise the role of context. To increase the generalisability of any findings “cases” (individual community rural stroke services) will be identified from publicly available sentinel stroke national audit programme (SSNAP) data and used for evaluation. Sources used to gather data will be integrated and scrutinised to determine patterns and explanations for any CMOc’s. Due to the complexity of ESD, the environment within which it operates, the multi-disciplinary team working within it and the interactions with the patient receiving the intervention, it is highly probable that many CMOc’s will be embedded and interlinked. It may also be the case that many distinct mechanisms will need to be activated in succession in order for a specific outcome to be realised. This poster will focus on developing a potential framework for guiding data capture in order to uncover CMOc patterns of team working within community based rural stroke teams and will invite discussion around the complex concept of interlinking and embedded mechanisms.
Core skills associated with mental health intervention in community-based rehabilitation: A Realist Review

Authors: Lauren Deimling Johns, Mac MacLachlan, Jessica O'Dowd

Background
There is a global need to provide human resources for health in Low and Middle Income Countries (LMICs). Task-shifting has been implemented in Community-based rehabilitation (CBR) settings distributing skills and responsibilities subsequently increasing accessibility to care. Although CBR began as a specialized service for individuals struggling with musculoskeletal challenges it has now expanded into a primary healthcare system in LMICs, which, in some cases, now includes mental health identification and management. This research aimed to investigate what skills are required for CBR workers relating to mental health and how different settings affect how these programmes work.

Method
A realist review format was taken which (i) identified what skills were being used by CBR workers to attend to mental health, (ii) explored the effectiveness of CBR workers for mental health interventions and (iii) consolidated information regarding setting influencing outcome. This was completed through a ‘cochrane-style’ systematic search of the literature. Eleven databases were searched for specific terms relating to mental health, worker skills, CBR, and LMIC. A further search of grey literature was completed. To be included the studies needed to relate to programs where CBR workers engaged with mental health programs.

Results:
Twenty-eight pieces of literature were identified fitting criteria (RCT, qualitative, editorial, etc.). (i) The most frequently identified skills used by CBR workers included; counseling (including bereavement), mental health literacy, enhancement of social networks, health promotion, appropriate referral and response, supporting the family, crisis intervention and advocacy. Skills identified regarding delivery included; openness, listening (including active), effective and clear communication (including verbalization) and non-judgmental attitude. (ii) In the literature overall, the use of task shifting appears an effective and viable option for increasing human resource for mental health intervention, allowing more patients to receive treatment. (iii) Factors which affect how programs work included; stigma, empowerment, accessibility, trust, collaboration, culture, engagement with local leaders, state of crisis, training paralleling treatment and illiteracy.

Conclusion:
Core skills relating to mental health in CBR have been identified along with contexts and mechanisms which affect how programs may work. In identifying what skills CBR workers are currently using in differing contexts with unique outcomes we can more appropriately gauge what tasks can be effectively shifted to workers in diverse CBR settings. This moves towards the facilitation of accessible, empirically supported mental health intervention in the current human resource for health crisis.
Preventing risk behaviour in adolescence - emerging lines from a realist enquiry.

Tuesday, 4th October - 15:00 - Poster Session and Reception - PS-1 - Garden Room and Conservatory - Thematic poster

Ms. christina cooper ¹, Dr. Monique Lhussier ¹, Prof. Janet Shucksmith ², Prof. Sue Carr ¹

1. Northumbria University, 2. Teesside University

Aims and objectives: The aim of the research is to explore - using a realist approach - how, when, and in what circumstances risk behaviour prevention programmes succeed (or fail) in reducing multiple risk behaviours in adolescents.

Background: Although adolescence is typically a healthy life stage, health risk behaviours, such as alcohol consumption, smoking, substance misuse and sexual behaviours (Hagell, 2013) have been highlighted as a cause for concern. Evidence suggests that many risk behaviours begun in adolescence impact significantly on longer term health and well-being (Kipping, Smith, Heron, Hickman, & Campbell, 2014). Poor longer term outcomes include; substance abuse, poor physical, mental, and sexual health, and lower educational and occupational achievement, making this critical transitional period a key focus for public health programmes. Until recently, research has focused on single behaviours; however, it is now thought more efficacious to look at clusters of risk behaviours concurrently (Hale, 2014). While many prevention programmes have been found to be moderately effective in the original target population, they tend to have little success when replicated at scale (Jackson et al, 2012). It is unclear why success is so variable, but one reason may be the low level of attention paid in trials to the behaviour change mechanisms or underpinning causal mechanisms implicit in the programmes.

Methods: The research uses a mixed methods approach consisting of a realist synthesis, alongside primary data collection including: interviews, focus groups, and expert consultations with young people and secondary analysis of questionnaire data. Professionals have been recruited across a broad range of roles to consider the evidence from all points of the programme implementation chain, such as the commissioning, design, and delivery of such programmes.

Findings: A number of key themes have been identified from the literature, these include: training and resources for programme deliverers, adolescents’ relationships with key deliverers within the programme, their family, and wider community, understanding and interpretation of programme content, mode of delivery and end user engagement. Relevant middle range theories being explored at present include the situational leadership model, social development model, attachment theory and family stress theory, and social learning theory. These findings will be presented, along with the emerging programme theories, and framework development throughout the synthesis.
Contextualising Risk, Reducing Harm

Background
In response to concerns regarding the levels of harm patients face while receiving care in hospitals within the UK, NHS England launched a number of strategies in 2013 to improve the quality and safety of healthcare. One such strategy was the development and introduction of quality dashboards into hospital wards and departments.

Introduction
A dashboard is a visual display of the most important information needed to achieve one or more objectives, consolidated and arranged so the information can be monitored at a glance. The purpose of this research is to review the evidence for quality dashboards, audit and feedback within healthcare and to explore the intended consequences of dashboard introduction and how they influence care delivery within hospital wards. Exploring these topics will bring new knowledge and understanding which will influence the design, development and deployment of future healthcare dashboards.

Method
As the aim of the research is not to evaluate the effectiveness of dashboards but to understand how and in what circumstances they influence care delivery within a complex social structure such as a ward. Therefore a realist evaluation approach is being taken to:

- Critically review the evidence in regard to quality dashboards, audit and feedback within healthcare.
- Understand why organisations develop and introduce dashboards and identify the intended consequences of their introduction.
- Explore the experiences of ward staff in an attempt to understand how the dashboard influences care delivery.

Why is the research important?
Dashboards are being designed and deployed within healthcare with the intention that they will make hospital wards safer but how and why do they influence how care is organised? As there are no published studies within the literature which has used a realist evaluation approach to explore the experiences of ward staff and the influence of quality dashboards on care delivery, this research has the potential to add new knowledge to the audit and feedback literature with real world application and recommendations for clinical practice.

Often the success of innovations in quality and safety improvement initiatives is the context in which they are deployed. If we can understand these contextual factors, we may be able to use dashboards to drive the change in culture and behaviour that is needed to reduce harm and make healthcare safer for all patients.
Patients' views and experiences of outcome data feedback in physiotherapy: A realist evaluation study

Tuesday, 4th October - 15:00 - Poster Session and Reception - PS-1 - Garden Room and Conservatory - Thematic poster

Ms. Alison Parish 1, Dr. Lois Thomas 1, Dr. Karen Whittaker 1, Dr. Michael Leathley 1
1. University of Central Lancashire

Background: Feedback is information given to a person about their status; this can be in the form of outcome data. Feeding outcome data back to patients has been shown to increase treatment involvement (compliance) and improve therapeutic relationships, however the effect in physiotherapy has not been tested.

Methods: A realist evaluation study was designed to explore patients' experiences of the feedback of outcome data by physiotherapists. Ethical approval was gained from the NHS, local research and university research ethics committees.

Patients with shoulder impingement were recruited and consent gained in one North West NHS trust. Participants attended between one and eight physiotherapy sessions and completed a shoulder-specific outcome measure (QuickDASH) at each one. The score was plotted onto a graph at each appointment and discussed with the participant. 25 semi-structured interviews were conducted with patient participants after completion of treatment. Topics discussed were based on a middle range theory: The Contextualised Feedback Intervention Theory (CFIT, Sapyta, Riemer, & Bickman, 2005). Data were then analysed to test consistency with the Contextualised Feedback Intervention Theory. Interview data were explored and analysed using storyboards, narrative analysis and open coding to develop Context, Mechanism and Outcome configurations.

The three research physiotherapists were then interviewed in line with a realist approach to discuss and modify Context, Mechanism and Outcome configurations based on their experiences of the feedback intervention with patient participants.

Results: Analysis revealed CMO configurations suggesting a two way feedback process: Patients feeding back progress for the benefit of the physiotherapists, whereas the physiotherapists were giving feedback for patient benefit. This two way process linked to improvement in patient shoulder outcome measure scores. Feedback could have a positive outcome for some patient participants, identifying feedback triggering patient actions showing improvement, whereas for some if the goal was too large or too small, there was disengagement with treatment.

Feedback appeared to be used well by patient participants as a generalised measure of shoulder recovery but for those with specific work and sport related activities, feedback was more often than not discarded.

Conclusion: How participants used feedback was complex. The two way process of feedback between physiotherapist and patient was something undisclosed within the therapeutic relationship and clinic environment, but which influenced the CFIT process being successful. The study suggests the CFIT works for patients with generalised shoulder problems who are motivated, with goals large enough to be problematic, but not small enough to be insignificant to everyday life.

The study results outlining why, who and under what circumstances feedback (specifically the CFIT) works in practice, may assist physiotherapists in selecting specific shoulder pain patients to use feedback intervention.
with, to essentially aid those patients to achieve their full clinical potential.
In 2014, a Colorado Foundation announced a ten-year, $100 million investment in delivery system and payment reform through a statewide collective impact initiative focused on accelerating the Triple Aim of better health, better care, and lower cost. Collective impact is described by John Kania and Mark Kramer as, “the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem.” Michael Quinn Patton suggests that developmental evaluation is particularly well suited to support the development of innovation and adaptation in dynamic environments. Evaluators were engaged in spring 2015 to conduct a developmental evaluation of the initiative.

This session is particularly timely and relevant to the field of evaluation. Changes inherent in the 2010 Affordable Care Act have ignited innovations in health care delivery and financing at the local, state, and national levels. Health system partners are seeking new ways to shift away from a system that rewards episodic care to one that rewards providers for whole person care focused on quality and value. While the federal government leads the way in policy and financing innovation, state and local partners also have opportunities to make contributions to complex system change. Private organizations, including foundations, are looking for ways to accelerate the change process and disseminate learning about the process. Collective impact is seen by some as a way to harness the power of multiple partners around a common agenda. Because desired health system change involves a wide variety of partners that may impact the health of individuals and plays out in a rapidly changing context, developmental evaluation may be particularly well suited to help understand the ongoing impact various partners may have on the system.

This case study provides an opportunity to examine how a foundation, acting as one partner in a complex system, attempted to influence a number of factors related to how other system actors act and react. The evaluation focuses on the initiative’s context, mechanism (both resources and reasoning) and outcomes. Through presentation of the case study, the session audience will understand what it is like to participate in a complex developmental evaluation in real time – the types of data collected and how collected, the creation of multiple feedback loops to inform the work of initiative partners, sense making conducted by the evaluation team and by initiative partners, and presentation of results that is generative to the process. Woven into the case presentation will be the evaluator’s thoughts on evaluation quality as it applies to this example.
Research protocol of the realist evaluation of acceptability to paediatric antiretroviral in form of the pellets

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BACKGROUND
Adherence to antiretroviral treatment (ART) is an important determinant of treatment outcome. However, adherence to ART must be almost perfect to achieve lasting viral suppression. Sub-optimal adherence to ARVs is the most common cause of virological failure of ART regimens. In addition, non-adherence to antiretrovirals (ARVs), which can take many different forms, can have important public health implications, such as promoting viral mutations and drug resistance.

Currently, few drugs are approved for HIV+ infants and toddlers and most of paediatric combination antiretroviral therapies (cARTs) are limited and difficult to administer. The current treatment combinations for infants are normally formulated as syrup with high alcohol content, tasting very bitter, difficult for the administration, unstable in tropical climates and expensive.

The Drugs for Neglected Diseases initiative (DNDi) is currently testing a new formulation in the form of pellets in two hospitals in Nairobi and one in Kisumu, Kenya. Initial observations indicate a different degree of uptake of the new formulation by the caregivers and therefore a different degree of adherence to the treatment. In order to examine this, a realist evaluation was set up with the aim of developing a good understanding of the acceptability as well as to assess the factors that contributes to the acceptability and adherence to the new paediatric ART formulation.

In this evaluation, we started by defining an initial program theory (PT), focused on how caregiver-infant couples move to initiation, implementation and long-term adherence and how and why they may drop out. Individual-level, context-related, structural and socio-cultural and health system-related factors are included. We adopted a multiple case study design defining the case as caregiver-infant couple and are currently carrying out the data collection in three Kenyan hospitals, including caregiver-infant couples who transitioned from syrup to the new pellet formulation. Our data collection techniques will include in-depth interviews, focus group discussions, participant observations, and document reviews. Our data analysis will be oriented by the Intervention-Actors-Context-Mechanism-Outcome configuration and will be organized in two rounds. For developing our analysis, we will use qualitative methods and we will review the documentation of the research process.

We will briefly present the main findings and discuss how we solved methodological challenges related to multi-disciplinary teams, the ‘co-production’ of the initial programme theory, the interaction between mechanisms at individual, organizational and family-level.

Acknowledgment:
I would like to acknowledge the funding of this study by the Drugs for Neglected Diseases initiative (DnDi).
The Application of the Realist Evaluation Method on Programme Impact Evaluations in the South African Public Sector

The purpose of the study is to explore whether the application of Realist Evaluation Method on impact evaluations could result in programme impact evaluations that are significant, have utility value and aid in policy making. This is the right question to investigate at this time because, The South African National Evaluation Policy Framework (NEPF) has been promulgated as a step in in the embedment and institutionalisation of a national system of evaluation. Such a system requires skillful implementation in order to lend credibility to evaluation findings.

However, the framework suggests a range of methodologies, research techniques and data sources that may be appropriate, notwithstanding that none of these varied methods have been subject to systematic rigour under practice within the South African government-wide program evaluation. Such a mixed pot of impact evaluation methodologies pose a risk of providing inconsistent results of evaluations, as well as inconclusive and less meaningful findings.

Therefore, this is an opportune time to ask whether a systematic application of Realist Evaluation Method on public sector impact evaluations result in evaluation findings that are significant, have efficacy and efficiency and positively impact policy making. The setting is also right for investigating this question because answers to questions such as “How have beneficiary lives changed as a result of a programme or policy?” remain inconclusive. The South African public sector under constrained economic environment is compelled to improve accountability and transparency in the use of limited public financial resources.

In order to bring new knowledge and understanding on impact evaluation of government programmes, this research endeavours to test the applicability of the Realist Evaluation Method to be utilised in impact evaluation in the South African public sector. The research will seek to test and prove scientifically whether the Realist Evaluation Method and its theory underpinnings can bring new knowledge and further insights and understanding on impact evaluation of government programmes in the South African context. Could the application of Realist Evaluation methodology on impact evaluations result in programme evaluations that are meaningful, have utility value and aid in policy making?

The specific objectives are: -
1. To get an in-depth understanding of the Realist Evaluation Method through a detailed review and analysis of the related literature.
2. Compare with international experiences on the use of Realist Evaluation methodical approach in conducting impact evaluations in the public sector.
3. To elicit from the commissioners of impact evaluations in the South African public sector their understanding and uses of the approach by establishing: -
• the methodologies and approaches used in past programme impact evaluations
• justifications given for the choice of methodology and approach in past and planned programme impact evaluations
• the utility value of the evaluation results in offering new insights in judging the merit, success and impact of an intervention
• the awareness of Realistic Evaluation methodology and how this approach differs from other known methodological approaches.

4. To establish the applicability of Realistic Evaluation Method as a methodological approach in conducting programme impact evaluations in the South African public sector.
A realist interview and a descriptive interview - what is the difference?

Tuesday, 4th October - 15:00 - Poster Session and Reception - PS-1 - Garden Room and Conservatory - Thematic poster

Ms. Rachel Flynn¹, Prof. Gill Westhorp², Dr. Donna Goodridge³, Dr. Leigh Kinsman⁴, Ms. Jane Sugden⁴, Dr. Thomas Rotter³

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We are a team of researchers investigating models for health systems reform and quality improvement. This abstract considers interviews undertaken during investigation of two such models, Lean and Clinical redesign. We have conducted descriptive interviews on the implementation of Lean across the Saskatchewan health system (Canada) and realist interviews on the implementation of Clinical Redesign across the Tasmanian health system (Australia). Lean is a management system being implemented across the Saskatchewan health system since 2008 with the vision to create better health, better value and better teams. Clinical Redesign is an approach that is being implemented across the Tasmanian health system since 2013 with the vision to improve service delivery across all aspects of the patient journey and develop and implement sustainable change processes to improve the way healthcare is delivered.

Research Purpose: The purpose of this investigation is to compare and contrast the implementation of system redesign between Saskatchewan and Tasmania health systems.

Methods: To date we have conducted 27 qualitative descriptive interviews across the Saskatchewan health system and 22 realist interviews across the Tasmanian health system.

Poster purpose: To describe the challenges and learning opportunities for the members of our team who were new to realist interviewing in understanding the similarities and differences between realist and descriptive interviews.

Findings: Key differences between realist and descriptive interviews are in the development and the purpose of the questions. Realist interview questions are developed based on a program theory, to refute, refine and or reaffirm the program theory. Tailoring the interview questions in realist interviews to reflect the knowledge held by the participants was different to the descriptive interviews, and this iterative process to interviewing was challenging. Realist interviews also delved deeper into the questions of ‘how’ and ‘why’ rather than seeking a description of the phenomena being studied. The relationship between the interviewer and the interviewee in realist interviews is a teacher-learner approach and this requires a different approach to the interview process. The aim of analysis for realist interviews is to extract context-mechanism-outcome configurations about the program theory. This analytical approach is unique to realist interviews and requires a different way of thinking. We also experienced similarities between these two methodological approaches. The importance of the interaction between the interviewer and the interviewee, social, listening and communication skills by the interviewer are important in both approaches. These skills are transferable to either methodological approaches.

Discussion: It is important for qualitative researchers and trainees to understand that interviews underpinned by different methodologies require different approaches to the interview process. The decision to choose a particular interview method is often guided by clear principles, but how the interviews should be planned, con-
ducted and analysed requires clear guidelines, particularly to remain faithful to the realist approach. Guidance for realist interviews would be useful for trainees and researchers that are new to this methodology.
A realist evaluation of EduMove; an integrated physical activity based teaching and learning model

The childhood physical inactivity crisis has been well documented over recent times and much research has looked to address the problem and the interrelated issues (Designed to Move 2012; Zieff 2011; Mandic et al 2012; Nsiah-Kumi et al 2012). Many of these have been based in the school environment with most focussed on ‘stand-alone’ style interventions and activities before or after school time (Thul & LaVoi 2011; Sproule et al 2013). Very few have looked to embedded classroom practice within curriculum time for potential methods to address the problem. Moreover many evaluations of these interventions are reliant on quantitative based methods which may only give a superficial idea of their effectiveness and does not go far enough in unpacking the black box of evaluation (Astbury & Leeuw 2010) which is key in the complex and convoluted world of primary schools. This pilot research attempts to add to the prevailing evidence around the ongoing childhood inactivity problem by focussing on a realist evaluation utilising the underpinning ideas of EduMove, an integrated physical activity based cross curricular teaching and learning model. EduMove aims to create a more physically active primary school curriculum and looks to embed levels of physical activity during the school day within the classroom environment to address health outcomes as well as increasing levels of attainment in core subjects. In particular this realist evaluation will focus on EduMove board games designed for SATs, Maths and PSHE. The concept of a clear programme theory will be developed, then tested in the classroom and finally re-evaluated and redesigned, looking at the Teacher as the change agent and how the outcomes around health, education and physical activity are addressed. The evaluation should then allow evidence to be generated around how schools can best embed and integrate meaningful physical activity within the curriculum and classroom and what potential effect it has on health and educational outcomes. This pilot realist evaluation looks to more fully understand the idea of context, mechanism and outcome (Pawson and Tilley 1997) with the importance of the school as a context, the mechanisms that fire to ensure physical activity and learning take place within the classroom via the Teachers, and the various outcomes that are met and achieved through the EduMove board games.
What works for whom in which circumstances when implementing the Teacher Fellow competency framework for academic staff?

Ms. Hazel Kershaw-Solomon
1. Leeds Beckett University

This paper reports the findings of an empirical study evaluating the effectiveness of implementing the United Kingdom Professional Standards Framework (UKPSF) accreditation process implemented at a post 1992 University. The research stance used is Realist Evaluation (RE) (Pawson & Tilley, 1997) with a view to identifying the mechanisms at work that generate the different responses from academic staff to this CPD process. Given that this is a development opportunity leading to professional accreditation as a Teacher Fellow, why have some academics been slow or reluctant to take up the chance whilst others have embraced it enthusiastically? A qualitative study was conducted and a number of stakeholders, including the HEA, senior and junior managers, the department responsible for implementation and a number of academic staff at different stages in the accreditation process were interviewed.

With greater understanding of transferable programme theory, Universities will be better able to meet target UKPSF membership levels required by the HEA and subsequently, the HEA to meet their targets for the Government.

This paper is distinctive in two ways as empirical work on the HEA accreditation process, is very limited (Thorton, 2014; Rouse & Wood, 2012). Given the changes in the education sector in Britain and the requirement for target numbers of academic staff to become Teacher Fellows (HE Academy, 2014), it is a pertinent time to consider the effectiveness of these initiatives. Teaching budgets have been cut by 40% in higher education institutions in England due to government spending cuts in 2010, and tuition fees have risen to £9,000 resulting in redundancies (Graduate Prospects, 2014). These changes have introduced competition into the sector in terms of teaching standards, research income (HEFCE, 2014), raising entry qualifications to Doctorate level and professionalization of academic staff through the implementation of the UKPSF (HE Academy, 2014; Thornton, 2014) resulting in increased emphasis on the quality of teaching and student experience. A rise in fees for courses has implications of ‘value for money’ expectations by students as well as National Student Satisfaction surveys affecting expectations. Additionally the University sector has not, so far, had to demonstrate professional standards in the same way that schools and the Further Education sectors have had to over the last few years. (Evans, 2011). Indeed, research has shown that student outcomes are affected by the teacher and that students care about the quality of the teaching they receive (Gibbs, 2010). Consequently the HEA, universities, students, parents and the Government are also interested in teaching quality and the necessary development of intellectual capital.

Key findings include the importance of peer relationships; organisational context; and the role of the manager in the successful applications for teacher fellowship and academics’ engagement in the process.

Key words: UKPSF; CPD; peer relationships; academic staff
Operationalisation of realist synthesis/review as a PhD student; what works, for whom, and in what circumstances?

Title: Operationalisation of realist synthesis as a PhD student; what works, for whom, and in what circumstances?

Introduction:
Operationalisation of realist methods can be challenging (Dalkin et al. 2015). Protocols and standards do exist in the literature to guide the process of realist informed research: Rycroft Malone et al (2012), Saul et al (2013), RAMESES (2013), Greenhalgh et al (2014) Blane et al (2015). However Realist methodologies are advocated for the exploration of complex interventions in a variety of subject areas and so are likely to require individually tailored approaches. This heterogeneity of process can affect the progress of novice realists, especially those who find themselves as doctoral students working more alone than is the norm in realist research.

Objectives: This poster illustrates the approaches taken by three doctoral students undertaking realist synthesis as part of a PhD.

The Projects:
Project 1 - The mobile clinical skills and simulation facility was unique in the UK at the time of its launch, and is now the subject of a PhD (realist synthesis and realist evaluation). Published literature was very limited, so the revelation that doing stakeholder interviews was not considered primary data and was indorsed as part of a realist synthesis was a pivotal point in understanding and addressing the way forward in a realist synthesis of an intervention which at first appeared to be theory blind.

Project 2 - Saul et al’s (2013) protocol for a rapid realist review (RRR) suggests a composition of essential team members. My RRR was undertaken as part of a PhD, therefore, instead of engaging a local reference group and expert panel throughout the RRR as Saul et al. (2013) suggest, guidance was sought from the PhD supervision team, who have a breadth of knowledge of care planning and realist methodology and thus fulfil the role of the local reference group and expert panel.

Project 3 – As a PhD student new to both realist methods, and the subject area, prevention of risk behaviour in adolescents, a large amount of time was spent submerged in the literature. Unfamiliarity with the specifics of the subject impacted on both retroductive theorizing, and application to ethics in order to carry out consultations with key stakeholders. A key issue in this was reaching an agreement on when consultation becomes primary data in relation to research governance. Addressing and resolving methodological issues is an ongoing process.

Discussion: Looking for a Realist review recipe is a natural yearning as a PhD student who is unfamiliar or uncertain about using this methodology. Three PhD students have undertaken different approaches to their realist studies modifying the standards, protocols and methods to find a bespoke way to explore their respec-
tive unique complex interventions with a realist lens. The acceptance of uncertainty and the importance of theorizing from a plethora of sources is fundamental for realist doctoral students.
Transdisciplinary (TD) research is increasingly evoked to tackle wicked problems of global environmental change (GEC), addressing complexity by accounting for diverse perceptions of problems in the process of co-production of systems, target, and transformation knowledge. However a key yet neglected issue in TD research entails scaling and transferring this knowledge across cases as a central quality attribute, particularly in transformation knowledge where inferences on the suitability of solutions that work in one context into another context are often done on implicit assumptions. Case studies in TD research differ from case studies in applied or ideographic research given the context specificity and purpose of co-produced knowledge, requiring a focus on structure and conditions for transferability as means to address this methodological gap in TD research. We point at respective considerations in kindred fields such as philosophy of science to focus on structure and conditions for transferability in TD research as a starting point.
Three strikes and you’re welcome: a realist inspired evaluation of Salvation Army supports for people with problematic alcohol use (PAU) and cognitive impairment (CI)

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Background: Brain damage including cognitive impairment associated with alcohol-related brain damage (ARBD) is not always easy to diagnose (1). Few UK services have been established for people with diagnoses related to PAU and cognitive impairment, dementia or ARBD (1,2). Care providers are not always skilled in ARBD (3) and statutory provider staff may be reluctant to offer care and support (4). ‘The Seeds of Exclusion’ Salvation Army (SA) research found that 59% of 967 homeless people accessing SA services screened positively for alcohol dependency (5). One in five hostel dwellers were found to have ARBD (6), and it is likely that ARBD also exists among SA service users. In 2013, The SA appointed Drug and Alcohol Support Workers in Corps to enhance community based service provision for those with problematic drug and alcohol use.

The study aims to establish:
1. Levels of knowledge about ARBD amongst SA clients, volunteers and staff
2. What SA supports and services work best for whom and in what circumstances and why this is the case
3. Research learning to enable more closely tailor supports and services to client need
4. Recommendations for staff support and training around gaps identified

Method and methodology: Fieldwork was undertaken at three SA Corps walk-in centres. 57 people joined focus groups and interviews including clients, volunteers, SA staff, people on placements and external agency staff. Realist inspired evaluation is identifying contexts, mechanisms and outcomes and creating programme theories to support SA service provision.

Findings evidence salutogenic SA engagement addressing the health and wellbeing of people medically described as “hard to reach” (2) but who may be accessing SA services daily.

‘Three strikes and you’re welcome’ reflects repeated SA salutogenic engagement with people affected by exclusion and alienation. Non-judgemental welcomes enable opening of otherwise firmly closed doors to recovery. Learning is applicable to other agencies supporting similarly affected people.

“If it wasnae fur The Salvation Army I think I’d be lying in the gutter an' that's the God’s honest truth.” SA client

References

(4) Scottish Advisory Committee on Drug Misuse and Scottish Advisory Committee on Alcohol Misuse (2003) Mind the gaps: meeting the needs of people with co-occurring substance misuse and mental health problems. Edinburgh: Scottish Executive.


Health service delivery frequently proposes innovative models of care that require timely evaluation and analysis in seeking to identify what works, critical success factors and transferable lessons learnt. Conventional systematic review methods with their typical emphasis on average effects and generalised lessons have proved themselves inappropriate for such evaluation. We describe a novel method of review that harnesses the explanatory potential of realist synthesis principles with the inherent efficiency of framework approaches.

The National Institute for Health Research Health Services and Delivery Research Programme has commissioned a rigorous evidence-based evaluation of New Care Models currently being delivered through NHS England’s Vanguard Programme. Such models seek to contain costs, improve care and deliver services closer to home. Within the Vanguard programme, the Multispecialty Community Provider (MCP) models aim to provide integrated and coordinated specialist services for patients in a community setting. The evidence base for integrated care is both equivocal and diffuse; no single model or approach can be applied universally as is evident in the diversity of models developed in the 14 MCP sites. Whilst a universal model may not exist, interrogation of the evidence base will provide important lessons regarding what might be considered “active ingredients”.

Our synthesis will develop a conceptual framework which articulates what works, why and in what circumstances, by using an innovative combination of best fit framework synthesis and realist synthesis to yield unique insights. This synthesis will inform design and implementation of future iterations of the MCP model, by:

- articulating underlying programme theories;
- identifying sources of theoretical/empirical/practice evidence to test programme theories;
- appraising, extracting and analysing evidence, reconciling confirmatory and contradictory evidence;
- producing a “blueprint” to explain how mechanisms in different contexts contribute to outcomes/process variables;
- consulting with key stakeholders to validate findings and test applicability in different contexts;
- disseminating findings through practical tools to support knowledge mobilisation.

The synthesis will employ “best fit” framework synthesis, as a rapid tool by which to facilitate the data extraction and analysis process. The methodology (Carroll et al., 2011), a pragmatic variation on framework synthesis, is “especially suitable in addressing urgent policy questions where the need for a more fully developed synthesis is balanced by the need for a quick answer” (Dixon-Woods, 2011). The methodology introduces the deductive step of developing an a priori framework. Best-fit framework synthesis will be combined with realist synthesis principles to maximise the value of the interpretative process, resulting in practicable and feasible recommendations for practice. Recently, methods have been proposed for rapid approaches to realist synthesis (Saul et
al., 2013) and the methods proposed in this review offer an alternative systematic route to harnessing the exploratory potential of the realist lens within an accelerated timescale.

We will produce a range of outputs (including visual models and briefings), influenced by Colquhoun et al.’s (2014) key components for knowledge mobilisation:

- strategies/techniques (active ingredients);
- how they function (causal mechanisms);
- how they are delivered/applied (mode of delivery);
- what they aim to change (intended targets).
Shared Decision Making: Development of an Initial Realist Program Theory

Shared Decision Making (SDM) is a decision making process that emphasizes a balanced relationship between patients and physicians, and is believed to improve patient outcomes while decreasing treatment variation. SDM involves discussion of treatment options and preferences, with the aim of mutual consensus between patient and practitioner regarding treatment decisions. Generally, in SDM, patient autonomy is acknowledged, and the use of decision-making aids (such as paper or electronic, numerical, or visual explanations) is encouraged.

Despite multiple models of SDM in the literature, a standardized definition of SDM does not exist, and tests of its efficacy on patient, provider, and system outcomes are limited. Although SDM has been endorsed by the Ministry of Health (MOH) in Saskatchewan, Canada, widespread implementation of SDM has not occurred in the province. To help bridge the gap between provincial support and implementation, this study aims to develop an initial program theory of SDM using realist methodology by assessing: In which situations, how, why and for whom does SDM between patients and physicians contribute to improved quality of care?

To assess this question, we will conduct three phases of research; a comprehensive realist-based literature search to improve the evidence base for SDM implementation and effectiveness, development of an initial program theory for SDM through consultation with stakeholders, and testing of the initial program theory within complex clinical situations (the third phase not being considered within this abstract).

Using a realist methodology to guide our research, we conducted a purposive search of the SDM literature, which rendered 198 references. These sources were screened by two members of our research team to exclude out-of-scope articles (i.e., end-of-life, pediatrics, decision aids, and those not focused on SDM). A total of 85 articles were used to extract propositions to form the basis of our program theory.

During the data extraction phase, we identified sources according to type of data (theoretical versus empirical) and geographical context. We then constructed if-then propositions from the data. The resulting 294 propositions were then organized by study focus (practitioner, patients, or both) and grouped using thematic analysis. For example, we found several themes in the patient group such as knowledge, disease severity, socio-economic status, and gender.

Our team collectively consolidated these propositions into Context-Mechanism-Outcome Configurations (CMOCs) and synthesized identified mechanisms into the program theory to provide insight into how and why SDM interventions work to improve quality outcomes in medical situations. We intend to consult stakeholder groups and refine the program theory to reflect stakeholder input. Future steps include empirically testing this program theory in an array of contexts.

The finished program theory is intended to be implemented into the local health region to facilitate optimal
decision making for patients in a variety of health contexts.
Rethinking drinking: local intervention for 16 to 18 year olds

Mrs. Michelle Hyatt
1 Southamton Solent University

For young people today there is an increasing emphasis on binge drinking compared to drinking cultures of earlier generations, it is becoming an increasing social norm [1]. There are personal and societal consequences to this social phenomenon:
• Around 1 in 10 boys and 1 in 8 girls aged 15 to 16 years have had unsafe sex after drinking alcohol (2014) [2]
• There are more than 10,000 annual fines issued to 16 to 19 year olds for being drunk and disorderly (2014) [2]
• In Southampton (2015) there were 4460 (per100,000) alcohol related hospital admissions, an increase of 53% from 2009 [3]
• UK alcohol-related hospital admissions for 15 to 24 year olds have increased at their fastest rates, 57% for males and 76% for females (2002-2012) [4]
• Early onset of binge drinking is linked to a continuation of alcohol use in a dose dependent manner [5], it is also related to a marked increase in liver disease for 25 to 34 year olds [6].

This PhD research aims to identify and implement a cost effective and sustainable intervention that will address harmful drinking for 16 to 18 year olds in Southampton and explore the social norms that reinforce hazardous drinking for young people.

A Realist Evaluation approach [7] will be employed, which will describe the intervention in terms of “what works, how, why, for whom, to what extent, in what circumstances” [8]. A Programme Theory will be developed from the Realist Evaluation, which will explain how the intervention can contribute to a chain of results (mechanisms) to produce intended outcome(s) and the conditions it should do so. This will contribute knowledge of intervention outcomes at local level, which can inform local and national policy.

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2. NI Direct Government Services, 2014, Young People and Alcohol: What Are The Risks?
Ongoing learning and reflections from undertaking a realist evaluation of Schwartz Rounds: an healthcare intervention to promote compassionate care

Tuesday, 4th October - 15:00 - Poster Session and Reception - PS-1 - Garden Room and Conservatory - Thematic poster

Dr. Mary Leamy 1, Dr. Ellie Reynolds 1, Dr. Cath Taylor 1, Prof. Jill Maben 1
1. King’s College London

The Realist Evaluation approach provides a theory-based method for setting out and testing causal explanations of how and why healthcare interventions work. Although work is underway (i.e. RAMESES project II), there are currently few agreed guidelines and reporting standards on how to conduct and evaluate ‘good’ realist evaluations.

In this poster, we identify the data collection and analytical steps we took and reflect upon the challenges faced and lessons learnt from conducting an evaluation of Schwartz Rounds. Specifically we focus upon our data collection and analysis work and the challenges we encountered.

Despite extensive reading about realist evaluation at the start of the study, we learnt most by doing.

1. We began the data collection process by interviewing programme architects in the USA and then key stakeholders who adapted it for a UK context, with the aim of developing our initial programme theories.

2. In 9 case study sites, we then undertook an iterative process of data collection to build explanations, which included ethnographic observation of rounds (n=46), panellist preparation meetings (n=29) and steering groups (n=27) and interviews with facilitators; audience and steering group members and panellists (n=175) who told stories to trigger reflection in Schwartz Rounds audience members.

3. These interviews were multi-staged and served different purposes at different phases - theory gleaning; theory refining; theory testing and consolidating interviews (Manzano 2016). We also drew upon our own expertise gained through observing key Schwartz Rounds stages to help us develop, test and refine our candidate programme theories (Context (C)-Mechanism (M)-Outcome (O) configurations.

4. We formally first analysed our interview data with our Rounds expert key informants for full and half nuggets of illustrative text and developed more than 30 CMOcs.

5. We revisited key respondents and undertook repeat interviews with the same participants to refine, test and consolidate our CMOcs.

6. Further analysis cycles used an iterative analytical process to refine, combine and generate new CMOcs through inductive analysis of our interviews

Issues and practical challenges of applying realist evaluation methodology included:

(i) Defining and searching for nuggets of illustrative text and deciding which CMOc they best illustrated / fitted, (ii) Using both observation field notes and interview data to test and refine our CMOs (iii) Identifying core CMOc in such a multifaceted and complex intervention; what is core and how determined? (iv) Appreciating that CMOc occur at different levels of analysis, are often connected and require linkage to account for these different levels and to identify full ripple effects (Jagosh et al 2015).

References:


Funder is National Institute for Health Research (project number 13/07/49). The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the [Health Services and Delivery Research Programme], NIHR, NHS or the Department of Health.
Taking advantage of interdisciplinarity: how an interview technique commonly used by ergonomists could be useful to realist evaluators to bring out mechanisms and context

Important parallels can be made between the realist inquiry and the ergonomic approach, notably regarding the premise that stakeholders are regarded as key sources for eliciting mechanisms and providing data on how a program works (or how a given task needs to be done) in a given context. Within their intervention, ergonomists commonly use a specific type of reflexive interview, called “self-confrontation”, which allow participants to see themselves in action and explain the underlying cognitive processes, for instance, by discussing a recording of their work activity. This type of interview has been used as part of an evaluation to assess the implementation of four ergonomic interventions. In other words, as researchers we used an adaptation of the self-confrontation technique with ergonomists performing themselves an intervention, to understand their own strategies and the choices they made in consideration of the context of the organization in which they performed their intervention. The goal of this communication is thus to present how this type of interview could be used in a research process.

The case of an on-going evaluation of four complex ergonomic interventions will serve as an illustrative example. A logbook kept by the ergonomists was used as the recording of their work activity, as it offered a rich and in-depth description of every action performed, including activity type, duration and objectives, stakeholder(s) involved, results and decisions taken. In the research process, a compilation of each logbook was performed in preparation for the self-confrontation interviews. Quantitative data was used to generate charts and graphs to illustrate the different actions and stakeholders met by the ergonomist over time. During the individual interview, these charts and graphs were presented to the ergonomist to obtain explanations regarding the contextual factors which influenced his/her actions. Probes on contextual factors were formulated beforehand following the qualitative logbook compilation and by comparing charts and graphs with the other cases.

Each intervention evaluated took place in a different organization (A: food processing, B: pharmaceutical, C: manufacturing, D: transportation), was spread over 32 (case B) to 67 (D) days and involved between 96 (B) and 271 (D) different actions. Preliminary results indicate that several hypotheses regarding the contextual factors which influenced either specific actions or the intervention as a whole were validated in each interview. New mechanisms and contextual factors emerged. Examples of findings from each case will be provided. The logbook in itself is a reflexive tool, but our evaluation showed that its potential is maximised when an external reviewer interrogates the professional regarding the strategies put forward and decisions taken according to specific contextual factors, as they are not always readily apparent for professionals in action. Nevertheless, these contextual factors can neither be exclusively deduced by the reviewer based on the information contained.
in the logbook. Thus, our findings points out that the interaction between the reviewer and the professional, based on a concrete medium, in our case the charts and graphs representing the whole intervention or specific aspects of it, generates novel hypotheses on mechanisms and context.
Phased out? On to-ing and fro-ing in a realist study of the use of NICE guidance in local government

NICE has expanded its work and issues guidance to be implemented by local government. This is a different policy context where health research hierarchies of evidence are not privileged. NICE has worked to develop its approach but as yet there is little evidence of widespread implementation. There is also a more embryonic approach to evidence access and use within local authorities and what counts, as evidence is itself conceptualised differently. Indeed, it has been argued that local government as a system is characterised by ambiguity, complexity and messiness.

This PhD study sets out to explore how NICE guidance is received and used (if it is) in local government. Examining the use of NICE guidance by Local Government Officers (LGOs) requires a lens which examines the context of the culture within which decisions to use or not use are taken; develops theory about how knowledge to support decision making is valued, sought and introduced; recognises complexity and places value on human volition within this process. The study then uses a realist approach to uncover what works, for whom in what circumstances and provide insights to better target NICE guidance and facilitate its implementation.

The study was originally conceived in (intertwined) phases beginning with a realist synthesis to uncover and categorise generative mechanisms which support the implementation of NICE guidance into policy by LGOs. The resulting Context Mechanism Outcome Configurations will be prioritised by stakeholders. Finally, a realist evaluation, using comparative case studies, will be conducted to test the prioritised theories. However, in beginning to operationalise the work and develop a means of describing the approach for scientific review as part of PhD milestones the semi-permeability of the named phases was identified and challenged. This poster will describe these challenges; explore why clarity in naming phases is important, in practice, recognising that there will be to ing and fro- ing between phases and set our suggested way forward for this study i.e. substituting ‘validation’ for evaluation.
A Service Evaluation: How, why and for whom, and in what contexts, does the midwifery model of care influence the outcomes of childbirth in New Zealand?

Tuesday, 4th October - 15:00 - Poster Session and Reception - PS-1 - Garden Room and Conservatory - Thematic poster

Ms. Beryl Davies

1. Auckland University of Technology

The maternity service in New Zealand is unique in the world. Of the 91.3% of women who chose a Lead Maternity Carer (the practitioner responsible for providing the women’s care during her maternity experience), 85.2% choose a midwife (MOH, 2014).

The midwifery model of care in New Zealand is based on the principles of partnership. The woman and midwife are equal partners, the care is woman-centred: women have the right to choose their carer; continuity of the carer is the norm if the pregnancy and birth are progressing normally and the woman is healthy. Women have the right to make informed choices about the care they receive and birth is accepted as a normal life event (Guilliland & Pairman, 2010). This programme model provides a suitable theory for the evaluation of the midwifery service.

Individual midwives in their practice promote physiological birth, providing an appropriate physical, psychosocial and cultural environment, which avoids unnecessary intervention. Yet little has been researched of what influences midwives’ practice, or how women influence the care they receive from the midwife and how women’s choices influence the outcomes.

Although the issues which interrupt physiological birth are well known, the effects of the interaction between the physiological, the psychosocial and the neurohormones are frequently not acknowledged in practice. This study will explore these mechanisms using realist evaluation.

There are a number of elements that are central to the promotion of physiological birth. How these elements may effect, or be effected by, what happens during the childbirth process will be explored, including the significance of interventions (Context) and their consequences (Outcomes).

As is the case in government-funded health services, the extremely complex programme works really well for many women. The outcomes are positive and the majority of women are satisfied or very satisfied with their care, but 15% of women are not satisfied with their care (MOH, 2014). It has been argued that this maternity programme is largely an unevaluated health experiment, but this is not the case as there are many official reports and databases generated by the service providers and government. A significant amount of qualitative research has also been undertaken. The complexities of the service demand a research approach such as realist evaluation, which allows the researcher to evaluate the contexts, mechanisms and outcomes in an integrated way (Pawson, 2010).

REFERENCES


Introduction
Explicit programme theory for delivering public health services is often lacking. One example is the English national policy which recommends youth sexual health services which are positive, comprehensive and young person friendly, but offers little guidance on how to deliver this. This paper considers an approach to building programme theory for the sustainable delivery of positive, comprehensive youth sexual health services. It acknowledges the myriad of existing theories that could be applied and proposes an efficient way of utilising such theory in programme theory building.

Method
A realist informed approach was used to uncover and develop theories and synthesise evidence relating to the sustainable delivery of positive comprehensive youth sexual health services. Programme theories developed were intended to articulate, in realist terms, how context may interact with underlying mechanisms (defined as what causes the potentialities of entities to actualise) to produce the desired outcomes. The programme theories were developed in a purposive fashion using a variety of sources and existing theory, at different levels of abstraction from the specific research topic. This included elements of:
• social theory;
• behaviour change theory;
• policy and best practice guidance;
• expert opinion, and;
• evidence relating to five case studies in the US, the UK and the Netherlands where a positive approach to youth sexual health services has been attempted. Data included: academic and grey literature, print and social media and interviews with local stakeholders involved in commissioning and delivering youth sexual health services. Theory building was an iterative, retroductive process. An overarching theoretical model was created from the theory. Programme theories were then developed using abductive and retroductive inference based on the desired outcomes. Case studies provided evidence to substantiate (through deductive inference), refine and refute the initial theories or generate new ones (through inductive inference). Priority theories were identified during the initial interviews and through the analysis process. This enabled the researcher to refine the focus of latter interviews and directed attention to existing middle range theories to support and explain the results.

Results
Several mechanisms, at structural, cultural and agency levels may be hypothesised as important to the sustainable delivery of positive youth sexual health services. The results describe how these mechanisms may impact on the delivery of positive youth sexual health services and the contextual conditions which may hinder or enable the mechanisms acting in different circumstances.
Refined middle range theories derived from the study are also presented.

Discussion

Existing grand and middle range theory has informed, guided and strengthened theory development. However, the multitude of theories that might be applicable to any one study make selection difficult. Lessons from this study suggest that, where specific programme theory is initially lacking, existing theory may be utilised efficiently by decreasing the level of abstraction as the project develops i.e. moving from grand theory to the middle range. This paper culminates in a discussion of the utility of each theory presented in shaping the proposed programme theories.
How do you carry out a realist synthesis of an intervention when there's 'no evidence'?  

Wednesday, 5th October - 10:15 - Theory and Evidence - OS-10 - Frobisher Room 1 - Themed paper (30 min)

**Dr. Joanne Greenhalgh**, **Dr. Sonia Dalkin**, **Dr. Kate Gooding**, **Dr. Elizabeth Gibbons**


In this presentation, we will draw on our experiences of conducting a realist synthesis of the feedback of aggregated patient reported outcome measure (PROMs) data to improve patient care to address two methodological questions (1) how do you carry out a realist synthesis of an intervention when there's 'no evidence'? and (2) how can you deal with the complexity of ‘context’?

The answer to question one, of course, is that in realist synthesis, it is the programme theory, not the intervention, which is the unit of analysis. Despite their relatively recent introduction to the NHS and the paucity of evidence evaluating this intervention, the underlying reasoning about how PROMs data will be mobilised is familiar and has a long and somewhat chequered history. For example, the use of aggregated PROM data to benchmark provider performance and the public reporting of these data to inform consumer choice shares many of the assumptions and some of the drawbacks of other ‘feedback’ or ‘public disclosure’ interventions (e.g. hospital ‘star’ ratings, patient experience surveys and surgical mortality report cards). These interventions all share similar programme theories and therefore, we were able to draw on the large body of evidence that had explored the fate of these interventions to carry out our synthesis. In our presentation we will discuss how we moved from the specific ideas underlying the use of PROMs data to generate more middle range theories of ‘audit and feedback’, ‘benchmarking’ and ‘public disclosure’ to guide our review.

During the review, we also encountered other challenges, most notably, in understanding ‘context’, hence our second methodological question. We found that ‘context’ was complex and rarely occurred as ‘neat single packages’. For example, feedback and public disclosure of performance data programmes varied widely in how they were implemented (e.g. whether they were case-mix adjusted, who had mandated data collection, how quickly these data were feedback to providers) and were often implemented in conjunction with or alongside a whole host of other interventions (e.g. the use of financial incentives, how much support providers were given to interpret these data). Different feedback and public reporting programmes embodied different combinations of all these contextual conditions that were impossible to disentangle and thus isolate. Therefore our review focused on understanding how different contextual configurations shaped the mechanisms through which such programmes worked. In this presentation, we will provide an example of how we explored this in testing theories about the role of financial incentives.

Functionality and Feedback: a realist synthesis of the collation, interpretation and use of PROMs data to improve patient care was funded by National Institute for Health Research Health Services and Delivery Research Programme 12/136/31. The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the HS&DR Programme, NIHR, NHS or the Department of Health.
Examining Objectivity and Bias in Realist Programme Theory Development

Wednesday, 5th October - 10:45 - Theory and Evidence - OS-10 - Frobisher Room 1 - Themed paper (30 min)

Dr. Justin Jagosh
1. University of Liverpool

A realist evaluation or synthesis that is aimed at assessing ‘what works, for whom, under what circumstances and how’ in the arena of programme and policy assessment involves explicating the theories that underpin programmes. At the outset of a given inquiry, these programme theories are deemed ‘candidate’ theories, which are then confirmed, refuted, or refined against available evidence. Theories can be brainstormed by asking questions such as ‘what is the logic of the programme?’ or ‘what is the best explanation as to how it works?’ Such lines of brainstorming can be furthered in a number of ways, including scrutinizing the theoretical and empirical literature around the topic, as well as involving key stakeholders and multi-disciplinary teams in theory development.

Candidate programme theories may look like educated or imagined speculations about how programs work, for whom, and under what kinds of circumstances. Yet the establishment of these theories are important because they serve to guide protocols, data collection, and analysis. Understandably self-reflective questions may arise: ‘How do we know that we got it right? ‘How do we know that our biases are not interfering?’ These are valid questions - after all, if the goals of realist inquiry are pragmatic – the improvement of programs and contexts for optimizing outcomes, it is important that the underlying programme theories are accurate. What constitutes accuracy is a point of discussion and debate that will be encouraged through this presentation. I will provide a snapshot of how realist logic can be applied to understanding a realist perspective on research bias, strategies for optimizing positive bias and reducing negative bias - and will use the concepts of objectivity and subjectivity to explain the argument. Most importantly, this entails how the concepts of objectivity, subjectivity, and bias can be interpreted to improve on the goals of realist inquiry.
Chronic Disease Prevention and Management Programs in the Province of Quebec: Results and Challenges of a Realist Synthesis

Wednesday, 5th October - 09:45 - Realism in Action IV - OS-11 - Frobisher Room 2 - Themed paper (30 min)

Prof. Maud-Christine Chouinard ¹, Prof. Martin Fortin ², Mrs. Boubacar-Bayero Diallo ², Mrs. Mireille Lambert ², Dr. Aline Ramond ², Mr. Tarek Bouhali ²

¹. Université du Québec à Chicoutimi, 2. Université de Sherbrooke

CONTEXT
Chronic diseases pose a significant challenge to all health care systems. In 2011, the Quebec Health Research Fund in partnership with the Ministry of health and social services of this province and private donations launched a research grant program aimed at evaluating primary care-based chronic disease prevention and management (CDPM) initiatives promoting the integration of CDPM services and focusing on changing clinical practices. Seven CDPM programs in different regions of the Province of Quebec (Canada), based on the Chronic Care Model (CCM), received funding to support and evaluate their implementation.

OBJECTIVES
This session will present results of a RS aimed at analyzing and synthesizing qualitative and quantitative evaluation data from these programs, to identify their successful mechanisms and failures, and their contexts, with the specific aim to answer the following questions: Do these projects work? How? With whom? Under what circumstances and contexts? Challenges in the involvement stakeholders and synthesis of various evaluation materials will also be discussed.

METHODS
The RS includes five main phases: 1) clarifying the scope of the synthesis and initial program theories with leaders of all programs and decision makers; 2) searching the evidence from the evaluation results produced by the programs; 3) appraising the quality of the data; 4) extracting the data; and 5) synthesizing the data. The operational process of the RS consists of the following activities: 1) Content and activity description (purpose, concepts, quality criteria); 2) Active involvement of program leaders; 3) Material preparation; 4) Preliminary data exploration; 5) Program analysis; 6) Interviews with program leaders; 7) Evaluation and feedback; 8) Data analysis; 9) Report and dissemination.

RESULTS
Six of the funded CDPM programs were included in the RS. Twenty-four main CMO (context-mechanism-outcome) configurations related to the CCM that are linked to positive or negative outcomes in these CDPM programs were identified. Those that seem most important because they were observed in many programs and related to outcomes for patients, providers and organisations were found in four domains of CCM: 1) Organization of health care system; 2) Organization of services; 3) Self-management support; 4) Decision support and evidence-based practice. Some variations in the outcomes of programs were linked to specific contextual factors. Strategies to support the involvement of program leaders throughout the data collection and analysis and in knowledge transfer were effective. Some challenges were encountered during the RS such as the diversity of the evaluation methods used.
CONCLUSION
This RS allowed us to combine the results of the different initiatives and to reveal promising mechanisms and implementation strategies. These results are particularly relevant to inform the deployment of the Quebec Ministry of health and social services reform of CDPM services or of other health care systems trying to improve services for patients with long-term conditions.
Developing and testing Context Mechanism Outcome conjectures in the realistic evaluation of a safe medication administration education programme

Wednesday, 5th October - 10:15 - Realism in Action IV - OS-11 - Frobisher Room 2 - Themed paper (30 min)

Ms. Freda Browne
1. Cardiff University

Introduction
Currently there is little evidence of the effectiveness of continuous professional education for nursing and there is an absence of reported evaluations on the clinical outcomes of CPE. At this time in the Republic of Ireland there is much discussion on CPE as new legislation to regulate the profession of nursing in Ireland was enacted in November 2011. Medication errors have been shown to be a prevalent and an on-going problem which results in varying degrees of preventable harm to patients. In the Republic of Ireland in 2009 there were approximately 8,000 reported hospital medication errors (The States Claim Agency 2009). This paper focuses on the development and testing of context mechanisms outcomes conjectures and the associated methodological challenges when undertaking a realistic evaluation of a safe medication administration programme for nurses in the Republic of Ireland.

Objective: The realistic evaluation of this education intervention aims to determine how knowledge and skills obtained through a Continuous Professional Education programme for Safe Medication Administration are transferred to the clinical care environment, what factors enable or constrain this transfer and what outcomes can be related this programme?

Methods
A literature review was performed systematic to examine international literature on continuous professional education and medication safety. A study protocol was developed which outlined the four phases of the study. This presentation will focus on phase 1 and 2, which is the development and testing of the CMO conjectures. Data collection for phase 1 involved document analysis and semi structured interviews with key policy makers. NVIVO (version 10) was used for data management and analysis. The CMO conjectures were developed by analysis of this data and reviewed by external experts. Phase 2 involved the development testing the CMO conjectures through observation and follow up interviews. Phase 3 and 4 have yet to be undertaken and will be reported on at a later stage. The presentation will discuss some of the methodological challenges encountered in performing a realistic evaluation and how these were overcome.
Realist impact evaluation: when, why, and under what circumstances does it really have impact?

Wednesday, 5th October - 10:45 - Realism in Action IV - OS-11 - Frobisher Room 2 - Themed paper (30 min)

Dr. Janet Harris
1. University of Sheffield

Realist evaluation aims to inform policy decisions, but evaluators are the first to know that the chances of producing results that will actually be used are slim, because evaluation is ‘tortured by time constraints’ (Pawson 2001). How then can we ensure that a realist impact evaluation actually has impact? This paper describes the challenges of conducting a realist evaluation of the integration of health and social care. A transdisciplinary, participatory approach (Bergmann et al, 2013; ICPHR, 2013) is being used to gain collaboration across statutory and voluntary sectors and shared learning between commissioners, health providers, and community services. The challenges that have arisen during the evaluation include:

• The original ‘vision of change’ has evolved into a different programme theory every six months
• The actors and funding arrangements changed in the first 12 months
• The average net effect was the main interest for the most influential group of stakeholders, although it could not explain why or how the programme worked
• Case study and qualitative data was assigned a lower value in decisions about how to allocate resources

The solutions so far have rested upon

• Establishing cross-sectoral collaborations and productive working relationships
• Using participatory approaches to enable the ‘people who know’ e.g. those who provide and receive services, to generate and analyse data
• Using knowledge brokering to span the ‘semantic distance’ between different user groups, particularly communities and commissioners who have very different cultures and attitudes toward valued knowledge (Cinq-Mars et al, 2010)
• Assessing user expectations and making the different expectations explicit in order to foster dialogue about the different agendas for using the data (Dagenais et al, 2015)
• Supporting the people who know in developing effective strategies for communicating the utility of different types of evidence to policymakers
• Anticipating what policymakers will want to know and ‘chunking’ the research into shorter cycles evaluating process and implementation for different dimensions of the programme
• Using transdisciplinary approaches to define the limits of knowing and highlight the areas of expertise across academics, commissioners, service providers, and service users
• Expecting – and modeling - co-ownership and collective problem solving

The final challenge is to negotiate the meaning of the term ‘impact’. While commissioners interpret this as cost savings and cashability, clinicians describe it as improved health outcomes and providers interpret it as improved wellbeing. The ability of a realist impact evaluation to deliver on all three will be critically reviewed, alongside the approaches that are being used to set and adjust expectations for the project.
Local workings of acute admission avoidance: a critical realist examination of resource deployment in four hospital emergency departments

Wednesday, 5th October - 09:45 - RE in Health Service Delivery - OS-9 - Frobisher Room 3 - Themed paper (30 min)

Prof. Richard Byng 1, Ms. Debra Westlake 2, Dr. Susanna Rance 3, Dr. Mark Pearson 4, Dr. Dawn Swancutt 2, Prof. Jonathan Pinkney 2


Background: Unplanned hospital admissions through Emergency Departments (EDs) in the United Kingdom have risen annually. National policy has suggested that many are avoidable with the right mix of community and hospital service provision. With little empirical evidence to guide improvement initiatives, multiple local solutions have been developed. In the Avoidable Acute Admissions study we conducted a realist examination of these natural experiments in four hospitals in south west England. This enabled us to generate practical theory about how practitioner expertise and adaptations in hospital urgent care pathways can promote effective decision-making about emergency admission and discharge.

Design: This mixed-methods study incorporated value stream mapping (VSM) of events in patient journeys, organisational ethnography, and stakeholder participation. We generated realist theory through analysis of two data sets:

1. VSM measurement of time spent by practitioners on key activities in 108 patient pathways.
2. Organisational ethnography using participant observation and semi-structured interviews with 65 patients, 30 carers and 282 practitioners, exploring their experiences in acute care systems on the four study sites. We prepared 24 qualitative case studies of patient journeys through emergency care. Qualitative data collected from clinical panels, learning sets and workshops were also analysed.

We used realist synthesis to develop provisional theories as to how the resources of hospital space, practitioner skills and new teams can contribute to reducing avoidable admissions. Initial analytic statements in the form of ‘if...then’ micro-hypotheses were synthesised into consolidated theories.

Results: On all sites, practitioners worked under considerable pressure to reduce admissions and avoid breaches in the four-hour target time for seeing patients in the ED. Innovative approaches to admission avoidance included: multi-disciplinary discharge/care of the elderly teams with rapid access to outpatient clinics and community-based care; a hospital-based acute GP service; diverse ways of deploying senior practitioners in front-line patient care and departmental oversight roles; and creation of new ‘holding spaces’ to observe and plan discharge. Despite these multiple efforts, alternatives to admission were not always known about and applied systematically. Accessibility of hospital and community resources was affected by variations in practitioners’ knowledge and experience, visibility of the resource, physical proximity to the ED and the institutional culture of communication between teams and organisations. The realist synthesis revealed a range of mechanisms used in specific contexts to deploy available resources more effectively.

Realist methodological learning points: Ethnographic observations and interviews provided rich data for generating the ‘if...then’ causal micro-theories. Original data sources often needed rechecking when multiple micro-
hypotheses were combined into consolidated theories. Findings from quantitative and qualitative components of the study could be synthesised using realist methods. The quantitative VSM data often supplied data about outcomes, while qualitative data was more amenable to development of causal theories. Our final critical focus on the ‘how’ of resource deployment was supported by comparing findings across the four sites, where apparently similar resources were implemented differently.
An ‘Integrated’ Realist Review: Informing Service Innovation in Maternity Care

Wednesday, 5th October - 10:15 - RE in Health Service Delivery - OS-9 - Frobisher Room 3 - Themed paper (30 min)

Dr. Penny Haora 1, Ms. Giordana Da Motta 2, Prof. Angela Harden 1, Ms. Inderjeet Kaur 3, Prof. Christine McCourt 2, Dr. Juliet Rayment 2, Ms. Meg Wiggins 4


Background & Rationale
As part of a larger programme of research (the ‘REACH Pregnancy Programme’), a realist review was undertaken with the explicit aim of integrating findings into the planning and development of a Pilot study of Group Antenatal Care within a London NHS Trust. This model of care has been implemented at small-scale in various contexts globally, with some promising results, as shown in individual trials and a Cochrane systematic review. Notwithstanding, we considered that the theories underpinning the approach and mechanisms of action were in need of further analysis and clarification, particularly if the model is to be developed and utilised more widely, and in diverse community and population settings. Benefit was also envisaged from an improved understanding of the complex contextual factors of relevance, recognising large variations across healthcare systems. Consequently, a realist review was considered a superior approach compared with a traditional systematic review, enabling articulation of theories and mechanisms of effect, ‘lessons learned’ and subsequent application of findings to our programme context.

Aim
This study aims to describe process issues, challenges encountered and ‘translation’, within a realist review appointed with the specific purpose of applying findings to maternity services innovation in the East London context.

Methods
Additional to engaging in the actual review process, a group of (largely) novice realist reviewers reflected on the experience. EPPI-Reviewer v4 was used to manage the review progression including screening, data extraction and synthesis. As prescribed by the method, logic models/programme theories were developed by all researchers as integral to the iterative process. The Context, Mechanism, Outcomes (CMO) schema guided data extraction and synthesis of study findings, and our initial programme theories were revised accordingly.

Key Findings
While a clearly articulated plan for use of the findings was present at the outset, specific challenges were encountered in conducting the review process embedded within a wider research programme context. Nevertheless, this context facilitated the integrated utilisation of review findings throughout broader programme activities, ensuring immediate usefulness and application, as well as dissemination and impact within local clinical settings.

Discussion (Tentative)
Our experience shows that realist synthesis can be concurrently employed and findings integrated with other
data, and then successfully ‘translated’ within a relatively short timeframe. In our case the review work was particularly useful for engaging local maternity services stakeholders through communication of ‘lessons learned’ from other settings. This engagement was crucial to the overall development, implementation and future evaluation of the services innovation (‘Pregnancy Circles’). We would value discussion with others on whether our experiences resonate and/or are contrary.
One recommendation made by the Francis Inquiry (DH, 2013) was that, “Regular interaction and engagement between nurses and patients and those close to them should be systematised through regular ward rounds”. This recommendation received strong support from the government and the majority of NHS trusts in the UK have now introduced ‘intentional rounding’ (IR), a structured process whereby nursing staff carry out regular checks, usually hourly, with individual patients to address their positioning, pain, personal needs and placement of items. Some published studies in the USA have found benefits of IR for patient care, including a reduction in call bell use, falls and pressure sores and increased patient satisfaction. However, there is little research to support this in the UK and what research does exist has been criticised for its design weaknesses. Funding has been awarded by the National Institute for Health Research, Health Services & Delivery Research (HS&DR - 13/07/87) for a 3-year study to generate an evidence base for IR, to provide the necessary information to successfully guide the development and implementation of IR across the UK. The study, led by researchers at King's College London, seeks to answer the question: ‘What is it about IR in hospital wards that works, for whom and in what circumstances? 

A mixed-method study design is being undertaken, drawing upon a realist evaluation approach, conducted in four phases:

Phase 1: Realist synthesis of IR.

Phase 2: National survey of all NHS acute trusts in England to explore how IR is currently being implemented and supported.

Phase 3: Case studies consisting of interviews, observations and the retrieval of routinely collected ward outcome data in six wards across three geographically spread hospitals.

Phase 4: Synthesis of data from all phases.

This presentation will focus upon the findings arising from Phase 1 of the study. As available theory on the potential of IR is limited, phase 1 involves a realist synthesis of IR, drawing upon searches of the relevant academic and unpublished grey literature as well as a stakeholder consultation event to generate hypotheses on what the mechanisms of IR may be, what particular groups may benefit most or least and what contextual factors might be important to its success or failure. The realist synthesis process is ongoing and to date, 38 papers have been identified and included in the review. Nine potential mechanisms of IR have so far been identified:

• Anticipation
• Nurse-patient relationships/communication
• Accountability
• Consistency and comprehensiveness
• Allocated time
• Visibility/presence
• Staff communication
• Patient empowerment
• Crafting

These mechanisms, along with the associated contexts and outcomes of IR will be presented and discussed. The successes of theory development in this field along with the challenges of identifying programme theories and other insights from the process will also be explored.

References
Realist ethics roundtable

Wednesday, 5th October - 09:45 - Roundtable Session IV - RT-4 - Frobisher Room 4 - Roundtable discussion (90 min)

Prof. Emma Williams ¹, Prof. Gill Westhorp ²
¹. RREALI, Charles Darwin University, ². Community Matters

There has been little or no discussion of the relationships between realist research and evaluation approaches and research or evaluation ethics. This roundtable will consider realist approaches and ethics from two perspectives. Firstly, it will consider whether realist approaches have specific ethical implications. Secondly, it will consider how realist approaches could be used to determine how decisions are made on research or evaluation ethics.

The session will begin with a brief presentation describing a current research initiative at Charles Darwin University, seeking to identify the contexts, mechanisms and outcomes at play in ethics decision-making. The presentation will set the scene and present some initial ‘thought starters’ for the round table discussions.

Two scenarios will be presented for participants to discuss in small groups. The first scenario will describe a cross-cultural evaluation involving services to disadvantaged communities. Participants will be invited to consider whether any different ethics issues might arise from undertaking a realist evaluation as compared to other evaluation designs. They will also be asked to consider how realists – who explicitly acknowledge that evaluands are not all alike – might approach developing, judging, and implementing ethical research/evaluation designs.

The second scenario will take the form of a proposal that instead of trying to determine whether a research or evaluation design is sufficiently ethical, realists involved in ethics processes should explicitly ask ‘ethical for whom, in what contexts, in what ways and how?’ Participants will be asked to consider how such an approach might advance our principles and strengthen our practice – in the field but also in the ways in which we work with (and on) Research Ethics Committees, Human Research Ethics Committees, Institutional Review Boards, etc.
Building capacity in realist methods in international development: Ideals, Realities & Practicalities

Wednesday, 5th October - 09:45 - Roundtable Session V - RT-5 - Frobisher Room 5 - Roundtable discussion (90 min)

Dr. Ana Manzano¹, Dr. Bruno Marchal²
¹. University of Leeds, ². Institute of Tropical Medicine, Antwerp

Realist evaluation is increasing in popularity in international development initiatives, programmes and policies. However, there seem to be extra challenges for following the realist approach within the context of international development projects.

This roundtable will present examples of realist evaluations in international development and will focus on how building capacity takes place in such collaborations. It will examine challenges like how to ensure data collection by proxy and how to do realist analysis in multi-partner consortia across different continents. It will consist of leading realist evaluators who are working in international development projects in Africa and Asia. This roundtable aims to advance methodological realist principles and strengthen practice by learning from applied case studies. The presentation should be of interest to evaluators, policymakers, consultants and researchers interested in the practical application of realist evaluation in international development. It will also attract academics interested in how the evaluation context challenges, refines and strengthens realist evaluation methodological guidance.

This panel will consist of two parts: The first part will focus on case studies of projects that applied realist evaluation, identify building capacity strategies and reflect on the main methodological challenges encountered. Each presentation will be restricted to a maximum of 10 minutes. The second part of the panel will be a discussion around four sets of questions, related to capacity building, programme theory and data collection, analysis, and learnings. Panellists will discuss areas of progress and areas that need further methodological development in applications of realist approaches in international development.

(a) Capacity Building: How were the international teams familiarized with the realist approach? What were the main approaches to capacity building (face to face vs webinars vs on-job support) and strengths and weaknesses of each approach.

(b) Programme theory and data collection: What specific data were collected to test the CMO configurations? What were the main challenges to quantitative and qualitative realist data collection? What was the international team input in programme theory development?

(d) Analysis: What specific analytical strategies were implemented and what were the contextual and practical challenges?

(e) Learnings: What are specific examples of learnings around how does realist evaluation work in the context of international development evaluations? How was the realist evaluation approach modified in light of the learnings from applying it in international development?

Case studies will be followed by Q&A and a space for the audience to share their experiences of strengths and weaknesses of the realist approach in international development.

This panel will be chaired by Bruno Marchal (Institute of Tropical Medicine, Antwerp).
The Case Study presenters will be:
Ana Manzano, School of Sociology & Social Policy, University of Leeds (A.Manzano@leeds.ac.uk)
Sara Van Belle, Institute of Tropical Medicine, Antwerp (svanbelle@itg.be)
Melanie Punton, ITAD (Melanie.Punton@itad.com)
N. S. Prashanth, Institute of Public Health, Bangalore (prashanthns@iphindia.org)
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