# An Introduction to Realist Evaluation

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# Overview

- Introduce the most basic ideas that underpin realist evaluation and realist synthesis
- Designed as a prelude to other events this week – including presentations in relation to evaluations done here in Scotland, this afternoon.
- Aim to move between theoretical and practical – alternating between the two – different levels useful for different people

# *Realistic Evaluation*

Ray Pawson and Nick Tilley
Sage Publications, 1997

- *Real* – deals with the real world

- *Realist* – grounded in 'scientific realism'

- *Realistic* – "The whole point is that it is a form of applied research, … pursued to inform the thinking of policy makers, practitioners, program participants and public."

# Realist Evaluation

Not "Does this work?", but *"For whom does this work, in what contexts, in what respects and how?"*

## Context + Mechanism = Outcome

Features of participants, organisation, staffing, history, culture, beliefs (etc) required to 'fire' the mechanism

The way in which new resources interact with different 'reasoning' to give changed decisions / choices

Different behaviour ⇨ different short term outcomes ⇨ different medium term outcomes ⇨ ...

# Four kinds of theory
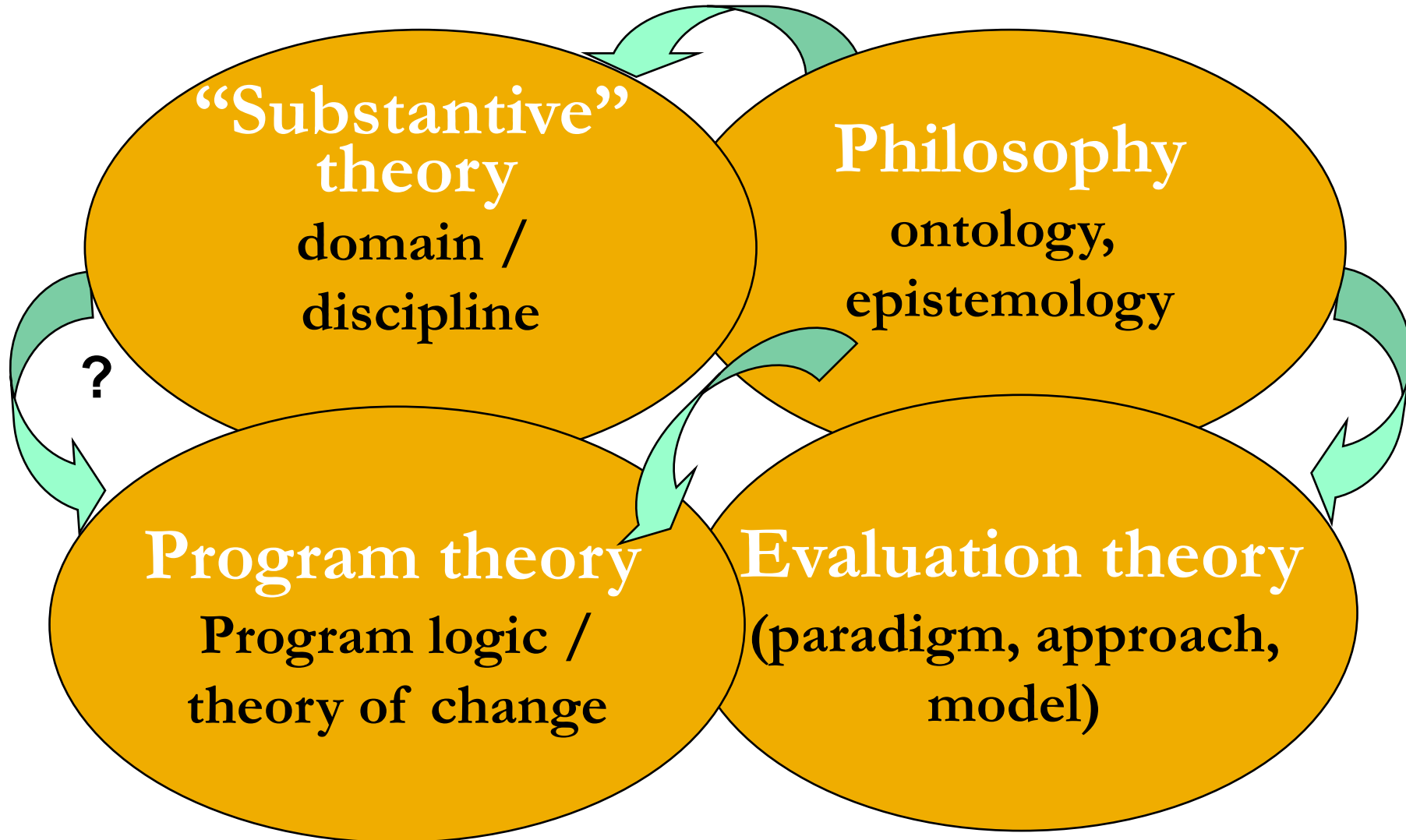
# Basic Assumptions: The nature of reality

- There is a "real world", independent of or interdependent with our interpretations of it.

- The social world is real and can have real effects.

- Systems and social systems / structures are stratified and 'embedded'

- Social systems are open systems:   different levels, structures, objects and events interact.

- Many causes of any event and any event may have many consequences.

# Basic assumptions: the nature of programs

- Social programs are real and can have real effects – both positive (helpful) and negative (harmful).

- Programs are an attempt to create change.

- Programs always operate in contexts.

- Contexts do make a difference to the outcomes that are generated by programs.

- Programs are "theories incarnate".

- Evaluation tests and refines program theories.

# Basic Assumptions: Causation

- Things that generate events or patterns of events - 'causal mechanisms'.

- Mechanisms operate at a number of different levels (material/physical, psyche, relationships, organisational structures, political systems, ...)

- Mechanisms cannot usually be directly observed.

- Whether mechanisms 'fire' depends on context.
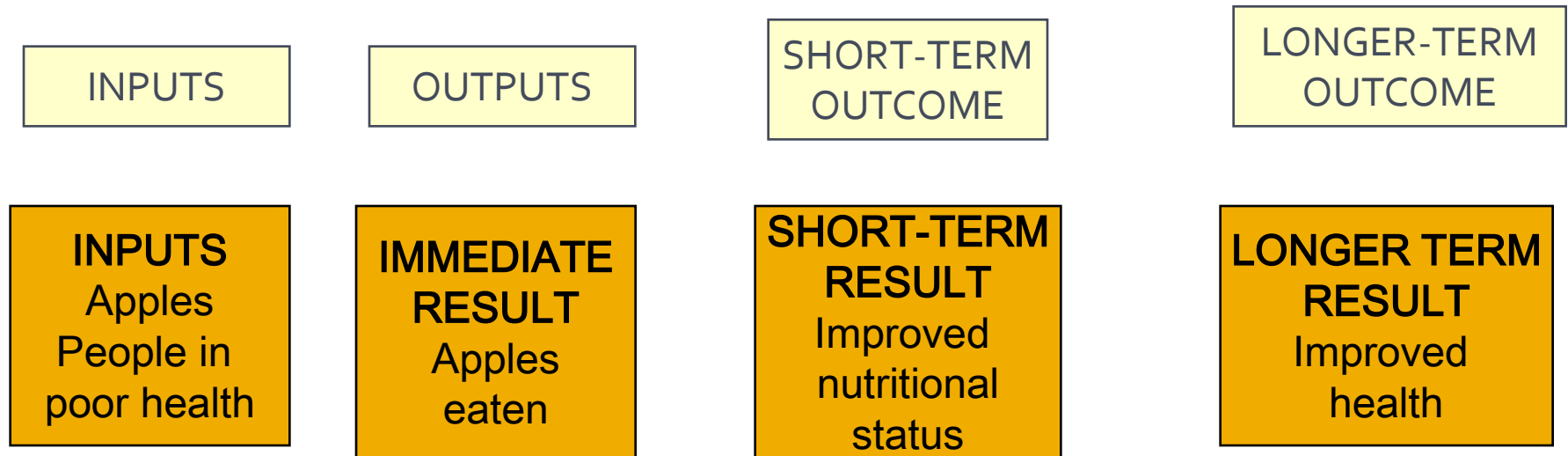
- Consider the tennis ball...

# Basic assumptions: Causation in programs

- Programs work by changing choices

- Programs enable changed choice-making by providing resource(s) or opportunities  (or by otherwise changing the context to which the choice-maker responds)

- Resources + reasoning = mechanism

- Programs have long implementation chains: mechanisms at each stage
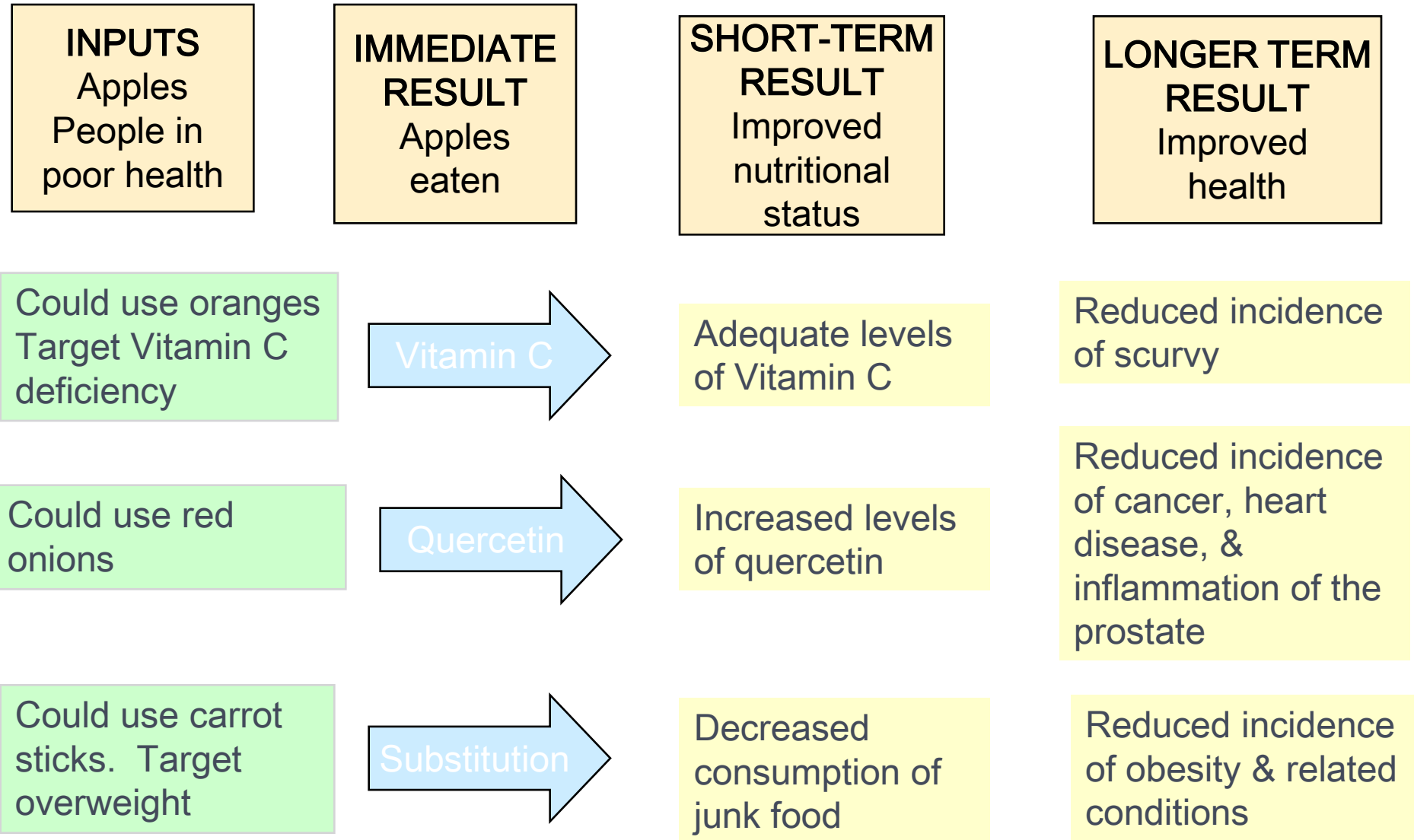
# Mechanisms in policies/programs

- Mechanisms are HOW programs work, <u>not</u> program activities/strategies

- The mechanism necessarily involves the 'reasoning' of the target

- To describe a mechanism, describe:
  - The resource, opportunity or requirement
  - The 'reasoning' of those affected
  - The process by which changed reasoning > changed decision-making > changed outcomes

# Program logic cf Program mechanism: The program logic model

| INPUTS | OUTPUTS | SHORT-TERM OUTCOME | LONGER-TERM OUTCOME |

**INPUTS**
Apples
People in poor health

**IMMEDIATE RESULT**
Apples eaten

**SHORT-TERM RESULT**
Improved nutritional status

**LONGER TERM RESULT**
Improved health

*Does it work because apples are red?*

Prof Patricia Rogers, RMIT. With permission

# Mechanisms in contexts

| INPUTS Apples People in poor health | IMMEDIATE RESULT Apples eaten | SHORT-TERM RESULT Improved nutritional status | LONGER TERM RESULT Improved health |
|---|---|---|---|
| Could use oranges Target Vitamin C deficiency | Vitamin C → | Adequate levels of Vitamin C | Reduced incidence of scurvy |
| Could use red onions | Quercetin → | Increased levels of quercetin | Reduced incidence of cancer, heart disease, & inflammation of the prostate |
| Could use carrot sticks. Target overweight | Substitution → | Decreased consumption of junk food | Reduced incidence of obesity & related conditions |

Prof Patricia Rogers, RMIT. With permission

# Intended & unintended mechanisms

Intended targets hear message and act as intended; health risks minimised

Worried well more worried, visit health services; fewer resources left for those who need them; health declines

Intended targets don't believe that they are 'at risk', dispute the message & undermine it

## Health message media campaign

Teachers hear message and pass on to children; children act on it as they get older; long term impacts

Health workers hear the message, change priorities and add services

Employers hear the message; discriminate against those they see as 'at risk'

# Mechanisms as middle range theory

- The same program can fire many different mechanisms

  - consider mandatory arrest

- The same mechanism can be fired by different programs

  - consider naming and shaming

# 4 ways to think about mechanisms

- A **force** : forces either push or pull
  - Gravity (physical); love (psychological); peer pressure (social); law (institutional)

- An **interaction**: a transfer of something from one party to the other resulting in 'changed states'
  - Gunpowder; placebo effect; bullying; contracts

- **Powers** (abilities) & **liabilities** (weaknesses) of things, whether or not they are currently in use
  - Trees grow; states make laws; workers can work whether or not they are currently employed

- **Processes**: sequences where later elements depend on earlier ones
  - Genetic inheritance; stock market crash; program theory

# Thinking through mechanisms

- Who's decision-making does this policy or program intend to change?
  - Intended response? Other possible responses?
- Who is involved in implementing this policy or program?
  - Intended actions? Implications for them? Other possible responses/actions?
- Whose interests are affected by this policy or program?
  - How will they be affected? What are their possible responses/actions?
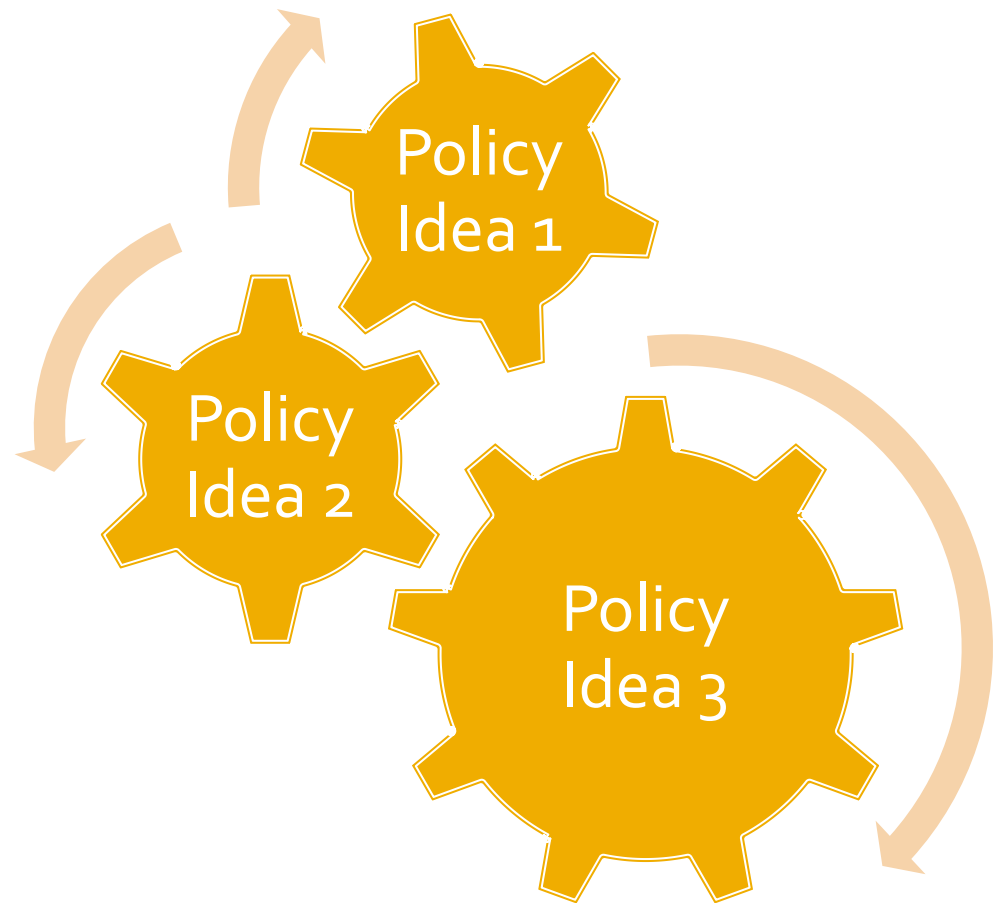
# Programs are embedded…



The systems in which the program will operate already have:
- policies
- procedures
- communications
- cultures
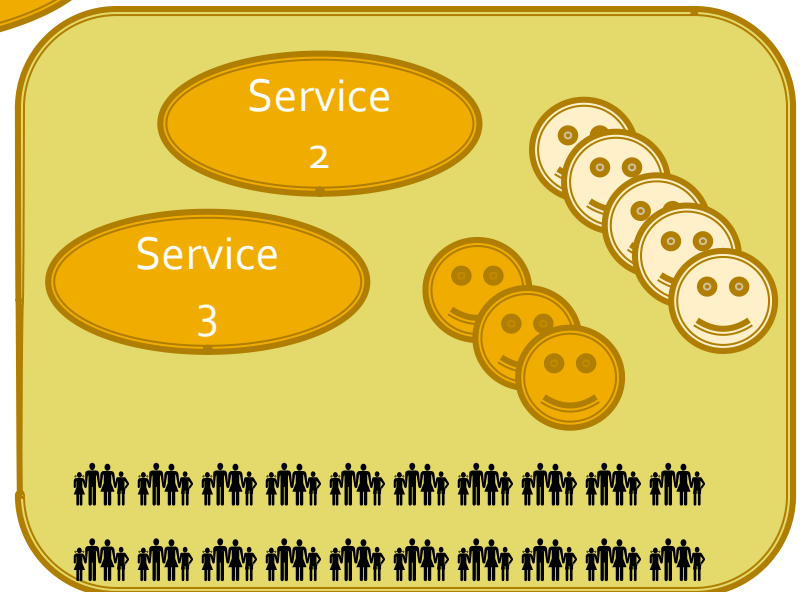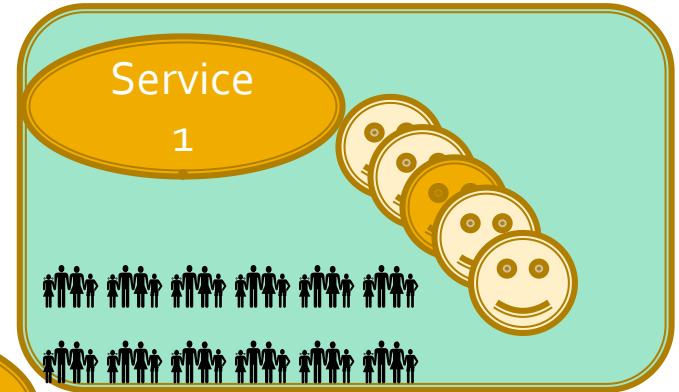- histories
- 'ways of doing things'

# Programs are embedded…

The new policy idea is embedded in a whole system of policy ideas: some will help the new policy, some will not.

# Programs are embedded

# Context

- The contexts in which programs operate influence whether and how programs work.

- Contexts affect reasoning (culture, gender, beliefs, experiences, priorities...)

- Contexts affect how things are done, which influences how people respond

- Contexts affect whether resources are available for people to put new decisions into action

# Programs and context

"What matters about context" is what affects whether / which mechanisms fire

# "For Whom?"

- The population group is part of the context *for the program mechanism*

- Nothing works for everyone, many things work for someone

- It's not about demographics – but what about that population group makes it different?
  - Consider gender…

# Potential elements of context

- Geographic setting  (eg petrol sniffing)
- Community setting  (e.g. property marking)
- Nation, culture, religion, politics (e.g. participatory research in agriculture-for-development)
- Historical period (e.g. technological change)
- Events (e.g. 9/11)
- Organisational setting (e.g. Uni or jail for learning)
- Population groups for the program (e.g. PALS)
- Key attributes of workers (e.g. Nurse HV)

# The moral of the story

- Because programs work differently in different contexts and through different change mechanisms, programs cannot simply be replicated from one context to another and automatically achieve the same outcomes.

- Good understandings about '*what works for whom, in what contexts, and how*' are, however, portable.

# Implications for evaluation

- To evaluate a program, develop hypotheses about 'what works for whom, in what contexts, and how'.

- "CMOC's": "Context, Mechanism, Outcome Configurations"

- Collect data about the most important / highest priority elements of your hypotheses (C, M and O)

- Qualitative and quantitative data

- Different stakeholders, by virtue of role, have different information.

- Collect information from eg program authors, participants, service providers, managers, policy staff, researchers…) to develop and refine hypotheses.

# So what, for analytic strategy?

- Inter-group comparisons **according to theories**

  - M: 'increasing social capital'
    - Where no increase in social capital (e.g. high social capital; extreme isolation) ⇨ no change *in outcomes*
    - Where social capital increased, ⇨ change *in outcomes*.

  - Collect data re social capital (networks formed, trust, access to services, action on referrals…)

  - Analyse:
    - whether / for whom social capital increased,
    - whether ⇧ social capital associated with ⇧ outcomes