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Layering programme, pathway and substantive theories in realist evaluation

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Exposing the impact of advice services on health and inequalities

How, why, for whom, and in what circumstances are CAB services effective in improving health?

Aim:
Build, refine and test an explanatory framework about how CAB services can be optimally implemented to achieve health improvement.
Focus on three projects

- Young People’s service for people aged 16-25
- Project for people with severe and enduring mental health conditions
- GP referral project to facilitate access to advice for primary care patients
Methods

Qualitative

Interviews with staff (n = 3)
Interviews with clients (n = 25)
Lifestyle questions
Potential further verification interviews with staff

Quantitative

Perceived Stress Scale (Cohen et al., 1983)
Warwick Edinburgh Mental Wellbeing Scale (Stewart-Brown et al. 2009)
Theory Hunches

- Visits to CAB and interviews with CAB staff
- Reading project reports
- Wider literature
- Collaborative team meetings
Programme Theory development

http://www.qsrinternational.com/blog/how-researchers-use-nvivo-to-enhance-transparency

Data management processes using NVivo (illustrated with select programme theories)

One NVivo node for each programme theory about how CAB improves people's health

Theory 1: In a context of neo-liberalism, CAB advice leads to increased knowledge about rights and a feeling of support to challenge people in authority, resulting in confidence to take action and reduced stress

Theory 2: In a context where financial stress is exacerbating a client’s mental health problem, CAB provides advice which reduces the person’s stress, preventing a continuing decline in their condition and meaning they can continue to self-manage.

Theory 3: In times of stress, CAB workers take responsibility for finding solutions to people's problems, reducing the burden and increasing the person's locus of control with respect to their health, resulting in greater capacity to prioritise health and wellbeing

Iterative process whereby theories inform, and are refined in response to interview data

CAB staff interview transcripts stored in NVivo as sources and data coded against each programme theory node

“If the client is vulnerable – if the DWP doesn’t do their part – they’re not going to chase them up and they don’t know. So you’ve got to be there and, you know, make sure that everything is, you know, given to that client.”

“The wellbeing benefit of having some platform, for a while, where you’re not scared of being pushed off it at any given point. I mean that, to me, it’s invaluable”

“Most of them [clients] say they feel much better because they feel like that stuff is off their shoulders now, and they can concentrate on some of the other things that are going on in their life”

Linked memo created for each theory node to record debate and decision making during collaborative meetings to develop and refine programme theories
Initial Programme Theories Categorisation

- Material Pathways: resources required for health / to avoid or ameliorate harmful stimuli
- Behavioural pathways: negative health behaviours more prevalent among socially disadvantaged groups
- Psychosocial Pathways: a result of the way in which people’s social environment makes them feel
Trust

Not apparent
Conflicting
Low
Not demonstrated
Low
Poor
Similarities
Interests
Ability
Benevolence
Integrity / predictability
Communication
Apparent
Aligned
High
Demonstrated
High
Good

CAB is a buffer
Formal theories explored...

Behaviour change theory mapping

Health Behaviour Internalisation Model

Social Identity Theory

Third Space Theory
Programme theories

Psychosocial pathways

Trust dimensions

Buffer theory

Third space
References


Questions