

Realist Evaluation for Practice

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Summary

This paper outlines the new, emerging realist paradigm in evaluation research, and applies it to social work practice. This paradigm has the potential for a 'white box' evaluation that not only systematically tracks outcomes, but also the mechanisms that produce the outcomes, the contexts in which these mechanisms are triggered, and the content of the interventions (or the generative mechanisms introduced by a programme). Two examples are provided, both studies with an extensive use of single-subject designs by practitioners within a realist paradigm. This article is based on the author's invited keynote address at the Ohio State University's Thirteenth National Symposium on Doctoral Research in Social Work, 6 April 2001.

Social work interventions usually take place at the interface of the individual and social, where multiple factors and influences are continuously at work (Cheetham *et al.*, 1992). The extent to which these complexities are addressed in practice evaluation depend upon (a) the paradigmatic perspective of the researcher, and (b) the extent to which the particular perspective enables the researcher to address these complexities. Based on a review of the literature (Kazi, 1999, 2000a), the main contemporary perspectives in British social work practice research could be identified as:

- 1 Empirical practice (Thyer, 1998; Sheldon and Chilvers, 2000) that emphasizes evaluation activities based on outcomes and concentrates almost exclusively on the effects of practice as defined in terms of measurable outcomes. Future successes cannot be guaranteed not only because of the inadequate descriptions of

content which make replication difficult, but also because typically there is no analysis of contexts which are inherently unpredictable.

- 2 The interpretivist approaches including several epistemologies such as critical theory, feminist evaluation and social constructionism (Taylor and White, 2000; Parton and O'Byrne, 2000). However, these perspectives tend to be suspicious of outcome-based methodologies, and therefore their focus tends to be one-sided in capturing the dimensions of practice.
- 3 The pragmatic, methodological-pluralist approach (Cheetham, 1998) recognizes the limitations of both empirical practice and interpretivist approaches, and attempts to provide a perspective that goes beyond the consideration of either outcomes or interpretivist insights. However, the pragmatic focus means that concentration is on what is seen to be desirable and appropriate at any time.

Each of the above three perspectives has its limitations, based on an emphasis on one or the other element of the complexities of practice; at the same time, each has an important role to play in addressing these complexities, and each sets out to achieve this goal in its own way. Another way of categorizing the evaluation strategies is to consider the three 'boxes' of evaluation. We can adapt Michael Scriven's terminology of 'black', 'grey' and 'white box' evaluations (Scriven, 1994), 'Black box' evaluation is where the researcher concentrates on evaluating a programme's effects, without addressing the components that make up the programme. Such research is crucially important, and stands in its own right; this is the role of much empirical practice research. 'Grey box' evaluation is where the components of a programme are discerned, but their inner workings or principles of operation are not fully revealed; this is the contribution of much pragmatist and interpretivist research.

Another post-positivist perspective is emerging in social research, that of scientific or critical realism, or more simply, realist evaluation (Bhaskar, 1997, 1998; Pawson and Tilley, 1997*a*, 1997*b*; Anastas, 1999; Harre, 1984; Mark *et al.*, 2000). Realism attempts Scriven's 'white box' evaluation, which not only addresses the effects, but also the inner workings and operations of the components of a programme and how they are connected. This new, emerging paradigm appears to have the answers for dealing with the apparent limitations of these other contemporary perspectives, but as yet there is no report of a completed study in social work or health where this perspective has been applied. The studies described in this paper make a contribution in this regard.

The realist evaluation paradigm

The realist perspective is inclusive of all three perspectives (empirical practice, interpretivist and pragmatic approaches), with the exception of some interpretivist approaches that do not accept a realist ontology, that is that objective reality exists outside of the mind, and that it can be approximated. However, realism goes further than the other paradigms in recognizing that the world is an open system or a constellation of structures, mechanisms and contexts. Critical realism distinguishes

between the *real*, the *actual* and the *empirical* (Sayer, 2000). The *real* exists regardless of our understanding of it, and constitutes the realm of objects, their structures and powers. The *actual* refers to what happens if and when these powers are activated. The *empirical* is the domain of experience that can refer to either the real or the actual. Some structures may not be observable, but can be inferred by reference to observable effects that can only be explained as the products of such entities. Realism's stratified ontology also includes the concept of emergence—that is, that the world is characterized by emergence or that the stratification of structures continually gives rise to new and emerging phenomena. Emergence is inherent in the concept *structures*, which suggests 'a set of internally related elements whose causal powers, when combined, are emergent from those of their constituents' (Sayer, 2000, p. 14).

'The aim is not to cover a phenomenon under a generalisation (this metal expands when heated because all metals do) but to identify a factor responsible for it, that helped produce, or at least facilitated, it' (Lawson, 1998, p. 156). This process, known as *retroduction*, enables the realist inquirer to investigate the causal mechanisms and the conditions under which certain outcomes will or will not be realized. Causal powers do not reside in the events or the behaviours of particular objects, variables or individuals, but in the social relations and organizational structures which constitute the open system. One action leads to another because of the actions' accepted place in the whole. Persons are complex particulars and the events of interest—for example, programme outcomes associated with human services—are the result of complex transactions of many different kinds of structures at many different levels and cannot be explained simply in terms of a causal link between events at the surface.

In the realist world view, social work programme outcomes cannot be explained in isolation; rather, they can only be explained in the sense of a mechanism that is introduced to effect change in a constellation of other mechanisms and structures, embedded in the context of pre-existing historical, economic, cultural, social and other conditions. 'On the transcendental realist view of science, then, its essence lies in the movement at any one level from knowledge of manifest phenomena to knowledge produced by means of antecedent knowledge, of the structures that generate them' (Bhaskar and Lawson, 1998, p. 5). In this way, effectiveness of the programme is apprehended with an explanation of why the outcomes developed as they did, and how the programme was able to react to the other underlying mechanisms, and in what contexts. This analysis provides not only evidence of effectiveness, but also an explanation that helps to develop and to improve both the content and the targeting of future programmes.

Application of realist evaluation for practice

The realist evaluation paradigm can be integrated into social work practice in the form of the realist effectiveness cycle (Figure 1). A cycle is selected as, unlike natural sciences, 'instead of running straight ahead in pursuit of new knowledge,

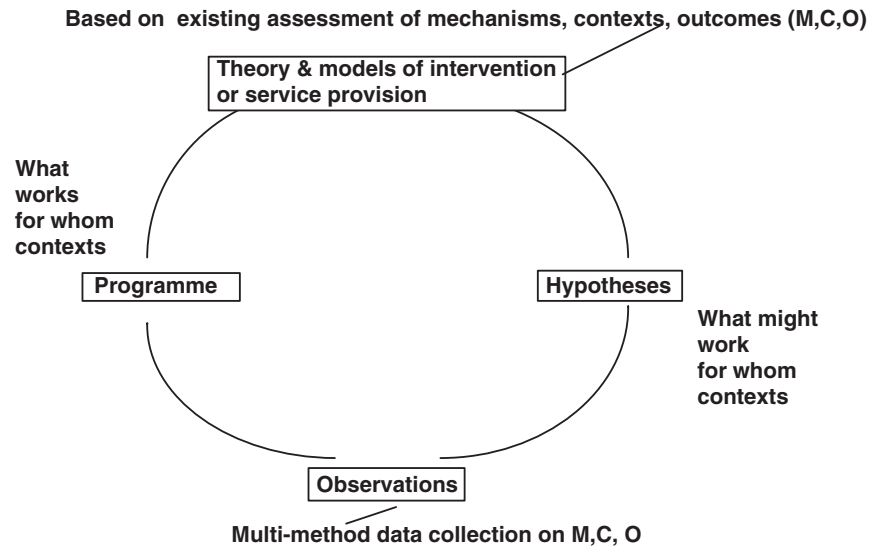


Figure 1 The realist effectiveness cycle
 Source: Kazi (1998a, 1999). Adapted from Pawson and Tilley (1997b)

they [social sciences] move around in small circles and spend a lot of time re-inspecting the starting block' (Outhwaite, 1998, p. 290). The starting point in Figure 1 is theory that includes propositions on how the mechanisms introduced by a programme into pre-existing contexts can generate outcomes. This entails a theoretical analysis of mechanisms, contexts and expected outcomes, using a logic of analogy and metaphor (Bhaskar and Lawson, 1998). Theoretical explanations are characteristically analogical, for example scientists began looking for a virus for mad cow disease as previous ailments in cattle tended to be caused by a virus (Lawson, 1998). In the same way, in evidence-based practice social workers' theoretical constructs would be based on what is known about their particular areas of work. The practitioner would draw upon prior knowledge of causal mechanisms which accounted for the effectiveness or otherwise of models of intervention in particular contexts. The model will include an assessment of personal, social and environmental difficulties and a programme of intervention designed to fulfil expectations of change.

The second step on the cycle consists of hypotheses based on realist abstraction. The hypotheses would typically address the following questions:

- what changes will be brought about?
- what contexts impinge on this?
- what social, cultural and other mechanisms in the pre-existing environment would enable these changes, and which ones may disable the programme (i.e. counter-vailing mechanisms)?

The next step on the cycle is the selection of appropriate methods of data collection

to help return to the concrete—and here, realists are committed methodological-pluralists and do not rule out anything that addresses real entities. The realist inquirer would identify the evaluation research methods that can address the questions raised by the theory and the hypotheses, and that can also provide data on the theoretical propositions, the identified mechanisms, and the identified outcomes of the programme. It is here that a plausible connection can be made between the social work model and its likeness with reality—or, to put it another way, provide evidence of the social work intervention's ability to change reality.

Further on, we return to the actual programme of intervention, in order to make it more specific as an intervention of social work practice. This specificity is based on the findings from research methods to date, that is an investigation, so far, of what works for whom and in what contexts, to target the programme better, and to improve its content to meet the needs of the users it is actually aimed at. The programme may be directed at one person, a family, a group, a community, or an entire population—it will be based on explanations, so far, of the role of particular mechanisms embedded in particular contexts to ensure that the programme has maximum impact.

Next, but not finally, we return to the theory—not finally, because the cycle continues. The theory (including assessment) is developed further, the hypotheses are based on explanatory evidence thus far, the data collection methods are developed and applied more appropriately, and the programme is developed accordingly, and returning to theory, and so on. The social worker has his/her own models of practice that he/she follows in making assessments as well as service delivery to a client or a client group. The realist effectiveness cycle enables a dialectical relationship between this model and the realities of practice, which enables the refinement and development of this model based on the realities of practice. It is based on evidence that goes into the depth of fluid contexts rather than remaining at the surface. This evidence can also be used as evidence of effectiveness, and to make judgements about the merit and worth of practice, but such use is a by-product—the real purpose is the development (and improvement) of the models of practice.

Examples of realist evaluation

The Centre for Evaluation Studies is undertaking a number of 'white box' evaluations at the present time, building on the progress made in the previous studies undertaken by this author with social work and health agencies, particularly with regard to the empirical practice approach to the evaluation of social work practice (Kazi, 1998*a*, 2000*b*). This provides the foundation, upon which the critical realist approach is being built, to provide a more complete evaluation that tries to encompass the complexities of practice.

The examples of studies used in this paper contribute to the development of methodologies that are appropriate for a realist evaluation. An explanatory account will seek to penetrate the surface, to investigate the mechanism–context–outcome configurations, and to explain how the programme's causal mechanisms interacted

with the other causal mechanisms in the circumstances of the service users, and the conditions or contexts in which they were triggered. This is the challenge of realist evaluation for practice, and the foregoing studies seek to respond to this challenge

Study 1: Integrating single-subject designs in family centres

The first example is a study involving the use of single-subject designs in the evaluation of five family centres in Kirklees local authority in West Yorkshire, England. The family centres provide day centre facilities for young children and their families in order to enhance family functioning and appropriate child development. The practitioners themselves selected the outcome measures, in consultation with the authors of the project report (Kazi *et al.*, 2001). In a number of sessions, three main instruments were constructed: the Observation of Child Rating Scale (OCRS), Parent/Carer–Child Interaction Scale (PCIS), and Parents’/Carers’ Self-Esteem Questionnaire (PCSEQ). The OCRS measures the child’s developmental milestones, including behaviour and play; the PCIS includes practical care, parental responsibility, management of child’s behaviour, communication and play; and the PCSEQ measures the parent/carer’s feelings and self-concept as a parent. Test–retest reliability for all three measures taken together was found to be .9156 (Kazi *et al.*, 2001). It was agreed that the OCRS, PCIS and PCSEQ would be used monthly.

As in the other single-case evaluation studies based in this region of England (see Kazi 1998a), the family centre workers responded very positively. During the six-month period of evaluation, 29 family centre workers used single-case designs with 155 (or 78 per cent of the total) children and their families in all five family centres. In all of these cases, the outcome measures were used more than once. However, the totals for each of the outcome measures fall short of 155, as not all the outcome measures were used repeatedly in every case (Table 1). The computer software programme SPSS (Foster, 2001) was used to analyse the data from the 155 cases. The extent to which progress was made in each case was determined by a comparison between the first and the last scores against each measure used (Table 1).

The comparison between the first and the last scores indicate that as the interventions progressed over several months, there were significant improvements for the OCRS score and the PCIS score, but the results of the PCSEQ were more mixed. These findings were also corroborated by high levels of satisfaction indicated by

Table 1 Comparisons between the first and the last scores

Change in outcomes	PCSEQ: no. of cases	PCSEQ: as % of cases (<i>n</i> = 117)	OCRS: no. of cases	OCRS: as % of cases (<i>n</i> = 126)	PCIS: no. of cases	PCIS: as % of cases (<i>n</i> = 117)
No change	18	15.4	11	8.8	17	14.5
Improved	52	44.4	87	69.0	63	53.9
Deteriorated	47	40.2	28	22.2	37	31.6
Totals	117	100	126	100	117	100

both parents/carers and the referring social workers with the use of Client Satisfaction Questionnaire (CSQ8, a standardized measure from Fischer and Corcoran (1994)). It can be concluded from the above data analysis that, in the six-month period, the family centres were largely effective across all the outcome measures used. At this stage, these are the conclusions of a 'black box' type of evaluation. Sub-group analysis can help to turn the 'black box' 'greyer' (Duguid and Pawson, 1998) by identifying useful patterns in the data, and revealing some potential mechanism–context–outcome configurations which otherwise may remain hidden. As Lawson explains, 'The significance of patterns collected under the heading of demi-(regularities) usually turns upon comparisons, and in particular, upon differences: between men and women; old and young; events or states of affairs . . . we notice the effects of sets of structures through detecting relatively systematic differences in the outcomes of prima facie comparable types of activities' (Lawson, 1998, p. 153).

The outcomes were cross-tabulated by age, gender, race, source of referral and type of service provided, in order to identify the mechanisms that produced the outcomes, and the contexts in which these mechanisms were triggered. It was found, for example, that parents of younger children fared better in improving their self-esteem. It may be that the programme is more intensive with the younger children, and there is greater voluntary contact with the parents who may tend to stay for a while when bringing their babies and toddlers to the family centre, than with the parents of the children aged four years. There were also indications that the role of family centres as generative mechanisms in improving both the parents' self-esteem and parent–child interaction outcomes were not triggered in the same way for non-white as they were for white parents. There may be countervailing mechanisms associated with greater levels of social deprivation and discrimination with the specific categories of racial groups, or with cultural norms that were not taken into account in the family relationships. However, the mechanism–context configurations associated with racial origin did not influence the OCRS outcomes in the same way, as those outcomes related to the development of the child rather than in relation to the parent. This suggests that these countervailing mechanisms are more likely to exist in relation to non-white parents than in relation to non-white children.

Proportionally greater improvements in both OCRS and PCIS were achieved in the cases where 'supporting the child's development and educational needs' was the type of service provided, and this may be because of more structured models of intervention acting as generating mechanisms directly with children. There were proportionally lower PCIS outcomes where 'parenting skills' was the type of service provided, even though parent–child interaction was an important part of parenting skills. However, the PCIS outcomes with regard to parents involved in 'group work' were very high, suggesting that work with parents in groups produced better outcomes with regard to parent–child interaction than individual work on parenting skills. This may be due to causal mechanisms triggered in the socialization of parents, or in the way the intervention acted as a generative mechanism in the process of group work. As Duguid and Pawson (1998) found in their analysis, 'it is not programmes that work but their capacity to offer resources that allow participants the choice of making them work' (p. 492).

The patterns (or demi-regularities) in the data observed here provide only potential explanations and therefore further investigation is required to identify the mechanism–context–outcome configurations associated with these types of problems. One of the limitations is that, although both intensive and extensive research strategies have been used, the methods are entirely quantitative. In fact, the findings in this study corroborate Sayer's (2000) arguments that such extensive methods at best only identify mechanisms that require further investigation through intensive qualitative research. The indications are that, the use of quantitative strategies alone is not sufficient to determine the causal conditions, and the contexts in which they are triggered, with regard to human service programmes (see Porter and Ryan, 1996; Wainwright, 1997; Tolson, 1999, regarding realist evaluation of health services). However, they may be the first steps towards a retroductive analysis as indicated in the next example.

Study 2: The Shield Project

Study 2 is based on the evaluation of a social work team that works with children and young people who sexually harm others. The Shield Project is a collaborative venture involving the National Society for the Prevention of Cruelty to Children (NSPCC) and Kirklees Social Services Department in West Yorkshire. The project consists of a team of social workers who provide assessment and treatment facilities for children and young people who sexually harm others (Kazi and Ward, 2001). The realist evaluation framework applied in this study enables the systematic tracking of outcomes, mechanisms, contexts and the content of the interventions in each case, in order to achieve an analysis of what works, for whom and in what contexts (Kazi, 1998a). For each case in this particular study, there is a qualitative analysis of the data, based on individual session records, supervision notes, plans, reviews and reports, and there are also quantitative data from the use of single-subject designs by practitioners to track client progress systematically or to evaluate the effectiveness of their interventions of (Kazi, 1998a, 1998b; Bloom *et al.*, 1999).

Several standardized measures were selected by the Shield staff team from Fischer and Corcoran (1994), and a measure for victim empathy was also created and is undergoing reliability tests at the time of writing. In particular, the Behaviour Rating Index for Children (BRIC) was adopted as a basic measure for use in all cases where repeated measurement was possible; all of the other measures were in relation to outcomes specific to particular clients. The BRIC measures children's behaviour problems; it is a 13-item questionnaire designed for use with children as well as with other people engaging with the children, for example parents, teachers, children themselves, and significant others. The BRIC is scored on a 5-point Likert-type scale, with a potential range of scores from 0 to 100. Higher scores indicate more severe behavioural problems. The reported internal consistency for the BRIC is good, with alphas ranging from .80 to .86 for adults and .60 to .70 for children.

One of the purposes of this study was to identify the mechanisms and contexts at the beginning of the work and any changes that take place during the work.

The qualitative research strategies applied are based on action-oriented approaches (Rodwell, 1998; Drisko, 2000; Taylor and White, 2000). The source of all data is the interaction between the client and significant others with the project workers, as well as the cyclical connection between reflection and action. This interaction and reflection is then recorded and categorized within the realist perspective to systematically track mechanisms, contexts and the content of the work. Taylor and White (2000) argue that health and social welfare workers cannot reproduce material situated reality, and what they do is in fact order reality by supporting some versions (e.g. narratives of users and significant others) and burying others. 'However, by reflecting on the process of choice and judgement and thinking about ways in which forms may be redesigned to show more of our "working" we may develop a different and more critical approach to the data contained within them' (Taylor and White, 2000, p. 158). In this project, the forms have been designed from the outset using the language of realist evaluation, to enable practitioners to systematically track the outcomes, mechanisms, contexts and the content of interventions (see Kazi and Ward (2001) for a more detailed account of the recording systems).

Case example: Client K

Client K is a 15-year-old male subject of a two-year supervision order for sexual offences with girls both within and outside his family. He has committed a number of serious sexual offences. The outcome measures (Table 2) were selected with the service users following interaction with K and significant others, and informed consent was obtained for the use of the self-report standardized measures.

The single-case evaluation outcomes for K (Table 2) indicate that there were improvements in the repeated scores for Self-concept Scale for Children, Child's Attitude toward Mother, and Child's Attitude toward Father. There were slight improvements also in Victim Empathy and Adolescent Coping Orientation for Problem Experiences. The only outcome measure to indicate a deterioration was the Aggression Inventory. Table 2 also indicates that the Behaviour Rating Index for Children (BRIC) scores improved from the perspectives of the child, the school, the carers and the parents. In addition to the improvements in the outcome measures, no further allegations have been made against him with regard to inappropriate sexual behaviour. In September (see Box 1) the carers reported more positive behaviours in the children's home, leading to an increase in his freedom and reduction in his supervision. The Shield Project has engaged with K's mother to carry out attachment repair, and she has agreed to have minimal contact with K. In October, mother had made no definite arrangements for contact and was very reluctant to visit her son; however, telephone contact was maintained.

Box 1 indicates the qualitative analysis of context and mechanisms, which helps to penetrate beneath the outcomes in Table 2. The causal mechanism that appears to shine through is the damaged relationship with both separated parents—the effect of mother's letter on K's motivation and behaviour is an indication of this. This causal mechanism is triggered in the context of the parents' acrimonious separation, and

previous history of sexual abuse against both K and his mother. The causal mechanisms that are enabling (in relation to the desired outcomes) include the care placement, school, and the mother's willingness to engage in the work with the Shield Project.

The Shield Project undertakes specialist assessments, and the process of assessment is in fact itself an intervention, helping to change behaviours and to make clients more aware of their situations. The generative causal mechanisms introduced by the Shield Project (i.e. the intervention) include exploration of family background and the current situation, discussing the actual offence, processing previous trauma and attachment repair, cognitive approaches to managing behaviour, assessing and developing motivation to change, and the trauma outcome process (i.e. consequences of the abusive behaviours; Rasmussen *et al.*, (1992)), in separate sessions with K and his mother. Therefore, the improvements in the outcomes as observed in Table 2 were achieved with the Shield Project's introduction of causal mechanisms that connected with the other enabling causal mechanisms, and all of these causal mechanisms were triggered in the contexts of the parents' acrimonious separation, and history of sexual abuse. These enabling causal mechanisms, as well as the generative mechanisms introduced by Shield, were able to neutralize the disabling causal mechanism, although this battle is by no means over, and the main disabling causal mechanism of K's relationship with his parents still shines through occasionally.

In the course of applying the realist effectiveness cycle, both the qualitative and the quantitative analysis was used prospectively to shape and target the content of the Shield Project's intervention with K. In particular, the identification of the disabling causal mechanisms helped to introduce alternative causal mechanisms which reinforced the other enabling causal mechanisms, in the course of Shield's work. In this way, by integrating realist evaluation strategies, the Shield Project workers were able to improve the services provided to both K and his mother.

The systematic tracking of outcomes and mechanisms

The case example of K indicates that the Shield team has integrated the realist evaluation approach into their daily practice (see Kazi and Ward (2001), which was written together with the Shield social workers, indicating that this is also their view as practitioners). These strategies enable the identification and systematic tracking of patterns in the mechanisms, contexts and outcomes with each client, as well as across all clients, in order to provide an explanation of what works, for whom and in what contexts. SPSS (Foster, 2001) is being used to enable cross tabulations of the outcomes, context, mechanisms and content for all cases with repeated outcome measures in the database.

In all other cases, there were fewer measures used than in K's case. This is because the measures are applied as required in each case, with the exception of the BRIC measure which is used in most cases. Preliminary findings indicate that all but one of the eight cases with repeated measures to date improved in at least one outcome measure, and four out of the eight cases improved in three or more meas-

Box 1 Changes in Client K—Review of qualitative data

Date of review	Context	Content	Enabling mechanisms	Disabling mechanisms
September 2000	<p>His parents separated acrimoniously and subsequently remarried to different people; K has spent different times living with both parents. At present, K lives in a residential home and has only minimal contact with his natural mother. Both K and his mother have been victims of sexual abuse in the past. K has history of behavioural and academic school problems, but he was not known to social services prior to the offences. He has a history of unmet need when cared for by his family. He suffers from poor social adjustment including isolation from peers, and is himself a victim of sexual abuse and bullying.</p>	<p>Shield provided two female workers holding one-hour sessions twice a week. In just under two months, the content was changed from assessment to treatment work and was provided by one male and one female social worker. Two female workers also began work with K's mother. K attended all the sessions, and contributed in all except one.</p>	<p>Appropriate care placement; Mother and partner engaged well with the work. Settled well, attending school, achieving better performance at school. K engaging in the work, willing to talk, sense of humour. Effective multi-agency planning, regular and appropriate liaison. Mother began work in open and honest manner, some insight into K's needs, able to discuss difficulties.</p>	<p>Damaged relationship with both parents. Finds it difficult to express feelings and emotions. Mother not ready to face the truth about K's possible abuse of siblings, and reluctant to have contact with him. K anxious about discussing offences or victims, avoids difficult issues. K using sexually aggressive language with others in the residential home. Mother had written to K saying did not want any contact with him; K's motivation declined. Mother wants minimal contact; refused contact despite offer of supported contact. Father has no contact at all. Mother and father have limited, acrimonious contact with each other.</p>
October 2000			<p>All enabling mechanisms continue, other than mother's degree of honesty is not as high as first thought, as she has been unwilling to divulge relevant information which is seen as secrets within the family. Change to include a male worker has been very enabling for K. K is now more in touch with his own feelings and beginning to express them.</p>	<p>Change of workers to male/female, K having to adjust to one new worker. Disabling mechanisms all continue; progress is being made on his ability to engage in the work. K is now more in touch with the hurt he feels.</p>

Table 2 Content of sessions with K and his parents; and outcome measures used with K

With parents	With K	Child BRIC	Parent BRIC	School BRIC	Carer BRIC	A-COPE	Self C	C.A.M.	C.A.F	Vic Emp	Agg Inv
3.05	05.03 . 05.05 . 09.05 A 16.05 A	67.5	37.5	45			47				55
18.05 BC	18.05 BCD 25.05 .		30	32.5	30			36	63	15	
06.06 AB	01.06 CD 06.06 C 09.06 D										
12.06 AB	20.06 B 23.06 .			35	32.5						
27.06 .	27.06 . 29.06 B1 04.07 A1										
01.08 .	06.07 B1 11.07 A1 13.07 . 08.08 A1 10.08 .	40				77				17	68
22.08 A1	22.08 A1 29.08 A1										
06.09 A1	07.09 A1 11.09 B1				22.5	88					
19.09 A1	18.09 B1 21.09 B1	37.5	15	25							
Result		Improved	Improved	Improved	Improved	Improved	Improved	Improved	Improved	Improved	68 Worsened

Key for Table 2

Outcome measures

BRIC: Behaviour Rating Index for Children; Self-C: Self-Concept Scale for Children

CAM: Child's Attitude Toward Mother; CAF: Child's Attitude Toward Father

Vic emp: Victim Empathy Agg Inv: Aggression Inventory

A-Cope: Adolescent Coping Orientation for Problem Experiences

Content of sessions (with parents and with K):

Assessment work

A = family background with child

B = current situation with child

C = the actual offence with child

D = changing/understanding the behaviours with child

Treatment work

A1 = processing previous trauma including attachment repair in child

B1 = cognitive approaches to managing behaviour with child

C1 = assessing and developing motivation with child

D1 = trauma outcome process, i.e. dealing with effects of abuse

ures. The sub-group analysis at this early stage in the evaluation is based on the outcomes achieved in the child's BRIC scores, as an example of how patterns can be identified across clients. Five clients improved when the first and the last (to date) scores were compared—this was the outcome pattern to date. It was also found that school education was an enabling causal mechanism in four of these cases, and that this causal mechanism began to shine through even more in three of these cases. Support from parents was an enabling causal mechanism in three cases, and support from carers in the remaining two. The countervailing or disabling causal mechanisms identified were the client's ability to relate to his/her peers and the relationship between the client's parents, in all five cases. The Shield Project workers introduced their interventions that acted as alternative causal mechanisms, harnessing the enabling mechanisms, and neutralizing the disabling mechanisms, to produce the outcomes in the child's BRIC. Furthermore, all of these causal mechanisms were triggered in the contexts of the parents' separation, history of domestic abuse, history of physical and sexual abuse against the child, history of school problems as well as a history of poor peer relationships.

The above analysis is not conclusive because of the small numbers, and is included in this article as an illustration of how the outcomes can be linked with contexts, mechanisms and the content of the interventions in developing evidence-based practice in both assessment and treatment work with children and young people who sexually harm others. Realist evaluation seeks to provide an explanation of an explanation, in an on-going cycle, that is why and how certain mechanisms have or have not emerged, and where they have emerged, why they have been 'reproduced or transformed in particular ways' (Lawson, 1998, p. 162). The analysis presented here is only the first step in this process of realist explanation.

The contribution of realist evaluation for practice

This article seeks to introduce realist evaluation as a paradigm for practitioner-evaluators, particularly with the development of a realist effectiveness cycle which

can be integrated into the practice of human services and which can penetrate into the realities of practice deeper than the traditionalist view of evidence-based practice. The realist effectiveness cycle is based on the use of both quantitative and qualitative methods, and in the course of its implementation within human service agencies, the repertoire of existing methods are developed and shaped to meet the requirements of this new paradigm.

Study 1 is an example of a largely quantitative study based on the use of single-case evaluation, or the systematic tracking of outcomes. Sub-group analysis enabled the identification of potential causal mechanisms and contexts through cross tabulations of the outcomes with the demographic characteristics and other circumstances of the service users, as well as some factors associated with the practice of the human service. However, the use of quantitative methods alone across the large numbers of service users included in the study was not sufficient in determining the explanatory retrodution associated with realist evaluations.

In study 2, intensive research (both quantitative and qualitative) is carried out with each service user, to systematically track desired outcomes, enabling mechanisms, disabling mechanisms, the contexts and the content of interventions. The findings from each case are then entered into a database that includes the identification of the common mechanisms and contexts across all service users. This combination of methods investigates the causal mechanisms associated with the changes in the outcomes, and the conditions or contexts in which they are triggered (or not), at any time–space location in the practice of the project.

When compared with other paradigms, critical realism enables the enquirer to dig deeper into the embeddedness of social work practice in fluid, unpredictable contexts that is an important and often crucial characteristic of social work practice. Realist evaluations have the potential to provide data on what works, for whom and in what contexts, along with explanations of why a programme may work with some people and not with others.

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