

## CONFERENCE ABSTRACT

# A Protocol for Concretizing and Contextualizing a Critical Realist "Theory of Neighbourhood Context, Stress, Depression, and the Developmental Origins of Health and Disease (DOHD)", Sydney Australia

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**Introduction:** This research protocol has been developed as part of an integrated care initiative for vulnerable families in Sydney, Australia. The aim is to develop "whole-of-government" interventions that break intergenerational cycles of disadvantage and poor life outcomes.

A realist methodology will be described for the translation of empirically 'data derived' causal middle-range theories of social mechanisms, into health and social programme theories, whose theoretical propositions can be operationalized and studied in concrete situations using collective theory driven approaches.

**Theory/Methods:** The research settings are in metropolitan Sydney, Australia. The design will be a longitudinal, multi-level, mixed method realist evaluation of applied programme interventions that seek to break the intergenerational cycle of social disadvantage and poor child health and developmental outcomes. The programme of research will consist of three components: 1) Operationalization of the theory and designing of programme initiatives for implementation; 2) Evaluation of the translated programme and implementation theory using Theory of Change and Realistic Evaluation; and 3) Theory Testing of realist hypotheses using

both intensive and extensive critical realist research methods including realist structural modelling.

**Results:** No applicable

**Discussion:** The proposed programme of research will assist in translating empirical explanatory theory building to theory driven interventions. The research will be situated in socially disadvantaged regions of Sydney where the local child and family interagencies will collaborate to design and implement new initiatives that address significant disparities in early childhood development and adolescent outcomes attributed to neighbourhood circumstances, family stress and intergenerational cycles of disadvantage and poor mental health.

**Conclusions:** Central to this protocol is the development of programme theory. Much of the theory driven and realist evaluation literature begins with existing interventions. The first task in those situations is to identify the underlying programme theory. In preparing this programme of work we were faced with the translation of causal theory to programme and implementation theory. We have proposed as a first step in this protocol the formal translation of the middle-range 'causal' theory into a middle-range 'programme theory' followed by an intervention design process based on Theory of Change approaches.

**Lessons learned:** In preparing the protocol we have identified extensive debate concern the nature of implementation theory and programme theory. There is also on-going critical analysis of the nature of context (c), mechanisms (M) and outcomes (o) and how these might be defined and measured.

**Limitations:** The application of realist methodologies to population health interventions is relatively new and there is little extant literature on the translational process from causal theory to programme theory. The study protocol is thus breaking new ground and it is anticipated that the approaches described will require modification.

**Suggestions for future research:** The protocol development identified a need for further clarification of the nature of causal mechanism and programme mechanisms among the integrated care and evaluation research communities.

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**Keywords:** critical realism; evaluation; methodology; interagency

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