Sustainable Practices of Integration

Start date of project: 1st March 2021 Duration: 24 months

D4.1 - Diagnostic framerwork @M12

WP n° and title	WP4 – Promoting an evidence-based culture in integration policy
Responsible Author(s)	ISMU
Contributor(s)	ISMU
Version	Final

SPRING has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No ***101004635***.

Deliverable information

Status **(F: final; D: draft; RD: revised draft):**	**F**
Planned delivery date	**28/02/2022 (M12)**
Actual delivery date	**03/01/2022 (M13)**
Dissemination level: **(PU = Public; PP = Restricted to other program participants; RE = Restricted to a group specified by the consortium; CO = Confidential, only for members of the consortium)**	**PU**
Type: Report, Website, Other, Ethics	**Report**

Document History

Version	Date (MM/DD/YYYY)	Created/Amended by	Changes
01	02/01/2022	ISMU	Document created
02	02/04/2022	ISMU	Sections added
03	03/01/2022	ISMU	Final check and submission

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1 LIST OF ABBREVIATIONS AND DEFINITIONS

Abbreviation	Definition
TBE	Theory-Based Evaluation
DF	Diagnostic Framework
SG	Steering Group
WP	Work Package
CA	Contribution Analysis
ToC	Theory of Change
RE	Realistic Evaluation

2 INTRODUCTION

This document presents three sub-approaches to Theory-Based Evaluation (TBE). More specifically, the framework (also defined as a Diagnostic Framework, DF) is focused on impact evaluation, which means it is a theory-based *impact* evaluation framework.

The Diagnostic Framework was developed based on a preliminary internal analytical document (the Background Document) that presented an essential description of both Theory-based Impact Evaluation in general and the three sub-approaches considered for the Diagnostic Framework.

3 THE DEVELOPMENT OF THE THEORY-BASED EVALUATION (TBE) DIAGNOSTIC FRAMEWORK (DF)

The Diagnostic Framework definition process was implemented through the following activities:

a) A preliminary analysis of project's main documents (3/2021, desk and individual activity);
b) The participation to the 9-10 March 2021 Kick-off Meeting in order to present Task 4.1 Implementation expected process;
c) The delivery of a Start-up Document describing, in operational terms, Task 4.1 implementation steps, time deadlines and progressive outputs: the document has been produced in two versions, the first discussed with the Project Leader (May 2021, mostly desk and individual activity except for the at-distance discussion with the PL)
d) The drafting of a preliminary version of the Background Document (May 2021, desk and individual activity, based on bibliographical sources): the finalization of the document has been postponed after the advanced production of the Diagnostic Framework in order to better integrate the two documents;
e) The production and release of a Preliminary Note (in two versions) describing the general structure and logic of the Theory-Based Evaluation Diagnostic Framework (5/2021 and 6/2021): the Note, a desk-based individual activity, proposed a matrix putting in relation a) the three TBIE sub-approaches included in the Diagnostic Framework (Contribution Analysis, Theory of Change and Realistic Evaluation) and b) the project's WPs focuses/outputs (which identify the objects the Diagnostic Framework will have to be applied to). In addition, the Note proposed an index/structure of the Framework;
f) The participation to the 21/5/2021 Project Meeting with the presentation of Task 4.1 advancement;
g) The delivery (2/7/2021) of a draft version of the Diagnostic Framework including, in accordance with the Preliminary Note above mentioned, only the development of the Contribution Analysis sub-approach, applied to both studies/research reports and integration practices (desk, literature and experience-based, individual activity);
h) The participation to the 15/7/2021 Project Meeting participation for updating the Partners on Task 4.1 implementation next steps;
i) The full development and finalization (21/7/2021) of the Diagnostic Framework including the three TBIE sub-approaches, all referred to both studies/research reports and integration practices (again, also this version of the Framework was a desk, literature and experience-based, individual activity). This version, without Conclusions and References (to be added in the final version), has been checked by the Project Leader and then, at the end of July, officially sent to the Partners for getting their feedbacks, comments and amendments: the deadline for the feedbacks was fixed for the end of August;
j) The collection of feedbacks from the Partners and the subsequent e-mail interactions with them in order to clarify and better understand their comments, observations and amendment proposals (interactions with WP4, WP2 and WP3 Leaders and experts as well as with University of Ottawa experts were particularly relevant and fruitful for the final version of the Framework) (September and October 2021);
k) The desk definition of the pre-final version of the Diagnostic Framework (November and December 2021);
l) The desk development and pre-final version delivery as well of the Background Document (on the basis of the May 2021 preliminary version) (December 2021);
m) The coordination and final revision of the two documents to avoid overlapping and repetitions in order to make them the most integrated possible; delivery of the final versions of the Background Document and of the Diagnostic Framework (December 2021-January 2022);
n) The diffusion of the two documents to the Partners for the 19th January 2022 Steering Group Meeting.

4 THE THEORY-BASED EVALUATION (TBE) DIAGNOSTIC FRAMEWORK (DF)

Theory-Based Impact Evaluation is an approach for conducting impact evaluation of social programmes (including migrants' integration projects, interventions and practices).

Regarding impact, a widely used definition is from OECD-DAC lexicon (2002): impact is any "… positive and negative, primary and secondary long-term effects produced by a development intervention, directly or indirectly, intended or unintended" (p. 4). This definition, according to Stern (2015), stresses the search for any effect, not only those that are intended and positive, and suggests the possibility of different kinds of links between an intervention (project, programme or policy) and its effects.

In a next step, impact evaluation, it is the type of evaluation which deals with impact reconstruction and linkage to a specific intervention. It is "an evaluation focused on outcomes or payoff rather than process, delivery, or implementation evaluation"[1] (outcomes or payoff are sometimes used for effects). Such an evaluation addresses the so-called causal issue (that is the question, crucial in evaluation, of linking an intervention with its effect(s)) and confronts with two basically different visions lying behind impact evaluation. One vision defines impact evaluation in terms of attribution (for which the effects "can be attributed to a particular project, programme or policy"[2]) while the other describes it in terms of contribution (the intervention is one of the causes of the changes/modifications which may be mapped after the intervention itself[3]). This second vision characterizes Theory-based Approach. Another classification, non-binary[4], ascribes this approach to the so-called generative causation framework whose specificity is "identifying the mechanisms that explain effects – the inference basis for theory-based and realist approaches to impact evaluation".

Within this theoretical design, the Diagnostic Framework has been developed in three versions, each one corresponding to one of the sub-approaches which are under the Theory-based Impact Evaluation umbrella. As already introduced, these three sub-approaches are Contribution Analysis (CA), Theory of Change (ToC) and Realistic Evaluation (RE).

The idea has been to produce three operational tools (one for each sub-approach) able to guide and support – step by step – the use of each sub-approach for:

- identifying and analysing successful integration practices (the main focus) or
- checking if a study or research has been conducted using that sub-approach in a sound and rigorous way.

In addition, a unified version of the Diagnostic Framework has been proposed in the document. This version, a tentative one and covering only integration practices[5], is based on the most relevant elements which are common to the three sub-approaches. In fact, all of them share the assumption of generative causation as the basis for causal inference focusing on "linking cause and effects" (Stern, 2015, p. 17) therefore considering, as above explained, causality in term of *contribution* and not of *attribution*.

The matrix below presents the general structure of the Diagnostic Framework and indicates (horizontally)

- how it is linked to each WP of SPRING project;

[1] Scriven, 1991, p. 190.
[2] World Bank, 2010.
[3] Tomei, 2016.
[4] DFID, 2012, pp. 16-17.
[5] And not to study and research.

- the 3 sub-approaches logic in relation (again) to each WP of the project;
- the WP's objects the Diagnostic Framework must apply (very relevant for our purposes).

The bold cells identify the contents of the Diagnostic Framework developed in this document.

TBE Sub-approaches > The WP V	**Contribution Analysis[6], Theory of Change[7], Realistic Evaluation[8]**	**Comments**	**Implications for the DF**
WP1 (Stakeholders)	See WP2/3 here below	DF not to be used for implementing WP1 but it may be used by stakeholders for implementing their activities in the WP	There is no need for a specific version of the DF for WP1: the version prepared for WP2 and 3 may be used here
WP2 (Practices[9])	**- Available for each sub-approach** **- Consisting of guidelines (operational indications, steps to be implemented, activities to be carried out) supported by grids/schemes if necessary** **- Aimed at explaining "how to implement" the sub-approach with reference to WP2 mapped practices**	**DF used, together with other instruments, for identifying and analysing integration practices (Task 2.3)**	**The DF must contain a part/section designed and structured in such a way that may support the implementation of Tasks 2.3 (whose object are integration policy practices)**
WP3 (Practices) **(The link between the DF and this WP is explicitly mentioned in**	**The same as WP2 but with reference to WP3 specific object(s) (= practices)**	**DF used, together with other instruments, for identifying and analysing "good" integration practices (ref. to Tasks 3.1, 3.2 and 3.4)**	**The DF must contain a part/section designed and structured in such a way that supports the implementation of Tasks 3.1 and 3.4 (focused on**

[6] The Diagnostic Framework consistent with Contribution Analysis will be derived from Mayne's theorization (2001, 2008, 2011): see the Background Document for details.
[7] The Diagnostic Framework consistent with Theory of Change will be based on Weiss's (1978 and 1995) theories: see the Background Document for details.
[8] The Diagnostic Framework consistent with Realistic Evaluation will be based on Pawson and Tilley (1997) founding book: see the Background Document for details.
[9] As suggested by WP2 leader's feedback.

the Task 4.1 description)			**practices[10]). If practices are described in digital/paper documents the DF section related to WP2 may also be used for WP3**
WP4 **(DF input for Task 4.3)** **(The link between the DF and this WP is explicitly mentioned in the Task 4.1 description)**	See WP2/3 here above	DF used as one of the inputs of Task 4.3 (definition of the Evaluation Toolkit)	There is no need for a specific version of DF for this WP: the version prepared in compliance with WP2 and 3 may work
WP5 **(DF input for platform)** **(The link between the DF and this WP is explicitly mentioned in the Task 4.1 description)**	See WP2/3 here above	DF to be uploaded on the project's portal	No need for a specific version of the DF: the DF version produced with reference to Wé2 and 3 will be uploaded

According to the matrix, the combination of the bold cells' contents and the sub-approaches creates the structure of this document which is the following:

- In par. 4.1: the development of the DF according to **Contribution Analysis** sub-approach for its application to a) studies/research and b) integration practices;
- In par. 4.2 the same but with reference to the **Theory of Change** sub-approach;
- In par. 4.3 the same but considering the **Realistic Evaluation** sub-approach.

Finally, a concluding paragraph will propose a unified Diagnostic Framework based on the most relevant elements common to the three sub-approaches in coherence with the Theory-based evaluation approach (as explained in the final section of the Background Document).

[10] For our purposes, "practice" identifies a project, an intervention or a policy which is clearly delimited in its boundaries (duration, scope etc.). A practice may be found in existing repositories - and therefore be digital - or may be suggested/indicated by national experts (in a form to be defined).

4.1 THE CONTRIBUTION ANALYSIS-BASED DIAGNOSTIC FRAMEWORK

Contribution Analysis (CA) is a theory-based sub-approach (that is an impact evaluation approach not based on counterfactual logic) whose main focus is on "causal process design" (DFID, 2012[11]). This means that the *evaluand* (which means, according to Scriven, "what must be evaluated") "is regarded as a conjunction of causes that follows a sequence. [A process-oriented theory-based approach] follows the pathways of [an evaluand] from its initiations through various causal links in a chain of implementation, until intended outcomes are reached. The process is built around a theory – a set of assumptions about how an intervention achieves its goals under what conditions [and such a theory is therefore called a theory-of-change, TOC]" (DFID, cit., p. 25).

In operational terms, the application of the Contribution Analysis sub-approach to an evaluand (in our case: studies and research reports but above all integration practices) occurs through the following steps:

1) Set out the cause-effects issue to be addressed;
2) Develop the postulated Theory of Change and risks to it, including alternative explanations;
3) Gather existing evidence on the Theory of Change;
4) Assemble and assess the "contribution story" and the challenges to it;
5) Seek out additional evidence;
6) Revise and strengthen the "contribution story".

According to these steps, the Diagnostic Framework is structured in 6 sections, each one corresponding to one step. In addition, it also includes a preliminary step focused on the collection of basic information about the object the Diagnostic Framework applies to. In line with the sub-approach, the sections on evaluand's Theory-of-Change (step 2) and the contribution story (step 4) are probably the most relevant for the Diagnostic Framework implementation.

a) A Contribution Analysis-based Diagnostic Framework applicable to studies and research

This Diagnostic Framework may be used for identifying studies and research (in form of physical reports) where Contribution Analysis is applied. This means the Diagnostic Framework must support the mapping and analysis of studies and research reports which are generally in paper or digital form. Therefore, in methodological terms, the Diagnostic Framework is applied through a desk analysis of paper or digital reports.

DIAGNOSTIC FRAMEWORK SUPPORTING THE MAPPING OF RESEARCH BASED ON CONTRIBUTION ANALYSIS FOR IDENTIFYING (POSITIVE) INTEGRATION POLICY PRACTICES

Study/research report identification[12]

- Title
- Topics/content areas[13]
- Country/geographical level
- Methods
- Data collected (e.g.: number, profile, …)
- Year of publication
- Year of evaluation/data collection

[11] DFID , 2012.
[12] Based also on D2.1. Classification system.
[13] A drop-down menu might be added here in order to delimit the alternatives in answers. The same may be for Country/geographical level and methods.

- Research organization - Client - Funding source - Other relevant information

Does the study/research make <u>explicit</u> reference/mention to Contribution Analysis in its the methodological design/approach?

Yes, explicitly □	Yes, quite explicitly □	Yes, but in a largely implicit way □	No □

ATT! Only for studies/research with YES EXPLICITLY/QUITE EXPLICITLY answers the DIAGNOSTIC FRAMEWORK compilation must proceed!

Are the six steps of Contribution Analysis clearly described in their implementation in the study/research?

	Yes	Yes, quite clearly	Yes, but in a largely implicit way	No
1. Set out the cause-effect issue to be addressed	□	□	□	□
2.Develop the postulated Theory of Change, the risks to it, the possible alternative explanations	□	□	□	□
3.Gather existing evidence on the Theory of Change	□	□	□	□
4.Assemble the contribution story and the challenges to it	□	□	□	□
5.Seek out additional evidence[14]	□	□	□	□
6.Revise and strengthen the contribution story	□	□	□	□

How has each step been developed in methodological terms (please give a short description, <u>5 lines max for each step</u>)?

STEP	Description
1. Set out the cause-effect issue to be addressed	
2.Develop the postulated Theory of Change, the risks to it, the alternative explanations	

[14] It may be hard to have clear evidence on this step and the following (number 6) because they can be unrecognizable when reviewing a study or a research report. For this reason, they must be ticked only if explicitly mentioned in the study/research.

3.Gather existing evidence on the Theory of Change	
4.Assemble the contribution story and the challenges to it	
5.Seek out additional evidence	
6.Revise and strengthen the contribution story	

How detailed is the description of the implementation of each step of Contribution Analysis?

Step 1 (Set out the cause-effect issue to be addressed)			
Problem/issue addressed by the study/research	Very detailed □	Detailed □	Poorly detailed □
Definition of target-population and/or territory and/or other relevant focus(es)	Very detailed □	Detailed □	Poorly detailed □
Definition of cause-effect question(s)	Very detailed □	Detailed □	Poorly detailed □

Step 2 (Develop the postulated Theory of Change underlying the policy practice(s) covered by the study/research, the risks to it, the alternative explanations)			
Result chain depicting sequential actions from input to results and what can be measured/observed	Very detailed □	Detailed □	Poorly detailed □
Expected long-term outcomes, intermediate outcomes, immediate outcomes, outputs	Very detailed □	Detailed □	Poorly detailed □
Lists of individual/organizational and context issues that may affect outcomes	Very detailed □	Detailed □	Poorly detailed □
Map of the links between each action	Very detailed □	Detailed □	Poorly detailed □

Step 3 (to be implemented simultaneously with Step 2: Gather existing evidence on the Theory of Change)			
Identification of all the relevant stakeholders directly involved in program implementation and stakeholders who may influence outcomes	Very detailed □	Detailed □	Poorly detailed □
Gathering the evidence available and assessing the quality of evidence	Very detailed □	Detailed □	Poorly detailed □
Identification of gaps in the evidence	Very detailed □	Detailed □	Poorly detailed □

Step 4 (Assemble the contribution story and the challenges to it)			
Setting out of the contribution "story" (the causal claim based on the analysis so far)	Very detailed □	Detailed □	Poorly detailed □
Assessing the strengths and weaknesses of the intervening steps in analyzed policy practices logic	Very detailed □	Detailed □	Poorly detailed □
Refining and/or updating of the contribution story	Very detailed □	Detailed □	Poorly detailed □

Step 5 (Seek out additional evidence)			
Determination of additional evidence needed to enhance the credibility of the contribution claim	Very detailed □	Detailed □	Poorly detailed □
Gathering of new evidence	Very detailed □	Detailed □	Poorly detailed □

Step 6 (Revise and strengthen the contribution story)			
Building the most credible contribution story	Very detailed □	Detailed □	Poorly detailed □
Reassessing contribution story strengths and weaknesses	Very detailed □	Detailed □	Poorly detailed □
Revisiting Step 4	Very detailed □	Detailed □	Poorly detailed □

Does the study/research report mention the limits, problems, difficulties encountered in implementing Contribution Analysis sub-approach?

Yes, very clearly □	Yes, clearly □	Yes, but very superficially □	No □	The issue is raised but no problems/limits are mentioned □

Final additional free comments (if relevant for Contribution Analysis sub-approach implementation, max 3)

1	
2	
3	

Decision if the study/research explicitly and correctly applied Contribution Analysis (CA) for extracting and making recognizable sound evidence on integration policies practices

The study/research applied CA in a totally explicit and correct way □	The study/research applied CA in a partially explicit and/or correct way □	The study/research applied CA in a poorly explicit and/or correct way □	The study/research did not apply CA in a explicit and/or correct way □

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b) A Contribution Analysis-based Diagnostic Framework applicable to practices

This Diagnostic Framework may be used for identifying and analysing successful migrant integration practices. For our purposes (and net of the specifications that are/will be defined in each WP[15]), "successful"[16] means that a practice contribution to migrants' integration emerges as sound and evident from the application of a Contribution Analysis scheme (that is, in other words, that their impact on integration, defined as "contribution to … ", is clear and observable[17]).

DIAGNOSTIC FRAMEWORK SUPPORTING THE IDENTIFICATION OF GOOD PRACTICES OF INTEGRATION USING A CONTRIBUTION ANALYSIS (CA) SCHEME

Practice identification[18]

- Title/name of the practice - Country/governance level/geographical area[19] - Scope/area of interest/areas of integration - Target group(s) (legal status and social characteristics) - Starting/conclusion year - Organization(s) responsible for implementation - Funding source(s)/organization(s) - Other relevant information

Methods used for implementing the Diagnostic Framework

- Desk analysis/review of existing documents/sources/repositories	☐
- Small-sample survey (also on-line) with questionnaire(s)	☐
- Individual semi-structured interviews	☐
- Small-groups semi-structured interviews	☐
- Focus-groups and similar	☐
- Direct on-site observation	☐
- Other (please specify)	☐

Contribution Analysis Operational Implementation[20]

Step 1 **Set out the cause-effect issue to be addressed**

1. Shortly describe the causal problem (max 5 lines)

[15] For example, in Task 3.1-3.3 of WP3.
[16] "Good" as indicated in Task 3.1 description.
[17] This means assuming impact (thematized as "contribution to ...") as one of the criteria used in Task 3.2 for identifying "successful and sustainable practices". The identification items are based also on D2.1. classification system.
[18] The proposed items are merely examples which will have to be modified according to Tasks 3.1 and 3.2 decisions.
[19] A drop-down menu might be added here in order to delimit the alternatives in answers. The same may be for Scope/area of interest/integration and for Target groups.
[20] The steps included under this point must all be implemented in order to evaluate if a practice is "successful/good" with reference to its contribution to migrants' integration (see, for example, Mayne, 2012).

2. *Scope the problem (determine the specific causal question being addressed; determine the level of confidence needed in answering the question) (max 5 lines)*
3. *Describe the nature and extend of the contribution expected (max 5 lines)*
4. *Indicate the other key-influencing factors (max 3 factors)*
5. *Level of plausibility of the expected contribution given the intervention size and reach (max 5 lines)*

High □	Medium □	Low □

Step 2
Develop the postulated Theory-of-Change, the risks to it, the possible alternative explanations

1. *Set out the postulated Theory-of-Change of the practice, including the risks, assumptions and links in the ToC (fill-in the here below scheme)*

	Outcomes' short description	***Assumptions and risks***
Long-term outcomes (impacts)		Assumptions: Risks:
Medium/intermediate outcomes (final outcomes)		Assumptions: Risks:
Short/immediate outcomes		Assumptions: Risks:
Outputs		Assumptions: Risks:

2. *Identify the other (than the practice) influencing factors/rival explanations (max 5)*
3. *Level of contestability of the postulated Theory-of-Change (on the basis of the here above factors/explanations)*

High □	Medium □	Low □

Step 3
Gather existing evidence on the Theory of Change (ToC)

1. *Indicate the main strengths and weaknesses of the links in the ToC (see 2.1 above)*
- STRENGHTS (max 3) - WEAKNESSES (max 3)
2. *Gather (using the methods mentioned in Box 2) and write the main evidence that exists for:*

Observed results	
Links in the results chain	
Other (than the practice) influencing factors	
Rival explanations (in opposition to the practice, for producing the results)	

Step 4 **Assemble the contribution story and the challenges to it**

1. Set out the "contribution story" (the causal claim based on the analysis so far) (max 15 lines)
2. Assess and indicate the main strengths and weaknesses in the postulated Theory of Change (in the light of the evidence collected so far)
- STRENGTHS (max 3) - WEAKNESSES (max 3)

Step 5 **Seek out additional evidence**

1. Additional evidence needed to enhance the credibility of the contribution claim (max 5 lines)	
2. Additional evidence gathered	
Yes, all the evidence mentioned in sub-step 1 □	(Please, explain)
Only part of the evidence □	(Please, explain)
No additional evidence gathered □	(Please, explain)

Step 6 **Revise and finalize the contribution story**

1. *Set out the "contribution story" in its final version (the causal claim based on the analysis carried out) (max 15 lines)*
2. *Assess and indicate the main strengths and weaknesses in the postulated Theory of Change (in the light of the collected evidence)*
- STRENGTHS (max 3) - WEAKNESSES (max 3)

Decision about the practice being "good/successful" according to Contribution Analysis results

The practice is totally good/successful □ *(The Contribution Story is convincing, sound and internally consistent; strengths and weaknesses do not affect it)*	The practice is good/successful □ *(The Contribution Story is mostly convincing, sound and internally consistent; strengths and weaknesses exists but do not heavily affect it)*	The practice is quite good/successful but with important leaks in its Contribution Story □ *(The Contribution Story makes sense but some weaknesses significantly affect it)*	The practice is not good/successful and has very relevant criticalities in its Contribution Story □ *(The Contribution Story makes poor sense and weaknesses strongly affect it)*

Final additional comments (max 3)

1	
2	
3	

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4.2 A THEORY OF CHANGE-BASED DIAGNOSTIC FRAMEWORK

Carol Weiss "popularized the term theory of change" intending, by this expression, "a way to describe the set of assumptions that explain both the mini-steps that lead to the long-term goal and the connections between policy or programme activities and outcomes that occur each step of the way". In evaluation, articulating and making explicit the mini-steps leading to a long-term goal to be reached allows the evaluator to give evidence to the factors, mechanisms and passages which must be analysed and assessed in order to link the final goal with the intermediate outcomes (changes) and the policy/programme's implementation process/steps.

Identifying the Theory of Change underlying a programme (policy, intervention, …) implies the following steps:

- Step 1: identify and describe the long-term goal(s) of an intervention

- Step 2: identify and describe the end-of-intervention outcomes (results) required for meeting long-term/ultimate goal(s)
- Step 3: identify and describe intermediate/short term outcomes and outputs (also defined as changes) related to Step 1 and 2 goal(s) and final outcomes
- Step 4: reconstruct and describe the "most appropriate" activities or actions "required" (Ibidem) to bring about Steps 2 and 3 expected changes
- Step 5: map the resources "that can realistically be brought to bear on" (Ibid.) Step 4 planned activities/actions (types of resources are staff and organisational capacity, networks and facilities, financial capabilities and so on)
- Step 6: formalise the Theory of Change "following a collective and iterative process" and on the basis the 3 following criteria: "the Theory of Change must be plausible, doable and testable" (Ibidem).

The two Diagnostic Frameworks below will mostly focus on eliciting the Theories of Change underlying the two different *evaluand* of our interest (studies/research or *good* integration practices). The Diagnostic Frameworks will also include in their scope the testing, for evaluation purposes, of the elicited Theory of Change but this is not their main focus.

a) A Theory of Change-based Diagnostic Framework applicable to studies and research

This Diagnostic Framework may be used for identifying studies and research where the Theory of Change sub-approach has been used for identifying and making visible the assumptions and the results-chain underlying the service/intervention/programme/policy described in the study/research. This means, like for the Contribution Analysis sub-approach, that the Diagnostic Framework should support the mapping and (above all) the analysis of studies and research (generally in paper or digital form) which should have elicited and described one or more Theory of Change referred to a specific evaluand. Therefore, in methodological terms, the Diagnostic Framework applies through a desk analysis of the relevant reports. Note that the general structure of the Diagnostic Framework is very similar to the one proposed for Contribution Analysis sub-approach because the Theory of Change reconstruction may be well considered a part of the Contribution Analysis process.

DIAGNOSTIC FRAMEWORK SUPPORTING THE MAPPING OF STUDIES/RESEARCH BASED ON THEORY OF CHANGE FOR IDENTIFYING (POSITIVE) INTEGRATION POLICY PRACTICES

Study/research report identification[21]

- Title
- Topics/content areas[22]
- Country/geographical level
- Methods
- Data collected (e.g.: number, profile, …)
- Year of publication
- Year of evaluation/data collection
- Research organization
- Client
- Funding source
- Other relevant information

[21] Based also on D2.1. Classification system.

[22] A drop-down menu might be added here in order to delimit the alternatives in answers. The same may be for Country/geographical level and Methods.

Does the study/research make <u>explicit</u> reference/mention to Theory of Change in its methodological design/approach?

Yes, explicitly □	Yes, quite explicitly □	Yes, but in a largely implicit way □	No □

ATT! Only for studies/research with YES EXPLICITLY/QUITE EXPLICITLY answers the DIAGNOSTIC FRAMEWORK compilation must proceed!

Are the six steps of Theory of Change clearly described in their implementation in the study/research?

	Yes	Yes, quite clearly	Yes, but in a largely implicit way	No
1. Identify and describe the long-term goal(s) of the intervention	□	□	□	□
2. Identify and describe the end-of-intervention outcomes (results) required for meeting long-term goal(s)	□	□	□	□
3. Identify and describe intermediate/short terms outcomes and outputs (changes) related to Step 1 and 2 goal(s) and final outcomes	□	□	□	□
4. Reconstruct and describe the "most appropriate" activities or actions "required" to bring about Steps 2 and 3 expected changes	□	□	□	□
5. Map the resources that can realistically be brought to implement Step 4 planned activities/actions	□	□	□	□
6. Formalise the Theory of Change according to plausibility, doability[23] and testability criteria	□	□	□	□

How has each step been developed in methodological terms (please give a short description, <u>5 lines max for each step</u>)?

	Description
1. Identify and describe the long-term goal(s) of the intervention	
2. Identify and describe the end-of-intervention outcomes (results) required	

[23] That is "able to be done or attained" (EVALSED, 2013).

for meeting long-term goal(s)	
3. Identify and describe intermediate/short term outcomes and outputs (*changes*) related to Step 1 and 2 goal(s) and final outcomes	
4. Reconstruct and describe the "most appropriate" activities or actions "required" to bring about Steps 2 and 3 expected changes	
5. Map the resources that can realistically be brought to implement Step 4 planned activities/actions	
6. Formalise the Theory of Change according to plausibility, doability[24] and testability criteria	

How detailed is the description[25] of the methodological implementation of each step of the Theory of Change sub-approach?

1. Identify and describe the long-term goal(s) of the intervention	Very detailed □	Detailed □	Poorly detailed □
2. Identify and describe the end-of-intervention outcomes (results) required for meeting long-term goal(s)	Very detailed □	Detailed □	Poorly detailed □
3. Identify and describe intermediate/short term outcomes and outputs (changes) related to Step 1 and 2 goal(s) and final outcomes	Very detailed □	Detailed □	Poorly detailed □
4. Reconstruct and describe the "most appropriate" activities or actions "required" to bring about Steps 2 and 3 expected changes	Very detailed □	Detailed □	Poorly detailed □
5. Map the resources that can realistically be brought to implement Step 4 planned activities/actions	Very detailed □	Detailed □	Poorly detailed □
6. Formalise the Theory of Change according to plausibility, doability[26] and testability criteria	Very detailed □	Detailed □	Poorly detailed □

[24] See above for the meaning.
[25] In the study/research.
[26] Again: see above for the meaning.

Does the study/research mention the limits, problems, difficulties encountered in implementing Theory of Change sub-approach?

Yes, very clearly □	Yes, clearly □	Yes, but very superficially □	No □	The issue is raised but no problems/limits are mentioned □

Has the elicited Theory of Change used for conducting an evaluation of the *evaluand* the Theory of Change refers to?

Yes, and the evaluation and its results are presented in the report (study, research) □	Yes, but the evaluation and its results are **not** presented in the report (….) □	No, and it is explicitly indicated in the report (…) □	Don't know (there is no mention in the report) □

(If the answer to the above question is "Yes, and the evaluation and its results are presented in the study/research") Which are the 3 main evidences emerging from the Theory of Change-based evaluation?

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Final additional comments (if relevant for Theory of Change sub-approach implementation, max 3)

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Decision about the study/research explicitly and correctly applied Theory of Change for extracting and making recognizable sound evidence on integration policies practices

The study/research applied ToC in a totally explicit and correct way □	The study/research applied ToC in a partially explicit and/or correct way □	The study/research applied ToC in a poorly explicit and/or correct way □	The study/research did not apply ToC in an explicit and/or correct way □

Compiled by	
Compilation date	

b) A Theory of Change-based Diagnostic Framework applicable to practices

This Diagnostic Framework supports the use of Theory of Change sub-approach for identifying and analysing the *Theory of change* of migrants' successful integration practices. For our purposes[27], the Theory of Change definition is the first part of the evaluation of a (potentially) "successful" practice because the practice be successful (or not) is the outcome of *unfolding* the practice *using* the Theory of Change.

DIAGNOSTIC FRAMEWORK SUPPORTING THE IDENTIFICATION OF GOOD PRACTICES OF INTEGRATION USING A THEORY OF CHANGE (ToC) SCHEME

Practice identification[28]

- Title/name of the practice - Country/governance level/geographical area[29] - Scope/area of interest/areas of integration - Target group(s) (legal status and social characteristics) - Starting/conclusion year - Organization(s) responsible for implementation - Funding source(s)/organization(s) - Other relevant information

Methods used for implementing the Diagnostic Framework

- Desk analysis/review of existing documents/sources/repositories	☐
- Small-sample survey (also on-line) with questionnaire(s)	☐
- Individual semi-structured interviews	☐
- Small-groups semi-structured interviews	☐
- Focus-groups and similar	☐
- Direct on-site observation	☐
- Other (please specify)	☐

Theory of Change Operational Implementation

Step 1: Identify and describe the long-term/final goal (vision) of the intervention[30]	
Implementation process (activities, methods, stakeholders involved)	
Problems encountered in implementation	

[27] Again, net of the specification/definition adopted in each WP.
[28] The proposed items are merely examples which will have to be modified according to Tasks 3.1 and 3.2 decisions.
[29] A drop-down menu might be added here in order to delimit the alternatives in answers. The same may be for Scope/area of interest/integration and for Target groups.
[30] Max 5 lines for each item.

Long-term/ultimate goal(s) description	

Step 2: Identify and describe the end-of-intervention outcomes (results) required for meeting long-term goal(s)[31]	
Implementation process (activities, methods, stakeholders involved)	
Problems encountered in implementation	
End-of-intervention outcomes (results) description	

Step 3: Identify and describe intermediate/short term outcomes and outputs (*changes*) related to Step 1 and 2 goal(s) and final outcomes[32]	
Implementation process (activities, methods, stakeholders involved)	
Problems encountered in implementation	
Intermediate/short term outcomes (results) description	
Intermediate/short term outputs description	

Step 4: Reconstruct and describe the "most appropriate" activities or actions "required" to bring about Steps 2 and 3 expected changes [33]	
Implementation process (activities, methods, stakeholders involved)	

[31] Max 5 lines for each item.
[32] Max 5 lines for each item.
[33] Max 5 lines for each item.

Problems encountered in implementation	
Activities/actions list and short description	

Step 5: Map the resources that can realistically be brought to implement Step 4 planned activities/actions [34]	
Implementation process (activities, methods, stakeholders involved)	
Problems encountered in implementation	
Resources' list and short description	

Step 6: Formalise the Theory of Change according to plausibility, doability[35] and testability criteria[36]	
Implementation process (activities, methods, stakeholders involved)	
Problems encountered in implementation	
Theory of Change description (formalization)	
- Is the Theory of Change plausible?	☐
- Is the Theory of Change doable?	☐
- Is the Theory of Change testable?	☐

Evaluate the integration practice using its elicited Theory of Change

Main components/elements of the Theory of Change[37] (see Step 5)	Evaluation process (methods, techniques, actors involved)	Evaluation outcomes

[34] Max 5 lines for each item.
[35] See above for the meaning.
[36] Max 5 lines for each item.
[37] Max 5.

1)		
2)		
3)		
4)		
5)		

4.3 A Realistic Evaluation-based Diagnostic Framework

Realistic (Impact) Evaluation is based on what Pawson and Tilley call "all the ingredients of a realist causal proposition" (1997, p. 58 and foll.). This means that, being the basic concern the *outcome* of a programme/intervention, the focus of the explanatory work is first of all its *mechanisms* and secondly the *context* the programme is implemented. The proposition for which "*causal outcomes follow from mechanisms acting in contexts* is the axiomatic base upon which all realist explanation builds" (*Ibid.*).

The implementation of this sub-approach follows 5 main steps (Pawson and Sridharan, 2010):

- Step 1: eliciting and surfacing the underlying programme theories (which are usually plural, depending on the different actors/stakeholders involved)
- Step 2: mapping and selecting the theories to put to research
- Step 3: formalising the theories to put to test
- Step 4: collecting data and analysing them
- Step 5: revising and refining the programme theories.

a) A Realistic Evaluation-based Diagnostic Framework applicable to studies and research

This Diagnostic Framework may be used for identifying studies and research where the Realistic Evaluation sub-approach has been used for evaluating integration policies practices whose evidence and results have been described in the study/research itself (generally in the form of a report). Therefore, the Diagnostic Framework must support the mapping and (above all) analysis of studies and research (in paper or digital form) which have put to test for evaluation purposes, using the Realistic Evaluation scheme, the theories underlying a specific *integration policy practice*. In practical terms, the Diagnostic Framework applies through a desk analysis of the relevant report(s).

DIAGNOSTIC FRAMEWORK SUPPORTING THE MAPPING OF STUDIES/RESEARCH USING REALISTIC EVALUATION FOR IDENTIFYING (POSITIVE) INTEGRATION POLICY PRACTICES

Study/research report identification[38]

- Title
- Topics/content areas[39]
- Country/geographical level
- Methods
- Data collected (e.g.: number, profile, …)
- Year of publication
- Year of evaluation/data collection
- Research organization

[38] Based also on D2.1. classification system.

[39] A drop-down menu might be added here in order to delimit the alternatives in answers. The same may be for Country/geographical level and Methods.

- Client - Funding source - Other relevant information

Does the study/research make explicit mention to Realistic Evaluation in its the methodological design/approach?

Yes, explicitly □	Yes, quite explicitly □	Yes, but in a largely implicit way □	No □

ATT! Only for studies/research with YES EXPLICITLY/QUITE EXPLICITLY answers the DIAGNOSTIC FRAMEWORK compilation must proceed!

Are the five macro-steps of Realistic Evaluation clearly described in their implementation in the study/research?

	Yes	Yes, quite clearly	Yes, but in a largely implicit way	No
Step 1: surfacing the underlying programme theories	□	□	□	□
Step 2: mapping and selecting the theories to put to research	□	□	□	□
Step 3: formalising the theories to put to test	□	□	□	□
Step 4: collecting data and analysing them	□	□	□	□
Step 5: revising and refining the programme theories	□	□	□	□

How has each step been developed in methodological terms (please give a short description, 5 lines max for each step)?

	Description
Step 1: surfacing the underlying programme theories	
Step 2: mapping and selecting the theories to put to research	
Step 3: formalising the theories to put to test	
Step 4: collecting data and analysing them	
Step 5: revising and refining the programme theories	

How detailed is the description of the implementation of each step of Realistic Evaluation[40]?

Step 1: surface the underlying programme theories			
Reading and closely analyze programme documentation, guidance, regulation, …	Very detailed □	Detailed □	Poorly detailed □
Interview with programme's architects, managers or practitioners on how their intervention will produce the desired changes	Very detailed □	Detailed □	Poorly detailed □

Step 2: map and select the theories to put to research			
Map/codify the theories[41]	Very detailed □	Detailed □	Poorly detailed □
Identify theories' main elements[42]	Very detailed □	Detailed □	Poorly detailed □
Describe theories' main elements	Very detailed □	Detailed □	Poorly detailed □

Step 3: formalise the theories to put to test			
Transform theories into hypothesis suitable for empirical research (testable propositions)	Very detailed □	Detailed □	Poorly detailed □

Step 4: collect data and analyse them				
Data collection and analysis using quantitative/standard techniques	Very detailed □	Detailed □	Poorly detailed □	Not pertinent □
Data collection and analysis using qualitative/non-standard techniques	Very detailed □	Detailed □	Poorly detailed □	Not pertinent □
Use of experimental design	Very detailed □	Detailed □	Poorly detailed □	Not pertinent □
Use of non-experimental design	Very detailed □	Detailed □	Poorly detailed □	Not pertinent □

Step 5: refine and revise the programme theories			
Map/codify the **refined/revised** theories	Very detailed □	Detailed □	Poorly detailed □

[40] In the study or research.
[41] Using techniques like Concept Mapping, Logic Modelling, System Mapping, Problem and Solution Trees, Scenario Building, …
[42] That is: the various causes of the problem, the administrative steps to take, the unfolding sequence of programme activities and inputs, the successive shifts in disposition of participants, the progressive targeting of programme recipients, the sequence of intervention outputs and outcomes (EVALSED, cit., p. 5).

Identify **refined/revised** theories' main elements	Very detailed □	Detailed □	Poorly detailed □
Describe **refined/revised** theories' main elements	Very detailed □	Detailed □	Poorly detailed □

Does the study/research report mention the limits, problems, difficulties encountered in implementing Realistic Evaluation sub-approach?

Yes, very clearly □	Yes, clearly □	Yes, but very superficially □	No □	The issue is raised but no problems/limits are mentioned □

Final additional comments (if relevant for Realistic Evaluation sub-approach implementation, max 3)

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Decision about the study/research explicitly and correctly applied Realistic Evaluation for identifying research's sound evidence on integration policies practices

The study/research applied RE in a totally explicit and correct way □	The study/research applied RE in a partially explicit and/or correct way □	The study/research applied RE in a poorly explicit and/or correct way □	The study/research did not apply RE in an explicit and/or correct way □

Compiled by	
Compilation date	

b) A Realistic Evaluation-based Diagnostic Framework applicable to practices

This Diagnostic Framework supports the use of Realistic Evaluation sub-approach for identifying and describing migrants' successful integration practices[43]. It must therefore be used – with a rough simplification - as a scheme for analysing a specific integration practice in compliance with Realistic Evaluation sub-approach in order to discover if the practice had a positive impact and, as a consequence, may be assumed as successful.

DIAGNOSTIC FRAMEWORK SUPPORTING THE IDENTIFICATION OF GOOD PRACTICES OF INTEGRATION USING A REALISTIC EVALUATION (RE) SCHEME

Practice identification[44]

[43] Again: net of the meaning attributed to "successful" in each WP.
[44] The proposed items are merely examples which will have to be modified according to Tasks 3.1 and 3.2 decisions.

- Title/name of the practice - Country/governance level/geographical area[45] - Scope/area of interest/areas of integration - Target group(s) (legal status and social characteristics) - Starting/conclusion year - Organization(s) responsible for implementation - Funding source(s)/organization(s) - Other relevant information

Methods used for implementing the Diagnostic Framework

- Desk analysis/review of existing documents/sources/repositories	☐
- Quantitative/statistical analysis of existing/original data	☐
- Small-sample survey (also on-line) with questionnaire(s)	☐
- Individual semi-structured interviews	☐
- Small-groups semi-structured interviews	☐
- Focus-groups and similar	☐
- Direct on-site observation	☐
- Other (please specify)	☐

Realistic Evaluation Operational Implementation

Step 1: surfacing the underlying programme theories [46]	
Read and closely analyze programme documentation, guidance, regulation, …	*(Write here the main evidence)*
Interview with programme's architects, managers or practitioners on how their intervention will produce the desired changes	*(Write here the main evidence)*

Step 2: mapping and selecting the theories to put to research [47]	
Map/codify the theories[48]	*(Write here the main evidence)*

[45] A drop-down menu might be added here in order to delimit the alternatives in answers. The same may be for Scope/area of interest/integration and for Target groups.
[46] Max 5 lines for each item.
[47] Max 5 lines for each item.
[48] Using techniques like Concept Mapping, Logic Modelling, System Mapping, Problem and Solution Trees, Scenario Building, …

Identify theories' main elements[49]	*(Write here the main evidence)*
Describe theories' main elements	*(Write here the main evidence)*

Step 3: formalising the theories to put to test [50]	
Transform theories into hypothesis suitable for empirical research (testable propositions): proposition 1	*(Write here the main evidence)*
Proposition 2	*(Write here the main evidence)*
Proposition 3	*(Write here the main evidence)*
(And so on for as many propositions are needed)	*(Write here the main evidence)*

Step 4: collecting data and analysing them [51]	
Data collection and analysis using quantitative/standard techniques	*(Write here the main evidence)*
Data collection and analysis using qualitative/non-standard techniques	*(Write here the main evidence)*
Use of experimental design	*(Write here the main evidence)*
Use of non-experimental design	*(Write here the main evidence)*

Step 5: refining and revising the programme theories [52]	
Map/codify the **refined/revised** theories	*(Write here the main evidence)*
Identify **refined/revised**	*(Write here the main evidence)*

[49] That is: the various causes of the problem, the administrative steps to take, the unfolding sequence of programme activities and inputs, the successive shifts in disposition of participants, the progressive targeting of programme recipients, the sequence of intervention outputs and outcomes (Leeuw, cit. p. 5).
[50] Max 5 lines for each item.
[51] Max 5 lines for each item.
[52] Max 5 lines for each item.

theories' main elements	
Describe **refined/revised** theories' main elements	*(Write here the main evidence)*

Decision about the practice being "good/successful" according to Realistic Evaluation sub-approach implementation results

The practice is totally good/successful □ *(The programme theories testing fully confirmed their soundness)*	The practice is good/successful □ *(The programme theories testing largely confirmed their soundness)*	The practice is quite good/successful but with important leaks in its underlying theories □ *(The programme theories testing confirmed their basic soundness but also evidenced significant weaknesses)*	The practice is not good/successful and has very relevant criticalities in its underlying theories □ *(The programme theories testing evidenced significant problems and weaknesses)*

Final additional comments (max 3)

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Compiled by	
Compilation date	

Decision about the practice being "good/successful" according to Theory of Change sub-approach implementation results

The practice is totally good/successful □ *(The ToC testing fully confirmed ToC's soundness)*	The practice is good/successful □ *(The ToC testing largely confirmed ToC's soundness)*	The practice is quite good/successful but with important leaks □ *(The ToC' testing confirmed ToC's soundness but significant weaknesses affect the postulated ToC)*	The practice is not good/successful and has very relevant criticalities □ *(The ToC testing evidenced significant problems and weaknesses that strongly affect the postulated ToC)*

Final additional comments (max 3)

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2	

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Compiled by	
Compilation date	

CONCLUSION: TOWARD A COMMON DIAGNOSTIC FRAMEWORK (TO THE 3 SUB-APPROACHES)?

Contribution Analysis, Theory of Change, and Realistic Impact Evaluation are all sub-approaches of Theory-based Evaluation and share the assumption of generative causation as the basis for causal inference focusing on "linking cause and effects" (Stern, 2015, p. 17). Therefore, as explained in the Background Document, they all consider causality in term of contribution and not of attribution which means considering the to-be-evaluated intervention as one of the causes of the observed change(s).

This kind of common vision the three sub-approaches share allows to propose, in conclusion, a Theory-based evaluation Diagnostic Framework. The framework is defined with reference to integration practices only (and not studies/research too) because they appear to be more suitable with the framework's use and more relevant in SPRING project's design. The proposed framework is structured taking steps/sections (appropriately adapted and somehow simplified) from the Diagnostic Frameworks developed for each sub-approach: the framework can therefore be considered a unified Diagnostic Framework that is consistent with the three sub-approaches and, more in general, the Theory-based perspective on evaluation.

DF SUPPORTING THE IDENTIFICATION OF GOOD PRACTICES OF INTEGRATION USING A THEORY-BASED EVALUATION (TBE) DESIGN

Practice identification

- Title/name of the practice
- Country/governance level/geographical area[53]
- Scope/area of interest/areas of integration
- Target group(s) (legal status and social characteristics)
- Starting/conclusion year
- Organization(s) responsible for implementation
- Funding source(s)/organization(s)
- Other relevant information

Methods used for implementing the Diagnostic Framework

- Desk analysis/review of existing documents/sources/repositories	☐
- Small-sample survey (also on-line) with questionnaire(s)	☐
- Individual semi-structured interviews	☐
- Small-groups semi-structured interviews	☐
- Focus-groups and similar	☐
- Direct on-site observation	☐
- Other (please specify)	☐

[53] A drop-down menu might be added here in order to delimit the alternatives in answers. The same may be for Scope/area of interest/integration and for Target groups.

Step 1: Set out the cause-effect issue to be addressed

1. *Shortly describe the causal problem (max 5 lines)*		
2. *Scope the problem (determine the specific causal question being addressed; determine the level of confidence needed in answering the question) (max 5 lines)*		
3. *Describe the nature and extend of the contribution expected (max 5 lines)*		
4. *Indicate the other key-influencing factors (max 3 factors)*		
5. *Level of plausibility of the expected contribution given the intervention size and reach (max 5 lines)*		
High □	Medium □	Low □

Step 2: Develop the postulated Theory-of-change and its alternative explanations

2.1: Identify and describe the long-term goal(s) of the intervention[54]	
Implementation process (activities, methods, stakeholders involved)	
Problems encountered in implementation	
Long-term goal(s) description	

2.2: Identify and describe the end-of-intervention outcomes (results) required for meeting long-term goal(s)[55]	
Implementation process (activities, methods, stakeholders involved)	
Problems encountered in implementation	

[54] Max 5 lines for each item.
[55] Max 5 lines for each item.

End-of-intervention outcomes (results) description	

2.3: Identify and describe intermediate/short term outcomes and outputs (*changes*) related to Step 1 and 2 goal(s) and final outcomes[56]	
Implementation process (activities, methods, stakeholders involved)	
Problems encountered in implementation	
Intermediate/short term outcomes (results) description	
Intermediate/short term outputs description	

2.4: Reconstruct and describe the "most appropriate" activities or actions "required" to bring about Steps 2 and 3 expected changes [57]	
Implementation process (activities, methods, stakeholders involved)	
Problems encountered in implementation	
Activities/actions list and short description	

2.5: Formalise the theories to put to test [58]	
Transform theories into hypothesis suitable for empirical research (testable	*(Write here the main evidence)*

[56] Max 5 lines for each item.
[57] Max 5 lines for each item.
[58] Max 5 lines for each item.

propositions): proposition 1	
Proposition 2	*(Write here the main evidence)*
Proposition 3	*(Write here the main evidence)*
(And so on for as many propositions are needed)	*(Write here the main evidence)*

Step 3: Gather existing evidence on the Theory of Change

1. Indicate the main strengths and weaknesses of the links in the Theory of Change	
- STRENGHTHS (max 3) - WEAKNESSES (max 3)	
2. Gather (using the methods mentioned in Box 2) and write the main evidence that exists for:	
Observed results	
Links in the results chain	
Other (than the practice) influencing factors	
Rival explanations (in opposition to the practice, for producing the results)	
3. Collect additional data and analyse them[59]	
Data collection and analysis using quantitative/standard techniques	*(Write here the main evidence)*
Data collection and analysis using qualitative/non-standard techniques	*(Write here the main evidence)*
Use of experimental design	*(Write here the main evidence)*
Use of non-experimental design	*(Write here the main evidence)*

Step 4: Assemble and assess the causal claim and the challenges to it

[59] Max 5 lines for each item.

1. Set out the causal claim based on the analysis so far (max 15 lines)
2. Assess and indicate the main strengths and weaknesses in the postulated Theory of Change (in the light of the evidence collected so far)
- STRENGTHS (max 3) - WEAKENESSES (max 3)

Step 5: Seek out additional evidence (if needed)

1. Additional evidence needed to enhance the credibility of the causal claim (max 5 lines)	
2. Additional evidence gathered	
Yes, all the evidence mentioned in sub-step 5.1 □	(Please, explain)
Only part of the evidence □	(Please, explain)
No additional evidence gathered □	(Please, explain)

Step 6: Revise and finalize the causal claim *story*

1. Set out in its final version the causal claim based on the analysis carried out (max 15 lines)
2. Assess and indicate the main strengths and weaknesses in the postulated Theory of Change (in the light of the collected evidence)
- STRENGTHS (max 3) - WEAKNESSES (max 3)

Decision about the practice being "good/successful" according to Theory Based Evaluation perspective

The practice is totally good/successful □	The practice is good/successful □	The practice is quite good/successful but with important leaks in its causal claim □	The practice is not good/successful and has very relevant criticalities in its causal claim □

Final additional comments (max 3)

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2	
3	

Compiled by	
Compilation date	

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[60] The section of the Evalsed Sourcebook dedicated to Theory-Based Evaluation has been extracted and diffused also as a self-standing paper by F. L. Leeuw (with the permission of the European Commission): in the footnotes this section has been indicated as Evalsed-Ec (Extr.).