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# RESEARCH ESSENTIALS FOR THE COMMUNITY SECTOR



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## ABOUT THIS GUIDE

### Language

**Non-government organisations (NGOs)** and **community-managed organisations (CMOs)** are terms used in human services, with NGOs used in the Alcohol and other Drugs sector and CMOs in the mental health, psychosocial disability space.

In this document, we have selected specific terminology to reflect a range of commonly used terms as described below.

**Service user.** NGO/CMOs may be familiar with several terms that refer to someone accessing a service, such as service user, client, person using a service, or consumer. For clarity, we will use service user throughout this document.

**People with lived experience.** Similarly, persons with living or lived first-hand experience of a health condition (e.g., lived or living experience of mental health and/or substance use) are respectfully referred to as **people with lived experience** throughout this document.

**Lived Experience or Peer researchers.** Refers to people who identify as someone with lived or living experience who bring relevant first-hand perspective to an identified research role.

**Conventional researcher.** Is the term used to describe a person who is undertaking research, but who does not identify with a living or lived experience that is of relevance to the research (e.g., academic).

### Who is this guide for?

This resource is for people, organisations, services or communities that are interested in learning more about research and building research capacity.

This guide aims to support and empower people to develop and refine their research skills to give a voice to evidence that will enhance and improve the health service system for everyone.

### Why should non-government organisations (NGOs) and community-managed organisations (CMOs) do research?

Non-government organisations (NGOs) and community-managed organisations (CMOs) play an increasingly vital role in supporting people in the community, through the provision of a diversity of mental health, psychosocial and alcohol and other drug use services, including related health and specialist clinical services, accommodation, education and social inclusion. Yet their contributions have often been overlooked by academic and public health systems. By developing and disseminating quality evidence, NGO/CMO researchers can provide a unique, more person-led perspective of service user needs to strengthen the essential work that NGO/CMOs are doing in the community.

Research findings can also support NGO/CMOs to provide evidence of a program's outcomes and demonstrate its benefit to the community and funding bodies, or can simply help improve the quality of service delivery as well as internal processes and decision-making.

Research activities also build capacity for NGO/CMOs to contribute to the broader knowledge base, and is a key component in improving practice and understanding sector-wide of the needs of people with mental health and substance use needs.

### What is in this guide?

Research is essential to ensuring that policies, programs, and training consider the latest evidence base in mental health and/or alcohol and other drug fields. The workforce within NGO/CMOs have a unique opportunity to contribute to all stages of the research cycle including setting priorities for research, ensuring relevance and effectiveness, and translating knowledge into action.

This resource aims to assist with the design, planning, execution, and management of a research project or program. It talks through the key stages in any research project including:

1. developing your research question,
2. what research methodologies exist and how to pick the one which will help best answer your question plus, whether or not you may need ethics approval,
3. how to collect, store and analyse research data and
4. presenting, publishing, and disseminating your results. This resource also provides links to additional resources and useful information.

## WHAT IS RESEARCH?

Research has several definitions but essentially it is the creation of new knowledge and/or the use of existing knowledge in an innovative and creative way to generate new concepts, methods, and reach new conclusions or improvements (AIATSIS, 2020). Research generally involves a series of steps as shown in Figure 1.

These steps involve developing a **Question** (What do we want to understand or learn more about? What do we already know?), choosing a **Methodology** (What is going to be the best way to answer my question?), **Analysis** of the information collected (What did we find?) and finally, drawing **Conclusions** (What does it all mean? What is the best way to report and learn from these findings?).

FIGURE 1: THE STAGES INVOLVED IN PLANNING, UNDERTAKING, AND COMPLETING A RESEARCH PROJECT

### Question

1. Identify research problem
2. Conduct literature review
3. Formulate research questions

### Methodology

4. Select research design
5. Research team
6. Ethics
7. Collect data

### Analysis

8. Analyse data
9. Interpret results

### Conclusion

10. Report and disseminate findings

## WHAT ARE THE DIFFERENT TYPES OF RESEARCH? WHAT KEY TERMS MIGHT I NEED TO KNOW?

There are many different types and ways of undertaking research. Listed below are some of the most common types of research, however some may be more suitable than others for NGO/CMO settings. It is important to identify which type of research you are undertaking, as each type has their own best practice and ways of working. However, regardless of the type of research you choose to do, the overall process is similar.



### Biomedical Research

**Definition:** Biomedical research is the broad area of research focused on understanding the processes of life; along with preventing, identifying, and treating disease in living organisms (human or animal). These findings may inform applied research and clinical research trials. Researchers may also target specific diseases and develop new therapies to improve health (National Research Council (U.S.), 2005).

**Example:** Psychopharmacological research, physiological, neurosciences and psychiatric treatment research, basic research, applied research, clinical research.

**Real world example:** Development of a new pharmaceutical, treatment, or surgical technique.



### Translational Research

**Definition:** Translational research describes how basic research findings can be converted to clinical trials and then applied to large scale community settings. This research involves development of real-world therapies, procedures, or interventions (Rubio et al., 2010).

**Example:** Pharmacological research and development, clinical epidemiology, genetic epidemiology, knowledge translation.

**Real world example:** Bladin et al. (2015) used a translational design to apply previously established stroke treatments using telemedicine. For more information visit: [What is Translational Research?](#)



### Co-design Research

**Definition:** Co-design research involves collaborating with people with lived experience at most stages throughout the research process. Allows researchers and those with lived experience the opportunity to create research outcomes informed by personal experience.

**Example:** Co-design, co-inquiry, co-construction, 'personal and public involvement' (PPI).

**Real world example:** Lived Experience or Peer researchers work with conventional researchers to design a study that will address an existing research question to develop a research question around access to mental health.

For more information, visit: [CMHDARN's 'Co-design Kickstarter resource' \(2023\)](#) and [NSW Government Co-design toolkit](#).



### Co-production Research

**Definition:** Co-production research involves collaborating with people with lived experience at all stages throughout the research process (Mays & Harris-Roxas, 2022). Researchers and those with lived experience share the designing and undertaking of research.

**Example:** Co-production.

**Real world example:** Lived Experience or Peer researchers collaborate with conventional researchers to develop a research question, and design a study into what interventions are most effective in supporting a mental health condition. For more information, visit: [CMHDARN's 'Co-production Kickstarter resource'\(2022\)](#).



## Participatory Action Research

**Definition:** Participatory Action Research (PAR) is a broad term that refers to the development and implementation of initiatives, informed by engaging relevant stakeholders. It is often considered a spectrum that involves varying levels of participation (Vargas et al., 2022).

**Example:** Can include co-design, co-production, co-inquiry, co-construction, 'personal and public involvement' (PPI), and co-creation.

**Real world example:** Co-design of a culturally safe training course with and for the Aboriginal health workforce. For more information, visit: [CMHDARN's 'Co-design Kickstarter resource'](#) (2023) and [CMHDARN's 'What is Participatory Research' video](#) (2024).



## Lived Experience and/or Peer Researcher Led

**Definition:** Lived Experience and/or Peer researchers own and lead the research study. Lived Experience or Peer researchers actively lead each stage of the research process, from planning to implementation and reporting. While Lived Experience or Peer researchers may collaborate with conventional researchers, the ownership and decision-making of the study continually remains with Lived Experience and/or Peer researchers.

**Example:** Community specific research, co-production, co-design.

**Real world example:** A person with lived experience of substance use develops and leads a study into the effectiveness of an AOD NGO service model, drawing upon their lived experience to improve and advise the study.



## Social Research

**Definition:** Social research is the detailed study of social systems such as human behaviour, cultures, norms, and social issues. Can be used to initiate reform, social change, and development of theories (Khan & Mohsin Reza, 2022).

**Example:** Various social science disciplines including psychology, sociology, political science, anthropology, service user research, marketing, communications, commerce, linguistics. Overlaps with many other public health and health promotion research.

**Real world example:** Researching social biases in hiring processes; understanding social attitudes towards a topic.



## Policy Research

**Definition:** Policy research seeks to understand how certain policies, practices and systems can influence a population. This can be applied to a range of areas, such as public health, economics, and education. It may be speculative and aim to shape future strategic agendas and policy development, or it can be retrospective, and assess the impact of an implemented policy.

**Example:** Program evaluation, policy formulation, policy adoption, policy implementation, policy evaluation, policy maintenance, public health policy research, economic policy research, education policy research.

**Real world example:** Analysing the implementation and impact of a new health policy about handling of drugs.



## Epidemiological Research

**Definition:** Public health research focuses on course, outcome, spread of, incidence and prevalence of disease or protective factors and health status in populations. It also evaluates interventions.

**Example:** Clinical epidemiology, population epidemiology, sample epidemiology.

**Real world example:** Looking at the patterns of drug use over time; tracking COVID infections in the community.



## Health Services Research

**Definition:** Sometimes called health systems research, this multidisciplinary branch of research investigates the factors influencing healthcare systems. Health services researchers aim to identify the use, cost, quality, accessibility, efficacy, delivery, organisation, financing and outcomes of healthcare services (National Research Council (U.S.), 2011).

**Example:** Health economics, health administration, health planning, health utilisation research, treatment uptake by populations, health education, service user informatics, attitudinal research, health outcome research.

**Real world example:** Studying access to health care and health care costs.



## Lived Experience as Best Practice

Engaging people with lived experience throughout the research process is a best-practice approach that enhances all types of research, not just co-design and co-production. While we have separated co-design and co-production above as specific types of research, it is important to note that every type of research will benefit from the participation of people with lived experience.

The mantra of **'nothing about us, without us'** captures the importance of ensuring that people with lived experience are actively participating in research **'about'** them, rather than having research **'done to'** them.

An NGO researcher may already be highly aware of the benefit co-design/ co-production research as they can recognise the irreplaceable value that first-hand lived experience perspectives will bring. In the same way, a biomedical researcher will benefit from understanding how their research will impact the people that the research is related to, and how to communicate their findings.

## Before starting out, it may also be helpful to understand some of the commonly used terms in research:

### Evaluation

Evaluation uses research methods for the purpose of decision-making or judgement about continuing or redesigning a program or policy. Lots of things can be evaluated, including plans, programs, policies, organisations, products, and an individual's experience. Evaluation ensures that evidence-based research is successfully translated into practice and supports a service or organisation in building capacity. Similarly, research and evaluations often look at: whether the needs of a target group are being met; if there is a more effective way to achieve intended outcomes; and if the program is meeting objectives or aligning with frameworks. Essentially, evaluation occurs at all phases of program or policy development and implementation. There is little difference between evaluation and research.

Further reading:

- International NGO Training and Research Centre (INTRAC; 2022) have produced a guide to Monitoring, Evaluation and Learning for small NGO/CMO's, which includes a section [on Evaluation strategies](#).
- The '[Rainbow Framework](#)' by BetterEvaluation (2022) provides a framework for determining which methods and processes to use for your evaluation strategy.
- [CMHDARN's resource](#) on using program logic to help design an evaluation (2022).

### Quality improvement

Quality improvement has been defined by the World Health Organization (WHO) as making iterative, measurable changes to make services more effective (2018). Quality improvement programs can sometimes be confused with 'research' or with 'evaluation'. However, quality improvement processes are usually an integrated and continuous process aimed at ongoing and sustained change/improvements. In contrast, research and evaluations are often once off occasions designed to answer a specific research question. Research and evaluation provide input into quality improvement processes, planning and thinking in an organisation.

For example: A mental health facility may wish to improve patient care for service users admitted while withdrawing from alcohol and/or other drugs (AOD).

An example of a **quality improvement** process would be standardising withdrawal care techniques and iteratively modifying techniques to improve these outcomes. This **differs from research** which might aim to test a specific intervention (e.g., incorporation of art therapy) and how it impacts outcomes. It also **differs from evaluation**, which would aim to assess whether predefined goals (e.g., length of stay) of an AOD withdrawal program were met to inform future program-related decisions.

### Research translation

The terms research translation and translational research are often used interchangeably; however, they are different. Research translation is defined by the WHO (2015) as "the synthesis, exchange, and application of knowledge by relevant stakeholders to accelerate the benefits of global and local innovation in strengthening health systems and improving people's health".

Examples of research translation include rapid reviews of evidence; the inclusion of evidence when developing practice guidelines, the implementation of new tested technologies, and the redesign of healthcare services incorporating best available evidence. For more information comparing Research Translation and Translational Research visit [Sydney Health Partners information site](#).

Additionally, for more information to help get started visit the [CMHDARN YouTube channel](#) and watch the "Research Skills Webinar series."



# 1. RESEARCH QUESTION

**All research starts with a question... but how do you develop a question?  
How do you make sure your question is focused, measurable, feasible and specific?**

## 1. Start by thinking about what you would like to find out.

- Are you wondering why something does or doesn't seem to work?
- Is there something that you are interested in learning more about?
- What information would be valuable in your role, or for your service users or stakeholders?
- Has anything specifically been published in the mental health and/or AOD field that might be helpful to assess in an NGO/CMO setting?

This process can help you identify what the knowledge gap or research problem might be. Once you've identified this gap, you can think about how you will get the information you need to fill it.

## 2. Consulting with stakeholders and people with lived experience.

It's also important that any research you do ultimately benefits the organisation, its stakeholders, and its service users. You may want to talk to your service users and stakeholders about what their research priorities are and what information would help to make a difference to their lives.

This stage is particularly important if you are undertaking co-design research (see page 12).

## 3. Conduct a literature review to see what is already known and if any other NGO/CMOs have conducted research in that area?

Before you start planning out your research and collecting data, it is important to know what work has already been done in that area. It's a good idea to undertake a literature review which examines:

- Has anything specifically been published about your area of interest?
- Has anything been published in an NGO/CMO setting? If so, was that NGO/CMO in Australia or internationally?
- Has anything been published about your agency in particular?

For tips on how to search the literature, look at University Library guides e.g. [CQUni](#) or CMHDARN webinar "[What is an evidence-base?](#)".

To see existing local literature, look at [CMHDARN's Research Showcase Bibliography](#).

## 4. Refine the research question

When developing a research question, being able to keep the scope narrow is highly beneficial. A broad research question that requires excessive resources in terms of time, budget or scope may become difficult to thoroughly answer - if it can be answered at all. If the question is too narrow, it may be limited in its applicability and/or relevance to a wider audience. Keeping your research question concise and focused on your area of interest will allow for the most productive and well-answered contribution to improve processes, or add to the existing literature in the field. Some example questions have been provided below.

For example, you may work as a mental health worker at an Alcohol and/or Other Drug (AOD) counselling service, and you want to understand how best to support service users with co-occurring AOD and mental health needs.

**Too broad:** **What is the relationship between AOD use and mental health?** This question is too broad, as it would be almost impossible to answer in full. Refining the question to a subtopic, subgroup, or specific impact would be helpful here.

**Too narrow:** **How many service users are there currently in NSW AOD treatment programs that only use cannabis and have a co-occurring anxiety disorder?** This question is too narrow as it could be answered in a few short sentences. This question is primarily descriptive and does not require much analysis.

**Best option:** **What counselling interventions are most effective in addressing co-occurring cannabis use and mental health conditions (such as anxiety, depression or schizophrenia)?** This question combines the micro and macro concepts at the heart of the topic of interest. By refining the impact (e.g., narrowing to intervention outcomes) and opening for analysis through asking 'how', this question is relevant and highly researchable.

Examples adapted from Monash University (2024).

### Helpful questions to ask to narrow your research question can be:

#### Who?

- What demographic is being considered here? Which individuals will be your participants or respondents?
- You may be able to narrow down your question to be specific to an age group, gender, cultural group or occupation of interest.

#### What?

- Is your topic focusing on a specific issue, event, or outcome?
- What is the main question, and are there any sub-questions?

#### Where?

- Is there a location of interest? This may be a geographic location (e.g., metro or regional NSW), or an environment (e.g., hospitals, schools, workplaces).

#### When?

- What time frame is of interest in answering your question? This may be a period of time (e.g., the past 5 years) or a timebound group (e.g., teenagers, or retirement aged individuals)

#### Why?

- Why is this topic important?
- What does it bring to your practice?
- How can your colleagues, or service users benefit from this research?

#### How?

- How can you measure the answer to your question?
- What data will you need?
- What do you already have access to, and what would you need to collect to answer your question?

There are also several frameworks (Figure 3) which can help clarify your research question.

FIGURE 3: RESEARCH QUESTION FRAMEWORKS AND EXAMPLES

	Framework	Where can it be used?	Example Question
<b>PICO</b>	<b>P</b> opulation/Problem <b>I</b> ntervention <b>C</b> omparison <b>O</b> utcome	By mental health or AOD workers to research or evaluate services or programs.	Among service users, how does motivational interviewing compare to CBT, and does this improve feelings of wellbeing?
<b>SPICE</b>	<b>S</b> etting <b>P</b> erspective/Population <b>I</b> ntervention <b>C</b> omparison <b>E</b> valuation	For qualitative evaluation of outcomes of services, projects or interventions.	Within our service does art therapy, as opposed to no art therapy, reduce anxiety in service users?
<b>SPIDER</b>	<b>S</b> ample <b>P</b> henomenon of Interest <b>D</b> esign <b>E</b> valuation <b>R</b> esearch Type	Designed to structure qualitative or mixed-methods research focused on a sample, rather than population.	What are young people's experiences of smoking cessation education courses?
<b>ECLIPSE</b>	<b>E</b> xpectation <b>C</b> lient Group <b>L</b> ocation <b>I</b> mpact <b>P</b> rofessionals <b>S</b> ervice	Used to qualitatively evaluate the outcomes of a policy or service.	Does the presence of a peer worker during intake (or ingroup therapy) improve engagement in treatment services?

**For more information and additional resources:**

1. [Systematic and systematic-like review toolkit](#) (Deakin University).
2. [Question frameworks](#) (The University of Notre Dame Australia).
3. [Forming Focused Questions with PICO: Other Question Frameworks](#) (University of North Carolina).
4. Video resources about how to develop a focused set of questions: [Developing your research questions](#) (RMIT University).
5. Another video resource: [Developing a research question](#) (University of Melbourne).
6. [Developing research questions](#) (Monash University).

**CHECKLIST!**

- Do you have a refined research question?



## 2. METHODOLOGY

### 2.1 Research Design

There are many different types of research designs and methodologies which can be used to collect data. Data is essentially a collection of pieces of information. There are different types of data which you can collect in research including:

#### Quantitative

Numerical data which can be measured, ordered or categorised. These may be things like rating-scale surveys, experiment results, and population amounts. Further reading: [Deakin Library guide to quantitative study designs](#).

#### Qualitative

Non-numerical data that contains descriptive information about characteristics or qualities. Some qualitative methods are interviews, open-ended questionnaires, and descriptions of observations. Further reading: [Deakin Library guide to qualitative study designs](#).

#### Mixed methods

Integrates quantitative and qualitative data together, to combine the benefits of each. Examples include focus groups, workshops, and surveys using both closed-ended and open-ended questions.

Some methodologies are best suited to collecting qualitative data (e.g., focus groups or interviews), and others for collecting quantitative data (e.g., survey).

**The type of data you collect will depend on what is possible in your setting and what will help answer your research question.** There are also a number of considerations to take into account when picking a methodology such as if ethics approval will be needed, budget and staffing costs, how the research can be co-designed to involve people with lived experience, or if there are any cultural issues that need to be thought through (e.g., does the research involve or impact Aboriginal and Torres Strait Islander peoples). Table 1 (see page 17) provides an overview of broad categories of research, as well as common methodologies and examples.

There are several research methods and ways of collecting data to answer your research questions. Common methodologies include:

**1. Action/participatory research:** A qualitative research method that identifies a social problem or concern and seeks to obtain information about these problems/concerns through collaborations with individuals or organisations (Holosko, 2006). Sometimes referred to as Participatory Action Research (PAR), this approach is an umbrella term under which other methodologies such as co-design and co-production sit. Action research alternates between action and critical reflection, which consists of review (analysing results and outcomes) and planning (amending procedures, initiatives, or protocols).

Further reading:

- [Participatory Action Guide](#) (Rosier et al., 2015)
- [Participatory Action Research](#) (Cornish et al., 2023)
- [What is Participatory Research](#) (CMHDARN, 2024)

**2. Co-design:** A research method in which people with lived or living experience are involved, or in partnership, with researchers. Allows for active participation of those with in-depth personal knowledge of the research topic. Co-design refers to Lived/Living Experience or Peer researchers being involved in some, or all, stages of the research. The number of Lived Experience/Peer researchers and conventional researchers are at least equal, or Lived Experience/Peer researchers form the majority. This method sits under the umbrella of PAR (Figure 4).

Further reading:

- [CMHDARN's Co-Design Kickstarter](#) CMHDARN (2023)



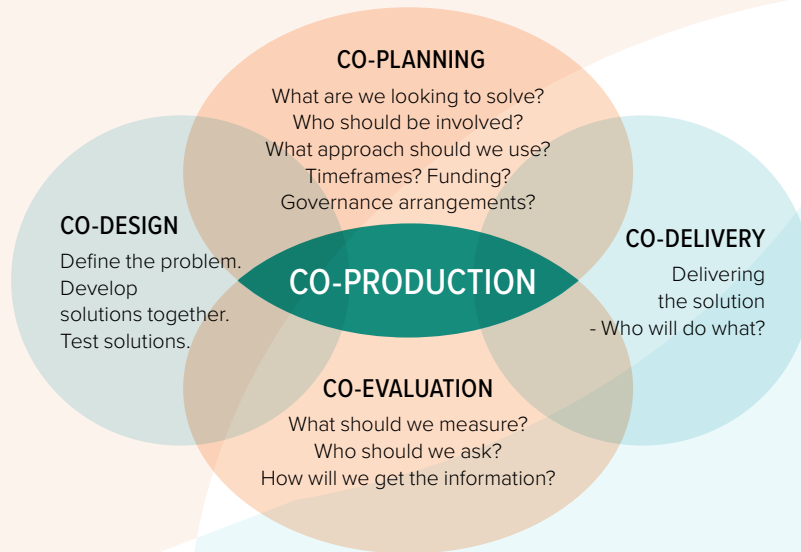


FIGURE 4: ADAPTED FROM CO-DESIGN KICKSTARTER WHICH DETAILS THE DIFFERENCES BETWEEN CO-DESIGN AND CO-PRODUCTION.

**3. Co-production:** While similar to co-design research, co-production research involves Lived or Living Experience or Peer researchers being involved in all stages of research and sharing ownership of the research project. Lived Experience and Peer researchers have equal decision-making power in planning, designing, conducting, and disseminating research. The number of Lived Experience/Peer researchers and conventional researchers on the research team are at least equal or Lived Experience/Peer researchers form the majority. This method sits under the umbrella of PAR. It is on a spectrum of levels of participation, above co-design, but below Lived Experience or Peer Researcher Led research (see Further Reading) and Figure 4 for visual depiction.

Further reading:

- [CMHDARN's Co-Production Kickstarter](#) (2022)

**4. Case study:** Involves examining individual units comprising 'cases' of individuals, groups, families, settings, interventions, communities or culture (Holosko, 2006). The 'case study' entails descriptive, naturalistic research of one or more types of phenomena (e.g., a service user presenting with psychosis). The major strength of case study methods is the collection of extensive, 'rich data' and it usually involves intensive observation and participant interviewing. It can also be a combination of survey, observation, documentary records, diaries, conversation records, ethnography, and observation (Davis, 1998).

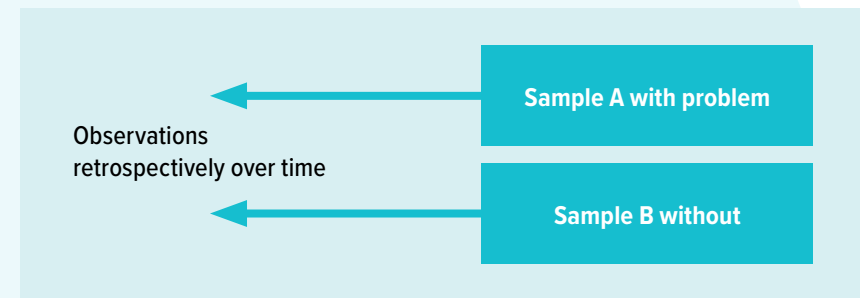
Further reading:

- [Colorado State University: Designing and conducting case studies.](#)

- [The Case Study Approach](#) (Crowe et al., 2011)

**5. Case control study:** An observational epidemiological study of persons with a behaviour or outcome of interest, and a suitable control (comparison group) of persons without the behaviour or outcome of interest.

FIGURE 5: EXAMPLE OF MONITORING TWO SAMPLES OVER A TIME PERIOD; SAMPLE A (INDIVIDUALS WITH AN OUTCOME OF INTEREST) AND SAMPLE B (CONTROL/COMPARISON GROUP).



The history of those with the behaviour or outcome of interest as compared to the cases and controls. Controls must resemble cases in terms of age, sex but need not have the behaviour or outcome of interest. These studies are retrospective since they begin once the problem has occurred. The study looks back from the outcome to examine causes. An example would be comparing young people who smoke with those who don't, to determine the potential risk factors associated with the onset of smoking in young people. These risk factors might include things like family size, obesity, self-esteem and so on.

Further reading:

- [Case Control Studies](#) (Tenny et al., 2023)

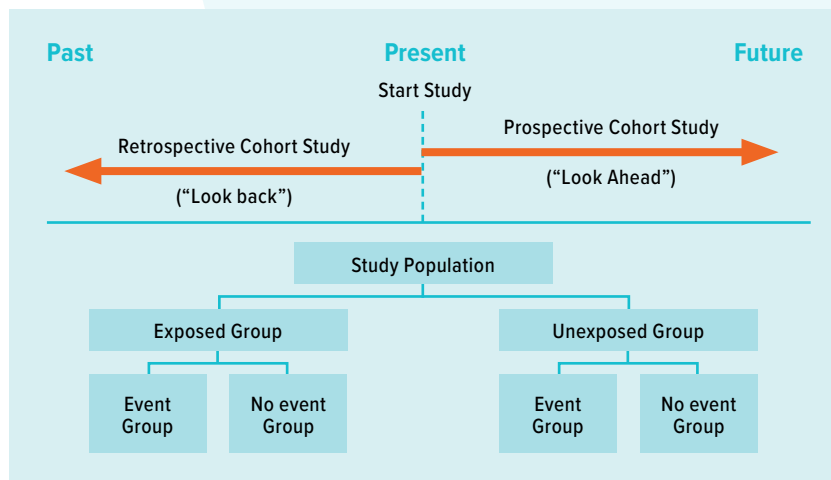
- [Case-Control and cross sectional studies](#) (British Medical Journal)

- [Study Design 101: Case Control Study](#) (Himmelfarb Health Sciences Library)

**6. Cohort study:** A type of research design used in social science, education, developmental psychology, education, and public health research. A cohort study follows the same group of people, called a 'cohort', or numerous cohorts over a period of time to see what outcomes may develop. Routine monitoring of service user outcomes (e.g., wellbeing) is an example of a cohort study within an agency since it studies the wellbeing of service users over time.

In epidemiology, a cohort study refers to the long-term observation of a cohort, to assess the incidence of mortality, disease, behaviour, or another specified outcome based upon varying levels of risk exposure. They are used to study incidences, causes and prognoses (Wang & Kattan, 2020). Large numbers of individuals may be observed for years, and incidence rates are counted in different groups with different exposures. The aim is for risk factors associated with the outcome of interest to be identified. Cohort studies are sometimes called 'longitudinal studies', follow-up studies', 'incidence studies' or 'prospective studies' (Last, 1995). Cohort studies can be retrospective (looking back over time) or prospective (looking forward in time) as shown in Figure 6 (Wang & Kattan, 2020).

**FIGURE 6: EXAMPLE OF COHORT STUDY DESIGN. THE RED ARROWS REPRESENT THE DIFFERENT TIME-BASED ASPECTS OF A COHORT STUDY; RETROSPECTIVE (LOOKING BACK) OR PROSPECTIVE (LOOKING AHEAD). THE TREE REPRESENTS THE BRANCHES OF VARYING STUDY CONDITIONS WITHIN THE DESIGN.**



**Further reading:**

- [Study Design 101: Cohort Study](#) (Himmelfarb Health Sciences Library)
- [What are cohort studies?](#) (Barrett & Noble, 2019)
- [Cohort Studies](#) (Deakin University)

**7. Ethnography:** This is the study of culture or cultural groups (Taylor & Francis, 2013) using qualitative methods that typically involve immersive fieldwork (such as living amongst a group of interest) to study cultures and learn about their interactions, values, meanings, behaviours, language, and or worldview (Holosko, 2006). This method involves highly detailed accounts of individuals and groups based on discussions and observation.

**Further reading:**

- [Ethnography](#) (Deakin University)

**8. File audit using content analysis, discourse analysis and documentary analysis:**

This method involves a detailed interrogation of the written content of service user files, with consent obtained from service users, and aims to determine a profile of the existing service users and the practices of an agency. This can help form an accurate and detailed profile of delivered services, compared with what is thought to be delivered. It provides insights into service user responses, outcomes, length of participation, and reasons why the person left the agency. Additionally, it can provide a needs assessment (see below) of what services individuals and groups already receive versus what is lacking. It is important to note that not all services that are provided are documented, so the findings may have gaps or may only partially reflect services. Despite this, it is a good first step for agencies that don't routinely collect health outcome monitoring data.

**Further reading:**

- [How to plan and perform a qualitative study using content analysis](#) (Bengtsson, 2016)
- [Discourse Analysis](#) (Newcastle University)

**9. Focus groups:** A method comprised of discussions with a group (or groups) of individuals. These individuals could be specifically relevant to the research question (for example, a researcher studying the effects of a particular intervention may conduct a focus group with individuals who have used the intervention) or they may be more generic and aim to understand general attitudes or beliefs about something from a non-specific sample of people.

Focus groups can serve many purposes, including helping to determine what is acceptable to a service user group or to the workforce, revealing attitudes or needs, or to test out new materials that have been developed.

Focus groups combine both interviewing and observation techniques and allow for a large amount of in-depth discussion on a topic in a short amount of time. Compared to individual interview techniques, focus groups allow for group interaction and the collection of both verbal and non-verbal information that can help uncover important constructs. They can also be a very efficient method of collecting information. Focus group methods evolved from group therapy and psychiatry in the 1950s (Quine, 1998). However, by just holding focus groups, this does not mean that your research can be considered as co-design.

Further reading:

- [Focus Groups \(Deakin University\)](#)
- [Spotlight on Focus Groups \(Leung & Savithiri, 2009\)](#)

**10. Experiment:** This method aims to answer the question: does this program work?

Researchers deliberately control and manipulate conditions within an intervention that may affect outcomes of interest. They make a change in the value of one variable (independent variable) and observe the effect of that change on another variable (dependent variable). For example, a controlled trial might investigate specific dosages of a medication used for treating alcohol dependence (the independent variable), and measure individuals' cravings for alcohol or number of days abstinent (the dependent variables). A randomised controlled trial would randomly allocate the medication to some, but not all individuals. The individuals who did not use the medication would be the control group. This allows for comparison between both groups to determine the effectiveness of the intervention.

In 'quasi-experimental studies' the researcher may be unable to control all the variables, such as who is selected in the group under study and may not be able to randomise which conditions are given to which individuals. Randomised controlled trials are often considered the "gold standard" of experimental research, as they minimise risk of bias and are highly rigorous. This allows for clearer understanding of the relationships between variables.

Further reading:

- [Research Design \(The Office of Research Integrity\)](#)
- 'Experimental Research' in [Research Methods in Psychology \(Price et al., 2017\)](#)

**11. Needs assessment and health profiles of a community or population:** These form a comprehensive method that enquires into where intervention is needed by a community or population. The population on which the needs assessment is being conducted can be a geographical group (e.g., people who live in rural areas) or a group of people with shared sociodemographic characteristics (e.g., people experiencing homelessness). Needs assessments may use intersectoral data to identify gaps in delivery of services, or other issues. For example, Disease registration databases, local government information, census data over time, one-off survey, community characteristics, health service usage, and health outcomes may all involve needs assessment methods.

Further reading:

- [Needs Assessment \(Australian Institute of Family Studies\)](#)

**12. Phenomenology:** Sometimes referred to as 'Descriptive Phenomenology' (Deakin University), this is a qualitative method that is used to describe and understand the lived experiences of individuals. It is most commonly used in social and health sciences, and aims to describe detailed narrative accounts of individuals, events, themes, life histories, and their meanings (Holosko, 2006). For example, researchers may ask what a specific experience is 'like', gathering data through interviewing small-to-medium participant groups or individual case studies, then analysing the common themes found in the description of the experience.

Further reading:

- [Phenomenology \(Deakin University\)](#)

**13. Survey or social survey:** Surveys/social surveys are methods of collecting information from people directly about their ideas, feelings, health, plans, beliefs, and social, educational, and financial background. They can be self-administered (i.e., the participant fills out the survey themselves) or they can be administered by the researcher, either in person or over the telephone (Fink & Kosecoff, 1998). One example is cross-sectional surveys, these include household surveys, opinion surveys, market research and so on, and collect information only once.

It is important to design your survey with measures or scales that are relevant and credible. Things to consider when designing a survey include:

1. When is the survey given (e.g., before or after an intervention).
2. How often is it given (e.g., single timepoint, annually etc.).
3. Number of groups it is given to (e.g., just one target group (e.g., young people) or multiple (e.g., young people, their family or cares, health workers).

A census is a particular type of survey that includes all the people in the group or population rather than a sample of it. If all NGO/CMOs are surveyed, it may be a census if all of them respond. A familiar example is the Australian Bureau of Statistics' population census, which collects data from every household in the nation every five years. While a large-scale survey like a census can provide comprehensive and in-depth data, they are typically expensive and time-consuming to conduct. As such, focusing on a representative sample is often more practical and cost-effective.

Further reading:

- [Surveys \(Deakin University\)](#)
- [How to write questionnaires](#)

**14. Systematic literature review:** These reviews summarise all existing relevant research on a topic to find out what is already known. They provide the highest quality evidence on the effect of interventions. They define the research question, locate all relevant studies, appraise the quality of the studies, extract information relevant to the research question from the studies. You can then go on to synthesize the data using a statistical meta-analysis. The objective is to combine all existing studies into one big synthesis in order to get a better understanding of the true relationship between two variables (if we're using the language of variable from above) or the effect of treatments or programs (degree of statistical significance) once all the smaller studies are combined (Irwig, 1998; Commonwealth of Australia, 2000). Evidence-based practice guidelines and clinical practice guidelines are often summaries of numerous systematic reviews.

Further reading:

- [Study Design 101: Systematic Review \(Himmelfarb Health Sciences Library\)](#)

**15. Workforce profiling or workforce needs analysis:** A survey or analysis of existing information (such as resumes or workforce databases) to find out the education, training and experience, practices, preferences, and interests of the workforce in relation to a particular aspect of community need or practice (such as readiness to provide CBT, capacity to provide recovery-oriented programs etc.). One example is the [YES-CMO Report \(2023\)](#) which gathered data on service user experiences of services provided by Community-Managed Organisations in the NSW Mental Health sector.

Further reading:

- [Selecting Research Methods \(MIT Teaching and Learning Lab\)](#)
- [Choosing and justifying your methods \(University of Melbourne\)](#)
- [Study Design Basics \(Deakin University\)](#)
- [Research Design: Project Planner \(Sage Research Methods\\*\)](#)

\*This resource may need an institutional login to access.



TABLE 1: EXAMPLES OF RESEARCH METHODS AND THEIR APPLICATION

Major Categories	Research Methods	Familiar Examples
	<b>Narrative review</b>	<b>Initial conceptual reviews</b>
<b>1. Literature Reviews</b>	Systematic review with or without meta-analysis of quantitative studies	<ul style="list-style-type: none"> <li>• Cochrane Collaboration Databases of Systematic Reviews</li> <li>• Evidence-based clinical practice guidelines</li> </ul>
	Narrative review of qualitative and/or quantitative studies.	<ul style="list-style-type: none"> <li>• Evidence-based clinical practice guidelines</li> <li>• Some best practice guides</li> <li>• Policy development</li> </ul>
<b>2. Observational Studies</b> also called 'descriptive studies'	Case study	<ul style="list-style-type: none"> <li>• Study of an organisation implementing a pilot program</li> <li>• Study of one person leaving a rehabilitation setting</li> </ul>
	Census	<ul style="list-style-type: none"> <li>• ABS Australian census</li> </ul>
	Epidemiological survey	<ul style="list-style-type: none"> <li>• National Alcohol and Drug Household Survey</li> <li>• NSW Child Health Survey</li> <li>• Longitudinal population survey</li> </ul>
	Social survey	<ul style="list-style-type: none"> <li>• Opinion polls, attitude surveys &amp; market research</li> </ul>
	Cohort study	<ul style="list-style-type: none"> <li>• Reading amongst 6th graders 1995-2000</li> </ul>
	Content analysis	<ul style="list-style-type: none"> <li>• Service user file audit, book review</li> <li>• NADA Database</li> </ul>
	Discourse analysis	<ul style="list-style-type: none"> <li>• Service user critiques on stigma</li> </ul>
	Focus groups	<ul style="list-style-type: none"> <li>• Interviewing a group of relevant individuals</li> </ul>
<b>3. Quasi Experimental and Experimental Studies</b>	Case control study (e.g., those with headaches are compared with those without)	<ul style="list-style-type: none"> <li>• Headache amongst men</li> <li>• Investigating an apparent cluster</li> </ul>
	Controlled trial	<ul style="list-style-type: none"> <li>• Experiment without randomising sample</li> </ul>
	Randomised controlled trial	<ul style="list-style-type: none"> <li>• Experiment with randomising the sample</li> </ul>
	Multi-site field trials	<ul style="list-style-type: none"> <li>• WHO multi site experiments with numerous research teams in multiple countries</li> </ul>

## 2.2 Research Team

In general, NGO/CMOs are occupied with frontline service delivery responsibilities. However, research can be embedded in many ways. When embedding research, it's important to consider the number of staff you will need to support your project. This will depend on things such as the **size of your project** (e.g., interviewing a couple of service users vs undertaking a survey of all service users), **the timeline** (e.g., does the project need to be completed by a certain time or can it be flexible?), **budget** (e.g., if you have a grant to hire dedicated research staff) amongst other considerations within your NGO/CMO.

### Lead Researcher/s

Research can be labour-intensive, so generally an organisation will need to appoint someone to lead and coordinate the project in either a part-time or full-time capacity. Typically, lead researcher responsibilities include: managing the project timeline, the budget, data collection and storage, meeting reporting requirements, as well as hiring and supervising any additional full or part-time research staff to assist with the project.

Ideally, the lead researcher will have some experience in mental health and AOD related research and be able dedicate time to working on the project, separate to their usual workload. However, experience is not always necessary if the person is willing to upskill in research and has the necessary support, either through a reference group or mentor (see below for more information on reference groups and mentorship).

The lead researcher may also be able to identify others in their organisation or broader network who could assist with some project tasks, such as data entry, setting up focus groups, transcribing interviews, helping with analysis, or preparing results.

### Lived Experience or Peer Researcher

Lived Experience or Peer researcher roles, specifically designated for individuals with lived experience, may vary widely in their level of involvement. These roles can range from fully leading the research process (as in Lived Experience or Peer researcher led research) to other informal or formal methods of engagement. These could be in an identified position as a researcher or research assistant, or it may include governance structures such as a steering committee or reference or advisory group. A steering committee, containing members with lived experience relevant to the study, can direct and make decisions on the project at all stages. A reference or advisory group (detailed below) can provide non-binding advice to the management of the project at several stages throughout the planning or implementation.

The Victorian Mental Illness Awareness Council (VMIAC) have developed a [lived experience research toolkit](#) to help Lived Experience or Peer researchers, and Conventional researchers guide fair, respectful and impactful research.

### Reference or Advisory Group

As research requires different sets of skills it may be helpful to establish a reference group or advisory board of multiple people and perspectives. This can help to guide the research, support service user participation and voices, and assist with ensuring that the project produces ethical and rigorous results that will help to answer the research question. A reference or advisory group may contain people from within your NGO/CMO, people with living or lived experience, as well as external people (e.g., a mentor or key researchers in the area).

### Mentor/s

Research mentors can provide guidance on the different aspects of research including methodologies, ethics applications and writing up of results. Mentors generally provide one on one support that is specific to your needs and project. If you are new to research, or new to a certain methodology, or just think it would be helpful to have an independent person to talk to, getting a mentor is a good option. Mentorship can be sought from multiple sources, one of which is The Matilda Centre Research Mentoring Program, which pairs workers in community-managed organisations, who are members of the Network of Alcohol and Other Drug Agencies (NADA) or Mental Health Coordinating Council (MHCC), with one of the Matilda Centre's Early Career Researchers to support the development of research knowledge and skills. For more information about the program visit [The Matilda Centre](#).

## 2.3 Ethics

### WHAT IS ETHICS?

In a research context, ethics is the application of key ethical principles (such as honesty, objectivity, integrity and respect) in order to guide responsible research practices.

Ethics ensures that research is necessary, and safeguards are in place to prevent and/or reduce any direct or indirect harms the project could cause individuals (also commonly referred to as participants or respondents) in a study. It ensures privacy is respected, and the outcomes of the research are beneficial. It also secures the integrity and reputation of the project and its findings. For research with human participants, ethical approval is required for both face-to-face research (e.g., interviews or focus groups) and research involving the observation of or access to people's information. Australia has a number of codes and guidelines that govern research ethics. The primary body for supporting medical and health research in Australia is the National Health and Medical Research Council (NHMRC). They have developed several ethical guidelines, which are available on the [NHMRC website](#). There are many registered ethics bodies such as various University Ethics Committees, Local Health District Ethics Committees, or Schools Ethics Committees (for NSW government schools or TAFE colleges).

**It is important to note that formal ethics approval may not always be necessary** and can depend on what outcomes you are hoping to achieve with your research. Table 2 (see page 20) provides some examples of types of research that may or may not need formal ethics approval. CMHDARN provides [Research Ethics Consultation](#) support, and while this is not formal ethics approval, they can help provide guidance, advice, and support, especially if researchers need to submit to a formal Human Research Ethics Committee. CMHDARN can also provide recommendations about what, if any, type of formal ethics approval might be suited to your research.

In the case that ethics approval is needed, there are no specific NGO/CMO ethics panels and therefore projects need to use existing Human Research Ethics Committees within Universities (e.g., [University of Sydney HREC](#)) or Local Health Districts (LHD; e.g., [Sydney LHD HREC](#)).

### It is worth noting that:

1. Some projects may require approval from both a University and LHD Ethics Panels. For example, if a project plans to recruit participants beyond an NGO/CMO's current service users (such as; users of NGO/CMOs in other districts, local GPs, people leaving emergency departments, or non-service users in the general population) it may need University Ethics clearance, and a copy of your approved ethics application (from a University) provided to the relevant LHD.
2. Some projects may need approval from more than one LHD HREC. For example, if the project is planning to recruit participants from multiple sites across NSW, especially if those persons are to be recruited from the clinical populations of service users across multiple LHDs.
3. Projects focused on Aboriginal and/or Torres Strait Islander peoples may require formal ethical approval from Aboriginal Health and Medical Research Council (AH&MRC) of NSW. Further information can be found in the [AITSIS Code of Ethics \(2020, 2022\)](#) and on the [AHMRC website \(2023\)](#).

An Ethics Committee panel will ask for the research project and proposed methods to be justified, and to be assured that any risks (including psychological risks to participants) are prevented, managed, or minimised. Further, ethical research practices require that participants are made aware of these risks. This is generally done through a study information sheet that participants are required to read before consenting to participate in any research. Providing debriefing or follow-up support may be also required if participants may become distressed during the research.

It's important for NGO/CMO researchers to remember that ethical research involves more than just obtaining approval from an Ethics Committee. The affected community you are researching may not always agree with the committee's assessment. This highlights a key advantage of co-producing research with individuals who have lived experience. Their involvement ensures that research practices are truly ethical and respectful from the perspective of those most impacted.

Ethics approval need not be onerous and can begin while you are recruiting research staff. Adequate approval ensures that the project commences with high credibility and a sense of safety for those involved, which may encourage more participants to take part.

**But how do I know when I need ethics approval and when I don't?**

**TABLE 2: EXAMPLES OF WHEN ETHICS APPROVAL MAY OR MAY NOT BE REQUIRED, BASED ON COMMON METHODS**

Ethics committee approval not necessarily needed	Ethics approval likely to be needed
Literature and policy reviews	All experimental research
Content analysis or analysis of policies, procedures, campaigns, training materials, websites, service user information brochures, venues, notice boards, training curriculum and program materials.	Interviews of staff of external agencies (e.g., GPs, Drug and Alcohol workers, Mental Health workers, Peer workers).
Interviews of staff within the NGO/CMO that are not intrusive, to which they consent and is for internal purposes only.*	Analysis and reporting of existing data routinely collected by a Local Health District or other service provider
Analysis and reporting of existing data routinely collected by an NGO/CMO where service user consent has been obtained or is subsequently obtained.*	Interviews of people with or having had mental illness or AOD issues or both.
A project evaluation of existing routine programs or a new program of the NGO/CMO	A project evaluation which involves interviewing participants or collecting data from participants which will then be published.
Interviews of NGO/CMO members that have given consent to participate in the organisation's activities*	Interviews of people in a household survey or in the general community
File audits if done internally by a staff member of the agency that owns the files. An NGO/CMO reviewing the NGO/CMO's own files may need service user consent but not ethics approval.	File audits by external researcher of the clinical or service files of service users when they were service users of hospital or other Area Health Service, GPs, or other NGO/CMO services.

\*unless you plan to publish the results in a peer-reviewed journal



If you are unsure, CMHDARN [Research Ethics Consultation](#) can help provide ethical guidance, advice and support. Additionally, if you are working with a university partner or Local Health District, they will also be able to advise you. If you do need to apply for ethics approval, there are a lot of resources available online to help you with the application forms. The following checklist also covers some of the key ethical considerations which might be helpful to think about when preparing your ethics application.

Yes/No	Question
	Why is the research necessary? What new learning will be achieved?
	Is written consent from participants to be obtained?
	Will consent be obtained without coercion or inducement?
	Will participants be paid/compensated in a reasonable way that won't be considered as inducement?
	Will participants be informed they can withdraw consent at? Any time?
	Is there any requirement in the study design to deceive participants?
	Will consent be given without fear that services will be withdrawn if the person does not participate?
	Will consent will be obtained for the collection and use of the information for this specific research project purpose?
	Can you guarantee the secure storage of data once collected and lawful disposal of research data, and that data management meets requirements under NSW legislation about privacy, personal information and health care information?
	Will interviews be audio-taped, videotaped and/or transcribed?
	Will there be risks to the participants during or after participating in the research? How will these be managed and minimised? Will there be support available?
	Will there be risks to staff members and others involved in the research?
	Will interviews be conducted by suitably trained interviewers?

It is also important to ensure that participants have access to necessary support, such as translators, literacy assistance, clinical support, or other modifications, as this information will also be required for your ethics application. Ensuring that adequate protocols are in place can offset potential threats to a participant's ability to consent, such as:

- Age (e.g., participants under 16 years old)
- Limited proficiency in written and/or spoken English
- Low literacy skills
- Cognitive or functional impairment
- Psychosis
- Drug and alcohol caused impairment
- People currently vulnerable (e.g., service users presenting in crisis)

#### Conflict of Interest

Another ethical consideration is whether there are any conflicts of interest. A conflict of interest (COI) is when a secondary interest may have influence over a primary interest. Conflicting interests or external motivators such as financial, personal, or professional benefits may arise, and may compete with a researcher's primary interest of producing research in an ethical manner. For example, receiving direct or indirect funding from a vaping company may influence the production of policy research that will influence vaping guidelines or regulations. Another example may be if a researcher holds shares in an organisation that stands to gain or lose from the outcome of their research.

Not all interests are conflicts of interest, and having a COI does not automatically assume any wrongdoing or bias. COI's can be broken up into broad categories of actual, perceived, or potential conflicts (Charles Sturt University, 2024a). Regardless of the category, COIs should be identified, disclosed, and managed to mitigate the risk of bias, and maintain a high ethical standard. Further information can be found in [NHMRC's Guidelines \(2018b\)](#). Charles Sturt University (2024b) have also developed a researcher checklist for identifying COI's which can be found [here](#).

## 2.4 Research Data

The NHMRC have a Code for the Responsible Conduct of Research. This includes guidelines for the “generation, collection, access, use, analysis, disclosure, storage, retention, disposal, sharing, and re-use of data and information.” The code highlights the principles and responsibilities of researchers regarding data management.

Managing data across each stage of your project ensures that valuable information is protected and accessible by relevant members of the project team. Planning your data practices before undertaking your research will help prepare a smooth project workflow, ultimately saving you time and potential data loss.

Consideration should be given to the software used, relevant policies and procedures, confidentiality agreements, training for team members, the form in which data will be collected and stored, and the instances in which it should be released or erased.

### Best-practice tips include:

- Collect and store data in a safe place e.g., secure server in a deidentified form. Data is generally only made available to the research team.
- If entering data manually (e.g., in Excel) from hard copy questionnaires, it is good to have a second person check over the inputs to reduce errors.
- For interviews or focus groups, you may need to transcribe the audio files. There are several software options available for this (e.g., Otter Ai) or it can even be done through Microsoft Word or using the ‘Transcript’ feature on a digital meeting platform such as Zoom or Google Meet. Alternatively, consider budgeting for the cost of a professional transcription service, or the time it may take for a member of the research team to transcribe interviews manually.
- Use data formats that are widely used within the discipline (such as .xls in Excel, or .csv in Redcap, or any other relevant data software) and check if there are any standard formats recommended by your partner organisation.

### Further Reading:

- Charles Sturt University: [Guide to Research Data Management](#)
- The NHMRC Code for the Responsible Conduct of Research (2018a)



### CHECKLIST!

- Do you have a refined research question?
- Have you selected a research design or method that will give you the right data to answer your research question/s?
- Do you have someone to lead the research? Or a research team to support you?
- Have you determined whether you need ethics approval or not?
- If you need ethics approval, have you applied?

## 3. ANALYSIS

### 3.1 Data analysis preparation

Storing, accessing, and analysing data is critical to prevent errors and ensure meaningful data is collected correctly as this will impact both your analysis and interpretation of the results.

When capturing data, it is important to organize it into a logical system and store it somewhere safe. Cleaning data and managing your file organisation will ensure quality control and consistency across your team. Data cleaning might include reformatting text or syntax, standardizing numerical values, and removing duplicate or incomplete data. [This resource](#) (Kopper, 2021) provides a best-practice example of file organisation and data cleaning.

Your analysis software is important, and you may need to save your data in a way that can be opened by other programs. Keeping notes of your process (such as log files through your software program, or even a Word document) can also be useful if you need to recreate your work, describe your methodology, or when you report your findings. If you have complicated data or require statistical support, it may be helpful to consider collaborating with a statistician or joining a mentoring program (as discussed in 2.2).

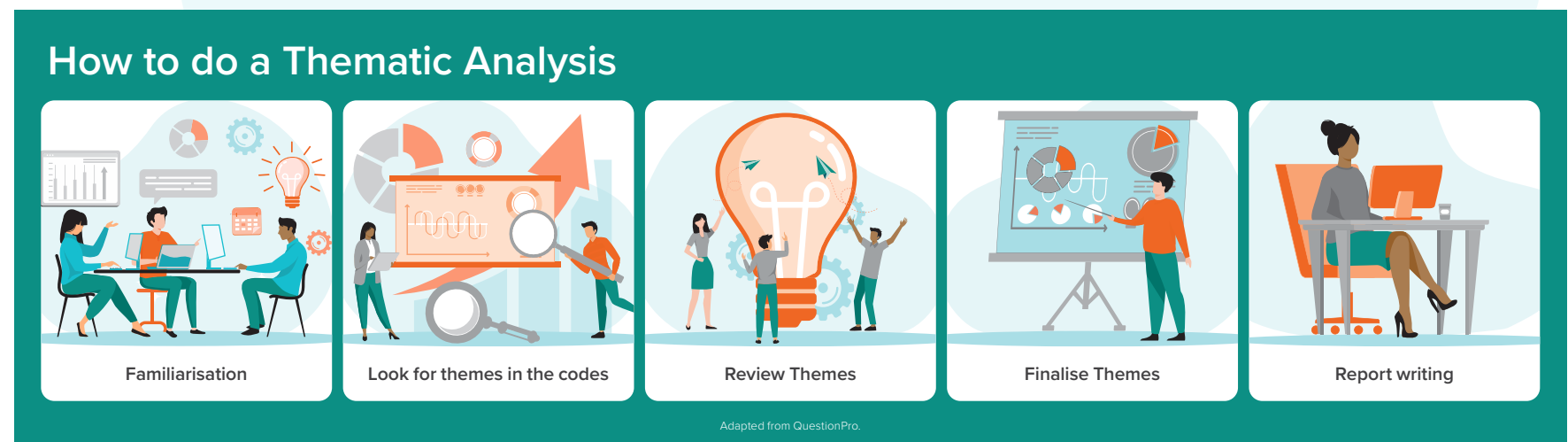
Another consideration is security and privacy, as some data may be sensitive, even if it is anonymised. Be mindful of ethical considerations when handling data and ensure that participants are aware of how their information will be used, stored, and if/when it will be erased. This information will typically be included in the information sheet given to participants ahead of data collection.

### 3.2 Analysing your data

When analysing your data, the most important thing is that you choose a method that is suited to the type of data you have collected and the research question you are asking.

For qualitative data from interviews or focus groups, you will need to review and undertake thematic analysis where you identify the most common themes. You can do this through either a deductive or inductive process. Ideally it is best-practice to have two people to undertake the thematic analysis to reduce bias (Jones, n.d.). Figure 7 details the process of undertaking thematic analysis, starting with familiarising yourself with the data, picking up on common themes, reviewing and finalising themes, and finally reporting your findings in a written analysis.

FIGURE 7: STEPS INVOLVED IN A THEMATIC ANALYSIS, ADAPTED FROM [QUESTIONPRO](#)



For quantitative data, it can be helpful to start with descriptive statistics (e.g., percentages, averages) to see if there are any clear patterns. Then, if needed, you can apply statistical analysis techniques to evaluate data. You don't necessarily need to be a statistician or use a sophisticated software package, but it will depend on your question. Your project reference group or mentor will be able to help provide guidance or connect you with a statistician if needed.

Additional reading regarding storing and analysing data.

- [Writing About Data \(University of Melbourne\)](#)
- [Considerations for Data Analysis \(Emory University\)](#)
- [Data Cleaning and Management \(Kopper, 2021\)](#)
- [Data Analysis \(The Office of Research Integrity\)](#)

#### CHECKLIST!

- Do you have a refined research question?
- Have you selected a research design or method that will give you the right data to answer your research question/s?
- Do you have someone to lead the research? Or a research team to support you?
- Have you determined whether you need ethics approval or not?
- If you need ethics approval, have you applied?
- Do you have a data analysis plan or already analysed your data?





## 4. WHAT TO DO WITH YOUR RESULTS

### 4.1 Report and disseminate findings

Dissemination refers to the process of sharing research findings and ensuring the uptake and/or use of the information. The goal is to place the knowledge in a publicly available format and is an ethical expectation of research projects. All research projects should have governance that ensures that disseminating the research is planned and projects are not finished until an output (e.g., published paper, or internal report) is completed. The dissemination of research findings can take many forms:

- Preparing an internal report to funders of the research or stakeholders
- Publishing the findings in a peer reviewed academic journal
- Presenting the findings at conferences, meetings, mainstream
- Referencing the study in program materials and policies
- Ensuring study participants receive a copy of summary results
- Publishing website summaries
- Sharing on social media

When deciding how to disseminate the findings of your study, it is important to think about **what target audience you are trying to reach**. For example: if you recruited a sample of people from across NSW for a survey, then an internal report that only your NGO/CMO can access may not be the most appropriate dissemination method. Instead, an externally accessible report that is presented at a conference and/or published might be more appropriate.

#### WHAT IS A PUBLICATION?

A publication is defined in academic settings as a peer-reviewed journal article, report, chapter in a book, DVD or multi-media, or conference paper or poster. Generally, newsletter articles, website summaries and posts on social media are not considered 'published', however, they can be a great avenue to promote your published findings.

#### Peer-review publications

In order to publish in a peer-reviewed journal, your research must undergo the peer-review process, in which reviewers assess the validity and quality of your findings. This process is an integral part of creating robust, replicable research.

When choosing a peer-reviewed journal to submit your research to, there are a few things to consider, including the **quality of the journal** (are they reputable and rigorous in their review process?), the **audience of the journal** (if the journal is outside your field, do you need to cover any relevant background definitions?) and **timing** (e.g., publishing in a journal may take several months, and until the publication process is complete, it is best not to speak to the media or post on social media about your findings). This is because journals want to publish new and innovative research, so if it's already been in the media this can create a barrier.

Publishing in an open-access peer-review journal will ensure that other researchers nationally and internationally can read your work and possibly implement your findings into their own local settings. Although its important to note that sometimes there are costs associated with publishing of papers, so always check the journal guidelines. Academic journal articles can also help to build your track record in research if you are passionate about building research into your career.

#### Reports

Reports are generally summaries of the research that include an introduction as to why the study was conducted, how it was conducted (i.e., research design and methods), and what was found. If your study is externally funded, you may be required to prepare a report for the funders. Your organisation may also require a report. These reports can be internal, but ideally should be externally available on your organisation's website to ensure accessibility. Reports should also include a suggested citation (e.g., *Doe, J., 2024, Report title, CMHDARN*) which can be put on the researchers' CV as published work.

#### Conference presentations

Conference presentations (e.g., at NADA, TheMHS, APSAD conferences) can be a good avenue to disseminate your research. Conference presentations can happen at any time during the research project, although ideally it is helpful to have some preliminary results to present and discuss. If you are considering publishing in a peer-reviewed journal, you may wish to time your presentations to after your work is published or have a note on your results slide or poster to let people know not to take pictures and post on social media.

## 4.2 Other considerations when publishing

Depending on what your final output looks like (e.g., a peer-reviewed publication or an internal report), there are some other things to keep in mind:

### Intellectual property

Universities provide guidance on the principles of authorship for academics participating in research. NSW Health has guidelines to assist employees of the Department. 'Authorship' and 'intellectual property' are not the same. NGO/CMOs should read relevant policies on these issues specific to NSW Health and to the Local Health Service or the University. Sometimes your research funding contract may specify that the intellectual property belongs to the funder and not to those conducting the research. This is usually negotiable. It is useful if intellectual property rights can remain with the NGO/CMO wherever possible so that the material can be reused if appropriate.

### Authorship

According to the Medical Journal of Australia, 'Authorship should be based on **substantial contribution** to a) the conceptualisation and planning of the report/article or acquisition of data, or analysis and interpretation of the data; b) the drafting the report/article or revising it critically for important intellectual content; and c) the approval of the final report/article to be published. Conditions a), b) and c) must all be met, and each author must be prepared to take responsibility for the report/article. If publishing in a journal, authors may be asked to sign a declaration to this effect'.

For example, if someone on the research team is only involved in a small portion of the project (e.g., data entry) this alone is not sufficient to qualify for 'authorship' and would instead be more suited to the 'acknowledgements' section.

The order of authorship can sometimes be a sensitive issue. There are no strict rules, and the order of authors should be the joint decision between all the authors. In some disciplines (e.g., Pharmacy), the last author is understood to be the lead contributor whereas in other disciplines (e.g., Psychology), the first author is considered to have taken the lead in the project. Authorship is an important incentive to give recognition of intellectual contribution. Academic careers/promotions are structured through authorship.

The name of the NGO/CMO should be included somewhere in the publication such as the contact for enquiries, or in the title, but not necessarily as 'author'. Sometimes a group name can be an author such as 'XYX Project Development Team'.

### Acknowledgment of funding

If you received external funding (e.g., a grant) for the project, then it is important that you acknowledge the body concerned in your article or report. You may be required to add their logo to your written work as well.

### Conflict of Interest

As discussed in 2.3, it is important to declare any potential conflicts of interest in your publication, report, or conference presentation. If you have no conflicts of interest, you can simply state what that is.



## REFERENCES

- Agency for Clinical Innovation (NSW). (n.d.). *Co-design toolkit*. NSW Government. <https://aci.health.nsw.gov.au/projects/co-design>
- AHMRC. (2023). *Ethics and Research*. <https://www.ahmrc.org.au/ethics-and-research/>
- AIATSIS. (2020). *AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research*. Canberra Retrieved from <https://aiatsis.gov.au/sites/default/files/2020-10/aiatsis-code-ethics.pdf>
- AIATSIS. (2022). *Code of Ethics*. <https://aiatsis.gov.au/research/ethical-research/code-ethics>
- Australian Institute of Family Studies. (2024). Needs assessment. Retrieved Mar 22, 2024 from <https://aifs.gov.au/resources/practice-guides/needs-assessment>
- Barrett, D., & Noble, H. (2019). What are cohort studies? *Evidence-based nursing*, 22(4), 95-96. <https://doi.org/10.1136/ebnurs-2019-103183>
- Becker, B. D., Patrick, Devine, K., Hannum, C., Hill, S., Leydens, J., Matuskevich, D., Traver, C., & Palmquist, M. (2005). *Case Studies*. Colorado State University. Retrieved Mar 22, 2024 from <https://writing.colostate.edu/guides/guide.cfm?guideid=60>
- Bellingham, B., Elder, E., Foxlewin, B., Gale, N., Rose, G., Sam, K., Thorburn, K., & River, J. (2023). *Co-design Kickstarter*. Community Mental Health Drug and Alcohol Research Network.
- Bellingham, B., Foxlewin, B., Rose, G., & River, J. (2022) 'Co-production Kickstarter'. Sydney, 2022.
- Bengtsson, M. (2016). How to plan and perform a qualitative study using content analysis. *NursingPlus open*, 2, 8-14. <https://doi.org/10.1016/j.npls.2016.01.001>
- BetterEvaluation. (2022). *Rainbow framework*. BetterEvaluation. <https://www.betterevaluation.org/frameworks-guides/rainbow-framework>
- Bladin, C. F., Molocijz, N., Ermel, S., Bagot, K. L., Kilkeny, M., Vu, M., & Cadilhac, D. A. (2015). Victorian Stroke Telemedicine Project: implementation of a new model of translational stroke care for Australia. *Internal medicine journal*, 45(9), 951-956. <https://doi.org/10.1111/imj.12822>
- British Medical Journal. (n.d.). Case-control and cross sectional studies. In *Epidemiology for the uninitiated*. <https://www.bmj.com/about-bmj/resources-readers/publications/epidemiology-uninitiated/8-case-control-and-cross-sectional>
- Charles Sturt University. (2024a). *Conflict of Interest*. Charles Sturt University. <https://research.csu.edu.au/integrity-ethics-compliance/research-integrity-and-compliance/conflict-of-interest>
- Charles Sturt University. (2024b). *Conflict of Interest Guide*. Retrieved 27 Feb from [https://cdn.csu.edu.au/\\_data/assets/pdf\\_file/0009/4049523/Conflict-of-Interest-Checklist-for-Conflict-Identification.pdf](https://cdn.csu.edu.au/_data/assets/pdf_file/0009/4049523/Conflict-of-Interest-Checklist-for-Conflict-Identification.pdf)
- Charles Sturt University. (2024c). *Research data management*. Retrieved 27 Feb from <https://research.csu.edu.au/integrity-ethics-compliance/research-integrity-and-compliance/research-data-management>
- Cohen, L., & Manion, L. (1994). *Research methods in education* (4th ed.). Routledge.
- Commonwealth of Australia. (2000). *How to review the evidence: Systematic identification and review of the scientific literature*. <https://catalogue.nla.gov.au/catalog/1764482>
- Community Mental Health Drug and Alcohol Research Network (CMHDARN). (2021). *What is an evidence base?* <https://cmhdaresearchnetwork.com.au/resource/evidence-base/>
- Cornish, F., Breton, N., Moreno-Tabarez, U., Delgado, J., Rua, M., de-Graft Aikins, A., & Hodgetts, D. (2023). Participatory action research. *Nature Reviews Methods Primers*, 3(1), 34. <https://doi.org/10.1038/s43586-023-00214-1>
- Crowe, S., Cresswell, K., Robertson, A., Huby, G., Avery, A., & Sheikh, A. (2011). The case study approach. *BMC medical research methodology*, 11(1), 100-100. <https://doi.org/10.1186/1471-2288-11-100>
- Deakin University. (2023a, Oct 12, 2023). *Ethnography*. <https://deakin.libguides.com/qualitative-study-designs/ethnography>
- Deakin University. (2023b, Oct 12, 2023). *Focus groups*. <https://deakin.libguides.com/qualitative-study-designs/focus-groups>
- Deakin University. (2023c, Oct 12, 2023). *Phenomenology*. <https://deakin.libguides.com/qualitative-study-designs/phenomenology>
- Deakin University. (2023d, Oct 12, 2023). *Qualitative study design*. <https://deakin.libguides.com/qualitative-study-designs>
- Deakin University. (2023e, Oct 12, 2023). *Surveys*. <https://deakin.libguides.com/qualitative-study-designs/surveys>
- Deakin University. (2024a, Jan 17, 2024). *Cohort study*. <https://deakin.libguides.com/quantitative-study-designs/cohortstudies>
- Deakin University. (2024b, Jan 17, 2024). *Quantitative study designs*. <https://deakin.libguides.com/quantitative-study-designs>
- Deakin University. (2024c, Feb 16, 2024). *Step 1: Formulating the research question*. Deakin University. <https://deakin.libguides.com/systematicreview/step1>
- Deakin University. (2024d, Jan 17, 2024). *What are study designs?* <https://deakin.libguides.com/study-design-basics>
- Dovetail Editorial Team. (2023, Feb 8, 2023). *What is case study research?* Dovetail. <https://dovetail.com/research/case-study-examples/>
- Emory University. (n.d.). *Considerations for Data Analysis*. Retrieved 27 Feb from <https://researchdata.emory.edu/analyze/considerations.html>
- Fink, A., & Kosecoff, J. (1998). *How to conduct surveys: A step-by-step guide*, 2nd ed. Sage Publications, Inc.
- Garbutt, A. (2022). *Monitoring, evaluation and learning: a toolkit for small NGOs*. INTRAC (UK). <https://www.intrac.org/resources/monitoring-evaluation-and-learning-a-toolkit-for-small-NGO/>
- Himmelfarb Health Sciences Library. (2023a, Sep 25, 2023). *Case control study*. George Washington University. <https://guides.himmelfarb.gwu.edu/studydesign101/case-control-study>
- Himmelfarb Health Sciences Library. (2023b, Sep 25, 2023). *Cohort study*. George Washington University. <https://guides.himmelfarb.gwu.edu/studydesign101/cohort-study>
- Himmelfarb Health Sciences Library. (2023c, Sep 25, 2023). *Systematic Review*. George Washington University. <https://guides.himmelfarb.gwu.edu/studydesign101/cohort-study>
- Holosko, M. J. (2006). *Primer for critiquing social research: a student guide*. Thomson/Brooks/Cole.
- Jones, S. (n.d.). *Interpreting themes from qualitative data: thematic analysis*. Eval Academy. Retrieved 27 Feb from <https://www.evalacademy.com/articles/interpreting-themes-from-qualitative-data-thematic-analysis>
- Khan, K. K., & Mohsin Reza, M. (2022). Social Research: Definitions, Types, Nature, and Characteristics. In M. R. Islam, N. A. Khan, & R. Baikady (Eds.), *Principles of Social Research Methodology* (pp. 29-41). Springer Nature Singapore. [https://doi.org/10.1007/978-981-19-5441-2\\_3](https://doi.org/10.1007/978-981-19-5441-2_3)
- Kopper, S. (2021, March, 2021). *Data cleaning and management*. Poverty Action Lab. <https://www.povertyactionlab.org/resource/data-cleaning-and-management>
- Leung, F. H., & Savithiri, R. (2009). Spotlight on focus groups. *Can Fam Physician*, 55(2), 218-219.
- Mays, N., & Harris-Roxas, B. (2022). Co-production: aspirations, challenges, and the way ahead for public health and health services research. *Public Health Research & Practice*, 32(2). <https://doi.org/10.17061/phrp3222208>
- Mental Health Coordinating Council. (2021). *YES-CMO Pilot Project Report: 2019-2021*.
- MIT Teaching and Learning Lab. (n.d.). *Selecting Research Methods*. Michigan Institute of Technology. Retrieved 27 Feb from <https://tll.mit.edu/research-evaluation/selecting-research-methods/>
- Monash University. (2024). *Developing research questions*. Monash University. <https://www.monash.edu/library/help/assignments-research/developing-research-questions>

- National Health and Medical Research Council. (2018a). *Australian Code for the Responsible Conduct of Research* <https://www.nhmrc.gov.au/about-us/publications/australian-code-responsible-conduct-research-2018>
- National Health and Medical Research Council. (2018b, 22/11/2018). *Identifying and managing conflicts of interest*. <https://www.nhmrc.gov.au/guidelinesforguidelines/plan/identifying-and-managing-conflicts-interest>
- National Research Council (U.S.). (2005). *Basic Biomedical Sciences Research*. In *Advancing the Nation's Health Needs: NIH Research Training Programs* (1 ed.). National Academies Press. <https://doi.org/10.17226/11275>
- National Research Council (U.S.). (2011). *Health Services Research. In Research training in the biomedical, behavioral, and clinical research sciences*. National Academies Press. <https://www.ncbi.nlm.nih.gov/books/NBK57002/>
- Newcastle University. (n.d.). *Discourse analysis*. Retrieved 22 Feb, 2024 from <https://research.ncl.ac.uk/methodshub/methods/discourseanalysis/>
- Price, P. C., Jhangiani, R., Chiang, I.-C. A., Leighton, D. C., & Cuttler, C. (2017). *Experimental Research*. In *Research Methods in Psychology* (3rd ed.). Pressbooks. <https://opentext.wsu.edu/carriecuttler/part/chapter-6-experimental-research/>
- QuestionPro. (n.d.). *Thematic Analysis: What it is and How to Do It*. QuestionPro. Retrieved Mar 26 from <https://www.questionpro.com/blog/thematic-analysis/>
- Quine, S. (1998). Focus groups. In C. Kerr, R. Taylor, & G. Heard (Eds.), *Handbook of public health methods*. McGraw Hill.
- RMIT University. (2024). *Developing your research questions*. <https://sites.rmit.edu.au/graduateresearcherknowhow/the-research-proposal-2/developing-your-research-questions/>
- Rosier, K. L., Shaun, Moore, S., & Robinson, E. (2015). *Participatory action research*. Australian Institute of Family Studies. <https://aifs.gov.au/resources/practice-guides/participatory-action-research>
- Rubio, D. M., Schoenbaum, E. E., Lee, L. S., Schteingart, D. E., Marantz, P. R., Anderson, K. E., Platt, L. D., Baez, A., & Esposito, K. (2010). Defining translational research: implications for training. *Academic medicine*, 85(3), 470-475. <https://doi.org/10.1097/ACM.0b013e3181cdd618>
- Sage Research Methods. (2017). *Project Planner* <https://doi.org/10.4135/9781526408532>
- Sainsbury, P. (1998). Needs assessment and health profiles. In C. Kerr, R. Taylor, & G. Heard (Eds.), *Handbook of Public Health*. McGraw-Hill.
- Sam, K., & Community Mental Health Drug and Alcohol Research Network (CMHDARN). (2022). *Using program logic in evaluation and translational research: a short guide*. Mental Health Coordinating Council. <https://cmhdaresearchnetwork.com.au/wp-content/uploads/2022/03/Program-Logic-v13-29.3.22-KS.pdf>
- Sydney Health Partners. (2024). *Research translation or translational research?* Sydney Health Partners. Retrieved 22 Feb, 2024 from <https://sydneyhealthpartners.org.au/research-translation-or-translational-research/>
- Taylor, B. J., & Francis, K. (2013). *Ethnography*. In *Qualitative research in the health sciences: methodologies, methods, and processes*. Routledge.
- Tenny, S., Kerndt, C. C., & Hoffman, M. R. (2023). *Case Control Studies*. In *StatPearls [Internet]*. StatPearls. <https://www.ncbi.nlm.nih.gov/books/NBK448143/>
- The Office of Research Integrity. (n.d.-a). *Data Analysis*. U.S. Department of Health & Human Services. [https://ori.hhs.gov/education/products/n\\_illinois\\_u/datamanagement/datopic.html#](https://ori.hhs.gov/education/products/n_illinois_u/datamanagement/datopic.html#)
- The Office of Research Integrity. (n.d.-b). *Experimental studies*. U.S. Department of Health & Human Services. Retrieved 22 Feb, 2024 from <https://ori.hhs.gov/module-2-research-design-section-2>
- The University of Notre Dame Australia. (2024, Feb 7, 2024). *Question frameworks*. <https://library.nd.edu.au/evidencebasedpractice/ask/question>
- UAMS Translational Research Institute. (2024). *What is translational research?* University of Arkansas for Medical Sciences. Retrieved 22 Feb, 2024 from <https://tri.uams.edu/about-tri/what-is-translational-research/>
- University of Melbourne. (2024). *Resources*. Retrieved Feb 22, 2024 from <https://students.unimelb.edu.au/academic-skills/resources>
- University of Melbourne. (n.d.-a). *Choosing and justifying your methods*. Retrieved Feb 27, from <https://students.unimelb.edu.au/academic-skills/graduate-research-services/writing-thesis-sections-part-2/choosing-and-justifying-your-methods>
- University of Melbourne. (n.d.-b). *Writing about data*. Retrieved 27 Feb from <https://students.unimelb.edu.au/academic-skills/resources/reading-writing-and-referencing/reports/writing-about-data>
- University of North Carolina. (2024, Feb 6, 2024). *Forming focused questions with PICO: Other question frameworks*. <https://guides.lib.unc.edu/pico/frameworks>
- Vargas, C., Whelan, J., Brimblecombe, J., & Allender, S. (2022). Co-creation, co-design, co-production for public health - a perspective on definition and distinctions. *Public Health Research & Practice*, 32(2). <https://doi.org/10.17061/phrp3222211>
- VMIAC. (n.d.). *VMIAC's brief guide to Lived Experience engagement in research*. <https://www.vmiac.org.au/wp-content/uploads/Brief-Guide-checklist.pdf>
- Wang, X., & Kattan, M. W. (2020). Cohort Studies: Design, Analysis, and Reporting. *Chest*, 158(1S), S72-S78. <https://doi.org/10.1016/j.chest.2020.03.014>
- World Health Organization. (2015). *EVIPNet Europe strategic plan 2013-17*. <https://iris.who.int/bitstream/handle/10665/366501/WHO-EURO-2015-6425-46191-66815-eng.pdf?sequence=1>
- World Health Organization. (2018). *Improving the quality of health services: tools and resources*. <https://iris.who.int/bitstream/handle/10665/310944/9789241515085-eng.pdf?sequence=1>



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