



VincentCare
Victoria

Research and Evaluation Framework.

Social Policy and Research Unit.

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SUMMARY.

This document is VincentCare Victoria's proposed *Research and Evaluation Framework*.

A core strategic challenge for VincentCare is continuing to be well-informed and knowledgeable about the human needs it seeks to address in pursuit of its purpose and mission and the effectiveness its responses in addressing those needs. The framework reflects the spiritual legacy expressed in the Christian gospels, the thinking of St. Vincent de Paul and Frederic Ozanam and VincentCare Victoria's own Mission and Vision.

Research and evaluation are an increasingly important source of knowledge for informing VincentCare - our strategy, program development, professional practice and advocacy. The systematic gathering, subsequent analysis and understanding of evidence is core to both research and evaluation. Ultimately, VincentCare undertakes and partners in various Research and Evaluation projects so that it can achieve better outcomes for the lives of the many people who use our services.

Not only do we use research and evaluation to improve the outcomes of VincentCare Victoria's clients, but by sharing the knowledge that we acquire we can also assist other organisations who may have similar goals. Good research and evaluation also enables us to advocate with greater veracity to government and the community on those key issues which can improve the lives of our clients.

The framework outlines the VincentCare Victoria's key structures and processes that govern its involvement in research and evaluation as a means for acquiring knowledge.

The framework addresses:

- The management arrangements which VincentCare will ensure are in place to enable research and evaluation projects to be appropriately supported and with appropriate controls to safeguard VincentCare and our clients.
- The Key Selection Criteria for determining VincentCare Victoria's involvement in any research or evaluation project.
- The various stakeholders to the Research and Evaluation work in which we become engaged

Three appendices form part of this document which inform the framework.

- Appendix 1 details the strategic context for the framework and outlining, the broader Research and Advocacy Framework of VincentCare Victoria, relevant informing elements of *Strategic Directions 2012-15* and the goals of VincentCare Victoria's Project plan.
- Appendix 2 provides further details on stakeholders according to categories.
- Appendix 3 provides brief technical information about evaluation and research.

LINKING RESEARCH AND ORGANISATION WITH ORGANISATION VALUES.

VincentCare is a mission of the St. Vincent de Paul Society in Victoria. This framework is informed by the core values central to the St. Vincent de Paul Society which was founded by Frederic Ozanam on universal Christian values.

'For I was hungry, and you gave Me something to eat; I was thirsty, and you gave Me drink; I was a stranger, and you invited Me in; naked, and you clothed Me; I was sick, and you visited Me; I was in prison, and you came to Me.' Matthew 25:35-40.

At the same time, Matthew's Gospel also highlights the importance of demonstrating our good works to rest of the world,

"Nor do men light a lamp, and put it under the peck-measure, but on the lampstand; and it gives light to all who are in the house. "Let your light shine before men in such a way that they may see your good works, and glorify your Father who is in heaven." Matthew 5:13-16.

St. Vincent de Paul confirms the practical action-oriented nature of Christian love,

Outpourings of affection for God, of resting in his presence, of good feelings toward everyone and sentiments and prayers like these ... are suspect if they do not express themselves in practical love which has real effects.

The most direct link between Frederic Ozanam and the Research and Advocacy agenda of VincentCare are found within VincentCare's Mandate, Purpose, Aspiration and Values.

OUR MANDATE

VincentCare was established to extend the Christian Mission of the St Vincent de Paul Society to support and advocate on behalf of the most disadvantaged Victorians.

“Yours must be a work of love, of kindness; you must give your time, your talents, yourselves. The disadvantaged person is a unique person of God’s fashioning with an inalienable right to respect. You must not be content with tiding him or her over the crisis; you must study their condition and the injustices which brought about their condition, with the aim of a long term improvement.”

Blessed Frederic Ozanam (1813-1853)

OUR ASPIRATION

To be the leader in providing care, hope and advocacy for those facing disadvantage

OUR PURPOSE

To create opportunities and lasting change for the most marginalised

OUR VALUES

VincentCare Victoria is committed to expressing Christian love by embedding the following values in its culture:

Courage, Leadership, Accountability, Compassion, Excellence, Dignity

This Research and Evaluation framework is informed by this statement as it remind us that above all else VincentCare Victoria’s Research and Evaluation must benefit those we serve, and the values which underpin this. This framework is a means to ensure this.

THE RESEARCH AND EVALUATION FRAMEWORK.

MANAGEMENT ARRANGEMENTS FOR RESEARCH AND EVALUATION.

VincentCare vests in its management the responsibility to ensure that all research and evaluation is well managed across the organisation.

The management arrangements outlined below are the means by which VincentCare ensures that there is a strategic approach for achieving our research and evaluation priorities and these are carried out with appropriate controls to safeguard VincentCare and its clients.

The key management arrangements:

Resourcing.

VincentCare has identified several sources for funding research and evaluation projects. These include:

- External sources:
 - Grants from government department and research bodies.
 - Philanthropy and donations.
 - Community partnership.
 - Corporate sponsorship.

VincentCare needs to take care to ensure that there are no conflicts of interest when receiving external funding for research and evaluation.

- Internal sources:
 - Annual business planning and budgeting.
 - Program and project budgets.

Our organisation's commitment is to ongoing improvement of its programs and services and the use of high quality evidence to do so. VincentCare will develop annual priorities as part of its business planning to undertake the cyclical review of our programs and services in order to ensure that they are supporting the achievement of desired client outcomes.

VincentCare places high strategic priority on evaluating service delivery programs as a means to gain access to continued, additional or alternate sources of funding for these programs.

Governance reporting

VincentCare Victoria's management will continue to ensure that it regularly reports to the Board on VincentCare Victoria's research and evaluation projects. This reporting occurs through the VincentCare Social Policy and Research Committee. The Social Policy and Research Committee Activity Reporting Matrix and individual project reports are received at the committee's bimonthly meetings. The Board receives this information to ensure that research and evaluation is strategically relevant, well risk-managed, and promotes VincentCare Victoria's interests and our core values.

Planning

Our planning processes for research and evaluation take into account that projects are appropriately proposed, prioritised, timetabled and are feasible.

Proposal. Research and evaluation project proposals are critical. They ensure that relevant stakeholders understand:

- the scope of a project,
- its purpose,
- the core questions it seeks to answer,
- the overall methods which are being used to gain these answers
- parties to the research and evaluation
- risk management including ethical safeguards.

Prioritisation. This is achieved, in part, by use of the key selection criteria outlined in the next section. It also takes into account other operational priorities.

Timetabling. This ensures that research and evaluation projects are appropriately sequenced with regard to other strategic and operational priorities, and that research and evaluation projects do not clash with each other or have deleterious impacts on services delivery to clients.

Feasibility. The feasibility of a project will in part be aided by a well developed proposal. However project feasibility will also depend upon the channel of resources (in-kind or funding) to undertake the project. VincentCare recognises that the degree of certainty that a project will be undertaken will be lower if the project depends on a highly competitive grant round. In some situations, it may be preferable for management consider dividing projects up into stages. Management needs to ensure that these feasibility issues are addressed for high priority projects with appropriate contingency plans.

Application and approval process.

An outline of the core features of the application and approval process are as follows:

Centralised application and approval. By having a centralised application and approval process VincentCare ensures that all research and evaluation undertakings are well accounted for, appropriately supported and risk managed.

Efficient and timely. VincentCare maximises opportunities for carrying out valuable evaluation and research, and manages risks by having in place different types of application and approval pathways suited to the scale, scope and risk of proposed projects. This includes having in place sufficiently frequent and regular cycle of approval meetings and decision making points and an accessible application process.

Ethical assurance. VincentCare places a very high priority on the ethical conduct of any research and evaluation undertaking in accordance with its values. Ethical assurance is built into the approval process. Ethical issues and risk will vary from project to project. Accordingly, there are different ways to assure that a proposed project will be ethically conducted. On some occasions this may involve using an external body such as a university ethics approval committee.

KEY SELECTION CRITERIA FOR RESEARCH AND EVALUATION PROJECTS.

The following Key Selection Criteria for Research and Evaluation Projects underpin the decisions to pursue, partner, promote or support evaluation and research undertakings at VincentCare Victoria. They are required to be addressed in applications.

Strategically relevant to VincentCare Victoria.

Any proposed research or evaluation project must be able to reasonably demonstrate a benefit towards improving the lives of our clients.

Ethical.

All research *and* evaluation work must be undertaken with due regard to key ethical issues such as informed consent, anonymity, client comfort and arrangements to manage any potential issues arising out of the participation process.

Clear accountability and responsibilities.

Proposals will ensure that there are clear lines of accountability and responsibility for each project internally. They will also address appropriate project governance arrangements are in place when working with external partners, funding bodies and contracted consultants.

Risk managed.

In addition to being ethical, all proposed projects will also ensure there are strategies to assess and address reputational and legal risks, (including insurances) that may arise from poorly conducted research or evaluation, or inappropriate disseminating of sensitive findings.

Feasible and viable.

All proposed projects must ensure that:

- The allocated resources including personnel will be sufficient to undertake the project
- Appropriately credentialed people are involved in the project
- There is sufficient time to complete the project with regard to deadlines
- Practical logistical issues, especially in the main 'investigative' phases are addressed.

Recognition and controls on intellectual property.

All proposals must ensure that VincentCare will be appropriately acknowledged and the relevant authorship and rights over, or to use, the research and/or evaluation findings are addressed.

Dissemination and Communication.

The primary goal of our research and evaluation projects is to continually improve client outcomes. It is therefore imperative that applications consider how findings will be disseminated and communicated to inform practice, service development and advocacy, and to promote VincentCare for the valuable work it performs.

STAKEHOLDERS.

VincentCare recognises that there are many potential parties to research and evaluation projects. The following section describes categories of stakeholders and their relevance to VincentCare when developing or appraising proposals.

Appendix 1 details the various agents who may belong to each of these categories

Values thought leaders.

VincentCare Victoria's Research and Evaluation research and evaluation projects must be undertaken within the context of our values. Our values inform our strategic agenda of service improvement and advocacy. From a research and evaluation perspective, values help shape the very things that we set to investigate - whether this is for the benefit of improving our services or our role in advocacy.

Values thought leaders may be internal or external and can help ensure that our values are re-visited, tested for relevance, messaged, and understood.

Researchers/ evaluators.

VincentCare seeks to ensure that appropriately credentialled people lead, oversee, and undertake evaluation / research. It is important to note that in some forms of research and evaluation this may appropriately include consumers and is consistent with values surrounding empowerment of individuals.

Participants/ subjects.

VincentCare Victoria's clients and staff are most likely to be the participants or subjects in a research or evaluation project. A research or evaluation undertaking may see participants or subjects being examined, observed, respond to questions, engage in interview/ dialogue, use service, or undergo receive treatments/ intervention. VincentCare accords very high priority to any research or evaluation benefitting its clients – especially when they are the subjects, and always being conducted with high regard for ethical issues. For some projects it is very appropriate for VincentCare Victoria to provide clients with material recognition such as a gift voucher, for the personal time and effort they have contributed.

Host agencies.

VincentCare will sometimes seek to partner with host agencies to recruit research or evaluation participants, advertise for participants or themselves be participants (corporate or individual participation). VincentCare will ensure that it respects and abides the relevant processes and controls around research and evaluation at other agencies.

Funding and resourcing bodies.

VincentCare will from time to time seek resources on a monetary or in-kind contribution to undertake evaluation and research projects. VincentCare places high importance on efficient and transparent use, and accurate acquittal of resources, as well as appropriately acknowledging the contributions that have been provided to a project.

Research communities and peers.

VincentCare will from time to time seek further analysis, critique, commentary or debate on the proposals, processes or findings of its research and evaluation undertakings. It may seek to do this privately, or through publication and dissemination.

VincentCare should always be clear about the readiness of any material being ready to be exposed in these terms, proprietary interests, and reputational risks.

It should also weigh the risks against the benefits of doing so – as well as the outright obligations it may have committed itself to at the commencement of a project to make findings public.

The benefits of sharing findings specifically in research communities include the initiation of further evaluation or research as well as the extent to which findings are contradicted, supported, qualified or explained. It is part of the process by which a larger body of knowledge on a topic is also achieved. VincentCare regards this opportunity to contribute to a body of knowledge that can benefit clients as consistent with its values.

Service sector and agency peers.

The services sector and agency peers can play a similar role to the research communities and peers. VincentCare stands to benefit more than just its own clients when research and evaluation findings are shared or disseminated in the services sector or amongst peer organisations. It also stands to create further opportunities to benefit clients if findings are taken to other sectors.

Government and other players in the policy cycle/process.

Government and other player in the policy cycle scope, develop, implement, evaluate and redevelop policy. Policy is expressed in laws, regulations, large scale strategies, funding initiatives and programs, standards, guidelines, ideas and debate.

VincentCare will pursue relevant opportunities to use its evaluation and research findings as part of its commitment to advocacy, to influence policy.

Partner agencies.

A variety of organisations such as service delivery agencies and universities may also be partners with VincentCare in evaluation and research undertakings.

VincentCare will ensure that it is both an ethical partner and will protect its interests when partnering with other organisations. For this reason, clear governance arrangements for projects are considered important and a primary means of preventing disputes.

Media/ social media.

The media and the increasingly used channels of social media will sometimes lead policy change. Specifically in relation to research and evaluation findings they assume many roles including:

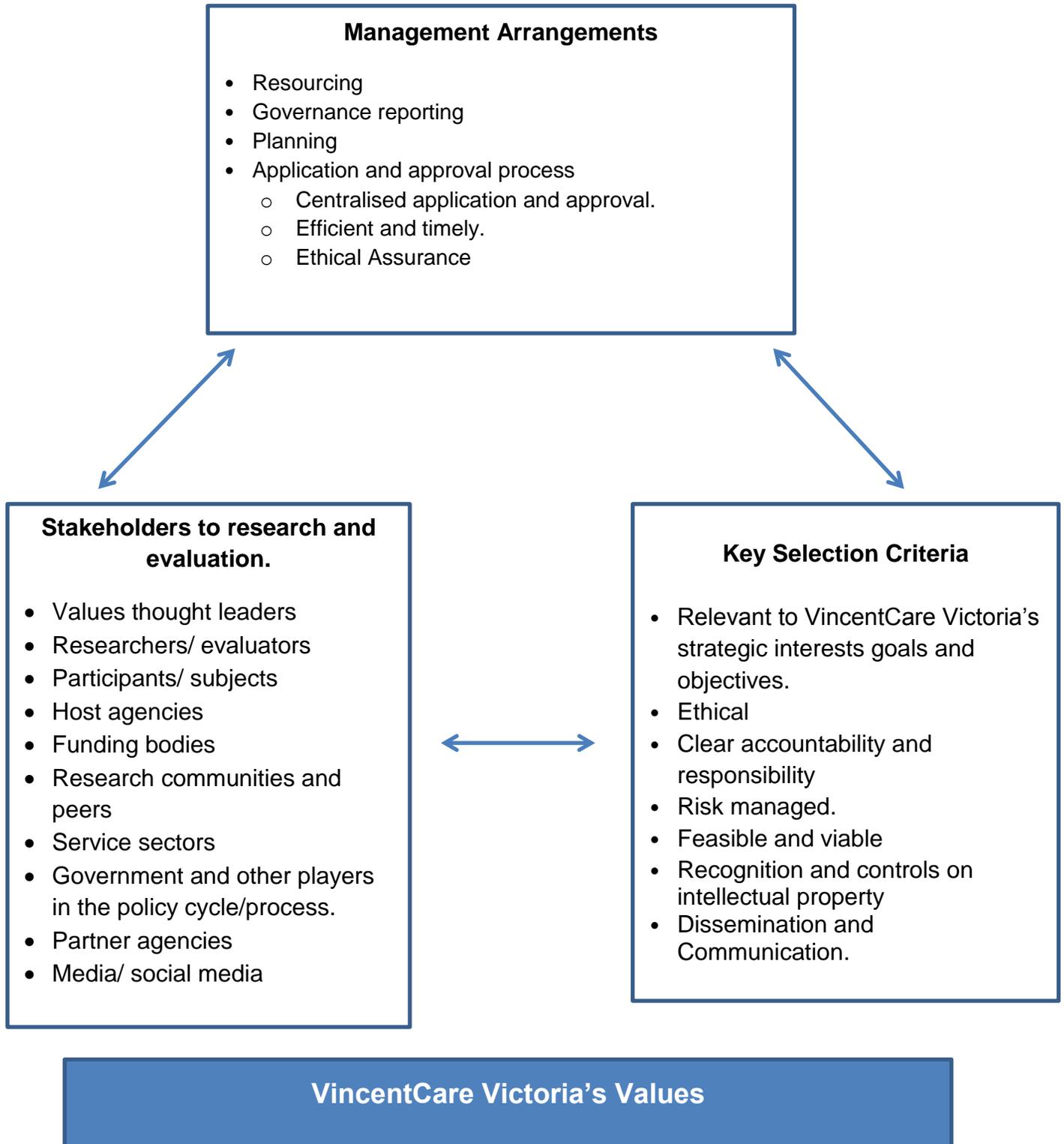
- publicising,
- communicating,
- debating,
- criticising,
- promoting,
- engaging specific and/or broad sectors of the community

VincentCare Care Victoria will engage with the media and use the social media to benefit our clients - as important advocacy tools. The use of media and social media to disseminate research or evaluation findings, or to recruit participants will be controlled by our media and social media policies.

SUMMARY SCHEMA

A visual summary of this Research and Evaluation framework is shown as a schema in Figure 1 on the following page.

Figure 1: Research and Evaluation Framework Summary Schema



Appendix 1
DETAILS OF VARIOUS STAKEHOLDERS CATEGORIES
Table 1: Stakeholders categories and roles, and their stakeholders in details

Stakeholder/ role	Evaluation Stakeholders	Research Stakeholders
<p>Values thought leaders.</p> <p>Ask the ‘hard questions’ about our values and set the purposes and mission for organisations to pursue their strategic agenda of action and advocacy that give expression to the values.</p> <p>Can also be drawn upon to ensure that the values are re-visited, tested for relevance, messaged, or understood so that the organisation stays aligned to its core values.</p> <p>Our evaluation and research agenda and processes are informed by values.</p>	<ul style="list-style-type: none"> • Members of the Board (and SP&R Committee). • CEO • ‘Critical friends’ and external leaders (eg spiritual, ethical, socio-political, social justice philosophical, academic, business, philanthropy, consumer advocacy). • Management and staff in critical reflection work on values. • Ethics bodies and advisors. 	<ul style="list-style-type: none"> • Members of the Board (and SP&R Committee). • CEO • ‘Critical friends’ and external leaders (eg spiritual, ethical, socio-political, social justice philosophical, academic, business, philanthropy, consumer advocacy). • Management and staff in critical reflection work on values. • Ethics bodies and advisors.
<p>Researchers/ evaluators.</p> <p>Lead, oversee, and undertake evaluation / research.</p>	<ul style="list-style-type: none"> • Program managers as leads. • Program staff. • Executive Manager Social Policy and Research. • Senior Practitioners. • Evaluation consultants. • Content experts with varying degrees of evaluation skills. • Consumers/ participants (action research). 	<ul style="list-style-type: none"> • Researchers from academic and allied research institutions. • Executive Manager Social Policy and Research (as an associate investigator). • Other research staff from partner agencies. • Commissioned researchers from consulting firms. • Students (honours or post graduate) including staff who are students.

Stakeholder/ role	Evaluation Stakeholders	Research Stakeholders
		<ul style="list-style-type: none"> • Researchers from other projects using VincentCare as a host agency to recruit participants/ subjects. • Consumers/ participants (action research).
<p>Participants/ subjects.</p> <p>Are examined, observed, respond to questions, engage in interview/ dialogue, use service, or undergo receive treatment/ intervention.</p>	<ul style="list-style-type: none"> • Clients/ residents (living and posthumous) and or their families/ carers. • Staff. • Partner / host agencies. • Broader community or industry sectors(e.g. employers in an employment project). 	<ul style="list-style-type: none"> • Clients/ residents (living and posthumous) and or their families/ carers. • Staff. • Partner agencies. • Broader community or industry sectors(eg employers in an employment project).
<p>Host agencies.</p> <p>Recruit participants, advertise for participants or are participants (corporate or individual participation).</p>	<ul style="list-style-type: none"> • VincentCare Victoria. • Other homelessness agencies. • Community Groups (eg social inclusion research). • Employers (eg employment research). • Health and other welfare agencies. • Schools. • Government delivered services (eg Centrelink). 	<ul style="list-style-type: none"> • VincentCare Victoria. • Other homelessness agencies • Community Groups (eg social inclusion research). • Employers (eg employment research). • Health and other welfare agencies. • Schools. • Government delivered services (eg Centrelink).
<p>Funding and resourcing bodies.</p> <p>Monetary or in-kind resource contribution.</p>	<ul style="list-style-type: none"> • Government – departments. • Philanthropic trusts and brokers. • SVDP conferences. • Corporate sponsorship. • Donors – general or targeted program. • NGO Research funding bodies (e.g. Vic Health). • Internal budget, program/project budgets and partners. 	<ul style="list-style-type: none"> • Government – research funds (e.g. Mental illness research fund, National Health and Medical Research Council, Commonwealth Road Home Homelessness Research funding). • Philanthropic trusts and brokers. • SVDP conferences. • Corporate sponsorship. • Donors – general or targeted program.

Stakeholder/ role	Evaluation Stakeholders	Research Stakeholders
		<ul style="list-style-type: none"> • NGO Research funding bodies (e.g. Vic Health). • Internal budget and partners.
<p>Research communities and peers.</p> <p>Further analyse, critique, comment or debate on process and findings.</p> <p>Commission further evaluation or research to demonstrate contra, alternative, supporting or qualified findings.</p>	<ul style="list-style-type: none"> • Homelessness researchers. • Mental Health Researchers. • Practitioners – various. • Homelessness and welfare agencies. • Peak bodies • Research think tanks (e.g. Institute of Public Affairs). • Corporate consulting (e.g. Access Deloitte, KPMG, PWC). • Conferences. • Industry publications. • Research and evaluation clearing houses. 	<ul style="list-style-type: none"> • Homelessness researchers. • Mental Health Researchers. • Practitioners – various. • Homelessness and welfare agencies. • Peak bodies. • Research think tanks (eg Institute of Public Affairs). • Conferences. • Peer reviewed journals. • Research and evaluation clearing houses.
<p>Service sectors.</p> <p>Interpret and apply findings in service delivery, practice and policy advocacy. Generate other research or new research questions.</p>	<ul style="list-style-type: none"> • Homelessness. • Health. • Mental health. • Alcohol and drugs. • Housing. • Family violence. • Out of home care. • Family support. • Welfare and income support. • Education and training. • Employment services. • Social enterprise. • Aged care. • Disability. • Urban planning. • Justice and corrections. 	<ul style="list-style-type: none"> • Homelessness. • Health. • Mental health. • Alcohol and drugs. • Housing. • Family violence. • Out of home care. • Family support. • Welfare and income support. • Education and training. • Employment services. • Social enterprise. • Aged care. • Disability. • Urban planning. • Justice and corrections.
<p>Government and other players in the policy cycle/process.</p> <p>Scope, develop, implement, evaluate and redevelop policy – as law, funding initiatives and</p>	<ul style="list-style-type: none"> • Commonwealth, state and local jurisdictions. • Government or opposition. • Bureaucracy. • Courts. • Research bodies. • Peak bodies. • Regulatory authorities. • Accrediting bodies. 	<ul style="list-style-type: none"> • Commonwealth, state and local jurisdictions. • Government or opposition. • Bureaucracy. • Courts. • Research bodies. • Peak bodies. • Regulatory authorities. • Accrediting bodies.

Stakeholder/ role	Evaluation Stakeholders	Research Stakeholders
<p>programs, normative accepted practices, regulations, standards, guidelines, ideas and debate.</p>	<ul style="list-style-type: none"> • Research communities and peers. 	<ul style="list-style-type: none"> • Research communities and peers.
<p>Media/ web/ social media</p> <p>Sometimes lead policy change, publicise, communicate, debate, criticise, promote findings, engage specific and/or broad sectors of the community.</p>	<ul style="list-style-type: none"> • Public, community and commercial broadcast media. • Tabloid and broadsheet publications. • Research and evaluation clearing houses. • Peak bodies and networks. • Social media engines (Twitter, YouTube, Facebook). 	<ul style="list-style-type: none"> • Public, community and commercial broadcast media. • Tabloid and broadsheet publications. • Research and evaluation clearing houses. • Peak bodies and networks. • Social media engines (Twitter, YouTube, Facebook).

APPENDIX - 2 TECHNICAL INFORMATION

(about Evaluation and Research).

This framework scopes both research and evaluation. These are not necessarily two completely separate areas of activity.

Evaluation.

Evaluation, for the most part, is about measuring the value of an enterprise or undertaking. For VincentCare Victoria's purposes it includes:

- Evaluating discrete programs or projects taking into account:
 - needs evaluation to scope target populations and their required services, treatment or interventions.
 - formative evaluation - the active monitoring of a program or project to understand how and whether a program or project is sufficiently ready to deliver its services, treatment or intervention.
 - process evaluation of operations - reporting the way that services, treatment or interventions were delivered – (e.g. numbers of clients, sessions, attendances etc.).
 - impact and outcomes evaluation – what changed immediately, or soon after, for the clients/ communities involved. What more substantial changes occurred - those far more indicative of program success and purpose (e.g. permanent housing or employment)?
 - cost benefit and social return scenarios (e.g. avoidance of downstream costs at T_n by intervening at T_0).

- Evaluating whole service entities or operations such as:
 - operational reviews.
 - development of strategic options to address a community or target population need or problem.
 - services' feasibility and viability studies.

- Understanding an aspect of operations, service delivery, support or need (potential or in situ) and developing new solutions e.g.:
 - behaviour management.
 - nutrition support.
 - access to private rental.
 - case management.

What is largely **out of scope** here is:

- Non-client aspects of the organisation – corporate 'backbone' and operating functions such as:
 - human resources.
 - occupational health and safety.

- financial performance.
 - fundraising .
 - property and infrastructure.
 - information management systems.
- Customer service and process aspects of quality service delivery such as:
- Customer satisfaction surveys. Customer and client satisfaction surveys are governed by VincentCare Victoria's Continuous Quality Improvement Framework and are part of the executive responsibility of the Executive Manager, Service Quality and Improvement.
 - Corporate stakeholder feedback and/or consultation about VincentCare as a whole.

Research.

Research activities are those activities which run to more recognised designs and methodologies from which more conclusive statements can be drawn in response to one or more key research questions which have been formulated. The research might be:

- descriptive - eg 'what is the average body mass index of older homeless adults?'
- analytical (comparison) - e.g. 'is the body mass index of older homeless adults significantly less than their non-homeless counterparts?'
- analytical (association) - e.g. 'is a low body mass index more likely to be found among homeless adults who drink more than four standard drinks per day of alcohol?'
- analytical (risk) - e.g. 'do adults who have been homeless for 10 years or more have a greater chance of death before age 55?'
- analytical (odds) - e.g. 'are adults who died before age 55 more likely to have been homeless for 10 years or more, than adults who die after age 55 or older?'
- intervention (quasi experimental) - e.g. single men experiencing homelessness and who drink more than 5 standard drinks per day are observed to see if a 6 week cognitive behavioural program will reduce alcohol consumption by 50% or greater for up to 3 months compared to their drinking before they commenced the program.
- intervention (experimental) - e.g. single men experiencing homelessness and who drink more than 5 standard drinks per day are observed to see if a 6 week cognitive behavioural program will reduce alcohol consumption by 50% or greater for up to 3 months. They are compared to another group of single men experiencing homelessness who receive no treatment or an alternative treatment.
- intervention (experimental, randomised control trial): single men experiencing homelessness and who drink more than 5 standard drinks per day are randomly allocated to a 6 week cognitive behavioural program or no/ alternative treatment and the outcomes are compared.

The research may be heavily theoretically driven based on a conceptual framework or theory. Some research predicts outcomes from conceptual model or theory (deductive) while other research may seek to build the conceptual model or theory (inductive). Analytical and intervention studies typically include a hypothesis and by scientific research convention seeks to prove the null hypothesis - that the observed differences are not statistically significant - but are due to chance alone.

Well designed studies not only show associations, but can measure both the strength and direction of correlation (causation). Epidemiology study designs are built around demonstrating odds or risk ratios on retrospective and prospective bases, respectively. The inferences drawn from findings are less about single factor causation, but probabilistic models where more than one contributing factor may be involved.

Qualitative studies which are derived from anthropological and social sciences are considered, by some schools of research, less rigorous or scientific than the above quantitatively based studies which rely upon scale, count, category or binary measurement of variables. If quantitative studies seek to answer “what” through numbers, qualitative studies seek to understand to a degree of depth – “how” through more narrative based processes. These studies often involve interviews or focus groups. Methods have evolved since the 1980’s to “chunk down”, code and thematically analyse interview and focus group transcripts. Software programs now can perform some of this, while triangulation methods (e.g. more than one person analysing material) are undertaken to increase the robustness of the findings. Qualitative studies often pair well with quantitative studies to either open the inquiry pathways, to drill down into an issue, or to make more of flesh out the lived human experience behind quantitative study findings. Some studies use both methods (mix methods). Qualitative studies use subjects’ verbatim quotes in final reports. These first-hand accounts are often very powerful in giving expression to a key finding or learning.

Research and evaluation can cross over inasmuch as using research methods to evaluate specific aspects of a program, or using research based design and method to undertake an evaluation.

VincentCare is currently involved in one research project (mixed methods) which is seeking to understand the relationship between the life history and experience of both isolated and repeated trauma experiences and the phenomenon of chronic homelessness in adults.