2013

An Exploration of the Past, Present and Future of Nursing in Early Parenting Services in Australia

Elaine Bennett
University of Notre Dame Australia

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Appendices
Appendix 1a: Ethics committee approval letters, Notre Dame University, Dean of School of Nursing & Widwifery, UNDA 18/11/10

18th November 2010

Elaine Bennett
20/1 Stirling Street
South Perth WA 6151

Dear Elaine,

On 8th November the School of Nursing Research Committee received your application for ethical clearance for your proposed research to be undertaken for the thesis component of your degree.

The Title of the project is: An exploration into the past, present and future of nursing in early parenting services in Australia

Your proposal has been reviewed by the School Research Committee to assess the extent to which it complies with the Guidelines for Low Risk Ethical Clearance.

Your application has been assessed as having met all expected ethical standards that are relevant to the nature of your intended research and the instrumentation you have chosen to use. Your proposed research project has been granted ethical clearance by low risk ethical review and consequently your research project may now commence.

Clearances granted by risk ethical review are subject to confirmation by the Human Research Ethics Committee [HREC]. The HREC may elect to review the School Research Committee’s decision or request for further information and/or amendments to the research project.

Should the design of the study, the choice of instrument, or its manner of administration be altered in any significant way as your study progresses, you must provide an update of your clearance application for renewed consideration.

On behalf of the University, I wish you well with what promises to be a most interesting and valuable research project.

Yours sincerely,

Professor Selma Alliex
Dean, Fremantle campus
School of Nursing

Assoc Prof Adrian Morgan
Chair, School Research Committee

cc Caroline Bulsara – co-supervisor
Ms Lorraine Mayhew, Executive Officer, Human Research Ethics Committee
Appendix 1b: Ethics committee approval letters, Notre Dame University, The Human Research Ethics Committee for Low Risk Ethics Clearance 11/1/11

11 January 2011

Ref. #: 010154F

Elaine Bennett
201 Stirling Street
South Perth WA 6151

Dear Elaine,

I am writing to you in regards to your Low Risk Application for Ethics Clearance for your proposed research project, to be undertaken for the research component of your course at The University of Notre Dame Australia.

The title of the project is: "An exploration into the past, present and future of nursing in Early Parenting Services in Australia"

Your proposal has been reviewed by the University’s Human Research Ethics Committee, and based on the information provided has been assessed as meeting all the requirements as mentioned in the National Statement on Ethical Conduct in Human Research (2007). I am therefore pleased to advice that ethical clearance has been granted for this proposed study.

Please note the following conditions of approval which apply to your research project:

- Ethics approval for this project is valid for 3 years. Under the National Statement you are required to report on the project's progress on an annual basis and the first annual report is therefore due in January 2012. Once your project is completed you are required to complete the Annual Report as a Final Report on your project. You are also required to notify the HREC Executive Officer in writing if this project is abandoned. The Annual Report form can be found at: http://www.nd.edu.au/research/hrec/apply.shtml.

- As a researcher you are required to immediately report to the HREC Executive Officer anything which might warrant review of ethical approval of the project, including unforeseen events that might affect continued ethical acceptability and any complaints made by participants regarding the conduct of the project.

- If the design of the study, the choice of instrument, or its manner of administration is altered in any significant way as the study progresses, you are required to submit an amendment in regards to the changes for ethical consideration to the HREC. The Amendment Form can be found at: http://www.nd.edu.au/research/hrec/apply.shtml.

On behalf of the Human Research Ethics Committee, I wish you well with what promises to be a most interesting and valuable study.

Yours sincerely,

Nicolette van Dijk
Executive Officer, Human Research Ethic Committee
Research Office

cc Professor Selma Allen, Dean, School of Nursing
Dr Caroline Bulsara, Supervisor
Appendix 2: Ethics approval from eight national sites. Letter sent to organisations

THE UNIVERSITY OF NOTRE DAME
AUSTRALIA

PO Box 1225
Fremantle
WA. 5969

12 January, 2011

NATIONAL SITE

Dear

Re: Support for Doctorate of Nursing studies

I have enclosed a copy of my research proposal entitled An exploration into the past, present and future of nursing in Early Parenting Services in Australia. I now have ethics approval from the UNDA Ethics Committee to proceed with this study.

I am requesting support from yourself to invite nurses at XXXX to participate in the proposed study. To assist with the dissemination of information to your organisation I would appreciate if you could provide me with a nominated contact person to be a coordination point for your site.

Assistance with the data collection will include the following:

1. Access to any key documents available that provide a historical context for nursing from your organisation (whenever possible);
2. Distribution of research study information (when available—info sheet, consent form [webinar] and survey information) to all nursing staff;
3. Assistance in the recruitment of Nurses invited to participate in a national webinar of 1.5 hr duration—five nurses for each national site (Planning for August 2011);
4. Assistance in the recruitment of O’Connell Nurses and support to complete an online questionnaire which will be distributed through early parenting services in Australia. (Planned for end Jan 2012).

It is hoped that the first phase of the case study of Ngala will inform the webinar (Phase 2) and the national survey (Phase 3). The data collection for all phases will occur between Feb 2011 and Feb 2012.

My hope is that this study will assist in planning for future directions in workforce requirements for early parenting services in Australia. Thankyou for considering this request.

Elaine Bennett
Appendix 3: Case study protocol

Phase 1

Archived documents Ngala

• Write request to CEO Ngala—Sept 10
• Obtain permission from Ngala to view Ngala records archived at Battye Library—Aug 10.
• Go and look at overall documents to ascertain scope—Sept 10.
• Register Researcher permission for obtaining and handling documents—Aug 10.
• Decision of what important and how to collect data—Keep in mind rigour and discipline—Sept- Dec 10.
• Questions to ask are adapted from (Finnegan, 1996 in (Punch, 2005, p. 185)
  I. Are the existing resources relevant and appropriate for the research subject?
  II. Have you ensured that documents selected have taken account of any ‘twisting’ or selection of the facts in the sources used?
  III. What principles will guide the selection?
  IV. How far does the source describing a particular incident or case reflect the general situation?
  V. Is the source concerned with recommendations, ideals or what ought to be done?
  VI. How relevant is the context of the source?
  VII. With statistical sources: what were the assumptions according to which the statistics were collected and presented?
  VIII. Is this a reasonable interpretation of the meaning of the source?
• Data collection—read through all the available documents and oral histories—Feb-March 11. What were the major milestone periods at Ngala from inception? Questions—
  I. What were the key words & descriptions nurses used to explain their role?
  II. When were allied professionals employed at Ngala and what was the rationale and process for introduction of other health disciplines to the organisation?
  III. What was their role?
  IV. How did Nurses work with other professionals?
  I. Familiarisation with data
  II. Generating initial codes
  III. Searching for themes
  IV. Reviewing the themes
  V. Defining & naming the themes
  VI. Producing the report.
• NVivo9—do training course 2 days—Feb/Mar 2011

Current documents Ngala

• Write request to CEO Ngala to obtain permission from Ngala to view internal Ngala records—Sept 10.
• Gain permission for overall study CEO/ Professional advisory Group—Nov 10.
• Data collection—read through all the available documents—April—June 11. Questions—
  o What is the current staff demographic?
• Breakdown of nursing type and nos. & %
• Allied Health staff breakdown of discipline nos. & %
• How is the nursing role described through documents?
• What were the major milestones?
• What were the changes for nursing?

• What documentation for an interdisciplinary framework exists?
  o What documentation is provided to articulate the role of the interdisciplinary team (IDT) and roles of different disciplines?
  o How do nurses describe their role working within an IDT?
  o How would you describe the key components of your role?
  o How do you work together within an interdisciplinary environment?
  o How do allied professional staff describe the nursing role in the context of an IDT?
  o How would you describe the key components of the nurse’s role?
  o How do you work together within an interdisciplinary environment?

• Data analysis—Framework Braun & Clarke (2006) as above

**Focus Groups/Interviews Nurses**

Briefing to staff re study end of Dec 2010—establish interest and rapport for study, discuss the research and aims, discuss consent and confidentiality, role of researcher and recruitment, ethics.

End Jan 11- Set up coordination group—manager, coordinator & research officer. Brief on purpose and role of group.

Feb 11- prepare details for focus groups—see Protocol for Focus Groups (Appendix 8).

  i. Photocopy invitations, research outlines, ethics
  ii. Work out advertising and recruitment process with coordinating group
      a. Decide on criteria for type of nurse make-up of groups
      b. 21 out of 53 nurses will join in focus groups (7x3)
  iii. Set up dates for groups—April 2011
  iv. Working grp recruiting for groups held—between XX and XX. Interviews if can make Focus Grp
  v. Equipment—organise and ensure operational
  vi. Pilot -Practice group session with coordinating group and refine questions
  vii. Nurses journals
      • Purchase journals for nurses who would like to be involved
      • Guide for journal entries and time frame for collection
  viii. Focus groups—Questions: How do nurses describe their role working within an IDT?
       a. How would you describe the key components of your role?
       b. How do you work together within an interdisciplinary environment?

**Focus Groups Allied professionals**

• 7 out of 14 allied professionals will join in one focus group. Interviews if cant make FG.
• Brief working grp- coordinator, manager, project officer SPD re recruitment of group
• Develop flyer/invitation and distribute to staff by XX
• Briefing by working grp to staff for recruitment by XX
• Wking grp recruiting for group held—between XX and XX
• Set up dates for groups—May 2011
• Group questions: How does allied professional staff describe the nursing role in the context of an IDT?—See Appendix 8 Protocol for Focus Groups
  a. How would you describe the key components of the nurse’s role?
  b. How do you work together within an interdisciplinary environment?

Data analysis—Framework Braun & Clarke (2006) as above

NVivo9

PHASE 2

National Documents

• Presentation to Australian Association of Parenting & Child Health—Oct 10.
• Write request to CEO’s National early parenting services x9—Dec 10
• Write to Directors of services for key documents available from each service and state—Dec 10.
• Collect overall documents to ascertain scope—Feb 11.
• Register Researcher permission for obtaining and handling documents—Aug 10.
• Decision of what important and how to collect data—Keep in mind rigour and discipline—Feb 11.
• Data collection—read through all the available documents—Feb 11. Questions—
  I. How has nursing evolved in each service?
• Current analysis from Directors of current services
  I. What is the current staff demographic of all national EP services?
• Write up summaries of history
• NVivo9.

Webinar

I. Investigate best approach to conducting webinar and relevant set up technology:
   o The availability of a technician/facilitator;
   o The cost and best site for WA to have control centre;
   o The resources available for a webinar at each national site;
   o Key contact people at each site and responsible for recruitment of nurses;
   o Collecting and recording the data;
   o Develop a protocol for sites (See Appendix 11) to understand the technology and a training session for key people and a test run prior to webinar.

II. Employ facilitator and technician to oversee
III. Develop advertising material and research overview and consent forms
IV. Plan with Directors of Services—Date in August 2011, numbers and process of recruitment into groups
V. Directors to delegate a key person for each site
VI. Organise a date for test run of webinar proceedure with each delegate
VII. Work out format of webinar
   o Initial orientation to webinar process to the group
   o Initial polling 5 questions to collect demographics
o Collate results on line
o Presentation from researcher
o Discussion via video conference and blogging
o Polling of priority questions, such as:
  - How similar to Ngala is the nursing role within an interdisciplinary team?
  - How different to Ngala is the nursing role within an interdisciplinary team?

VIII. Arrange details for webinar facilitation and technical support and details with Telstra
IX. Conduct test run and review and revise format
X. Conduct webinar.
XI. Debrief with facilitator and supervisor and document process of what worked well and what would do differently next time. Document memos of each of the segments of the session.
XII. Receive data and enter into Nvivo8 for analysis.

**Teleconferences**

See Protocol for national teleconference (Appendix12) and pre-reading package (Appendix 14)

Develop groups questionnaire and teleconference questions (Appendix 16 and 17)

**Data analysis**—Framework Braun & Clarke (2006) as above

Summarise findings.

**Phase 3**

**Survey**

Using Creswell (2004) development of survey design instrument to collect and analyse data for phase 3. The key themes arising from Phase one and two will inform one component of the questionnaire along with relevant literature, demographics and future directions.

The questionnaire will initially have a welcome statement with an overview of the survey such as how long it will take to complete, results are de-identified, purpose of the survey, completion date by and acknowledgement of time and input. Then it will have most likely four parts. Firstly, the demographics such as age, qualifications, nursing type, how long employed at the early parenting service and the State of employment.

The second part will ask a range of questions depending on the themes arising from phase one and two. The third part will consider the literature on workforce and ask questions. Obtain expert assistance in all phases. In setting up the design of the questionnaire Punch (2003, pp. 49-67) provides useful guidelines for development and implementation of a questionnaire; and maximising response rates in a survey p43. Monterosso et al. (2006).

Pretest the questionnaire with ten people—experts for validity and a reliability test-retest with nurses not involved in the study.
Use a key contact in each ten organisations via both telephone and letter. They will consent to organise distribution of the study information letter and response via an online internet based service- survey monkey (www.surveymonkey.com) within a four week timeframe. Hard copies sent if requested.

See Protocol for planning and process for data collection—Appendix 19.

Analysis

Survey Monkey responses are tabulated by online software and then placed into a data spreadsheet for further analysis. The data will be presented in a simple graphic format as percentages of respondents (Levine, 2004).
Appendix 4: Letter to organisation—site of study

Approval from CEO received 25/1/11.

PO Box 1225
Fremantle
WA. 5969
4 January, 2011

Chief Executive Officer
Ngala
9 George St,
Kensington WA 6151.

Dear

Re Permission to have access to Ngala staff and records for data collection for Doctorate of Nursing studies

I have enclosed a copy of my research proposal and entitled An exploration into the past, present and future of nursing in Early Parenting Services in Australia.

I wish to request access to Ngala documentation, and other appropriate documentation as part of informing my study. I will also need to undertake about 4 focus groups—3 with nurses and 1 group with allied professionals. The access to documents and focus groups will be supervised by a delegated representative of Ngala who could be part of the internal coordination team to enable observation of any ethical issues or conflict of interest and as well to assist to resolve any research-based ethical concerns in collaboration with the Supervisor Selma Alliex.

I have ethics approval from the University Notre Dame Australia (UNDA) Ethics Committee to proceed with this study, and also enclose my ethics application for your information. This gives all the necessary contacts for the supervision of this study by UNDA. The time frame for data collection will be between Feb 2011 to Feb 2012.

Thankyou for considering this request.

Elaine Bennett
Appendix 5: Confidentiality form

An exploration into the past, present and future of nursing in Early Parenting Services in Australia

CONFIDENTIALITY FORM

Your role as the Site Coordinator will give you access to information which relates to the above research study. This confidentiality form is related to this information. Please sign and return to Elaine Bennett. Your assistance is appreciated.

I, (participant's name) __________________________ hereby agree to keeping all details strictly confidential.

<table>
<thead>
<tr>
<th>SITE COORDINATOR SIGNATURE:</th>
<th>DATE:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>RESEARCHER’S FULL NAME:</th>
<th>RESEARCHER’S SIGNATURE:</th>
<th>DATE:</th>
</tr>
</thead>
</table>

If you have any complaint regarding the manner in which this research project is conducted, it should be directed to the Executive Officer of the Human Research Ethics Committee, Research Office, The University of Notre Dame Australia, PO Box 1225 Fremantle WA 6959, phone (08) 9433 0943.
Appendix 6: Approval for access to archived records, Battye Library, Perth

Elaine Bennett

From: Wednesday, 28 July 2010 11:13
Sent: rosalyn.mchale@slwa.wa.gov.au; helene.charlesworth@slwa.wa.gov.au
To: Elaine Bennett
Cc: Elaine Bennett
Subject: FW: Permission re access to Ngala Records Battye Library

Dear Rosalyn and Helene,

Re: Access to Ngala Records

This email is to provide my consent for officers of the Battye State Library and for Ngala Director Early Parenting Services, Ms Elaine Bennett to undertake research in the Alexandra Home, House of Mercy and Ngala records for the purpose of the research project being undertaken by Ms Bennett as part of her studies.

This permission is provided with the strict understanding that the privacy of all persons within the records must be respected and no personal information can be published without further consent from myself.

Regards

- Chief Executive Officer - Ngala
F: rosswhitney@ngala.com.au | T: 08 9368 9362 | M: 0417 934 125 | F: 08 9368 9361
A: 9 George Street Kensington, W.A. 6151 | V: www.ngala.com.au

Ngala
Parenting with Confidence

Support Ngala - Help us help WA families with babies and young children.

Please consider the environment before printing this email.

CONFIDENTIALITY and PRIVILEGE NOTICE: This e-mail message from Ngala, and any attachments to it, is legally privileged and confidential. You are not the intended recipient, you must not review, copy, disseminate, disclose to others or take action in reliance of, any material contained within this e-mail. If you have received this e-mail in error, please inform the Ngala staff member of the mistake by reply e-mail and delete all copies from your computer system. Confidentiality and legal privilege are not waived or lost by reason of mistaken delivery to you. Any views or opinions presented are solely those of the author.
Appendix 7: History of Ngala in the Western Australian context

<table>
<thead>
<tr>
<th>Ngala Milestones</th>
<th>WA – Nursing and societal factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1826</td>
<td>1st landing &amp; British settlement in Albany.</td>
</tr>
<tr>
<td>1829</td>
<td>Settlement in Fremantle.</td>
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<tr>
<td>1839</td>
<td>Perth Hospital commenced in tent complex 1830.</td>
</tr>
<tr>
<td>1855</td>
<td>Metron - a nurse. Doctors were called in for births.</td>
</tr>
<tr>
<td>1876</td>
<td>Robert Koch discovered a positive connection between bacteria and diseases.</td>
</tr>
<tr>
<td>1894</td>
<td>Salvation Army commenced in 1893 in Coolgardie, and SFOU est. in Kalgoorlie.</td>
</tr>
<tr>
<td>1896</td>
<td>Moved to a larger house in Aberdeen St, Perth.</td>
</tr>
<tr>
<td>1896</td>
<td>House of Mercy Association Registered under the Associations Incorporation Act 1893.</td>
</tr>
<tr>
<td>1897</td>
<td>Colonial Corp became Perth Public Hospital with three year training for nurses. Student nurses were called ‘probationers’.</td>
</tr>
<tr>
<td>1899</td>
<td>House purchased in Lake St, Perth for £375.</td>
</tr>
<tr>
<td>1899</td>
<td>1898 Kalgoorlie Hospital commenced as nurse training school.</td>
</tr>
<tr>
<td>1899</td>
<td>Council for the Australian Trained Nurses Association (ATNA) was formed.</td>
</tr>
<tr>
<td>1902</td>
<td>Hospitals Act 1894.</td>
</tr>
<tr>
<td>1904</td>
<td>Registered as a charitable institution.</td>
</tr>
<tr>
<td>1904</td>
<td>Smallpox had a period of training for 6 months and General Nurses would be 3 yrs.</td>
</tr>
<tr>
<td>1904</td>
<td>An infirm home in connection with the House of Mercy was opened and employed untrained nursing staff. Matrons were called into assist at the House of Mercy. 1904 First note of probationers career being employed. Matrons duties up to 1904 indicate high incidence of infectious diseases such as typhoid and high child neglect. Volunteer women would come in and assist with running of the Home. 1914 - the Bellevue Case - death of woman in labour with ruptured uterus. HM was concentrated.</td>
</tr>
<tr>
<td>1915</td>
<td>1st world war 1915-29.</td>
</tr>
<tr>
<td>1915</td>
<td>Change name to “Alexandra Home for Women”.</td>
</tr>
<tr>
<td>1921</td>
<td>Nurses Registration Act of 1921. 1922 - First Infant health centre opened 1922 and Infant Health Assoc. established. Medical Officers involved with infant health centres. 1924 ANF formed.</td>
</tr>
<tr>
<td>1926</td>
<td>The Depression. King Edward Memorial Hospital opened &amp; registered for midwifery training. Matron Agnes Walsh commenced a infant health training at KEMH (2-3 months). 1927 approved infant health training commenced KEMH. 1928 The discovery of penicillin in 1928 by Fleming. 1933 The first PTS at Perth Hospital. 1937 The Infant Health Certificate was accepted under the Nurses Act. 1942-43 2nd World War 1939-45 1946 Infant Health course at KEMH ceased. 1946 Two year Tuberculosis nursing training introduced.</td>
</tr>
<tr>
<td>1945</td>
<td>First Mothercraft Training Certificate established in WA. Extensions to Alexandra House (Lincoln St) Matron Ulrich. Adoption commenced through Ngala.</td>
</tr>
<tr>
<td>1949</td>
<td>1949 Children’s Hospital became PMH.</td>
</tr>
<tr>
<td>1950</td>
<td>Change name to “Alexandra Home for Mothers and Babies and Mothercraft Training School.</td>
</tr>
<tr>
<td>1951</td>
<td>Doctors paid an Honorarium to visit Ngala (100d per yr).</td>
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<tr>
<td>1956</td>
<td>1956 first courses were offered with the College of Nag Australia - nursing education &amp; administration diplomas.</td>
</tr>
<tr>
<td>1958</td>
<td>Move to Corner George St and Jarm Rd, Kensington. Matron Ngala - Beryl Grant commences.</td>
</tr>
<tr>
<td>1959</td>
<td>1959 Opening of first medical school at UWA. 1958 Perth Central Hospital opened (SCGH 1963) Olive Austin Matron WA experiencing large population growth, decrease in mortality rates and increase in economic development. Opening of Nurses Memorial Centre, Kings Park Rd. College of Nursing &amp; WA state committee.</td>
</tr>
<tr>
<td>1960</td>
<td>Expansion of all hospital facilities. Shortage of nurses was felt.</td>
</tr>
<tr>
<td>1961</td>
<td>1961 Ngala infant health course began.</td>
</tr>
<tr>
<td>1962</td>
<td>Prime Minister Menzies visits Ngala.</td>
</tr>
<tr>
<td>1969</td>
<td>Snume nurses in WA began to challenge the monopoly of medicine dominance over nursing education.</td>
</tr>
<tr>
<td>1965</td>
<td>1965 The Infant Health Service visited every new baby in her district full birth. The 1st International Congress of the International Council of Nurses held in Melbourne, Vic. Introduction of television, change in metric system &amp; currency, introduction of contraceptive pill and disposable equipment, Blood pressure equipment. The ‘Tea and Scones Train’ commenced operation to Kalgoorlie &amp; Port Augusta - specialist advice and treatment. 2 nurses and a Dr.</td>
</tr>
<tr>
<td>Year</td>
<td>Event</td>
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<tr>
<td>1966</td>
<td>Ngala Hall Opens</td>
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<tr>
<td>1970</td>
<td>South Wing added to Ngala building.</td>
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<tr>
<td>1971</td>
<td>Ngala Child Care Centre opened.</td>
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<tr>
<td>1975</td>
<td>Introduction of Care Training.</td>
</tr>
<tr>
<td>1980</td>
<td>Booth report recommends a new way forward.</td>
</tr>
<tr>
<td>1981</td>
<td>First social worker appointed.</td>
</tr>
<tr>
<td>1982</td>
<td>Change of title DON to Administrator.</td>
</tr>
<tr>
<td>1983</td>
<td>MC Training – 800 nurses have been trained to date.</td>
</tr>
<tr>
<td>1984</td>
<td>Functional Review of Ngala financial difficulties.</td>
</tr>
<tr>
<td>1985</td>
<td>Final Child Health nursing students graduated. Transfer to WAIT.</td>
</tr>
<tr>
<td>1989</td>
<td>Last graduation for Mothercraft nursing.</td>
</tr>
<tr>
<td>1990</td>
<td>Ngala’s first regional base opened in Rockingham.</td>
</tr>
<tr>
<td>1995</td>
<td>New purpose built modern facility opened on 31 March.</td>
</tr>
<tr>
<td>1997</td>
<td>Psychiatric Services commenced (from KEMH).</td>
</tr>
<tr>
<td>1998</td>
<td>Family Services Review – services to be provided in 3 program areas.</td>
</tr>
<tr>
<td>1999</td>
<td>Introduction of Hey Dad WA program.</td>
</tr>
<tr>
<td>2004</td>
<td>New Millennium.</td>
</tr>
<tr>
<td>2005</td>
<td>Introduction of C-Frame training.</td>
</tr>
<tr>
<td>2006</td>
<td>Integration of services under a ‘One Ngala’ banner. Two new Directors appointed.</td>
</tr>
<tr>
<td>2007</td>
<td>Construction work commences on Alexandra Village on the old Ngala site.</td>
</tr>
<tr>
<td>2008</td>
<td>June - Ngala Inc. ceases operation to NGALA. July - Ngala commences operation under new structure, split into 3 entities: Ngala Children’s Services (operating Child Care services) Ngala Community Services (operating Education &amp; Community Services) Ngala Family Services (operating the Private Hospital including Day Stay &amp; Outpatient services). The Roll of Honour is unveiled, celebrating staff with 10 years or service to Ngala.</td>
</tr>
<tr>
<td>2009</td>
<td>Introduction of Indigenous programs in Midland and Banksia Grove.</td>
</tr>
<tr>
<td>2010</td>
<td>Ngala’s 120th year of operations. The Western Australian Government raises a motion in Parliament to make a formal apology for past adoptions practices. Ngala issues a statement of support for this apology.</td>
</tr>
<tr>
<td>2011</td>
<td>CED Rae Walter retires.</td>
</tr>
</tbody>
</table>

References
Ngala documents (Annual reports).
Appendix 8: Protocol for focus groups

Focus Groups

Briefing to staff re study end of Dec 2010—establish interest and rapport for study, discuss the research and aims, discuss consent and confidentiality, role of researcher and recruitment, ethics.

March 2011- Set up coordination group—manager, research officer and myself. Brief on purpose and role of group. Group to sign confidentiality form.

March/April—prepare details for focus groups.

i. Prepare invitations and relevant forms

ii. Work out advertising and recruitment process with coordinating group
   a. Decide on criteria for type of nurse make-up of groups
   b. 21 out of 53 nurses will join in focus groups (7x3)
   c. 7 out of 14 allied professionals.

iii. Manager to ask nurses what incentives they need to be involved in study.

iv. Set up dates for groups—May 2011

v. Wking grp recruiting for groups held—between 6–13 May and allied professional group on 17th May.

vi. Equipment—organise and ensure operational

vii. Pilot -Practice group session with coordinating group.

viii. Book external venue.

ix. Nurses’ journals
   • Purchase journals for nurses who would like to be involved
   • Guide for journal entries and time frame for collection—give out at end of group.

Process for engagement/recruitment:

1. Research Officer (RO) to send email to nurses/allied team individually with Information sheet and consent form.

2. Staff to email response/ signed consent form back to RO or in pigeon hole.

3. Send out invitation with dates of focus groups. Staff then to book into group via email.

Running the Focus groups:

HR Manager to come into each focus group at introduction. Introduction of project and clarity that everyone has had information sheet and signed consent form. Indicate recording of information and reinforce confidentiality of information, can leave at anytime or withdraw from the study. Availability of Employee Assistance Program.

Questions for Nurses:

Describe a typical day.
How would you describe the key components of your role?
How do you describe your role working within an IDT?
What is unique to the nurse in this context?
How do you work with other disciplines?
What is common across disciplines?
What are your thoughts on the concept of the Early Parenting Professional?
What has changed in relation to your role over time?
What are your thoughts/concerns about the future of nursing in EPS?
Questions Allied Professionals:

How does allied professional staff describe the nursing role in the context of an IDT?
How would you describe the key components of the nurse’s role?
How do you work together with nurses within an interdisciplinary environment?
What is unique to the nurse in this context?
What has changed with the nurses role over time?
What is common across disciplines?
What are your thoughts/concerns about the future in EPS?
Appendix 9: Information sheets for focus groups/interview and teleconference

INFORMATION SHEET
NGALA NURSE OR ALLIED PROFESSIONAL

Dear potential participant,

My name is Elaine Bennett. I am a student at The University of Notre Dame Australia and am enrolled in a Doctor of Nursing degree. As part of my course I need to complete a research project.

The title of the project is An exploration into the past, present and future of nursing in Early Parenting Services in Australia. My research concerns how nursing has evolved, the current situation and how nurses perceive the future direction of nursing to be, within early parenting services in Australia.

The purpose of the study is to explore how early parenting nurses and allied professionals describe the nurses role within the context of an interdisciplinary team. The study has important implications for the future workforce development both at Ngala and more generally throughout Australian early parenting services.

Participants will take part in a 60-90 minute tape-recorded focus group. Information collected during the focus group will be strictly confidential. You will be offered a transcript of the focus group, and I would be grateful if you would comment on whether you believe we have captured your experience.

Before the focus group I will ask you to sign a consent form. You may withdraw from the project at any time.

Data collected will be stored securely in the university’s School of Health Sciences for five years. No identifying information will be used and the results from the study will be made freely available to all participants.

There are no physical risks involved in taking part in this study but some people may find the interview questions of a sensitive nature and being a participant of the focus group may raise some difficult feelings for you. If this happens you may make contact with the Ngala Employee Assistance Service (PPC Worldwide) on 1300 361008. If there are any questions which you are unable or unwilling to discuss you can choose not to answer them, and you can also decide to stop the interview at any time.

The Human Research Ethics Committee of the University of Notre Dame Australia has approved the study.

Professor Selma Alliex of the School of Nursing is supervising the project. If you have any queries regarding the research, please contact me directly or Dr Alliex by phone (08) 9433 0990 or by email at ealliex@nd.edu.au.

I thank you for your consideration and hope you will agree to participate in this research project.

Yours sincerely,

[Signature]

Me Elaine Bennett
Tel: 0448776626 Email: elaine.bennett1@my.nd.edu.au

If participants have any complaint regarding the manner in which a research project is conducted, it should be directed to the Executive Officer of the Human Research Ethics Committee, Research Office, The University of Notre Dame Australia, PO Box 1225 Fremantle WA 6959, phone (08) 9433 0943.
INFORMATION SHEET TELECONFERENCE PARTICIPANT

Dear potential participant,

My name is Elaine Bennett. I am a student at The University of Notre Dame Australia and am enrolled in a Doctor of Nursing degree. As part of my course I need to complete a research project.

The title of the project is An exploration into the past, present and future of nursing in Early Parenting Services in Australia. My research concerns how nursing has evolved, the current situation and how nurses perceive the future direction of nursing to be, within early parenting services in Australia.

The purpose of the study is to explore how early parenting nurses describe the nurses role within the context of an interdisciplinary team. The study has important implications for the future workforce development both at Ngala and more generally throughout Australian early parenting services.

Participants will take part in a 60 minute tape-recorded Teleconference session with a small group of nurses from your site, as well as 8 other sites around Australia. Information collected during this session will be confidential.

Before the Teleconference I will ask you to sign a consent form. You may withdraw from the project at any time.

Data collected will be stored securely in the University’s School of Nursing and Midwifery for five years. No identifying information will be used and the results from the study will be made freely available to all participants.

Due to being a participant of the national Teleconference there may be some sensitive issues that may raise some difficult feelings for you. If this happens please contact the line manager of your service directly and you will be offered support and a relevant employee assistance service contact.

The Human Research Ethics Committee of the University of Notre Dame Australia has approved the study.

Dr Selma Alliex of the School of Nursing is supervising the project. If you have any queries regarding the research, please contact me directly or Dr Alliex by phone (08) 9433 0999 or by email at salliex@nd.edu.au.

I thank you for your consideration and hope you will agree to participate in this research project.

Yours sincerely,

Ms Elaine Bennett

Tel: 0448776626 Email: elaine.bennett1@my.nd.edu.au

If participants have any complaint regarding the manner in which a research project is conducted, it should be directed to the Executive Officer of the Human Research Ethics Committee, Research Office, The University of Notre Dame Australia, PO Box 1225 Fremantle WA 6959, phone (08) 9433 0943.
Appendix 10: Consent form for focus groups/interviews and teleconference

An exploration into the past, present and future of nursing in Early Parenting Services in Australia

INFORMED CONSENT FORM

I, (participant's name) ____________________________, hereby agree to being a participant in the above research project.

- I have read and understood the information sheet about this project and any questions have been answered to my satisfaction.
- I understand that I may withdraw from participating in the project at any time without prejudice.
- I understand that all information gathered by the researcher will be treated as strictly confidential.
- I agree that any research data gathered for the study may be published provided my name or other identifying information is not disclosed.

PARTICIPANT'S SIGNATURE: ____________________________ DATE: ____________

RESEARCHER'S FULL NAME: ____________________________

RESEARCHER'S SIGNATURE: ____________________________ DATE: ____________

If participants have any complaint regarding the manner in which a research project is conducted, it should be directed to the Executive Officer of the Human Research Ethics Committee, Research Office, The University of Notre Dame Australia, PO Box 1225 Fremantle WA 6950, phone (08) 9432 0049.
Appendix 11: Pre-reading for the webinar

WHAT IS A WEBINAR?

‘Webinar’ is a union of the terms ‘web + seminar’ which simply means a seminar transmitted over the internet. This technology is a remarkable innovation which allows people to interact and collaborate over vast geographical boundaries through the Worldwide Web (www). Webinars offer two-way communication leading to higher effectiveness and involvement by the audience.

Typically a webinar consists of a presentation hosted on a web server. A link for the webinar is provided to the attendees who can log on to the site and listen to the presentation as well as participate in various ways described below.

The Webinar platform has already carved a niche for itself in the arena of business and has now started being used in the education arena as well.

To date there has not been a lot of research conducted via webinar. During Feb, 2010 a webinar was used for research by the Association of Parenting and Child Health on the topic of ‘Fathers and Families–Evaluating Frameworks for Working with Fathers Final Report’ see link http://www.aracy.org.au/index.cfm?pageName=publications_library.

Characteristics and requirements of webinars are discussed below:

A. Characteristics

- **Sharing Application**—Presenters are able to share their screens, desktops, applications, slide show presentations, etc to help the audience get a better understanding of the topic.

- **Chat Window**—Attendees can ask their queries via a text chat window during the session without disturbing the flow of the discussion or presentation. This allows for private interactions with the presenters, panellists and other participants or interaction with all the participants in one go.

- **Session Recording**—The webinar session can be recorded for re-use or to share with students or other participants in the form of CDs, etc. This is an out-of-box feature in webinars and also aids in archival of valuable information.

- **Survey**—The presenter can choose to conduct polls and surveys for the audience.

B. Infrastructure Requirements

Participants require:
- One dedicated personal computer (PC)
- Dedicated direct phone line
- LCD projector (optional)
- High quality speaker phone with amplifier and mute button (optional).
We will be using Web-ex from the ARACY site in Fremantle and XXXX will be the facilitator for the session, along with myself. The website on Web-ex gives the following information on a webinar and you can view a brief video on the link below.

Cheers

Elaine Bennett

What is WebEx?

WebEx is an easy way to exchange ideas and information with anyone, anywhere. It combines real-time desktop sharing with phone conferencing, so everyone sees the same thing as you talk. Some people call this web conferencing because of the web + phone sharing. Others call it online meeting because they take care of business online like they do in in-person meetings. No matter what you call it, WebEx is a great way to work with people in other locations.

Learn more in this quick tour

How does it work?

You will simply click a link in your invitation (via email) to join online, where you will get visual prompts to join the phone conference.

The Facilitator of the webinar will give you a quick overview of how the sessions will work and the various functions of the webinar.

www.webex.com.au
Pre-reading for the Webinar
23rd September 2011

Title of Doctoral study—Elaine Bennett

‘An Exploration of the past, present and future of nursing in Early Parenting Services in Australia’

Dear participant,

Thankyou for agreeing to be part of this research webinar. The purpose of giving you pre-reading is that you are informed of the study and come prepared with your thoughts. We may not have time during the webinar for much discussion so it’s important you have access to the information prior to your participation. I am hoping you will find this an interesting way to do research and hear about my study phase 1 to-date, as well as contribute to Phase 2.

The agenda will be over 1.5 hours. Your group will contain up to 5 nurses with you from your organisation. There are 9 sites participating around Australia. They are:

XXXX

I will be operating the website from the ARACY (Australian Research Alliance for Children & Youth) site in Fremantle.

Before the webinar begins you will have a questionnaire on your desk for all to complete jointly as a group. This will need to be given back to your site coordinator to return to me.

The agenda will go as follows:

1. **Introduction**—XXX the facilitator will give you a brief overview of the technology and the features of a webinar. He will keep the agenda on track.
   I will be doing a series of short presentations throughout with polling occurring after sections of the slide presentations.
   Polling is a way of undertaking brief survey questions and receiving answers back from the group with an immediate result being available to you on line that you can see.
   To answer each question you will need to go with the majority consensus of the group. For those who disagree there is a CHAT facility that participants can blog anything on the screen. This will be saved as qualitative data from the webinar.

2. **Overview of the study**
3. **Case study of nursing at Ngala (120 yrs)** POLL 1–4
4. **The current situation**—The nursing role within an Interdisciplinary team in early parenting services in Australia POLL 5–6

5. **The future** POLL 7 -9
6. **Conclusion**

Cheers

Elaine Bennett
Appendix 12: Protocol for webinar

Protocol for planning and conducting the Webinar at each national site

Study—The past, present and future of nursing in Early Parenting Services in Australia—Elaine Bennett

1. Preparation for Site coordinators:

   **JULY 19th**

   ✓ Site Coordinator to sign a confidentiality form and return email to Elaine
   ✓ Details sent to you by Elaine in July for requirements and instructions for webinar

   **Preparing for the equipment: What do you need?**

   ✓ A room large enough for 5 nurses to sit
   ✓ A computer, screen and phone
   ✓ Arrange permission with your IT Department that the phone doesn’t have a bar on it and we can have a quick test ring in August to see if connecting OK.

   **JULY 22nd**

   ✓ Process for Selection of participants:—send out an EOI this week to all nurses and back to you by 5th August. (Elaine has a draft template you can adapt); information sheet on study. Elaine will send you the forms to go out with the EOI.
   THEN when you receive EOI’s from nurses:
   ✓ Put all the names in a hat and pick out 5. Selection of nurses. A safeguard is to pick 2 extra names in case of sickness etc. and they can be on standby if required.

   **AUGUST**

   ✓ For those successful nurses give out consent forms to sign—ie. 5+2 nurse participants for your site and give to you by 5th August.
   ✓ The consent forms can be scanned and sent through to Emily Essex eessex@ngala.com.au via email by 15th August.
   ✓ After received consent forms—Elaine will send pre-reading and agenda to site Coordinators to send to nurses involved.
   ✓ You will be sent a log-in instruction and Date to be confirmed for quick log in to check the phone link/computer up ok.
   PTO

2. Webinars

   a. **SEPTEMBER 9th** Practice Webinar—Half hour—same times as 23rd
   b. **September 23rd** Webinar 1.5 hours
3pm EST
2.30 South Australia
1pm Western Australia

PLEASE NOTE: Site Coordinators are unable to be present during the webinar. I would really like to have a teleconference with you all individually at a date to be determined during Oct—Dec.
Appendix 13: Protocol for national teleconference

Site Coordinator

Protocol for planning and conducting the TELECONFERENCE at each national site

Study—The past, present and future of nursing in Early Parenting Services in Australia—Elaine Bennett

Preparation for Site coordinators:

Preparing for the equipment: What do you need?

✓ A private room large enough for 5 nurses to sit
✓ A computer—this could have the power point presentation on screen
✓ and phone -There will be no cost for your site, as I will ring you direct.

Process for Selection of participants:

Nurse involvement is voluntary.

I. Site Coordinator to send out by email to nurses with support for the study:
   o Support the same nurses being involved;
   o If not available, send out an Expression of Interest (EOI); (template available to be adapted for site specific details);
   o Information Sheet on study;

II. Nurses return EOI to designated person/Administrative assistant on site.

III. When EOI’s from nurses received, Administrative assistant can:
    o Put all the names in a hat and select amount required up to 5.
    o Notify nurses by email and to ask them to complete a consent form, scan and return.
    o Email consent forms back to the Researcher.

VI. After receipt of consent forms—Send pre-reading package to nurses who have agreed to participate.

VII. Site coordinator to email Researcher the direct link for phone teleconference (up to 1 hour).
Appendix 14: Participant pre-reading for teleconference

and strategies: realities

of the nursing workforce needs to be addressed. One of the reasons mentioned is that we do not have much information about the nursing workforce and this is because nurses are not willing to share it. Hiring 'friends' is quite a few Gen Y nurses, their Facebook pages tell a different story. If we offer reasons for this information, put in place appropriate protections of privacy, and unconditionally, offer distribution of the findings with the participants, we believe many nurses would be willing to share information that can be used to help the profession as a whole and to contribute to improved patient outcomes.

One of the strategies we can move forward with is to get better at telling our story about nursing. By this we do not mean little anecdotes about rewarding experiences or difficult patients. Every time you speak to someone about nursing-related issues you are painting a picture of the nursing profession. Two suggestions we can do at an individual level to get better at telling the nursing story came from presentations at the conference. Katy Fielding’s advice was to know what you want when you go to a meeting, be prepared, and declutter from which position you are acting (which bar you are wearing). This will be part of the story of nurses as capable, confident and collaborative health professionals, as well as being sensitive and solution focused. Professor Di Twigg encouraged nurses to have their ‘lift conversation’ down pat. Always have in mind your short synopsis of current topical nursing issues, use any opportunity to engage others in the nursing story.

As a broader profession we can get better at collecting standardised data for research analysis. Part of the strategy for getting better at sharing the nursing story is having evidence of the impact of nursing care on patient, nurse and system outcomes. This would require significant cooperation between nursing stakeholders, not an unworthy strategy in itself. There is limited baseline staffing data from which to establish whether workforce retention and attraction strategies even work, we need to be willing to take ownership of the responsibility to collect such data.

As nurse researchers we will continue to focus on patient outcomes as measurements of nursing success. We cannot separate nurse staffing from patient outcomes; however it is hard to know what is working, or not working, if we don’t have a good picture of the nature of the nursing practice environment in those places. It’s like collecting viral signs. If we don’t have a systematic, shared process of collecting, documenting and communicating viral signs of our patients, then the effectiveness of collecting them is undermined. We need data to tell when they’re deteriorating, in order to communicate to other team members about what is going wrong, and what we might do to address the changes.

We are both early in our careers and we have much to learn and discover, but we have a passion for nursing and are proud to be nurses. As PhD students we have already encountered the challenges of accessing nursing workforce and appropriate patient outcomes data predicted by some researchers as ‘measuring window’. Now is the chance to respond to these challenges and contribute to the future of the nursing practice. Use of data to advocate for patient health is a new dimension in nursing. Florence Nightingale invented the rose graph to display data demonstrating the harm that was being done to soldiers after they got to hospital, more dying from infection and malnutrition than from their wounds. Flo may not have been a specialist, but she could do it. Let’s offer a level of analysis, leadership and role modeling for academic, political and managerial domains of nursing. We urge nurses of all generations to see the value in nursing workforce data, and find ways to use that data, or other sources of information, to tell stories about nursing, that others need to hear.

Kasia Ball is Assistant Professor, Discipline of Nursing, University of Canberra and a PhD Candidate with the Discipline Collaboration Research Centre. Louise Schreuders is the recipient of the second OzHarvest Scholarship and has taken up her studies at Centre for Nursing Research, Innovation and Quality – Sir Charles Gairdner Hospital and the University of Western Australia.

A fully referenced version of this article is available upon request. Contact kasia.bal@canberra.edu.au.
Appendix 15: Teleconference PowerPoint presentation slides
Ngala the case study

Role of the nurse 1940’s to 80’s:
- Nurse as ‘substitute mother’
- Routines for children
- Caring for sick child/mother
- Coordination
- Assessment
- Caring for disability/special needs
- Mothercraft
- Protecting children and advocacy

Role of the nurse cont’d 1940’s to 80’s:
- Liaison and referral
- Psychosocial
- Training and supervision.
  (Training records, oral histories, interviews)

1987

“Everybody was encouraged to have a baby or marriage but they wanted the boy or marriage to be married to another woman or to another child or another man or another woman. (Ada, 1986, p.13)

1980–90 Transition decade
1988 – Ngala Family Resource Centre
2008 – Ngala – change to 3 companies
- Ngala Family Services
- Ngala Community Services
- Ngala Childwatra Services

Ngala Services now

Ngala in Perth metropolitan

www.ngala.com.au
Findings Phase 1: Changes for nursing

Societal factors
Policy changes
Closure of mothercraft training schools
Transfer of CHN certificate to Tertiary sector
Professionalisation of midwifery
Individual to family focus
Bio-Medical model to Primary health care focus
Collaborative and partnership approaches
Commitment to practice based on evidence
Focus on women's mental health: PNMH, then infant mental health & parent-child attachment; father-inclusive practice
Individuals' focus to team approaches

Multidisciplinary team approach

Interdisciplinary team approach

Findings phase 1: changes for nursing

QUESTIONS:
I am interested in how your site has experienced change and where you are at?

Q. 1
"Nurses working within early parenting services over the past 10-15 years have moved from an expert approach to working in partnership with families". Do you Agree/Disagree?
Q. 2
"Nurses are more open to working collaboratively with other disciplines" Agree/Disagree?

Findings phase 1: changes for nursing

QUESTIONS:
Q. 3
"Nurses now integrate evidence and reflective practice in their daily work with families" Agree/Disagree?
Q. 4
"Nurses working in EPS are confident and experienced practitioners". Agree/Disagree?
Findings Phase 1: The current role of nursing within EPS

- Early Parenting Nursing Practice
- Application of Evidence
- Linking with others

The current role of nursing within EPS

The current situation of nursing within EPS

Q.5: Does this description of the nursing role fit within your context of nursing within EPS? Yes/No
The current situation of nursing within EPS

Q 6:
Do you agree with this summation of the uniquenesses of the nursing role?
Yes/No

Looking to the Future within EPS

Looking to the Future within EPS

Q 7:
Do you agree with the concept of the Early Parenting Professional Practitioner?
Yes/No

Q 8
Have all the knowledge and skills been captured?
Yes/No

Other suggestions by nurses & allied professionals

A postgrad certificate for ENs in early parenting
8-12 months
Nurse practitioner role for EPS
Clarification of the ideal skill mix needed to meet the needs of today's families
Flexible phasing out parenting & opportunities for baby boomers - retaining knowledge and experience and mentoring of younger staff coming in.
Ensure comprehensive orientation programs & professional development
Graduate positions for early parenting services
The future

Q #1: What other issues and considerations need to be thought about for the future?

Conclusion

Polling summary
Next steps:
- Data Analysis
- Phase 2 will inform Phase 3
- Development of the questionnaire
- Online survey will occur Feb/March 2012
- Please support and encourage colleagues with the undertaking of the survey.

Thank you everyone for your contribution.
Please email me Elaine Bennett:
elaine.bennett@hants.gov.uk if you think of anything else following the webinar.
Appendix 16: Teleconference group questionnaire

Questionnaire for Teleconference participants

Please complete before the Teleconference begins with the whole group.

1. How many participants at your site? ____________

2. What is the age of each participant? (Place ages in boxes below)

3. What is the average length of time each nurse has been working within EPS?
The response may be: <5 yrs OR >5 -10 yrs OR >10 yrs

4. How much longer does each participant plan to work at your current site?

5. What are the qualifications of each of the participants? Eg. RN, RM, C&FHN, RMHN, MCN, EN, BN, B.H.SC. Neg, MIN

6. Do you have difficulty recruiting nurses at your site?
   Yes    No    Sometimes

7. Do nurses work closely with other disciplines at your site?
   Yes    No    Sometimes

8. What concerns would you have about the nursing workforce at your site over the next 5-10 years time?

   5 years

   10 years

Thank you for taking the time to complete these questions.
Appendix 17: Teleconference questions

Q 1
☐ ‘Nurses working within early parenting services over the past 10–15 years have moved from an expert approach to working in partnership with families’.
Agree/Disagree?

Q 2
☐ ‘Nurses are more open to working collaboratively with other disciplines’
Agree/Disagree?

Q 3
☐ ‘Nurses now integrate evidence and reflective practice in their daily work with families’
Agree/Disagree?

Q 4
☐ ‘Nurses working in EPS are confident and experienced practitioners’
Agree/Disagree?

Q 5:
☐ Does this description of the nursing role fit within your context of nursing within EPS?
Yes/No

Q 6:
☐ Do you agree with this summation of the uniqueness of the nursing role?
Yes/No

Q 7:
☐ Do you agree with the concept of the Early Parenting Professional/Practitioner?
Yes/No

Q 8
☐ Have all the knowledge and skills been captured?
Yes/No

Q 9:
☐ What other issues and considerations need to be thought about for the future?
Appendix 18: Summary and comments from national teleconference—January 2011

Summary and comments from National Teleconferences—Jan 2011

Questions 1–3 all in agreement.

Q4 They agreed that most nurses are confident and experienced. Some sites have greater ratio of inexperience and takes two years to become confident. Victoria use a 2 year grad cert from Swinburne university—social science in prenatal and postnatal family support.

[Note this can go into phase three]

Q5 All agreement.

Q6 All agreement. One site added the additional ability to do emergency intervention and look after children with complex medical needs.

Q7 Two sites don’t agree with concept of EP practitioner (ie a baseline degree professional undertaking a grad cert/dip in early parenting practice)—issues discussed:

- Nurses do this work
- Upgrade to masters level
- Specialist field for nursing
- Concern re future of nursing over time that could be push for lower level workers which will reduce quality of care for families and less nursing positions.

[Note this concept of EPP goes into Phase three]

Q8 all agreed comprehensive. One site said to add identification and management for Child protection work.

Q9 suggestions/comments:

1. Not enough education re communication and family partnership processes, reflective practice and working with challenging behaviours and working in partnership with families.
2. Ratio of nursing workforce will depend on the context for eg. residential may have higher ratio because of 24 hr care than a parent education team. Complex medical issues that come from Paeds, eg. NG feeds. Teaching families to care for the child in the community. Transfer of families into unit for parent education. Only small amount of cases generally, can transfer AN mothers for methadone assessment and parenting. Establishing breastfeeding.
3. Post grad certificate with ENs to add to a tiered system
4. Ensuring mentorship system
5. Graduate programs—new positions—so we get in early in their career and enable security of positions rather than casual.
6. Innovation fund for scholarships and other strategies to attract people.
7. Technology based parenting services are going to be a thing of the future and older staff find this often difficult. Blogging, facebook, apps etc. Making sure stuff out there is reputable.
8. Skills for future planning—understanding of technology.
9. Practical side of documentation and having all the patient tools now on line, live documentation and progress notes. Comm. health staff have struggled to get them on board here to keep up with technology- basic computer skills.
10. Research—the narrative of the history of our profession and showcase our speciality in EPS as an ongoing thing for the future.
11. Early inter-professional cross training in degrees for disciplines to ensure less mono-discipline focus
12. MCNs are a good idea—they would be a good extra addition to the workforce—huge untapped resource—ENs and give an extra additional certificate.
13. Raise the profile of nursing within and external to EPS.
Appendix 19: Phase three planning and process for data collection

Survey


The areas of reliability, validity and response rates are important (Punch 2003:42):

Reliability means stability of response and this will be pilot-tested through a test-retest with 15 participants.

Validity means whether the data represent what we think they represent. This will tested by 10 researcher participants who will look at the content of the questionnaire to see where this will measure the aims and questions of the study.

Response rates—Punch advises the researchers should strive for a response rate of 60%. An online survey strategy has potential limitations if participants don’t feel comfortable using the computer. This may be the case in a small number of cases. To alleviate this I have asked that sites ensure support is available for nurses, as well as having hard copies of the questionnaire available for some cases, with self-addressed envelope to return. The survey will be open as well for a month. Each site coordinator will send out an ad for nurses that the survey is coming up; as well as reminders for nurses to complete. The length of the questionnaire will also aim to be as short as possible to maximise responses.

The key themes arising from Phase one and two will inform one component of the questionnaire along with relevant literature, demographics and future directions.

The questionnaire will initially have a welcome statement with an overview of the survey such as how long it will take to complete, results are de-identified, purpose of the survey, completion date by and acknowledgement of time and input. Then it will have a further 3 parts.

Firstly, the demographics such as age, qualifications, nursing type, how long employed at the early parenting service and the State of employment.

The second part will ask a range of questions depending on the themes arising from phase one and two. The third part will consider the literature on workforce and ask questions such as:

What do nurses contribute that no other discipline can?

What do nurses currently do that someone else can do?

The third part will be questions relating to the future, such as:

I. In an ideal world, what do you believe a workforce within early parenting services would look like in two years, five years and beyond?

II. What would be the major milestones to get there?

III. What might be some barriers in thinking about the future direction?
Process for questionnaire development:

Obtain expert assistance in all phases. In setting up the design of the questionnaire Punch (2003, pp. 49-67) provides useful guidelines for development and implementation of a questionnaire; and maximising response rates in a survey p43.

1. Draft questionnaire and submit to supervisor and expert researcher- LM.
2. Meet with expert researcher on analysis of data—MB
3. For assessment of validity—send to 10 expert researchers to assess content over a 2 week period.
4. Summarise responses and make any changes to questionnaire.
5. Pretest the questionnaire with 15 people—nurses involved in the study through Phase 2, and re-test in 2 weeks.
7. Make any changes necessary with supervisor/MB.

Marketing and distribution:

- Send documents to SA ethic committee.
- Market the survey through site coordinators by sending out material developed by graphic designer.
- Consult with sites the process of sending out the online survey and develop protocol. Use key contacts in each organisations via both telephone and email. They will consent to organise distribution of the study information letter and response via an online internet based service- survey monkey (www.surveymonkey.com) within a four week timeframe.
- Send out by end of March.
- Open for a month—send reminders to increase response rate.
- Send separate link of same questionnaire to Tas Hobart PC.

Analysis

Before undertaking the analysis itself the survey data needs preparation (Punch 2003:45)—data cleaning and data entry. Most of the survey will be through survey monkey and there may be a small number of questionnaire hard copies which will be entered into survey monkey. Survey Monkey responses are tabulated by online software and then placed into a data spreadsheet for further analysis by MB and myself. The data will be presented in a simple graphic format as percentages of respondents (Levine, 2004).
Appendix 20: Expert survey validation tool

"An exploration into the past, present and future of nursing in Early Parenting Services in Australia" – Elaine Bennett

Assessment of Survey for:
CLARITY, CONTENT VALIDITY and INTERNAL CONSISTENCY

You are being asked to rate for each of the above components separately:

1. **CLARITY**

Instructions

Rate: (a) the instructions in the survey, and (b) each question in the survey on its clarity since you are familiar with this content.

(a) Are the survey instructions clear? Circle either yes or no on the next line.
   
   YES       NO

(b) Read each question in the survey separately and respond to the same number on the response sheet. Beside each question number on the response sheet circle C (clear) or U (unclear) to indicate whether the question is clear or unclear to you.

**RESPONSE SHEET: CLARITY**

Please indicate whether each question is C (clear) or U (unclear) to you.

<table>
<thead>
<tr>
<th>Circle One</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.  C U</td>
<td></td>
</tr>
<tr>
<td>2.  C U</td>
<td></td>
</tr>
<tr>
<td>3.  C U</td>
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<tr>
<td>4.  C U</td>
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<tr>
<td>5.  C U</td>
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<td>6.  C U</td>
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<tr>
<td>7.  C U</td>
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<td>8.  C U</td>
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<td>9.  C U</td>
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<tr>
<td>10. C U</td>
<td></td>
</tr>
<tr>
<td>11. C U</td>
<td></td>
</tr>
</tbody>
</table>
2. CONTENT VALIDITY

Instructions:
In this section, you are asked to look at the questions in the survey and decide if you think they seem to belong together.

Read the entire survey first. After you finish reading the survey, answer question (a) at the top of the response sheet—either YES or NO. Then answer question (b) for each question in the survey. Answer by circling the response you choose under question (b)—either Y (YES) or N (NO). Please add any relevant comments you wish to explain your answers.

RESPONSE SHEET: CONTENT VALIDITY

Please refer to the one page attachment on the Study aims and questions.

(a) In general, does the study aims and questions fit the whole set of questions in the survey? Answer once for the whole survey by circling either YES or NO on next line.

YES

NO
Does each question fit the study aims and questions? Please circle Y (YES) or N (NO).

<table>
<thead>
<tr>
<th>Circle One</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Y N</td>
<td></td>
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<tr>
<td>2. Y N</td>
<td></td>
</tr>
<tr>
<td>3. Y N</td>
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<tr>
<td>4. Y N</td>
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<td>5. Y N</td>
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<td>6. Y N</td>
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<td>7. Y N</td>
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<td>11. Y N</td>
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<td>12. Y N</td>
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<td>13. Y N</td>
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<td>14. Y N</td>
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<td>15. Y N</td>
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<td>16. Y N</td>
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<td>18. Y N</td>
<td></td>
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<tr>
<td>19. Y N</td>
<td></td>
</tr>
<tr>
<td>20. Y N</td>
<td></td>
</tr>
</tbody>
</table>

(b) Is the question unique, ie not repetitious? Please circle Y (YES) or N (NO).

<table>
<thead>
<tr>
<th>Circle One</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Y N</td>
<td></td>
</tr>
<tr>
<td>2. Y N</td>
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</tr>
<tr>
<td>3. Y N</td>
<td></td>
</tr>
<tr>
<td>4. Y N</td>
<td></td>
</tr>
</tbody>
</table>
5. Y N
6. Y N
7. Y N
8. Y N
9. Y N
10. Y N
11. Y N
12. Y N
13. Y N
14. Y N
15. Y N
16. Y N
17. Y N
18. Y N
19. Y N
20. Y N

(c) Are there any questions you think should be added to the survey?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
3. **INTERNAL CONSISTENCY**

Instructions
In this section, you are being asked to look at the questions in the survey and decide if you think they seem to belong together.

Read the entire survey first. After you finish reading the survey, answer question (a) at the top of the Response Sheet, then answer the following question (b) for each question in the survey. Answer by circling the response you choose under question (b). Add any comments you wish to explain your answers.

**RESPONSE SHEET: CONSISTENCY**

(a) Do these questions generally belong together?

YES  NO

(b) Does each question belong in the survey?

<table>
<thead>
<tr>
<th>Please circle</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Y N</td>
<td></td>
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<tr>
<td>2. Y N</td>
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<tr>
<td>3. Y N</td>
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<td>4. Y N</td>
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<tr>
<td>13.</td>
<td>Y</td>
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<td>Y</td>
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<tr>
<td>19.</td>
<td>Y</td>
</tr>
<tr>
<td>20.</td>
<td>Y</td>
</tr>
</tbody>
</table>

After you finish you may wish to discuss your comments with the researcher.

Thankyou for your assistance.
Appendix 21: Expert reviews of survey, summary

Summary Expert reviews of survey

10 sent, 8 returned.

General comments:

- Add Introduction for Phase 3 (at the beginning)
- Sections are now:
  - 1–5 demographics
  - 6–9 nursing in EPS
  - 10–19 future (rearrange order 12,13, 16, 10, 11,14,15,17,18,19,20.
  - Delete concerns.
- Change years to 3–5 and 5–10 years for Q 18 and 19.
- Feedback re increasing the linkages between questions.

<table>
<thead>
<tr>
<th>Question</th>
<th>Comment</th>
<th>Suggestions</th>
<th>Change/ Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLARITY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is your location? State postal code (work)</td>
<td>6 clear</td>
<td>What is the location of your workplace? State postcode</td>
<td>Yes change ‘What is the location of your workplace? State postcode’</td>
</tr>
<tr>
<td>Please indicate your category for age (tick one box)</td>
<td>6 clear</td>
<td>Please indicate your age category</td>
<td>Yes change ‘Please indicate your age category’</td>
</tr>
<tr>
<td>What length of time in yrs have you been working in the area of EPS?</td>
<td>5 clear</td>
<td>Maybe I need to put a note under demographics</td>
<td>Provides more clarity ‘Note that EPS refers to your working within EPS and not Universal Child health services or other agencies’</td>
</tr>
<tr>
<td>How much longer in yrs do you anticipate you will be working in the area of EPS?</td>
<td>7 clear</td>
<td>Unchanged</td>
<td>No change</td>
</tr>
<tr>
<td>What are your nursing qualifications? (tick relevant boxes)</td>
<td>5 clear</td>
<td>Add nurse practitioner No space to tick hosp base qual</td>
<td>Add ‘tick all relevant boxes’</td>
</tr>
<tr>
<td>Do you work closely with other disciplines? (tick one box)</td>
<td>5 clear</td>
<td>? add reflection in teams (this is inherent in work) People should know site is where they work Take out of demographics into next section.</td>
<td>Keep in demographics and Change format of question. Keep question with yes/no. Then break down 3 categories 1,2 and 4 with yes /no.</td>
</tr>
<tr>
<td>Is it essential that nurses working in E are experienced? (tick one box)</td>
<td>5 clear</td>
<td>Experience could mean a range of things- length, range.</td>
<td>Unchanged- complex meaning.</td>
</tr>
</tbody>
</table>

424
| Suggestion to change questions to statement. | Change to statement  
Please indicate whether you agree or disagree with the following statement . . .  
(Tick one box)  
It is essential that nurses working in EPS are experienced. |
|---|---|
| **Do nurses maintain a unique role when working within a collaborative partnership model with other disciplines? (Tick one box)** | 1 suggestion  
7 clear  
1 N/A  
1 suggestion  
Same as above  
A/A |
| **Concerns have been raised by nurses nationally for the future of nsg within EPS: Phase 1 and 2 of this study identifies current concerns about the role of the nurse for EPS over the next yrs. (Tick one box)** | 5 clear  
3 unclear  
Ask the question then put some background in brackets.  
Extra box Add ‘Please comment on your concerns’.  
Change  
Omit the intro.  
‘Would you agree that there are concerns for the future in nursing in EPS?’  
Maybe add ‘Please comment on your concerns’  
NB: Move this to nursing in EPS. |
| **In order to plan for the next 5–10 yrs do you agree that there is a need for workforce development strategy? (Tick one box)** | 8 clear  
Some suggestions  
Put this question into Looking Forward.  
Change  
‘Please indicate whether you agree or disagree with the following strategy statements which could inform a framework for the future of EPSs’  
Put this question into Looking Forward. |
| **Is it necessary to have an identified skill mix for the various practice contexts in EPS? (tick one box)** | 6 clear  
2 unclear  
Delete the intro reference phase 1 and 2 as not necessary.  
Change ques into statement  
Change ‘Identify the skill mix for the various practice contexts of EPS (eg. Residential, Day stay, Consultations, community programs, Helpline, home visiting, parent education, etc)’ |
| **Increase the development and availability of innovative course training options for the early parenting sector** | 3 clear  
5 unclear  
Delete the intro reference phase 1 and 2 as not necessary  
Change ques into statement  
Change ‘Increase the development and availability of innovative options for post qualification education.’ |
| **Develop innovative national professional development opportunities via diverse delivery modes?** | 3 clear  
5 unclear  
Change ques into statement  
Change ‘There is a need for innovative national professional development opportunities’ |
| **Develop retention strategies for the ageing workforce in EPS?** | 5 clear  
3 unclear  
Change ques into statement  
Change ‘Develop retention strategies for the ageing workforce in EPS’ |
| **Develop marketing and recruitment strategies identified for a future multi generational workforce?** | 3 clear  
5 unclear  
Change ques into statement  
Change ‘Develop marketing and recruitment strategies for a future multi generational workforce’ |
| **Identify further research questions to progress the workforce agenda?** | 4 clear  
4 unclear  
Change ques into statement  
Change “Identify further research areas relevant to EPS workforce’ |
| **Consider sustainable strategies to support future multi-generational workforces?** | 4 clear  
4 unclear  
Change ques into statement  
Change ‘Develop sustainable strategies to support future a multi-generational workforce’ |
| **Please rank the above mentioned** | 7 clear  
Change years to 3–5 years  
Change 3–5 years and Bold |
strategy statements according to the perception of their priority for the next 2 yrs.

Please rank the above mentioned strategy statements according to the perception of their priority for the next 3–5 yrs.

Are there any other strategies you think should be included?

Please rank the above mentioned strategy statements according to the perception of their priority for the next 2 yrs.

Please rank the above mentioned strategy statements according to the perception of their priority for the next 3–5 yrs.

Additional questions:

1. What is your location? State postal code (work)
2. Please indicate your category for age (tick one box)
3. What length of time in yrs have you been working in the area of EPS?
4. How much longer in yrs do you anticipate you will be working in the area of EPS?
5. What are your nursing qualifications? (tick relevant boxes)
6. Do you work closely with other disciplines? (tick one box)
7. Is it essential that nurses working in EPS are experienced? (tick one box)
8. Do nurses maintain a unique role when working within a collaborative partnership model with other disciplines? (Tick one box)

Concerns have been raised by nurses nationally for the future of nsg within EPS: Phase 1 and 2 of this study identifies current concerns about the role of the nurse for EPS over the next yrs. (Tick one box)

In order to plan for the next 5–10 yrs, do you agree that there is a need for a workforce development strategy? (Tick one box)

Is it necessary to have an identified skill mix for the various practice contexts EPS? (Tick one box)

Increase the development and availability of innovative course training options for the early parenting sector?

Develop innovative national professional development opportunities via diverse delivery modes?

Develop retention strategies for the ageing workforce in EPS?

Develop marketing and recruitment strategies identified for a future multi-generational workforce?

Identify further research questions to progress the workforce agenda?

Consider sustainable strategies to support future multi-generational workforces?

Update all the items as per changes above list.

Distinguishing between 2 yrs and 3–5 yrs could be problematic.
### Are there any other strategies you think should be included?

| 8 clear |

#### INTERNAL CONSISTENCY

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is your location? State postal code (work)</td>
<td>8 clear</td>
</tr>
<tr>
<td>Please indicate your category for age (tick one box)</td>
<td>8 clear</td>
</tr>
<tr>
<td>What length of time in yrs have you been working in the area of EPS?</td>
<td>8 clear</td>
</tr>
<tr>
<td>How much longer in yrs do you anticipate you will be working in the area of EPS?</td>
<td>8 clear</td>
</tr>
<tr>
<td>What are your nursing qualifications? (tick relevant boxes)</td>
<td>8 clear</td>
</tr>
<tr>
<td>Do you work closely with other disciplines? (tick one box)</td>
<td>8 clear</td>
</tr>
<tr>
<td>Is it essential that nurses working in EPS are experienced? (tick one box)</td>
<td>8 clear</td>
</tr>
<tr>
<td>Do nurses maintain a unique role when working within a collaborative partnership model with other disciplines? (Tick one box)</td>
<td>8 clear</td>
</tr>
<tr>
<td>Concerns have been raised by nurses nationally for the future of nsg within EPS: Phase 1 and 2 of this study identifies current concerns about the role of the nurse for EPS over the next yrs. (Tick one box)</td>
<td>8 clear</td>
</tr>
<tr>
<td>In order to plan for the next 5–10 yrs do you agree that there is a need for workforce development strategy? (Tick one box)</td>
<td>8 clear</td>
</tr>
<tr>
<td>Is it necessary to have an identified skill mix for the various practice contexts EPS? (tick one box)</td>
<td>8 clear</td>
</tr>
<tr>
<td>Increase the development and availability of innovative course training options for the early parenting sector?</td>
<td>8 clear</td>
</tr>
<tr>
<td>Develop innovative national professional development opportunities via diverse delivery modes?</td>
<td>8 clear</td>
</tr>
<tr>
<td>Develop retention strategies for the ageing workforce in EPS?</td>
<td>8 clear</td>
</tr>
<tr>
<td>Develop marketing and recruitment strategies identified for a future multi generational workforce?</td>
<td>8 clear</td>
</tr>
<tr>
<td>Identify further research questions to progress the workforce agenda?</td>
<td>8 clear</td>
</tr>
<tr>
<td>Consider sustainable strategies to support future multi-generational workforces?</td>
<td>8 clear</td>
</tr>
<tr>
<td>Please rank the above mentioned strategy statements according to the perception of their priority for the next 2 yrs.</td>
<td>8 clear</td>
</tr>
<tr>
<td>Please rank the above mentioned strategy statements according to the perception of their priority for the next 3–5 yrs.</td>
<td>7 clear</td>
</tr>
<tr>
<td>Are there any other strategies you think should be included?</td>
<td>8 clear</td>
</tr>
</tbody>
</table>
Appendix 22: Marketing postcard for national survey

Nursing within Early Parenting Services

A survey is coming in April

Please keep a look out in your workplace for an email to participate in an on-line survey. This is a study being undertaken by Doctoral nursing student Elaine Bennett from Notre Dame University.
The study is called “An exploration of the past, present and future of nursing in Early Parenting Services in Australia”.

Have your say for the future!

The email will contain background on the study to-date and will take 10-15 minutes to complete.

Elaine Bennett
Appendix 23: Protocol for planning and distribution of national survey

Site Coordinator

Protocol for planning and distribution of the National Survey at each site

Study—‘The past, present and future of nursing in Early Parenting Services in Australia’—Elaine Bennett

Preparation for Site coordinators:

Preparing for the survey: What do you need?

- Send out a preliminary ad for nurses at your site 2 weeks before the online questionnaire is sent.
- Is there someone available on site that can be available to assist any nurses who need assistance with the completion of the survey on-line? A pack of questionnaires (hard copy) will be available for those nurses not able to undertake the online survey. Can you advise Research of numbers required?

Process for Selection of participants:

Nurse involvement is voluntary.

IV. Site Coordinator to send out Advertisement via email to nurses to support the study (Researcher will send direct to site coordinator to send out to nurses);
V. Send to all nurses including mothercraft nurses (Exclusion will be direct entry midwives);
VI. The survey will be open for a month;
VII. Site coordinator to send out reminders each week to nurses to maximise response rate.

XX One state. only (as per Ethics request)

1. Site Coordinator to send out Advertisement via email to nurses to support the study (Researcher will send direct to site coordinator to send out to nurses);
2. Send to all nurses including mothercraft nurses (Exclusion will be direct entry midwives);
3. Information Sheet and consent form to be signed—can someone locally collect these and scan (post in self-addressed envelope) to Researcher;
4. The survey will be open for a month;
5. Site coordinator to send out reminders each week to nurses to maximise response rate.
Appendix 24: Information sheet for national survey

Subject: FW: National Survey for Nurses within Early Parenting Services
Attachments: The study so far2.pdf
Importance: High

Please forward to all nurses

Please read the information below, then the attachment with this email and then use the web address link below to undertake the Survey.
It will take about 10 -15 minutes of your time.
The survey will be open for a month and closed on the 5th JUNE 2012.

Hello,

My name is Elaine Bennett. I am a student at The University of Notre Dame Australia. My research concerns how nursing has evolved, the current situation and how nurses perceive the future direction of nursing to be, within Early Parenting Services in Australia.

The purpose of the study is to explore how early parenting nurses describe the nurses role within the context of an interdisciplinary team. It is hoped the study will have important implications for the future workforce development both at Ngala in WA, and more generally throughout Australian early parenting services. I have undertaken Phase 1 and 2 of the study, and these two phases have now informed this survey of Phase 3.

What is involved?

Please read the Information sheet for background on the study to-date.
Then click the link to the survey below. It will take you about 10 -15 minutes.
The results from the study will be made freely available to all participants.

Confidentiality

Information collected from the survey will have no identifying information. Data collected will be stored securely in the University’s School of Nursing & Midwifery for five years.

Contact information

Dr Selma Aliex of the School of Nursing is supervising the project. If you have any queries regarding the research, please contact me directly or Dr Selma Aliex by phone (08) 9433 0215 or by email at saliex@nd.edu.au

I thank you for your consideration and hope you will agree to participate in this research project.

Regards Elaine

https://www.surveymonkey.com/s/23LRGBW
Appendix 25: Attachment to survey—the study so far …

The study so far >>>>

‘An exploration into the past, present and future of nursing in Early Parenting Services in Australia’—Elaine Bennett

Background history to Early Parenting Services (EPS) in Australia

Many of the EPS sites around Australia have been operating for over a century of time. Nurses have been the predominant workforce for this period. It has only been over the previous 2–3 decades that a greater discipline mix has been added to services in order to meet the changing needs of families. It was observed during Phase 1 and 2 that sites around Australia operate in both multidisciplinary and interdisciplinary contexts, and some sites vary with the opportunity of nurses working alongside other disciplines very closely on a daily basis (rather than purely on a referral basis).

Definitions

1. **Early Parenting Services (EPS)** are defined as those services around Australia who provide a range of early parenting services for families with young children. They are not the universal child health system, but services as follows:

   - **Tasmania**—Parenting Centres (Child Health & Parenting Service).

   - **Victoria**—Tweddle Child & Family Health Service; O’Connell Family Centre; The Queen Elizabeth Centre.

   - **New South Wales**—Karitane and Tresillian Family Care Centres.

   - **Queensland**—Ellen Barron Family Centre.

   - **South Australia**—Torrens House (Child & Family Health Services).

   - **Western Australia**—Ngala.

2. **AAPCH**—Australian Association of Parenting and Child Health

   A national association where all services above meet annually. It also includes Plunkett, New Zealand and The Queen Elizabeth 11 Family Centre, ACT.


Key changes to Nursing Practice

The study so far …

Nurses involved in Phase 1 and 2 have all agreed that nurses in EPS:

- Have moved from an expert approach to working in partnership with families;
• Are open to working collaboratively with other disciplines;
• Now integrate evidence and reflective practice in their daily work with families.

Phase 1 and 2 described the role of the nurse in EPS and all agreed on the overall role description of the nurse working within EPS.

The 3 themes (with sub-themes) were:

I. Early Parenting Nursing Practice
   a. Building connection-relationship
   b. Assessment
   c. Parent craft-child development
   d. Advocacy
   e. Health promotion
   f. Group facilitation
   g. Anticipatory guidance
   h. Coordination and planning

II. Application of Evidence
   a. Professional development
   b. Records and data
   c. Reflection and evaluation
   d. Research application

III. Linking with others
   a. Team connection
   b. Mentoring colleagues
   c. Preceptoring students
   d. Referral.

Out of the overall role (as above) the next stage identified what was unique to the nurse working within EPS. The role of other disciplines does overlap with the nursing role within EPS when disciplines work closely together. What is it about nurses that make them unique when working with other disciplines?

During Phase 1 both nurses and allied professionals described the uniqueness of the nurse as clustered into 3 themes within EPS:

I. Nursing role
   a. Parent-craft/child development
b. Health assessment  
c. Health promotion  
d. Holism  
e. Coordinator of care  

II. Experienced practitioner with broad knowledge base  
III. Professional identity.  
That was a very brief summary that has given insight into the role of the nurse and the uniqueness when working closely with other disciplines . . .  

The concept of an Early Parenting Practitioner (EPP) was developed from Phase 1 and presented to Phase 2 with 7 out of 9 sites agreeing that an EPP would complement the existing nursing skill mix of nurses within EPS and assist to sustain workforces for EPS into the future.

An EPP could hold a baseline degree in occupational therapy, social work, psychology, early childhood or speech therapy etc. with the suggestion to undertake a postgraduate diploma in Early Parenting Practice (to be developed). This concept would not be a cost cutting exercise with a lower level worker (like an EN or 2 year diploma or certificate) but work alongside nurses with a different skill set as well as having had postgraduate training in early parenting.

It was agreed that EPS have a range of specialist services and nursing will need to consider a future skill mix and workforce requirements to meet the multiple needs of today’s families. A mono-discipline approach cannot sustain this work.

Please find the link at the bottom of the email and progress through the questions … your feedback is going to be very valuable for this study.
Appendix 26: National questionnaire

Nursing in Early Parenting Services Survey

Introduction for Phase 3

Having read the material previously provided via email regarding the background of the study to date, please answer the following questions. Your input will help to shape the direction for nursing in Early Parenting Services.

Additional comments and suggestions are welcome and space has been provided following most questions.

Please note that you must answer each question before you can go onto the next.

Section 1 Demographics

1. What is the location of your workplace?
   - State: [ ]
   - Postal code: [ ]

2. Please indicate age category (Tick one box).
   - 20 – 29 yrs [ ]
   - 30 – 39 yrs [ ]
   - 40 – 49 yrs [ ]
   - 50 – 59 yrs [ ]
   - 60 – 64 yrs [ ]
   - 65 – 69 yrs [ ]
   - >70 yrs [ ]

3. What length of time have you been working in the area of Early Parenting Services (EPS)? (NB: EPS refers to your working within EPS & not universal child health services or other Agencies)
   - Years: [ ]

4. How much longer do you anticipate you will be working in the area of EPS?
   - Years: [ ]
5. What are your nursing qualifications? (Tick all relevant boxes)

|----|----|------------------|------------------------|-------------------------|----------------|-----------------|----------------|----------------|-----|-------|

6. Do you work closely with other disciplines at your site? (Tick box)

Yes   No

7. If you ticked YES then please tick the relevant box below which clarifies how you work.

*Closely on a daily basis & use reflection in teams
*Regularly but no reflection in teams
*I refer to other disciplines only

Please comment
**Section 2  Nursing within Early Parenting Services**

Please indicate whether you agree or disagree with the following statements.

8. **It is essential that nurses working in Early Parenting Services are experienced.** (Tick one box)

<table>
<thead>
<tr>
<th>it is essential that nurses working in EPS are experienced</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree or disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

Please comment

9. **Nurses maintain a unique role when working within a collaborative partnership model with other disciplines.** (Tick one box)

<table>
<thead>
<tr>
<th>Nurses maintain a unique role when working within a collaborative partnership model with other disciplines</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree or disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

Please comment

10. **There are concerns nationally for the future of nursing in EPS** (Tick one box)

<table>
<thead>
<tr>
<th>There are concerns nationally for the nursing role in EPS</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree or disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

Please comment on your concerns
Section 3 Looking Forward

Please indicate whether you agree or disagree with the following strategy statements which could inform a framework for the future of EPS.

11. Increase the development and availability of innovative options for post qualification education in the early parenting sector (Tick one box)

<table>
<thead>
<tr>
<th>Increase the development and availability of innovative options for post qualification education in the early parenting sector</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree or disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

Please Comment

12. There is a need for innovative national professional development opportunities (Tick one box)

<table>
<thead>
<tr>
<th>There is a need for innovative national professional development opportunities</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree or disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

Please Comment

4 | Page
13. Identify further research areas relevant to the EPS workforce (Tick one box)

<table>
<thead>
<tr>
<th>Identify further research areas relevant to the EPS workforce</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree or disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

Please Comment

14. In order to plan for the next 5-10 years there is a need for a workforce development strategy in EPS (Tick one box)

<table>
<thead>
<tr>
<th>There is a need for a workforce development strategy in EPS</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree or disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

Please Comment

15. Identify the skill mix for the various practice contexts of EPS (Tick one box)
   (Examples of practice contexts are Residential, Helpline, Daystay, Consultations, Parent Education, Community Programs etc.)

<table>
<thead>
<tr>
<th>Identify the skill mix for the various practice contexts of EPS</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree or disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

Please Comment
16. Develop marketing and recruitment strategies for a future multi-generational workforce (Tick one box) (NB: multi-generational means a range of generations within a workplace)

<table>
<thead>
<tr>
<th>Develop marketing and recruitment strategies for a future multi-generational workforce</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree or disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

Please Comment:

17. Consider sustainable strategies to support a future multi-generational workforce (Tick one box)

<table>
<thead>
<tr>
<th>Consider sustainable strategies to support a future multi-generational workforce</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree or disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

Please Comment:

18. Develop retention strategies for the ageing workforce in EPS (Tick one box)

<table>
<thead>
<tr>
<th>Develop retention strategies for the ageing workforce in EPS</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree or disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

Please Comment:

6 | Page
19. Please rank the above mentioned strategy statements according to your perception of their priority for the next 3-5 years. (Tick one box only for each statement)

<table>
<thead>
<tr>
<th>Statement</th>
<th>High priority</th>
<th>Medium priority</th>
<th>Low priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the development and availability of innovative options for post qualification education in the early parenting sector</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There is a need for innovative national professional development opportunities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify further research areas relevant to the EPS workforce</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There is a need for a workforce development strategy for EPS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify the skill mix for the various practice contexts of EPS</td>
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<tr>
<td>Develop marketing and recruitment strategies for a future multi-generational workforce</td>
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<tr>
<td>Consider sustainable strategies to support a future multi-generational workforce</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Develop retention strategies for the ageing workforce in EPS</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Please Comment


20. Please rank the above mentioned strategy statements according to your perception of their priority for the next 5-10 years. (Tick one box only for each statement)

<table>
<thead>
<tr>
<th>Increase the development and availability of innovative options for post qualification education in the early parenting sector</th>
<th>High priority</th>
<th>Medium priority</th>
<th>Low priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a need for innovative national professional development opportunities</td>
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<tr>
<td>Develop retention strategies for the ageing workforce in EPS</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please Comment

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21. Please suggest any further strategies you think should be included.

Thankyou

Thank you for your time. The researcher will collate the responses and report the results to all services involved in the study. If you have any questions or would like to provide more input please contact Elaine Bennett: elainebennett@westnet.com.au or mobile 0448 776 626.