



**Ngala**  
Parenting with Confidence

## Research Framework

July 2017

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## Introduction

Ngala has existed as a Western Australian organisation, under various names, since the 1890s. Ngala advocates for and supports parents, families and communities to create nurturing, safe and caring environments for their children, to enable them to develop and achieve their potential. The name Ngala means “two”, “we”, “parent and child”<sup>1</sup>, derived from the Aboriginal Noongar language.

Ngala recognises that families play a critical role in the development and wellbeing of children. Family diversity and cultural difference provides challenges and opportunities for service providers, who must collaborate with family members to provide responsive, relevant services and support.

Ngala endorses the perspective of The National Agenda for Childhood (2004), that parenting is a learned developmental process and that all parents are capable of learning how to parent. The generic skills that adults acquire through life experiences enable them to adapt and respond to the demands of parenting.

**Ngala supports parents through the provision of evidence based knowledge, skills and strategies that aim to:-**

- **assist parents in their day to day parenting role;**
- **increase parent’s understanding of their child’s behaviour in relation to understanding child developmental processes; and**
- **enhance parent’s confidence and ability to provide positive developmental opportunities through play and social interaction.**

## Background

Practice wisdom, research and evaluation have been developed at Ngala over a number of years now. A Research Agenda brings this work together in a more formal and organised way.

Towards the end of 2007, dialogue on the development of a research framework for Ngala commenced. It involved senior staff at Ngala as well as researchers from key universities who were already involved with the work of Ngala in some way. The Research Group includes practitioners and researchers from four key disciplines: nursing, social work, psychology and early childhood education.

## Purpose

The purpose of the research framework is **to develop and sustain an interdisciplinary research agenda for work in early parenting and early childhood**, and to **build relationships with key universities and agencies** related to research in the early years.

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<sup>1</sup> Bindon, P & Chadwick, R, A Noongar wordlist from the south west of Western Australia.

It must be acknowledged from the outset that research is not only a formal, academic process. Research takes place in many different forms and settings across the organisation in order to gain new knowledge in connection with our practice.

Research evaluation or practice development encompasses the seeking and sharing of knowledge amongst practitioners. It includes continuous action learning cycles to improve the effectiveness of what we do. All staff have skills and abilities that can contribute towards strengthening and developing a more formalised research culture within the organisation.

## Interdisciplinary focus

The World Health Organisation (2010)<sup>2</sup> provides a framework for innovative strategies that assist policy and programs to “booster the global health workforce”. The benefits for inter-professional education and collaborative practice strengthens service delivery systems, and facilitates improved health and well-being outcomes for families and children.

The purpose of developing a research framework is to guide Ngala in future research activity, to assist with identifying and developing priorities and to build a stronger and more coherent connection between current research and evidence and the practice that takes place within the organisation. Collaboration in research activity enables a common understanding of what each discipline brings to the table as well as consideration of:

- power and organisational culture;
- theories, concepts across disciplines;
- linkages between different forms of knowledge;
- ethical issues and processes;
- creating an environment enabling collaboration between researchers and practitioner<sup>3</sup>.

McWilliam (2000)<sup>4</sup> has recommended four principles to underpin practices in interdisciplinary services: They are:

- collective responsibility - meaning that teamwork is needed;
- a transdisciplinary approach - where team members exchange competencies between team members;
- functionality - practice and intervention is based on needs of service users and not those of the professionals; and
- practicality for service users - where interdisciplinary services and strategies should be useful and relevant for service users and simple to implement.

There is a body of evidence that supports the way in which professionals relate to and support families, and that can influence those families’ sense of control over their life circumstances<sup>5</sup>.

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<sup>2</sup>Health Professions Network Nursing and Midwifery Office, Dept. Human Resources for Health., 2010, *Framework for Action on Interprofessional Education & Collaborative Practice*, World Health Organisation: Geneva.

<sup>3</sup> Dagenais C, Ridde V, Laurendeau MC & Souffez K., 2009, Knowledge translation research in population health: establishing a collaborative research agenda, *Health Research Policy and System*, 7:28, p 1-10. Doi:10.1186/14784505-7-28.

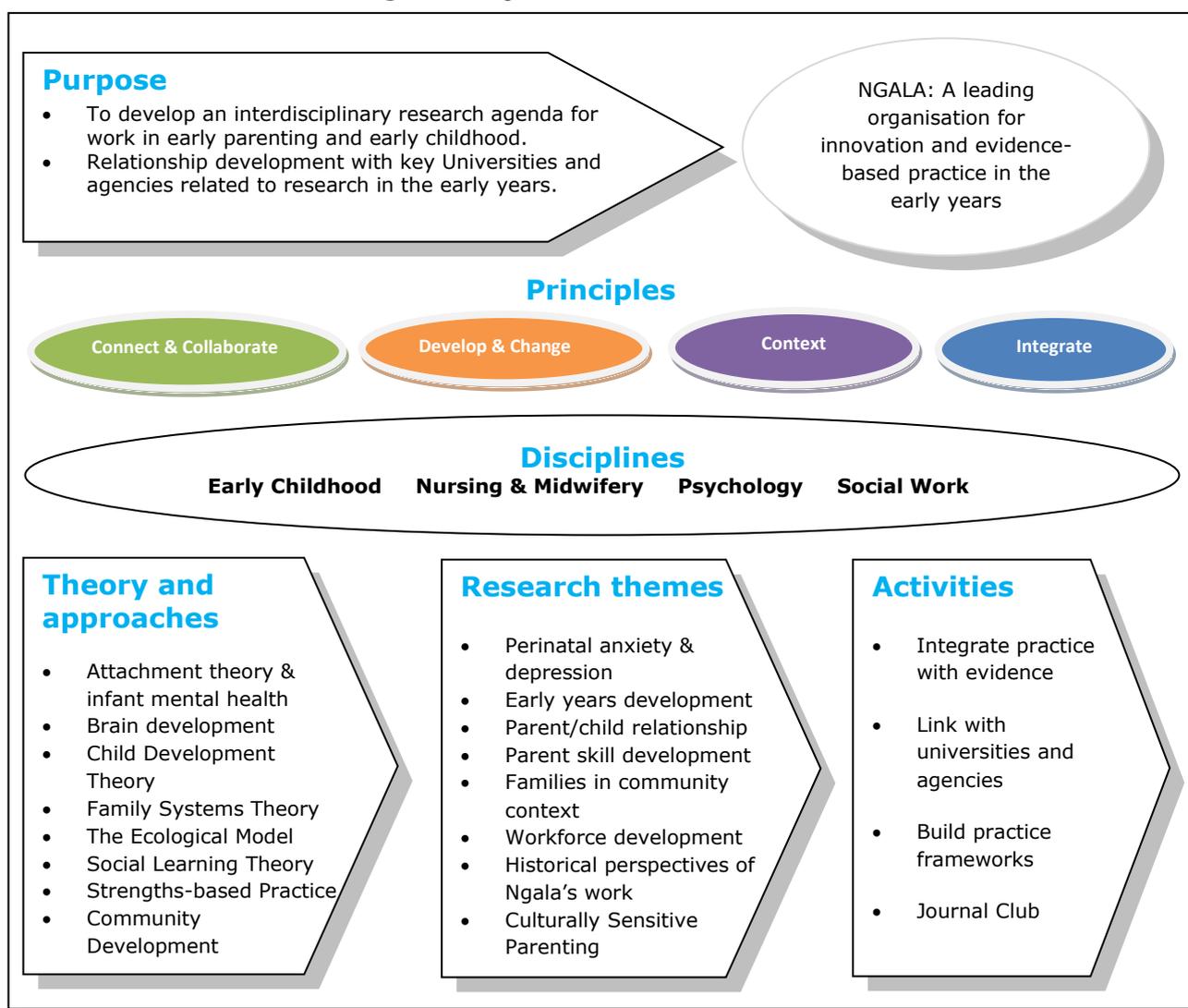
<sup>4</sup> McWilliam, R. A. (2000). Recommended practices in interdisciplinary models. In S. Sandall, McLean, ME, Smith, BJ, (Ed.), *DEC Recommended Practices in Early Intervention/Early Childhood Special Education*. Longmont, Colorado: Sopris West.

<sup>5</sup> Dunst, C., J., Dempsey, I., (2007). Family–Professional Partnerships and Parenting Competence, Confidence, and Enjoyment. *International Journal of Disability, Development and Education*, 54(3), 305 - 318.

Dunst and Trivett (2009)<sup>6</sup> discuss that relational help-giving includes practices typically associated with good clinical practice (e.g. active listening, compassion, empathy, respect) and help-giver positive beliefs about family member strengths and capabilities<sup>7</sup>. Straka & Bricker (1996)<sup>8</sup> identify key principles of effective collaboration for early intervention teams:

- Having a common goal of purpose;
- Involving caregivers;
- Developing joint outcomes from assessment;
- Coordinating intervention and the evaluation activities;
- Evaluating team functioning.

**Figure 1: Ngala Research Framework**



<sup>6</sup> Dunst, C., Trivett, C., (2009). Capacity-Building Family-Systems Intervention Practices. *Journal of Family Social Work*, 12, 119–143.

<sup>7</sup> Ibid No. 6 Dunst, C., Trivett, C., (2009).

<sup>8</sup> Straka, E., Bricker, D. (1996). Building a collaborative team. In D. Bricker, Widerstrom,A (Ed.), *Preparing Personnel to Work with Infants and Young Children and Their Families: A Team Approach*. Baltimore, Maryland: Paul H. Brookes.

Figure 1 (above) describes the overall framework. VanDeusen Lukas et.al (2010) suggest that strengthening organisations to implement evidence-based practice (EBP) is enhanced through the presence of three interacting components. They are:

- active leadership commitment to quality;
- robust clinical process redesign incorporating EBPs into routine operations; and
- use of management structures and processes to support and align redesign<sup>9</sup>.

## Key principles

To develop a research agenda it was necessary to build a common understanding of how Ngala works to enable the development of priorities and a future plan for funding opportunities and undertaking activities.

The key principles agreed to by the Research Group were consistent with the philosophy of how Ngala works within a strengths-based, solution focused approach to working with clients, staff and stakeholders. The principles are:

- connect and collaborate;
- develop and innovate;
- provide a context for the research;
- respect and integrity; and
- integration, rather than working in isolation.

In addition to these values and principles are the [Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research](#) (NHMRC 2003) and the National Statement on Ethical Conduct in Human Research (2007, updated May 2015)<sup>10</sup>. The latter statement was developed by the National Health and Medical Research Council (NHMRC), Australia's peak funding body for medical research. This document provides guidance around the design, conduct and ethics of human research. The first section '[Values and principles of ethical conduct](#)' supports a relationship of trust, mutual responsibility and ethical equality between researchers and research participants. The core values are:

- research merit and integrity;
- justice;
- beneficence; and
- respect.

Research that has **merit** is justifiable by its potential benefit and is conducted using appropriate methods, facilities and resources. Research that has **integrity** is carried out by researchers with a commitment to seeking knowledge and understanding, and communicating results.

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<sup>9</sup> VanDeusen Lukas, C., Engle, R., Holmes, S., Parker, V., Petzel, R., Nealon Seibert, M., et al. (2010). Strengthening organisation to implement evidence-based clinical practices. *Health Care Manage Rev*, 35(3), 235-245.

<sup>10</sup> National Health and Medical Research Council (NHMRC). (2007). [National Statement on Ethical Conduct in Human Research](#).

Research that is **just** ensures the selection, recruitment, exclusion and inclusion of participants is fair, that the benefits of participation are distributed fairly, and participants are not exploited. It also means that there is fair access to the benefits of research.

**Beneficence** occurs when the likely benefits of the research outweigh the potential risks of harm or discomfort to participants. Researchers must be sensitive to the welfare of participants and consider social and cultural implications. Risks of harm or discomfort should be minimised, and any potential risks explained to participants.

**Respect** acknowledges that each human being has value and autonomy, such as the capacity to make one's own decisions. Researchers must have "due regard for the welfare, beliefs, perceptions, customs and cultural heritage" and "respect the privacy, confidentiality and cultural sensitivities"<sup>11</sup> of participants and their communities. This also involves the protection of those with diminished capacity or autonomy, empowering them where possible.

Underpinning all aspects of Ngala's work is adherence to the United Nation's Convention on the Rights of the Child, guiding interventions and practice across the organisation. The Convention on the Rights of the Child (CRC), which sets out the civil, political, economic, social, health and cultural rights of children, is the most widely ratified human rights treaty in the world (Australian Human Rights Commission, 2007). Australia ratified the CRC in December 1990. The CRC describes what a child needs to survive, grow, and reach their potential. Some of the core principles of the CRC are:

- the right of all children to life, survival and development;
- the right of all children to express their views and feelings freely on all matters affecting them;
- a child's best interests must be a top priority in all decisions and actions that affect children; and
- the right of all children to enjoy all the rights of the CRC without discrimination of any kind.

Children's rights are interrelated and all of equal importance, with a focus on the child as a whole (UNICEF, 2014). The CRC highlights the importance of considering the best interests of the child, listening to the voice of the child, and identifying what is critical to protect a child from harm. In the Western Australian context, Ngala is positioned positively to respond to the needs of parents and families to support their understanding, knowledge and skills and increase their confidence in taking a more positive and active role in their parenting.

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<sup>11</sup> National Health and Medical Research Council (NHMRC). (2007). [National Statement on Ethical Conduct in Human Research](#), p.6.

## Theoretical perspectives and approaches

With the development of the framework, Ngala staff and University partners together compiled the key theoretical frameworks and approaches that inform early parenting and early childhood practice across disciplines. See Attachment 1 for a Summary of Theoretical Perspectives and Approaches.

### Attachment theory and infant mental health

Attachment describes the process of early relationship forming between infants and their primary caregivers, with infants displaying behaviours that seek to bring their caregivers close when needed for connection, comfort and/or protection. The pattern of attachment influences the social and emotional development of a child, and is identified by a large body of research across many cultures to impact the development of healthy future relationships. The importance of sensitive responsiveness to a baby is recognised in all cultures. However, there is great variability across cultures as to what this looks like in practice. Even within cultures there is variability and in addition individual babies bring their own uniqueness to relationships. Where all goes well the nature of the care giving relationship prepares the baby and young child for healthy future relationships, where it is problematic it may manifest in challenges for the child in the areas of learning, behaviour or interpersonal relationships<sup>12</sup>. The infant--parent relationship becomes the foundation from which the infant's view of self, trust in caregivers and confidence in the world is developed. When all goes well, the infant develops skills and confidence to explore and fully experience the world around him/her. For optimal development, infants require repeated and sustained experiences of warmth, responsiveness and security from those around them. To promote healthy infant mental health we recognise the need for parents/caregivers to build nurturing relationships, which help the child to feel secure and connected. By utilising everyday moments to be responsive, warm and emotionally available, parents are well positioned to enable their children to develop a confident sense of self and a lifelong interest in discovery and learning.

### Brain development

Current research shows that brain development occurs as a result of complex nature and nurture processes and interactions taking place prior to and after birth. There is increasing evidence and awareness that babies are learning about the world they will enter whilst in utero. New knowledge of infant development and capacity has implications for the importance of up to date information for prospective parents and provision of relevant ante-natal care and services to support healthy early brain development for the foetus.

For infants, the early years of life are critical for brain development, providing the platform for physical, psychological and social maturity. The context of primary care and the interactions that occur and define the nature of the relationships between the infant and the adult enable the establishment of vital neurological structures and processes. The infant is an active contributor in this development because of innate abilities, drives and needs, reinforcing the

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<sup>12</sup> Murray, L. (2014). *The Psychology of Babies: How relationships support development from birth to two*. London, Constable & Robinson

notion that both nurture and nature play a role in the development of an infant's brain. There is growing evidence from scientific studies of neuro-brain imagery indicating that the brains of infants begin wiring early with 75% completed prior to the age of one year and 90% completed by the age of five years<sup>13</sup>. This wiring, or connections being made between synapses in the brain, lays the foundation from which future learning and development can occur.

The brain is very malleable from birth to the age of three years with sensory deprived infants displaying low levels of activation and brain activity. We have learned that deprivation or maltreatment damages the brain and results in structural differences of development. However, with active reengagement and attachment in the primary context with primary carers, supported by targeted intervention programs, rewiring can be activated resulting in positive brain development and improved mental health for the infant.

### Child development theory

Understanding child development is of universal interest with research and theories beginning in the late nineteenth century. Child development theory historically was based on a description of children in terms of patterns and stages of development<sup>14</sup>. This aimed to provide an understanding of children and a framework for observing children to give guidance and meaning to what we see and expect at different ages. It outlined the process by which children are expected to move along the biologically determined pattern to becoming an adult. This stage theory view is now questioned and challenged to recognise the diversity inherent in the lives of children. Current focus has been drawn to understanding how children respond to the context and culture in which they function and touchpoints in a child's development that are significant in understanding the growth spurts that raise predictable issues for parents<sup>15</sup>. Ngala's early childhood practices inculcate this current research and it enables all children to be valued as unique individuals within their own context and has become the foundation of current theories and practices.

### Multicultural family systems theory

The family system is an interrelated system that is unique in characteristics, interactions, functions and life cycles. A family system is comprised of interconnected and interdependent individuals whose strengths and characteristics contribute to the whole. It is difficult to understand an individual in isolation, however, when considered as a part of a wider family system, understandings of an individual's situation and context begin to emerge. The individual develops within this setting and is shaped by the interactions, as well as contributing to change, by the reactions that occur. Family members are seen to respond to each other by abiding to family rules and norms that designate role, status, and relationship. Over time, these patterns of behaviour may become entrenched and/or dysfunctional, and consequently may not be in the best interest of individuals nor the family. All family members have the

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<sup>13</sup> Michael, J. (2008). Making the Case for Infant Mental Health. *Children's Voice*, 17(2), 10-13.

<sup>14</sup> Dockett S, & Fleer M, 2003, *Play and Pedagogy in Early Childhood*, Melbourne: Cengage Learning Australia Pty Ltd.

<sup>15</sup> Brazelton, T. B. and J. D. Sparrow (2006). *Touchpoints*. Massachusetts, De Capo Press.

<sup>16</sup> Papp, P. (1983). *The process of change*. New York: The Guildford Press, p63.

potential to profoundly affect each other as they seek to receive attention, approval and support from each other and react to needs, expectations and distress. This connectivity and reactivity make the functioning of family members interdependent as they are constantly interacting with each other within their own context<sup>16</sup>.

## The ecological model

The ecological model views a child as developing within a complex system of relationships, affected by multiple, nested layers of the surrounding environment<sup>17</sup>. Each of these intertwined layers or environments are seen as a major influence upon wellbeing and development and are termed microsystem, mesosystem, exosystem, macrosystem and the chromosystem. The microsystem concerns the child and the immediate environment, the mesosystem refers to connections among the immediate settings, the exosystem are the social settings that affect but do not contain the child, the macrosystem are the values, laws, customs and resources of the culture that affect interactions and the chromosystem is not a specific context but refers to the dynamic, ever changing nature of the environment.

The child develops in a social environment within the ever changing and interactive relationships of the family, home, school, community and society. The child is an integral part of these various environments and is able to construct experiences, explore, engage in, challenge and develop a world view because of these influences.

## Social learning theory

Social Learning Theory focuses on the learning that occurs with one another in social contexts. It is primarily gained through observation, imitation and modelling<sup>18</sup>. From observation, the child forms an understanding of how new behaviours are performed and also views the outcomes of those behaviours. Learning can occur without a change in observable behaviour as learning can be internalised and not necessarily imitated. The expectation of negative and positive reinforcement to the learner provides motivation to continue with the behaviour, though due to individual differences, the conditions and outcomes will vary. Modeling is considered to be the means through which a child acquires new behaviours that are reinforced within a supportive environment. The impact of a significant carer as a positive role model cannot be underestimated and requires an awareness and acceptance of the behavioural standards associated with the position.

## Strengths-based practice

Strengths-based practice focuses on the inherent strengths of groups and organisations and seeks to activate the personal strengths of individuals. Strategies aim to build and foster hope from within by focusing upon successes and achievements. Strengths-based practice draws on the perspective that problems are separate to the person, promoting the view that individuals in general have good intentions and are doing the best they can in their situation and

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<sup>17</sup> Bronfenbrenner, U. (1979). *The Ecology of Human Development*. Harvard University Press.

<sup>18</sup> Ormrod, J.E. (1999). *Human Learning*. Upper Saddle River, New Jersey: Prentice-Hall, p89.

circumstance<sup>19</sup>. The facilitator is integral to the change process, entering into partnerships with individuals to identify inherent strengths and achievements in order to create a foundation for fostering positive attitudes. In practice, the facilitator enables the individual to be their own agent of change by creating conditions that encourage control and direction of the process. This vested interest, combined with the blurring of power and authority provides a context in which the individual actively engages with new possibilities and believes that positive change can occur.

## Cognitive Behavioural Therapy

Cognitive Behavioural Therapy (CBT) is a psychotherapeutic approach that aims to solve problems concerning dysfunctional emotions, behaviours and cognitions through a goal-oriented, systematic procedure. The CBT approach is based upon both behavioural learning theory and cognitive and behavioural research. CBT focuses on the 'here and now' and on alleviating symptoms such as anxiety and depression by examining the thoughts, feelings, behaviours of clients and working to change those the clients sets as a goal.

Today, CBT has a broader base and included mindfulness and relaxation techniques under its umbrella. CBT therapists will also include a focus on sensations and images as well as interpersonal relationships into their work as they work with clients to first recognise their dysfunctional patterns and then work to change these. A CBT therapist has typically completed registration as a psychologist with a Master's degree; however, many CBT techniques have been incorporated into self help manuals and are widely used by a variety of allied health professions. There is a proliferation of literature that supports the efficacy of CBT for a variety of issues and as such, it is widely thought of as having the broadest evidence based support for behaviour change.

At Ngala, CBT techniques are used by the Counselling Psychologist in individual and group treatment and by nurses and social workers when working with families.

## Community development

Community development aims to bring people together to contribute towards and to feel a part of their community. This approach seeks to unite the efforts of people to participate in processes and action for the benefit their community, such as being involved in activity to bring about change or to achieve the provision of adequate services and resources for their community. Community development happens through the promotion of collective action to identify and bring forward issues and to raise preferences for action and change by those within the community. The emphasis is on self and collective empowerment, the development of mutual support, shared interests and local capacity building for problem solving. For community development to progress it needs to have an adequate supply of social capital<sup>20</sup>. People with high social capital tend to feel connected to their community, encouraging contribution and participation in community networks and processes. If social capital is low,

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<sup>19</sup> McCashen, W. (2004). *Communities of Hope: A strengths-based resource for building community*. Bendigo: St Lukes Innovative Resources, p43.

<sup>20</sup> Kenny, S. (1994) *Developing Communities for the Future: Community Development in Australia*. Crows Nest. NSW: Allen & Unwin, p24.

there needs to be an undertaking to identify and address factors that contribute towards disengagement and disconnection from 'community'. Some of the key factors and processes involved in community development include, open and transparent decision making, maximum community involvement and ownership, developing partnerships and collaborations, building capacity, working 'with' rather than 'on'.

Some of the key principles and processes involved in community development include, open and transparent decision making, maximum community/client involvement and ownership, developing partnerships and collaborations, building capacity, working 'with' rather than 'on'. These principles and processes are observed and practiced by staff in many different contexts across the organisation.

## Research priorities

The important work of Ngala in WA contributes to the population outcomes of sustaining families in challenging times and facilitating parenting with confidence. The capacity for parents to be 'good enough' parents also assists in families being able to sustain and contribute to their communities and the wider Australian society.

Parents often contact Ngala because they need assistance in some way to parent with confidence. This will vary from receiving information and education, meeting other parents in a group context, through to more specialised support such as, the enhancement of a parent/child relationship with small group work or individual counselling. Many parents contact Ngala for issues to do with their children's sleep, nutrition and behaviour or parental adjustment and/ or distress in the early years of life, particularly the first year. Emphasis will be given to extend Ngala's reach to families with increased vulnerability. Issues impacting on their parenting capacity can be alcohol and drug related, mental health issues and imprisonment.

Hauck et al (2007)<sup>21</sup> identified research priorities for Ngala using a Delphi method for determining priorities for practitioners and clients. This work will provide a guide in the development of research priorities.

The following priorities were chosen to reflect the primary work of the organisation; that is, working alongside parents and children, while ensuring that practitioners are prepared for working into the future.

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<sup>21</sup> Hauck, Y., Kelly, RG, Fenwick, J., (2007). Research Priorities for parenting and child health: a Delphi study. *Journal of Advanced Nursing*, 59(2), 129-139. doi: 10.1111/j.1365-2648.2007.04278.x

# Key research themes

## Perinatal anxiety and depression

This theme provides a focus on the impact of Perinatal Mental Health (PNMH) on families during the antenatal and period following birth up to 2 years<sup>22</sup>.

Ngala has for many years been a referral point to support parents experiencing distress in the PNMH period, and are seen as one of the key organisations in the service system to respond to PNMH issues through advocacy, education, group and individual assessment and interventions. Ngala practitioners have developed increased knowledge and skills in this area as well as the need to focus more on strategies to facilitate and enhance parent-child relationships. Ngala is using best practice measurement scales to screen and assess families (through specified program areas) for anxiety and depression. Trend analysis will be collected to inform evaluation of services and benchmark with similar services in Australia. Ongoing research and evaluation will focus on the above areas as well as the 'Tuned in Parenting' group work Program, and ongoing research work in this area.

## Early years development

Ngala's work with parents and with children 0-6 years of age has necessitated knowledge and skills in child development. The Early Learning and Development Services (ELDS) since the mid 90's, had developed a framework for working with children and families. The Child Initiated Approach (CIA) had evolved over time to be a best practice model and was overtaken by the national framework – The Early Years Learning Framework (EYLF). This work is important to early childhood, care and education services. The differences and unique qualities of every child are respected and valued, curriculum planning targets child development, health and wellbeing.

At Ngala we encourage parents/carers to provide supportive and positive learning environments that will assist children to learn and grow at their own pace. The focus for research in this area is to evaluate practice frameworks and the development of the workforce, both internally and externally. It is important to promote the voice of the children through our work and with other service providers and how to involve the child in decision making processes.

## Parent-child relationship

The work commenced at Ngala in 1890, always had intent to nurture the parent-child relationship. Over the Century and particularly during the 1960's the work was influenced by John Bowlby who elaborated a theoretical basis for understanding how babies develop emotional relationships, known as "attachment theory"<sup>23</sup>.

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<sup>22</sup> Ngala, 2008, *Service Delivery Model*, See Page 12-14.

<sup>23</sup> Bowlby J, 1969, *Attachment and Loss*, Vol 1: Attachment, London: Hogarth Press.

He surmised that babies create an inner working model of all human relationships on the basis of the earliest relationships in their lives. This may be modified gradually in the light of later experiences but, once the template is set, it is more difficult perhaps to change it that it is to 'lay it down' beneficially in the first instance<sup>24</sup>.

When parents are emotionally available and sensitively tuned to their infant's needs, a baby is more likely to develop secure attachments; these can reliably be measured by the age of one year<sup>25</sup>. Insecure attachments can be observed in about one-third of infants by this age. Follow-up studies suggest that insecure infants are more likely to have behavioural and learning difficulties by the time they commence school; they are also at risk of having greater difficulties in interpersonal relationships throughout their lives<sup>26 27</sup>. Children whose parents have depression and anxiety are six times more likely to develop these problems themselves<sup>28</sup>. Hence the work at Ngala needs to continue to develop and include strategies that enhance the parent-child relationship. The universal, targeted and intensive programs will focus on research and evaluation that promotes best practice in this area.

## Parent skill development

Ngala's tagline is 'Parenting with Confidence' and the work undertaken with families is focused on their needs plus looking for windows of opportunity to enhance family functioning.

Parent help-seeking can be thought of as the full range of actions parents take to inform and improve their parenting behaviour<sup>29</sup>. Understanding what parents seek help about, who they go to, and how they feel about help-seeking, is an important aspect of being able to support and assist parents.

A conceptual model<sup>30</sup> for the provision of parenting support in Australia has been presented as part of a large parenting study during 2004. It considers various forms of parenting and how family intervention might reduce vulnerability in children. The most appropriate target for parenting interventions is the parent's capacity to learn and self-regulate rather than simply be provided with a curriculum of parenting skills. The author considers this from a tripartite strategy for parents, practitioners and community.

Ngala has an interest in developing an understanding of supporting families with high vulnerability. Contextual and cultural research and evaluation is important; partnerships with Universities and Aboriginal and Torres Strait Islander organisations are essential for their success.

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<sup>24</sup> Williams A, 2001, *Early parent-infant attachment*, Medicine Today, 2(9):71-77.

<sup>25</sup> Ainsworth M, Blehar M, Waters E, Wall S, 1978, *Patterns of Attachment: a psychological study of the strange situation*, Hillside, New Jersey: Lawrence Erlbaum Associates.

<sup>26</sup> Main M, Hesse E, *Parents' unresolved traumatic experiences are related to infant disorganized attachment status*. In Greenberg M, Cicchetti D, Cummings E (Eds), 1990, *Attachment in the Pre-school years: theory, research and intervention*. Chicago: University of Chicago Press, 161-182.

<sup>27</sup> Murray L, Cooper P, 1997, *The role of infant and Maternal factors in postpartum depression, mother-infant interactions and infant outcome*, In: Murray L, Cooper P (Eds), *Postpartum depression and child development*, New York: Guildford Press.

<sup>28</sup> Beardslee W & Wheelock I, 1994, *Children of parents with affective disorders: Empirical findings with clinical implications*. In WM Reynolds & H Johnston (Eds), *Handbook of depression in children and adolescents*, p 463-479, NY: Plenum Press.

<sup>29</sup> Redmond C, Spoth R & Trudeau L, 2002, *Family and community level predictors of parent support seeking*, *Journal of Community Psychology*, 30, 153- 71.

<sup>30</sup> FACS, 2004, *Parenting Information Project Vol 1: Main report Appendix B Introducing a conceptual model for the provision of parenting support in Australia*, p78-95, National Agenda for early childhood, Canberra.

This growing awareness of the benefits of paternal involvement has led to greater recognition of the support needs of men during their transition to fatherhood from the antenatal period through to early childhood, and beyond. The work with father inclusive practice is important in this area and requires more research.

## **Families in community context**

Community development is the cornerstone to the community practice framework at Ngala. Many projects and their evaluation have built on the development of this framework as best practice. The framework provides a way of putting into action key theoretical underpinnings of Ngala's Service Delivery Model. Working in and with a community context provides an opportunity to action an integrated approach.

Most of the work Ngala undertakes with families and communities is funded by external agencies and as such the work undertaken is program orientated. Usually the location of the community work is determined by government priorities. Ngala will consider demographic data including numbers of young children, social isolation factors, education and earning levels as well as existing social infrastructure, when making decisions about communities of focus.

Whilst local programs are important it is crucial to add capacity to local communities and partnership with stakeholders in the area with a focus on joined-up opportunities for research.

## **Workforce development**

Ngala was predominantly a nursing organisation up until the 1980s. Since this time there has been a gradual increase in other professional disciplines such as social work, psychology, and early childhood education. One of the major issues is the workforce requirements in ten to fifteen years, when a large majority of staff will be retiring or reducing hours. Due to the ageing workforce, the shortage of nurses and other professionals, and the difference in generation preferences for work and remuneration, it is necessary for Ngala to commence research into this area and to consider recommendations for the future.

## **Historical perspectives of Ngala's work**

2010 marked a 120 year milestone for Ngala. This sparked interest in Ngala as an organisation and how it has evolved over time. It will be important to encourage research to document the role of the organisation in history.

## **Culturally sensitive parenting**

Diverse cultural norms, perspectives and practices may result in different child rearing practices across cultures e.g. Aboriginal and Torres Strait Islander families and families from

Culturally and Linguistically Diverse (CaLD) backgrounds. These practices need to inform Ngala's approach to providing early parenting using a partnership approach that recognises, respects and builds on existing skills, resources and that respects cultures, cultural values and diverse parenting practices. Research into this area is required to ensure that Ngala services provided for vulnerable families are meaningful, appropriate and effective.

## Governance for the Research Agenda

The Ngala Research Group will be responsible for the Research Agenda and steer the organisation in conjunction with the Executive Group and Professional Advisory Committee (a sub-group of the Ngala Board).

The development phase of Ngala's Research Agenda took place from 2008 to 2010, undertaken by the Research Group. This ran simultaneously to:

- ongoing research activities being undertaken and a monitoring role for research, evaluation and practice development;
- dialogue and development of the Research framework; and
- the development of a research culture within the organisation.

## Developing and sustaining a research culture

It is with the belief in collaborative partnerships that Ngala is stronger in its endeavour to develop a research agenda. With the combining of practice, research knowledge and education, it is clear that Ngala will be more sustainable into the future. Postgraduate research students will continue to be encouraged, and Ngala has the benefit of a valuable resource in terms of client database and access to families.

### Research Culture Action research project 2008-9

A small grant was obtained from the WA Nurses Memorial Trust to undertake an action research project with practitioners, which would feed into the research agenda as well as developing a research culture at Ngala. Staff focus groups and individual interviews were undertaken in two phases, and provided key information to understand a baseline for the organisation.

#### Phase 1

All Ngala staff were provided with the background, goals and aims of the project and invited to attend focus groups to participate. Staff were also provided with questionnaires containing the same questions that were covered at the focus groups. Staff were provided with an option to request an individual interview if they wished. Seventeen people attended the focus groups and five interviews took place with individual staff members. Two staff members responded

with comments and suggestions about research in general and thoughts around developing a research culture within the organisation.

Phase 1 focused on gaining insight and stimulating discussion around the following key points:-

- Perceptions, attitudes and understandings of research in general;
- Thoughts and ideas around the value of research in connection with professional practice;
- Kinds of research activity staff were interested in and what topics or practice areas could be identified as priorities for research;
- Existing strengths amongst staff and within Ngala that could contribute to a research culture;
- Elements or factors perceived as barriers that inhibit ability to participate in research;
- Ideas, attitudes and perceptions around Ngala's interest and goal of expanding on current research activity to create a strong and vibrant research culture.

Qualitative data was collected and presented to the Research team for analysis.

## Phase 2

All staff were given feedback on the findings of phase one of the research process and invited once again to attend focus groups or an individual interview. Thirteen people attended the focus groups, five individual interviews were conducted and three staff members contributed ideas and comments via email.

This phase of the action research cycle was informed and developed in response to the findings of Phase 1, focusing on these key points:-

- Exploring the Ideas and Strategies developed by research participants in Phase 1 and asking participants to identify which initiatives they agreed or identified with and which ones stood out as possible priorities for action. The process remained open for new strategies to be put forward.
- Ideas and Strategies discussed in more detail to assess whether some ideas fostered more enthusiasm, or stood out in terms of staff identifying merit and potential to making a difference.
- Putting forward priority recommendations to the Research Steering Committee for further development in order for the 'Action' element of the Action Research Process to be designed around.

## Main findings

Key findings from the Action Research Process:

- A majority of staff perceive 'research' as an academic activity, which involves a high level of skill, 'scientific' approaches, describing research using words such as 'onerous' and 'arduous';

- When exploring the many ways of carrying out research, the responses of some participants encouraged others to broaden their ideas of what research can be and how it can be carried out;
- Staff reflected on research, its significance and importance at a professional level, organisational level and community level interchangeably, placing even value and linking all three together;
- A majority of participants placed a high value on research and ensuring that practice is evidence based; with many expressing that it is vital for retaining credibility as professionals and as an organisation;
- There was some focus of responsibility lying with the Organisation to instigate research activity as well as responsibility for staff to contribute and participate;
- When discussing and acknowledging what forms of research that staff are already participating in, participants talked mostly of informal forms of research activity such as doing literature searches to answer practice related questions, speaking to families, colleagues and professionals from other agencies about the effectiveness of particular strategies and interventions to inform practice. Many staff read in their own time to inform their practice;
- The purpose of the research and its relevance to staff was also cited as important factors in gaining staff enthusiasm and motivation for participation.

### Most commonly perceived barriers

- Current workload,
- Perceived lack of resources, including lack of work and after hours time to participate;
- A need to update skills e.g. using databases, doing literature reviews, critical appraisal of research literature, update on research methods and analysing data;
- A need for incentive and acknowledgement;
- A need for leadership and support;
- A need for physical space or suitable environment to read quietly or to meet and share knowledge with colleagues; and
- A lack of opportunity.

### Recommendations/strategies highlighted as priorities for action

1. Provide project management support and guidance within the organisation (i.e. allocate a staff member or team to provide support, guidance and advice with research ideas and projects);
2. Develop opportunities for regular “Research/Practice Evidence Sessions” open to all staff to attend if interested, operating like a Research Club;
3. Offer meaningful incentive and reward for participation;

4. Provide access to databases for all staff, including information on what can be accessed and how to search or navigate around the database;
5. Provide research skills training, including doing literature reviews or critically appraising research literature;
6. Develop processes within the organisation to ensure and support new practice knowledge being translated into practice; and
7. Allocate time to staff to participate in research activity such as time to read articles, discuss articles or take part in projects.

Participants indicated that implementing the above strategies would communicate the organisation's support and seriousness of developing a research culture.

Comino & Kemp (2008)<sup>31</sup> undertook a descriptive study that highlighted the ever-increasing need for community-based child health practice staff to focus and contribute on evidence-based practice. They reinforced the importance of developing skill development, participation in research-related activities, investment in leadership, and infrastructure and novel ways to research output within service areas.

A research implementation plan will be ongoing at Ngala. Funding sources will be sought to enable the progression of strategies and activities in the support of practitioners and the application of theory and knowledge to their work with clients. Working with families has become complex and requires engagement, collaboration and flexibility in the work. Understanding the multi-dimensional contextual factors affecting families as well as best practice strategies to apply with families and children requires considerable staff support to focus them on being a consistent, continually adaptable and up-to-date practitioner. Reflective practice strategies are crucial to the growth of individual workers and are strongly encouraged at Ngala.

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<sup>31</sup> Comino, E., Kemp, L., 2008. Research-related activities in community-based child health services. *Journal of Advanced Nursing*, 63(3), 266-275. doi: 10.1111/j.1365-2648.2008.04693.x

# Research strategies

## Planning

1. Develop a yearly plan to implement the priorities set for future research and subsequent funding opportunities. (on website)

## Register of Research & Evaluation

2. Collate all research and evaluation undertaken at Ngala and maintain a register for ongoing work (see [Ngala Research Register](#) ).

## Research and Evaluation culture

3. Develop and maintain support for practice development and evaluation.

## Reporting

4. Provide a yearly report on progress of activities to Staff, Executive and the Professional Advisory Committee.

# Appendix

## Summary of Interdisciplinary Theoretical Perspectives and Approaches (May 2015)

Theory/Approach	Key Principles	Key Readings
Attachment theory & Infant Mental Health	<ul style="list-style-type: none"> <li>• Describes process of early relationship forming between infant and care givers;</li> <li>• Impacts significantly on psycho-social and emotional development of child;</li> <li>• Affects future relationship building;</li> <li>• Crucial process affecting infant mental health;</li> <li>• Requires consistent and sensitive responses to emotional and physical needs.</li> </ul>	Murray, L. (2014). <i>The Psychology of Babies: How relationships support development from birth to two</i> . London, Constable & Robinson
Brain development	<ul style="list-style-type: none"> <li>• Nature and Nurture both affect development;</li> <li>• 70% of 'wiring' within an infant's brain occurs in the first year, 90% by the age of 5 years;</li> <li>• Healthy attachment and exposure to positive stimulation and learning experiences is crucial to healthy brain development.</li> </ul>	Michael, J. (2008). <i>Making the Case for Infant Mental Health</i> . Children's Voice, 17 (2), 10-13.
Child development theory	<ul style="list-style-type: none"> <li>• Describes the process of continuous or discontinuous development;</li> <li>• Nature or nurture as more important;</li> <li>• Play is related to stages of development.</li> </ul>	Fleer, M & Docket, S. (2003), <i>Play and pedagogy in early childhood: bending the rules</i> . Sydney, Harcourt Brace.  Berk, L.E. (2002). <i>Infants, Children and Adolescents</i> (4 <sup>th</sup> ed.). USA, Allyn & Bacon.
Multicultural family systems theory	<ul style="list-style-type: none"> <li>• A family system is made up of interconnected and interdependent individuals, each affecting the other;</li> <li>• Rules, norms, roles and relationships develop within family systems;</li> <li>• Individuals develop and are highly influenced or shaped by the family system.</li> </ul>	Carter, B. & McGoldrick, M. (2005). <i>Overview: The expanded family lifecycle. Individual, family and social perspectives</i> . New York, Allyn & Bacon.
The ecological model	<ul style="list-style-type: none"> <li>• Development occurs within a complex system of relationships that take place within layers of a person's surrounding environment;</li> <li>• Five environmental layers or systems exist: - microsystem, mesosystem, exosystem, macrosystem and the chromosystem;</li> <li>• Children and families need to be understood in the context of all systems that they interact and live in.</li> </ul>	Bronfenbrenner, U., (1979). <i>The Ecology of Human Development</i> . Harvard University Press.

<p><b>Social learning theory</b></p>	<ul style="list-style-type: none"> <li>• Learning occurs through observation, imitation and modelling in social contexts;</li> <li>• Negative and positive reinforcement influences motivation to continue or discontinue certain behaviours;</li> <li>• Positive role modelling to children by significant carers is important.</li> </ul>	<p>Omrod, J.E., (1999). <i>Human Learning</i>. New Jersey, Prentice Hall</p>
<p><b>Strengths-based Practice</b></p>	<ul style="list-style-type: none"> <li>• Focuses on inherent strengths and achievements of individuals and families;</li> <li>• Based on premise that problems are separate to the person, important to hold a positive view of individuals;</li> <li>• Working in collaboration and partnership rather than expert model.</li> </ul>	<p>McCashen, W. (2005). <i>Communities of Hope: A strengths based resource for building community</i>. Bendigo: St Lukes Innovative Resources.</p>
<p><b>Cognitive Behavioural Therapy</b></p>	<ul style="list-style-type: none"> <li>• Based on theory that changing unhelpful or unhealthy thoughts, beliefs and behaviours will bring about positive change for individuals;</li> <li>• Focuses on the here and now;</li> </ul>	<p>Reinecke, M., Dattilio, F., Lopez, C., Freeman, A., Aaron, T., &amp; Beck, G. (2002). <i>Cognitive Therapy with Children and Adolescents</i>. New York: Guildford Press.</p>
<p><b>Community development</b></p>	<ul style="list-style-type: none"> <li>• Promotes collective ownership and action within communities to achieve change;</li> <li>• Focus on enabling people within communities to participate, be informed and contribute towards their community;</li> <li>• Focus on increasing social capital;</li> <li>• Open communication and shared decision making;</li> <li>• Empowerment and developing partnerships.</li> </ul>	<p>Kenny, S. (1994). <i>Developing Communities for the Future: Community Development in Australia</i>. Crows Nest, Allen &amp; Unwen. Ife, J. (2003). <i>People, Place, Partnerships</i>. Sydney, Keynote address Strengthening Communities Conference.</p>
<p><b>Cultural awareness</b></p>	<ul style="list-style-type: none"> <li>• The development of the baby and young child must be considered in the context of the cultural environment of the family.</li> <li>• Australian Aboriginal and Torres Strait Islander people have a uniquely important place in our society</li> <li>• Australia is a multicultural society and it is important to consider and understand the cultural and linguistic context for all babies, young children and their families.</li> </ul>	<p>Milroy, H., Dudgeon, P., &amp; Walker, R. (2014) 'Community life and development programs – pathways to healing'. In Dudgeon, P., Milroy, H., &amp; Walker, R. (Eds), <i>Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice</i> (2nd ed.), (pp.419-37). Office of Aboriginal &amp; Torres Strait Islander Health, Dept of Ageing: Canberra.</p>