



# EVALUATION OF THE NEWPIN SBB PROGRAM

2015 ANNUAL PROGRESS REPORT

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## List of Acronyms

CALD	Culturally and Linguistically Diverse
CSC	Community Services Centre
DPC	Department of Premier and Cabinet
FACS	Department of Family and Community Services
KTS	Keep Them Safe
NCFAS	North Carolina Family Assessment Scale
NGO	Non-government organisation
OOHC	Out-of-Home Care
PDP	Personal Development Program
SBB	Social Benefit Bond
TSG	Therapeutic Support Group
YTD	Year to Date

## Acknowledgements

Urbis would like to thank Uniting (formerly UnitingCare Burnside) and the Department of Family and Community Services for assisting the evaluation through providing access to data and also to staff and parents to participate in interviews and group discussions.

Urbis would also like to thank the representatives of Uniting and the Department of Family and Community Services who were consulted for this report. They gave generously of their time and were extremely thoughtful in sharing their experiences and views.

Most of all, we would like to sincerely thank the parents who agreed to be interviewed for the evaluation and share their experiences of participating in Newpin.

# Executive Summary

## INTRODUCTION

Newpin (the New Parent Infant Network) is an intensive child protection and parent education program that works therapeutically with families under stress. It aims to break the cycle of destructive family behaviour and enhance parent-child relationships. Newpin seeks to:

- safely restore children to their families or preserve the current family setting by preventing an out-of-home care (OOHC) placement
- reduce the incidence of child abuse and neglect
- break the inter-generational cycles of abuse and neglect.

The primary focus of Newpin is to restore children who are in OOHC to their families. Newpin is also open to families in stress who are in danger of having their children removed, and are seeking to preserve their families. Parents and their children attend a Newpin Centre for a minimum of two days a week over an 18 month period. The program offers:

- **Parenting modules** – Parents attend education modules at the Newpin Centre where they develop practical parenting skills and knowledge, learn about strategies to keep children free from harm and neglect, and develop a deeper understanding of their child's needs.
- **Therapeutic group meetings** – Parents attend weekly group therapy sessions at the Newpin Centre where they reflect on their own childhood experiences and how these have impacted their parenting.
- **Child development activities** – Children participate in structured and unstructured play sessions that aim to improve the child's social, emotional, language and communication skills.
- **A supportive environment** – The Newpin Centre provides a safe, supportive and stable environment for parents and children alike, in a home-like environment. Many participants are mentored and supported by other Newpin members, which is a critical component of the Newpin model.

As at 31 December 2015, Newpin was operational in five Centres – three in Western Sydney, one in South Western Sydney and one in Wyong on the Central Coast of NSW.

## EVALUATION AIMS

In late 2013, Urbis was commissioned by NSW Treasury to evaluate the initial three years of Newpin operating under a new Social Benefit Bond (SBB) arrangement. This is the Second Annual Progress Report on the evaluation and follows on from three other reports (the Evaluation and Monitoring Framework, an Implementation Report, and the 2014 Annual Progress Report). A full Interim Evaluation Report is due to be submitted in June 2016, followed by a Final Evaluation Report in 2020, by which time the Newpin SBB will have been in operation for seven years.

The scope of the initial phase of the evaluation includes:

- **process evaluation** focusing on the way the program has been implemented including any changes to the Newpin model, and the method and manner of the expansion of the service to new regions
- **outcomes evaluation** examining whether the key objectives of Newpin are being met and identifying the outcomes achieved by the service, the longevity of the outcomes and any unintended consequences
- **outcomes comparison** comparing the outcomes achieved to the proxy measures used to calculate payments under the SBB arrangement and advise whether the proxies are closely linked to the outcomes
- **economic and financial evaluation** considering the cost-effectiveness of the service (to the extent possible) and conducting a financial analysis of the service.

It should be noted that the scope of this evaluation does *not* include an assessment of the SBB financing arrangement, which is subject to a separate evaluation.

This 2015 Annual Progress Report focuses on:

- program participation, completion and restoration/preservation outcomes for the first two years of Newpin
- the implementation and ongoing development of the Newpin model
- the expansion of Newpin into new locations
- progress made in relation to a number of implementation and other issues identified in the 2014 Annual Report
- parents' experiences of participating in Newpin.

This progress report is based on in-depth qualitative enquiry with some 30 representatives of the management and staff of Newpin and the Department of Family and Community Services (FACS), preliminary in-depth one-on-one interviews with a small number of parents participating in Newpin, and an analysis of the latest program data. The upcoming Interim Evaluation Report will incorporate an analysis of stakeholder and parent feedback, program data and financial data. It will also include a comparison of restoration outcomes for Newpin families compared with those of a control group.

## KEY FINDINGS

During 2014/15, Newpin has continued to expand and progress and to achieve positive outcomes for the majority of families participating in the program. The key findings of this progress report are as follows:

### **The Newpin program is expanding, in line with the aims and objectives of the SBB**

The number of Newpin Centres has expanded from three to five with a further two new Centres due to be established by August 2016. This will result in increased access to the program for families in Wyong/Gosford, South West Sydney, Newcastle and a yet to be announced seventh location.

The number of families participating in Newpin is increasing, due partly to the growth in the number of Centres, but also to improved occupancy rates in the established Centres. Between 1 July 2013 and 30 June 2015, a total of 165 families and 252 children participated in Newpin.

More fathers are participating in Newpin than ever before. Male participants comprised one third of all restoration referrals over the first two years of the Newpin SBB. This trend may reflect a change in FACS practice whereby fathers as well as mothers are now being considered as restoration options for children in OOHc.

### **Program vacancy, completion rates and outcomes have improved over the last two years**

Comparison between 2013/14 and 2014/15 reveals:

- a reduction in the number of program vacancies indicating a smooth rate of referrals into the program as families transition out.
- a reduction in the number of unsuccessful program exits of Cohort 1 families (i.e. those seeking restoration).
- an increase both in the number and the rate of restorations for Cohort 1 families (taking into account those restorations that are subsequently reversed).



The restoration rate increased between 2013/14 and 2014/15 and the cumulative net restoration rate over the two year period was 58%. This rate is considerably higher than the estimated counterfactual rate. The actual counterfactual rate calculated for the control group will be available in June 2016. (This figure varies slightly from the rate reported in the Newpin SBB report to NSW Treasury, which is calculated on the outcomes for mothers and not all parents.) The net restoration rate for mothers in 2014/15 was 66%.

A number of 'reversals' occurred in 2015/16, with children returning to OOHC after restoration. It is recognised that not all restorations will be successful, and so the key questions are why some breakdown and others don't, and what are the risk and protective factors associated with these outcomes. The appropriateness of the referrals to the program may also be a factor. Both FACS and Newpin staff report they are now better at targeting the program and assessing the suitability of families for the program than they were when the Newpin SBB first commenced.

### **Preliminary feedback from Newpin parents is very positive**

A small number of parents currently attending Newpin were interviewed to obtain preliminary feedback about their experiences of Newpin. There was remarkable consistency in their responses. A further 30 parents will be interviewed in the coming months to gain more insight into the Newpin experience from the parents' perspective.

Newpin parents interviewed stress how much they and their children enjoyed attending the program. They talk about being respected, valued and motivated to work towards change. Critical to this is that they are not judged by Newpin staff, who consistently work within a positive frame, focusing on parents' strengths. This helps parents build their self-belief and confidence, something many of them lacked before. Parents also highly value the fact that staff role-model the behaviour and values that Newpin embodies. At the same time, staff do not shy away from challenging any problematic behaviour or having difficult conversations with parents. Parents say this makes them feel that Newpin staff care about them and their children and genuinely want them to succeed.

Parents talk positively about the knowledge and skills they are developing by participating in the education and therapeutic programs run at the Newpin Centres. The main outcome they focus on is the increase in their parenting skills – learning how to respond to their children's behaviour, how to engage in play activities and how to keep their children safe and well. Parents also highly value receiving court support, and support to work in a positive way in their dealings with FACS, other services and the court.

Parents also highlight the critical importance of being able to interact with peers at Newpin. This assists with program engagement and helps parents feel safe to 'open up' about their feelings and behaviours, often for the first time. Parents talk about the culture of mutual support that develops at the program – with parents encouraging each other to see that change is good, that restoration is possible, and that others have done it, so can they too. Parents say this is a very important aspect of Newpin that contributes to the progress they have been able to make whilst attending the program.

### **The Newpin model is developing in response to changing context**

This is most evident in decisions to create new Fathers' Family Worker positions to be co-located in the newly established Mothers' Centres (rather than being based in the Fathers' Centre) and to create a new position in the Fathers' Centre to focus on providing coordinated support to the partners of the mothers who are attending Newpin.

### **Newpin management has undergone a restructure to respond to changing needs and demands relating to the growing number and geographic spread of Newpin Centres**

Dedicated resources have been allocated to centralised intake (to ensure a smooth flow of referrals), quality control (to increase the consistency and quality of tools, data entry etc.), and to regional practice

management to ensure program integrity across new and established Centres. This is also designed to free up the Newpin Operations and Practice Manager to focus more on the expansion and roll-out of the program across the State.

### **Newpin practice is continuing to evolve as learnings are being developed and a greater focus on staff development and supervision continues**

In 2014/15, there has been a strong focus on professional development to better equip staff to provide effective support to meet the complex needs of the families attending Newpin. This has included training on trauma-informed practice, resilience, Minnesota peer supervision, early brain development, neuro-sequential modelling, and the latest research on restoration models and outcomes. Most importantly, the design of the Newpin Diploma in Therapeutic Work with Families is close to completion, which will define the competencies required to deliver effective practice. This is a significant achievement that will pave the way to supporting Newpin Centres across the nation.

### **The partnership between Newpin and FACS has gone from strength to strength**

Contract management is excellent, collaborative, forward-thinking and effective. At the operational level, there are signs that the relationship between Newpin staff and Community Service Centres (CSCs) has strengthened. Compared to 2013/14, there is now greater knowledge, trust and mutual respect between the agencies, and both can see that by working closely together, good outcomes are being achieved by families.

### **Recommended areas of focus for 2016**

The key recommended areas of focus for Newpin in 2016 include the following:

<b>Reversals</b>	<ul style="list-style-type: none"> <li>▪ Continual monitoring of the risk factors associated with restoration reversals and the development of strategies to address these</li> <li>▪ Investigation of supports and approaches to supporting Aboriginal families, particularly in the post-restoration period</li> </ul>
<b>Monitoring and reporting</b>	<ul style="list-style-type: none"> <li>▪ Further improvement of the new Client Information Management System – Carelink – which has yet to facilitate easy access to accurate and meaningful reporting at a program level</li> </ul>
<b>Roll out of new Centres</b>	<ul style="list-style-type: none"> <li>▪ Stronger upfront focus on, and realistic timetable of property procurement, to ensure no unnecessary delays are encountered in establishing new Centres</li> </ul>
<b>Practice</b>	<ul style="list-style-type: none"> <li>▪ Stronger focus and clearer objectives relating to working with couples, and with older children</li> </ul>
<b>Program model</b>	<ul style="list-style-type: none"> <li>▪ Monitoring of impact and outcomes of co-locating men's and women's programs in one Centre</li> <li>▪ Monitoring of impact and outcome of the expanded work with partners</li> </ul>
<b>Homelessness</b>	<ul style="list-style-type: none"> <li>▪ Continuing cross-division executive level discussions about addressing homelessness as a barrier to restoration</li> </ul>

# 1 Introduction

## 1.1 INTRODUCTION

In December 2013, Urbis was commissioned by NSW Treasury to undertake an independent evaluation of Newpin. Newpin is an intensive child protection and parent education program operated by UnitingCare Burnside (now known as Uniting) under a Social Benefit Bond (SBB) arrangement, the first of its kind in Australia. This report is the Second Annual Progress Report. The key purpose of the report is to provide an update on the progress of Newpin since the SBB commenced on 1 July 2013. It builds on the Implementation Report (which examined the first six months operation of Newpin) and the 2014 Annual Progress Report. A full Interim Evaluation Report will be prepared over the coming months and submitted in June 2016, which will include:

- a review of the first two and a half years of Newpin from the perspective of Uniting, FACS, parents and other stakeholders
- an analysis of program outcomes
- a comparison of the restoration outcomes obtained for parents participating in Newpin compared with a control group
- a summary of key learnings about the expansion and evolution of the Newpin model of restoration
- an economic analysis of the program.

It is planned that a Final Evaluation Report will be prepared in 2020, seven years after the commencement of the Newpin SBB.

## 1.2 THE EVALUATION

The initial phase of the evaluation of Newpin commenced in December 2013 and will conclude on 30 June 2016. The aims of the evaluation are to:

- examine the benefits of Newpin for clients and the community
- analyse variation in the achievement of different outcomes for different client groups and the factors that have influenced this
- understand the cost-effectiveness of the service-delivery model
- determine whether the proxy measures used for payments were an adequate indicator of social outcomes
- identify any unintended consequences.

The scope of the evaluation includes:

- **process evaluation** – focusing on the way the program has been implemented, including any changes to the Newpin model, and the method and manner of the expansion of the service to new centres
- **outcomes evaluation** – examining whether the key objectives of Newpin are being met and identifying the outcomes achieved by the service, the longevity of the outcomes and any unintended consequences
- **outcomes comparison** – comparing the outcomes achieved to the proxy measures used to calculate payments under the SBB arrangement and advising whether the proxies are closely linked to the outcomes
- **economic and financial evaluation** – considering the cost-effectiveness of the service (to the extent possible) and conducting a financial analysis of the service.

A Program Logic and Evaluation Framework for the evaluation was developed in 2014, which sets out the key evaluation questions, indicators and measures that will be used to assess the effectiveness of the program. A copy of the Program Logic detailing Newpin's process, immediate, intermediate and longer term outcomes is attached at Appendix A of this report. It should be noted that the scope of this evaluation does *not* include an assessment of the SBB financing arrangement, which is subject to a separate evaluation.

### 1.3 THIS REPORT

This 2015 Annual Progress Report focusses primarily on:

- program participation, completion and restoration/preservation outcomes for the first two years of Newpin
- the implementation and ongoing development of the Newpin model
- the expansion of Newpin into new locations
- Newpin management, staffing and operational costs
- progress made in relation to a number of implementation and other issues identified in the 2014 Annual Progress Report
- the partnership arrangement between Uniting and the NSW Department of Family and Community Services (FACS) in working together to support families participating in Newpin
- parents' experiences of participating in Newpin.

This report is based on in-depth consultations with some 30 stakeholders including management and staff from both Uniting and FACS, and eight parents currently participating in Newpin. These interviews were conducted in November and December 2015 (see Table 1 below). Consultation guides for the discussions are attached at Appendix B.

The majority of Newpin staff and management were consulted for this phase of the evaluation. FACS officers were identified by the FACS Newpin Contract Manager, and were drawn from all offices of the Department currently referring families to Newpin. Invitations were sent to parents in three of the four operational Centres to participate in the evaluation to obtain preliminary feedback on the client experience. The bulk of parent interviews and a survey of all Newpin parents will be conducted in April and May 2016 and results included in the Interim Evaluation Report.

TABLE 1 – 2015 ANNUAL PROGRESS REPORT CONSULTATIONS

ORGANISATION	STAKEHOLDERS
Uniting	<ul style="list-style-type: none"> <li>▪ Newpin Operations and Practice Manager (Acting Director of Newpin)</li> <li>▪ Manager Newpin Centres Metropolitan</li> <li>▪ Manager Newpin Centres Regional</li> <li>▪ Newpin Intake and Quality Coordinator</li> <li>▪ Newpin Centre Coordinators (4)</li> <li>▪ Newpin Family Support Workers and Play Facilitators (10)</li> </ul>
FACS	<ul style="list-style-type: none"> <li>▪ FACS Newpin Contract Manager</li> <li>▪ FACS Community Service Centre Director, Casework Managers and Caseworkers from CSCs working with Newpin (10)</li> </ul>
Newpin	<ul style="list-style-type: none"> <li>▪ Mothers (4)</li> <li>▪ Fathers (4)</li> </ul>

The report also draws on:

- statistics provided by Uniting on Newpin program referrals, completions, restorations and preservations for the first two full years of operation (1 July 2013 – 30 June 2015)
- financial information provided by Uniting based on the second year of operation (1 July 2014 – 30 June 2015).

## 2 Overview of Newpin

### 2.1 THE NEWPIN SBB

Newpin is short for the New Parent Infant Network. It is an intensive child protection and parent education program that works therapeutically with families under stress to break the cycle of destructive family behaviour and enhance parent-child relationships. The program originated in the United Kingdom in response to the needs of new mothers experiencing issues such as isolation, mental illness, family violence, social disadvantage and low self-esteem and for those who were at risk of physically or emotionally harming their child or children. In 1998, (then) UnitingCare Burnside in NSW took up the program under licence from Newpin UK. It now holds the licence for Newpin in Australia and currently operates five Newpin Centres in New South Wales (three in Western Sydney, one in South Western Sydney and one in Wyong). It also provides training and support in relation to the operation of the program under licence in a further ten Centres across Australia.<sup>1</sup> The primary emphasis of the program in NSW is to restore children in OOHC to their families, although the program also works with families at risk of having their children removed.

The Newpin model has been described as being underpinned by 'an eclectic mix of attachment theory, social learning theory, psychosocial child development instruction, ecological systems theory and an overarching strengths-based perspective to inform practice'<sup>2</sup>. The program works intensively with mothers, fathers and children. It includes parenting modules, a Personal Development Program, therapeutic support groups, home visits, and child development activities provided in the safe, supportive and stable environment of one of the program's Centres. It has a strong focus on peer support and participants are referred to as 'members'. Families attend a Newpin Centre two days a week for 18 months on average. In the case of families seeking restoration, this includes nine months both before and after the children are restored to their families from OOHC.

In March 2013, the NSW Government signed a contract with (then) UnitingCare Burnside to operate the Newpin program under Australia's first SBB. A SBB is a new financial instrument that pays a return based on the achievement of agreed social outcomes. Private investors provide capital to deliver a program or service and the savings generated from achieving better outcomes enable Government to repay the upfront investment and provide a return.

Under the SBB, finance was provided to Uniting to further develop, operate and expand the Newpin program to 10 Centres across New South Wales. The specific objectives of Newpin are to:

- safely restore children to their families or preserve the current family setting by preventing an OOHC placement
- reduce the incidence of child abuse and neglect
- break the inter-generational cycles of abuse and neglect.

The Newpin SBB commenced on 1 July 2013 and will continue for a period of seven years. Contract management is undertaken by FACS and Uniting. Newpin is one of two SBBs being trialled by the NSW Government (the second one targeting families at risk through the Resilient Families Service operated by The Benevolent Society). The trials are being led by NSW Treasury and the Department of Premier and Cabinet (DPC). A Steering Committee comprising Senior Executives from NSW Treasury, DPC, Corrective Services NSW, FACS, the Department of Education and NSW Health has been established to monitor and provide support to the SBB pilots and to oversee evaluation activity.

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<sup>1</sup> Agreement between UnitingCare Children, Young People and Family Services for, or on behalf of, UnitingCare Burnside and Family Action, December 2008

<sup>2</sup> Mondy and Mondy (eds) 2008 *Newpin Courage to Change Together Helping Families Achieve Generational Change* UnitingCare Burnside, Sydney

Although Newpin was based on a long-established and successful model of restoration, the program that commenced operation on 1 July 2013 incorporated a number of new elements that set it apart from its predecessor. In the new approach:

- Newpin is targeting a higher-risk population than before, focusing primarily on families whose children are in OOHC and where restoration is the key goal.
- The model of intervention has been expanded to include working with *both* parents (rather than just the primary parent as before) as well as with the older siblings of pre-school aged children attending Newpin.
- There is a stronger focus on data collection, staff training and supervision, and practice and program development.
- A close partnership between Newpin and FACS was needed which involved a new way of working across the government and the NGO sectors.

The introduction of the Newpin SBB has therefore required significant shifts in thinking and practice, both in Newpin and FACS. A key component of the evaluation involves tracking the learnings, innovations and changes that occur over time as the program works towards achieving the best possible outcomes for children and their families.

Newpin, with its focus on restoration and prevention of OOHC, and the partnership arrangement between government and NGOs, is in line with a number of major reforms to child protection in New South Wales. These include *Keep Them Safe* (KTS)<sup>3</sup>, *Safe Home for Life*, and *Practice First*. The central vision of KTS is that child wellbeing and child protection is a collective and shared responsibility.

*The change represents an important step towards an integrated system that is concerned both with child safety and the promotion of child wellbeing. All stakeholders – government, non-government, community, families and parents – must work together to support vulnerable children, young people and their families.*

Child Wellbeing and Child Protection – NSW Interagency Guidelines<sup>4</sup>

The *Safe Home for Life* package of reforms<sup>5</sup> and legislation<sup>6</sup> (which came into effect on 20 October 2014) represents the first steps towards a less legalistic, process-driven child protection system that places children and their families at the centre of decision making. These reforms focus on children at risk of significant harm by:

- building parenting capacity and increasing parental responsibility
- providing greater permanency for children and young people in OOHC
- delivering a modern, responsive and child-focused system.

*Safe Home for Life* also aims to provide support to families at an earlier stage to keep their children safe and prevent them from entering into OOHC. Where this is not possible, the focus is on providing stability to enable children to fulfil their potential. The legislative changes set out guiding principles for the permanent placement of a child and the timeframes in which the Children's Court must make its decision

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<sup>3</sup> Children Legislation Amendment (Wood Inquiry Recommendations) Act 2009, viewed 16 January 2015, <http://www.legislation.nsw.gov.au/maintop/view/inforce/act+157+1998+cd+0+N>

<sup>4</sup> NSW Department of Community Services New South Wales Interagency Guidelines for Child Protection Intervention, viewed 16 January 2015, [http://www.community.nsw.gov.au/docswri/\\_assets/main/documents/interagency\\_guidelines.pdf](http://www.community.nsw.gov.au/docswri/_assets/main/documents/interagency_guidelines.pdf)

<sup>5</sup> NSW Department of Family and Community Services, 2012, *A Safe Home for Life* Report on the outcomes of public consultation on the child protection legislative reform discussion paper 2012, viewed 16 January 2015 <http://www.facs.nsw.gov.au/reforms/safe-home-for-life>

<sup>6</sup> Child Protection Legislation Amendment Bill 2014 (NSW), viewed 16 January 2015, [http://www.parliament.nsw.gov.au/prod/parliament/nswbills.nsf/0/210c44b32b552a8fca257c2a00130c18/\\$FILE/b2013-119-d21-House.pdf](http://www.parliament.nsw.gov.au/prod/parliament/nswbills.nsf/0/210c44b32b552a8fca257c2a00130c18/$FILE/b2013-119-d21-House.pdf)

about restoration. Significantly, the first preference for permanent placement is family preservation or restoration, followed by guardianship, open-adoption, and parental responsibility to the Minister.

The third development of relevance is the introduction of *Practice First* by FACS as a model for child protection service delivery. Initially introduced in 2011, its primary focus is on changing the practice culture across the spectrum of work with families. This includes assessment, intervention and collaboration with partner agencies. Key features of *Practice First* are that it:

- requires practitioners to explore all avenues to keep a family together, where it is safe for the children involved
- encourages practitioners to spend more time with families
- promotes better communication with partner agencies to obtain a clearer picture about a child's safety and the family situation
- supports collaboration through group supervision, involving partner agencies where possible.

Drawing on the latest research on national and international models, *Practice First* now operates at 36 of the 82 FACS CSCs, in addition to three specialist units.<sup>7</sup>

## 2.2 CORE ELEMENTS OF NEWPIN

The primary focus of Newpin is restoration. The core components of the program are conducted with three cohorts of families (see 2.3). All parents and children participate in the same programs and activities, but not necessarily with the same intensity or for the same length of time. Further details about the core elements of the program, and the process from referral to program completion, are contained in Appendix C.

After a family is accepted into Newpin, they undertake an initial phase that involves the following steps:

- **An initial visit to their home** to discuss the program and talk about whether or not Newpin is right for the family.
- **A case conference** involving the local CSC caseworker, the parent(s), relevant family members and other services, to discuss the proposed service intervention.
- **An assessment process** involving an initial assessment using the North Carolina Family Assessment Scale (NCFAS), which provides a baseline from which staff and parents themselves can measure progress over time, culminating in a final assessment upon exit from the program.
- **Participation in the core program elements** which include participation in weekly parenting education modules and group therapy sessions, and structured and unstructured child development activities. Once accepted into the program, parents attend a Newpin Centre two days a week for an average of 18 months. Their children also attend the Centre twice weekly, or during contact visits if they are still in OOHC. Newpin Centres are large, home-like premises that can accommodate approximately 10 parents, some 20 to 30 children, Newpin staff and other visitors. Facilities include indoor and outdoor play areas, lounge rooms, group rooms, kitchens and children's toilets.
- **Transition planning** upon program completion, identifying external agencies and support systems that may have contact with the family after they leave the program.

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<sup>7</sup> Practice First is a new framework for child protection and OOHC service delivery – which is now operational in 45% of CSCs across the State (please see the link: <http://www.facs.nsw.gov.au/reforms/children,-young-people-and-families/practice-first>). Practice First is based on shared decision-making and management of risk. All significant discussions about children and adolescents are made in teams. It encompasses a group supervision approach, based on the Minnesota cases consult model, whereby workers are assisted to articulate concerns and to be supported and receive learnings from their peers.



## 2.3 ELIGIBILITY AND REFERRALS

Three broad family cohorts are eligible for Newpin:

<b>Cohort 1</b>	Comprises families that have at least one child aged less than six years who has been in statutory OOHC for at least three months, who have been assessed as being suitable for restoration.
<b>Cohort 2</b>	Comprises families who have at least one child aged less than six years who has been assessed as being at risk of significant harm. These children will either be the subject of a Supervision Order or a Safety and Risk Assessment by FACS.
<b>Cohort 3</b>	The balance of Newpin places are allocated to families with children under six years who do not meet the definitions above, but have been identified as needing support to prevent deterioration in the family environment.

At the time of writing, the majority of families attending Newpin fell into Cohort 1. Each Newpin Centre limits intake to a maximum of three families seeking preservation at any given time, with Cohort 1 families being given the highest priority.

In order to enter Newpin, parents need to:

- have a child on a relevant order (e.g. Statutory OOHC, a Supervision Order)
- have an allocated FACS or OOHC NGO Caseworker
- have at least one child under six years who will attend the program with them (this can include having contact visits at the Newpin Centre with their children who are currently in OOHC)
- be able to attend the Newpin program at least two days/times a week
- be able to access the program (they can get to the Centre, or transport is available and/or provided by the program)
- have some capacity to reflect on their experiences.

Referrals may be made to Newpin from FACS, other services (including services providing OOHC), self-referrals and existing families (i.e. families already in Newpin at the time the Newpin SBB arrangement commenced). All referrals to Newpin for entry into Cohorts 1 and 2 must be approved by FACS (previously Uniting made this decision). A referral process from FACS to Newpin has been established and follows protocols outlined in the SBB Implementation Agreement. A separate process has been devised for referrals from other services and agencies. Participation in Newpin is voluntary. However, where attendance at a parenting program is an essential component of a Care Plan or a Restoration Plan, or where participation in Newpin has been court-ordered, parents may feel compelled to attend the program even though they can choose not to.

## 2.4 NEWPIN MANAGEMENT AND STAFFING STRUCTURE

As at December 2015, Newpin operated out of five Centres:

- the Doonside Mothers' Centre
- the St Marys Mothers' Centre
- the Fathers' Centre at Bidwill
- the Wyong Centre (for both Mothers' and Fathers')
- the Ingleburn Centre (for both Mothers' and Fathers').

Since 2013, the Newpin SBB has expanded and is now operating from five Centres.<sup>8</sup> The Wyong Centre was established in 2014. Another new Centre was established at Ingleburn in November 2015. Plans are underway to open a further two Centres in 2016 (one in Newcastle and one in another location, yet to be formally approved). This will bring the total number of Newpin Centres operating under the SBB arrangements to seven, with three located in Western Sydney, one in South Western Sydney, and three in major regional centres of NSW.

Newpin is managed by an Operations and Practice Manager, two Regional Centre Managers (one each for Urban Centres and for Regional Centres), and an Intake and Quality Coordinator. Each Centre employs a Coordinator, two family workers, a play facilitator, a play worker and an administrative officer/driver. Although there is no set staff-client ratio, on average, each family worker has up to nine families allocated to them at any given time.

During 2015, Newpin undertook a management restructure to more effectively and efficiently manage the program. The management team has expanded from three to four people, with new key roles and responsibilities as follows:

POSITION	KEY RESPONSIBILITIES
Operations and Practice Manager	<ul style="list-style-type: none"> <li>▪ Management of Newpin SBB</li> <li>▪ Development and roll-out of new Centres</li> <li>▪ Compliance with the Newpin SBB Operating Manual</li> <li>▪ Practice and program enhancement and quality improvement</li> <li>▪ Liaison with FACS management</li> <li>▪ Monitoring of referrals and outcomes</li> </ul>
Newpin Centre Managers (Urban and Regional)	<ul style="list-style-type: none"> <li>▪ Management of Centres</li> <li>▪ Compliance with Newpin SBB Operating Manual</li> <li>▪ Staff supervision, training and appraisal</li> <li>▪ Liaison with local FACS CSCs and other key agencies</li> <li>▪ Monitoring of referrals, case plans and outcomes</li> </ul>
Newpin Intake and Quality Coordinator	<ul style="list-style-type: none"> <li>▪ Management of Newpin referrals (central intake)</li> <li>▪ Quality and consistency of Carelink data collection and input</li> <li>▪ Promotion of consistent and quality practice across Newpin Centres</li> <li>▪ Integration of theory into practice</li> <li>▪ Staff coaching and training</li> </ul>

There were several reasons for the management restructure:

- an increasing management workload as the number of Newpin Centres increased from three to five and planning is underway to open two more Centres in the near future
- a desire to improve the efficiency and effectiveness of Centre management arrangements, given the increasing geographic spread of Newpin Centres across metropolitan and regional locations of the State
- the need for closer management, support and supervision of Newpin Centre staff to ensure program integrity, compliance with the Newpin SBB Operations Manual and consistency of practice across all Centres

<sup>8</sup> One Mothers' Centre, at Bidwill, was closed in 2014 to effect operational efficiencies in Western Sydney.

- the need to provide further support to Newpin management and staff, and Uniting IT, to ensure quality and consistency in data collection, analysis and reporting to support ongoing program management, practice development, monitoring and evaluation.

The planned expansion of Newpin into new locations in 2015 has had mixed success. On the positive side, a new Centre was recently established in Ingleburn, opening its doors to referrals in late 2015. The establishment of a new Centre in South West Sydney was not planned for 2015. However, when an opportunity arose when suitable premises became available, Uniting and FACS agreed it would be beneficial to bring forward the establishment of a Centre in the area. Both FACS and Uniting are pleased that a new Centre has been established at Ingleburn, South West Sydney having been previously identified as one of the priority areas for the expansion of Newpin.

On the other hand, the establishment the Newcastle Centre did not eventuate as planned during 2015, although it is hoped that the Centre will commence operations by June 2016. Furthermore, a number of challenges were experienced in the early phase of the Newpin Centre at Wyong (established in 2014) that had some negative impacts. The challenges in establishing both these Centres principally related to the ability of Newpin to locate, secure and renovate suitable premises, and obtain all the necessary planning approvals in a timely manner. Such difficulties resulted in the Wyong Centre having to move three times in its first year (twice in and out of the current premises while renovations were being undertaken) and the opening of the Newcastle Centre being delayed by some nine months.

Over the last 12 months, Newpin and FACS have identified several key learnings about effecting a smooth and timely roll-out of a new Centre. These are summarised in Table 2 below.

TABLE 2 – FACTORS CRITICAL FOR A SUCCESSFUL ROLL-OUT OF NEWPIN TO NEW CENTRES

WHAT?	WHY?	HOW?
Plan well ahead to secure suitable premises	<ul style="list-style-type: none"> <li>▪ To assist in finding suitable premises that can accommodate 10 parents, up to 25-30 children, staff and visitors</li> <li>▪ To minimise delays in obtaining planning approvals</li> <li>▪ To streamline communications between program management, property personnel, lawyers, architects and local councils</li> </ul>	<ul style="list-style-type: none"> <li>▪ Appoint a project manager to coordinate property requirements</li> <li>▪ Build into Business Cases a realistic timeframe for the opening of a new Centre that takes into account all legal, planning, renovation and refurbishment requirements</li> </ul>
Liaise with CSC staff well before the opening of the Centre and during the establishment phase	<ul style="list-style-type: none"> <li>▪ To develop strong relationships between CSC and Newpin staff</li> <li>▪ To inform/educate CSC staff about the Newpin Operating Guidelines</li> <li>▪ To facilitate appropriate and timely referrals to the program</li> </ul>	<ul style="list-style-type: none"> <li>▪ Regular face-to-face meetings involving the FACS and Newpin Contract Managers, CSC staff</li> <li>▪ 'Hot-desking' of Newpin staff in local CSC offices</li> <li>▪ Visits by CSC staff to Newpin Centres</li> </ul>
Recruit widely for Newpin staff	<ul style="list-style-type: none"> <li>▪ To ensure a quality pool of candidates commensurate with the high level of skills and aptitudes required to work in Newpin</li> <li>▪ To minimise the risk of high staff turnover</li> </ul>	<ul style="list-style-type: none"> <li>▪ Recruit from the whole local service sector not just internally</li> <li>▪ Recruit for relevant expertise and skills</li> </ul>
Stage the recruitment of staff into new Centres	<ul style="list-style-type: none"> <li>▪ To resource new Centres in line with the likely demand/number of referrals</li> <li>▪ To avoid newly appointed staff being underemployed while referrals are ramping up in a new Centre</li> </ul>	<ul style="list-style-type: none"> <li>▪ Agree a staged recruitment phase aligned with anticipated flow of referrals in early implementation phase</li> </ul>
Provide close management and supervision support for new Centre staff	<ul style="list-style-type: none"> <li>▪ To ensure a shared understanding of Newpin and its implementation</li> <li>▪ To orient new staff to the theoretical underpinnings of Newpin and how these are translated into practice</li> <li>▪ To embed the 'culture' of Newpin into new Centres</li> </ul>	<ul style="list-style-type: none"> <li>▪ Provide more frequent and face-to-face support 'in situ' to staff in new Centres</li> <li>▪ Continue the practice of new Centre staff spending time in established Centres in the orientation and induction phase.</li> </ul>

### 3 Program intake, completion and outcomes

The following statistics are based on the first two years of Newpin operation from 1 July 2013 to 30 June 2015, as provided by Uniting.

#### 3.1 PROGRAM INTAKE, COMPLETION AND OUTCOMES 2013/2015

Details of program intake, completion, and outcomes are provided in Table 3 below.

TABLE 3 – NEWPIN REFERRALS, COMPLETION AND OUTCOMES 1 JULY 2013 TO 30 JUNE 2015

MEASURE	RESULT
Number of children participating in Newpin	<p><b>252 children in Newpin</b></p> <ul style="list-style-type: none"> <li>▪ 179 (71%) in Cohort 1</li> <li>▪ 73 (29%) in Cohort 2</li> </ul>
Outcomes for Cohort 2 children: seeking preservation	<ul style="list-style-type: none"> <li>▪ 73 Cohort 2 children participated in Newpin</li> <li>▪ 54 children had exited the program as at 30 June 2015</li> <li>▪ 15 children unsuccessfully exited the program having been placed in OOHC within 12 months of starting the program</li> <li>▪ 29<sup>10</sup> children successfully exited the program having remained with their family and avoided OOHC for a period of 12 months since starting the program</li> <li>▪ 10 children exited the program due to moving to a new area or the parent not engaging with service</li> </ul>

58% net restoration rate

The most critical factor is the outcomes for Cohort 1 and Cohort 2 families. The above figures indicate that the cumulative *net* restoration rate for Cohort 1 families was 58% over the two year period from 2013 to 2015, against an annual target of 65%. This figure takes into account a number of restorations that were subsequently ‘reversed’ (with the children returning to OOHC). It should be noted this restoration rate relates to all parents whereas the official restoration rate for the Newpin SBB report to NSW Treasury is calculated on the outcome for mothers only. The net restoration for mothers was 66% in 2014/15 (see section 3.2).

As shown in Table 4, Cohort 1 parents were more likely to be born in Australia (86%, compared to 14% born in a country other than Australia), female (65%, compared to 35% male), and non-Indigenous (81%, compared to 19% who identified as Aboriginal or Torres Strait Islander). The average age of Cohort 1 parents was 29 years. A broadly comparable demographic profile was observed for Cohort 2 parents.

<sup>9</sup> Two reversals have been recorded in OOHC YTD 2015/16.

<sup>10</sup> Data discrepancy (still to be resolved)

It should be noted that for both cohorts, Aboriginal and Torres Strait Islander participants are overrepresented when compared to the general population, with Aboriginal and Torres Strait Islander people currently accounting for approximately 3% of the total Australian population.

TABLE 4 – KEY DEMOGRAPHICS OF PROGRAM PARTICIPANTS 1 JULY 2013 TO 30 JUNE 2015

MEASURE	COHORT 1 (N=118)	COHORT 2 (N=47)
Country of birth	<ul style="list-style-type: none"> <li>▪ 101 (86%) born in Australia</li> <li>▪ 17 (14%) born in a country other than Australia</li> </ul>	<ul style="list-style-type: none"> <li>▪ 40 (85%) born in Australia</li> <li>▪ 7 (15%) born in a country other than Australia</li> </ul>
Gender	<ul style="list-style-type: none"> <li>▪ 77 (65%) females</li> <li>▪ 41 (35%) males</li> </ul>	<ul style="list-style-type: none"> <li>▪ 34 (72%) females</li> <li>▪ 13 (28%) males</li> </ul>
Aboriginal and Torres Strait Islander status	<ul style="list-style-type: none"> <li>▪ 95 (81%) neither Aboriginal or Torres Strait Islander</li> <li>▪ 22 (19%) Aboriginal and/or Torres Strait Islander</li> </ul> <p>(Information not available for one parent)</p>	<ul style="list-style-type: none"> <li>▪ 34 (72%) neither Aboriginal or Torres Strait Islander</li> <li>▪ 13 (28%) Aboriginal and/or Torres Strait Islander</li> </ul>
Age	Average age = 29 years	Average age = 31 years

\* Program participant is defined as the primary parent participating in Newpin, designated as the 'Party A' parent

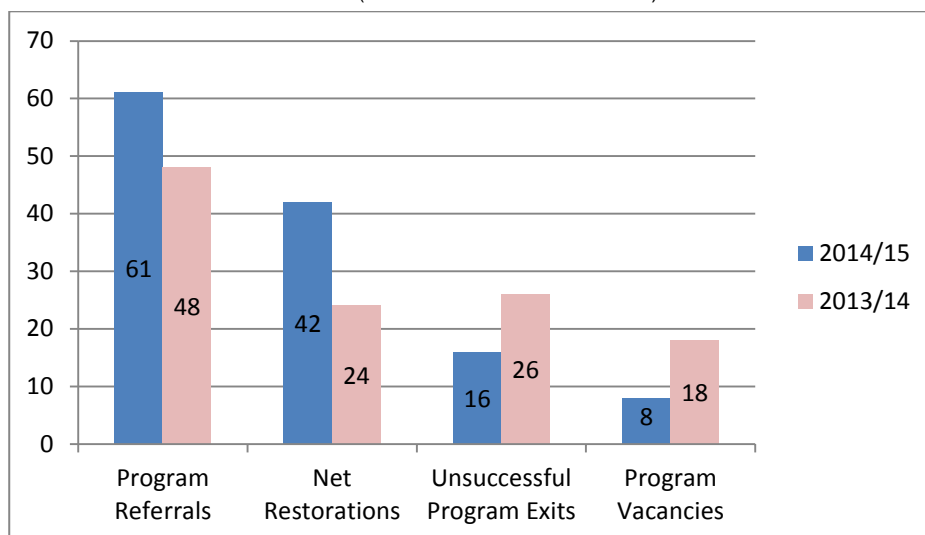
### 3.2 COMPARISON OF 2014/15 WITH 2013/14 OUTCOMES FOR COHORT 1 FAMILIES

Comparison of the statistics for Cohort 1 families (i.e. those seeking restoration) in 2014/15 compared to 2013/14 reveals a number of positive developments (see Figure 1). Over the first two years of Newpin SBB, there has been:

- a 27% *increase* in program referrals (from 48 to 61 families) – this is primarily due to referrals to the new Centre in Wyong and an increase in the number of referrals to the Fathers' Centre
- a 56% *reduction* in the number of vacancies (from 18 to eight families) with no vacancies at all in Doonside or St Marys' Mothers' Centres during the year
- a 38% *reduction* in the number of unsuccessful exits of Cohort 1 from the program (from 26 to 16 children)
- a 39% *increase* in the number of restorations (from 28 to 46 children)
- a 75% *increase* in the number of net restorations, that is taking into account reversals where children who have been restored are subsequently placed in OOHC within 12 months of restoration (from 24 to 42 children)

There has also been a notable increase in the number of men referred to Newpin, with fathers comprising one third of Cohort 1 referrals over the last two years.

FIGURE 1 – COMPARISON OF THE NUMBER OF COHORT 1 REFERRALS, COMPLETIONS AND RESTORATIONS BETWEEN 2013/14 AND 2014/15 (AS REPORTED AT 30/6/2015)



While, as previously reported, the net restoration rate for both the Mothers' Centres and the Fathers' Centre was 58% over a two year period, the *net restoration rate* has increased over each of the two years from:

- 49% in 2013/14 to 66% in 2014/15 for the Mothers' Centres
- 37% in 2013/14 to 71% in 2014/15 for the Fathers' Centre.

The flow of referrals from FACS to Newpin has been reasonably healthy during 2015, with some Centres operating at full capacity and some having on occasion a short wait list. From time to time however, some 'dips' in the number of referrals have occurred, most notably in Wyong (in the early establishment phase) and more recently, in the Fathers' Centre. As was the case in 2014, the vast majority – if not all – of the referrals to Newpin are from FACS rather than from NGOs.

From consultations, it is suggested that referrals to Newpin are most likely to be steady where:

- CSC Managers are fully supportive of restoration as an option and of Newpin as a suitable program
- there is a close working relationship between Newpin staff and CSC Managers and Caseworkers
- CSCs are operating under the Practice First<sup>11</sup> framework and staff are supported to embrace collaborative practice
- the CSC has a low level of staff turnover.

Conversely, where referrals to Newpin are somewhat slower or sporadic, some stakeholders postulated this may reflect:

- the 'culture' of an CSC which is not familiar with and/or necessarily supportive of the Newpin program as an intervention
- a short-staffed or highly-stretched CSC, where staff have heavy caseloads and many competing demands.

<sup>11</sup> The focus of Practice First is on changing the practice culture across the spectrum of work with families including assessment, intervention and collaboration with partner agencies.

It is also suggested by stakeholders in both Newpin and FACS that, as a result of Practice First, there may be fewer families available for referral to Newpin, given a stronger focus on keeping children with their families wherever possible. This means there may be fewer families seeking restoration than previously. Moreover, those families who are seeking restoration may have more complex needs and as such, may not all be suitable for Newpin. More time is needed to assess the drivers behind the volume and pattern of referrals to Newpin across the regions.

The matter that has required some examination, however, is the number of *reversals* that occurred in 2014/15: a total of eight children who had been restored to their families either in 2013/14 or 2014/15 were recorded as having been removed from their parent's care and placed in OOHC by the end of 2014/15 (another two children have subsequently been removed in the first six months of 2015/16). This brought the official cumulative net restoration rate (which excludes reversals) over 2013/14 and 2014/15 to 58% overall: 58% for the Mothers' Centres and 55% for the Fathers' Centre against a target of 65% (YTD reported by Newpin as at 30 June 2015).

According to the Newpin KPI Report (June 2015) 'the rate of reversal is of concern at this point and management are reviewing the revised restorations to consider what could have been the trigger in order to manage the reversals going forward'. This is discussed in more detail below.

### 3.3 REVERSALS

The second full year of Newpin SBB repeated the high restoration rate experienced in the first year. Some 66% of Cohort 1 children were restored to their families in 2014/15 (net of reversals, as at 30 June 2015). This suggests that the first year's results were not an aberration. What was significant however, was the number of *reversals* that occurred during 2014/15. A total of eight children who had been restored (to five sets of parents) had been recorded as having returned to OOHC as at the 30 June 2015 Report.

Reversals are not uncommon, and most frequently occur within the first nine months of restoration. This fact was recognised in the Newpin SBB, with the final restoration outcome only being measured as a 'success' if the children were still living with their parent 12 months after being restored. Nevertheless, the question remains as to why there were eight reversals in the second year of Newpin SBB and none in the first year. An analysis undertaken by Uniting and subsequent discussions provide some context to this development.

First, the majority of restorations in 2013/14 occurred in the second half of the year (that is, from January to June 2014). There was therefore less time for reversals to occur as the children had only been restored for a few months by the end of the financial year. By contrast, restorations that occurred in 2014/15 to their families were more evenly spread across the year. There was therefore a longer period over which to assess the success of the restoration. Of the eight children who were returned to OOHC in 2014/15 following restoration, four had been restored in late 2013/14 and four in 2014/15.

A second potential factor may relate to the appropriateness of the referrals to Newpin in 2013/14. The establishment of the SBB on 1 July 2013 placed a degree of pressure both upon FACS (to refer families to Newpin to reach their referral guarantee) and upon Uniting (to accept referrals in order to operate Newpin at full capacity). It is possible that not all of the families accepted into the program at that time were suitable candidates for restoration. Over time, both FACS and Newpin have become more experienced at assessing program suitability and screening out families for whom Newpin may not be the best option, referring families only where there is considered to be a reasonable chance of restoration. (It should be noted both FACS and Uniting need to agree on the likelihood of restoration before a referral is made.)

Thirdly, it is possible that many of the families referred to Newpin have particularly complex and entrenched issues that make restoration less likely to succeed. As Practice First is rolled out across CSCs, some FACS officers speculate that fewer children may be entering OOHC and those that do, often come from families with very complex needs. Furthermore, as previously indicated, the NSW Child Protection Legislation Amendment in 2014 has resulted in family preservation and restoration sitting at the 'top' of the new hierarchy of permanent placement principles. FACS caseworkers now need to demonstrate to the court that they have considered restoration as an option. This may have resulted in some families being referred to and accepted into Newpin for restoration when there may have been some questions about the likelihood of success.

*This may go some way to explaining three of the four current year [2014/15] reversals, which unlike the previous reversals, happened within a few weeks of restoration, to parents that had been referred on or around the time of the introduction of the legislation amendment.*

Newpin, 2015, p3

Given the small number of reversals, it is too early to determine risk factors for unsuccessful restorations. However, Newpin management's initial analysis resulted in the conclusion that:

*There were few significant shared features across the families where there were reversals, and those that were shared are common across many of the families of the 72 children restored to date.*

Newpin, 2015, p1

However, Newpin did note that two of the five mothers (40%) in the reversal group identified as Aboriginal, compared with only 13% in the families that were successful at the 12 month outcome for Year 1. Although these numbers are too small to draw any firm conclusions, they do signal a need to explore what might be the underlying factors at play here. According to a review of the latest evidence on restorations<sup>12</sup>, it is the *level of risk* and not the *type of risk* that influences the success of restoration. It may not be Aboriginality that is the issue here – so much as the level and multiplicity of complicating factors (including the extent of trauma) that may be more prevalent amongst Aboriginal families than non-Aboriginal families. Newpin is aware of this and has commenced discussions about what can be done to better support Aboriginal parents attending Newpin. It should be noted all Newpin staff undergo Aboriginal Cultural Awareness Training provided by the Uniting Institute for Education.

More time is needed to monitor and review the pattern of referrals, completions, restorations and reversals over a longer period to assess the true rate of 'successful restoration'. The evaluation of Newpin has been designed to span seven years in order to analyse the rate of restoration over a sufficiently long period to assess the extent to which the restorations are successful, and to compare the rate of successful restoration (and the number and rate of reversals) amongst the Newpin cohort of parents, with a control group of parents who did not attend the program. Over time, as the number of families participating in Newpin grows, there will be a larger sample to monitor the rate of restoration, and whether there are any discernible patterns in the rate of restoration according to the characteristics of the parent or the case circumstances.

The Interim Evaluation Report to be submitted in June 2016 aims to include two and a half years of data, which may shed some light on any emerging patterns in terms of families who are more likely, or less likely, to achieve positive outcomes through participation in Newpin.<sup>13</sup>

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<sup>12</sup> Elaine Thompson, July 2015: Presentation of Restoration: What the Literature Tells Us

<sup>13</sup> This is contingent upon quality data being available from Uniting, drawing on their Carelink data base.



## 4 The parents' experience

Semi-structured in-depth interviews were conducted with eight parents who had participated in Newpin; four mothers and four fathers. Parents at three of the Centres were invited to participate in an interview, on a confidential basis. A total of 13 parents formally consented to take part in the evaluation and eight were subsequently successfully contacted. It should be noted that a further 25-30 in-depth interviews and discussions with parents will be conducted in coming months. In addition, all parents who have participated in Newpin over the last two and a half years will be invited to participate in a survey.

All of the parents interviewed had been involved with Newpin for seven months or more, and had participated in parent and child therapeutic play sessions, mothers' or fathers' groups, and training courses.

Three of the four fathers had had their children restored to them and had recently finished or were about to finish their time with the Newpin program. The father who was still seeking custody of his children had been in the program for 12 months. One of the fathers was in a relationship with his children's mother who was also interviewed.

All parents became involved in Newpin because their children had been placed in OOHC, and they were seeking restoration.

Three of the four mothers interviewed had had their children restored to them, and two had finished their time with Newpin with one about to finish. The mother who was still seeking restoration had finished with Newpin after having engaged with the program twice.

GENDER	LENGTH OF TIME IN NEWPIN	STATUS	RESTORATION
Female	7 months	Single	Restored 4 months prior
Female	8 months	Single	Restored 4 months prior
Male	12 months	Single	Working towards
Female	14 months	In relationship with the father	Restored 3 months prior
Male	14 months	In relationship with the mother	Restored 3 months prior
Male	18 months (finished)	Single	Restored 4 months prior
Male	18 months (finished)	Single	Restored 18 months prior
Female	18 months (finished), plus previous attendance for 9 months	In relationship, but not with the father	Working towards

### 4.1 NEWPIN STAFF

All of the parents interviewed reported very positive experiences with Newpin staff. The welcoming and relaxed environment that Newpin provided was different from the other services that they had accessed and this laid a foundation for a trusting and supportive relationship. Parents particularly appreciated the non-judgemental approach taken by Newpin staff as they were often dealing with grief, loss and guilt. Many reported that they felt that they could approach staff with any issue and that they would not be judged, but listened to and provided with sound advice as needed.

*She's just great to talk to about anything, they all are. You can talk to them all about anything. They won't judge you. They've basically become like my family... Just when they give advice and advice around parenting as well, yeah they make you feel like they care, that it's not just their job that they care.*

Mother

*I think first and foremost, the non-judgemental attitude was the thing that stood out to me the most, and second, by the way that they just have faith in everybody.*

Mother

The quote above also highlights the support provided to parents by the Newpin staff. Building on the trust established when parents join Newpin, the respect shown to them by staff helped build rapport and self-belief. The openness of staff to new ideas and their willingness to share their experience provided a supportive and respectful environment where parents felt like they were being encouraged to succeed. By relating their previous experience with other parents in similar situations staff built up the confidence of parents.

*They don't stand there and go 'I know what you're going through' because they don't. But they will tell you 'I know a mum from years ago that felt the same way that you do right now and they got through it'.*

Mother

As many parents were dealing with grief at the loss of their children, Newpin provided a place of understanding and support where parents could work through their grief and anger without judgement. This safe and supportive environment allowed parents to acknowledge these issues and work with staff to deal with them.

*You're going through a big transition where something has been taken away and as a result the ability to help people through that grief is invaluable.*

Father

The relaxed environment of the Newpin Centres provided a supportive space for parents to learn and deal with the issues that they faced. The caring attitude of staff led to parents feeling like they were in the presence of friends or even family, rather than a service. This relaxed environment was very different from the sometimes invasive and judgemental experiences that parents had experienced with other services. Parents were aware of the job that Newpin staff were doing but felt that the relationship was genuine and comfortable. The willingness of all staff to engage with parents, not just those staff assigned to a particular family, allowed parents to access support when and how they needed it.

Parents also appreciated that staff built a rapport with their children. The continuity of this relationship provided some stability for their children and had also allowed parents to attend courses safe in the knowledge that their children were being well looked after.

*They're just there for the kids and they look after the kids other than their own kids. You know what I mean. Friendly, politely and nicely and they do a lot of activity with the kids. If we [are] doing a course and the kids [are] outside, they look after them very, very well.*

Father

*Sometimes they'll sit with you and play with the kids as well and then they go at the end of the day and write their notes and reports and stuff. It's a lot less invasive and it feels a lot more natural.*

Mother

Parents were especially appreciative of contact visits taking place at Newpin Centres, which provided a more relaxed and normal environment for them to spend time with their children than a contact centre.

Parents reported that the assistance provided by Newpin staff was invaluable when engaging with other services. Parents felt that staff had advocated for them with these services and helped provide evidence to support the restoration of their children.

*They've been there to support and to prove that I'm doing everything I can and they helped with the restoration of [child] to ensure that everything was okay.*

Mother

Some fathers mentioned that the staff's knowledge of the Children's Court system had been especially helpful as it was one less thing to try and navigate in a time of upheaval. They had also provided support before court appearances to help the father know what was likely to happen and to ensure that he responded to the pressure of the situation in an appropriate way. This had given the father confidence that he could facilitate a different outcome than previous experiences with the court process.

*Having some advice to give and some support to give in the court system, understanding that is absolutely just gold.*

Father

The support that parents received from Newpin staff was also vital once they had had their children restored to them. While some parents mentioned that a full day at the Centre was tiring for both them and their children, they had found the support they had received to be invaluable. One mother had relied on the reassurance and encouragement provided by the staff to work through the stress and anxiety involved in getting her child back as well as other changes happening in her life. This understanding and care gave her confidence and a feeling of control over the situation.

*I'd have a teary day and thought it was too stressful and stuff and I wasn't good enough and they reassured me over and over that I was good enough to be able to do it. So they've just been fabulous.*

Mother

## 4.2 GROUPS AND PEER SUPPORT

Mothers' groups and fathers' groups have been an important part of Newpin, offering a forum for mothers and fathers to come together to share their experiences and support each other through the process of restoration. Many parents expressed their belief that these groups had provided them with important guidance and advice from people who had gone through similar experiences.

While many participants noted that they had been sceptical and nervous when they first joined Newpin, they soon built friendships with other parents. These friendships were based on trust and a sense of belonging to the group. They felt that this was a safe space for them to discuss and work through any issues they were having without the stigma that can be attached to having children removed as everyone in the group had had the same experience.

*Everyone's there for the same reason and that's the children's benefit. Everyone supports each other.*

Father

All parents reported that participating in the groups had given them hope that they could have their children restored. It also helped them realise that they are not alone and that other people have gone through, or are still going through, a similar experience. Those parents who had had successful restorations stood as tangible proof to other parents that it could happen for them as well.

*There were mums there who had just had their children restored and you get there and go I can do it. It can be done. It's not an impossible task. It is something that is realistically achievable. It's going to be hard but you can do it, because they did it.*

Mother

While successful restorations provided hope to parents going through the same process, it also provided an opportunity for successful parents to show leadership in the group. They were able to provide perspective to other parents and help them realise that setbacks happen and that they can work through issues. Having lived experience provides successful parents with the confidence to work with others in the group and tell their story.

*It's also really, really fantastic to sit in the chair with a bunch of guys all at different stages and be one of the ones that has had a success story because you can give hope to the ones who are still tackling the challenge. It really does.*

Father

One father expressed his view that the peer support element of Newpin provided a unique opportunity for fathers to talk through issues and improve their parenting and relationships. All of the men who were interviewed acknowledged that it is not easy for men to come together and talk about their feelings and experiences, or to express emotion in the company of other men. The relaxed environment allowed new participants to quickly fit in and the honesty and non-judgemental attitude shown by other fathers meant that everyone in the group felt confident in raising and working through issues.

*Once I realised all the other dads there were in the same boat, no one was there to judge me or think ill of me in any way, shape or form, I started relaxing and I opened up and I just became part of the family that Newpin is.*

Father

*They're all just blokes trying to do the right thing by their kids and I think that's great because fathers aren't given that option too often.*

Father

### 4.3 WHAT'S BEEN LEARNED

There was strong agreement amongst the parents that their involvement with Newpin had helped them develop parenting skills and build relationships with their children. Parents had learnt to understand the underlying reasons behind their children's behaviour and appropriate ways of responding rather than reacting to the immediate situation. This had helped them navigate difficult behaviour and build a closer connection with their children. Several parents also noted that they had learnt to identify unsafe situations and remove their children so they were not exposed to unnecessary hazards or harmful relationships.

Parents also displayed a greater level of self-analysis and awareness of the reasons behind their own behaviour. The courses that they had undertaken had encouraged them to look at their own parental relationships and the influence those relationships had had on their ability to parent their own children. They also provided a safe space for parents to identify what they needed to improve and how they could do so.

*They taught us actively with the children how to implement the things we'd learnt like Circle of Security – this stuff has become second nature to us now. It's something we do without even thinking about it.*

Mother

One of the reasons identified for the success of the courses run as part of Newpin was that they were targeted specifically to this group of parents. One mother noted that both she and her partner had attended other parenting courses but had found it hard to contribute when they were asked to identify short-term changes in their children as they only saw their children twice a week for two hours. Parents whose children are removed face unique challenges in developing parenting skills when they are not living with their children. It was also noted that the separate mothers' and fathers' groups allowed for men and women to identify and work through gender-specific challenges and that this was appreciated, especially by fathers. The encouragement for fathers to identify their role and work through their emotions was seen as particularly valuable.

*Because they're brought up in a generation where men aren't really encouraged to have feelings, so often the feelings get suppressed until they become serious. They become very difficult to deal with and we're taught that an emotional language is something we need and then we can pass that onto our kids.*

Father

### 4.4 IMPACT ON PARENTS

All parents indicated that being involved with Newpin had had a positive impact on their lives. While the influence of Newpin differed from one individual to another, the impacts can broadly be categorised into *personal development* and *improved relationships and interactions*.

The areas of personal development that parents identified included greater confidence and patience, approaching situations with more empathy, being more sociable and amiable and feeling more mature. Parents felt that the openness, support and respect encouraged within Newpin had allowed them to grow as individuals. While these changes may have occurred subtly, parents were able to reflect that, while the main aim of their participation in Newpin was to have their children restored, they had grown in their individual capabilities as well.

*I basically opened up within myself. It's made me a better person by going to Newpin. I'm much more outgoing, amicable.*

Father

Participation in Newpin had also improved parents' relationships and interactions with those around them. One of the strongest impacts of their involvement was confidence in their parenting skills and improving the relationship that they have with their children. Parents also felt that other relationships had improved; for instance, one mother had learnt to be independent and not to enter into unhealthy relationships with new partners simply to avoid being alone. There was an increased level of self-awareness shown by parents as they could look back on their time in Newpin and identify areas where they had changed.

*I always knew that I could be a great mum. I went down the wrong path and you know to be able to fulfil it, it's really more rewarding.*

Mother

Parents also reported that they had gained a sense of achievement in being part of Newpin. Some of the courses they had done had also given them proof of their growth that they were then able to use to demonstrate their parental capability to other agencies. They also believed that the support provided to them by Newpin staff had given them confidence in dealing with other services.

*It helps the men that are struggling through the system feel more confident and that makes a huge, huge difference in the way they handle things.*

Father

#### 4.5 IMPACT ON CHILDREN

Parents were also able to identify the changes that they had seen in their children as a result of attending Newpin. The social nature of the program meant that many children enjoyed the social interaction with other children and had also developed a bond with staff. One mother noted that Newpin had helped her maintain an attachment with her child even through the period of removal; this relationship was important during the process that she was going through in order to have her child restored.

*[The children] came out of their shell a lot. They thrive. They're doing everything they need to be doing.*

Mother

The routine provided by Newpin had also provided some stability to both children and their parents. The set activities and timings meant that children knew what was going to happen and they looked forward to certain activities such as music time or painting. One mother noted that this stability had allowed her to focus on her own activities at Newpin without having to worry about her children. The developmental focus of the activities for children at Newpin has helped parents to witness growth in their children. Some parents noted improved interactions with other children while one mother had seen her children develop emotional awareness and improved language skills.

*It took [my daughter] a good two months to be able to identify with the Centre and be okay with the Centre, but the staff never gave up. ... you could kind of say she was a difficult child I guess, very clingy to mum, wouldn't let you go ... but now, they love everything about it. They love the activities. They love painting. They love the time they get with the staff and come time when mum is finished her activities they [welcome] me with open arms.*

Mother

#### 4.6 SUMMARY

All parents interviewed were very positive about their experience of Newpin. Staff were identified as a major contributing factor to parents' successful engagement with the program. Newpin was perceived to be a welcoming, non-judgemental and safe environment. Parents stated that they were treated with respect and provided with the support they needed. The peer support groups also played a large role in helping parents to realise that they are not alone in their situation, and providing encouragement that it is possible to get their children restored. In addition, the support groups provided a sense of belonging for parents who might otherwise feel quite isolated in their circumstances.

Involvement in Newpin had varied impact on parents but all interviewees reported personal development as well as improved relationships and social interactions that led to them being better parents and developing healthier relationships with their children. Parents also reported that their children had enjoyed the social interaction and activities that Newpin provided, and that the interaction that they had with their children assisted with strengthening the parent-child relationship while the children were not in their custody. Many exhibited higher levels of self-awareness and many fathers identified emotional awareness and management as skills they had acquired as part of the program.

Most parents interviewed were very satisfied with Newpin and could not think of any way to improve the program. A couple of parents, however, provided suggestions for improvement including:

- a more structured approach to introducing and working with new services post-restoration to provide a level of stability and familiarity in this transition
- providing sessions for couples to talk through what they had each learnt in their separate mothers' and fathers' groups.

## 5 Program and practice development

### 5.1 DEVELOPMENT OF THE NEWPIN MODEL

As noted previously (see 2.1) the introduction of the Newpin SBB brought with it some changes to the Newpin model. Over the last year, further aspects of the model have developed principally in relation to supporting fathers, and providing a greater focus on the partners of parents attending Newpin.

#### 5.1.1 SUPPORTING FATHERS TO HAVE THEIR CHILDREN RESTORED

The increase in the number of fathers referred to Newpin as the primary parent has been somewhat unexpected. There is no reason to think that this trend will not continue into the future, and so it is important that the Newpin model evolves to accommodate this trend. In the last year, Newpin has implemented a number of initiatives to respond to this development. For the first time ever, they have employed a Family Worker to work with fathers in each of the new Mothers' Centres (the existing Centres in Western Sydney already having ready access to the Fathers' Centre in Bidwill). The Family Worker provides programs and therapeutic support to the fathers who are seeking to have their child restored. This arrangement is seen by Uniting to be preferable to providing support to fathers on a part-time basis through an outreach Family Worker from the Fathers' Centre. The co-location of family workers for fathers and for mothers will also potentially foster closer communication between staff working with mothers and those working with fathers, as well as those working with the 'Party A' (primary) parent and those working with their partner, the 'Party B' parent.

It will take some time to assess the benefits and any potential drawbacks of this new model. Some initial concerns are already being expressed by a handful of stakeholders about the appropriateness of mothers and fathers sharing the same premises, because of the view that both mothers and fathers need their own 'space' and to feel safe and comfortable at Newpin in order for the program to be effective. It is not always possible to operate the mothers' and fathers' programs completely separate and, for various reasons, men and women may be visiting the Centre on the same day.

*I hope they [Newpin] don't lose their gender-specific focus. For women, there's not many safe places for women to be able to disclose things like domestic violence and sexual assault safely, particularly if you're a mother. That's often the reason why people are in Newpin and why the children were taken away – all those things that have been influenced by abuse by men.*

FACS Stakeholder

*The way women work and the way men work is very different. The women's program can be happening, and a man needs to come and see the Fathers' Family Worker, and he feels uncomfortable and so does the woman... I think the Fathers' Centre needs to be fully separate from the Mothers' Centre. We work differently with the men and there's a lack of understanding of that – amongst some Newpin staff [in Mothers' Centres]. There needs to be more discussions around beliefs about gender... men need safe places to talk and interact too – it's not just the women who need this.*

Newpin Stakeholder

As this new aspect of the Newpin model unfolds, it will be important to assess the benefits as well as any challenges this might present to Newpin staff to working effectively with mothers and fathers. It is too early to make any assessment at this stage as at the time of writing, the new model had only been operating for a few months in one Centre. Consultations suggest that, although the working relationship between Newpin staff working with mothers and with fathers is closer than ever before, there is still scope for further strengthening this relationship.

#### 5.1.2 GREATER FOCUS ON 'PARTY B' PARENTS

A key component of the expanded Newpin model is on working with couples and not only with the primary parent (referred to by Newpin as the Party A parent, usually the mother) seeking restoration or preservation, but also their partner (referred to as the Party B parent). Some of this involves separate work with the partner, and some involves joint work with *both* parents – in cases where the mother and father are still in a relationship. Previously, support was provided to partners by the Fathers' Centre, who

also worked with Party A fathers. However, as Newpin has begun to work with more couples than before, supporting both the Party A parent (usually the mother) and the Party B parent (usually the father) has proved to be problematic as Newpin had difficulty servicing the demand for support for partners. Accordingly, a decision was made in 2015 to appoint a Family Worker in the Fathers' Centre specifically designated to support partners, and also to work with couples across the three Centres in Western Sydney (the Fathers' Centre and the Mothers' Centres in St Marys and in Doonside).

This decision also reflects a growing recognition that the Newpin model needed to provide more support to partners to achieve a good outcome for the family. Previously, partners attended a weekly group session which provided support of a general and somewhat limited nature. However, in the last year, it has become apparent that there are potentially considerable benefits to be gained from providing greater support to these parents which is more aligned with what Party A parents are receiving, when *couples* were seeking restoration (or preservation) of their child or children. As one Newpin stakeholder commented, '*We found out really, really quickly that Party B parents deserve and need as much support as a Party A parent*'.

The main reasons for this shift in providing more support to Party B parents are as follows:

- Newpin is moving towards a more holistic approach to working with both parents and this requires more intensive and structured support to the partners.
- There is growing recognition of the need to ensure that both parents are 'on the same page' about Newpin and have the same knowledge and level of understanding about parental responsibility and of how to keep children safe and well.
- Newpin recognises the need to better understand the complex family dynamics that are in play in couples. One party (the primary parent) is typically under considerable scrutiny and pressure from FACS and/or the courts (e.g. to be assessed to undergo programs, to have reports written about them). It is important their partner understands and supports them through this process to avoid family tensions or breakdowns.

## 5.2 PRACTICE DEVELOPMENTS

### 5.2.1 COMMENCING WORK ON DEVELOPING A COUPLES PROGRAM

Newpin has identified the need to incorporate some work with couples into the program, to complement the work being done with mothers and fathers separately. In recent months, Newpin conducted a focus group with couples involved in Newpin. The purpose of the discussion was to explore parents' experiences of being a couple involved in Newpin, and their views about what additional support, education or information would be helpful or useful for them whilst attending Newpin.

Two main issues emerged from the discussion. First, parents were keen to have more joint contact with their children (rather than contact being at either the Mothers' Centre or the Fathers' Centre, with one parent only in attendance). Secondly, parents identified the need to improve the level of communication between Mothers' Centres and the Fathers' Centre staff, particularly in relation to the strategies that are being used to support each parent. This would ensure greater consistency in approach as well as joint understanding across Newpin Centres about the interventions being used with each parent and with the child. There was also support for the programs at the Mothers' Centres and at the Fathers' Centre to be aligned, so that both parents could undergo the same training at the same time, which would reinforce learnings and strengthen the impact on the family as a whole. However, it was acknowledged by Newpin that there may be logistical and timetabling challenges that may make this difficult. Newpin supports these strategies and indicate they are moving towards a stronger 'whole of family' focus but there is more to do in strengthening this aspect of the model.



*Communication between the Mothers' Centres and the Fathers' Centre has improved immensely. In the past, where there are couples, it used to be very much two sets of pieces of work. We can't work that way anymore. There's now collaboration around assessments, around contact visits [with children] and where there's family contact. Everyone is just communicating much more about what's happening for a family'.*

Newpin Stakeholder

*Prior to the SBB, there was a Mothers' Centre and a Fathers' Centre, and there would be no discussion. There would be different reports written for court... we would only work with one parent or other across the Newpin Centres... we've changed and are now looking holistically at what's happening for the family and the child.*

Newpin Stakeholder

## 5.2.2 WORKING WITH THE OLDER CHILDREN

Since the Newpin SBB came into effect on 1 July 2013, the Newpin model incorporates working with older children, rather than just the younger children, as was the case before. The main way this occurs is through older siblings attending the Newpin Centre during contact visits or in the post-restoration period. The main advantages of working with the older children is that it:

- provides an opportunity for the whole family to be together
- enables Newpin staff to observe the family dynamics and interactions – how the older and younger children relate to each other and with their parent(s), and how parents interact with each other and with their children
- helps build attachment between the parent and the child.

One consequence of this new process is that Newpin has increased its play worker resources in each Centre to accommodate the growing number of children (up to 25 or 30 in some cases) attending a Centre at any one time.

At this stage, apart from attending the Newpin Centre periodically, there does not seem to be any work undertaken directly with the older siblings of the younger children attending Newpin. Nor does there seem to be a formal strategy or shared understanding amongst Newpin management or staff about the explicit aims and objectives of including older children in the program. Some staff are reportedly more skilled than others in interacting with older children, and anecdotally, it was reported that some of the older children can be reluctant to attend the Newpin Centre. There would be value in Newpin developing formal objectives about the involvement of older siblings in the program, together with strategies to support their participation.

## 5.2.3 DOCUMENTATION OF DATA AND PRACTICE

In 2015, Newpin sought to further enhance the quality of the documentation of practice and program data. Previous reports highlighted the range of mechanisms that are now being used by Newpin staff, including the introduction of new assessment, monitoring and practice tools. The principal issue Newpin has faced in 2015 is the variable use of these tools, and the quality of data entered into the new data system, Carelink. The establishment of a new Intake and Quality Coordinator was largely in response to this gap. It enabled Newpin to give the attention needed to train staff, develop reference guides and manuals, devise prompts for staff to ensure they complete data reports on time, and generally work towards accurate and consistent reporting. This is still 'a work in progress' and the extent to which it is reaping benefits in the standard of reporting and data recording should become apparent in the near future.

## 5.2.4 TRAINING AND PROFESSIONAL DEVELOPMENT OF NEWPIN MANAGEMENT AND STAFF

Previous reports highlighted that Newpin has invested considerably in the training and professional development of its workforce since the SBB commenced. There were a number of reasons for this, including that Newpin was:

- working with a more challenging and higher risk client population than it had historically
- working with the family as a whole, rather than just young children and one of the parents
- introducing new tools and processes to more rigorous assessment, planning, monitoring and review of practice
- playing a larger role in case conferences with FACS caseworkers, and in writing formal reports for FACS and the courts to assist with court decision-making.

Underpinning this was a desire to document practice, increase staff understanding of the link between theory, evidence and their own practice, and generally 'professionalise' the workforce without losing the 'magic' of the practice that had underpinned the program's success in the past.

In the last year, Newpin has continued to invest heavily in staff training, development and supervision. Uniting regards training as being core to continual professional development, as the Newpin program expands and develops.

2015 Newpin program included training on:

- Orientation and induction for all staff commencing work in new Centres – this included management and staff spending a period of time working in established Centres, learning on site about the program from experienced staff.
- Team training sessions, held three times a year, to share experiences and learnings, hear from guest speakers and undergo training. At the last session, guest trainers from FACS attended, and widely-regarded therapist Mary-Jo McVeigh will be running a workshop at the next session. Topics addressed through the training sessions include trauma-informed practice, resilience, working with partners, and post-restoration support.
- NCFAS assessments.
- Uniting's Client Information Management System (Carelink) – to support the consistent, accurate and quality input of data by Newpin staff as well as how information can be extracted for tasks such as casework reviews and court reports.
- Writing quality reports – in response to feedback from FACS in 2014 (and as recognised by Newpin management) that the reports provided by Newpin staff were inconsistent and sometimes of a low standard.
- Domestic violence, conducted by experienced FACS staff.
- Case meetings based on the Minnesota peer supervision model (which is being used by FACS as Practice First rolls out across CSCs).
- The impact of trauma on early brain development (conducted by specialist Nathan Wallace).
- The neuro-sequential model and on how to work therapeutically with children (based on the work of Bruce Perry).
- Presentation on the latest research on restoration 'Restoration: What the literature tells us' (Metro RIG July 2015) by Elaine Thompson (the Acting Director of Practice Quality at the Office of the Senior Practitioner).

One of the biggest developments of 2015 is the soon-to-commence *Newpin Diploma in Therapeutic Work with Families* (working title). The course structure is close to finalisation and includes a set of competencies (see Table 6) for core units and electives which are matched against over 50 theoretical underpinnings including attachment and bonding, neuro-development and trauma theory, therapeutic play, and therapeutic environments. The diploma will include face-to-face, online, written and workplace assessments.

TABLE 5 – NEWPIN DIPLOMA IN THERAPEUTIC WORK WITH FAMILIES: COMPULSORY AND ELECTIVE UNITS

COMPULSORY UNITS
Develop, facilitate and monitor all aspects of case management
Respond holistically to client issues and refer appropriately
Provide services to clients with complex needs
Analyse client information for service planning and delivery
Work effectively in child protection to support children, young people and families
Build professional practice and sectoral expertise
Work with children and young people with complex trauma and attachment issues and needs
Work effectively with culturally diverse clients and co-workers
Work effectively with Aboriginal and/or Torres Strait Islander people
ELECTIVES
Work effectively with clients with complex alcohol and/or other drug issues
Develop, implement and promote effective workplace communication
Maintain an effective community sector work environment
Work with clients with unique needs
Facilitate workplace debriefing and support processes
Identify and use strengths-based practice
Meet statutory and organisation information requirements
Apply understanding of mental health issues and recovery processes
Develop and implement a multi-agency investigation and child risk assessment strategy
Undertake and implement planning with at-risk children and young people and their families
Interact with the legal system to protect children
Provide First Aid

The Newpin Diploma is yet to be submitted to the NSW Vocational Education and Accreditation Board for review. It is anticipated that the Diploma will formally commence in early 2016. Meanwhile, Newpin has taken preparatory steps to prepare and plan for its introduction. Newpin Managers and the Quality and Intake Coordinator have received Certificate IV training so they will be able to conduct workplace assessments. In addition, 12 Newpin staff have undergone a two day course of 'Foundation Training' and another 14 staff will be undergoing this training in early 2016. The diploma is compulsory for all Coordinators, Family Workers and Play Facilitators. Staff will gain credits towards the Diploma through Recognition of Prior Learning.

### 5.2.5 PROGRESS OF PRACTICE ISSUES IDENTIFIED IN 2014

Several other practice issues were raised in the 2014 Annual Progress Report as potentially needing some focus in 2015.

In the last year, there has been progress in relation to each of these issues as detailed in Table 7.

TABLE 6 – PROGRESS OF PRACTICE ISSUES IDENTIFIED IN 2014

PRACTICE AREA REQUIRING FOCUS	ACTIONS TAKEN	IMPACT
<p>Raise the standard and quality of Newpin reports to FACS</p>	<ul style="list-style-type: none"> <li>▪ Workshop run by a Senior FACS practitioner for Newpin staff on the content and format of reporting</li> <li>▪ Newpin Regional Manager now reviews and countersigns reports before they are submitted to FACS (previously Coordinators did this)</li> <li>▪ Support provided by management to Newpin staff to enhance quality of reports and to assist staff better understand the court process and how reports are used</li> <li>▪ Newpin now recruiting staff with formal qualifications which should impact positively on the quality of written reports</li> </ul>	<ul style="list-style-type: none"> <li>▪ Few, if any, negative comments from FACS about Newpin reporting this year</li> </ul>
<p>Devise a standard reporting template and timetable for Newpin reporting to FACS</p>	<ul style="list-style-type: none"> <li>▪ FACS and Newpin jointly developed a standard reporting template which was rolled out early in 2015</li> </ul>	<ul style="list-style-type: none"> <li>▪ Inconsistency still evident across FACS officers regarding the required frequency and content of Newpin reports. Some FACS officers are unaware of the template</li> <li>▪ FACS officers occasionally seek reports from Newpin at short notice, eg due to court or case management requirements which presents challenges to Newpin staff in preparing a quality timely response</li> <li>▪ Some FACS officers report that, on occasion, Newpin has failed to notify them about parent non-attendance</li> </ul>
<p>Ensure risk assessment and management are well understood within Newpin and clearly communicated to FACS</p>	<ul style="list-style-type: none"> <li>▪ Newpin is more clearly articulating risk management processes to FACS in verbal and written communications</li> </ul>	<ul style="list-style-type: none"> <li>▪ Few, if any, negative comments from FACS about this issue this year</li> </ul>
<p>Consider the level, timing and frequency of home visits by Newpin</p>	<ul style="list-style-type: none"> <li>▪ Home visits are being undertaken by Newpin staff, sometimes jointly with FACS</li> <li>▪ The number and frequency of home visits undertaken is limited by resources, timing and logistics – many parents live a long distance from the Newpin Centre</li> <li>▪ Newpin is open to the idea of conducting more home visits (particularly in the post-restoration phase) resources permitting – balanced against the need to avoid any dependency relationship with parents</li> </ul>	<ul style="list-style-type: none"> <li>▪ No change in home visits at this time</li> </ul>

PRACTICE AREA REQUIRING FOCUS	ACTIONS TAKEN	IMPACT
<p>Explore ways of addressing housing and homelessness as a barrier to restoration</p>	<ul style="list-style-type: none"> <li>▪ Housing is now incorporated within the same Department as Family and Children's Services, which has resulted in increased dialogue about the issue at an executive level</li> <li>▪ Plans are underway for Housing to brief Newpin staff on the full range of housing and accommodation options available to Newpin families</li> </ul>	<ul style="list-style-type: none"> <li>▪ The problem has been quantified by Newpin staff and reported to FACS. Executive level discussions have occurred and strategies to enhance awareness of available housing products to assist families have been shared through a briefing session by Housing representatives from FACS at Campbelltown to Newpin staff in December 2015</li> <li>▪ Another briefing is planned for 2016 in the Parramatta area to ensure access for more Newpin staff and an opportunity to enhance relationships with local FACS housing colleagues</li> </ul>
<p>Consider the level and nature of court support provided by Newpin staff</p>	<ul style="list-style-type: none"> <li>▪ Newpin staff continue to advise and inform parents about court processes and procedures</li> <li>▪ Newpin staff are to receive training on how court reports are used and how best to write reports to assist the courts</li> <li>▪ The extent of support provided at the court by Newpin is limited by resources, timing and logistics and competing demands at the Centre</li> </ul>	<ul style="list-style-type: none"> <li>▪ Parents highly value court support provided by Newpin staff</li> <li>▪ Still to be determined</li> </ul>
<p>Devise strategies to ensure Newpin is culturally appropriate</p>	<ul style="list-style-type: none"> <li>▪ No specific strategies developed for CALD families: one in seven Newpin parents have a CALD background</li> <li>▪ Aboriginal and Torres Strait Islander parents comprise 22% of Cohort 1 and 28% of Cohort 2 parents</li> <li>▪ The potential additional complexities of working with Aboriginal and Torres Strait Islander parents has been highlighted, given that a number of restoration reversals have involved Aboriginal families. Discussions are underway to investigate this further and to see what, if any, additional support or assistance would be beneficial</li> </ul>	<ul style="list-style-type: none"> <li>▪ Still to be determined</li> </ul>
<p>Develop clearer and stronger links with NGOs to increase referrals to Newpin and supports for parents</p>	<ul style="list-style-type: none"> <li>▪ Majority of referrals are from FACS, and as the program has been operating close to full capacity – there is some reluctance to actively promote Newpin with NGO sector at this point</li> </ul>	<ul style="list-style-type: none"> <li>▪ There is still an intention to seek referrals from NGOs in the future</li> <li>▪ Newpin and FACS Contract Managers have previously briefed OOHC NGOs in Western Sydney and the Hunter and Central Coast FACS Districts. A plan has been developed for FACS and Newpin to brief all NGO fostercare providers who provide placements and case management to children in the South Western Sydney District to raise awareness about the newly opened Centre at Ingleburn</li> <li>▪ Visits to NGOs will begin in February 2016. Newpin Practice Coordinators will have a high level role in engaging OOHC NGOs and maintaining relationships with them</li> </ul>

## 6 Governance and partnership arrangements

The establishment of the Newpin SBB required Newpin management and staff and FACS personnel to develop new learnings, procedures, practices, and ways of thinking. This has required leadership, commitment and a belief that new and improved ways of supporting restoration are possible.

### 6.1 GOVERNANCE AND CONTRACT MANAGEMENT

As noted previously, the Newpin SBB is one of two SBBs being trialled by the NSW Government, and led by NSW Treasury and the DPC. A Joint Working Group comprising representatives from NSW Treasury, FACS and Uniting is responsible for overseeing and monitoring the Newpin SBB and providing a forum to discuss any issues relating to the effective integration of FACS and Uniting. This includes roles and responsibilities under the Implementation Agreement and key issues such as referrals, outcomes, payments, projections, operational issues, dispute resolution and the opening and closure of Newpin Centres.

FIGURE 2 – THE NEWPIN SBB GOVERNANCE ARRANGEMENTS



The Newpin SBB contract is managed by FACS and Uniting. The FACS Contract Manager has a range of responsibilities including:

- liaising with the Newpin Operations and Practice Manager in relation to the day to day operation of the Implementation Agreement
- facilitating FACS processes in relation to the closure of any Newpin Centre
- facilitating and monitoring all referrals and outcomes for Cohorts 1 and 2 in the intervention group and for Cohort 1 in the control group
- educating and briefing FACS staff on key aspects of Newpin, and the processes and procedures involved in referring to the program
- working with Newpin in identifying options for the rollout of new Newpin Centres and facilitating that internally within FACS
- designing and updating the Operations Manual for the Newpin SBB
- maintaining and monitoring the live matched control group for Cohort 1
- assisting with evaluation of Newpin and with the evaluation of the SBB arrangements

- participating in meetings of the Newpin SBB Joint Working Group (referred to as the CYPF SBB Joint Working Group in the Newpin SBB Operations Manual).

Day to day management of Newpin within Uniting is undertaken by the Newpin Operations and Practice Manager. This role is both internal and external facing, and involves similar responsibilities to that of the FACS Contract Manager. In addition, the position has overall management responsibility for Newpin within Uniting.

The last Annual Progress Report in 2014 found that the governance arrangements were working well. Recent consultations indicate that two and a half years into the Newpin SBB, the governance and project management arrangements continue to work extremely well and are contributing significantly to the development and expansion of Newpin.

Most notably, in the last year, the Newpin SBB governance and project management have:

- maintained continuity of staffing across the two key roles (FACS Contract Manager and the Newpin Operations and Practice Manager) which has contributed significantly to the growth of corporate knowledge and further strengthened the relationship between FACS and Uniting
- negotiated, agreed and planned for the establishment of a new Newpin Centre in Ingleburn in November 2015, and progressed working towards the opening of a further two new Centres in the first half of 2016 (bringing the number of new Centres established to four in the first two and a half years of the SBB)
- conducted numerous joint briefings and workshops with CSC staff, and regularly attended CSC Manager meetings, particularly in areas where Newpin Centres are being established to facilitate a healthy flow of referrals to the new Centres
- regularly monitored referrals and program vacancies to work to maintain a flow of appropriate referrals in order to maximise program capacity without creating waiting lists
- provided joint input into the evaluation of Newpin.

As was the case in previous years, the relationship between the FACS and Newpin Contract Managers is characterised by regular communication, a high level of trust, a shared desire for Newpin to succeed, a willingness to share information and jointly solve problems, and above all, a strong commitment to collaborate to achieve better outcomes for children and their families.

There were three key challenges for the Contract Managers in 2015. The first was to facilitate a steady rate of referrals to Newpin, in line with program capacity and targets but without creating waiting lists or bottle-necks. This requires close and regular communication between FACS and Newpin about current and predicted capacity, as well as identifying suitable cases for referral from FACS. The context for this can at times be dynamic and fast changing – as new cases emerge and others exit the program prematurely. It takes considerable resources and effort to manage this process effectively and efficiently. The newly appointed Intake and Quality Officer at Newpin plays a key role in this process.

A second challenge has been recruiting families into the control group. As new Newpin Centres are rolled out, there are fewer places from which to recruit control group members. Under the Newpin SBB Operations Manual, the control group is recruited from CSCs that have similar socio-demographic to those CSCs in the local area of the Newpin Centres. Each month, an even number of referrals into the Control group are obtained from CSCs matched with local Newpin CSCs. The FACS Contract Manager is responsible for this process.

Thirdly, the higher number of restoration reversals in 2014/15 is being examined. Newpin is seeking to identify and manage any issues that impacting negatively on the successful restoration of children to their families.

## 6.2 OPERATIONAL ARRANGEMENTS

The formal relationship between FACS and Uniting and their respective roles and responsibilities are clearly defined in the Newpin SBB Operations Manual.

These include:

- guarantees around the minimum number of referrals from FACS to Newpin
- case management
- reporting requirements.

The key roles and responsibilities of FACS and Uniting in relation to Newpin at an operational level are summarised in the Table at Appendix D.

In the 2014 Annual Progress Report, many staff from FACS and Uniting spoke positively of the way they were working together, and provided evidence and examples of how this was occurring. Newpin staff said they felt more respected by FACS Officers, more involved in discussions that informed decisions about individual families, and more accountable for the work that they do. FACS officers, talked about the advantage of being able to share the load of the casework role, having a stronger evidence base to present to court based on information provided by Newpin, and more knowledge of, and open communication with, families.

While, overall, those consulted for 2014 Annual Progress Report held positive views about how well Newpin and FACS personnel were working together, a number of issues were identified as problematic. There was reluctance on the part of some FACS caseworkers to refer families to Newpin as their CSC did not have a long history of restoration and not everyone was convinced about the benefit of a Centre-based program. In other instances, FACS staff expressed some reservations about what they considered to be varying skill levels of Newpin staff in relation to risk assessment, child protection, court processes and procedures, and reporting. There was a view amongst both FACS and Newpin staff that the strength of the relationship varied depending upon the CSC, the Newpin Centre and/or the individual workers – and was not consistent across the program as a whole. In some cases, Newpin staff and FACS caseworkers had differing understandings about their respective roles and responsibilities.

A year on, the partnership between Newpin and FACS has further strengthened and overall, the feedback is very positive, particularly in the more established areas which have had sufficient time to develop a closer working relationship

Various examples were provided to illustrate the different ways that Newpin and FACS are cooperating and collaborating.

<b>Thought leadership</b>	<ul style="list-style-type: none"> <li>▪ Newpin staff facilitating a group about Newpin at the FACS Practice Conference</li> </ul>
<b>Training</b>	<ul style="list-style-type: none"> <li>▪ FACS officers providing training to Newpin staff on domestic violence</li> <li>▪ A Senior FACS Practitioner providing training to Newpin staff on the Minnesota Peer Supervision Model</li> <li>▪ FACS officers providing training to Newpin staff on report writing</li> </ul>
<b>Newpin and FACS restoration workers working together to support families in the post restoration stage</b>	<ul style="list-style-type: none"> <li>▪ Joint home visits to families</li> <li>▪ Coordination re post-restoration supports (FACS focusing on housing, practical and other supports and Newpin focusing on the therapeutic group work and parenting)</li> <li>▪ Restoration workers visiting families at Newpin Centres – so FACS and Newpin staff are all on the one page</li> </ul>
<b>Good, regular communications between Newpin and FACS Caseworkers</b>	<ul style="list-style-type: none"> <li>▪ Checking in on attendance and progress at Newpin</li> <li>▪ Seeking advice from one another on referrals, intakes, planning and exits</li> </ul>



The partnership between Newpin and FACS is said to be particularly strong where there has been long working relationship between the individual workers; in CSCs where Practice First is being implemented and there is a focus on giving the parent every opportunity to have their child restored; and in CSCs which have a designated restoration worker who works intensively with the family in the post-restoration phase. The partnership is also strong where CSCs have had positive experiences with Newpin achieving good outcomes for their families.

The factors that underpin the strengthening partnerships between Newpin and FACS include a growth of trust as FACS caseworkers and Newpin staff gain more experience of working together and FACS sees the success that Newpin is having with families. It also includes increasing respect for each other's skills and expertise, and what caseworkers and Newpin staff can each bring to the family.

*There's respectful communication.*

Newpin Stakeholder

*There's been some respect flowed out of it because they have actually worked with us and they can see that we can work together and we can get the results.*

Newpin Stakeholder

There is also a growing realisation by FACS officers that Newpin staff do not favour the parent at the expense of the children. On occasion Newpin advises *against* a restoration that FACS is recommending.

The closer working relationship between Newpin and FACS benefits parents and families in a number of ways. Newpin can help parents understand why their children were removed, and help them to see that being angry is not going to assist them to get their children back.

*It's communicating and working together. It's having the family know that we can work together and cooperate. So many of them [the parents] are anti-FACS when they come in because of everything that has happened. So it's trying to turn that around and get them to cooperate.*

Newpin Stakeholder

*The parenting group we run lays out what child protection concerns are for parents and for them to get a much better understanding of why their children were removed.*

Newpin Stakeholder

Helping diffuse anger and resentment can smooth the pathway to more open communication between parents and their caseworker. It can also help teach parents about effective ways of communicating their needs or views to FACS.

*It's about us teaching them that you can be an advocate and you can be assertive. That you don't have to be aggressive. You can be respectful. You may not always agree with what has been said or how it's said, but being disrespectful is not going to get them the outcomes they want.*

Newpin Stakeholder

Newpin staff are also able to convey to FACS a fuller picture of what is happening in the family, pre-restoration. While FACS is focusing on child protection, Newpin is more focused on the 'whole picture' of what is happening.

*We see the parents and the children together, and see them as a whole. What do parents need? What do children need? And what do they need together? Also, what does that women need as a woman, apart from being a parent?*

Newpin Stakeholder

The full Interim Evaluation Report will contain a full analysis of the aspects of the working relationship that are contributing to the efficient operation of the partnership arrangement, and contributing to good outcomes for families, as well as identifying any areas requiring strengthening.

## 7 Key findings

During 2014/2015, Newpin has continued to expand and progress and to achieve positive outcomes for the majority of families participating in the program. The key findings of this progress report are as follows:

### **The Newpin program is expanding, in line with the aims and objectives of the SBB**

The number of Newpin Centres has expanded from three to five with a further Centre due to be established by August 2016. This will result in increased access to the program for families in Wyong/Gosford, South West Sydney and Newcastle and a yet to be announced seventh location.

The number of families participating in Newpin is increasing, due partly to the growth in the number of Centres, but also to improved occupancy rates in the established Centres. Between 1 July 2013 and 30 June 2015, a total of 165 families and 252 children have participated in Newpin.

More fathers are participating in Newpin than ever before. Male participants comprised one third of all restoration referrals over the first two years of the Newpin SBB. This trend may reflect a change in FACS practice whereby fathers as well as mothers are now being considered as restoration options for children in OOHC.

### **Program vacancy, completion rates and outcomes have improved over the last two years**

Comparison between 2013/14 and 2014/15 reveals:

- a reduction in the number of program vacancies indicating a smooth rate of referrals into the program as families transition out.
- a reduction in the number of unsuccessful program exits of Cohort 1 families (i.e. those seeking restoration).
- an increase both in the number and the rate of restorations for Cohort 1 families (taking into account those restorations that are subsequently reversed).

The restoration rate increased between 2013/14 and 2014/15. The cumulative net restoration rate over the two year period was 58%. This rate is considerably higher than the estimated counterfactual rate. The actual counterfactual rate calculated for the control group which will be available in June 2016. (This figure varies slightly from the rate reported in the Newpin SBB report to NSW Treasury, which is calculated on the outcomes for mothers, and not all parents.) The net restoration rate for mothers in 2014/15 was 66%.

A number of 'reversals' occurred in 2015/16, with children returning to OOHC after restoration. It is recognised that not all restorations will be successful, and so the key questions are why some breakdown and others don't, and what are the risk and protective factors associated with these outcomes. The appropriateness of the referrals to the program may also be a factor. Both FACS and Newpin staff report they are now better at targeting the program and assessing the suitability of families for the program than they were when the Newpin SBB first commenced.

### **Preliminary feedback from Newpin parents is very positive**

A small number of parents currently attending Newpin were interviewed to obtain preliminary feedback about their experiences of Newpin. There was remarkable consistency in their responses. A further 30

parents will be interviewed in the coming months to gain more insights into the Newpin experience from the parents' perspectives.

Newpin parents interviewed stress how much they and their children enjoyed attending the program. They talk about being respected, valued and motivated to work towards change. Critical to this is that they are not judged by Newpin staff, who consistently work within a positive frame, focusing on parents' strengths. This helps parents build their self-belief and confidence, something many of them lacked before. Parents also highly value the fact that staff role-model the behaviour and values that Newpin embodies. At the same time, staff do not shy away from challenging any problematic behaviour or having difficult conversations with parents. Parents say this makes them feel that Newpin staff care about them and their children and are genuinely want them to succeed.

Parents also talk positively about the knowledge and skills they are developing by participating in the education and therapeutic programs run at the Newpin Centres. The main outcome they focus on is the increase in their parenting skills – learning how to respond to their children's behaviour, how to engage in play activities and how to keep their children safe and well. Parents also highly value receiving court support, and support to work in a positive way in their dealings with FACS, other services and the court.

Parents also highlight the critical importance of being able to interact with peers at Newpin. This assists with program engagement and helps parents feel safe to 'open up' about their feelings and behaviours, often for the first time. Parents talk about the culture of mutual support that develops at the program – with parents encouraging each other to see that change is good, that restoration is possible, and that others have done it, so can they too. Parents say this is a very important aspect of Newpin that contributes to the progress they have been able to make whilst attending the program.

### **The Newpin model is developing in response to changing context**

This is most evident in decisions to create new Fathers' Family Worker positions to be co-located in the newly established Mothers' Centres (rather than being based in the Fathers' Centre) and to create a new position in the Fathers' Centre to focus on providing coordinated support to the partners of the mothers who are attending Newpin.

### **Newpin management has undergone a restructure to respond to changing needs and demands relating to the growing number and geographic spread of Newpin Centres**

Dedicated resources have been allocated to centralise intake (to ensure a smooth flow of referrals), quality control (to increase the consistency and quality of tools, data entry, etc.), and to regional practice management to ensure program integrity across new and established Centres. This is also designed to free up the Newpin Operations and Practice Manager to focus more on the expansion and roll-out of the program across the State.

### **Newpin practice is continuing to evolve as learnings are being developed and a greater focus on staff development and supervision continues**

In 2014/2015, there has been a strong focus on professional development to better equip staff to provide effective support to meet the complex needs of the families attending Newpin. This has included training on trauma-informed practice, resilience, Minnesota peer supervision, early brain development, neuro-sequential modelling, and the latest research on restoration models and outcomes. Most importantly, the design of the Newpin Diploma in Therapeutic Work with Families is close to completion which will define the competencies required to deliver effective practice. This is a significant achievement that will pave the way to supporting Newpin Centres across the nation.

## The partnership between Newpin and FACS has gone from strength to strength

Contract management is excellent, collaborative, forward-thinking and effective. At the operational level, there are signs that the relationship between Newpin staff and Community Services Centres (CSCs) has strengthened compared to 2013/14, there is now greater knowledge, trust and mutual respect between the agencies and both can see that, by working closely together, good outcomes are being achieved by families.

## Recommended areas of focus for 2016

The key recommended areas of focus for Newpin in 2016 include the following:

<b>Reversals</b>	<ul style="list-style-type: none"> <li>▪ Continual monitoring of the risk factors associated with restoration reversals and the development of strategies to address these</li> <li>▪ Investigation of supports and approach as to supporting Aboriginal families, particularly in the post-restoration period</li> </ul>
<b>Monitoring and reporting</b>	<ul style="list-style-type: none"> <li>▪ Further improvement of the new Client Information Management System – Carelink – which has yet to facilitate easy access to accurate and meaningful reporting at a program level</li> </ul>
<b>Roll out of new Centres</b>	<ul style="list-style-type: none"> <li>▪ Stronger upfront focus and realistic timetable re property procurement, to ensure no unnecessary delays are encountered in establishing new Centres</li> </ul>
<b>Practice</b>	<ul style="list-style-type: none"> <li>▪ Stronger focus and clearer objectives relating to working with couples, and with older children, couples and on working with older children</li> </ul>
<b>Program model</b>	<ul style="list-style-type: none"> <li>▪ Monitoring of impact and outcomes of co-locating men's and women's programs in one Centre</li> <li>▪ Monitoring of impact and outcome of the expanded work with partners</li> </ul>
<b>Homelessness</b>	<ul style="list-style-type: none"> <li>▪ Continuing cross-division executive level discussions about addressing homelessness as a barrier to restoration</li> </ul>

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## Appendix A

# Program Logic and Evaluation Framework

## ULTIMATE OUTCOME

*INTERGENERATIONAL CYCLES OF FAMILY ABUSE AND NEGLECT ARE BROKEN*

### Longer term outcomes

- Newpin children and young people at risk are safe from harm and injury
- Newpin family restorations are successful and enduring
- The restoration outcomes for Newpin families are better than those of a similar group of families who do not access the program
- Newpin families at risk of their children being placed in out of home care are preserved

### Intermediate outcomes

- Parents' wellbeing improves
- Parenting skills and capabilities are enhanced
- Parents are more confident and self reliant
- Families display more positive family behaviours
- Family safety and child wellbeing improve

### Immediate outcomes

- Referrals to Newpin are appropriate, timely and in line with program capacity
- Parents respond positively to and remain engaged in the program
- Effective relationships are established between parents/children and Newpin staff
- Parents value and benefit from peer support (befriending)


### Inputs and process outcomes

- Where appropriate, suitable service providers are selected to establish Newpin in new locations
- Appropriately skilled and experienced staff are recruited
- Strong program management, monitoring and reporting mechanisms are put in place
- The costs of operating Newpin and the cost per restoration is calculated
- Newpin is responsive to implementation and practice learnings as they emerge
- UnitingCare Burnside, FACS and NGOs work effectively together
- An effective change management, learning and development strategy is implemented to support the transition to the Newpin SBB program and the rollout to new locations

### Needs

- Cohort 1 target families need support to facilitate transitions from out-of-home care to family restoration
- Cohort 2 target families are at risk of their child(ren) being placed in out-of-home care without intensive support and intervention
- Target families with young children need support to ensure child safety and wellbeing
- Target families are at risk of perpetuating intergenerational cycles of abuse and neglect without support
- There is a need to reduce the social and economic costs associated with the incidence of child abuse and neglect

TABLE 7 –NEWPIN SBB PROGRAM EVALUATION FRAMEWORK

	Program logic statements	Key evaluation questions	Indicators	Potential data sources
	<b>LONGER TERM OUTCOMES</b>			
	Children and young people at risk are safe from harm and injury	Are children whose families participate in Newpin safe from harm and injury?	<ul style="list-style-type: none"> <li>▪ Proportion of Cohort 1 children who are subject to:                             <ul style="list-style-type: none"> <li>- reports of significant harm (by type)</li> <li>- substantiated reports (by type)</li> </ul>                             whilst attending Newpin, and in each subsequent year (up to 7 years) after completing or leaving the program (if not completed)                         </li> </ul>	<ul style="list-style-type: none"> <li>▪ FACS data</li> </ul>
	Family restorations are successful and enduring	How successful is Newpin in achieving family restorations? How enduring are these restorations? Are some families more likely to be successfully restored than others? What are the critical success factors/barriers to a restoration? What are the critical success factors to an enduring restoration? What impacts (positive or negative) have flowed from changed to child protection legislation or permanency planning on the rate and sustainability of restorations? What aspects of the Newpin program are most valued by parents and why?	<ul style="list-style-type: none"> <li>▪ Proportion of Cohort 1 participants whose families are restored within the program timeframe</li> <li>▪ Identification of impacts (positive or negative) of legislative changes on referrals to Newpin, client profiles, time spent in the program, program completion rate, client outcomes and rate of restoration</li> <li>▪ Comparison of data pre and post major legislative changes impacting significantly on Newpin Cohort 1</li> </ul>	<ul style="list-style-type: none"> <li>▪ Program data</li> <li>▪ Interviews with Newpin management and staff</li> <li>▪ Interviews with FACS officers and other stakeholders</li> <li>▪ Interviews with parents</li> </ul>
			<ul style="list-style-type: none"> <li>▪ Proportion of Cohort 1 participants where family restoration is achieved where restoration is maintained 1, 2,3 years and up to 7 years beyond as measured by:                             <ul style="list-style-type: none"> <li>- entries into out-of-home care</li> <li>- reasons for entry to out-of-home care</li> <li>- length of stay in out-of-home care</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ FACS data</li> </ul>
<ul style="list-style-type: none"> <li>▪ Comparison of restoration rate for Cohort 1 by:                             <ul style="list-style-type: none"> <li>- duration in Newpin program (days)</li> <li>- whether or not participation in Newpin has been court-ordered<sup>14</sup></li> </ul> </li> </ul>			<ul style="list-style-type: none"> <li>▪ Program data</li> <li>▪ Interviews with Newpin management and staff</li> <li>▪ Interviews with FACS officers</li> </ul>	
		<ul style="list-style-type: none"> <li>▪ Comparison of restoration endurance for Cohort 1 by:                             <ul style="list-style-type: none"> <li>- duration in Newpin program (days)</li> <li>- whether or not participation in Newpin has been court-ordered<sup>1</sup></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ FACS data</li> <li>▪ Interviews with Newpin management and staff</li> <li>▪ Interview with FACS officers</li> </ul>	


<sup>14</sup> This is dependent on a specific data field identifying which participants are court-ordered being incorporated in UnitingCare's internal client information management system (Carelink). Discussions with UnitingCare Burnside have indicated this may be feasible and there are existing customisable fields within the system that could be used for this purpose.


	Program logic statements	Key evaluation questions	Indicators	Potential data sources
↑	<b>LONGER TERM OUTCOMES CONT'D</b>			
			<ul style="list-style-type: none"> <li>▪ Identification of critical success factors and barriers</li> <li>▪ Identification of legislative/practice changes and how these have impacted on outcomes</li> <li>▪ Rating of program components by parents</li> </ul>	<ul style="list-style-type: none"> <li>▪ Interviews with Newpin management and staff</li> <li>▪ Interviews with FACS officers</li> <li>▪ Interviews with parents (restored and not-restored)</li> <li>▪ Case studies</li> <li>▪ Parent satisfaction survey</li> </ul>
	The restoration outcomes for Newpin families are better than those of a similar group of families who do not access the program	<p>How does the rate of restoration for families participating in Newpin compare with that of a comparable group who do not access the program?</p> <p>How does the rate of restoration endurance of Newpin participants compare with that of a comparable group that do not access the program?</p>	<ul style="list-style-type: none"> <li>▪ Proportion of Cohort 1 families participating in Newpin who are restored, within comparable timeframe, compared with FACS control group</li> <li>▪ Proportion of Cohort 1 families participating in Newpin whose restorations endure 1, 2 and 3 years (and beyond up to 7 years) after restoration compared with FACS control group</li> </ul>	<ul style="list-style-type: none"> <li>▪ FACS data</li> <li>▪ FACS data</li> </ul>
	<p>Families at risk of their children being placed in out-of-home care are preserved</p> <p>How successful is Newpin in preventing families at risk of having their children placed in out-of-home care?</p> <p>Are some families at risk more likely to avoid out-of-home care than others?</p>	<p>What are the critical success factors/barriers to preservation?</p> <p>What impacts (positive or negative) have flowed from changes to child protection legislation or permanency planning on the outcomes for these families?</p> <p>What aspects of the program are most valued by parents and why?</p>	<ul style="list-style-type: none"> <li>▪ Proportion of Cohort 2 families who do not have their children removed from their care within the program timeframe</li> <li>▪ Identification of impacts (positive or negative) of legislative changes on referrals to Newpin, client profiles, time spent in the program, program completion rate, client outcomes and rate of preservation</li> <li>▪ Comparison of data pre and post any major legislative changes impacting significantly on Newpin Cohort 2</li> </ul>	<ul style="list-style-type: none"> <li>▪ Program data</li> <li>▪ Interviews with Newpin management and staff</li> <li>▪ Interviews with FACS officers and other stakeholders</li> <li>▪ Interviews with parents</li> </ul>

	Program logic statements	Key evaluation questions	Indicators	Potential data sources
	<b>LONGER TERM OUTCOMES CONT'D</b>			
			<ul style="list-style-type: none"> <li>▪ Comparison of preservation rate for Cohort 2 families, by:               <ul style="list-style-type: none"> <li>– duration in Newpin program (days)</li> </ul> </li> <li>▪ Whether or not participation in Newpin has been court-ordered<sup>15</sup></li> </ul>	<ul style="list-style-type: none"> <li>▪ Program data</li> <li>▪ Interviews with Newpin management and staff</li> <li>▪ Interviews with FACS officers and other key referral agencies</li> </ul>
			<ul style="list-style-type: none"> <li>▪ Identification of critical success factors and barriers</li> <li>▪ Identification of legislative/practice changes and how these have impacted on outcomes</li> <li>▪ Rating of program components by parents</li> </ul>	<ul style="list-style-type: none"> <li>▪ Interviews with Newpin management and staff</li> <li>▪ Interviews with FACS officers and other key referral agencies</li> <li>▪ Interviews with parents (preserved and not preserved)</li> <li>▪ Case studies</li> <li>▪ Parent satisfaction survey</li> </ul>
			<ul style="list-style-type: none"> <li>▪ Examples provided</li> </ul>	<ul style="list-style-type: none"> <li>▪ Interviews with parents</li> <li>▪ Case studies</li> <li>▪ Interviews with Newpin management and staff</li> </ul>

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<sup>15</sup> This is dependent on a specific data field identifying which participants are court-ordered being incorporated in UnitingCare's internal client information management system (Carelink). Discussions with UnitingCare Burnside have indicated this may be feasible and there are existing customisable fields within the system that could be used for this purpose.

	PROGRAM LOGIC STATEMENTS	KEY EVALUATION QUESTIONS	INDICATORS	POTENTIAL DATA SOURCES
	<b>INTERMEDIATE OUTCOMES</b>			
	Parents' wellbeing improves	To what extent do various aspects of the parents' environment, physical and mental health improve?	<ul style="list-style-type: none"> <li>▪ Comparison of NCFAS scores for Cohorts 1 and 2 over time               <ul style="list-style-type: none"> <li>- Environment domain (1-7)</li> <li>- Family health domain (2-4)</li> </ul>               whilst in the program             </li> </ul>	<ul style="list-style-type: none"> <li>▪ Program data</li> </ul>
			<ul style="list-style-type: none"> <li>▪ Examples provided</li> </ul>	<ul style="list-style-type: none"> <li>▪ Interviews with parents</li> <li>▪ Case studies</li> <li>▪ Interviews with Newpin management and staff</li> </ul>
	Parenting skills and capabilities are enhanced	To what extent do Newpin participants improve their parenting skills and capabilities?	<ul style="list-style-type: none"> <li>▪ Comparison of NCFAS scores for Cohorts 1 and 2 over time               <ul style="list-style-type: none"> <li>- Parental capability domain (1-8)</li> <li>- Caregiver/child ambivalence domain (1-6)</li> </ul>               whilst in the program             </li> </ul>	<ul style="list-style-type: none"> <li>▪ Program data</li> </ul>
			<ul style="list-style-type: none"> <li>▪ Examples provided</li> </ul>	<ul style="list-style-type: none"> <li>▪ Interviews with parents</li> <li>▪ Case studies</li> <li>▪ Interviews with Newpin management and staff</li> </ul>
	Parents are more confident and self-reliant	To what extent do Newpin parents exhibit greater confidence, independence and self-esteem as a result of participating in the program?	<ul style="list-style-type: none"> <li>▪ Comparison of NCFAS scores for Cohorts 1 and 2 over time               <ul style="list-style-type: none"> <li>- Self sufficiency domain (1-6)</li> <li>- Social community life domain (1-6)</li> </ul>               whilst in the program             </li> </ul>	<ul style="list-style-type: none"> <li>▪ Program data</li> </ul>
			<ul style="list-style-type: none"> <li>▪ Examples provided</li> </ul>	<ul style="list-style-type: none"> <li>▪ Interviews with parents</li> <li>▪ Case studies</li> <li>▪ Interviews with Newpin management and staff</li> </ul>
	Families display more positive family behaviours	To what extent do Newpin participants improve their family interaction?	<ul style="list-style-type: none"> <li>▪ Comparison of NCFAS scores for Cohorts 1 and 2 over time               <ul style="list-style-type: none"> <li>- Family interactions domain (1-8) whilst in the program</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Program data</li> </ul>
			<ul style="list-style-type: none"> <li>▪ Examples provided</li> </ul>	<ul style="list-style-type: none"> <li>▪ Interviews with parents</li> <li>▪ Case studies</li> <li>▪ Interviews with Newpin management and staff</li> </ul>

	PROGRAM LOGIC STATEMENTS	KEY EVALUATION QUESTIONS	INDICATORS	POTENTIAL DATA SOURCES
	<b>INTERMEDIATE OUTCOMES CONT'D</b>			
	Family safety and child wellbeing improve	To what extent do Newpin participants experience improvements in family safety and child wellbeing?	<ul style="list-style-type: none"> <li>▪ Comparison of NCFAS scores for Cohorts 1 and 2 over time               <ul style="list-style-type: none"> <li>- Family safety domain (1-8)</li> <li>- Child wellbeing domain (1-7)</li> <li>- Family health domain (5-8) whilst in the program</li> </ul> </li> <li>▪ Examples provided</li> </ul>	<ul style="list-style-type: none"> <li>▪ Program data</li> <li>▪ Interviews with parents</li> <li>▪ Case studies</li> <li>▪ Interviews with Newpin management and staff</li> </ul>

PROGRAM LOGIC STATEMENTS	KEY EVALUATION QUESTIONS	INDICATORS	POTENTIAL DATA SOURCES
<b>IMMEDIATE OUTCOMES</b>			
<p>Referrals to Newpin are appropriate, timely and in line with program eligibility and capacity</p>	<p>Is the process of referral to Newpin working well?</p> <p>What factors are facilitating/ inhibiting smooth and timely referral pathways into Newpin?</p>	<ul style="list-style-type: none"> <li>▪ Number and proportion of referrals to Newpin (on an annual basis) relative to program capacity</li> <li>▪ Number and proportion of Cohort 1 and 2 families referred to Newpin</li> <li>▪ Number and proportion of Cohort 1 and Cohort 2 referrals accepted into Newpin</li> <li>▪ Analysis of Newpin participant and family profile over three years (Cohorts)               <ul style="list-style-type: none"> <li>– Parent – age, gender, disability/physical health, mental illness, substance abuse, Aboriginal background, CALD background, court-ordered or voluntary</li> <li>– Child – age, gender, Aboriginal background, CALD background</li> </ul> </li> <li>▪ Identification of facilitation/barriers to program referrals</li> <li>▪ Identify any impacts due to changes to child protection legislation in 2014</li> </ul>	<ul style="list-style-type: none"> <li>▪ Program data</li> <li>▪ Program data</li> <li>▪ Program data</li> <li>▪ Program data</li> <li>▪ Interviews with Newpin management and staff</li> <li>▪ Interviews with FACS officers and other key referral agencies</li> </ul>
<p>Parents respond positively to, and remain engaged in, the program</p>	<p>To what extent do parents referred to Newpin agree to participate in the program?</p> <p>To what extent do parents who participate in Newpin feel engaged in the program?</p> <p>What factors influence the level of engagement and program completion?</p> <p>Are some families more likely to engage or complete the program than others?</p>	<ul style="list-style-type: none"> <li>▪ Proportion of parents referred to the program who agree to participate</li> <li>▪ Reasons for non-participation</li> <li>▪ Proportion of parents who participate in Cohort 1 and 2 who complete the 18 month program</li> <li>▪ Level of engagement reported by parents</li> <li>▪ Identification of critical success factors/barriers to engagement/completion</li> <li>▪ Reasons for non-completion of program</li> <li>▪ Identify any impacts due to changes to child protection legislation in 2014</li> </ul>	<ul style="list-style-type: none"> <li>▪ Program data</li> <li>▪ Program data</li> <li>▪ Interviews with parents</li> <li>▪ Case studies</li> <li>▪ Parent satisfaction survey</li> <li>▪ Interviews with Newpin management and staff</li> <li>▪ Interviews with FACS officers and other key referral agencies</li> <li>▪ Interviews with parents (completers and non-completers)</li> <li>▪ Case studies</li> </ul>



PROGRAM LOGIC STATEMENTS	KEY EVALUATION QUESTIONS	INDICATORS	POTENTIAL DATA SOURCES
<b>IMMEDIATE OUTCOMES CONT'D</b>			
		<ul style="list-style-type: none"> <li>▪ Comparison of program completion rate by:               <ul style="list-style-type: none"> <li>- source of referral</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Program data</li> <li>▪ Interviews with Newpin management and staff</li> <li>▪ Interviews with FACS officers and other key referral agencies</li> <li>▪ Interviews with parents (completers and non-completers)</li> </ul>
<p>Effective relationships are established between parents/children and Newpin staff</p>	<p>How effectively do Newpin staff engage with and support parents and children?</p> <p>What factors make for an effective relationship:</p> <ul style="list-style-type: none"> <li>▪ with parents</li> <li>▪ with children?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Parents' rating of the value and quality of their relationship with Newpin staff</li> <li>▪ Parents' rating of the value and quality of the relationship of their children with Newpin staff</li> <li>▪ Identification of factors facilitating/inhibiting the development of effective relationships</li> </ul>	<ul style="list-style-type: none"> <li>▪ Interviews with parents</li> <li>▪ Case studies</li> <li>▪ Parent satisfaction survey</li> <li>▪ Interviews with parents (completers and non-completers)</li> <li>▪ Case studies</li> <li>▪ Parent satisfaction survey</li> <li>▪ Interviews with parents (completers and non-completers)</li> <li>▪ Case studies</li> <li>▪ Interviews with Newpin management and staff</li> </ul>
<p>Parents value and benefit from peer support</p>	<p>To what extent is the peer support (befriending) aspect of Newpin embraced by parents?</p>	<ul style="list-style-type: none"> <li>▪ Parents' rating of the value and benefit of peer support</li> <li>▪ Staff assessments of peer support component</li> <li>▪ Identification of recruitment facilitators/barriers</li> <li>▪ Identification of potential solutions to barriers</li> </ul>	<ul style="list-style-type: none"> <li>▪ Interviews with parents (completers and non-completers)</li> <li>▪ Case studies</li> <li>▪ Parent satisfaction survey</li> <li>▪ Interviews with Newpin management and staff</li> <li>▪ Interviews with Newpin management, staff, and any new providers</li> </ul>



PROGRAM LOGIC STATEMENTS	KEY EVALUATION QUESTIONS	INDICATORS	POTENTIAL DATA SOURCES
<b>INPUTS AND PROCESS OUTCOMES</b>			
Where appropriate, suitable service providers are selected to establish Newpin in new locations	Where necessary and appropriate, UnitingCare Burnside has successfully identified and contracted providers to extend Newpin to new locations? What factors influenced the selection of locations/providers and were these appropriate?	<ul style="list-style-type: none"> <li>Perceptions of UnitingCare Burnside and FACS personnel in relation to the selection of (any) new providers</li> <li>Identification of process and criteria for new Newpin locations and providers</li> <li>Assessment of the validity of the approach</li> </ul>	<ul style="list-style-type: none"> <li>Interviews with Newpin management</li> <li>Interviews with FACS officers</li> <li>Interviews with Newpin management</li> <li>Interviews with FACS officers and other stakeholders</li> </ul>
Appropriately skilled and experienced staff are recruited	Have Newpin staff been successfully recruited into the program (in line with the planned rollout)? How easy or difficult has the recruitment process been? What implications does this have for future rollout?	<ul style="list-style-type: none"> <li>Level of satisfaction with the effectiveness and efficiency of the recruitment process by Newpin and new providers</li> <li>Identification of recruitment facilitators/barriers</li> <li>Identification of potential solutions to barriers</li> </ul>	<ul style="list-style-type: none"> <li>Interviews with Newpin management, staff and any new providers</li> <li>Interviews with Newpin management, staff, and any new providers</li> </ul>
An effective change management, learning and development strategy is implemented to support the transition to the Newpin SBB program and the rollout to new locations	How well was the transition from the previous Newpin to the Newpin SBB program handled? To what extent are staff assisted and supported to implement the Newpin SBB program and engage in ongoing professional development? Are there any major learnings or development gaps that need to be addressed?	<ul style="list-style-type: none"> <li>Level of satisfaction with the transition to enhanced service model reported by Newpin management and staff and FACS</li> <li>Level of satisfaction reported by Newpin staff (existing and new) of program orientation, professional development training, and supervision provided</li> <li>Assessments of how this has contributed to improved practice</li> <li>Identification of gaps/ professional development needs</li> </ul>	<ul style="list-style-type: none"> <li>Interviews with Newpin management and staff</li> <li>Interviews with FACS officers</li> <li>Interviews with Newpin management and staff</li> </ul>
Strong program governance, management, monitoring and reporting mechanisms are put in place	To what extent is Newpin underpinned by strong governance, program management, monitoring and reporting? What is satisfactory/what is not?	<ul style="list-style-type: none"> <li>Level of satisfaction with program governance, management and related functions reported by the service provider and FACS.</li> <li>Identification of strengths, limitations and gaps in program governance, management and monitoring and how these can be improved</li> </ul>	<ul style="list-style-type: none"> <li>Interviews with Newpin management</li> <li>Interviews with any new providers</li> <li>Interviews with FACS officers</li> </ul>

PROGRAM LOGIC STATEMENTS	KEY EVALUATION QUESTIONS	INDICATORS	POTENTIAL DATA SOURCES
<b>INPUTS AND PROCESS OUTCOMES CONT'D</b>			
The costs of operating Newpin and cost per restoration is calculated	<p>What is the cost of operating Newpin?</p> <p>What is the unit cost per restoration?</p>	<ul style="list-style-type: none"> <li>▪ Analysis of costs, funding and expenditure, including the value of in-kind and voluntary contributions</li> <li>▪ Analysis of per restoration unit cost</li> <li>▪ Comparison of per unit costs with other comparable costs as identified in literature review</li> </ul>	<ul style="list-style-type: none"> <li>▪ UnitingCare Burnside financial data</li> </ul>
Newpin is responsive to implementation and practice learnings as they emerge and in response to changes in the policy and legislative environment	<p>What implementation learnings are there from transitioning from the previous version of Newpin to the Newpin SBB program?</p> <p>What implications do these have for future program implementation and the expansion of the program into six new locations?</p> <p>What practice learnings are developing from the operation of Newpin and how are these being used to enhance program effectiveness and efficiency?</p> <p>What impact have any changes to child protection legislation or permanency planning had on Newpin?</p>	<ul style="list-style-type: none"> <li>▪ Identification of learnings for implementation</li> <li>▪ Identification of practice learnings</li> <li>▪ Description of action being taken to build on implementation and practice learnings</li> <li>▪ Identification of impacts and any actions taken as a result</li> </ul>	<ul style="list-style-type: none"> <li>▪ Interviews with Newpin management, staff, and any new providers</li> <li>▪ Interviews with FACS officers</li> <li>▪ Interviews with Newpin management and staff</li> <li>▪ Interviews with FACS officers and other stakeholders</li> </ul>
UnitingCare Burnside, FACS and NGOs work effectively together	<p>To what extent have UnitingCare Burnside and FACS developed an effective working relationship to achieve positive program outcomes?</p> <p>To what extent has UnitingCare Burnside developed good working relationships with other NGOs (as referrers or providers)?</p>	<ul style="list-style-type: none"> <li>▪ Perception of the effectiveness of the relationship by UnitingCare Burnside and FACS</li> <li>▪ Perceptions of the relationship by UnitingCare Burnside, FACS and key external agencies</li> </ul>	<ul style="list-style-type: none"> <li>▪ Interviews with UnitingCare Burnside/Newpin management</li> <li>▪ Interviews with FACS officers</li> <li>▪ Interviews with UnitingCare Burnside and Newpin management</li> <li>▪ Interviews with FACS officers</li> <li>▪ Interviews with external agencies</li> </ul>



## Appendix B

## Consultation guides

# Evaluation of Newpin

## Interview guide

### Newpin Management and Staff

### November 2015

#### INTRODUCTION

In 2013, Urbis was commissioned to conduct the evaluation of Newpin over the next three, and up to seven years, on behalf of NSW Treasury.

The main aim of the evaluation is to evaluate the Newpin program and the outcomes it delivers to children and families. The evaluation does not include an assessment of the outcomes that give rise to payments under the Social Benefit Bond arrangement that finances the program.

The current phase of the evaluation involves discussions with Newpin management and staff, FACS and other stakeholders to obtain their views on how well the establishment of Newpin SBB is progressing since it started in July 2013. It will explore what is working well, what have been some of the challenges, what key learnings are emerging about the program, what outcomes are being observed and what the focus of activity will be over the next twelve months.

The discussions are confidential, and in our reporting, no comments will be attributed to any individuals we speak to.

With your permission, we would like to tape this discussion so that transcripts can be made to ensure we have accurately captured our conversation.

Are there any questions before we start?

#### OVERVIEW

1. Can I ask what is your role in Newpin? How long have you been working in Newpin? Has that role changed over time? If so, how?
2. Looking back at the last two and a half years or so of the Newpin SBB, what is going well and what do you see as the key achievements of the program? What are the key factors that have contributed to this?
3. Are there any aspects of the program that have proven more challenging or problematic?

I'd now like to ask you some more detailed questions about various aspects of the program

#### CLIENT PROFILE AND ENGAGEMENT

4. How would you describe is the profile of the families that are entering Newpin SBB and has that changed much from the former Newpin? (Prompt: for all following questions, ask if any difference according to Cohort)
5. Are there any barriers to clients participating in the program? If so, how might these be addressed?
6. Are there some families who are easier, or more challenging, to work with than others? If so, which ones and why is that the case? What implications does this have for Newpin?
7. What are the main reasons for families dropping out of Newpin before completing the program?

8. What are the main reasons that families engage and remain engaged in the program?
9. What factors contribute to, or inhibit, the development of effective relationships between families and Newpin staff? Between Newpin members? Between parents and their children?

## CLIENT AND OTHER OUTCOMES

10. What sort of positive outcomes are being observed with families attending Newpin? Is this different in any way from before? If so, in what way? (Prompt: parents' wellbeing, parents' skills and capacities, parents' confidence and self-esteem, family behaviours, family safety and child wellbeing, other outcomes observed). Why is this different from before do you think?
11. Are some families progressing better than others? If, so which ones and why is that the case? What are the key factors that are contributing to this?
12. Are some families struggling to benefit from the program? If so, which ones and what are the factors at play here? What could be done to better assist these families?
13. Is the fact that more referrals to Newpin are now court – ordered impacting in any way on client needs or outcomes? If so, in what way?
14. Have there been any negative or unintended outcomes or impacts upon families participating in the program?
15. Have there been any outcomes or impacts (positive or negative, intended or unintended) for UCB or the Department as a result of Newpin?

## STAFFING AND PROFESSIONAL DEVELOPMENT

16. How easy or difficult has it been to recruit or retain appropriately experienced and skilled people to work in Newpin? Why is that? What are the key skills and experience that people need to work in Newpin?
17. What program orientation, training and supervision has been provided to assist staff implement (the enhanced) Newpin? How satisfied have staff been with each of these? How well have these equipped staff to work effectively in Newpin?
18. What further training or support is needed or would be useful for staff?

## TRACKING INNOVATION, LEARNINGS AND CHANGE

19. What are the key practice learnings that are emerging about what works well in achieving positive outcomes for families seeking *restoration*? For families seeking *preservation*?
20. How has Newpin responded to changes in the client profile - what is being done differently now?
21. In what other ways is Newpin practice changing, developing and innovating? What sorts of things are happening now that weren't before? Can you give examples of how this is leading to positive outcomes for families? (Prompt: NCFAS, Carelink data, other practice changes)
22. How is Uniting capturing developing practice learnings and building upon them?
23. Are there any aspects of the Newpin program model or practice that you think need to be amended or enhanced? If so, which aspects and why is that?
24. What is the key focus of practice development over the next 12 months and the rationale for that?

## ROLLING NEWPIN INTO NEW LOCATIONS

25. How satisfied were you with the process for rolling Newpin into new locations? What has gone well and why? What was more challenging?
26. What change management and learning and development strategies were put in place to facilitate the rollout?
27. What plans are being made, and what issues do you think will need to be considered, in future rollouts? What learnings will you take from these rollouts to assist with the establishment of Newpin in new locations in the coming year?

## MANAGEMENT AND PARTNERSHIPS

28. What is the main focus and purpose of the contact you have with FACS? How frequently do you have contact with FACS staff?
29. How satisfied are you with the way the partnership approach between FACS and Uniting is working in relation to the operation of Newpin? What is working well and why? Are there any aspects that could be further improved? (Prompt: timeliness and appropriateness of the referral processes and procedures, governance arrangements, contract management, information flow)
30. What about NGOs or other services – what contact do you have with them e.g. as sources of referral to the program, or as supports for the families you are working with who have housing, domestic violence substance abuse or other issues? Is there a need for Newpin's relationship with the NGO sector to be strengthened in any way? Why is that?

## LOOKING TO THE FUTURE

31. What, if any, external or internal factors do you anticipate may enhance or impinge upon the successful operation of Newpin in the future?
32. Specifically, how are recent and/or pending child protection legislation and policy changes impacting on Newpin and the families that are participating in the program?
33. How effectively is Newpin and other stakeholders addressing or planning to address these impacts?
34. Are there any other comments that you would like to make that are relevant to the evaluation at this time?

**Thank you very much for your participation in this discussion**

# Evaluation of Newpin

## Interview guide

### FACS Staff

### November 2015

#### INTRODUCTION

In 2013, Urbis was commissioned to conduct the evaluation of Newpin over the next three, and up to seven years, on behalf of NSW Treasury.

The main aim of the evaluation is to evaluate the Newpin program and the outcomes it delivers to children and families. It does not include an assessment of the outcomes that give rise to payments under the Social Benefit Bond arrangement that finances the program.

This phase of the evaluation includes discussions with Newpin management and staff, FACS and other stakeholders to obtain their views on how well Newpin is progressing since it started in July 2013. It will explore what is working well, what some of the challenges have been, what outcomes are being observed, and what key learnings are emerging about the program. We realise that FACS staff will have had differing levels and kinds of interactions with Newpin, and so not all staff will be able to answer all our questions: that is fine, we will just focus on those questions which are most relevant to you.

All discussions are confidential, and in our reporting, no comments will be attributed to individuals that we speak to.

With your permission, we would like to tape this discussion so that transcripts can be made to ensure we have accurately captured our conversation.

Are there any questions before we start?

#### OVERVIEW

1. What is your role in FACS? How long have you been in that role?
2. What is the main focus and purpose of the contact you have with Uniting? How frequently would you have contact with Newpin staff and parents participating in the program?
3. Looking back at the last two and half years of Newpin, to your knowledge, what is going well and what do you see as key achievements of the program? What are the key factors that have contributed to this?
4. Are there any aspects of the program that have proven more challenging or problematic?

I'd now like to ask you some more detailed questions about various aspects of the program.

#### CLIENT PARTICIPATION AND ENGAGEMENT

5. Are there any barriers to clients participating in the program? If so, how might these be addressed?
6. Are you able to comment on the reasons why some families drop out of Newpin before completing the program?
7. Are you able to comment on the reasons families engage and remain engaged in Newpin?



## CLIENT AND OTHER OUTCOMES

8. What positive outcomes, if any, are being observed with families attending Newpin? Are these different in any way from those of who attended the previous version of the program? If so, in what way and why? (Prompt: parents' wellbeing, parents' skills and capacities, parents' confidence and self-esteem, family behaviours, family safety and child wellbeing, other outcomes observed).
9. Are some families progressing better than others? If, so which ones and why is that the case? What are the key factors that are contributing to this?
10. Are some families struggling to benefit from the program? If so, which ones and what are the factors at play here? What could be done to better assist these families?
11. Is the fact that more referrals to Newpin are now court – ordered impacting on client needs or outcomes?
12. Have there been any negative or unintended outcomes or impacts upon families participating in the program?
13. Have there been any outcomes or impacts (positive or negative, intended or unintended) for Uniting or the Department as a result of Newpin?

## FACS AND UNITING

14. How satisfied are you with the way the partnership approach between FACS and Uniting is working in relation to the operation of Newpin? What is working well and why? Are there any aspects that could be further improved? (Prompt: timeliness and appropriateness of the referral processes and procedures, governance arrangements, contract management, information flow)
15. What information and support has been provided to FACS staff to assist them implement the new arrangements with Uniting in relation to Newpin? How satisfied have staff been with this? What, if any, further information, training or support is needed or would be useful for FACS staff?

## PROGRAM ROLLOUT

16. How satisfied were you with the process for rolling Newpin into new locations? What has gone well and why? What has been more challenging?
17. What change management and learning and development strategies were put in place to facilitate the rollout?
18. What plans are being made and what issues do you think will need to be considered in future rollouts? What learnings do you take from the these rollouts to establishing Newpin in new locations?

## LOOKING TO THE FUTURE

19. What, if any, external or internal factors do you anticipate may enhance or impinge upon the successful operation of Newpin in the future?
20. Specifically, how are recent and/or pending child protection legislation and policy changes impacting on Newpin and the families that are participating in the program?
21. How effectively are FACS and/or Newpin addressing or planning to address these impacts?
22. Are there any other comments that you would like to make that are relevant to the evaluation at this time?

**Thank you very much for your participation in this discussion**

# Evaluation of Newpin

## Interview guide

### Parents

### December 2015

#### INTRODUCTION

Hello, my name is ----- and I am from an independent research company called Urbis. I am talking to parents who have been involved in Newpin to get their views on the program and whether or not they think it has been helpful for them and their children. We are keen to hear parents' views on what they like or don't like about Newpin, whether or not they have found the program to be helpful, and what if anything they would change about the program.

We are interviewing parents as part of an evaluation of Newpin we are conducting on behalf of the NSW Government, which has helped fund the program.

We are completely independent of government and Uniting. The interviews are confidential and anonymous and you are free to not answer any question you are uncomfortable with. Nothing you say will be passed on to Uniting or FACS.

You should have already seen a brochure that provides details of the evaluation and you have consented to be interviewed. I just want to check that you are still willing to be interviewed.

Have you any questions to ask before we start?

#### OVERVIEW

1. How many children do you have and how old are they? How many come here to the Centre on a regular basis?
2. Are they living with you at the moment or somewhere else? Who are they living with and how long have they been living there?
3. How did you come to be involved in Newpin? How long have you been attending the program?
4. Does your partner (or former partner) attend Newpin as well?

#### EXPECTATIONS OF NEWPIN

5. When you first started the program, how did you feel? Why was that? How do you feel about the program now?
6. What were your hopes or expectations when you first joined Newpin? Have these expectations been met? Why/ why not?
7. How have your children responded to being involved in the program - the ones who attend the Centre and the ones who are attending school? And what about your partner, how have they responded? Why is that?
8. Did you ever drop out (or feel like dropping out) of Newpin? If so, why was that? What kept you involved (if you are still in the program)?
9. Do you know any parents who have dropped out of Newpin early? Have you any ideas of why these parents left the program?

## YOUR EXPERIENCE OF NEWPIN

10. What (if anything) do you like about attending Newpin? Why is that? What (if anything) do you not like about attending the program? Why is that?
11. Is the program here different to other parenting or family support programs you might have been involved in in the past? If so, in what way is it different?
12. How would you describe the staff at the Newpin Centre? What, if anything, do you like or value about them and their approach? What, if anything, do you not like?
13. What sort of relationship would you say you have with Newpin staff? And your children? What factors have influenced that relationship?
14. How important is the peer element of Newpin, do you think? Why is that?

## HELPFULNESS OF NEWPIN

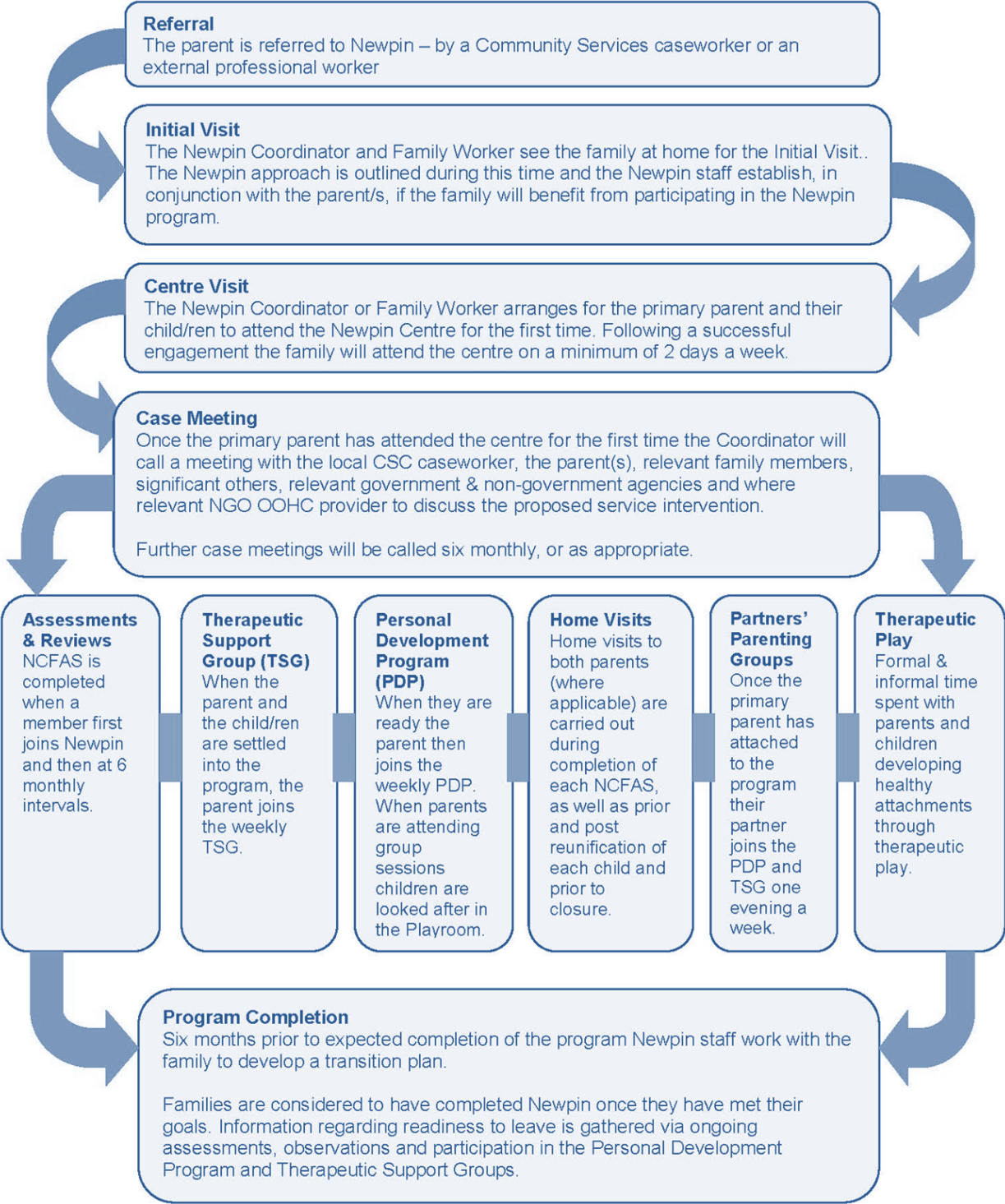
15. How helpful has Newpin program been to you as an individual? As a parent? As a couple? (PROMPT: parents' wellbeing, parenting skills, parents' self-confidence and self-reliance, positive family behaviours, family safety and child wellbeing) Why is that?
16. What (if anything) has changed for you and your family as a result of attending Newpin?
17. If you have finished the program, how satisfied have you been with the process of transitioning out of Newpin? Why is that?
18. If your children have been restored since starting Newpin, how satisfied have you been with the support that has been provided to you since then?
19. How satisfied have you been with the way Newpin and FACS worked together with you and your family ? Why is that?
20. What, if anything, would you change about Newpin to make it better ?
21. Would you recommend Newpin to other parents? If yes, why? If not, why not?
22. Are there any other comments that you would like to make about Newpin?

**Thank you very much for your participation in this discussion**

## Appendix C

## Core elements of Newpin

OVERVIEW OF CORE ELEMENTS OF NEWPIN



Source: Newpin Restoration Model UnitingCare Burnside, January 2013

## Appendix D

### Key roles and responsibilities of FACS and Uniting in relation to Newpin

Roles and responsibilities vary somewhat depending upon whether the family falls into Cohort 1 or Cohort 2. For Cohort 1, case management responsibility for children and young people in OOHC who are referred to Newpin lies with the agency providing the child's placement (i.e. either FACS or an OOHC NGO). For Cohort 2, case management responsibility is retained by FACS whilst there is a current court order or where a Risk Assessment or Reassessment determines that the risk is high or very high.

TABLE 8 – KEY ROLES AND RESPONSIBILITIES OF FACS AND UNITING IN RELATION TO NEWPIN

	FACS	NEWPIN
<b>Referrals</b>		
▪ Request for referrals in line with program vacancies		✓
▪ Potential referral discussed with family, and consents obtained	✓	
▪ Provision of relevant information about child/ren and families from KIDS database	✓	
▪ Discussions between FACS, Newpin and families re potential referral and assessment of appropriateness	✓	✓
▪ Approval of referrals (by FACS and NGOs)	✓	
<b>Assessment, planning and intervention</b>		
▪ Conduct Risk Assessments, develop Case Plan (Cohort 2)	✓	
▪ Arrange case conferences	✓	
▪ Undertake family assessments		✓
▪ Undertake Casework activities as agreed in Case Plan	✓	✓
▪ Coordinate referrals to other services	✓	✓
▪ Follow up referrals	✓	
▪ Make and/or communicate Risk of Significant Harm (ROSH) reports, as required in relation to Newpin participants	✓	✓
▪ Provide written updates/reports on families' progress against Case Plan		✓
▪ Assess and decide whether restoration should occur	✓	
▪ Plan and support families for restoration and post-restoration (Cohort 1)		✓
▪ Close the FACS case once the court order has expired and low/moderate risk assessed (Cohort 1)	✓	
<b>Court-related tasks</b>		
▪ Prepare and file reports with the Children's Court	✓	
▪ Prepare and file variations to court orders and Care Plans with the Children's Court	✓	
▪ Contribute to court processes as required	✓	✓
<b>Financials</b>		
▪ Provide financial assistance to families as required and appropriate (restricted circumstances)	✓	

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