



# EVALUATION OF THE NEWPIN SBB PROGRAM

IMPLEMENTATION REPORT

PREPARED FOR  
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## LIST OF ACRONYMS

CSCs	Community Services Centres
DPC	Department of Premier and Cabinet
FACS	Department of Family and Community Services
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

# Executive Summary

## INTRODUCTION AND METHODOLOGY

In December 2013, Urbis was commissioned by NSW Treasury to conduct an evaluation of the Newpin program operated by UnitingCare Burnside. This report examines the early implementation of Newpin in the first eight months of operation, based primarily on the perspectives of Newpin management and staff responsible for the day-to-day implementation of the program. The next report (the 2014 Annual Progress Report) will assess the first full year of operation of Newpin, focussing on the partnership arrangement between UnitingCare Burnside and the NSW Department of Family and Community Services, implementation and process outcomes, emerging practice learnings, and an analysis of the first year's program statistics on referrals, program completions and restorations. A full Interim Evaluation Report will be prepared in 2016 assessing program and client outcomes, including a comparison with a control group. The timeframes and scope of reporting are fully set out in a separate document, the Newpin Evaluation Framework.

## THE NEWPIN PROGRAM

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. UnitingCare Burnside established Australia's first Newpin Centre in Sydney in 1998. Since then, it has refined the original model to include fathers and also expanded the program to a number of Centres.

Newpin adopts an overall strengths-based approach and works with both the parents and the child or children, focussing on emotional development and wellbeing as an essential foundation for learning and change. It also addresses issues of child safety and wellbeing during the parents' learning, healing and personal development processes. The program also encompasses a strong element of peer support, with participating parents referred to as 'members'. (UnitingCare Burnside website).

The Newpin program has recently been financed through Australia's first Social Benefit Bond (SBB), a financial instrument in which private investors provide up front financing to service providers to deliver improved social outcomes. If these outcomes are delivered, cost savings to government are used to pay back the upfront financing as well as providing a return on that investment. Although UnitingCare Burnside has operated Newpin since 1998, the commencement of the SBB in July 2013 has enabled an expansion and various enhancements to the program.

The specific objectives of Newpin are to:

- safely restore children who have been removed back 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.

Key program outcomes are the safe restoration of children in care to their families and preventing the entry of children into the OOHC system.

At the time of the consultations for this report, UnitingCare Burnside operated four Newpin Centres in Sydney, and trained and supported the operation of the program under licence in a further nine centres across Australia. Under the SBB, financing was provided to UnitingCare Burnside to further develop, operate and expand the Newpin program to 10 centres across New South Wales.



Newpin works with three broad family cohorts:

**Cohort 1:** the first cohort comprises families who have at least one child aged less than six years<sup>1</sup> who has been in statutory OOHC for at least three months, who has been assessed as being suitable for restoration.

**Cohort 2:** the second cohort comprises families who have at least one child aged less than six years who has been assessed as being at risk of serious harm. These children will either be the subject of a Supervision Order or a safety and risk assessment by FACS.

**Cohort 3:** 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.

In order to enter the Newpin program, parents need to:

- have a child on a relevant order
- have an allocated Community Services or OOHC non-government organisation 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 Newpin Centre, or transport is available and/or provided by the program)
- have some capacity to reflect on their experiences.

## IMPLEMENTATION OF NEWPIN JULY 2013-FEBRUARY 2014

The introduction of the Newpin SBB financing arrangements on 1 July 2013 (the evaluation of which is outside the scope of this project) involved a shift in program focus, target group, professional practice, training, supervision, data and reporting.

The enhanced Newpin program, although substantially based on the program operated by UnitingCare Burnside previously, differs from its predecessor in a number of critical ways:

- families generally have higher levels of need
- it now includes a whole family focus, including both parents and contact with both pre-school aged children and their school-aged siblings
- it involves a mixture of court-referred and non court-referred families
- clinical supervision sessions are now provided to all staff by an external provider
- separate Operations Manager and Practice Coordinator positions have been created
- an extra family worker is employed at each Centre
- a formal needs assessment and tracking tool has been introduced, the North Carolina Family Assessment Scale (NCFAS)
- the program now includes a structured Family Plan tool.

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<sup>1</sup> Eligibility for the program was initially children under five years, but changed to children under six years on 1 January 2014.

## NEWPIN PROGRAM GOVERNANCE AND MANAGEMENT

Newpin is overseen by the Newpin Operations Manager, supported by a Practice Coordinator, a manager and administrative support. The program sits within the OOHC division of UnitingCare Burnside.

The Newpin program has benefitted in recent times from organisational changes within UnitingCare Burnside that have resulted in:

- a new, comprehensive Client Information Management System (Carelink)
- new financial processes and systems.

Newpin has also benefitted from the investment in, and commitment to, research and evaluation within UnitingCare Burnside. The evaluation team observed a high level of commitment and skill within the management of UnitingCare Burnside as evidenced by the good relationship with Newpin staff (at all levels), the ability to successfully plan for and manage significant program, practice and cultural change in a relatively short period of time, and the strong desire to enhance the Newpin program and practice to support continuous quality improvement. A critical success factor is the fact that the Newpin Operations Manager has extensive experience in Newpin both in Australia and the United Kingdom and is the leading practice expert in Newpin in Australia.

## NEWPIN AND THE DEPARTMENT OF FAMILY AND COMMUNITY SERVICES

The Newpin SBB contract is managed by the Department of Family and Community Services (FACS). The relationship between the FACS Contract Manager and the Newpin Operations Manager has been key to successful program management to date, both in the design and implementation phases.

The relationship has worked very effectively to date, as evidenced by the fact that:

- there has been a continuity of staff in the two positions
- there is a close working relationship characterised by regular contact and a high level of trust between the parties
- the managers worked together very closely in the lead up to the commencement of the program on 1 July 2013
- there is structured, open and regular communication between the two managers
- there is a collaborative and cooperative approach to identifying and solving issues as they arise
- considerable time has been expended jointly constructing the control group for the Cohort 1 families to enable a robust evaluation.

The detailed Newpin Operations Manual they jointly developed has proved to be an effective and very useful mechanism to guide program implementation.

## KEY OUTCOMES

Considering the scale of the change that has been required, the early implementation phase of the program has gone well. A lot has been achieved in a short timeframe. In particular, there is evidence that:

- Newpin staff are enthusiastic about the enhanced service model and the opportunity to develop their practice further
- Newpin staff have responded very positively to more structured supervision and to participation in a substantial program of training in recent months, which is leading to practice enhancements
- although they have always had a strong team focus, Newpin staff are working together as a team even better than before and this is starting to translate into better continuity of care for families and more informed and deliberative practice, with a greater focus on priority needs
- the formalisation of family assessments, planning and reporting processes has created a more structured and transparent basis for action, and for tracking progress for families over time – which is energising and motivating for both staff and, reportedly, some parents

- the introduction of greater data capture and reporting is forming a stronger basis for staff reflecting on and improving practice, and adding to the evidence base for future program enhancement: it is also a valuable source of information to inform the evaluation of Newpin
- considerable effort has been expended on smoothing referral pathways into Newpin, and the majority of referrals have met the eligibility criteria: both UnitingCare Burnside and FACS are keen to see the flow of referrals increase further to ensure the program is operating at full capacity, and are actively working towards this end.

The critical success factors that have contributed to this implementation phase are:

- the program infrastructure support provided by both UnitingCare Burnside and FACS to support the planning and implementation phase
- the skills and drive of the Newpin management, and the Operations Manager in particular, who has a long history in the program, coupled with a strong desire to see Newpin evolve and develop to the very highest standard
- the very high level of commitment to the program by Newpin staff, which has assisted them to respond positively to practice and system changes within a short space of time.

## PRIORITY ISSUES FOR NEWPIN IMPLEMENTATION GOING FORWARD

The key issues for the Newpin program in the next 12 months or so relate to:

- consolidating the practice and organisational changes that have been introduced in the first eight months
- addressing some of the additional training needs identified in order to better service the more complex needs of the client group
- accommodating the impact of the recent policy changes that require the Children's Court to make determinations about the feasibility of restoration and changes to the processes for the adoption of children and young persons in OOHC, resulting in the restoration window being considerably shorter (outlined in the *Child Protection Legislation Amendment Bill 2013*)
- responding to the NSW Government's Safe Home for Life reform package (which comes into effect on 29 October 2014) signalling a move towards 'a less legalistic, process-driven child protection system that places children and their families at the centre of decision-making' (NSW FACS website: [http://www.facs.nsw.gov.au/reforms/safe\\_home\\_for\\_life](http://www.facs.nsw.gov.au/reforms/safe_home_for_life))
- taking steps to ensure that program participation rates are in line with program capacity, and encouraging more referrals from non-government organisations
- extending the Newpin program to other areas - at the time of consultation UnitingCare Burnside was in discussions to operate Newpin in other areas, although nothing had been formalised at that time
- developing more service linkages with mental health, substance abuse, domestic violence, housing and accommodation services.



# 1 Introduction and methodology

## 1.1 INTRODUCTION

In December 2013, Urbis was commissioned by NSW Treasury to conduct an evaluation of the Newpin Social Benefit Bond (SBB) program operated by UnitingCare Burnside. This document is the Implementation Report. The key purpose of the report is to assess the early implementation phase of the Newpin program in the first eight months of operation, primarily from the perspective of Newpin management and staff responsible for the day-to-day implementation of the program.

This Implementation Report was delivered to NSW Treasury together with a detailed Evaluation Framework which sets out the structure and content of the evidence base for the ongoing evaluation of Newpin over seven years. The Framework includes a program logic hierarchy stipulating the outcomes to be measured, the key evaluation questions relating to immediate, intermediate and longer term program and client outcomes, key evaluation activities, indicators and data sources.

Another report (the first Annual Progress Report) will be submitted to NSW Treasury in December 2014, which will follow up on the early implementation issues discussed in this report. That report will include an assessment of the first full year of operation of Newpin from the perspective of Newpin management and staff, Department of Family and Community Services (FACS) officers and other stakeholders (in particular referring agencies), focussing on implementation, process outcomes, emerging practice learnings, and an analysis of the first year's program statistics on referrals, program completions and restorations.

A second Annual Progress Report will be prepared in December 2015, followed by a comprehensive Interim Evaluation Report in 2016, which will include a full analysis of process, outcome and financial aspects of the program drawing on a wide range of data. The Interim Evaluation Report will also compare the outcomes of Newpin with those of a control group that has been established.

The Terms of Reference for the evaluation specify that the evaluation of the Newpin service model should include:

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

This early Implementation Report primarily focuses on process evaluation issues as at the time of consultation, it was too early to comment on outcomes. The report is primarily focussed on the inputs and processes as stipulated in the Program Logic contained in the Evaluation Framework, which in turn reflect the requirements in the Terms of Reference. It includes an analysis of:

- contextual factors
- change management, learning and development
- staffing
- client characteristics and complexity
- program management, monitoring and reporting (including governance structures)
- development of implementation and practice learnings.

## 1.2 METHODOLOGY

The implementation report is largely based on stakeholder consultations. Consultations were undertaken with:

- Newpin program management representatives including the Newpin Operations Manager, the Newpin Practice Coordinator, the UnitingCare Children, Young People and Families Manager of the Research and Development, and the UnitingCare Children, Young People and Families Director of Business of Development and Finance.
- Newpin staff, including the Newpin Manager, Coordinators, family workers, and play staff from all four Newpin Centres in western Sydney (21 staff in total)<sup>2</sup>
- the FACS Newpin Contract Manager and the Principal Policy Officer, Funding and Contracting<sup>3</sup>.

Consultations were undertaken over December 2013 to February 2014, using the discussion guide attached at Appendix A. They included group discussions and a small number of one-on-one interviews. We thank Newpin management and staff and contract management staff from FACS for their cooperation and assistance.

No interviews were conducted with parents or families for this report as ethics clearance is required before the evaluators can speak with these groups. An application for human research ethics committee approval is currently being prepared, and interviews with parents are planned to commence in 2015.

Due to the timing of the consultations for this report (midway through the first year of implementation) this report does not include program data. It is based on qualitative data (ie interviews and consultations) only, and does not provide any benchmark statistical data. This will be provided in the 2014 Annual Progress Report.

This document needs to be viewed as a 'point-in-time' analysis undertaken at a stage when Newpin was conducting extensive staff training, developing new practices and operationalising new systems. The impacts and potential benefits of these to parents and children will become clearer over a longer period of time and will form the basis of more detailed inquiry in future phases of the evaluation. More time is also needed to assess the effectiveness of the new partnership arrangements between Newpin, FACS and other non-government organisations so critical to the operation and success of Newpin. These aspects too will become an increasing focus of inquiry in future evaluation reports.

The next report will include data extracted from UnitingCare Burnside's new data system for the first full year of Newpin operations. Assuming reliable data can be extracted from UnitingCare Burnside, it is intended that report will include an analysis of the number and characteristics of the families referred to and participating in Newpin, and how these relate to program completion, restoration and avoidance of OOHC. These data will form a benchmark against which profiles and outcomes can be tracked annually leading up to the Interim Evaluation Report in 2016. The Interim Evaluation Report will include a full analysis of all relevant Newpin program data, FACS data and data collected by the evaluators.

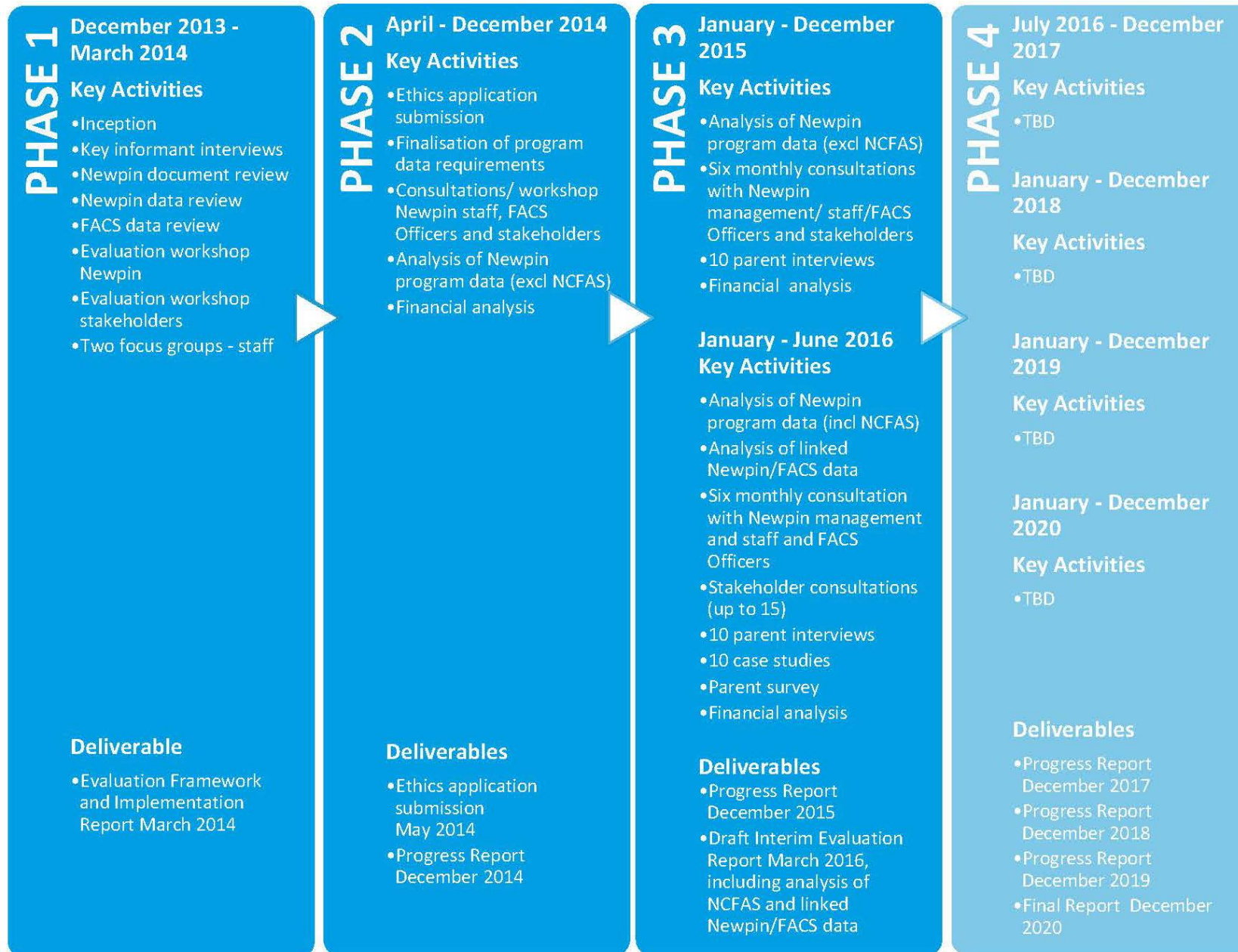
A summary of the overarching Evaluation Methodology and Reporting over seven years appears at Figure 1 overleaf.

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<sup>2</sup> Since the consultations, Newpin has closed one Centre in Western Sydney, and opened one new Centre in Wyong.

<sup>3</sup> Since the consultations, there have been changes to these position titles.

FIGURE 1 – NEWPIN PROGRAM EVALUATION – TIMING OF CORE EVALUATION ACTIVITIES 2013 – 2020



## 2 Newpin program

### 2.1 OVERVIEW OF THE NEWPIN PROGRAM

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.

Central to this is the NSW Government's five year action plan *Keep Them Safe* (KTS) to reform child protection in NSW. KTS is underpinned by eight principles set down by Justice Wood in his final report of the *Special Commission of Inquiry into Child Protection Services in NSW*. The central vision of KTS is that child wellbeing and child protection is a collective or 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

While all eight principles are relevant to Newpin, key aspects of the reform that strongly resonate with Newpin include those that relate to:

- the adoption of a collaborative approach and an integrated service system – in particular partnerships between government and NGOs, and between NGOs
- the adoption of a strengths-based approach – whereby positive outcomes for children and families are achieved through the development of relationships with families
- child safety, attachment, wellbeing and permanency guiding child protection practice
- assessment and interventions being evidence-based, monitored and evaluated
- strengthening the role and the capacity of NGOs in providing services to children, young people and their families.

Significant funding has been provided by government to support the expanded role of NGOs in delivering early intervention and prevention services as well as OOHC. Plans to strengthen workforce development across child and family services is key to this. These broad-ranging and significant reforms shape the context in which Newpin is being expanded and enhanced.

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. UnitingCare Burnside established Australia's first Newpin Centre in Sydney in 1998. Since then, it has refined the original model to include fathers and rolled the program out to new centres.

The program has traditionally been offered to the main carer in a family where at least one child is less than five years old. This has recently changed (on 1 January 2014), with the program being extended to include families with children who are five years old or younger but who have not yet started school. This change took place in response to a small number of families in this category being identified during the early stages of implementation.

Key program outcomes are the safe restoration of children in care to their families and preventing the entry of children into the OOHC system.

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” (Mondy and Mondy et al 2008). The program works with both parents and their children. It includes parenting modules, a Personal Development Program, therapeutic support group, 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’.

In 1998, UnitingCare Burnside in NSW took up the program under licence from Newpin UK. UnitingCare Burnside now holds the licence for Newpin in Australia. At the time of consultations, it operated four Newpin Centres in Sydney, and trained and supported the operation of the program under licence in a further nine centres across Australia.

In March 2013, the NSW Government signed a contract with UnitingCare Burnside for Australia’s first Social Benefit Bond (SBB), which was Newpin. An SBB is a new financial instrument in which private investors provide up front financing to service providers to deliver improved social outcomes. If these outcomes are delivered, cost savings to government are used to pay back the upfront financing as well as provide a return on that investment.

Under the SBB, finance was provided to UnitingCare Burnside 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 out-of-home care placement
- reduce the incidence of child abuse and neglect
- break the inter-generational cycles of abuse and neglect.

FACS Community Services Centres (CSCs) are the main source of referrals to Newpin, although referrals may also be received from local community agencies, health services and self-referrals.

The average length of time a family participates in Newpin is approximately 18 months. In the case of restoration families, this includes nine months pre and nine months post the time the children are restored to their families.

The Newpin SBB commenced on 1 July 2013 and will continue for a period of seven years. Contract management is undertaken by FACS, with regular monitoring of the progress of the program in close consultation with UnitingCare Burnside.

Newpin is one of two SBBs being trialled by the NSW Government. The trials are being led by NSW Treasury and the Department of Premier and Cabinet (DPC). A Working Group comprising Senior Executives from NSW Treasury, DPC, FACS, and the Department of Police and Justice has been established to monitor and provide support to the SBB pilots and to oversight evaluation activity.

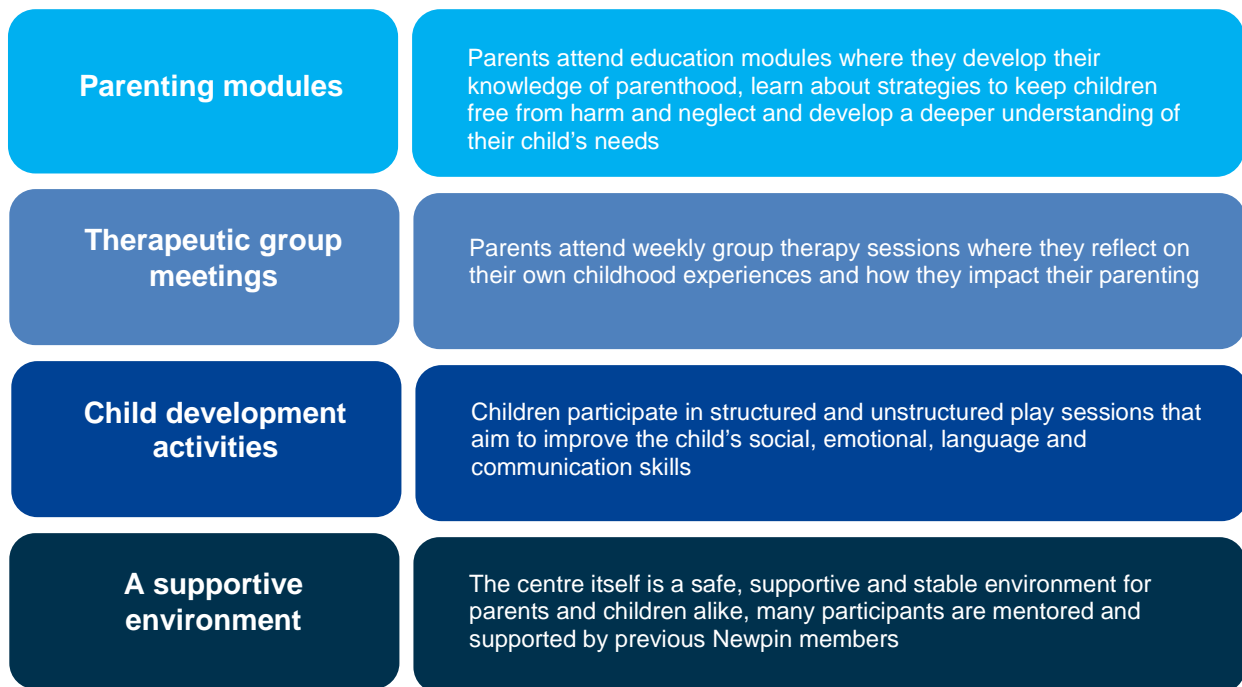
## 2.2 CORE ELEMENTS OF NEWPIN

The primary focus of the Newpin program is restoration. Figure 1 below describes the key components of the Newpin Restoration Model. The core components of the program are conducted with three cohorts of families (see 2.4). 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.



The main purpose of each of the components is as follows:

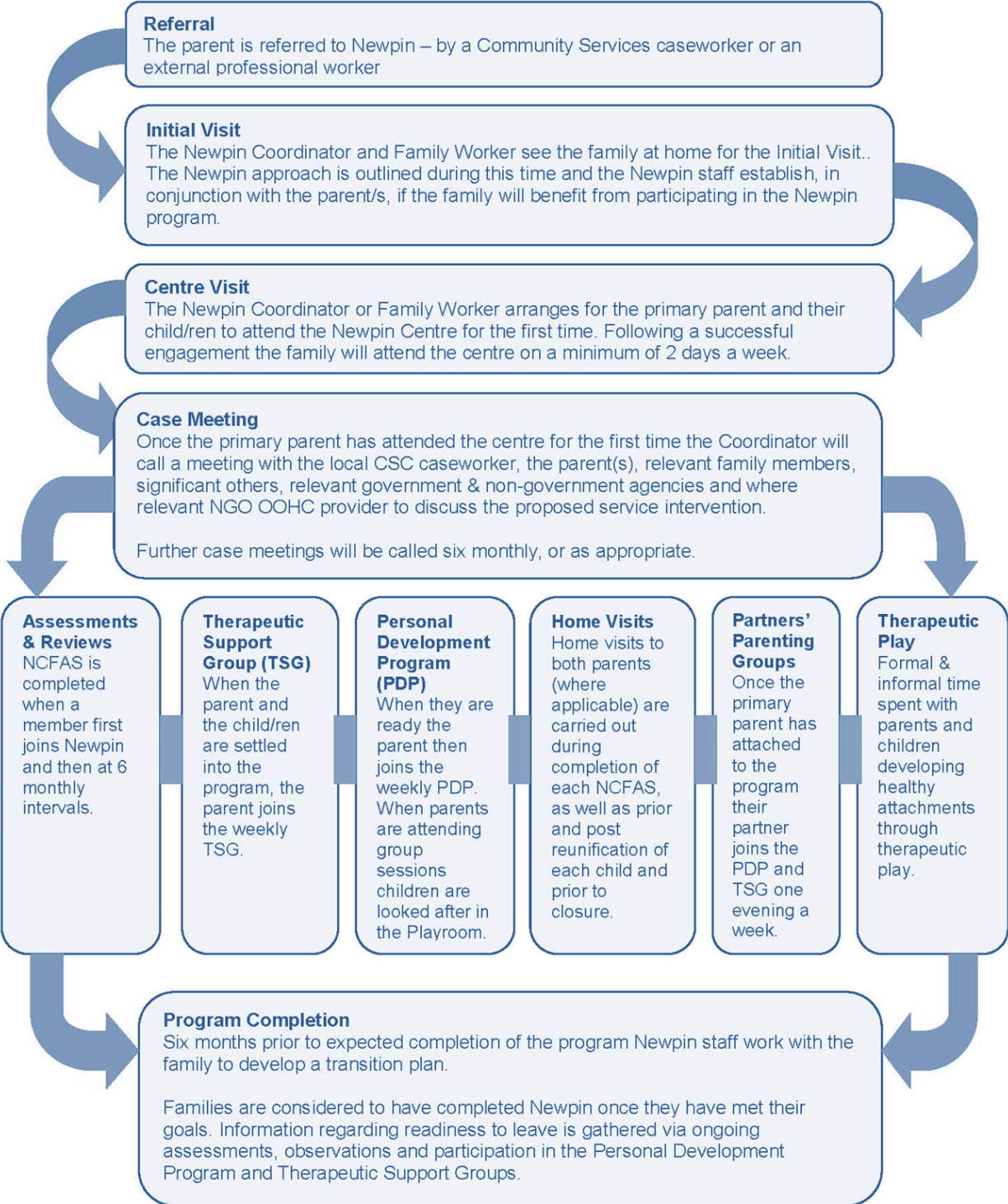
FIGURE 2 – KEY COMPONENTS OF THE NEWPIN PROGRAM



Source: Newpin Information Memorandum April 2013

Figure 3 sets out in more detail the core elements of the program, and the process from referral to program completion.

FIGURE 3 – OVERVIEW OF CORE ELEMENTS OF THE NEWPIN PROGRAM



Source: Newpin Restoration Model UnitingCare Burnside, January 2013

When a family is reaching the end of their time with Newpin and their child has been home for a minimum of six months, a transition plan is developed which identifies the external agencies (eg schools, pre-schools, playgroups, community centres etc) and support systems that the Newpin family will benefit from being connected to, prior to leaving the program.

## 2.3 MANAGEMENT AND STAFFING STRUCTURE

At the time of consultations, Newpin operated out of four centres in Western Sydney<sup>4</sup>:

- Doonside – Mothers’ Centre
- St Mary’s – Mothers’ Centre
- Bidwill – Mothers’ Centre
- Bidwill – Fathers’ Centre.

Each Newpin Centre provides a safe, supportive and stable environment for parents and children, and in each case is located in a large residential house.

The Newpin program employs a range of staff, including an Operations Manager, a Practice Coordinator (whose role extends beyond Newpin), a Newpin Manager, Centre Coordinators, family workers, play educators, play facilitators and administrative support/drivers.

At the time of consultations, each Newpin Centre employed around six staff members - one Coordinator, one administrative assistant/driver, two family workers, one play educator and a play facilitator. This varied somewhat between the centres due to part-time employment and other arrangements:

- Doonside Mothers’ Centre had 9 staff members as they doubled-up on some roles
- St Marys Mothers’ Centre had 6 staff
- Bidwill Mothers’ Centre had 7 staff members, including a cleaner
- Bidwill Fathers’ Centre had 5 staff, with the administrative support worker also undertaking play educator duties.

## 2.4 ELIGIBILITY

Newpin works with three broad family cohorts:

**Cohort 1:** the first cohort 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.

**Cohort 2:** the second cohort comprises families who have at least one child aged less than six years who has been assessed as being at risk of serious harm. These children will either be the subject of a Supervision Order or a safety and risk assessment by FACS. Approximately one quarter of Newpin places are allocated to Cohort 2 families.

**Cohort 3:** 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.

In order to enter the Newpin program, parents need to:

- have a child on a relevant order
- have an allocated Community Services or OOHC NGO caseworker

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<sup>4</sup> In this context, Western Sydney refers to the geographic region and not specific Departmental or organisational regions. Since the consultations for this report, one of these centres has been closed, with most staff relocated to the other three centres. A new Newpin Centre was opened in Wyong in July 2014.

- 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.

## 2.5 REFERRALS

Referrals may be made to Newpin from:

- FACS
- other (NGO) services (including services providing OOHC)
- self-referrals
- existing families (ie families already in Newpin at the time the Newpin SBB arrangement commenced).

All referrals to the Newpin program for entry into Cohorts 1 and 2 must be approved by FACS (previously UnitingCare Burnside made this decision).

A referral process from FACS to Newpin has been established and follows protocols outlined in the SBB contract.

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 restoration plan or where participation in Newpin has been court-ordered, some parents may feel compelled to attend (even though they can choose not to).

## 2.6 THE PROCESS AFTER REFERRAL

After a family is accepted in to 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 worker, the parents, relevant family members, 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 (every six months) and culminating in a final assessment upon exit from the program

**Participation in the core program element** (support groups, Personal Development Program etc)

**Transition planning** upon program completion, identifying external agencies and support systems that may have contact with the family after they leave the program.

## 3 Implementation of the Newpin program July 2013 – February 2014

### 3.1 NEWPIN: AN ENHANCED PROGRAM

The Newpin program commenced on 1 July 2013. It builds upon, but does not replicate, the version of Newpin operated by UnitingCare Burnside for some 15 years prior. The introduction of the Newpin financing arrangements on 1 July 2013 (the evaluation of which is outside the scope of this project) involved a shift in program focus, target group, practice, training and supervision, data and reporting. This represented significant change for the program and its staff, and coincided with a number of organisational changes that were occurring within UnitingCare Burnside at the same time.

In assessing the early implementation phase of the enhanced Newpin, it is therefore important to articulate the key differences between the Newpin SBB program and the former Newpin program. These 'set the scene' in terms of identifying some key contextual factors that needs to be considered in assessing the implementation of the program in the first six to eight months and documenting the program changes that have occurred in that time.

Since July 2013, the Newpin program has become more formalised and structured than previously in terms of staffing, training and supervision. The key target group, referral pathways and approval processes have changed, and the program is subject to significantly greater scrutiny and accountability through increased data recording and reporting.

Newpin management and staff have experienced a number of changes to the program that have required practice and organisational shifts that they have needed to respond to. These include:

- dealing with more families with high needs and more who have court-orders to attend the program
- working with a broader family focus than before, involving both parents (not just mothers) as well as older siblings
- the introduction of new program management structures
- participation in significant new training and professional development
- the introduction of new approaches to client assessment and action planning
- the introduction of new practices, and more data collection and recording.

The basis of the program – the key interventions with parents and children – remain the same as before with the exception that:

- both parents can now participate in the program
- school aged children six years and over can have contact with the program, where they are siblings of children aged under six who are not at school.

Table 1 summarises the key dimensions which differentiate the Newpin SBB program since July 2013 from the former Newpin.



TABLE 1 – KEY DIFFERENCES BETWEEN THE FORMER NEWPIN AND THE CURRENT NEWPIN PROGRAM

	FORMER NEWPIN		CURRENT NEWPIN
<b>Target group</b>	<ul style="list-style-type: none"> <li>Broad range of families, risk profiles and mixture of restoration and preservation</li> <li>No separate Cohorts</li> </ul>	➔	<ul style="list-style-type: none"> <li>Primary focus on 'high end' child protection and restoration</li> <li>Three distinct Cohorts identified</li> </ul>
	<ul style="list-style-type: none"> <li>One parent only – usually the mother</li> </ul>	➔	<ul style="list-style-type: none"> <li>Works with mothers and fathers</li> </ul>
	<ul style="list-style-type: none"> <li>Contact with pre school aged children only</li> </ul>	➔	<ul style="list-style-type: none"> <li>Contact with pre school aged children and school aged siblings</li> </ul>
<b>Basis of program participation</b>	<ul style="list-style-type: none"> <li>Voluntary</li> </ul>	➔	<ul style="list-style-type: none"> <li>Includes court ordered attendance</li> </ul>
<b>Referral pathways</b>	<ul style="list-style-type: none"> <li>Mixture of FACS and NGO referrals</li> </ul>	➔	<ul style="list-style-type: none"> <li>Majority of referrals from FACS – all Cohort 1 and 2 referrals must be approved by FACS</li> </ul>
<b>Staff structure supervision</b>	<ul style="list-style-type: none"> <li>No regular clinical supervision of staff</li> </ul>	➔	<ul style="list-style-type: none"> <li>Monthly clinical supervision sessions for all staff by external provider</li> </ul>
	<ul style="list-style-type: none"> <li>One combined Operations/Practice Manager position</li> </ul>	➔	<ul style="list-style-type: none"> <li>Separate Operations Manager and Practice Coordinator positions</li> <li>Extra family worker employed at each Centre</li> </ul>
<b>Staff training</b>	<ul style="list-style-type: none"> <li>Episodic/under resourced</li> </ul>	➔	<ul style="list-style-type: none"> <li>Programmatic/planned/well resourced</li> </ul>
<b>Assessment and planning</b>	<ul style="list-style-type: none"> <li>Informal needs assessment and tracking</li> </ul>	➔	<ul style="list-style-type: none"> <li>Formal needs assessment and tracking of change over time using the North Carolina Family Assessment Scale (NCFAS)</li> </ul>
	<ul style="list-style-type: none"> <li>Little formal planning</li> </ul>	➔	<ul style="list-style-type: none"> <li>Family Plan</li> <li>Documentation of goals</li> </ul>
<b>Data recording and reporting</b>	<ul style="list-style-type: none"> <li>Minimal data collection and recording</li> <li>Paper based</li> </ul>	➔	<ul style="list-style-type: none"> <li>Comprehensive data collection and recording</li> <li>Computer based</li> </ul>
<b>Program funding</b>	<ul style="list-style-type: none"> <li>Funded by UnitingCare Burnside</li> </ul>	➔	<ul style="list-style-type: none"> <li>SBB financing arrangement</li> </ul>

The scale of change involved in the Newpin SBB program was clearly significant - for both management and staff. Almost all of those consulted reported the scale and rapidity of change had been a challenge in the early implementation phase. The introduction of the Newpin program coincided with the introduction by UnitingCare Burnside of a new internal Client Information Management System (Carelink) and a new financial system, which were also factors that affected the implementation phase.

### 3.2 PROGRAM REFERRALS AND INTAKE

The impact of the new eligibility criteria for entry into the program is yet to be fully realised. In the first six months of implementation, the bulk of the referrals to the program were Cohort 1 families.

Referrals to Newpin in the first six to eight months appear to have been appropriate – in that few, if any, have failed to meet the eligibility criteria. This is due to the clarity of the eligibility criteria specified in the Newpin Operations Manual and there being significant discussion and consultations between Newpin and FACS before any referral is made.

According to consultations, more referrals into the program are now court-ordered. This is in some cases impacting on initial client engagement and potentially on the length of time some participants will remain

in the program (eg if participation in Newpin is something parents think they have to do rather than something they necessarily want to do of their own volition).

Relatively few (if any) referrals came from NGOs in the first six months of operation. UnitingCare Burnside reports it is starting to 'gear up' to promote Newpin more proactively in the NGO sector, particularly amongst agencies involved in providing OOHC. Over time, it is anticipated that more referrals will come from NGOs (particularly with OOHC arrangements in NSW being transferred to the NGO sector), bearing in mind that all Cohort 1 and 2 referrals must be approved by FACS before a family can enter Newpin.

In the first six months, the number of families referred to, and entering the program, was somewhat lower than was initially expected by some stakeholders. In consultations, it would appear that both Newpin and FACS management have made considerable efforts to promote Newpin and encourage referrals to the program from the Department. There is a view in some quarters that the slower than expected rate of referral in the first six to eight months of Newpin is not entirely unexpected with the introduction of an enhanced program, new referral pathways, stricter eligibility criteria etc and that in the next period it is likely that the rate of referral and program participation numbers will increase in line with program capacity. There does not appear to be any major concern about the likely demand upon the program over the longer period or when extending into other regions, particularly given legislative and policy changes to the timeframe in which restoration will be considered.

As this report focuses on the early implementation phase, it does not contain program data. An analysis of the first full year of Newpin data will be included in the 2014 Annual Progress Report. The rate and source of referrals to Newpin and the profile of Newpin participants will be examined in the 2014 Annual Progress Report.

### 3.3 CLIENT COMPLEXITY AND ENGAGEMENT

#### 3.3.1 CLIENT COMPLEXITY

A number of important changes have occurred in the target group with the introduction of the SBB-financed Newpin program:

- there has been a shift towards a higher needs target group, with the main focus now on restoration (Cohort 1) rather than preservation (Cohorts 2 and 3)
- more formalised eligibility criteria have been developed for entry into the program (for Cohorts 1 and 2 in particular): these criteria were previously detailed in Section 2.4
- the target group has been expanded to include the whole family – including both parents (where they exist) as well as school age siblings. Previously (with the exception of the Fathers' program), Newpin worked with the main carer (usually the mother) only and their child(ren) under five years. The age eligibility criterion was changed on 1 January 2014 to children aged under six who were not in school, in order to ensure the small number of families with children aged five who had not entered school were eligible.

This shift in the target group, towards a greater focus on restoration and 'high end' child protection cases, has had a number of implications for the program and its staff.

Staff report that, not surprisingly, more of the program's families have multiple or more complex problems and issues than was the case before. This greater client complexity is evidenced by the program now assisting more parents who:

- are fairly young (that is, in their late teens or early twenties)
- have themselves experienced poor parenting
- have mental health issues
- have substance abuse issues (which may be the primary issue rather than a lack of parenting skills)
- have experienced domestic violence or other forms of trauma
- have experienced grief and loss as a result of their children having being removed
- have been court-ordered to attend Newpin and may not be positively engaged in the program (at least initially).

The following comments from staff illustrate these points.

*In the past, we've always had a bit of trauma in there – but now there are additional parents that are coming in who have been traumatised by having their children removed, so there's that additional trauma.*

Newpin Staff

*It wasn't always the restoration focus before, but now our main focus is the restoration. They've been traumatised through domestic violence, their own experience of abuse - - - We're less likely than before to have mums who just come in for parenting and extra support.*

Newpin Staff

*We've noticed that we have a lot more families with addiction problems - - - it doesn't appear to be the attachment or parenting but their addiction problem [that is the main issue].*

Newpin Staff

Another factor regularly mentioned by Newpin staff, was that more of their parents are experiencing housing problems, with a number of their clients facing homelessness.

*One of our mums, she's been homeless. She's still homeless, couch-surfing with friends. Restoration is not going to happen unless there's supported accommodation.*

Newpin Staff

*Housing is a huge barrier. Lots of other stuff can be going really, really well but the restoration can't happen if housing doesn't fall into place – having a three months lease and then another three months lease, affects [the ability to be restored].*

Newpin Staff

A larger proportion of the *children* participating in Newpin also have complex needs, relating principally to their removal from their family (reflecting that a larger proportion of Newpin families are working towards restoration, rather than preservation), but also in some cases to their exposure to substance abuse and domestic violence within their family. This is evidencing itself, for instance, in the children exhibiting:

- their own grief and loss at removal from their families
- fear of having been removed
- fear also, in some cases, of being restored to their families due to strong attachments having been formed with carers
- speech delays and other sensory problems.

The following comments illustrate these points.

*The children who are coming through now have a lot more complex issues to what we used to see because of the trauma they've been through. They're as scared of going home as they were of leaving. We're seeing lots of speech delays and some sensory issues - it's a lot more complex than it was.*

Newpin Staff

*It's a joyful thing that they're going home, but for some of the kids it's still really traumatic to contemplate going home. They're building such strong attachments sometimes with their carers and then there is the trauma of leaving that carer.*

Newpin Staff

Through the expanded Newpin, both parents and older siblings can now participate in the program. This adds to the strength of the program, but also to the complexity and intensity of the work. This is due to:

- the multiplicity of the needs to be addressed
- more family members being involved in the intervention
- more contact between parents and children occurring through formal contact visits at the Newpin Centres, requiring preparation of parents and child for the contact in this context, as well as preparation for the aftermath – once the visit is over and the families are again separated
- more work with supporting the school-aged children and the challenges this poses with a predominantly centre-based approach (whereby parents usually bring their children to the Newpin Centre)
- the logistics of working with both parents (together and/or separately) and having to take into account that some parents are employed, limiting their availability during centre hours.

### 3.3.2 CLIENT ENGAGEMENT

According to Newpin staff, the shift in the target group has made initial engagement with some parents more difficult than before – due to the previously mentioned factors to do with substance abuse, trauma, pressing practical issues such as housing, and that more parents have been court-ordered to attend the program.

Client engagement difficulties are evidenced, for instance, in:

- some parents being very much focused on solving their immediate housing situation, as a fundamental to having their children restored rather than engaging with their children at the Newpin Centre
- some parents experiencing depression and finding it difficult to keep all of their appointments
- parents not always trusting staff and in some cases being quite resistant (even abusive at times) upon entry to the program (eg if they have been court-ordered, or they have never before experienced a trusting relationship through the lack of good parenting)
- some parents (although keen to attend) experiencing difficulty in attending the program as often as they would like due to the distance they have to travel to the Newpin Centre.

Notwithstanding these difficulties, Newpin management and staff see the program as well-placed to engage with and support these parents and families. Fundamental to Newpin is engagement with families through:

- **relationship-building** (between parents/child and staff, between parents, and between parents and their children)

- **non-judgemental acceptance** of the parent
- **the building of trust** between all parties through spending a lot of time with them on a regular basis
- **having the opportunity to discuss any engagement issues, anger etc with peers in a safe group environment.**

Staff described the changes they have seen in client engagement where clients have responded well to the program approach.

*We're with them for four hours a day and that's a long time to be with them. You can't really describe it in words. But when you see a mum that's been quite resistant to you and then you see them soften and see that attachment growing with a child, it's a privilege to be with them.*

Newpin Staff

*They know that we're going to be there for them, even if they don't come in for a while – it will still be the same when they come in. Often they haven't had anyone like that in their lives before and the way we work as a team - - -, that's really making a big difference.*

Newpin Staff

Newpin management and staff identified a range of new practices and approaches that they think are assisting with client engagement, and in achieving outcomes for parents and families. These include:

- working directly with the whole family – seeing all the siblings, not just the younger one(s) aged under six
- the ability to observe parents' parenting of their older children as well as their young children, which provides more of a complete picture on which to base interventions
- the involvement of both parents who are well-informed about the program and its approach and which leads to consistent messaging with children
- the ability to conduct home visits and view parents' home environment which enables staff to observe things that would not otherwise be apparent (eg the state of the house, the garden) which parents may not recognise as being important for restoration, and which Newpin staff can identify and support them with.

The following comments from staff illustrate these points.

*We get to see this mum with a newborn baby that she's had a month ago, two children that were removed that are little toddlers, two to three who were removed eight or nine months ago - so we see her parenting of those children. But we also get her eight year old son on a Wednesday evening. We get to see the way she parents and that helps with what we're doing with the younger ones.*

Newpin Staff

*The mums go home and all of a sudden are starting to change their parenting skill. [Before] their partners were like 'what's that about'? Whereas now we're working with the partners, the children are getting this strong relationship from both parents. They're getting the same message from both parents. They're both knowing why the changes are required.*

Newpin Staff

*It's consistent from both parents and they both know what the other is learning about – when our mums talk about what makes a circle of security, the father's also done it and they both know about the circle of security - so that's what I really like.*

Newpin Staff



Newpin staff were able to demonstrate that the program approach is very well suited to address engagement challenges and more complex, or multi-faceted, needs. Nevertheless, some shifts in practice, and some additional training, may assist in this process. In particular:

- further training on mental health, drug and alcohol addiction and related issues
- the development of more linkages with services that provide support in these areas
- a greater focus, at least initially, on supporting parents to address some of the *practical* issues they may be experiencing (in particular housing, substance abuse) that may be at the forefront of the situation that led to their child's removal.

The fact that more of the parents participating in Newpin are similar (in that their children are in OOHC) means, in the opinion of some staff, there is greater peer group support than before for these mothers.

*There's not as much splitting within the group and they'll sit there and support each other. A new mum will come in waiting for access and get teary and the other mums go, we know, don't worry, you'll get there, we were there.*

Newpin Staff

However, other staff see the loss of a broader mixture of parents attending the program as diminishing the effectiveness of some aspects of the peer support elements of the program.

*Sometimes, the Cohort 3s can be really vital to have in the group because some of them have a lot they can add to help the other mums, so you lose that balance.*

Newpin Staff

The issue of peer support is one that will be explored further in future consultations.

## 3.4 PROFESSIONAL AND PRACTICE DEVELOPMENT

### 3.4.1 STAFF STRUCTURE AND PROFESSIONAL DEVELOPMENT

The commencement of the SBB-financed Newpin in July 2013 saw a number of changes to program staffing, supervision, training and practice development. In particular under the new program:

- there are now separate positions for the Program Operations Manager and the Program Practice Coordinator, whereby previously this had been rolled into one position
- monthly clinical supervision sessions have been introduced for *all* staff – involving workers from different centres coming together to reflect on their practice and to learn from others
- staff training has been significantly 'ramped up' - all Newpin staff have participated in a range of training including:
  - Newpin Foundation Training (covering values, child development, attachment, identifying trauma, the impact of trauma and abuse)
  - a substantial core training program, targeting all, or different levels, of staff within the program (see Table 2).

TABLE 2 – CORE TRAINING FOR NEWPIN STAFF DELIVERED JUNE 2013 TO FEBRUARY 2014

COURSE	RELEVANT STAFF MEMBERS
Aboriginal Cultural Awareness	All staff
Accidental Counsellor	Admin/Drivers
Applying a Strengths Based Approach to Supervision	Coordinators & Play Facilitators
Attachment Theory (two days)	All staff except Admin/Drivers
Clinical Supervision (three days)	Coordinators
Effective Group Leadership	Coordinators & Family Workers
Engaging Men in Family Based Programs	All staff except Admin/Drivers
Keeping Children Safe (Facilitator Training)	Family Workers
Strengths Based Therapeutic Work with Children	Play Facilitator, Play Educator, Play Worker
Working with Men (six days)	Fathers Centre: Coordinator; Family Worker; Play Facilitator Fathers' Group Worker

The focus on training reflects UnitingCare Burnside's strategy to enhance the skills and qualifications of its staff generally, and also within the Newpin program.

Historically, UnitingCare Burnside has placed emphasis on Newpin staff having relevant work or life experience, rather than formal qualifications. Relevant experience could include being a former member (eg parent) in Newpin and experience in working with children and parents in various capacities.

Up until a couple of years ago, the organisation did not insist that play workers had any formal qualifications, although at least some held a Certificate 4 or a Diploma in Children's Services. Now, all play workers are required to have some sort of tertiary qualification. With family workers too, previously there was often a lot of emphasis placed on relevant experience rather than formal qualifications, although most staff had to have, or else be in the process of undertaking, a relevant diploma or degree in order to be employed. UnitingCare Burnside is now moving towards only employing family workers who hold, at a minimum, a relevant diploma or a degree, such as social work or psychology.

Similarly, whereas previously, those employed as Coordinators in Newpin often held a diploma (for instance in Community Services or Nursing), UnitingCare Burnside is moving towards only employing Coordinators with a relevant degree, rather than a diploma.

At the time of consultations, Newpin was working towards introducing a diploma specifically designed for Newpin staff, with a major focus on developmental trauma. Many generic qualifications do not cover this in sufficient detail, and management see this training as essential to working effectively in Newpin.

As the evaluation progresses, it will be important to follow the progress of the professionalisation of the Newpin staff under the new qualifications and training regime, and determine the impact on practice and outcome for families.

Newpin staff have responded very positively to the training that has been conducted to date, and can point to a range of benefits and changes in practice that are starting to occur as a result.

**The monthly clinical supervision sessions represent a shift from administration to practice supervision.** Staff report that they feel they are working more as a team than ever before and that they are sharing more practice learnings, tools and methods which helps to develop their own practice further.

*It gave us a list of things not to do and things that would be helpful. When we do our case reviews and having conversations, it gives us tools to use so that if things are not working, we can decide what do we need to do.*

Newpin Staff

*We talk about more, we share observations as a team more. I think that's been a good outcome.*

Newpin Staff

**The training conducted has had significant benefits.** Staff have enjoyed the training conducted so far and say they have learned much from it. The major impact of the training to date is that more staff say they are better able to clearly articulate *what* they do, *why* they do it, and *why* it works: in other words, they better understand the theory and evidence underpinning their practice. This raises self-awareness, facilitates practice reflection, and encourages a more deliberative, structured and consistent approach to the work they do. The following comments illustrate these points.

*I think it tightens it up. It gives it more consistency. We've got six staff working with one family which is quite unique so the more you can get everybody focused - - - and a shared understanding. I think that's a very big thing because I think then you do more of it, when you know what you're doing well, and you start talking about what you're doing well, you do more of it.*

Newpin Staff

*Since doing training, we're much more able to explain why it works. There's a lot of focusing now and reflective thinking and talking.*

Newpin Staff

In turn, this is in some cases, leading to better documented, better argued and presented recommendations to FACS and the court about restoration.

### 3.4.2 PRACTICE TOOLS, DEVELOPMENT AND LEARNING

The Newpin program introduced a number of new assessment and planning tools in July 2013. The new tools and processes include:

- the NCFAS (see Appendix B)
- the Family Plan (see Appendix C)
- the Family Progress Report (see Appendix D)
- the Home Visiting Risk Assessment Form (see Appendix E)
- the Newpin Family Details Form (see Appendix F)
- the Non-supervised Contact Form (see Appendix G).

The introduction of these tools, templates and processes was, for many Newpin staff, a significant departure from previous practice. Some staff have embraced the new tools, others are still coming to terms with their use, while others express some concerns about the formalisation of the client assessment process in particular.

The introduction of the NCFAS has been one of the most significant practice changes. It is administered close to entry point to the program. It is used to assess the needs of the parents and families, upon which family goals and plans are then based. It is then re-administered at six monthly intervals and upon program completion. This enables both Newpin staff and members to track progress over time in relation to a number of domains.

The NCFAS tool was selected by UnitingCare Burnside as the key assessment tool as the agency determined that:

- UnitingCare Burnside has previously successfully used the tool in its Intensive Family Based Services

- NCFAS has been assessed as being a highly valid and reliable tool in a major Berkley University evaluation of 85 assessment instruments: it was identified as one of seven tools rated as the most appropriate and comprehensive and ranked first for child welfare settings
- the NCFAS tool measures five domains that look at the family as a whole, including:
  - environment
  - parental capacities
  - family interaction
  - family safety
  - child wellbeing

All of these align well with Newpin's aims and objectives

- NCFAS also has a strength-based focus which again aligns well with the Newpin philosophy and practice, it facilitates the measurement of change over time, and is relatively easy to use, with training
- it is also a good practice tool for Newpin workers as it assists with prioritising, addressing and setting goals and the services needed, and identifies family strengths which can be employed to help the family learn new ways of working together successfully
- at case termination, NCFAS can be used by workers to compare closure and intake ratings to assess impact and improvement, and also to determine the need for additional services after exit from Newpin
- NCFAS can also be used to identify areas for worker training.

UnitingCare Burnside has put in place a system whereby the NCFAS data is entered into the Client Information Management System, and can generate a colour-coded report for each family indicating in a visual way where progress is being made.

Newpin staff have undergone training in order to administer the NCFAS.

For some Newpin staff, the NCFAS is proving to be a useful tool, although it took some time for them to become familiar with it, to learn how to conduct the assessments, and, in some cases, to be convinced that the tool's use was ultimately going to benefit families.

Over time, the benefits of using NCFAS are becoming apparent to more staff. In particular, numbers of staff are favourably commenting on:

- their ability to track parents' and families' progress over time in relation to each domain
- the ability to track this change visually, in a way that is appealing to both staff and families
- the ability of families to more clearly articulate, and see, what progress they are making while in the program
- better documentation of outcomes that can be included in reports to FACS
- the tool providing a good platform for setting family goals and devising a family plan.

Some staff expressed a number of concerns about the formal assessment process. For these staff – use of NCFAS does not sit readily with ‘the spirit’ of Newpin and is thought to potentially create some barriers to engagement in situations where parents may feel they have been ‘over assessed’ and that the assessment involves some sort of value judgement about them.

*We have to do an assessment on the parents which is a judgement whichever way you look at it. So you have to do it in a way which often doesn't work, because quite often they see right through it. They feel you have to do this. It's similar stuff to what you have to do with DoCS, so it's a bit more of a struggle in the beginning to build that trust.*

Newpin Staff

The use of NCFAS and other tools and forms is also seen by some staff to detract from time spent with families, which they find frustrating.

*And you're losing some of - - - that face-to-face contact which is a real shame because you're doing other things. You're losing a lot of that face-to-face I think, which is really sad because they need it, family members need it.*

Newpin Staff

It will be important in the next phase of the evaluation to assess the extent to which staff are using and embracing NCFAS, and how it is impacting on practice and outcomes.

### 3.4.3 GREATER USE OF DATA

The introduction of the NCFAS, the Family Plan and other forms and protocols has coincided with the introduction of Carelink (the Client Information Management System). This system captures a range of demographic and other information about the parents and families, and has been introduced across UnitingCare Burnside. It enables greater analysis of client profiles, demographics, practice interventions, and outcomes and will contribute significantly to program monitoring and evaluation.

The increase in data recording and reporting was probably one of the biggest implementation issues for Newpin staff. The key challenges related to:

- the need to change practices to expend more time on data recording (which may mean less time on other activities)
- the need to support staff to understand that greater measurement and monitoring is valuable and supports good practice, and can occur alongside the Newpin practice foundations of building relationships and developing trust
- the need to train and support staff in collection of data, data entry (on to the new Carelink), and the extraction of reports
- the need to support some staff in how best to translate actions and interventions into words.

Nevertheless, there was evidence that staff are seeing benefits of the greater emphasis on recording data. The main benefits they identified in discussions related to:

- the continuity of care, across team members
- greater transparency and accountability in the work that is undertaken
- greater impetus to stay focussed and clear in terms of the work with families
- increased ability to respond quickly and comprehensively to FACS enquiries
- a stronger evidence base for reporting to FACS and/or the courts about families' progress.

The following quotes illustrate these points.

*I find it useful for focusing and we definitely are more focused on what we're doing. It is good because you need these observations and that information. It helps you help the families and it helps us work as a team.*

Newpin Staff

*Having the information there - - - also helps us share it. So we know where things are up to. Even if we've been away for a couple of days or if we get a phone call from FACS we can quickly open up Carelink and say this is where it's at. So, for me that's really good. It also makes it a bit easier for the mums because they know whichever worker is there, will support them at case conferences.*

Newpin Staff

*We can actually influence FACS decision-making by the quality of the reporting that we are doing. We can give examples of how well [a parent] did at the time, we can prove that she can do this and she can do that. We didn't have that before. We could say it, but we didn't have it in writing.*

Newpin Staff

*Now it's so good. It's accountability for us. There's some really great recording of information about the parents and children - - - staff are also able to put observations about interactions between the mother and the child drawing that out when FACS wants information - - - or when we go to court to support the parents.*

Newpin Staff

## 3.5 NEWPIN GOVERNANCE AND MANAGEMENT

### 3.5.1 UNITINGCARE BURNSIDE

The program is oversighted by the Newpin Operations Manager, supported by a Practice Coordinator, a manager and administrative support. The program sits within the OOHC division of UnitingCare Burnside.

The Newpin program has benefitted in recent times from organisational changes within UnitingCare Burnside that have resulted in:

- a new, comprehensive Client Information Management System (Carelink)
- new financial processes and systems.

The Newpin program has also benefitted from the investment in, and commitment to, research and evaluation within UnitingCare Burnside. There has been, and continues to be, significant dialogue between the Newpin Operations Manager and the UnitingCare Children, Young People and Families Research and Development Manager. Both managers are strongly driven by the desire to develop and implement evidence-based practice.

The evaluation team observed a high level of commitment and skill in the management of Newpin by UnitingCare Burnside as evidenced by the good relationship with Newpin staff (at all levels), the ability to successfully plan for and manage significant program, practice and cultural change in a relatively short period of time, and the strong desire to enhance the Newpin program and professional practice to support continuous quality improvement.

A critical success factor here is the fact that the Newpin Operations Manager has extensive experience in Newpin (both in Australia and the United Kingdom) and is the leading practice expert in Newpin in Australia. Her long history with the UnitingCare Burnside staff working in Newpin has been another significant contributing factor.



### 3.5.2 NEWPIN AND THE DEPARTMENT OF FAMILY AND COMMUNITY SERVICES

The Newpin SBB contract is managed by the NSW Department of Family and Community Services (FACS). The relationship between the FACS Contract Manager and the Newpin Operations Manager has been key to successful program management, both in the design and implementation phases.

The relationship has been working very effectively to date, as evidenced by the fact that:

- there has been a continuity of staff in the two positions
- there is a close working relationship characterised by regular contact and trust between both parties
- the managers worked together very closely in the lead up to the commencement of the SBB-financial Newpin program on 1 July 2013
- there is structured, open and regular communication between the two managers
- there is a collaborative and cooperative approach to identifying and solving issues as they arise
- considerable time has been invested in jointly constructing the control group for the Cohort 1 families to enable a robust evaluation.

In addition to this ongoing positive contact between the two agencies and the commitment to making Newpin work, good program management processes and structures were also put in place prior to the commencement of the Newpin program on 1 July 2013.

The key document that guided the parameters of the program is the Operations Manual. The Manual sets out in detail:

- definitions
- cohorts and eligibility criteria
- referral process for each cohort
- live Matched Control Group
- processes for agreeing new centres and centre closure
- outcome payment
- case management roles and responsibilities
- record keeping
- reporting requirements
- program evaluation
- information exchange
- annual reviews
- communications and media protocol
- process for agreeing a 'transition out' plan at terminations or expiry of the Implementation Agreement
- contract management
- project oversight and key contacts.

The Operations Manual has been found to be an effective and useful mechanism in the first eight months of program implementation. There is provision to amend the Manual on an annual basis, and it is testament to the good groundwork that was done in the pre-implementation phase that only a few relatively minor amendments have been made to date. The key change that has been made relates to the

age eligibility. This amendment, effective from 1 January 2014, changed child age eligibility from under five years to under six years. A number of families who could benefit from the program have children aged five who have not yet started school. Changing this eligibility criterion has allowed these families access to the program.

Other minor amendments relate to the referrals process outlined in the Manual which is going to be simplified and streamlined in line with practice as the Newpin program expands and is rolled out in new locations.

### 3.6 PRIORITY ISSUES FOR NEWPIN IMPLEMENTATION GOING FORWARD

The key issues for the Newpin program in the next 12 months are as follows:

Practice and organisational change	➔	Consolidating and building upon the practice changes
Additional staff training	➔	Considering additional training to better understand and address the needs of the more complex target group (mental health and substance abuse in particular)
Service linkages	➔	Developing more linkages with services that provide mental health, substance abuse and domestic violence support
Program referrals	➔	Encouraging a high rate of referrals to Newpin, and increasing the number coming from NGOs providing OOHC services
Housing	➔	Documenting the effect of homelessness / housing instability in the Newpin client group, and developing a strategy to seek to address the issue Developing linkages with housing and accommodation services
Extending Newpin to other regions	➔	Transitioning Newpin to new areas, including knowledge transfer, systems and practices, monitoring and accountability
Policy amendments	➔	Accommodating the impact of legislative changes that will require the Children’s Court to make determinations about the feasibility of restoration and changes to the processes for the adoption of children and young persons in OOHC, resulting in the restoration window being considerably shorter Responding to the NSW Government’s Safe Home for Life reform package, (which comes into effect on 29 October 2014) signalling a move towards a less legalistic, process-driven child protection system that places children and their families at the centre of decision-making

## 4 Conclusion

The establishment of the SBB financed Newpin program has represented significant cultural, practice and organisational change for the Newpin program management and its staff. The new program does not represent 'business as usual' and instead represents a significant program enhancement, both in practice and scope, and a refocussing in terms of target group and eligibility.

Considering the scale of the change that has been required, in the view of the evaluator, the early implementation of the Newpin program has gone well. A lot has been achieved in a short timeframe. In particular, there is evidence that:

- the establishment of Newpin has been well managed by UnitingCare Burnside and by FACS personnel, who have worked closely together not only on the implementation, but the ongoing monitoring and evaluation of the program
- Newpin staff are enthusiastic about the enhanced service model and the opportunity to develop program practice further
- Newpin staff have responded very positively to the more structured supervision and to participation in a substantial program of training in recent months, which is leading to practice enhancements
- although they always had a strong team focus, Newpin staff are working together even better as a team than they were before, and see this as translating into better continuity of care for families, more informed and deliberative practice, and a greater focus on priority needs
- the formalisation of family assessments, planning and reporting processes has created a more structured and transparent basis for action, and for tracking progress over time – which is energising and motivating for both staff and, reportedly, some parents
- the introduction of greater data capture and reporting is forming a stronger basis for reflecting on and improving practice, and adding to the evidence base for future program enhancement. It is also a valuable source of information to inform the evaluation of Newpin.

The critical success factors that have contributed to this implementation phase are:

- **the program infrastructure support provided by both UnitingCare Burnside and FACS** to support the planning and implementation phase
- **the skills and drive of the Newpin management**, and the Operations Manager in particular, who has a long history in the program, coupled with a strong desire to see Newpin evolve and develop to the very highest standard
- **the very high level of commitment to the program by Newpin staff**, which has assisted them to respond positively to practice and system changes within a short space of time.

The main implementation challenges facing the Newpin program in the near future relate to the need to:

- continue to adjust practice in line with the target group having more complex and varied needs than the typical Newpin participant had in the prior version of the program, in particular relating to trauma, drug addiction, homelessness, and domestic violence, and where participation in the program may be court-ordered
- support and assist Newpin staff to address any remaining cultural, technical or other barriers to change, and further embrace continuous quality improvement
- increase program intake to ensure the level of program participation is in line with program capacity
- apply the learnings from the implementation phase to the expansion and roll-out of Newpin into new regions. This will require the development of strong relationships with service providers, FACS, CSCs, and the local service network – and the development of a governance and management structure to ensure program integrity and effective implementation.

## 5 The next evaluation report

The next evaluation report is the first Annual Progress Report, due in December 2014.

The 2014 Annual Progress Report will:

- report on further consultations in relation to implementation and process outcomes identified in this early implementation report, with a view to assessing what progress has been made
- report on some immediate outcomes (to the extent evidence is available)
- profile the first year's intake into Newpin – in terms of client demographics and characteristics , program completion, and restoration rates
- include a financial analysis of costs associated with the operation of Newpin.

The 2014 Progress Report will draw on:

- consultations with Newpin management and staff
- consultation with FACS officers in Central Office and CSCs
- consultation with key NGO referral agencies
- program data provided by UnitingCare Burnside through the new Carelink system pertaining to Newpin clients.

## Disclaimer

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## Appendix A

## Discussion Guide





# Evaluation of Newpin

## Interview guide

### Newpin Management and Staff

#### 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, but it will not include an assessment of the outcomes that give rise to payments under the Social Benefit Bond arrangement that funds the program.

The evaluation of Newpin will include a *process* evaluation that will focus on the way services have been implemented and are operating as well as an *outcome* evaluation that will examine whether the key objectives of the program are being met, the outcomes it is achieving in the longer and shorter term, and any unintended consequences. The evaluation will also involve a *financial analysis* of the program.

The initial phase of the evaluation includes discussions with Newpin management and staff and other stakeholders to obtain their views on how will the establishment of the new Newpin is progressing since it started in July 2013. It will explore what is working well, what are some of the challenges, what key learnings are emerging about the program, and what will be the focus of activity in the next nine to twelve months.

The 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 that will ensure we have accurately captured our conversation.

Are there any questions before we start?

1. Can I start by going around the table and asking you to give me your name, where you work and your role in Newpin?
2. When did you **first start** working in Newpin at UnitingCare? What interested you to work in this program?
3. What do you see as the **key aims** of Newpin?
4. What do you see as the **key differences** between the new Newpin program and the previous version of the program that was run at UnitingCare, or to other versions of Newpin operating elsewhere in Australia? (Prompt: staff recruitment, staff orientation and training, program management structure, target groups, referral, intake/assessment, nature/intensity/duration of support, tools used, data gathering and reporting, etc)
5. Overall, how well do you think UnitingCare **managed the transition** from the old to the new Newpin?

- 6 What were the **major implementation challenges** and issues that were faced?
- 7 Eight months into the new Newpin, which aspects of the program **are working well** in your view? (Prompt: communication/promotion of Newpin, referrals, intake/assessment, client engagement and retention etc) What have been the critical success factors?
- 8 Are there aspects of the program that are **not working so well**? If so, what are they and why is that the case? What do you think can be done to address any identified barriers or challenges?
- 9 How satisfied have you been with the **program orientation and training** that you have been provided with as staff members/ team leaders? What has been good? What, if anything, has been more challenging or problematic?
- 10 How satisfied have you been with the program **management and supervision** arrangements? What is working well? What, if anything, might be improved?
- 11 To date, what, sort of caseload have you had - Cohort 1, 2 and 3 ? Is this more or less than expected ? What if any **outcomes for children and their families** have been achieved? Are some cases/family situations easier to resolve than others? What are the critical success factors? What are the main challenges? Have there been any unintended outcomes (positive or negative)?
- 12 To date, how do you think the implementation or outcomes of Newpin **compares with the previous program**? What is working better? What is working less well?
- 13 Are there any **key learnings** emerging about the program at this point?
- 14 What ideas do you have as to how the **implementation of Newpin might be improved** over the next twelve months or so?
- 15 Are there any **other comments** that you would like to make that are relevant to the evaluation?

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

Appendix B

The North Carolina Family  
Assessment Scale (NCFAS)



## Newpin NCFAS Assessment

Family Name	
Worker Name	
Date	

N/A	+2	+1	0	-1	-2	-3	Unknown
	Clear Strength	Mild Strength	Adequate Baseline	Mild Problem	Moderate Problem	Serious Problem	

### A. Environment

1. Overall environment	N/A	+2	+1	0	-1	-2	-3	Unknown
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2. Housing stability	N/A	+2	+1	0	-1	-2	-3	Unknown
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3. Safety in the community	N/A	+2	+1	0	-1	-2	-3	Unknown
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4. Environmental risks	N/A	+2	+1	0	-1	-2	-3	Unknown
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5. Habitability of Housing	N/A	+2	+1	0	-1	-2	-3	Unknown
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6. Personal Hygiene	N/A	+2	+1	0	-1	-2	-3	Unknown
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7. Learning environment	N/A	+2	+1	0	-1	-2	-3	Unknown
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## B. Parental Capabilities

1. Overall parental capabilities	N/A	+2	+1	0	-1	-2	-3	Unknown
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2. Supervision of child(ren)	N/A	+2	+1	0	-1	-2	-3	Unknown
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3. Discipline practices	N/A	+2	+1	0	-1	-2	-3	Unknown
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4. Provision of developmental / enrichment opportunities	N/A	+2	+1	0	-1	-2	-3	Unknown
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5. Use of drug/alcohol interferes with parenting	N/A	+2	+1	0	-1	-2	-3	Unknown
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6. Promotes child(rens) education	N/A	+2	+1	0	-1	-2	-3	Unknown
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7. Controls access to media / reading materials	N/A	+2	+1	0	-1	-2	-3	Unknown
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8. Parent / Carer's literacy	N/A	+2	+1	0	-1	-2	-3	Unknown
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## C. Family Interactions

1. Overall family interactions	N/A	+2	+1	0	-1	-2	-3	Unknown
2. Bonding with child(ren)	N/A	+2	+1	0	-1	-2	-3	Unknown
3. Communication with child(ren)	N/A	+2	+1	0	-1	-2	-3	Unknown
4. Expectations of the child(ren)	N/A	+2	+1	0	-1	-2	-3	Unknown
5. Mutual support within family	N/A	+2	+1	0	-1	-2	-3	Unknown
6. Relationship btw parents / carers	N/A	+2	+1	0	-1	-2	-3	Unknown
7. Family routines / rituals	N/A	+2	+1	0	-1	-2	-3	Unknown
8. Family recreation / play activities	N/A	+2	+1	0	-1	-2	-3	Unknown



## D. Family Safety

1. Overall family safety	N/A	+2	+1	0	-1	-2	-3	Unknown
2. Absence/presence of DV btw parents / carers	N/A	+2	+1	0	-1	-2	-3	Unknown
3. Absence/presence of other family conflict	N/A	+2	+1	0	-1	-2	-3	Unknown
4. Absence/presence of physical abuse of child(ren)	N/A	+2	+1	0	-1	-2	-3	Unknown
5. Absence/presence of emotional abuse of child(ren)	N/A	+2	+1	0	-1	-2	-3	Unknown
6. Absence/presence of sexual abuse of child(ren)	N/A	+2	+1	0	-1	-2	-3	Unknown
7. Absence/presence of neglect of child(ren)	N/A	+2	+1	0	-1	-2	-3	Unknown
8. Absence/presence of access to weapons	N/A	+2	+1	0	-1	-2	-3	Unknown

## E. Child Well-Being

1. Overall child well-being	N/A	+2	+1	0	-1	-2	-3	Unknown
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2. Child(rens) behaviour	N/A	+2	+1	0	-1	-2	-3	Unknown
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3. School performance	N/A	+2	+1	0	-1	-2	-3	Unknown
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4. Child's relationship with parent/carer	N/A	+2	+1	0	-1	-2	-3	Unknown
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5. Relationship with sibling(s)	N/A	+2	+1	0	-1	-2	-3	Unknown
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6. Relationship with peers	N/A	+2	+1	0	-1	-2	-3	Unknown
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7. Cooperation/motivation to maintain the family	N/A	+2	+1	0	-1	-2	-3	Unknown
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## F. Social Community Life

1. Overall social/community life	N/A	+2	+1	0	-1	-2	-3	Unknown
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2. Social relationships	N/A	+2	+1	0	-1	-2	-3	Unknown
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3. Relationships with childcare, school, extra activities	N/A	+2	+1	0	-1	-2	-3	Unknown
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4. Connection to community / ethnic/cultural groups	N/A	+2	+1	0	-1	-2	-3	Unknown
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5. Connection to spiritual/religious community	N/A	+2	+1	0	-1	-2	-3	Unknown
--	-----	----	----	---	----	----	----	---------

6. Parent/Carer initiative and acceptance of available help/support	N/A	+2	+1	0	-1	-2	-3	Unknown
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## G. Self Sufficiency

1. Overall self sufficiency	N/A	+2	+1	0	-1	-2	-3	Unknown
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2. Employment	N/A	+2	+1	0	-1	-2	-3	Unknown
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3. Family Income	N/A	+2	+1	0	-1	-2	-3	Unknown
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4. Financial management	N/A	+2	+1	0	-1	-2	-3	Unknown
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5. Food and nutrition	N/A	+2	+1	0	-1	-2	-3	Unknown
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6. Transportation	N/A	+2	+1	0	-1	-2	-3	Unknown
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## H. Family Health

1. Overall family health	N/A	+2	+1	0	-1	-2	-3	Unknown
2. Parent/carer physical health	N/A	+2	+1	0	-1	-2	-3	Unknown
3. Parent/carer disability	N/A	+2	+1	0	-1	-2	-3	Unknown
4. Parent/carer mental health	N/A	+2	+1	0	-1	-2	-3	Unknown
5. Child(rens) physical health	N/A	+2	+1	0	-1	-2	-3	Unknown
6. Child(rens) disability	N/A	+2	+1	0	-1	-2	-3	Unknown
7. Child(rens) mental health	N/A	+2	+1	0	-1	-2	-3	Unknown
8. Family access to physical/mental health care	N/A	+2	+1	0	-1	-2	-3	Unknown

## I. Caregiver/Child Ambivalence

1. Overall caregiver/child ambivalence	N/A	+2	+1	0	-1	-2	-3	Unknown
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2. Parent/Caregiver ambivalence towards child	N/A	+2	+1	0	-1	-2	-3	Unknown
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3. Child ambivalence towards parent/caregiver	N/A	+2	+1	0	-1	-2	-3	Unknown
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4. Ambivalence exhibited by substitute care provider	N/A	+2	+1	0	-1	-2	-3	Unknown
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5. Disrupted attachment	N/A	+2	+1	0	-1	-2	-3	Unknown
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6. Pre-reunification home visitations	N/A	+2	+1	0	-1	-2	-3	Unknown
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## J. Readiness for Reunification

<b>1. Overall readiness for reunification</b>	N/A	+2	+1	0	-1	-2	-3	Unknown
<b>2. Resolution of significant CPS risk factors</b>	N/A	+2	+1	0	-1	-2	-3	Unknown
<b>3. Completion of case service plans</b>	N/A	+2	+1	0	-1	-2	-3	Unknown
<b>4. Resolution of legal issues</b>	N/A	+2	+1	0	-1	-2	-3	Unknown
<b>5. Parent/caregiver understanding of child treatment needs</b>	N/A	+2	+1	0	-1	-2	-3	Unknown
<b>6. Established back-up supports and/or service plans</b>	N/A	+2	+1	0	-1	-2	-3	Unknown

## Appendix C

## The Family Plan





## Family Plan

<b>Family name</b>		<b>Date</b>		For each family goal, please indicate the corresponding domain(s) from the NCFAS-G+R assessment, the indicators of goal achievement and the planned actions. It is possible for one goal to address multiple domains.
<b>Worker</b>		<b>Review Date</b>		

<b>Goal</b>

	Environment		Family Interactions		Child Well-being		Self Sufficiency		Caregiver / Child Ambivalence
	Parental Capabilities		Family Safety		Social/Community Life		Family Health		Readiness for Reunification

What will be different when the goal is achieved	Actions	Responsibility	Timeline	Action completed

<b>Review comments</b> (action completed/ongoing, challenges, comments)	<b>Date:</b>	

Please reprint this page for further goals if required and number each page

<b>Goal</b>	<b>Date:</b>

	Environment		Family Interactions		Child Well-being		Self Sufficiency		Caregiver / Child Ambivalence
	Parental Capabilities		Family Safety		Social/Community Life		Family Health		Readiness for Reunification

What will be different when the goal is achieved	Actions	Responsibility	Timeline	Action completed

<b>Review comments (action completed/ongoing, challenges, comments) and date:</b>



<b>Goal</b>

	Environment		Family Interactions		Child Well-being		Self Sufficiency		Caregiver / Child Ambivalence
	Parental Capabilities		Family Safety		Social/Community Life		Family Health		Readiness for Reunification

What will be different when the goal is achieved	Actions	Responsibility	Timeline	Action completed

<b>Review comments</b> (action completed/ongoing, challenges, comments)	<b>Date:</b>

	Name	Signature	Date
Parent			
Coordinator			
Family Worker			



Appendix D

Family Progress Report



## Family Progress Report Detail

<b>Primary Parent (Party A)</b>	
<b>Other Parent/Partner (Party B)</b>	

<b>Date From</b>		<b>Date To</b>	
------------------	--	----------------	--

### Attendance and Participation

**Primary Parent (Party A)** \*\*Please note a parent may attend 2 sessions during one centre based visit

Activity	No of days/sessions attended	No days absent	Reason for absences
Centre based visits			
Therapeutic group sessions			
Personal Development Program			
Home Visits			

### Other Parent/Partner (Party B)

Activity	No of days/sessions attended	No days absent	Reason for absences
Centre based visits			
Therapeutic group sessions			
Personal Development Program			
Home Visits			

**Comments:**

### Case Meetings/Reviews

Date Case Meeting/Review held	Feedback on actions

**Assessment**

Initial North Carolina Family Assessment Scale (NCFAS) completed	
6 month review	
12 month review	
18 month review	
24 month review	

**SUMMARY** *(Key North Carolina Assessment Scale domains to be addressed)*

**STRENGTHS** *(include information about the observations noted in regarding the strengths of the family)*

**CHALLENGES** *(Include the observations note regarding challenges for the family e.g. parent unwell)*

**INTERVENTIONS** *include a summary of interventions including PDP attended, case management activities and therapeutic activities)*

**GOALS** *(Comment on progress on each of the goals from the Restoration Case Plan)*

Goal 1	
Goal 2	
Goal 3	
Goal 4	
Goal 5	





<b>ANY ADDITIONAL GOALS</b> ( <i>Identified through NCFAS</i> )	
<b>Goal 1</b>	
<b>Goal 2</b>	
<b>Goal 3</b>	

<b>EXTERNAL SERVICE ACCESS</b> ( <i>please list any contact or participation the family has had with other agencies</i> )

<b>FINANCIAL SUPPORT</b> ( <i>Financial support required by the family to facilitate progress toward goals and attempts made through casework to access the required funds / item</i> )

<b>SUMMARY AND RECOMMENDATIONS</b> ( <i>Brief overview of intervention and progress made by the family and recommendations for future direction with Newpin.</i> )

**This report was completed by:**

	<b>Name</b>	<b>Signature</b>	<b>Date</b>
<b>Family Worker</b>			
<b>Coordinator</b>			





## Appendix E

## Home Visiting Risk Assessment Form





## Home Visiting Risk Assessment Form

<b>Family Worker/ Coordinator</b>		<b>Date</b>	
<b>Parent Name</b>		<b>Phone :</b>	
<b>Address</b>			

*Each Section of this form must be completed prior to a Home Visit being arranged. It is recommended that it be used as a reference when arranging the first appointment with a new service user. The form should be kept in the service user file and a copy with program data lists.*

Is your house / unit clearly marked from the street?	Yes	No
If no, what is the easiest way to find your home?		
When I get there is it easy to get to your front door? (ie; any animals, steep driveways, locked gates, etc)	Yes	No
Do you live alone?	Yes	No
If no, who else lives with you?		
Will they be there when we meet?	Yes	No
If yes, Are you comfortable with this?		
If you are not comfortable with this are we able to meet elsewhere? (eg; Newpin centre, etc)		
Indicate whether any of these people present a safety risk to workers. (eg; D&A or violence)		
Is there an Apprehended Violence Order in place?	Yes	No
Are there any animals that pose a risk to the worker?	Yes	No
Can they be restrained?	Yes	No
Additional information from Caseworker or Referrer regarding the safety of the visit		
Assessed by:		
Recommendation		
<input type="checkbox"/> Home Visit (one worker)	<input type="checkbox"/> Home Visit (two workers)	
<input type="checkbox"/> Initial visit to be office-based or any space considered safe (eg; Community Centre).		



Appendix F

Newpin Family Details Form





## Newpin Family Details

Name (Party A)	
Name (Party B)	
Address	

Children's Name	D.O.B	At home/in care etc

Referring CSC	
Referring Caseworker	
Current Caseworker	

Referral date	
Report date	

Restoration Case Plan Goals (please add rows as required)	
Goal 1	
Goal 2	
Goal 3	
Goal 4	
Goal 5	

Family Background <i>(Provide a brief listing of historical information about the family)</i>



## Appendix G

## Non-supervised Contact Form





## Non Supervised Contact at Newpin

Date of Visit	
Child's Name	

Did the contact visit take place? Yes  No

If not, what was the reason for the cancellation?

Were the following people notified?

Parent                      Newpin Centre                      DoCS/Carer                      Other

Carer/ Driver/DoCS worker arrived on time? Yes  No

If not:

Time Due		Arrival Time	
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Comments:

Mum/dad arrived on time? Yes  No

If not:

Time Due		Arrival Time	
----------	--	--------------	--

Comments:

Carer/ Driver/DoCS worker picked child/ren up on time? Yes  No

If not:

Time Due		Arrival Time	
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Was the centre/parent notified? Yes  No

Actions arising out of late arrival:

Additional comments attached? Yes  No

Form Completed By		Date	
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## **SYDNEY**

LEVEL 23,  
DARLING PARK TOWER 2  
201 SUSSEX STREET  
SYDNEY, NSW 2000  
T 02 8233 9900  
F 02 8233 9966

## **MELBOURNE**

LEVEL 12,  
120 COLLINS STREET  
MELBOURNE, VIC 3000  
T 03 8663 4888  
F 03 8663 4999

## **BRISBANE**

LEVEL 7,  
123 ALBERT STREET  
BRISBANE, QLD 4000  
T 07 3007 3800  
F 07 3007 3811

## **PERTH**

LEVEL 1,  
55 ST GEORGES TERRACE  
PERTH, WA 6000  
T 08 9346 0500  
F 08 9221 1779

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