

URBIS

NEWPIN SECOND INTERIM EVALUATION REPORT

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FINAL

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LIST OF ACRONYMS

ACT	Australian Capital Territory
CALD	Culturally and Linguistically Diverse
CSC	Community Service Centres
DPC	NSW Department of Premier and Cabinet
FACS	NSW Department of Family and Community Services
FT	Full-time
FTE	Full-time equivalent
HR	Human Resources
IT	Information Technology
NCFAS	North Carolina Family Assessment Scale
NGO	Non-Government Organisation
NSW	New South Wales
OOHC	Out-of-home-care
PDP	Personal Development Program
PSP	Permanency Support Program
SBB	Social Benefit Bond
SEERS	Support, Equality, Empathy, Respect and Self-Determination
TSG	Therapeutic Support Group
UK	United Kingdom

EXECUTIVE SUMMARY

INTRODUCTION

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

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

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

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

EVALUATION AIMS

In 2017, Urbis was commissioned by NSW Treasury to undertake an independent evaluation of the final three years of an evaluation of Newpin spanning seven years. Newpin is operated by Uniting, under a Social Benefit Bond (SBB) arrangement, the first of its kind in Australia.

This report is the Second Interim Evaluation Report on Newpin. It builds upon the findings of four previous reports: the 2013 Implementation Report; the 2014 and 2015 Annual Progress Reports; and the First Interim Evaluation Report published in 2016. The first Interim Report in 2016 found Newpin operations to be successful and this second Interim Evaluation Report builds on these findings. All reports are available on the NSW Office of Social Impact Investment website¹. A Final Evaluation Report is to be submitted in 2020.

The scope of the seven-year evaluation includes:

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

¹ http://www.dpc.nsw.gov.au/_data/assets/pdf_file/0007/168334/Evaluation_of_the_Newpin_SBB_Program_-_Implementation_Report.pdf; http://www.dpc.nsw.gov.au/_data/assets/pdf_file/0003/172209/Newpin_-_2014_Annual_Progress_Report.pdf

It is important to note this evaluation relates to both outcomes of families seeking to have their children who have been placed in OOHC restored to their care (Cohort 1 families) and families at risk of having their children removed and placed in OOHC (Cohort 2 families). This evaluation covers *both* cohorts of families, however, the analysis of outcomes for Cohort 1 families is more extensive and is compared to a Control Group.

The original Program Logic and Evaluation Framework for the evaluation developed in 2014 has been revised and sets out the key evaluation questions, indicators and measures to be used to assess the effectiveness of the program from 2017 to 2020 (see Appendix A). While measuring outcomes for families attending Newpin remain a key focus in the second phase of the evaluation, there is a stronger focus on assessing the sustainability and scalability of the Newpin model.

KEY FINDINGS

Newpin continues to achieve its desired outcomes

Cohort 1 families seeking restoration

From July 2013 to April 2018:

- 315 parents and 526 children participated in Newpin.
- Most of the parents attending Newpin as the 'primary' parent are female, but as many as one in four are male. One in five parents identify as Aboriginal and/or Torres Strait Islander (18%) or come from culturally and linguistically diverse (CALD) backgrounds (19%).
- Of the 311 children whose parents have completed the program, the majority (192) were restored to their family whilst attending Newpin.
- However, 30 (16%) of these children were removed from their family within 12 months of the restoration and again placed in OOHC. These restoration breakdowns are called reversals. Taking the reversals into account, the net restoration rate for Cohort 1 children from 2013 to 2018 is 52%².

Cohort 2 families seeking preservation

From July 2013 to April 2018:

- A total of 81 Cohort 2 parents and 124 children have attended Newpin.
- Most parents are female, with one in four male. A further quarter identify as Aboriginal and/or Torres Strait Islander and around one in eight are from a CALD background.
- Almost two thirds of Cohort 2 children (65%) have achieved a successful outcome, an increase on the first three years of the program where 53% had achieved a successful outcome.

Parental characteristics do not influence outcomes

- The Newpin program is successful for both Cohort 1 and Cohort 2 parents regardless of their gender, Aboriginality or cultural background.
- There is no consistent link between parents' presenting issues and the outcomes they achieve. The possible exception is mental health, which may be chronic and present persistent and ongoing challenges for the parent. The literature suggests it is the severity of a presenting issue rather than its presence or absence that is likely to have the greatest impact on outcomes.

² This report references two different net restoration rates based on two different data sources:

-data provided by Uniting from 1/6/13 - 30/4/18 (for the purpose of informing the evaluation regarding the characteristics of Newpin families) with the net restoration rate based on children who have finished at Newpin.

-data provided by FACS from 1/6/13 – 31/12/17 (for the purposes of informing the evaluation regarding the comparison with the Control Group) with the net restoration rate based on all children who have participated in Newpin.

It is also worth noting that the net restoration rate reported in the Newpin 2018 Annual Investor Report is also different as it is based on children attending Newpin who have recorded an outcome.

Please refer to Section 2.1 for further information. The net restoration rate referenced in this section was calculated using Uniting data.

- Consultations with Newpin staff and parents suggest that a genuine commitment to change by the parent is the main predictor of restoration rather than any particular presenting issue.

The net restoration rate for Newpin (the Intervention Group) is almost three times that of the Control Group

- A comparison was made of the restoration outcomes achieved by families attending Newpin (referred to as the Intervention Group) and families with similar characteristics placed in a Control Group set up by FACS. Families in the Control Group experienced a range of business as usual interventions but did not attend Newpin. Over four and a half years, the families attending Newpin have achieved a much higher rate of restoration than families in the Control Group, as well as a lower rate of reversal.
- Between 1 July 2013 and 31 December 2017, 53%³ of children in the Intervention Group (Newpin) were successfully restored to their families, compared to 18% of children in the Control Group. This is a very positive outcome, demonstrating the relative success of the Newpin model. Importantly, this level of success holds true for both Aboriginal and non-Aboriginal children, a promising finding given the number of Aboriginal children in OOHC.
- Newpin also has a lower rate of restoration reversal than the Control Group, with 13% of children attending Newpin who were restored to their families being subsequently removed into OOHC, compared with 19% of the Control Group.
- The net restoration rate of 53% was significantly higher amongst the Intervention Group, compared to the 18% net restoration rate for the Control Group ($p < .01$). With 95% confidence, the net restoration rate for children in the Intervention Group is between 29.3% and 40.0% higher than the Control Group.
- The first three months of restoration is a high risk time for families, with around one in three reversals occurring within this time period, in both the Intervention and the Control Groups. However, around one in four reversals are occurring as long as 18 months after restoration. The number of reversals is still relatively low overall however, and it should be remembered that restoration and reversal rates are based on the number of children, not families, and many parents have more than one child. More time and a larger sample will be required to better understand the patterns of reversal.

The Newpin model has continued to strengthen since 2016

- The Newpin model has evolved to focus on restoring to mothers or fathers rather than Centres focussing specifically on either mothers or fathers. Newpin staff report the integration of fathers and mothers in the Centres has been a smooth transition to date. Newpin has also adjusted the traditional gendered approach to be more inclusive. This shift has been driven by a desire to model healthy relationships between men and women for Newpin parents.
- The Centre-based nature of the model remains core. Newpin Centres provide an environment where parents can build trust in staff and develop relationships with their peers and their children. The physical design of Newpin Centres is also a critical component of the therapeutic approach. A small number of stakeholders would like to see the Newpin model enhanced with some element of in-home support, to support parents post-restoration and address avoidable reversals.
- There has been an emphasis on identifying and implementing new parent education programs to enhance outcomes, with one new evidence-based program being added since 2016. While it is too early to report the outcome of this program's addition, Newpin management note this will be an ongoing focus to 2020.
- Newpin management have had a concerted focus on program expansion and integrity since 2016, restructuring to support consistent expansion and implementation. During these organisational changes, Newpin has enjoyed strong staff retention and engagement.

³ This report references two different net restoration rates based on two different data sources:

-data provided by Uniting from 1/6/13 - 30/4/18 (for the purpose of informing the evaluation regarding the characteristics of Newpin families) with the net restoration rate based on children who have finished at Newpin.

-data provided by FACS from 1/6/13 – 31/12/17 (for the purposes of informing the evaluation regarding the comparison with the Control Group) with the net restoration rate based on all children who have participated in Newpin.

It is also worth noting that the net restoration rate reported in the Newpin 2018 Annual Investor Report is also different as it is based on children attending Newpin who have recorded an outcome. Therefore these different restoration rates are not directly comparable.

Please refer to Section 2.1 for further information. The net restoration rate referenced in this section was calculated using FACS data.

There have been several practice and professional developments since 2016

- Written guidelines and processes have been further strengthened, with the Practice Framework the backbone for supporting program integrity. Improvements have been made to the content of the Practice Framework particularly in relation to Newpin's core values, as well as the highly systematised approach to embedding the Framework across all Newpin Centres.
- The shift from support to safety in the core values of Newpin signals a practice development. Newpin staff reported that the inclusion of safety as a core value has elevated the emphasis on consistency, structure and boundaries for parents and their children within Newpin Centres. For staff, the inclusion of safety as a core value has further emphasised the focus the Newpin culture and values.
- Training and professional development continues to be a strong focus for new and existing Newpin staff, with key lessons in recruitment and a revised onboarding process identified and documented. Newer staff describe the onboarding process as very high quality, and note the vital importance of the Centre visitation to really understand the nuances of the Centre-based model.
- Data recording and analysis procedures have continued to be a key focus for Newpin management, with an improved approach to analysis of outcomes data enabling a more detailed understanding of restoration and preservation outcomes to drive continuous improvement.

Newpin has scaled effectively, although it remains too early to assess outcomes in new regions

- Newpin now operates out of eight Centres, with the opening of three new Centres in Port Kembla, Newcastle and Hurstville in 2017. Newpin management developed a detailed Newpin Centre Opening Procedure to ensure learnings from each new opening are effectively applied to support the streamlined scaling up of Newpin. This Procedure has reportedly been highly effective in supporting both Newpin management and new Centre Coordinators to plan and implement the roll-out of new Centres.
- Uniting stakeholders worked together very effectively to support timely roll-out of new Centres, involving collaboration with Property, IT, HR, Finance and Fleet divisions of Uniting.
- While Newpin continues to meet a demand for families, it is too early to determine whether sufficient reach and adoption has been reached in the new regions to consider the program's scaling up a success. Low referral numbers at the time of data collection were reported by Newpin staff and management and FACS to be driven by a number of factors including the turnover of FACS caseworkers being perceived by some stakeholders as high, the high level of program and structural change underway at FACS increasing the burden on caseworkers and the strong focus at Newpin on the roll-out of new Centres meaning there has been less time to visit CSCs and drive referrals.
- The Newpin expansion has demonstrated strong feasibility and acceptance among most stakeholders, with Newpin and FACS working together successfully to select new regions, provide ongoing referrals and engage stakeholders in new regions.
- Newpin's scaling up has been supported by strong strategic alignment with the NSW OOHC sector, although a shifting policy setting presents a potential threat to success. Based on discussion with key stakeholders from Newpin and FACS, the NSW Permanency Support Program (PSP) has created a significant amount of confusion for FACS caseworkers, Newpin staff and Newpin management as to what the current policy settings are under the PSP and what the potential impacts are for Newpin. Specifically, if the PSP focus on early intervention to avoid children entering OOHC will result in fewer referrals for Newpin in the future, and what the role of NGOs will be as OOHC is outsourced from government to the not for profit sector.

IMPLICATIONS FOR FUTURE ROLL-OUT

The Second Interim Evaluation Report has identified a series of recommendations for the roll-out of Newpin to 2020, including:

- Continued close monitoring of the influence of parental demographics and presenting issues such as mental health, domestic violence and substance use on outcomes and planning accordingly.
- Development of a strategic approach to supporting restorations, to address avoidable reversals. The response may include the integration of a dedicated Newpin outreach resource to support families in their homes following restoration, or increased engagement of other support services to support restorations.
- Engagement with key CSC and NGO referral partners in all new Newpin regions should be a primary focus to ensure a steady flow of referrals supports all Centres to reach capacity.
- Closely monitor the impacts of the non-gender based approach in Newpin Centres on parents, staff, children and program outcomes. This is particularly important to mitigate any concerns around the safety of parents and children who have a history of gender-based violence or abuse.
- Conduct a 'partnership check-in' to ensure optimal collaboration. Both FACS and Newpin have expressed a desire for a closer working relationship, given the significant changes since 2016 including new leadership at Newpin, model developments and changes in the policy setting.
- Newpin management and the FACS Contract Manager should commence engagement with NGOs as a priority, to address the confusion regarding the increasingly important role of NGOs in the implementation of Newpin under the NSW Permanency Support Program (PSP).

INTRODUCTION AND METHODOLOGY

INTRODUCTION

In 2017, Urbis was commissioned by NSW Treasury to undertake the second stage of a seven-year evaluation of Newpin, an intensive child protection and parent education program operated by Uniting under a Social Benefit Bond (SBB) arrangement, the first of its kind in Australia. The key focus of Newpin is the restoration of children in Out-of-Home-Care (OOHC) to their families and the preservation of families who are at risk of having their children removed from their care.

This report is the Second Interim Evaluation Report. It builds upon the findings of four previous reports (the 2013 Implementation Report, two Annual Progress Reports in 2014 and 2015, and the First Interim Evaluation Report in 2016) all of which are available on the NSW Office of Social Impact Investment website⁴. A Final Evaluation Report will be submitted in 2020.

The scope of the seven-year evaluation includes:

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

A Program Logic and Evaluation Framework for the evaluation was developed in 2014, which set out the key evaluation questions, indicators and measures to be used to assess the effectiveness of the program. This was revised for the second phase of the evaluation. The Program Logic and Evaluation Framework for the second phase of the evaluation were amended to bring a stronger focus on measuring the success of the rollout of Newpin to new locations and assessing the scalability of the program more broadly (see to Appendix A)

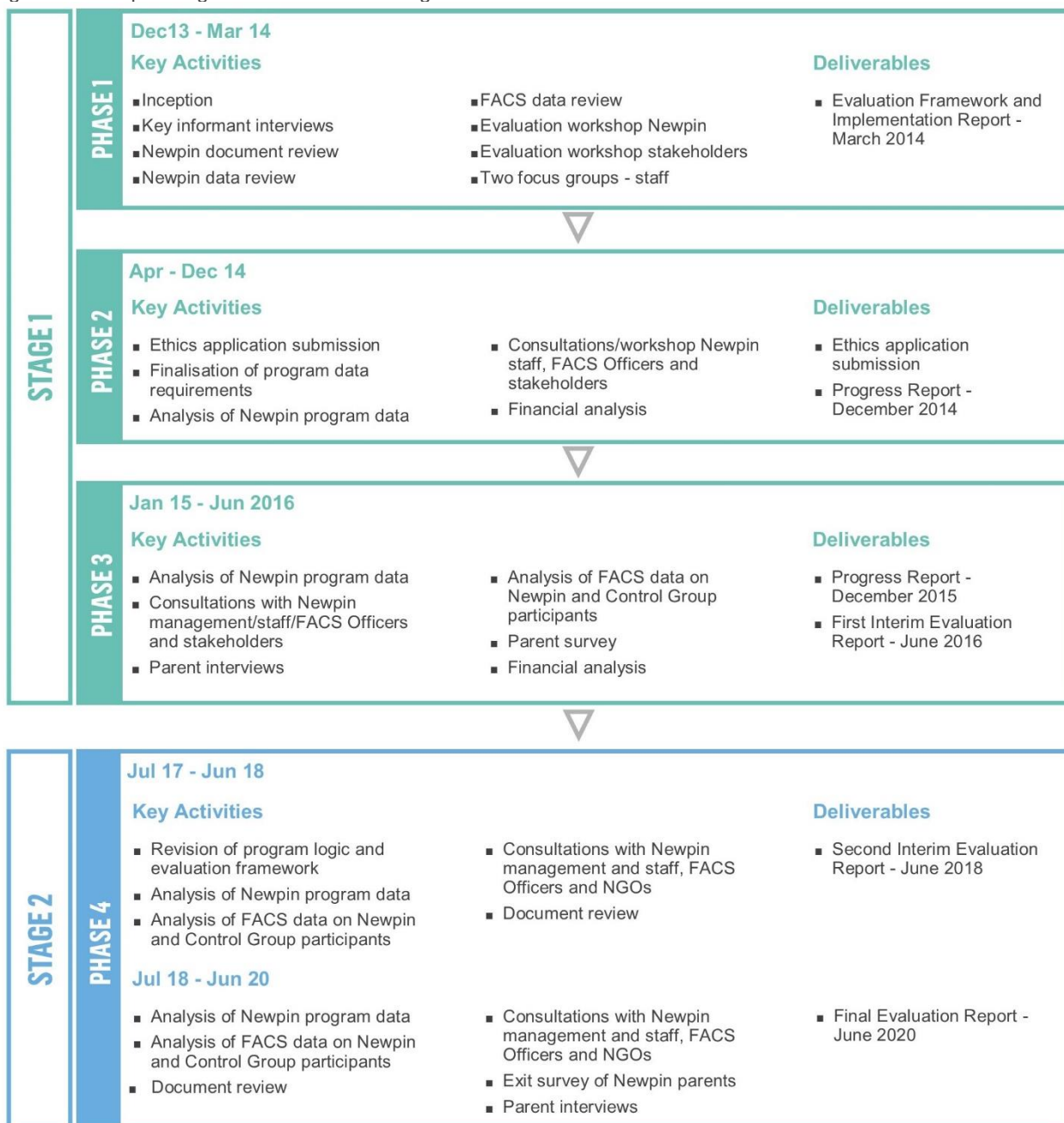
It should be noted that the scope of this evaluation does *not* include an assessment of the SBB financing arrangement, which is subject to a separate evaluation. Neither is it confined to the parameters of the SBB funding arrangement (which is based on the restoration of children in OOHC to their mothers) instead including all aspects of Newpin including the increasing number of children who are being restored to their fathers and also the cohort of families seeking to avoid their children being placed in OOHC.

⁴ http://www.dpc.nsw.gov.au/_data/assets/pdf_file/0007/168334/Evaluation_of_the_Newpin_SBB_Program_-_Implementation_Report.pdf; http://www.dpc.nsw.gov.au/_data/assets/pdf_file/0003/172209/Newpin_-_2014_Annual_Progress_Report.pdf

METHODOLOGY

A summary of both Stage 1 and Stage 2 of the Newpin Program Evaluation is provided below.

Figure 1 – Newpin Program Evaluation – Timing of Core Evaluation Activities 2013 – 2020



The evidence informing this Second Interim Evaluation Report comprises a mix of quantitative and qualitative data including:

- Consultations with 33 Newpin staff including site visits to five Newpin Centres
- Consultations with 8 FACS staff
- Analysis of Newpin program data as provided by Uniting (due to summary data tables being provided, tests for statistical significance on Newpin’s program data have not been possible)
- Analysis of FACS program data to provide a comparison between the Newpin and Control Group including, where possible and relevant, tests for statistical significance
- A review of relevant documentation provided by Newpin.

All the evidence was then analysed thematically by the Urbis evaluation team to identify the key findings and implications identified in this report.

The data used within this report is summarised in Table 1.

Table 1 – Evaluation data sources

Data source	Details
Newpin program data	Program referrals, participant profiles, program completions and outcomes for all restoration and preservation families attending Newpin from 1 July 2013 to 30 April 2018
FACS ChildStory Data	Comparison of the outcomes for parents seeking restoration through Newpin (Intervention Group) with parents in a Control Group who did not attend Newpin (1 July 2013 to 31 December 2017)
Consultations with FACS representatives	Indepth interviews with FACS Contract Managers, Community Service Centre District Managers, Casework Managers and Caseworkers
Consultations with Newpin representatives	Indepth interviews with the Newpin Head of ACT and Southern NSW Region and SBB Lead, and a focus group with all Newpin Centre Coordinators
Visits to five Newpin Centres	Day visits to Hurstville, Newcastle, Port Kembla, Ingleburn and Bidwill Centres and indepth interviews/ focus groups with all staff including Family Workers, Play Facilitators and administrators/drivers
Document review	Documents provided by Newpin in the course of the consultations

As the evaluation is now in its fifth year, the strength of the evidence as to the effectiveness of Newpin is growing. This is due to various factors including that:

- Some 650 children have now attended Newpin which is a large enough number to investigate whether outcomes are correlated with parent demographics and/or presenting issues.
- A consistent set of data is now available for all Newpin participants since the SBB commenced on 1 July 2013.
- A longer timeframe is available to test the sustainability of restoration outcomes over time, and the length of time between restoration and any reversal (that is, a subsequent return to OOHC).
- Both the larger sample and the longer timeframe make the comparison of restoration outcomes between the Intervention Group (parents attending Newpin seeking restoration) and the Control Group (parents seeking restoration but not attending Newpin) more robust.
- Key learnings about aspects of the design and implementation of the Newpin model (eg its theoretical underpinnings, values base, practice framework, professional development and supervision arrangements, and continuous quality improvement processes) are developing and the model is evolving to respond to changing policy and practice.
- There is a lot of corporate history within both FACS and Newpin which contributes significantly to the learnings that have developed over time as Newpin expands and evolves.

As with all evaluations, there are some limitations to the methodology, most notably:

- The methods used by FACS to extract data to enable a comparison between the Intervention Group and the Control Group was amended this year to take account of the introduction of the new data system (ChildStory). FACS has issued a number of caveats in this regard, but still has a high level of confidence in the accuracy of the data it has provided.
- Unlike previous reports, this report does not contain any feedback from Newpin participants. However, the 2020 Final Evaluation Report will report comprehensively on the results of a parents' survey (that all parents participating in Newpin from 2018 will be invited to complete) and indepth interviews with 30 parents.
- There was relatively low participation of FACS officers based in Community Service Centres in the consultations, despite several attempts to engage them in the evaluation. A combination of high workloads, reportedly high staff turnover and relatively limited contact with Newpin seemed to play a role in this.

1. THE NEWPIN PROGRAM

1.1. OVERVIEW

Newpin is a preventative therapeutic program that works intensively with families facing potential or actual child protection issues. The overall aim of Newpin is to intervene early to offer families a unique opportunity to affect positive change in their lives and relationships through personal development in a safe and supportive environment.

<http://www.newpin.org.au/>

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 (UK) 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 at risk of physically or emotionally harming their child or children. In 1998, (then) UnitingCare Burnside in NSW took up the program under licence from Newpin UK. It now holds the licence for Newpin in Australia and currently operates eight Newpin Centres in NSW. It also provides training and support in relation to the operation of the program under licence in a further ten Centres across Australia.⁵ The primary emphasis of the program in NSW is to restore children in OOHC to their families, although the program also works with families who are at risk of having their children removed.

As an intensive, therapeutic centre-based intervention. Newpin features:

- a **centre-based** rather than home-based intervention approach
- an **intense** program (minimum 2 days a week attendance for up to 18 months)
- a **whole family** approach
- provision of support to **both mothers and fathers** seeking restoration
- a **combination of therapeutic, practical and peer support**
- a **multi-theoretical underpinning** which places considerable emphasis on parents' 'inner processes'
- an **empowering philosophy** whereby parents are referred to as 'members', 'participants' and 'contributors' rather than clients or customers
- a **formal partnership approach** between Newpin, FACS and non-government organisations (NGOs) in the management and operation of the program.

The Newpin model encompasses a set of five core values – Safety, Equality, Empathy, Respect and Self-determination (SEERS). Everyone (staff, parents and children) are encouraged to model these values in all their interactions whilst attending the program.

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

⁵ Agreement between UnitingCare Children, Young People and Family Services for, or on behalf of, UnitingCare Burnside and Family Action, December 2008

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

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

The Newpin SBB commenced on 1 July 2013 and will continue for a period of seven years. Contract management is undertaken by FACS and Uniting. Newpin is one of two SBBs being trialled by the NSW Government (the second one targeting families at risk through the Resilient Families Service operated by The Benevolent Society). The trials are being led by NSW Treasury and the Department of Premier and Cabinet (DPC).

1.2. WHO IS ELIGIBLE FOR NEWPIN?

Two key family cohorts are eligible for Newpin:

Cohort 1	Comprises families who 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 eligible for restoration.
Cohort 2	Comprises families who have at least one child aged less than six years who has been assessed as being at risk. A Safety and Risk Assessment must have commenced and the child/ren assessed as 'Safe with Plan' or a supervision order in place.

The majority of families attending Newpin fall into Cohort 1. Each Newpin Centre limits intake of Cohort 2 families to around two families at any given time, with Cohort 1 families being given highest priority.

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

1.3. THE THEORETICAL FRAMEWORK UNDERPINNING NEWPIN

Newpin is primarily a centre-based early intervention support program. It is based on a theoretical framework, which focuses on the development of healthy attachments between parent and child. Newpin uses a psychotherapeutic approach to assist parents in developing an understanding of their own behaviours and processes that impact on their parenting.

<http://www.newpin.org.au/about-newpin/starting-a-newpin>

Newpin is underpinned by several theoretical frameworks, which are further described below. This analysis has been substantially based on the work of Mondy and Mondy (2008)⁶.

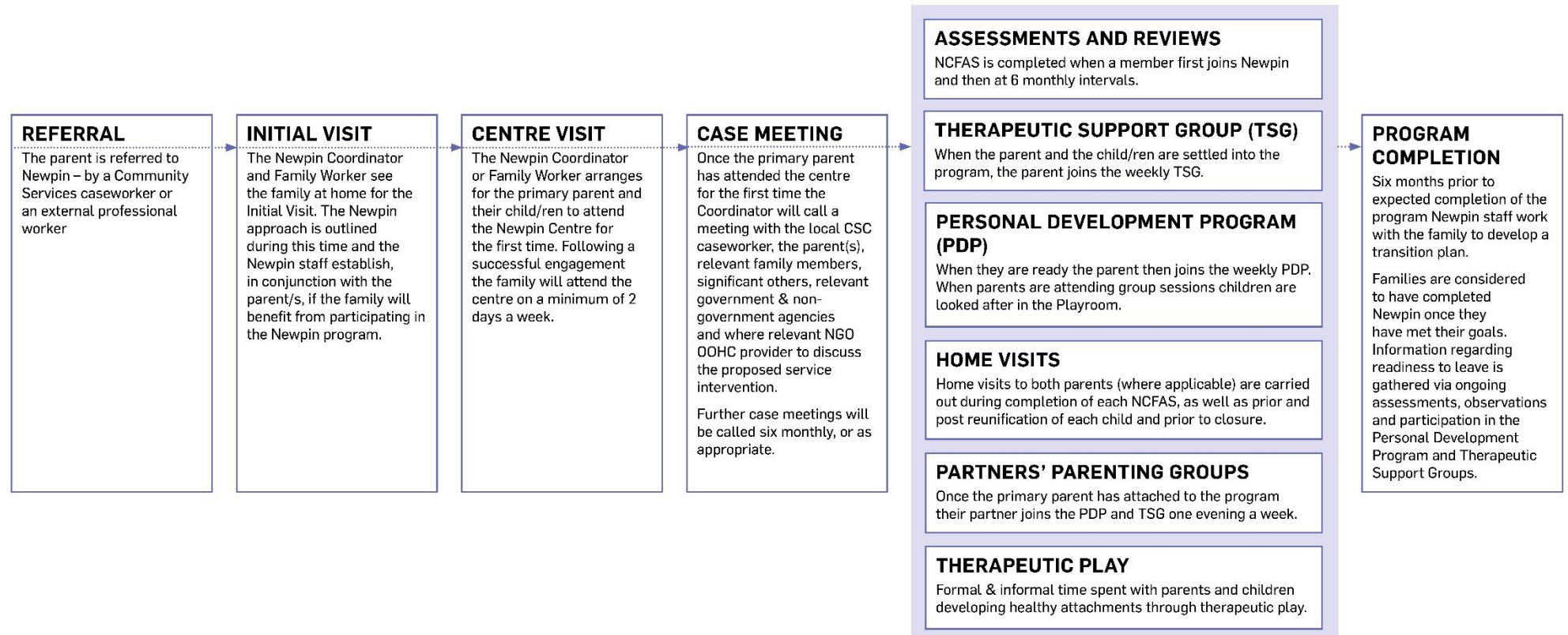
Theory	Focus
Attachment Theory	Building healthy attachments between parent and infant Supporting parents who themselves have suffered from insecure attachment as a child, to develop their own secure attachments to enable them to develop healthy bonds with their young children
Social Learning Theory	Focus on instrumental learning and on modelling Rewarding children and adults for positive behaviour/actions Modelling and reinforcing behaviours that bring rewards (parents modelling to other parents, parents to children, staff to both parents and children)
Social Capital	Building trust between people to support the way people work, communicate and negotiate Creating a climate of 'reciprocation' whereby program participants are called members (not clients) and can volunteer to work in Newpin after they have left Parents are seen as contributors rather than consumers or clients
Infant Brain Research	Improving the quality of attachment between parents and children Promoting closer bonding through physical contact (kissing, cuddling) to avoid or reduce chronic anxiety in young children as a result of trauma or neglect
Social Support Theory	Providing social, practical and emotional support (through interactions with other parents and staff) to prevent or ameliorate stress or isolation Promoting positive norms (such as the Newpin Core Values) to affect attitudes, understandings and behaviours
Strengths-based Practice	Focussing on parents' assets rather than deficits Working alongside and partnering with parents
Trauma-informed Practice	Recognising the need to respond to a person's intersecting experiences of trauma, mental ill health and substance abuse Placing priority on individual's safety, choice and control

⁶ Mondy, L and Mondy, S (eds) 2008 *Newpin Courage to Change Together Helping Families Achieve Generational Change* UnitingCare Burnside, Sydney

1.4. CORE ELEMENTS OF NEWPIN

Newpin incorporates a number of elements. Figure 1 sets out the process from referral to program completion, with a brief description of the interventions.

Figure 2 – Core elements of the Newpin process



7

Source: Newpin Restoration Model UnitingCare Burnside, January 2013

⁷ The Newpin Operations Manual outlines the detailed process for referrals to Newpin.

The Personal Development Plan is a critical component of attending Newpin, comprising a series of six to ten week programs run on a rotational basis. The core programs are detailed below.

SEERS (Safety, Equality, Empathy, Respect and Self-Determination)	SEERS enables parents to develop their skills in recognising and incorporating these values into their daily relationships, in empowering themselves and their children, and in supporting other members of Newpin
Keeping Children Safe	Keeping Children Safe aims to assist parents to develop a variety of tools and skills to help protect children and to create a safe environment for children and young people. This includes a session on restoration, specifically targeting families with children who are currently, or have been, in the care system
The Importance of Play	The Importance of Play is a group work program based on attachment theory, play therapy and child development. The program is run for all parents and children in the Centre and comprises a combination of theoretical and experiential learning
Our Skills as Parents	Our Skills as Parents explores children's development and needs in a therapeutic way. Participants draw on their own childhood experiences to emotionally connect with their children's needs. This program also explores the societal expectations of the role of the mother
Circle of Security	The Circle of Security is a relationship-based early intervention program designed to enhance attachment security between parents and children
Tuning into Kids (new program since 2016)	Tuning into Kids is an evidenced based program that focused on the emotional connection between parents and children, in particular the program teaches parents skills in emotion coaching which is to recognise, understand and respond to children's emotions in an accepting, supportive way

Information provided by Newpin, June 2018

1.5. THE NEWPIN CENTRES

Newpin Centres operate from a variety of settings including large suburban houses, former day care centres and other premises renovated to be fit for purpose. The Centres are set up and furnished to resemble a home. Typically, a Newpin Centre has an outdoor playground, an indoor play centre, one or two large lounge rooms, a kitchen, a dining room, a cot room (where young babies can sleep), adult and children's toilets, and an office. The Centres are brightly decorated and the walls are covered with photos of parents and children, children's drawings, posters, comments from parents and selected 'thoughts of the day'. The aim is to celebrate parenthood, instil hope and encourage safety and personal growth.

The atmosphere in the Centres is warm, welcoming, informal, relaxed and home-like. The Centres are well-equipped with toys, books, play equipment, art materials, cooking utensils and the like.

The physical space in which Newpin Centres operate is a critical feature of the program model. A paper prepared by Uniting Centre for Research, Innovation and Advocacy (2015)⁸ reviewed the evidence on best practice in creating physical spaces that promote healthy and sustainable attachments between child and parent. The evidence highlighted the importance of establishing 'concise environment-function fit' of therapeutic environments for parents and children. Colour schemes are important, as are calming pictures. Plants, paintings and furnishings create a therapeutic and healing environment. Having quiet personal and private spaces for 'time out' or reflection is also important, particularly for people who have experienced trauma, to respond to their need for safety and security.

⁸ Uniting Centre for Research, Innovation and Advocacy, 2015, *Building Therapeutic Environments: Trauma-informed environments for parents and children*, Research Note # 18, June, Uniting.

1.6. NEWPIN GOVERNANCE, MANAGEMENT AND STAFFING

A Joint Working Group comprising representatives from NSW Office of Social Impact Investment (OSII), FACS and Uniting is responsible for overseeing and monitoring the Newpin SBB and providing a forum to discuss any issues relating to the effective integration of FACS and Uniting. This includes roles and responsibilities under the Implementation Agreement and key issues such as referrals, outcomes, payments, projections, operational issues, dispute resolution and the opening and closure of Newpin Centres. The Newpin SBB contract is managed by FACS and Uniting. The FACS Contract Manager has a range of responsibilities including:

- liaising with Newpin in relation to the day to day operation of the Implementation Agreement
- designing and updating the Practice Manual for the Newpin SBB
- facilitating FACS processes in relation to the closure of any Newpin Centre
- maintaining and monitoring the live matched Control Group for Cohort 1
- facilitating and monitoring all referrals and outcomes for Cohorts 1 and 2 in the Intervention Group and for Cohort 1 in the Control Group
- educating and briefing FACS staff on key aspects of Newpin, and the processes and procedures involved in referring to the program
- working with Newpin in identifying options for the rollout of new Newpin Centres and facilitating that internally within FACS
- assisting with the evaluation of the Newpin program and the evaluation of the SBB arrangements
- participating in meetings of the Newpin SBB Joint Working Group (referred to as the Children, Young People and Families SBB Joint Working Group in the Newpin SBB Operations Manual).

Day to day management of Newpin within Uniting is undertaken by the Head of Newpin ACT and Southern NSW. This role is both internal and external-facing, and involves similar responsibilities to that of the FACS Contract Manager. In addition, the position has overall management responsibility for Newpin within Uniting. The formal relationship between FACS and Uniting and their respective roles and responsibilities are set out in the Newpin SBB Operations Manual. These include:

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

As at June 2018, Newpin operates out of eight Centres located at Doonside, St Mary's, Bidwill, Wyong, Ingleburn, Newcastle, Port Kembla and Hurstville.

2. IS NEWPIN ACHIEVING ITS DESIRED OUTCOMES?

2.1. INTRODUCTION

This section of the report draws extensively on quantitative data provided by Newpin and by FACS.

The reporting of the data in this section is complex and considerable care needs to be taken when interpreting these data. This is because some of the available data relates to parents only and some to children only, so the counting rules are different as is information that is available for each Cohort. Some of the reporting relates to all parents or children attending Newpin, while others focus on parents seeking restoration only, with a separate report on those seeking preservation.

Most importantly, there are some variations in the restoration rates that are reported (the proportion of parents who complete the program who have their child(ren) restored to their care). This means that the restoration rate in this report will not necessarily be the same as that contained in the Newpin SBB Annual Report which is based on a formula devised specifically for the payments under the Bond. This means that the net restoration rates reported in this evaluation are not directly comparable with the net restoration rate reporting in the 2018 Newpin Investor Report. This is due to the differences in data definitions and counting rules and the different timing of data extracts that exist between the two data sets. This is further discussed in Table 2 following.

The restoration (or preservation) rate for Cohort 1 and Cohort 2 in this report is based on data provided by Newpin. Not all restorations succeed - some break down with the child(ren) again being removed from their family and placed in OOHC. These events are known as reversals. The net restoration rate is the initial restoration rate, adjusted to take into account any subsequent reversals.

Finally, a critical aspect of the evaluation is comparing the restoration rate for Newpin parents (the Intervention Group) with those of a Control Group who did not attend Newpin but experienced 'business as usual' supports and services. The restoration rate calculated for this comparison (using data provided by FACS) is different to the whole of program restoration rate described above (calculated using data provided by Uniting). The comparison between the Intervention Group (Newpin) and the Control Group includes an analysis of reversals that occur *at any time* after restoration (up to 31 December 2017), while the whole of program restoration rate based on Newpin data above only records reversals that occur *within 12 months of restoration*. The differences in the data used to calculate the net restoration rates are summarised in Table 2 following.

Table 2 – Summary of the different data used to calculate net restoration rates

	Uniting data	FACS data	2018 Newpin SBB Investor Report
Data reporting period	1/6/13 – 30/4/18	1/6/13 – 31/12/17	1/6/13 – 30/6/18
Net restoration rate	52%	53%	63%
Characteristics of base number	All children who have completed Newpin (finished the program either successfully or unsuccessfully, excluding exemptions and transfers)	All children who have participated in Newpin	All children who have recorded an outcome. An outcome is defined as: a child being restored to their family (they may still be attending Newpin); or having their restoration reversed and going back into OOHC; or unsuccessfully completing the program without restoration.
Time period for reversals used to calculate net restoration rate	Children with a restoration reversed within 12 months of restoration	All children with a restoration reversed up until the data reporting date	Children with a restoration reversed within 12 months of restoration

It should also be noted that throughout this report children are referenced as having participated and completed (or not completed) the program. This reflects the data provided by Uniting that is reported for children rather than parents.

2.2. PROFILE OF PROGRAM PARTICIPANTS

Between 1 July 2013 and 30 April 2018, 650 children participated in Newpin. Of these, the vast majority (526) were in Cohort 1 (family restoration) and 124 in Cohort 2 (family preservation). This distribution across Cohort 1 and Cohort 2 is in line with the preferred balance across the two Cohorts.

315 Cohort 1 parents have sought to have their children restored to their care through Newpin

A total of 315 Cohort 1 parents participated in Newpin with the aim of getting their child(ren) in OOHC restored to their care. (In line with the program data collection, only one parent (Party A) is identified and counted in reporting.)

The majority of Cohort 1 parents are female. However, over one in four parents seeking restoration are male. This is a development that has been encouraged over the last five years reflecting a change in practice whereby fathers are increasingly being viewed as an option for restoration when mothers are not in a position to have their children restored. Based on consultations in Newpin Centres it is understood that, in many cases, these are single fathers who are no longer, or who never have been, in a relationship with the mother of their child.

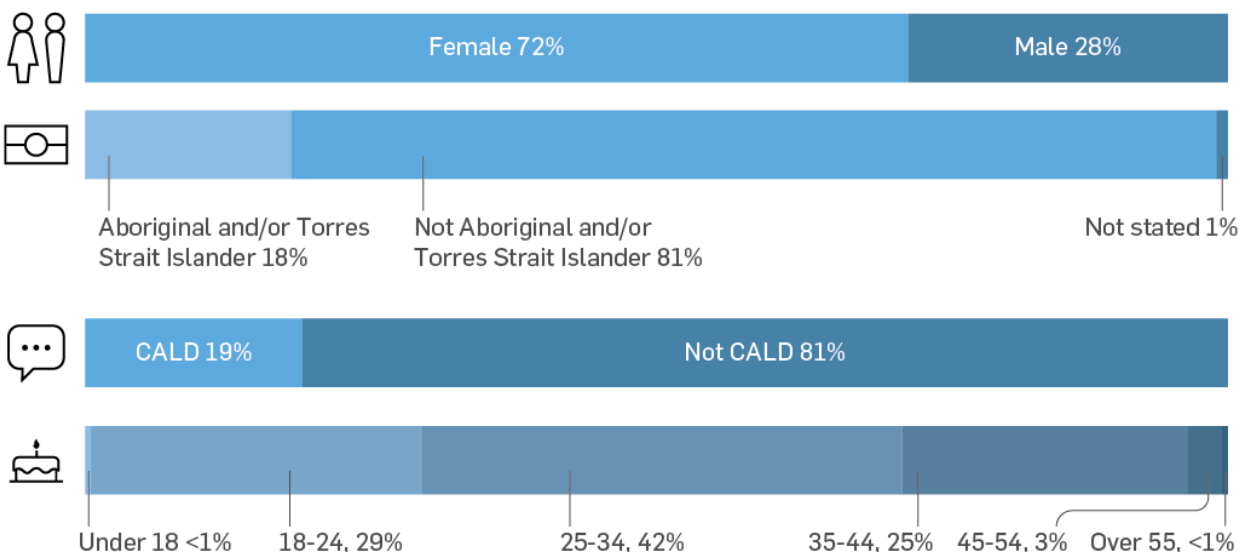
Some 18% of parents identify as Aboriginal and/or Torres Strait Islander and 19% are from Culturally and Linguistically Diverse (CALD) backgrounds.

Parents' ages range from under 18 to over 55 years, with most aged between 18 and 44.

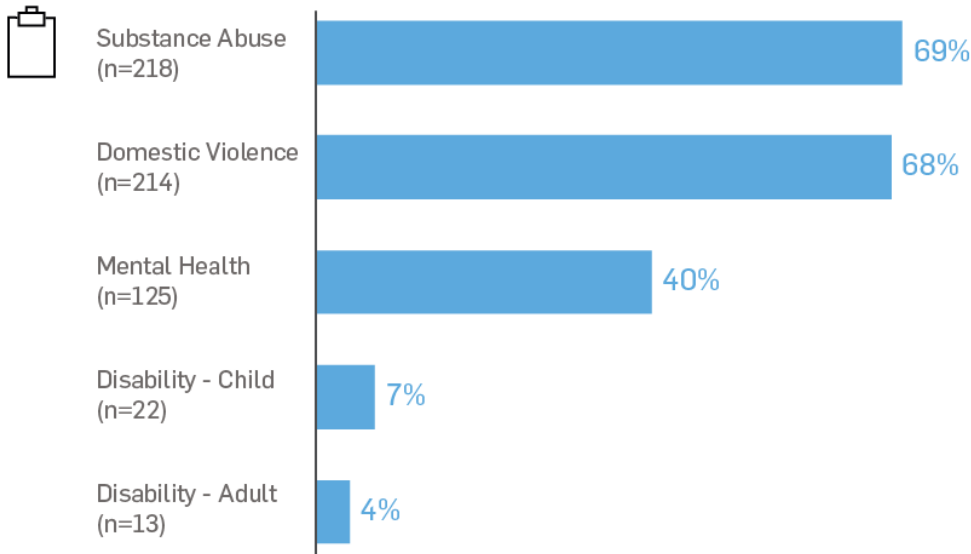
A high proportion of parents present with substance abuse, domestic violence and/or mental health issues. More than two-thirds have a history of substance abuse or domestic violence with two out of five experiencing mental health issues. A few parents identify as a person with disability or have a child with disability.

Figure 3 – Profile of Cohort 1 Parents (n=315)

PROFILE OF COHORT 1 PARENTS



PRESENTING ISSUES



Data provided by Uniting – 1 July 2013 to 30 April 2018.

81 Cohort 2 parents have attended Newpin to preserve their family and avoid OOHC

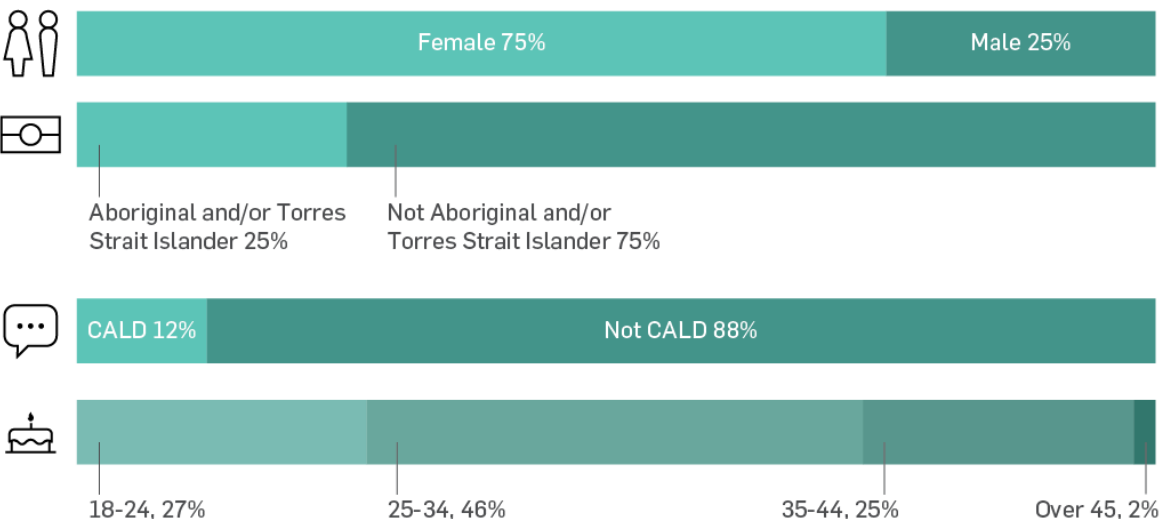
A total of 81 Cohort 2 parents participated in Newpin with the aim of avoiding having their children placed in OOHC.

As with Cohort 1 parents, most Cohort 2 parents are female, with one in four male. A further one in four identify as Aboriginal and/or Torres Strait Islander and around one in eight parents are from a CALD background. Most parents are aged under 35, but more than a quarter are young parents aged 18 to 24 years.

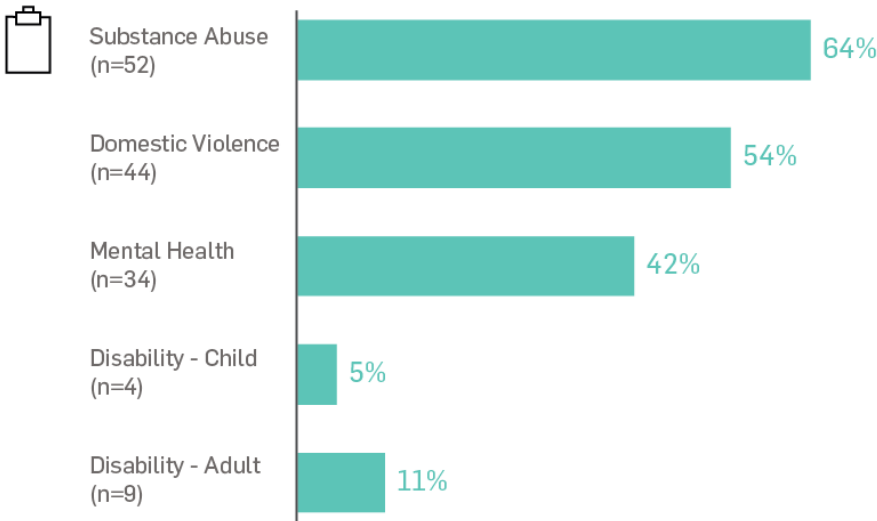
Previous substance abuse, domestic violence and/or mental health issues were identified by a large number of parents seeking preservation when they entered Newpin. These rates are similar to the presenting issues of Cohort 1 parents. However, a slightly higher proportion of Cohort 2 parents identified as a person with disability (11%).

Figure 4 – Profile of Cohort 2 Parents (n=81)

PROFILE OF COHORT 2 PARENTS



PRESENTING ISSUES



Data provided by Uniting – 1 July 2013 to 30 April 2018.

2.3. COHORT 1 – OUTCOMES

PROFILE OF COHORT 1 CHILDREN

Between 1 July 2013 and 30 April 2018:

526 Children participated in Newpin*

311 Children completed the program**

192 Children completed the program **with restoration** to their family

119 Children completed the program **without restoration** to their family

30 Children who were restored were subsequently placed in OOHC within 12 months

177 Children were still in the program

* Participation includes all accepted referrals, including subsequent exemptions

**Completion does not include 37 children who were exempted from attending the program. A further one child was transferred to Cohort 2.

Data provided by Uniting – 1 July 2013 to 30 April 2018.

A total of 526 Cohort 1 children have participated in Newpin

Just under 60% of the children who participated in Newpin between July 2013 and April 2018 have completed the program with their parent (311 children). Of these children who completed the program, 192 or 62% were restored to their family. However, 30 of the 192 children restored to their family (16%) were removed from their family within 12 months of restoration and placed in OOHC.

Taking into account reversals, the net restoration rate is 52%⁹

Not all restorations are successful. In some cases, children who have been restored to their families are subsequently removed and placed back into OOHC. These are called reversals. A total of 30 (16%) of the 192 children who had been restored to their families whilst attending Newpin were placed in OOHC within 12 months of the restoration. These 30 children came from 19 families. Taking into account these reversals, the net restoration rate is 52%.

A number of possible reasons for reversals were identified in discussions with Newpin management who have recently undertaken a review of those cases that have been reversed. This review found:

- Some children were considered to have been restored to their families prematurely. Around two in five reversals occurred within three months of the restoration (see below for more discussion).
- Some families were experiencing financial or other pressures at the time their children were restored to their care which was considered to have placed them under undue stress which placed the restoration at risk.
- Some parents were found to be living in a domestic violence situation following restoration which placed their child and the restoration at potential risk.
- In a number of cases, the mental health of the parent was considered to be a factor contributing to the breakdown of the restoration.

NET RESTORATION RATE

192	Children completed the program with restoration
-30	Children restored subsequently placed in OOHC within 12 months
162	Net restorations
÷311	Children completed the program
52%	Net restoration rate

Data provided by Uniting – 1 July 2013 to 30 April 2018

There is no consistent link between Cohort 1 parents' presenting issues and outcomes

An analysis was undertaken of the Cohort 1 parents' presenting issues to assess the extent to which they were predictors of successful or unsuccessful outcomes (ie whether or not they had had their children restored upon program completion. Please note that under Newpin data procedures unsuccessful completion indicates a child that was not restored to their family or a reversal).

The results are mixed (see Figure 5). There is a *higher* incidence of domestic violence and substance abuse amongst those parents who had had their children restored compared with those who did not. However, a slightly *lower* incidence of mental health was evident amongst parents who had their children restored compared to those who did not. The incidence of disability is too low to make any meaningful comparison.

These findings might seem counterintuitive. However, the restoration literature suggests it is not the presence or absence of a particular presenting issue that is predictor of a successful outcome so much as the *severity* of that issue. Furthermore, consultations with Newpin staff and parents over the life of the evaluation have suggested a *genuine commitment to change by the parent* is the main predictor of likely success rather than any particular issue or challenge they have faced in the past, such as substance abuse

⁹ This report references two different net restoration rates based on two different data sources:

-data provided by Uniting from 1/6/13 - 30/4/18 (for the purpose of informing the evaluation regarding the characteristics of Newpin families) with the net restoration rate based on children who have finished at Newpin.

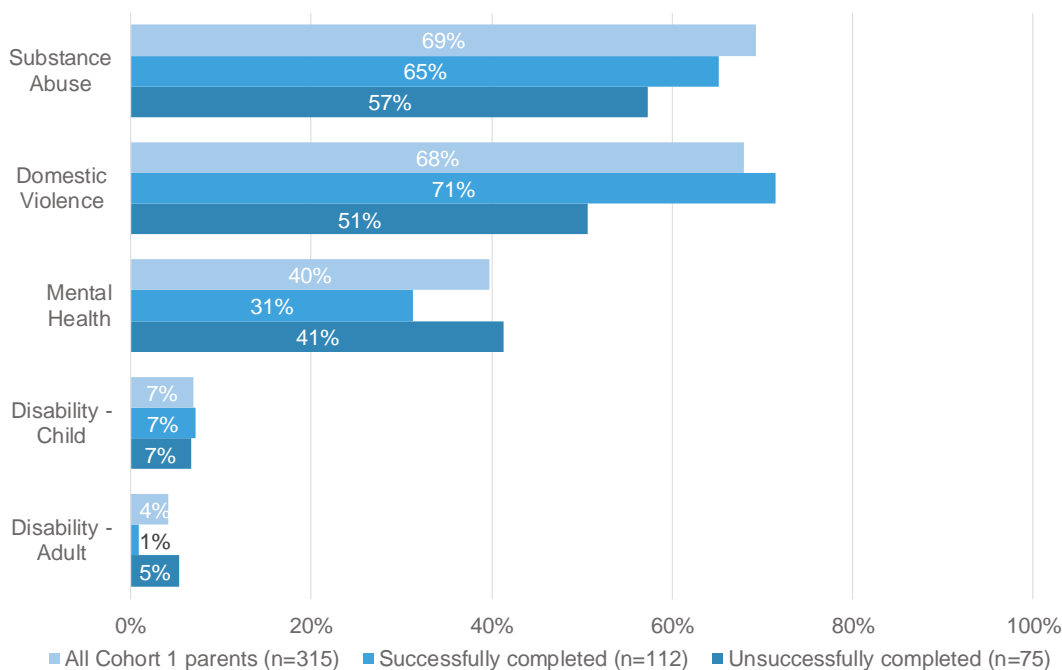
-data provided by FACS from 1/6/13 – 31/12/17 (for the purposes of informing the evaluation regarding the comparison with the Control Group) with the net restoration rate based on all children who have participated in Newpin.

It is also worth noting that the net restoration rate reported in the Newpin 2018 Annual Investor Report is also different as it is based on children attending Newpin who have recorded an outcome. Therefore these different restoration rates are not directly comparable.

Please refer to Section 2.1 for further information. The net restoration rate referenced in Section 2.3 was calculated using Uniting data.

or domestic violence. The possible exception is mental health, which may be chronic and persistent and present ongoing challenges.

Figure 5 – Cohort 1 parent presenting issues and program outcome



Data provided by Uniting – 1 July 2013 to 30 April 2018.

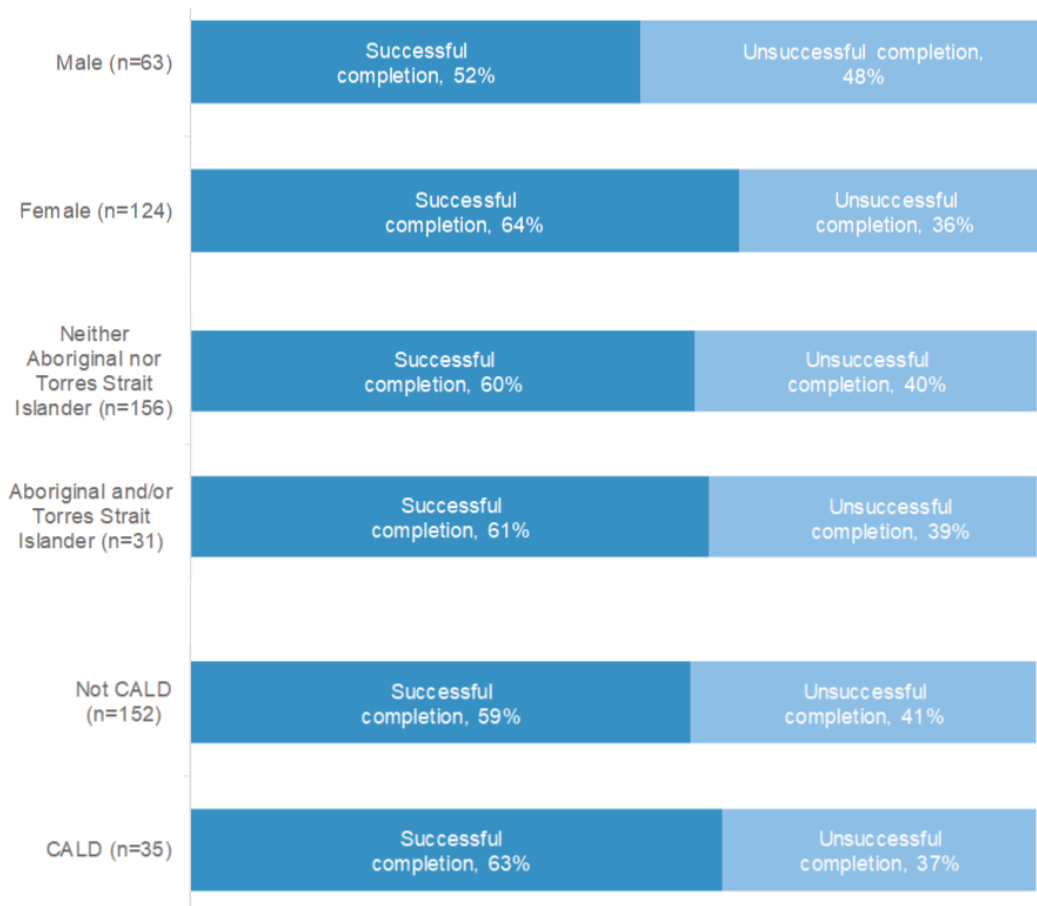
Note: Newpin data identified a successful completion is when a parent has their child successfully restored. An unsuccessful completion includes both a parent not having their children restored and parents who have their children subsequently placed in OOHC.

Newpin is successful regardless of parents’ cultural or Aboriginal status

There is little difference in the outcome depending on parents’ Aboriginal and/or Torres Strait Islander status or their CALD background. Indeed, a slightly larger proportion of Aboriginal parents and CALD parents had their children restored compared with other parents. This speaks to the strength of the Newpin model in working successfully with a diverse range of families and circumstances.

However, fathers have a slightly lower successful program completion rate (52%) compared with mothers (64%) which may require some further investigation. (NB these rates do not take into account reversals).

Figure 6 – Cohort 1 program outcome by parents’ demographic characteristics



Data provided by Uniting - 1 July 2013 to 30 April 2018.

2.4. COHORT 2 – OUTCOMES

PROFILE OF COHORT 2 CHILDREN

Between 1 July 2013 and April 2018:

124	Children participated in Newpin
116	Children completed the program
75	Children completed the program and remained with family after 12 months in program
41	Children completed the program and were placed in OOHC within 12 months of starting the program
8	Children were still in the program

Data provided by Uniting – 1 July 2013 to 30 April 2018.

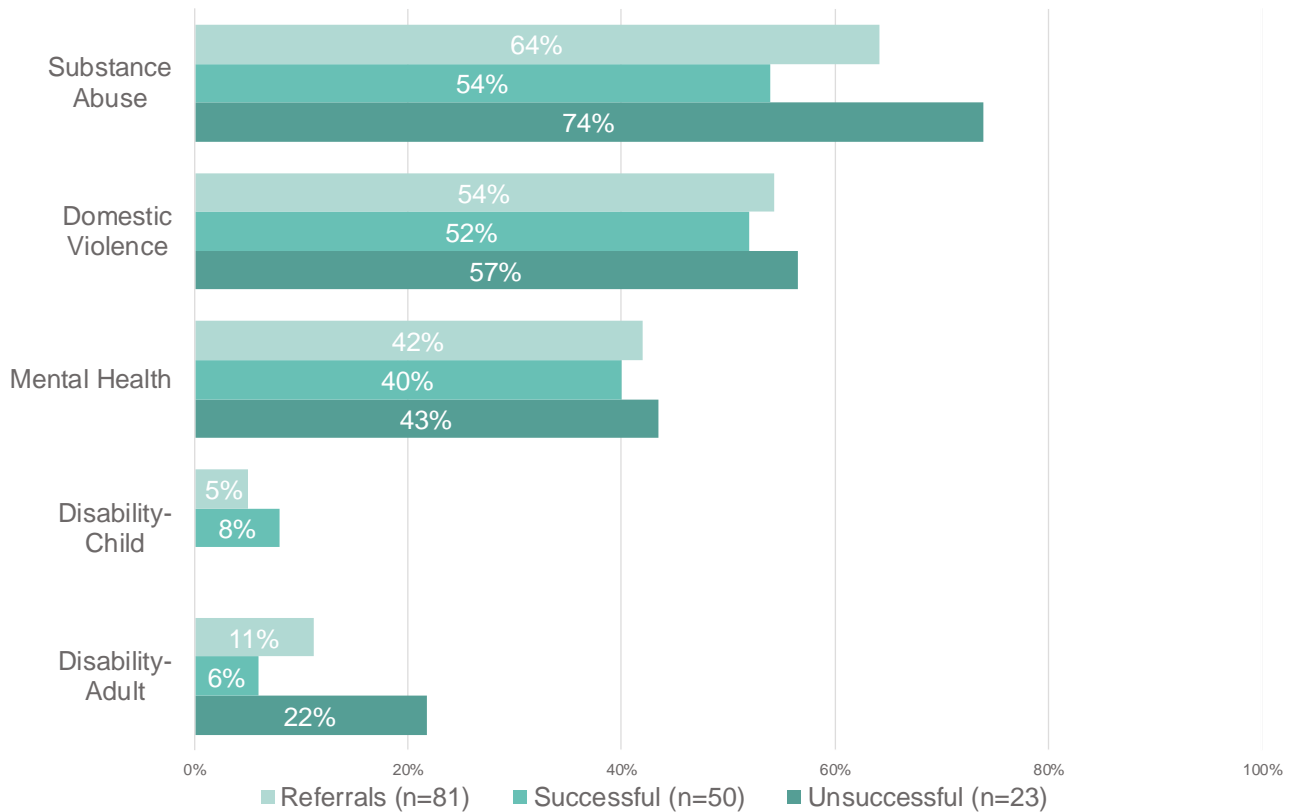
65% of Cohort 2 children achieved a successful outcome, more than in the first three years of the program (53%)

Over 93% of Cohort 2 children participating in the program have completed the program to date. Of those who have completed the program, 65% were still living with their family 12 months after their parent had completed Newpin. This is higher than in the first three years of Newpin where 53% of Cohort 2 children remained with their family.

Cohort 2 parents whose children were subsequently placed into OOHC present with higher levels of substance abuse

Nearly three-quarters (74%) of Cohort 2 parents who had their children placed in OOHC within 12 months of attending the program presented with substance abuse, compared to 54% of all parents whose children remained living with them. Parents with disability represent one in five of the parents who were unsuccessful in retaining their children in their care, however, caution should be exercised with these data due to the small number of parents in some categories (for example only nine parents identified as a person with disability).

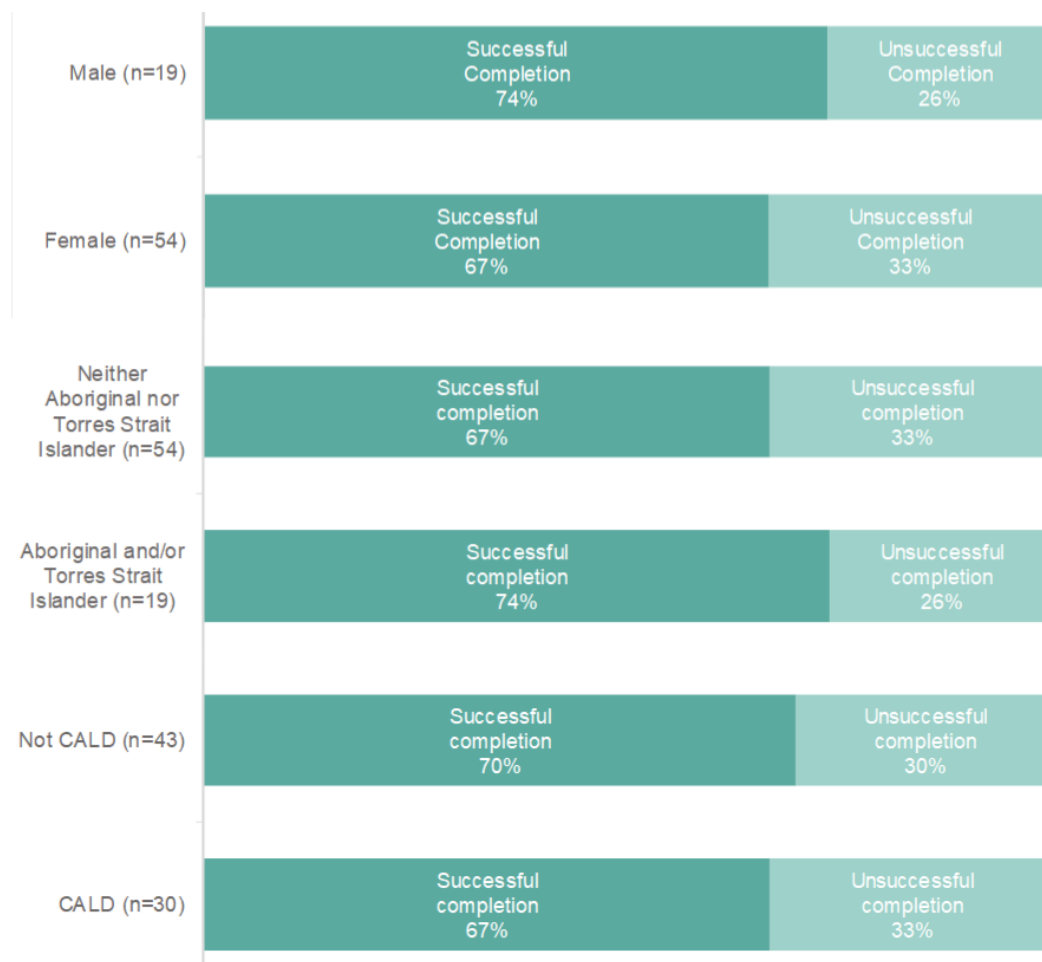
Figure 7 – Cohort 2 presenting issue of parent and program outcome



Parent gender, Aboriginality and cultural background does not influence successful completion of the program

Analysis of the proportion of successful and unsuccessful outcomes for Cohort 2 parents show that there is little difference in the proportion of successful and unsuccessful outcomes across parents' gender, Aboriginal and/or Torres Strait Islander or CALD status. Fathers (74%) and parents who identify as Aboriginal and/or Torres Strait Islander (74%) had slightly higher rates of successful completion than other parents.

Figure 8 – Cohort 2 program outcome by demographic characteristics of parents



Data provided by Uniting – 1 July 2013 to 30 April 2018.

2.5. COMPARISON OF RESTORATION OUTCOMES FOR NEWPIN AND THE CONTROL GROUP

Introduction

It is important to note that the data reported in this section differs from previous sections and the Annual Newpin SBB Investment Report.

Please note:

- Results draw on Newpin and Control Group data collected by FACS for the purposes of reporting on the Newpin SBB and is for the period 1 July 2013 to 21 December 2017 (data reported in previous sections was based on Uniting records for the period 1 July 2013 to 30 April 2018)
- It compares the restoration outcomes for Cohort 1 parents participating in Newpin (the Intervention Group) with those of a Control Group
- The net restoration rate in this section is based on **all** reversals that have occurred since the restoration, not just those that occurred within 12 months of restoration. It includes an analysis of any reversals that have occurred over the full four and a half years from the commencement of the SBB on 1 July 2013 up until December 2017, whereas the reversal rate used by Newpin SBB is based on reversals that occur within 12 months of restorations only (this is done for the purpose of payments under the SBB arrangements)
- This section of the report references the net restoration rate based on data provided by FACS from 1/6/13 – 31/12/17 (for the purposes of informing the evaluation regarding the comparison with the Control Group). The net restoration rate is based on all children who have participated in Newpin and includes reversals of restorations made at any time (not just within 12 months of restoration). The net restoration rate in this section is not directly comparable with the restoration rate in the 2018 Newpin Investor Report due to the differences in data definitions and counting rules and the different timing of data extracts that exist between the two data sets. Please refer to Section 2.1 for further information.

The effectiveness of Newpin (the Intervention Group) is being assessed through a comparison with a live matched Control Group established by FACS, in consultation with Uniting. The Control Group includes parents who meet the Cohort 1 definition, but do not attend Newpin and instead experience 'business as usual' interventions which may comprise a range of other restoration strategies and supports. The Control Group was established to assist the evaluation and to form the basis of the calculation of the Counterfactual Rate of Restoration in accordance with the SBB Implementation Agreement, prepared in 2013.

The key eligibility criteria for the Control Group are that a family must have at least one child under six years who has been in OOHC for at least three months and has a realistic possibility of restoration to their parent(s). The Control Group families are recruited from CSCs with a similar socio-demographics to those CSCs in areas serviced by a Newpin Centre. Data from both the Intervention and the Control Group was extracted by FACS from the ChildStory database (previously the KiDS database). The data reflects all activity up until 31 December 2017 and is current as at 14 June 2018.

The net restoration rate for the Intervention Group and Control Group is the proportion of children who have entered Newpin (the Intervention Group) or the Control Group who were subsequently restored to their families, minus any reversals that occurred up until 31 December 2017, which resulted in them being removed from their families once again and placed in OOHC. Given that some of the restorations occurred in 2013, this provides a longer timeframe for monitoring the sustainability of restorations.

The net restoration rate of the Intervention Group is almost three times that of the Control Group

NET RESTORATION RATE - COMPARISON WITH CONTROL

	CONTROL	INTERVENTION
Children restored to families	168	274
Children subsequently placed in OOHC*	<u>-32</u>	<u>-36</u>
Net restorations	136	238
Children in program/control	÷761	÷453
Net restoration rate	18%	53%

NEWPIN RESTORATION RATE 3 TIMES HIGHER THAN CONTROL

*Data includes all children placed in OOHC as at 30 December 2017, not just those children placed into OOHC within 12 months of restoration .

Data provided by FACS from ChildStory Database – 1 July 2013 to 31 December 2017.

Between 1 July 2013 and 31 December 2017, 53% of children¹⁰ in the Intervention Group were successfully restored to their families, compared to 18% of children in the Control Group. This holds true for both Aboriginal and non-Aboriginal children and is a very positive outcome, demonstrating the relative success of the Newpin model. The net restoration rate for the Intervention Group over the first four and a half years of the SBB is slightly higher (53%) than that reported in the first three years of the program (52%) while the net restoration rate for the Control Group is lower 18% than reported in the first three years (27%).

Testing for statistical significance identified that the net restoration rate for the Intervention Group was significantly higher compared to the Control Group ($p < .01$). With 95% confidence, the net restoration rate for children in the Intervention Group is between 29.3% and 40.0% higher than the Control Group.¹¹

¹⁰ This report references two different net restoration rates based on two different data sources:

-data provided by Uniting from 1/6/13 - 30/4/18 (for the purpose of informing the evaluation regarding the characteristics of Newpin families) with the net restoration rate based on children who have finished at Newpin.

-data provided by FACS from 1/6/13 – 31/12/17 (for the purposes of informing the evaluation regarding the comparison with the Control Group) with the net restoration rate based on all children who have participated in Newpin.

It is also worth noting that the net restoration rate reported in the Newpin 2018 Annual Investor Report is also different as it is based on children attending Newpin who have recorded an outcome. Therefore these different restoration rates are not directly comparable.

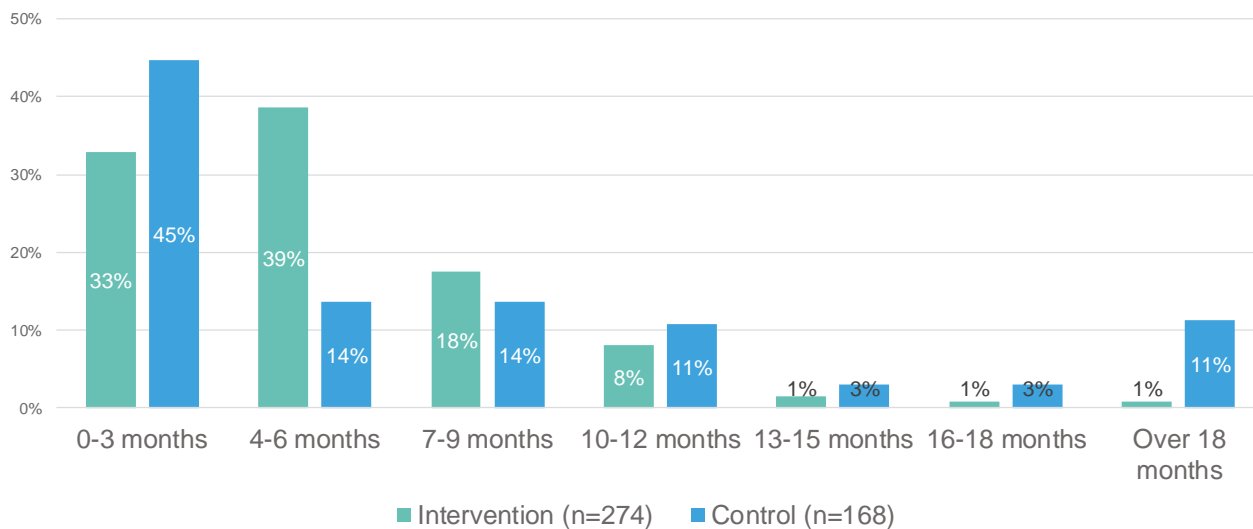
Please refer to Section 2.1 for further information. The net restoration rate referenced in this section was calculated using FACS data.

¹¹ Note that statistical significance testing was undertaken even though the data represents the entirety of Newpin (and control) families, so results can be applied to a potential population of the intervention (and control) groups.

The Intervention Group children are restored slightly earlier than the Control Group

The timing of restoration varies between the Intervention and Control Groups (see Figure 9). Nearly three out of five children in the Control Group (59%) were restored within the first six months however this figure was higher for the Intervention Group with 72% of children restored within the first six months.

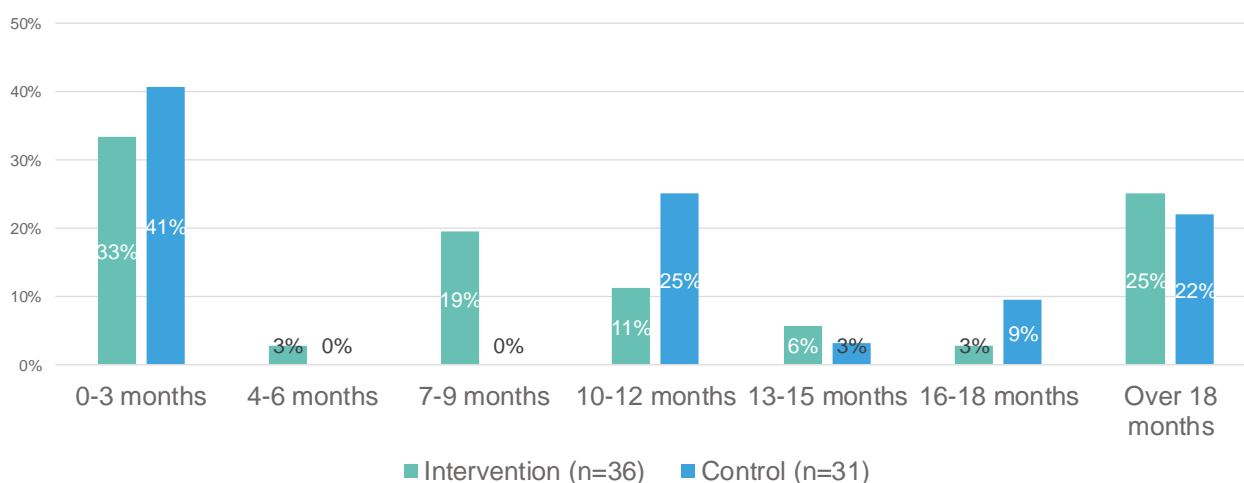
Figure 9 – Time to restoration for the Intervention Group and the Control Group



Data provided by FACS from ChildStory Database – 1 July 2013 to 31 December 2017.

Most reversals in both the Intervention Group and the Control Group occur within 12 months of restoration

Figure 10 – Time between restoration and reversal for the Intervention Group and the Control Group



Data provided by FACS from ChildStory Database – 1 July 2013 to 31 December 2017.

A significant proportion of reversals occur within three months of children being restored to their families (33% of the Intervention Group and 41% of the Control Group). Newpin staff reported this rate of reversals potentially raises questions about the suitability or appropriate timing of the restoration and/or the level of support provided to parents in the first few months of their children living back with their family.

Of all restoration break downs that have occurred to December 2017, most break down within 12 months. However, around one in four children in both the Control and Intervention Groups are removed from their families after a considerable period of time with their families (18 months or longer of having been restored). This, too, raises questions about the ongoing support and/or the longer-term challenges faced by parents in keeping their children safe. The risk factors associated with restoration reversal need to be closely monitored and reviewed.

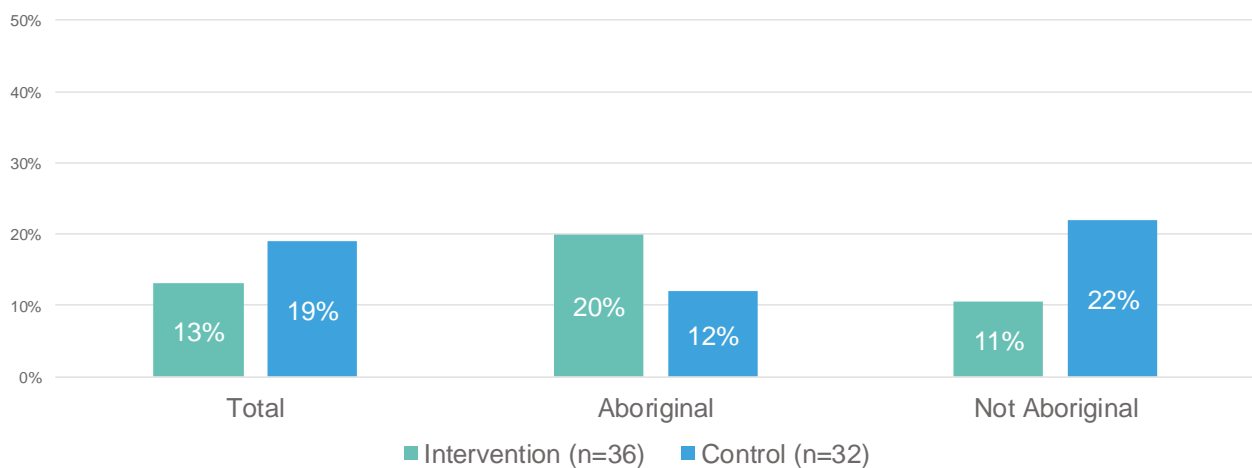
It should be noted that Newpin has no formal ongoing relationship with families after they leave the program (parents can spend up to 15 months post-restoration if their children are restored in the first three months of commencing the program).

The Intervention Group has a lower rate of restoration reversal than the Control Group

In the Intervention Group, 13% of children who were restored to their families were subsequently removed into OOHC, compared with 19% of the Control Group. While the Newpin reversal rate was lower than the Control Group this difference was not statistically significant ($p=0.1057$).

The rate of reversal has increased slightly for both groups from the first three years of the program when the rate was 11% for the Intervention Group and 13% for the Control Group. As was the case in 2016, the rate of reversal for Aboriginal families in the Intervention Group (Newpin) is almost double that of non-Aboriginal families, but the small sample size needs to be noted.

Figure 11 – Reversal rate comparison between Intervention and Control Group



Data provided by FACS from ChildStory Database – 1 July 2013 to 31 December 2017.

3. HOW HAS THE NEWPIN MODEL DEVELOPED?

3.1. THE NEWPIN PROGRAM MODEL HAS EVOLVED TO FOCUS ON RESTORING TO FAMILIES, RATHER THAN TO MOTHERS OR FATHERS

All Newpin Centres now cater for both mothers and fathers seeking restoration

In the past, Newpin Centres worked primarily with mothers, with support offered for fathers via the specialist 'Father's Centre' (with some support and involvement for partners separately if desired and appropriate). The Newpin program has model has evolved, with all Centres now catering for both mothers and fathers seeking restoration or preservation.

This change was driven by two key factors. Firstly, over the past few years, an increasing number of fathers have been attending Newpin for restoration. Secondly, both the previous evaluation findings and the experience of Newpin staff has reinforced the more inclusive approach to family restoration, where fathers are seen as capable and suitable for restoration.

Newpin staff report the integration of fathers and mothers in the Centres has been a smooth transition to date, with the majority of Centres working with fathers on Fridays, and/or after hours. There have been some positive outcomes observed, particularly in relation to positive relationships between fathers and female staff. While the numbers of referrals for fathers remains relatively low compared to mothers, the ability for all Newpin Centres to now work with fathers may drive increased referrals with time. Three Centre Coordinators noted the culture within local CSCs regarding the acceptance of fathers as single dads does influence the referral rate for fathers.

It's really more trying to streamline the program so that mum's and dad's are getting the same whereas there was a very specialised thing for dad's which wasn't really working. (Newpin)

Probably the biggest shift was that we were working with dads as part of the process so we weren't a mother's centre. It's pretty much the same from the get go, we work with families whether it's a mum or dad or a couple or grandparents. (Newpin)

There's quite a traditional approach to restoration [in this area] so there's a lot of work to be done...when they're referring a dad they'll refer with family connected...to support him in the process but then when they refer a mum she needs to do it all by herself. (Newpin)

The previous Father's Centre has been aligned with other Centres

The Bidwill Centre (previously the Father's Centre) was considered a specialist centre for working with fathers seeking restoration or preservation. As a result of the slightly different focus, the previous Father's Centre service had evolved with less fidelity to the Newpin program model.

Some elements of this looser implementation of the program model have been driven by pragmatic considerations, for example, more outreach was offered to accommodate the distances fathers were required to travel and/or their work demands if employed. However, there were also areas identified where program integrity was at risk, specifically in relation to the investment made in practice discussions and compliance with data collection procedures.

There was also some evidence the Father's Centre had developed a culture that was at times not aligned with the Newpin core values of Safety, Equality, Empathy, Respect and Self-determination (SEERS). This feedback related specifically

[New coordinator] has come in and provided a very good opportunity for them to put that structure in place ... having a structured day and time that's in line with other centres. (Newpin)

There was a lot of disrespect of women in the groups so the way men were talking about women was allowed to just occur. So part of what we talk about in our safety models is around boundaries and accountability so that's part of our safety model too I guess. (Newpin)

to an acceptance of language and attitudes toward women and minorities that was determined to be unsafe and lacking in respect.

Based on this feedback, Newpin embarked on a process of refocussing the previous Father's Centre as the Bidwill Centre. This involved recruiting a new coordinator, some new staff, undertaking significant work to embed a commitment to the Newpin core values in the Centre, and the formalised introduction of practices and procedures consistent with the operation of other Newpin Centres.

This refocus of the Bidwill Centre has been a relatively recent change. Newpin management and the Centre staff report the changes have been positively received by staff and parents to date. They note it is too early to determine the extent of success Bidwill will have working with mothers given the previous exclusive focus on working with fathers.

Newpin has adjusted the traditional gendered approach to be more inclusive

When attending Newpin, mothers attend the Centre with mothers, and fathers with fathers at separate times or on separate days. This feature of the model supports the core value of safety, acknowledging the trauma and abuse many women have experienced through domestic and/or family violence. Despite now offering support to fathers at all Centres, this segregation of genders at the Centre remains.

In the past, it was also preferred by Newpin management to gender match staff and parents. While this wasn't always possible given the available resources in the region, the previous Father's Centre Coordinator was male with a majority of male workers, and many of the Family Workers dedicated to working with fathers were also male. Similarly, the former Newpin Centres for mothers were staffed mainly or exclusively by women.

The Newpin model has now evolved to be more gender inclusive, with most Centres now staffed by male and female staff. This shift has been driven by a desire to model healthy relationships between men and women for Newpin parents. To date, this approach has been successful with staff reporting several instances of observing the development of more healthy relationships between staff and parents of different genders.

I think in terms of our role modelling and stuff it's important to have different genders working with families and that sort of thing. (Newpin)

The great thing about having females is we're actually modelling healthy relationships and respectful relationships. We're modelling for the parents this is how we do respect, this is how we treat women from a respectful point of view. A lot of these women have never had a male treat them respectfully, so in the guys here doing that with women it shows the father's ...this is healthy relationships. (Newpin)

There was a discussion about how she [female Play Facilitator] would relate to the single father and how he would be able to relate with her. It turns out to be a great success story where she has become an integral member of the team and dad's start to warm up with her so it's a winning solution at many levels. (Newpin)

3.2. THE CENTRE-BASED NATURE OF THE NEWPIN MODEL REMAINS CORE

The centre-based versus home-based nature of the Newpin model creates a space for parents to build strong relationships

The centre-based nature of Newpin remains core to the program model. The Newpin Centre itself is a key actor in creating a space for parents to build trust in staff and develop relationships with their peers and their children.

Newpin management and staff often refer to the Centre as a 'container' or 'vessel' in which parents can undergo the transformation required to have their children restored. It is the centre-based nature of the Newpin model which creates this sense of safety, compared to a home-based model which does not offer the same 'protection' of the Newpin Centre or the chance to develop connections with several staff and other families.

Significant effort is invested by staff to create an environment within Centres that embodies the Newpin values. Staff report that relatively quickly parents come to trust that the Centre is a space free of judgement, that is genuinely committed to supporting them to achieve their restoration or preservation goals. As this trust builds, parents begin to feel safe enough to do the necessary therapeutic work on themselves and learn the parenting skills to achieve their restoration or preservation goals.

I think when they first come in they expect to be judged but after a week or so they realise we're not here for that. (Newpin)

What we do is create this therapeutic container, we rework an internal working model - a lot of our parents have not had great attachment experiences - so we are the vessel to rework that. (Newpin)

The physical design of Newpin Centres is a critical component of the therapeutic approach

With the opening of several new Centres, much consideration has been given to the features of the physical space that embody the Newpin values. The Centre Opening Procedure details a range of critical layout and interior design requirements, to ensure the space is able to safely accommodate the various functions of the Centre (therapeutic and group work, play areas, kitchen, nursery, office space) while also providing a space that is inviting and one where parents can feel comfortable.

As well as needing spaces suitable for the various functions of a Newpin day, Centres all require a variety of flexible spaces where parents can spend time with their children without feeling monitored. This ability to interact with their children – often in spaces that feel at least partially private, such as a corner with cushions for reading, a tent in the play area or a benchseat in the garden – is reportedly vitally important to developing trust between parents and staff. This provision of spaces that provide permission for parents to interact with their children free from intensive monitoring is a distinct feature of the Newpin program versus a home-based service and reportedly critical to successful outcomes.

Finally, the Centre itself becomes a space where positive relationships are modelled and developed. The commitment to

We know it's working because we see it in the parents. They come in and they're very suspicious. Over time we've seen them able to be vulnerable, to be able to talk about some really significant trauma in their life. I think that's where the rest of the program such as the PDPs and the therapeutic support group actually works - with that feeling of safety and being allowed to be vulnerable and work through that stuff. (Newpin)

One of the parents said 'this is the first time I've been able to change my baby's nappy without being watched'. That's the ownership, the ability to come into a space and think 'while I'm here I'm not being judged'. (Newpin)

living the Newpin values among staff in dealing with parents, children and each other, creates a model for parents for how they are expected to relate to others generally. Staff report the physical space of the Centre becomes heavily associated with respectful language, behaviour and relationships.



Some stakeholders would like to see the Newpin model enhanced with some element of in-home support

A small number (three) FACS caseworkers did indicate they would like to see the Newpin model enhanced with an element of home visiting. These caseworkers saw value in supporting parents in their homes post-restoration. This was based on the perceived value of assisting parents settling children at home in the early stages of restoration to address avoidable reversals (ideally by the same Newpin family workers).

With the changing policy landscape under the Permanency Support Program (PSP), there was a perception among some that engaging Newpin as well as an additional home-based support service would be increasingly difficult. Hence, they were supportive of an extension to the Newpin model incorporating more post-restoration support in a home setting.

I often think it's quite helpful if we can have an in-home service to help and support the setting up of children coming home when they haven't been home for many years and this is something Newpin can't provide. (FACS)

If the same workers who had supported Mum in the lead up to restoration...were able to stretch their service outside, to the home, it would be a nice continuum. (FACS)

3.3. NEW EVIDENCE-BASED PROGRAMS ARE BEING INTRODUCED TO ENHANCE THE NEWPIN MODEL

Strong emphasis on identifying and implementing new parent education programs to enhance outcomes

Newpin management have had a strong focus on updating the program's content with evidence-based therapeutic and other models. While the evidence-based nature of the Newpin program has always been a key principle (including programs such as Circle of Security and Keeping Children Safe), Newpin management has placed extra emphasis on identifying and embedding new evidence-based programs.

Since 2016, one new evidence-based program, Tuning into Kids, has been added. Newpin management indicate further enhancements and addition of evidence-based programs to the Personal Development Program will be a focus in the coming year.

What we're looking to do is have our core programs and then have a suite of other things that people can draw from. (Newpin)

3.4. THERE HAS BEEN A CONCERTED FOCUS ON PROGRAM EXPANSION AND INTEGRITY

Program management restructured to support consistent expansion

In 2016, Uniting revised the Newpin management structure with a new Head of Newpin ACT and Southern Region NSW and a Social Benefit Bond Lead being appointed.

Previously, Newpin Centres in Western Sydney reported to one lead, while the remainder of the Centres reported to another. With the strong focus on consistent program implementation as critical to expansion, the dual leads was identified as problematic. Consequently, all Centres now report to the Social Benefit Bond Lead. The Head of Newpin ACT and Southern Region NSW and the Social Benefit Bond Lead are also supported by a Project Manager (FT), Newpin SBB Support Specialist (0.6 FTE) and Newpin SBB Quality and Intake Coordinator (0.8 FTE).

While based at Uniting head office, the Social Benefit Bond Lead spends substantial time visiting Centres to conduct practice discussions, facilitate supervision sessions and assist with recruitment and the establishment of new Centres.

As much as you try and streamline [with two leads] you're always going to have different leadership approaches. So we saw that in terms of consistency that has had some impact, which is why that whole space has been restructured now and we've got the one lead pretty much overseeing all of the centres to aid in the building-up of that consistency... so as we scale up we're able to have that oversight in a centralised manner. (Newpin)

Very strong focus on consistent model implementation

Between 2016 and 2018, Newpin management had a strong focus on achieving greater consistency across all Newpin Centres, both new and existing. This was seen as critical to supporting the scaling up as envisaged under the SBB arrangement, and effective centralised management of this expansion. Section 4 outlines the practice and professional developments implemented, which have represented a shift for old Centres and set a new benchmark in relation to program integrity across all Centres.

Upon assuming the role in 2016, the incoming Newpin management closely reviewed the 2016 Interim Evaluation Report and identified key areas for attention to support improved consistency of implementation. These areas of focus included: updating and embedding the Practice Framework and Staff Orientation Manual; improving data collection and reporting; and documenting the Centre Opening Procedure to support streamlined program expansion.

In addition to planning based on the evaluation findings, Newpin management spent significant time visiting existing Newpin Centres, surveying and talking with staff, liaising with FACS and other stakeholders including members of the Joint Working Group to establish strong, collaborative relationships and prioritise areas of focus for the remaining term of the SBB Implementation Agreement. Consultations with all Newpin Coordinators and staff across five Centres revealed a strong level of support for the approach Newpin management has taken to program expansion and embedding practice and procedural improvements. The high level of staff retention demonstrates the success of the engagement undertaken by Newpin management to date.

I think the areas that needed a lot of attention for us was processes really, or lack of, or inconsistency of the application of those processes across the board. (Newpin)

I established the communication strategy very early on and very quickly and really started to listen - to really get a feel for where people are at, both at the Centre level, but then also at the leadership level. (Newpin)

I did staff surveys or I went out and deliberately spent time at the Centres with the staff just having informal conversations which told me a lot. I started establishing those relationships and really understanding where people were at, where they wanted to be, and really what they needed from us. (Newpin)

Strong staff retention during significant organisational changes

The change of Newpin management and establishment of the new Centres coincided with a substantial organisational restructure at Uniting. The restructure involved significant changes to organisational leadership, governance arrangements, systems, policies and procedures, which created some challenges for the Newpin management and staff.

The change of Newpin's leadership was a substantial shift for many, as some Newpin staff had worked with the previous Newpin management for more than 20 years. Despite this change, Newpin has been able to maintain a very high level of staff retention, which management attributes to the strong resilience and focus on Newpin outcomes among long-serving staff.

The impacts of the Uniting restructure were primarily felt in relation to internal functions such as HR, IT and Property. This created particular challenges in the context of opening new Centres, where these functions all played critical supporting roles. While the organisational change did at times slow the pace of Centre roll-out, Newpin management and Centre Coordinators demonstrated patience and perseverance to ensure the new Centres were established over a short period.

Surprisingly a lot of them [the staff] thought 'just get on with the job' which I thought showed a lot of resilience but also a lot of focus and ... also a certain level of maturity of understanding things will change, but we keep focusing on what's important. (Newpin)

There have been a lot of changes over the last couple of years and there continues to be a lot of changes, so that's caused a lot of delays in regards to getting recruitment happening. (Newpin)

3.5. THE REFERRAL PROCESS TO NEWPIN CONTINUES TO FUNCTION EFFECTIVELY, BUT VARIES ACROSS REGIONS

Regular meetings between FACS and Newpin support this process effectively

Newpin continues to operate via a centralised referral function, with FACS caseworkers and NGO providers (OOHC and other services) making referrals to the Newpin SBB Social Benefit Bond Contract Manager at FACS to determine eligibility criteria. To date, the vast majority of referrals are made by FACS caseworkers, with less than ten referrals being made by NGO providers since the commencement of the SBB in July 2013.

Both FACS and Newpin management report this process is working smoothly, with monthly meetings between the FACS central referral point and the Newpin SBB Quality and Intake Coordinator an effective approach. There is some variation by region, with referrals heavily dependent on strong working relationships with local CSCs, previous positive experiences with Newpin and the lack of other restoration and preservation services in the area.

There have been a very small number of instances where referrals from FACS have been questioned by Newpin as to their eligibility. Newpin management attribute this to the efforts to educate new regions and stakeholders about the program. These instances were reportedly addressed and resolved

They regularly meet to go through the list of referrals and to make sure we're all on the same page about who's in, who's out, vacancies, that sort of thing. (FACS)

It [the centralised process] helps us to understand and control that flow so that it's a good fit for Newpin. (Newpin)

In the south-west corridor – there's masses of services ... that NGOs can tap into as well as other pres[ervation] and res[toration] services. (Newpin)

I think we're spending a lot of time and effort trying to promote Newpin...so we sometimes do get inappropriate referrals because people are still learning about the service. (Newpin)

The other area more strategically is eventually we do want to strengthen ...

relatively easily via consultation between Newpin and FACS management.

Both Newpin and FACS acknowledge a key focus for the remaining period of the SBB must be to engage NGOs, particularly OOHC providers, to drive referrals. These providers assumed more of the OOHC service provision from 1 July 2018 under the PSP. Newpin reports two key reasons for the delay in this stakeholder engagement. Firstly, the significant effort invested in opening new Centres has diverted attention from NGOs. Secondly, the funding arrangements for OOHC providers referring to restoration and preservation services have only recently been communicated by the Joint Working Group. Given the changing policy environment, it is unclear whether stronger engagement with NGOs during this period would have driven higher numbers of referrals. Given the stated intention to more thoroughly engage NGOs in order to drive referrals, the return on this effort will be explored in the final evaluation report.

our ability to maybe have wrap-around services for our clients by partnerships with other NGOs. Where that becomes a little bit tricky in terms of referrals...under the bond our referral process is quite stringent in that it's pretty much centralised via referrals. (Newpin)

3.6. THE WORKING RELATIONSHIP BETWEEN NEWPIN AND FACS REMAINS CRITICAL TO SUCCESS

Strong reliance on effective working relationships at an individual CSC level

A steady flow of referrals is reliant upon strong working relationships between Newpin Centres and their local CSCs. Newpin management, staff and FACS stakeholders all agree collaborative relationships are critical at both the leadership and frontline worker level to drive referrals and support positive ongoing working relationships as families enter the program.

Presentations are regularly co-delivered to CSCs in new and existing areas by FACS and Newpin management, with the relevant Centre Coordinators. These are reportedly very effective in engaging CSC staff at all levels to drive referrals and develop an understanding of the roles and responsibilities of FACS and Newpin as families enter the program. However, the perception among Newpin staff of turnover of caseworkers within CSCs has presented a barrier to gaining traction in some regions.

There's also a very high turnover of caseworkers so just as we've gotten that relationship we get another person coming in and we have to start from scratch so...they come in with their own ways of doing things, so the referrals that they make are different. (Newpin)

It's just constantly knocking on doors and building relationships and letting people know who we are. (Newpin)

Newpin and FACS report mostly healthy relationships at the frontline level, although opportunities exist to further clarify roles and responsibilities

In the qualitative interviews conducted, FACS caseworkers and Newpin Family Workers predominantly reported healthy working relationships. As described above, there is some frustration among both Newpin staff and FACS stakeholders with the level of caseworker turnover, although caseworkers were generally described as helpful and flexible despite being under considerable work pressure.

Centre Coordinators and staff have invested significant effort in engaging caseworkers – inviting them to Centres, fully explaining the program and giving them a tangible sense of the

They've been positive, at times [it] can be a bit frustrating because they are busy, but...they're getting an understanding of what the program does and can do and how it can benefit the families and the children that they work with as well. (Newpin)

They attended the case plan meeting we had for the child...they were a big part of the meeting in talking about the

benefits of Newpin and the requirements of them as caseworkers in supporting Newpin families. This investment reportedly sets the foundation for strong, collaborative working relationships, for example conducting joint meetings with families, sharing information regarding emerging challenges for families or assisting each other to coordinate wrap-around services.

FACS caseworkers also provided largely positive feedback regarding their experiences working with Newpin, in particular praising the highly skilled approach to working with families. A small number of caseworkers did express some frustration at feeling as though they were being directed by Newpin to coordinate wrap-around support, when the roles or responsibilities for coordinating this sort of additional support had not been made clear. These few instances highlight the value in the upfront investment made in most cases to clearly set the roles, responsibilities and boundaries for each party in working together to support families.

service provision and how the service was meeting the case plan goals we had for restoration... they're on exactly the same page as us so that was really helpful. (FACS)

With some NGOs there is a bit of 'us and them'; and it can interfere with us forming a positive relationship with the carers and the family...that is totally different to Newpin. Newpin are never like that. I reckon they're probably the best NGO I've worked with...and the families are able to form better relationships with the community services as a result. (FACS)

Strong relationships at the Newpin and FACS leadership level are also critical to success

With the change in Newpin leadership, and a more mature program in place following four years of the seven year SBB contract term, the working relationship between Newpin leadership and FACS contract management has evolved.

Both Newpin and FACS describe the relationship as functional, but not without its challenges. These challenges related to the eligibility of referrals and the selection of new Newpin regions. The quarterly Joint Working Group meetings and monthly reconciliation meetings are working effectively, although both parties would like to forge a stronger partnership moving forward.

We have found ourselves having some conversations around the fact that we want it to be a little bit more partnership-based. (Newpin)

We learnt at the beginning of the Bond that the relationships are very beneficial if there's a lot of communication and supporting each other. That was useful in our ability to raise awareness with our CSCs about making referrals to Newpin. (FACS)

3.7. TOO EARLY TO DETERMINE THE STRENGTH OF WORKING RELATIONSHIPS BETWEEN NEWPIN AND NGOs

The introduction of the Permanency Support Program has dramatically changed the policy environment, with roles and impacts yet to be clarified

The Permanency Support Program (PSP) is a whole-of-system reform and one of the most significant changes made to the NSW child protection and OOHC systems in recent times. The program will see OOHC delivered in a different way by the NGO sector, with NGOs providing permanency options for children, thereby improving OOHC practice, culture and outcomes. Changes under the program began on 1 October 2017 with full roll-out commencing on 1 July 2018. (Department of Family and Community Services, 2018)¹²

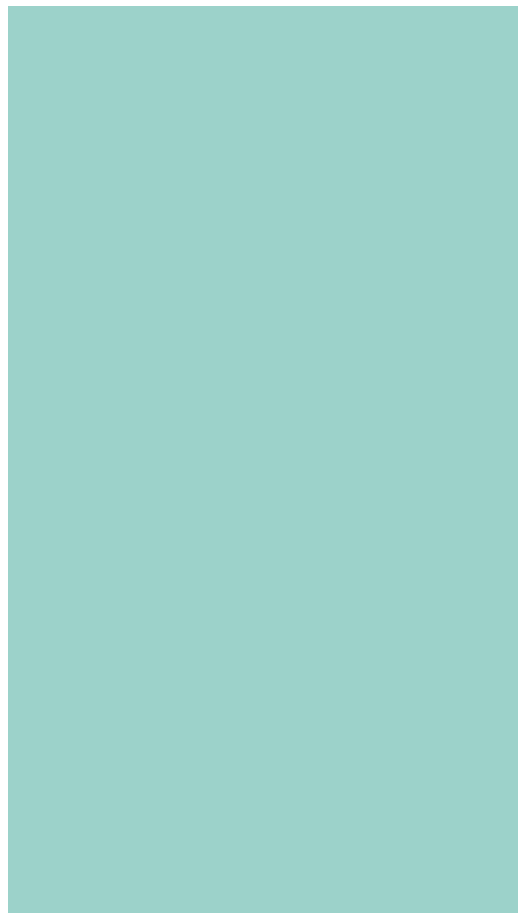
The whole sector is moving in to permanency focus. The buzzword at the moment is restoration, so I think there's also a lot more support from FACS in terms of having to look at restoration first and really making sure that we're putting energy into that. (Newpin)

¹² NSW Department of Family and Community Services. (2018, June 19). *About the Permanency Support Program*. Retrieved from NSW Department of Family and Community Services: <https://www.facs.nsw.gov.au/families/permanency-support-program/about>

Given this significant policy shift, it is critical for Newpin management and Centres to develop strong working relationships with NGOs working in the OOHC and wrap-around services sector. To date, the majority of caseworker relationships have been with FACS caseworkers, although the engagement with NGO caseworkers will increase as the PSP scales up. Furthermore, as discussed at section 3.5, while FACS will maintain the responsibility for processing all referrals, NGOs are expected to play an increasing role in referring families to Newpin.

While engagement between Newpin and relevant NGOs will become increasingly important, it is too early to determine the potential strength of these relationships. As noted previously, at a leadership level Newpin and many Centre Coordinators have been focused on the opening and operationalisation of new Centres, at the cost of deepening engagement with the NGO sector.

Furthermore, Newpin management, Centre Coordinators and FACS representatives report the recency of the PSP roll-out means roles, responsibilities and impacts for their organisations and subsequent changes to the interactions with NGOs are not yet clear. This has prompted a 'wait and see' approach among Newpin stakeholders in particular, identifying the need for a targeted communication effort by FACS and Newpin management to ensure the appropriate relationships with NGOs are developed and that Newpin referrals are not adversely effected.



4. WHAT HAVE BEEN THE KEY PRACTICE AND PROFESSIONAL DEVELOPMENTS?

4.1. THE PRACTICE FRAMEWORK HAS UNDERPINNED THE MAINTENANCE OF PROGRAM FIDELITY

Written guidelines and processes have been further strengthened, with the Practice Framework key for supporting program integrity

From the commencement of the Newpin SBB, Newpin have invested significant effort in thoroughly documenting the program. Based on qualitative feedback from Newpin management and staff, the Newpin Practice Framework, Practice Manual and Staff Orientation Manual all play a role in supporting a high degree of program fidelity across Newpin Centres.

At the time of delivering the Newpin Interim Evaluation Report in 2016, the Newpin Practice Framework was nearing completion. There has been a strengthening and consolidation of all written guidelines and processes since 2016. In particular, the Practice Framework that sets out the theoretical underpinnings of the program and the links between theory and practice forms the backbone of operations for all Newpin Centres, new and existing.

The key components of the Practice Framework include:

- | | |
|--|--|
| <ul style="list-style-type: none">▪ Practice Lenses:<ul style="list-style-type: none">– Attachment Informed Practice– Developmentally Informed Practice– Trauma Informed Practice– Culturally Informed Practice | <ul style="list-style-type: none">▪ Practice Elements:<ul style="list-style-type: none">– Creating Safety– Reflective Practice– Congruence– Strengths Based Practice– Cultural Safety– Meaningful Engagement– Group Based Practice– Self-Care |
|--|--|

The content of the Practice Framework reportedly represents a significant practice development for the Newpin program. Newpin staff and management note the processes and procedures in place to embed the Framework have also played a substantial role in improving practice at all levels of Newpin, from management to administrative roles. It is too early to determine whether this reported improvement in practice is reflected in outcomes for Newpin program participants.

A highly systematised approach is now rolled-out consistently in all Centres, placing the Practice Framework at the heart of onboarding new staff, monthly practice discussions, internal supervision and monthly meetings of all Centre Coordinators. The central role the Practice Framework plays in the Newpin program was consistently identified by Centre Coordinators and staff as critical to practice improvement.

We have sat a couple of times and gone through the Practice Framework, picking out themes and talking about various things. (Newpin)

The most important thing I love about the Framework is about the culture - the trauma, the attachment, mental issues...that's the culture we also build to work together. (Newpin)

It's a good go-to tool when you're unsure of something. Let's just say there's a family who has got some sort of a trauma...so you'll hop into that book, this is what's going on here, the stage of development might be this one...you have a bit of a think about it before I actually jump in and go this is exactly what's going on. (Newpin)

The shift from support to safety in the core values of Newpin signals a practice development

For the first three years of the Newpin SBB, the core values driving program implementation for parents, children and staff were Support, Equality, Empathy, Respect and Self-determination (SEERS). Since 2016, there has been a shift in the SEERS values to include 'safety' rather than 'support'. While safety was always the primary consideration, and the principle of support remains critical to successful implementation, the shift from support to safety has been significant.

Newpin staff across all Centres and Newpin management consistently identified the shift from support to safety as a substantive change in the way the Newpin program is implemented, and one that has materially improved practice. This change commenced with an examination by Newpin management of what constitutes safety for all actors in the Newpin implementation process – parents, children, staff, Newpin management, FACS and NGOs. This review was embedded into the updated the Practice Framework, subsequently influencing engagement between: Newpin management and all staff; Centre Coordinators and staff; staff with their colleagues; staff with families; and families with each other.

Newpin staff unanimously expressed very strong support for the inclusion of safety as a core value, citing demonstrable positive impacts for staff, parents and children (see following section). However, one challenge with the shift has been the perception among Newpin staff of a slightly differing conception of safety among stakeholders. For Newpin, safety of children is first and foremost, and there is also a strong focus on providing emotional and psychological safety via the physical space of the Centre. The commitment to the Centre as a safe space, free of judgement for parents is reportedly also vital. The key feature of Newpin is the provision of a safe and contained therapeutic environment in which parents can focus on addressing the issues that led to their child's removal, whilst also providing a safe environment for children.

Newpin staff have managed to successfully create an environment in the Centres where safety is at the core, while also engaging with FACS and NGOs as key stakeholders. Some Newpin staff noted this slightly different approach to safety has created some minor challenges in working together with FACS and NGO partners, however these challenges have largely been addressed through collaboration and negotiation.

We always had safety, we didn't articulate it. I think having the shift to safety gave us better tools to use. Different words, same message. (Newpin)

I guess one of the things I've probably been most excited about...was the shifting from support to safety as a core value and the safety module. I found that to be incredibly significant in the way we're holding our culture and the way we use that in an informed way with the team. (Newpin)

We've had a new word kind of come up a lot, 'amnesty' ...so the parents can be open about what they're struggling with... they're not going to get chopped down. (Newpin)

An out-of-home-care provider actually said to a mum the other day you're not allowed anywhere near the car when that child leaves, that's our rules. So it's like okay, how do we negotiate this and talk this through because it's actually better for the child to see mum transition into the car. (Newpin)

For parents and their children, the inclusion of safety as a core value has elevated the emphasis on consistency, structure and boundaries

On a day-to-day basis, a Centre strongly focused on providing a safe space for parents and their children means families experience a very consistent environment. Critical to delivering this consistency is the structured flow of a Newpin day, and the boundaries in place with regard to engagement between staff, among staff with families and families with each other. Since 2016, this focus on consistency has been even further emphasised.

This consistency of experience comes to life in a number of key ways in Newpin Centres including:

- the schedule
- the physical environment
- the reception from, and engagement with staff
- the expectations upon parents as Newpin participants
- the freedom to use the Centre as it suits them, their children and their journey
- the opportunity to engage free of judgement.

The commitment to consistency reportedly delivers a sense of certainty and security that many Newpin parents have lacked in their lives. Newpin staff describe that by providing of a high level of consistency in the Centres, parents quickly begin to develop the trust in the Centre, the staff and the program that is required to enable them to do the necessary therapeutic work to achieve a positive restoration or preservation outcome.

Staff across Newpin Centres consistently report similar observations of the impact of this emphasis on safety for parents. Initially, the change is often observed as subtle shifts in parents as they feel safe to engage in more eye contact, slowly reveal more of their personality, participate in more activities and engagement in the Centre – symbolic of a willingness to trust the staff around them and themselves to try new things. With time, staff report the willingness to try new things extends to more substantive shifts for parents such as the willingness to initiate difficult conversations during their therapeutic work and try new parenting strategies with their children. It is these more significant shifts that are reportedly integral to the transformation parents undergo on their journey towards restoration or preservation.

We're role modelling consistent stability, kindness, empathy, fairness, telling the truth, confronting things. We don't change, they don't come in and wonder if we're in a good mood or bad mood. There's a sense of safety through knowing what they can expect. (Newpin)

Consistently you'll get the same response from everyone. If you've had your hair done, we're gonna notice. If you've got a nice dress on, we're gonna notice. We do that every day and everyone in the team has to do that. (Newpin)

One of the mothers pretty much said 'I don't feel safe anywhere else except here because I know no matter how I dress, even if I come in my pyjamas, I'm not going to get judged and...I can say anything in front of you ladies and you're not going to judge me'. (Newpin)

It's a feeling, it's a sense ...we set up that safe container... and over time we've seen them connect, to be able to be vulnerable, to be able to talk about some really significant trauma in their life. (Newpin)

We see parents going out of their comfort zone because they know that it's safe to be out of their comfort zone here. (Newpin)

For staff, the inclusion of safety as a core value has driven a strong focus on the Newpin culture and values

For staff, the core value of safety means they are supported without judgement to do their jobs effectively, as well as work in an environment where they model the Newpin values with families and with colleagues.

Newpin management and Centre Coordinators identified the importance for staff at all levels of creating a workplace where they feel safe enough to be able to share their observations of

Culture is very important, it's important for us to be able to replicate that culture throughout all the Centres and to be able to bring on new team members who come from different backgrounds and different cultures to really understand the importance of the culture that we hold within Newpin and how that

the successes and challenges associated with implementing a program as complex as Newpin.

By ensuring staff feel comfortable to ask practice and other questions, as well as reflect on any experiences that may be personally triggering for them in delivering the program, they are supported to do their jobs most effectively.

The Newpin Practice Framework, Practice Manual and Staff Orientation Manual are the key tools in place to embed safety as a core value for staff. These tools emphasise the importance of safety both in delivering Newpin to parents, as well as a defining feature of Newpin Centres for the staff who work there.

Procedurally, safety is modelled through staff onboarding and induction processes, including visiting other Centres, daily debriefings, supervisions practice and regular practice discussions.

brings safety both for team members and ... coordinators. (Newpin)

We need to really show that we cement the culture within the Centre... If it's not happening in the team then it's not happening with the families. (Newpin)

Safety for me is paramount, without safety within the families, within the parents, within the children, within the team members, within myself, we're not going to do our best work. (Newpin)

Strong focus on practice discussions

The updated Practice Framework drives a very strong focus on practice discussions across new and existing Newpin Centres. There are several regular opportunities to engage in a conversation around practice for Newpin staff, including:

- daily briefings/debriefings with all staff
- team discussions utilising the Minnesota Supervision Tool in most Centres
- internal supervision practice
- fortnightly/monthly practice discussions.

The Practice Framework informally drives much of the content at several of these practice discussions, while it formally drives the agenda at the two-hour practice discussions facilitated by Newpin management. Newpin staff consistently reported the high value of these discussions in unpacking the theoretical underpinnings of the program and how this optimally shapes program implementation with families.

We have our practice discussion and we go through it and sit down and break it down to what it actually means and that really helps me to understand a lot more. (Newpin)

Some of [the Framework] is reinforced within daily meetings. But more broadly it's done through the practice discussions that we have on a monthly basis. (Newpin)

More work to be done on improving the Personal Development Plans and integrating new evidence-based programs into the Practice Framework

While significant improvements have been made to the Newpin Practice Framework, Newpin management acknowledge one key area of practice improvement requiring attention remains.

The current Newpin Business Plan set out an increase focus on Personal Development Plans, including new evidence-based programs as they become available. Tuning into Kids is the only new program added since 2016. The significant attention required to launch three new Centres in 2017 has slowed some of the intended progress on these specific areas of practice improvement.

With the resources and time and people that we've got, some of that practice stuff got done but not a lot of it, so that's been transferred to this year. We had to get the Centres up and running. (Newpin)

4.2. TRAINING AND PROFESSIONAL DEVELOPMENT CONTINUES TO BE A STRONG FOCUS FOR NEW AND EXISTING NEWPIN STAFF

Key lessons in recruitment identified and documented

With the opening of several new Centres, key lessons in recruitment have been identified and applied in recent years. Newpin management have been responsible for all Centre Coordinator appointments, while both Newpin management and Centre Coordinators have shared responsibility for the appointment of Family Workers, Play Facilitators and Driver/Administrator roles.

Job descriptions were updated by the incoming Newpin management to reflect the shift to a core value of safety and other practice developments. Newpin management note ideal candidates have a trauma-informed approach to their work and have some specific therapeutic experience (for Family Workers). However, the most salient features of successful recruits are consistently identified as a strong values alignment with Newpin and the ability to authentically connect with families.

Some specific lessons in best practice recruitment for Newpin include:

- maintaining a consistent interview panel of Uniting management and Centre Coordinator/s to ensure consistent application of selection criteria
- where possible, inviting candidates to attend the Centre on a day when families are present to observe their ability to connect with families
- when recruiting Centre Coordinators, involving more experienced Coordinators from other Centres in the selection process.

A further strength in opening new Centres has been the appointment of existing Newpin staff into the Centre Coordinator role. In both Newcastle and Port Kembla, the successful Centre Coordinator candidates were existing staff from other Centres (both Family Workers). While this is not seen as a critical success factor, the experience did assist with streamlining the onboarding and Centre establishment phases.

It's a mixture of qualifications I'd say; we do want people coming in to have a certain level of knowledge about trauma-informed practice and therapeutic approaches. But also it's about their values alignment – that's really, really crucial because it does take a certain type of person ... and I think that values alignment to our Newpin values and to the culture in which we operate is I think just as significant as the qualifications. (Newpin)

When we've been recruiting the interview starts at the gate, so it's set up for the whole team to meet them. They come in and they're in the family room area. It's not just the questions and that process. (Newpin)

I guess what we look for is connection. So when people are giving examples we've got a lot of questions around examples and so what we look for is the connection to the family they're talking about; that gives us a good sense around the insight that they have, but also the ability to work at that empathetic level which is really what Newpin staff are all about. (Newpin)

I think having the same people interview for all the positions that come up, so you have the same labels and you know then what you're looking for. (Newpin)

Strong onboarding processes have been established and documented

Also building on the experience of opening several new Centres, Newpin management have revised the staff orientation process and updated the Staff Orientation Manual.

In establishing new Centres, Newpin management apply the 'core four' approach to recruitment. That is, recruiting the Centre Coordinator, Family Worker, Play Facilitator and Driver/Administrator roles initially. This group have the capacity to build new Centre enrolments to around six families, at which point recruitment of the additional Family Worker, Play Facilitator and in some cases dedicated Father's Worker commences.

The onboarding process commences with the Uniting induction material, followed by a thorough introduction to the Newpin program and model itself via the Practice Management

As a coordinator I see each time they come back, they're far more clear as to what the purpose is, they've picked up things that other workers do in the other Centres. And ... they start to feel more connected... it's all down to relationships, building those relationships with the other Family Workers, Play Facilitators - and then being able to call on them and check-in and see what they're doing. (Newpin)

Framework, specific program documentation, and practice discussions. Finally, critical to successful staff induction is visiting other Newpin Centres to observe the model and staff in action, and build relationships with colleagues in other Centres.

Newer staff describe the onboarding process as very high quality, and note the vital importance of the Centre visitation to really understand the nuances of the Centre-based model, the core value of creating a sense of safety for staff and parents, the importance of play to the Newpin program and the specific functions and responsibilities of each role in the Centre.

I was able to get my head around the Practice Framework and the core values of Newpin, but then also go out to the other Centres. You almost feel a physical 'ah' when you come in here ...to be able to have that time and sit in group and see how that works... just being able to observe and then have the time in the family room to just have a chat to the parents and to see how at ease they are in the Centres. (Newpin)

4.3. DATA AND ANALYSIS PROCEDURES HAVE IMPROVED TO SUPPORT STRONG OUTCOMES

Newpin has continued to invest heavily in improving data and reporting

Data recording, management and analysis was identified as a key area for improvement by the incoming Newpin management. Specifically, improved data processes were required to better understand the profile of restoration and preservation outcomes and to drive continuous improvement processes.

Newpin management have retained the dedicated Newpin Quality and Intake Coordinator with a primary focus on improving data recording and reporting, developing a new Data Manual, and training Centre staff on the Data Manual. This role is also the key point of referral coordination with FACS.

This shift has enabled monthly reconciliation meetings and quarterly Joint Working Group meetings to discuss the profile of program outcomes in greater detail and plan accordingly. For example, recent investigations on the profile of reversals has been completed and will shortly inform implementation improvements.

We looked at our data piece, we did quite a bit of review around that, and that eventuated in the development of a data manual and recruitment. (Newpin)

The 2014-16 evaluation findings have driven continuous program improvements

There is strong evidence the 2014-16 evaluation findings have been used extensively to drive continuous improvement in program implementation, as well as to engage key stakeholders.

The incoming Newpin management noted the current Business Plan includes action items against many of the evaluation findings, including improved staff orientation, data management and development of a regional Newpin model. Many of the practice and model developments outlined in sections 3 and 4 of this report, relate directly to the recommendations of the 2014-16 evaluation.

The evaluation findings have also been used extensively in engaging with CSC and NGO stakeholders in new and existing Newpin regions. The presentation co-delivered by Newpin and FACS management to CSCs and NGOs utilises key findings from the evaluation to provide evidence of success and drive interest in the program.

After the evaluation we really wanted to start looking at some of the recommendations... and see where else we could enhance the program. (Newpin)

We utilised some of the evaluation learnings but also some of the learnings that we realised would be applicable in terms of locations or our combined experience in the space or other factors that we felt needed to be included. (Newpin)

5. HAS THE NEWPIN MODEL BEEN SCALED UP EFFECTIVELY?

5.1. A SYSTEMATIC APPROACH TO SCALING UP IS CRITICAL TO SUCCESS

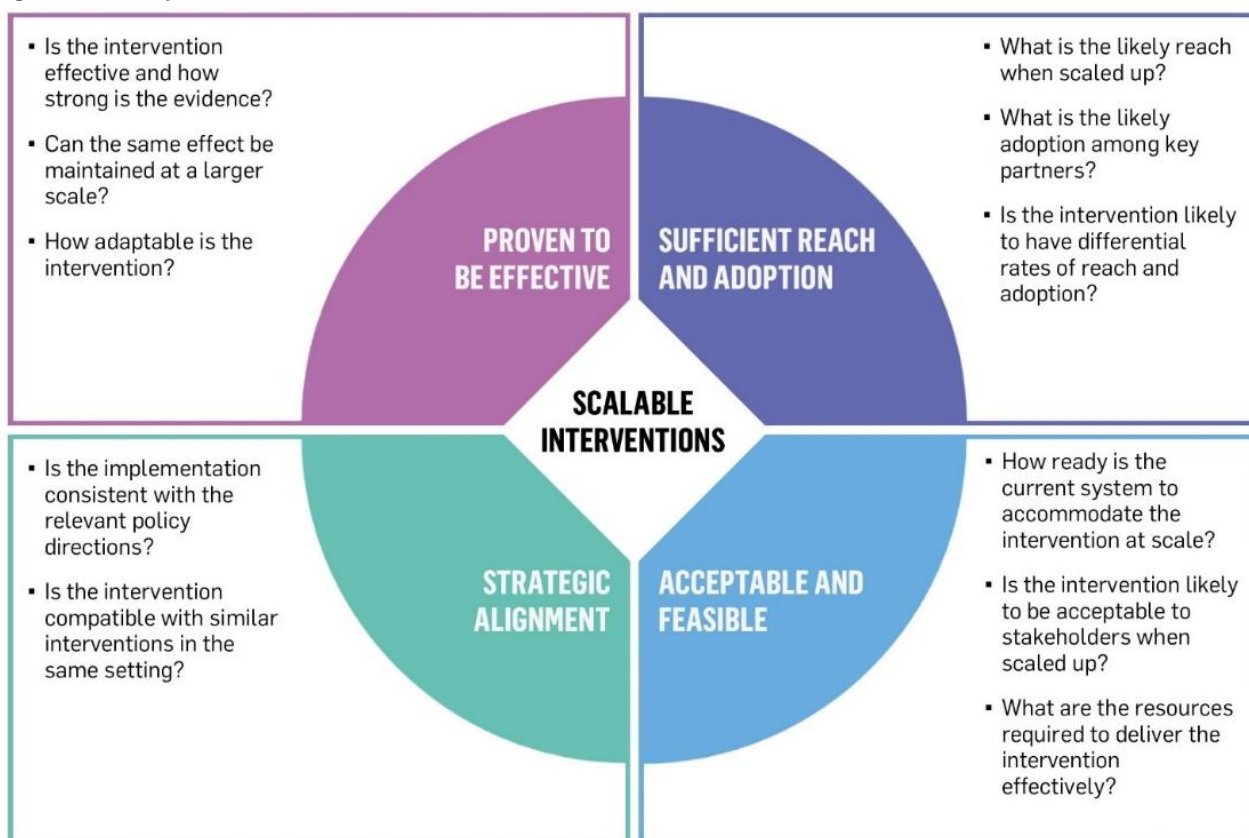
A key priority for the Newpin evaluation between 2017-2020 is to assess how effectively the program has scaled up under the SBB contract, identifying critical success factors and barriers to the expansion.

'Scalability refers to the ability of an...intervention shown to be efficacious on a small scale and/or under controlled conditions to be expanded under real world conditions to reach a greater proportion of the eligible population while retaining effectiveness.' (NSW Health, 2014)¹³

The Newpin First Evaluation Report clearly demonstrated the efficacy of the program at a smaller scale. However, the scalability of a program is determined not only by its effectiveness, but also relies on additional success factors. These include achieving sufficient reach and adoption by the target cohort, the acceptability of the program to key stakeholders and the extent of strategic alignment with the larger-scale context (NSW Health, 2014)¹⁴.

NSW Health's Population and Public Health Division notes scaling up of interventions is 'more likely to be successful if a systematic approach is adopted from the outset' (NSW Health, 2014)¹⁵. Such an approach acknowledges the context in which interventions are scaled up are dynamic and influenced by a range of policy and systemic factors. The figure below outlines key considerations in adopting this systematic approach to scaling interventions.

Figure 12 – Key elements of scalable interventions



¹³ NSW Health. (2014). *Increasing the scale of population health interventions: A guide*. Sydney: Evidence and Evaluation Guidance Series Population and Public Health Division

¹⁴ *ibid*

¹⁵ *ibid*

These key elements of successful scaling up have been used below to assess the effectiveness to date of Newpin's expansion from five Centres in 2016 to eight Centres in 2018 (new Centres in Newcastle, Port Kembla and Hurstville).

5.2. NEWPIN HAS BEEN SHOWN TO BE AN EFFECTIVE INTERVENTION, SUITABLE FOR SCALING UP

Three new Centres opened in 2017

The Newpin SBB in NSW has expanded from operating five Centres in 2016 (St Mary's, Doonside, Bidwill (Fathers Centre), Ingleburn and Wyong), to eight Centres in mid-2018. New Centres opened at Newcastle, Port Kembla and Hurstville in 2017.

The terms of the Newpin SBB arrangements require Uniting to expand Newpin to support over 700 families, restoring over 400 children across all Centres (Social Ventres Australia, 2013)¹⁶. While it was originally intended this benchmark would be achieved across ten Centres in seven years, Uniting closed one Western Sydney Centre due to significant existing penetration into the Western Sydney region by other Centres, and intends to achieve the minimum referrals across the eight Centres currently operating in 2018.

The principal challenge Newpin faces in meeting the requirement to scale up is maintaining program fidelity and quality while expanding. Addressing this challenge has required strong organisational infrastructure, meticulous planning and project management, program expertise and a commitment to continuous quality improvement and documenting learnings.

Uniting stakeholders worked together very effectively to support timely roll-out of new Centres

Opening new Centres required Newpin management to develop new skills and strategies and coordinate a complex set of stakeholder relationships, with internal stakeholders at Uniting (as well as externally with FACS and other stakeholders in local regions). Newpin management have demonstrated an exceptional level of skill in establishing or maintaining a wide variety of stakeholder relationships in order to implement the diverse set of activities required to open new Centres.

The key relationships within Uniting include the following divisions:

- Property – to assist with property search, selection, renovation and set-up of new Centres
- Information Technology (IT) – to assist with the establishment of the IT and other communications infrastructure at new Centres
- Human Resources (HR) – to provide support with the recruitment of new staff
- Finance – to ensure new Centres are opened on budget
- Fleet – to assist with fleet acquisitions.

Newpin management reported a strong level of collaboration between themselves and all these Uniting stakeholders, despite the significant amount of organisational change at Uniting in 2016-17. In particular, the relationship with Property

I asked that we had one person from Property, so that we had one project manager... because the Newpin build is a unique build. He really needed to come out and see the Centres and speak to staff and understand what our needs were. (Newpin)

There was a lot of goodwill there, no doubt about that. The whole restructure space was very fluid throughout. We had very good communication flow and we did have an escalation process. (Newpin)

One of our learnings has been opening three Centres in a span of a year is doable – we've proven it's doable – but I don't think that it's a pattern that I will be recommending. (Newpin)

¹⁶ Social Ventres Australia. (2013). *Newpin Social Benefit Bond - Information Memorandum*. Sydney: Social Ventures Australia.

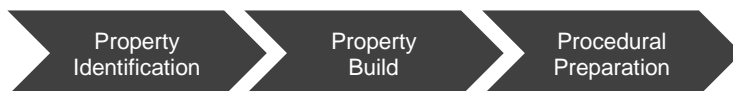
is an intensive one and has been critical to the success of establishing new Centres. The same Uniting Project Manager worked on the site selection and renovation for the most recent three new Centres, which reportedly significantly helped with the efficient roll-out and continuous improvement across the new Centres.

To open three new Centres in one year is a considerable achievement and Newpin management should be commended for their ability to deliver such a complex feat within a short timeframe.

Highly effective procedures developed and implemented to support Newpin expansion

The opening of the Ingleburn Centre in 2016 was the first under the incoming Newpin management. Following this opening, the program management team developed a detailed Newpin Centre Opening Procedure to ensure learnings from the Ingleburn opening were effectively applied to support the streamlined scaling up of Newpin in 2017.

The Newpin Centre Opening Procedure details the three key stages in opening a new Centre, with detailed instructions for engaging with critical stakeholders at each stage to support the roll-out. New Centres generally take between six and twelve months to open, from property identification to welcoming the first families. This duration depends primarily on the site, and the extent to which the existing facilities are fit-for-purpose. To locate, fit-out and plan for operation of new Centres is of paramount importance given the critical role the Centre design itself plays in the delivery of the Newpin program. The three key stages are outlined below:



The stakeholder groups to be engaged in the establishment of new Centres include the Uniting functions outlined above, as well as a selection of external stakeholders to engage in the Procedural Preparation stage. This stage includes the development of a communications strategy with key parties for engagement including:

- the Newpin Social Benefit Bond Joint Working Group, who play a key role in new site selection and ongoing governance of the program
- the FACS Contract Manager, who is involved in the introduction of the Newpin program to new areas as well as performing the central referral function
- FACS representatives from local CSCs, including senior management and caseworkers, to promote the Newpin program and drive referrals
- local NGOs operating OOHC and other wrap-around services who may also refer to Newpin.

The Newpin Centre Opening Procedure has reportedly been highly effective in supporting both Newpin management and

What I learnt was that they would give me a timeframe on the build and I'd add four weeks to that as a buffer. (Newpin)

I was trying to manage the time that I start recruitment and getting bods on board, but I couldn't do that too early because we didn't have a site for them to sit in, or IT, or anything. (Newpin)

new Centre Coordinators to plan and implement the roll-out of new Centres.

The core challenge in opening new Centres has been the coordination of timeframes, given unforeseen challenges inevitably arise. In an optimal roll-out, the completion date of the property build is certain, to enable coordination of recruitment of staff and commencement of referrals. However, in some cases delays in the property selection or build meant it was difficult to predict when to begin recruiting staff and taking referrals. In particular, there were significant delays in Newcastle due to an issue with the site, which meant the Centre began operating out of a temporary site on a part-time basis – an example of the adaptive approach of the Newpin management.

Program fidelity supported by strong adherence to the Practice Framework

The Newpin Practice Framework has been at the heart of the scalability of the Newpin program in NSW. As outlined in section 4.1, the Newpin program has always operated under a set of detailed written practice guidelines and processes. However, the past two years has seen the Practice Framework develop considerably in two key areas – content and the procedures for ensuring the practices are deeply and consistently embedded within all Newpin Centres.

This clear articulation of what constitutes the expected practice for new Centres has reportedly been critically important in supporting new Centre Coordinators to maintain strong program fidelity. They report the Practice Framework has been the backbone of planning the layout and operations within Centres, inducting new staff and understanding the extent to which there is freedom to adapt the model according to local conditions.

Since its completion in 2016, the role of the Newpin Practice Framework has been elevated in terms of driving engagement between Newpin management and centre-based staff and underpinning strong program fidelity. The highly systematised approach to embedding the Newpin Practice Framework at all levels of implementation outlined at section 4, has been highly effective in ensuring the program is delivered consistently within and across Centres.

Fortnightly or monthly practice discussions are around the application of our practice principles in the work and in working with families. (Newpin)

The practice discussions are also really helpful because we pull apart theories, pull apart concepts which may not be everyday language for a particular part of the team. (Newpin)

We've got a staff orientation manual and then we've got the Practice Framework. We talk about those elements and getting the correct language. (Newpin)

We use it as part of supervision, so we'll pick out one of the practice elements and apply it to something we've been working through with a family. (Newpin)

The roadmap, to me, was the Practice Framework. Why we get up everyday, why we open the New doors every day. (Newpin)

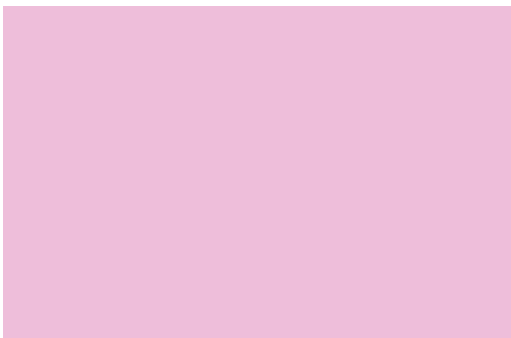
Evidence exists of some adaptation to support localised implementation

Centre Coordinators report a high level of comfort and confidence in applying the Newpin Practice Framework to ensure consistent delivery. They are also confident in identifying where it is appropriate to adapt some elements of program to best align with their local context, based on the region or the physical site.

In all Centres, the arrangement of the physical spaces dedicated to specific elements of the program varies and some adaptation is required. For example, in the Port Kembla Centre,

We brought the singing and the finishing times in here because we used to do it out in the playroom...now there's a sense of containment...with contact workers arriving it allows children to know what's happening next and it's calming for parents. (Newpin)

the room where parents undertake their therapeutic group sessions is on the opposite side of the children's play area to the bathrooms. In the early days of running the program, it was challenging to ask parents to walk past their children if they needed to visit the bathroom, without stopping to engage. In line with the core value of safety for parents and their children, the Centre Coordinator determined parents should be given permission to stop and visit with their children if they walk past them, until the child feels safe and ready for their parent to return to the group.



5.3. TOO EARLY TO DETERMINE WHETHER SUFFICIENT REACH AND ADOPTION HAS BEEN ACHIEVED

Existing Newpin Centres continue to meet a demand

Existing Newpin Centres have been at or near capacity for much of the past 12-18 months, demonstrating the program meets a clear need for families with children in OOHC or at risk of entering OOHC. At times, Newpin program management have engaged with FACS to ensure appropriate prioritisation of referrals given lack of capacity.

The selection of regions for additional Newpin Centres has been determined by potential program reach and adoption. The take-up rate in regions with newer Centres has been variable, and at the time of writing referral numbers at most newer Centres had been low.

It is too early to assess whether the newer Centres will also reach capacity, indicating sufficient reach and adoption has been achieved. While some risks have been identified with regard to a shifting policy environment and the reliance on relationships with local CSCs to drive referrals, mitigation strategies are relatively easy to put in place and no other substantial barriers to success have been identified.

There's probably only been the rare occasion where we've sat for a little while in need of a few more referrals. We've actually been at or over capacity last year so that was a new thing for FACS. (Newpin)

Low referral numbers for some newer Centres at time of data collection driven by a range of operational factors

Site visits and consultations with Newpin management, Centre staff and FACS were conducted between February and April 2018. At the time of these consultations, some of the new Centres were experiencing low referral numbers. There are a range of operational factors reportedly driving this low rate of referral, although it should be noted this reflects a point in time in early 2018 and over the life of the program to date (2014-17) Newpin has run at or near capacity.

The key operational reasons driving lower than usual referrals to Newpin include:

- the strong focus on the roll-out of new Centres has meant there has been less time to visit CSCs and drive referrals
- turnover of FACS caseworkers being perceived by some stakeholders as high, requiring continuing investment in

I think some of the structural things [change of information management system, ongoing training, introduction of the Permanency Support Program] that are happening for caseworkers may be contributing. (FACS)

Staff have been very much involved in learning new processes in their day-to-day work, that's a huge massive shift for FACS...they're dealing with a whole new system. (FACS)

Over the last couple of months there's been a lot of focus on the opening of the

educating caseworkers in existing and new Newpin regions to drive referrals

- the high level of program and structural change underway at FACS increasing the burden on caseworkers
- the shift from KiDS to ChildStory as the primary information management system at FACS, requiring additional training and increasing the burden on caseworkers.

It is expected that as the changes implemented at FACS settle, and as the Newpin management are focused less on opening new Centres that any low referrals numbers to date due to these factors will be minimised.

new Centres, a lot has gone into that, there's probably been less time to get to CSCs and talk about the program. (FACS)

The degree to which low referral numbers at time of data collection impacted by policy changes unclear

There are also a number of policy settings potentially driving a decrease in referrals. Under the PSP (NSW Department of Family and Community Services, 2018)¹⁷ there is an increasing focus on permanency, driven by the four key elements of:

- permanency and early intervention principles built into casework
- working intensively with birth parents and families to support change
- a new approach to the recruitment, development and support of guardians, adoptive parents and other carers
- Intensive Therapeutic Care system reform.

While this policy is still being rolled-out, it is expected that the PSP will eventually mean there are fewer children in OOHC to be restored, and that the increase in early intervention and prevention work will mean the children who do enter OOHC are less likely to be appropriate for restoration.

At the time of data collection it was very hard to determine the actual impact of these changes given the PSP is mid-implementation. While FACS and Newpin expect these changes to impact the flow of referrals to some extent, at this stage FACS do not anticipate a significant impact before the SBB contract conclusion in 2020.

There's also been the change in the introduction and implementation of the PSP. (FACS)

¹⁷ Department of Family and Community Services. (2018, June 26). *About the Permanency Support Program*. Retrieved from NSW Family and Community Services: <https://www.facs.nsw.gov.au/families/permanency-support-program/about>

5.4. NEWPIN EXPANSION HAS DEMONSTRATED STRONG FEASIBILITY

Newpin and FACS have worked together successfully to identify appropriate new sites and provide ongoing referrals for existing Centres

Given the FACS role as the central referral point, and Newpin's as implementation lead, a strong partnership between Newpin and FACS is critical to the successful scaling of the program. A strong working relationship between the partners has been particularly critical in identifying new regions for Newpin's expansion, and in providing appropriate referrals.

In selecting regions for additional Newpin Centres, the Joint Working Group undertake a quantitative assessment of the numbers of eligible children in OOHC in the region as an indication of the potential referral pool. In addition, a qualitative assessment is conducted based on other characteristics of the region. These characteristics include the extent to which the region is deemed suitable to support the nature of the program model, including the penetration of existing restoration or preservation programs and the extent to which local stakeholders (especially in local CSCs) support the Newpin program model.

In most cases, there has been agreement among Newpin and FACS management as to the selection of new regions. In one instance, Newpin supported the establishment of a regional model on the mid-north coast, based on local stakeholder feedback indicating strong demand in the region, and the availability of a suitable site. However, the Joint Working Group did not support the site based on the challenges associated with operating a regional Newpin model. This difference in view reportedly created some frustration within Newpin given the effort invested in developing a regional model for Newpin.

Sometimes, from our perspective, we'd want to open up Centres in certain locations, but we are very much dependent on FACS' ability to approve that. (Newpin)

Communications strategies in place to build acceptance of Newpin with stakeholders in new regions

Newpin and FACS have worked together successfully to engage stakeholders in new regions to build awareness and interest in Newpin, and drive referrals. In the final stage of the Centre Opening Procedure, the Procedural Preparation stage, Newpin management, FACS contract management and the relevant Centre Coordinator draft a Project Plan including a communications strategy. This strategy is focused on identifying key stakeholders, along with the key messages, methods and timing for engagement. While these Project Plans are customised to each Centre, the common elements include:

- presentations by Newpin management, FACS contract management and the relevant Centre Coordinator to all local CSCs to explain the nature and success of the Newpin program
- engagement with the senior leaders of the local CSCs, to drive support for referrals from the highest levels

Part of the transition plan that we look at is going out and seeing the CSCs in the first instance because they're the ones who'll make the referrals. Then we look at NGOs, and then when the Centre's up and running they'll start to look at community partners – we do a lot of inviting people to the Centre to have a chat. (Newpin)

- invitations for caseworkers to attend a Newpin Centre to experience the centre-based model in-situ
- engagement with NGOs, to drive referrals and engagement potential wrap-around service partners.

Feedback from FACS caseworkers indicates the presentations are highly impactful in terms of describing the Newpin model, helping to identify what comprises an eligible referral and communicating the highly successful Newpin restoration rates. However, many caseworkers did suggest more regular refresher presentations would be useful to keep Newpin top of mind.

The evaluation was unable to collect feedback regarding the effectiveness of the communications approach among NGOs.

A range in demand for Newpin driven by local implementation context

The steady take-up of Newpin demonstrates the partnership between FACS and Newpin has been successful to date in supporting the entry of Newpin into new regions.

There is some evidence of variability in demand among the regions, which is reportedly driven by four key issues:

- Relationships with local CSCs – Where local CSCs have had particularly high rates of turnover among caseworkers, it has been harder to drive referrals to Newpin.
- Availability of other restoration services – In regions where there has been no other restoration service option, the interest in Newpin has been particularly strong and take-up fast. However, in some regions there are reportedly competing restoration and preservation services, potentially impacting the rate of referral.
- Preference for home-based services – In a small number of cases, where caseworkers have previous experience with home-based restoration services, there is some reportedly some preference for this model.
- Cultural acceptance among CSCs to referrer fathers as suitable for restoration – Some regions are reportedly primarily focused on mothers, in contrast to the Newpin model that seeks to reunite children with their families, rather than to mothers or fathers specifically.

The biggest challenge has been turnover of staff, so just as you're getting a core kind of relationship happening ... you get 'oh that person's gone' - again. (Newpin)

[Centre] is also competing with a lot of services that do home visiting as well and they still haven't really shifted – and obviously we've been working in this area for 2 ½ years now. The view is that home visiting is a better type of service. (Newpin)

5.5. SCALING UP SUPPORTED BY STRONG STRATEGIC ALIGNMENT TO OOHC POLICY IN NSW, ALTHOUGH POLICY SETTING REMAINS A RISK

Partnership between Newpin and FACS critical to successful expansion

The Newpin program objective of restoring and preserving families is closely aligned with the strategic direction of FACS under the incoming PSP reforms. This strong strategic alignment between FACS as contract manager and referral partner, and Newpin as implementation lead, has successfully supported the scaling up of Newpin to date.

I think it's a good contract management relationship, it's functioning. (FACS)

I also accept the fact that at the end of the day as long as we're able to professionally work together to achieve

The well-functioning relationship, demonstrated via the quarterly Joint Working Group meetings and regular reconciliation meetings has facilitated key strategic decision-making including selection of new regions, the design of the stakeholder engagement strategy for new regions and the co-delivery of stakeholder engagement activities.

Despite these successes, both parties expressed the desire for a stronger partnership. Newpin think the collaboration could be stronger in relation to reviewing the eligibility of referrals. FACS have a desire to be fully across practice changes and enhancements.

There is an opportunity, half-way into the seven year SBB arrangement to bring FACS and Newpin leadership together to reassess relationship strengths and potential areas for improvement.

the outcomes we're achieving, if it works from that platform, we've done a great thing. (Newpin)

Newpin is now operating in a fluid policy environment, which is a potential threat to success

As discussed at section 3, the PSP and its four key elements¹⁸ are one of the most significant changes made to the NSW child protection and OOHC systems, with impacts on the sector as a whole including FACS, Newpin and NGOs. With full program roll-out commencing on 1 July 2018, the impacts of this change on the Newpin implementation context remain unknown. (NSW Department of Family and Community Services, 2018)¹⁹

There will be fewer children entering care and there will be fewer children to be restored. (FACS)

¹⁸ Four parts of the PSP program include: permanency and early intervention principles built into casework, working intensively with birth parents and families to support change, a new approach to the recruitment, development and support of guardians, adoptive parents and other carers, Intensive Therapeutic Care system reform

¹⁹ Department of Family and Community Services. (2018, June 26). *About the Permanency Support Program*. Retrieved from NSW Family and Community Services: <https://www.facs.nsw.gov.au/families/permanency-support-program/about>

6. SUMMARY OF KEY FINDINGS AND IMPLICATIONS FOR FUTURE ROLL-OUT

In the last two years, Newpin has continued to enjoy considerable success, delivering positive outcomes for the majority of participating families and investing significantly in expanding and developing the program.

Newpin remains successful for more than half of families, even taking into account reversals

The Newpin program has built on the success of the first three years of the SBB, continuing to deliver a very strong net restoration rate of 52%²⁰, which accounts for the small number of reversals (30 children, involving 19 families). Furthermore, over time Newpin has been increasingly more effective when measured against the 'business as usual' comparison of the Control Group (three times more successful than the Control Group from 1 July 2013 to 30 April 2018).

Implication: Newpin continues to prove successful in meeting the needs of families seeking restoration. This demonstrates the effectiveness and ongoing suitability of the model, and its implementation, in meeting the objectives of the SBB in its final three years.

The program is successful with all parents, regardless of gender, Aboriginality or cultural background

The rates of successful program completion are broadly consistent for Aboriginal and Torres Strait Islander families compared to non-Aboriginal families, as well as for those from a CALD background compared to non-CALD families. The only demographic characteristic which appears to impact success is gender, with Cohort 1 fathers slightly less likely than mothers to achieve restoration. This is a significant achievement, demonstrating suitability of the Newpin program model for a diverse range of families, and the high-quality implementation among Newpin staff.

Implication: While this indicates a very strong result for Newpin, consideration of cultural appropriateness for Aboriginal and Torres Strait Islander and CALD families should continue to drive program implementation to ensure continued success. Restoration and reversal outcomes should continue to be closely monitored with this in mind.

More is being learnt about the success of Newpin with parents with a variety of presenting issues

Newpin has invested significantly in the quality of data collection and reporting, providing considerable insight into whether or not presenting issues or parental demographics impact the likelihood of program

Implication: Similarly to the ongoing monitoring of restoration and reversal outcomes by Aboriginal and Torres Strait Islander and CALD status, Newpin management should continue to closely monitor the influence of presenting issues such as mental health, domestic violence and substance use on outcomes and plan accordingly.

²⁰ This report references two different net restoration rates based on two different data sources – data provided by Uniting from 1/6/13 - 30/4/18 (for the purpose of informing the evaluation regarding the characteristics of Newpin families) and data provided by FACS from 1/6/13 – 31/12/17 (for the purposes of informing the evaluation regarding the comparison with the Control Group). Please refer to Section 2.1 for further information. The net restoration rate referenced in this section was calculated using Uniting data.

success. To date, there is no evidence of a clear relationship between presenting issues and a positive restoration outcome, with the possible exception of mental health. These data are supportive of the feedback from Newpin staff, that the single strongest predictor of success is the commitment to change parents are willing to make.

Where reversals do occur, one in three occur within the first three months of restoration

A total of 30 children, involving 19 families, have had their restorations reversed since the commencement of the SBB. Analysis conducted by Newpin of the reasons for reversals reveals domestic violence and mental health are the key risk factors, while feedback from stakeholders also identified the appropriateness of the timing of restoration and the financial and other support provided as potential drivers of the breakdown of restorations. Similar to the 2016 report, the reversal rate among Aboriginal and Torres Strait Islander children is higher than for non-Aboriginal and Torres Strait Islander children, noting the sample size is low.

Implication: There is an opportunity to develop a strategic approach to supporting restorations, to address avoidable restorations. The response may include the integration of a dedicated Newpin outreach resource to support families in their homes following restoration or increased engagement of other engagement to support restorations.

Newpin has been scaled successfully to date, although it is too early to determine take-up and outcomes in new regions

After a relatively slow start to program expansion in the first three years of the SBB, concerted effort has been invested into program expansion, with three new Centres opened in 2017. Newpin now operates from eight Centres in total, with all new Centres successful in securing a suitable site, installing a very high-quality build and design that is fit-for-purpose and recruiting suitable and highly skilled staff to implement the program. All new Centres are now accepting referrals and are poised to appoint additional staff as they approach program capacity, although it remains too early to judge demand in the new regions or assess outcomes. At the time of data collection, the referrals to new Centres had been relatively low for several reasons. These include: the strong focus at Newpin on opening new Centres; the perceived appropriateness of single fathers as suitable for restoration; the existence of competing restoration and preservation programs; and the impact of policy changes under the PSP.

Implication: With all new Centres now operational, engagement with key stakeholders in new regions should now be Newpin's primary focus to ensure a steady flow of referrals supports new all Centres reach capacity.

Newpin has developed an impressive approach to program expansion, including the physical roll-out of new Centres and the strong focus on culture, values and program integrity

In the past two years, Newpin has achieved an enormous amount in developing, documenting and embedding processes to support program expansion. The Newpin Centre Opening Procedure, which was developed following the opening of the Ingleburn Centre in 2016, systematically outlines the complex steps and stakeholder relationships involved in successfully launching new Centres.

A key learning from recent program expansion is that new Centres take between six and twelve months to launch, from the securing of a site to the point of beginning to accept referrals. With three new Centres opened in 2017, Newpin have demonstrated very high capability in rolling-out the Centre Opening Procedure, with evidence of streamlined processes applied with each new Centre's launch. In addition to the successful establishment of the physical Centres, Newpin have performed very strongly in relation to maintaining program culture, values and integrity throughout the expansion.

This strong focus on upholding program fidelity has been supported by the updated Newpin Practice Framework, the updated Staff Orientation Manual including regular visits by new staff to existing Centres and the mobility of some staff moving from roles in existing to new Centres.

Implication: Newpin management's impressive approach to program expansion could be shared with other Uniting programs undergoing a period of scaling-up, to share and build on best practice.

There has been a continued focus on model development, most notably in the shift to a non-gender based approach in service delivery and staffing

In the past, Newpin Centres worked primarily with mothers, with support offered for fathers via the 'Father's Centre'. In the last few years however, an increasing number of fathers have been attending Newpin for restoration. The Newpin program model has adapted to meet this change, with most Centres now catering for mothers and fathers seeking restoration and preservation. Furthermore, while in the past Newpin attempted to gender match parents and staff, most Centres are now staffed by both men and women. This deliberate approach to greater gender diversity in staffing has been based on a belief that an increasingly important element of Newpin program delivery is the modelling for parents of healthy relationships between men and women (involving peers and staff).

Implication: While the shift to a non-gender based approach in Newpin Centres has reportedly been implemented without issue to date, it is too early to determine the impacts. This substantive shift in the model means the impacts on parents, staff, children and program outcomes require close monitoring, particularly given concerns around the safety of parents and children who have a history of gender-based violence or abuse.

The embedding of the updated Newpin Practice Framework has strongly supported practice development and program integrity

The Newpin Practice Framework, that sets out the theoretical underpinnings of the program and the links between theory and practice, has always been a cornerstone of Newpin. Since 2016, the Framework has been updated and the embedding of the Framework more heavily systematised across all Newpin Centres via regular practice discussions, in staff orientation processes, internal supervision and daily debriefings. The central role the Practice Framework plays in program implementation is consistently identified by staff as critical to maintenance of program integrity and supporting practice improvements.

Implication: The Newpin Practice Framework has been demonstrated as an effective tool for driving a high level of program fidelity. As further model, practice and professional developments are made, the Practice Framework should be updated as relevant.

Newpin have continued their investment in the collection and reporting of high-quality outcomes data

Following the appointment of the Newpin Quality and Data Intake Coordinator prior to the First Interim Evaluation Report, Newpin have retained this position to focus on improving outcomes data recording and reporting, developing a Data Manual and training Centre staff on the Data Manual. This investment has been a positive one, with improved ability to analyse program outcomes according to presenting issues and parental demographics to support future planning.

Implication: Utilise program outcomes data to support future planning, including driving practice and other adjustments according to presenting issue, parental demographics and region.

The Newpin and FACS partnership is functioning well, although both parties see value in a closer working relationship

The change in Newpin leadership and more mature stage of the SBB arrangement has seen the working relationship between FACS and Newpin evolve with time. While both parties describe the partnership as functional, there have been challenges in relation to the eligibility of referrals and selection of new Newpin regions. Both Newpin and FACS see value in a closer working relationship. At the local level, there is a continuing need to develop and deepen working relationships between Newpin Centres and CSCs.

Implication: Four years into the seven-year SBB arrangement there have been significant changes in the Newpin and FACS partnership. There has been leadership changes at Newpin, model developments have been implemented and there have been substantial changes in the policy setting. Given this, and the desire by both partners for a stronger working relationship, there is opportunity to conduct a 'partnership check-in' to ensure optimal collaboration.

Engagement with NGOs to address confusion and manage the risk of any impacts on referrals is critical

A rapidly changing policy and program landscape means the role of NGOs is becoming increasingly important to the ongoing success of Newpin. Given the recent focus on establishing and opening new Centres, there has been less investment in recent times in engaging NGOs as potential referral partners and providers of wrap-around support for Newpin families. Consultation with Newpin and FACS identified significant confusion in relation to the role of NGOs in future implementation for Newpin.

Implication: Engagement with NGOs by Newpin management and the FACS Contract Manager should address this confusion as soon as possible to avoid any negative impacts on the flow of referrals to Newpin.

DISCLAIMER

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This report has been prepared with due care and diligence by Urbis and the statements and opinions given by Urbis in this report are given in good faith and in the reasonable belief that they are correct and not misleading, subject to the limitations above.

APPENDIX A NEWPIN EVALUATION PROGRAM LOGIC AND EVALUATION FRAMEWORK

Ultimate outcome – 2030 onwards

Intergenerational cycles of family abuse and neglect are broken

Longer term outcomes by 2020

Family outcomes:

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

System outcomes:

- Newpin is successfully operating in 10 locations
- Program success and risk factors are identified
- The scalability of the Newpin model is known

Intermediate outcomes


- Parents have improved parenting skills and capabilities
- Parents value Newpin highly
- The partnership between Uniting, FACS and NGOs is valued
- Newpin is established in five new locations


Immediate outcomes


- Referrals to Newpin are appropriate, timely and in line with program capacity
- Parents respond positively to and remain engaged in the program
- An effective process for expanding Newpin to new locations is in place Newpin staff are trained and supported to provide consistent and quality service
- Newpin is responsive to implementation and practice learnings as they emerge
- Strong partnerships between Uniting, FACS and NGOs are developed


Inputs and process outcomes


- Suitable service providers are selected to establish Newpin in new locations
- Appropriately skilled and experienced staff are recruited and retained
- Clear procedures are in place for Uniting, FACS and NGOs to work in partnership
- An effective learning and development strategy is implemented to support delivery
- Strong program governance management, monitoring and reporting mechanisms are put in place
- The costs of operating Newpin and the cost per restoration is calculated


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


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


	Program logic statements	Key evaluation questions	Indicators	Potential data sources
	LONGER TERM OUTCOMES CONT'D			
	Newpin is successfully operating in 10 locations	How successfully has Newpin been rolled out to new locations? Is the same level of success being achieved across Centres, and over time for the whole program?	<ul style="list-style-type: none"> Proportion of Newpin Centres operating at or near full capacity 12 months after establishment Comparative rate of program completion across Newpin Centres Comparative rate of restoration/preservation outcomes across Newpin Centres Identification of critical success factors and barriers to achieving consistent outcomes over time and across Centres 	<ul style="list-style-type: none"> Program data Interviews with Newpin management and staff Interviews with FACS officers Interviews with NGOs and any new providers
	Program success and risk factors are identified	Do outcomes vary according to parent or family characteristics? What factors (parental, system, practice, locational) are strongly associated with successful and with unsuccessful outcomes?	<ul style="list-style-type: none"> Comparison of program completion rates, by parent demographics and presenting issue Comparison of program outcomes, but parent demographics and presenting issue 	<ul style="list-style-type: none"> Program data Interview with Newpin management and staff Interviews with FACS officers Interviews with NGOs and any new providers Parent survey
The scalability of the Newpin model is known	What are the key factors that impact on the scalability of the Newpin model? What are the key learnings about how expansion of Newpin can be achieved most effectively and efficiently?	<ul style="list-style-type: none"> Examination of costs of establishing a new Centre (if available) Examination of costs per restoration overall, and by Centre (if available) Assessments by stakeholders of internal and external factors impacting on scalability of the model 	<ul style="list-style-type: none"> Interviews with Newpin management and staff Interviews with FACS officers Interviews with NGOs and any new providers Financial data 	

	Program logic statements	Key evaluation questions	Indicators	Potential data sources
	INTERMEDIATE OUTCOMES			
	Parents have improved parenting skills and capabilities	To what extent has Newpin improved parenting skills and capabilities? Which program elements are most effective in improving parenting skills and capabilities?	<ul style="list-style-type: none"> ▪ Proportion of parents surveyed and interviewed who self-report improved parenting capabilities ▪ Comparison of NCFAS scores for Cohorts 1 and 2 over time (eg) <ul style="list-style-type: none"> - Parental capability domain (1-8) - Care giver/child ambivalence domain (1-6) - Family safety domain (1-8) - Child well-being domain (1-7) - Family health domain (5-8) ▪ Assessments by providers 	<ul style="list-style-type: none"> ▪ Parent survey ▪ Parent interviews ▪ NCFAS data comparison upon entry and exit (if provided by Uniting) ▪ Data from new parenting capability tool that may be introduced by Newpin (if provided by Uniting) ▪ Interviews with Newpin management and staff ▪ Interviews with FACS officers ▪ Interviews with NGOs
	Parents value Newpin highly	To what extent do parents value their time at Newpin? What elements of the program do they value most and why? Are there aspects of the program they did not find valuable or useful?	<ul style="list-style-type: none"> ▪ Proportion of parents surveyed who rate their experience of Newpin highly ▪ Relative rating of program elements by parents surveyed ▪ Identification of how program elements have supported or hindered positive outcomes from the perspective of the parents 	<ul style="list-style-type: none"> ▪ Parent survey ▪ Interviews with parents
	Partnership between Uniting, FACS and NGOs is valued	To what extent do partner agencies believe their partnership is contributing to positive outcomes: <ul style="list-style-type: none"> ▪ for families ▪ for their respective organisation/personnel? 	<ul style="list-style-type: none"> ▪ The level of agreement amongst parties that the partnership is beneficial and contributing to improved practice ▪ Identification of critical success factors and barriers to positive partnerships ▪ Examples of improved practices and systems 	<ul style="list-style-type: none"> ▪ Interviews with Newpin management and staff ▪ Interviews with FACS officers ▪ Interviews with NGOs and any new providers
Newpin is established in five new locations	Have all the planned new Centres been established? How timely and efficient was the rollout?	<ul style="list-style-type: none"> ▪ Ten Newpin Centres are operating in NSW by June 2020 ▪ Time taken and resources invested in the rollout ▪ Identification of critical success factors and barriers to timely and efficient rollout 	<ul style="list-style-type: none"> ▪ Documentation ▪ Interviews with Newpin management and staff and any new providers ▪ Interviews with FACS officers ▪ Interviews with NGOs and any new providers 	

	Program logic statements	Key evaluation questions	Indicators	Potential data sources
	IMMEDIATE OUTCOMES			
	Referrals to Newpin are appropriate, timely and in line with program capacity	Is the process of referral to Newpin working well?	<ul style="list-style-type: none"> Number and proportion of referrals to Newpin (on an annual basis) relative to program capacity 	<ul style="list-style-type: none"> Program data
		What factors are facilitating/ inhibiting smooth and timely referral pathways into Newpin?	<ul style="list-style-type: none"> Number and proportion of Cohort 1 and 2 families referred to Newpin 	<ul style="list-style-type: none"> Program data
			<ul style="list-style-type: none"> Number and proportion of Cohort 1 and Cohort 2 referrals accepted into Newpin 	<ul style="list-style-type: none"> Program data
			<ul style="list-style-type: none"> Analysis of Newpin participant profile (Cohorts 1 and 2) 2013 to 2020 <ul style="list-style-type: none"> Parent – age, gender, disability/physical health, mental illness, substance abuse, Aboriginal background, CALD background (as available) 	<ul style="list-style-type: none"> Program data
			<ul style="list-style-type: none"> Identification of facilitators/barriers to program referrals Identify any impacts due to changes to child protection legislation in 2014 	<ul style="list-style-type: none"> Interviews with Newpin management and staff Interviews with FACS officers, NGOs and other stakeholders
	Parents respond positively to, and remain engaged in, the program	To what extent do parents who participate in Newpin feel engaged in the program?	<ul style="list-style-type: none"> Proportion of parents who participate in Cohort 1 and 2 who complete the 18-month program Level of engagement reported by parents 	<ul style="list-style-type: none"> Program data Interviews with parents Parent survey
		What factors influence the level of engagement and program completion? Are some families more likely to engage in or complete the program than others?	<ul style="list-style-type: none"> Identification of critical success factors/barriers to engagement/completion Reasons for non-completion of program Identify any impacts due to changes to child protection legislation in 2014 	<ul style="list-style-type: none"> Program data Interviews with Newpin management and staff Interviews with FACS officers and other key referral agencies Interviews with parents Parent survey
			<ul style="list-style-type: none"> Comparison of program completion rate by: <ul style="list-style-type: none"> Source of referral (if possible) 	<ul style="list-style-type: none"> Program data
	An effective process for expanding Newpin to new locations is in place	To what extent are Uniting's program, legal and property arms working together to facilitate timely rollout of new Centres? How effective are the planning processes put in place to ensure program utilisation integrity in new Centres?	<ul style="list-style-type: none"> Documentation of all processes associated with locating and establishing new Centres Level of satisfaction with the processes reported by all stakeholders 	<ul style="list-style-type: none"> Interviews with Newpin management and staff Interviews with FACS officers Interview with any new providers

	Program logic statements	Key evaluation questions	Indicators	Potential data sources
	IMMEDIATE OUTCOMES			
	Newpin staff are trained and supported to provide consistent and quality service	<p>What training and professional development do staff receive?</p> <p>What systems are in place to ensure consistency in practice standards across Newpin Centres?</p> <p>What systems are in place to ensure program integrity across Newpin Centres?</p>	<ul style="list-style-type: none"> Range and type of training provided to Newpin staff Range of systems in place to ensure quality Range of systems in place to ensure program integrity Assessment by external stakeholders including FACS as to consistency in practice across Newpin Centres 	<ul style="list-style-type: none"> Documentation Interviews with Newpin management and staff Interviews with FACS officers Interviews with NGOs and any new providers
	Newpin is responsive to implementation and practice learnings as they emerge	<p>What implementation learnings are there from transitioning from the previous version of Newpin to the Newpin SBB program?</p> <p>What implications do these have for future program implementation and the expansion of the program into new locations?</p> <p>What practice learnings are developing from the operation of Newpin and how are these being used to enhance program effectiveness and efficiency?</p> <p>What impact have any changes to child protection legislation or permanency planning had on Newpin?</p>	<ul style="list-style-type: none"> Identification of learnings for implementation Identification of practice learnings Description of action being taken to build on implementation and practice learnings Identification of impacts and any actions taken as a result 	<ul style="list-style-type: none"> Interviews with Newpin management and staff Interviews with FACS officers Interviews with any new providers
Strong partnerships between Uniting, FACS and NGOs are developed	<p>To what extent have Uniting and FACS developed an effective working relationship to achieve positive program outcomes?</p> <p>To what extent has Uniting developed good working relationships with NGOs (as referrers or providers)?</p>	<ul style="list-style-type: none"> Perception of the effectiveness of the partner relationship by Uniting and FACS Absence of any unresolved partnership issues Perceptions of the relationship by Uniting, NGOs and FACS Absence of any unresolved partnership issues 	<ul style="list-style-type: none"> Interviews with Uniting and Newpin management Interviews with FACS officers Interviews with Uniting and Newpin management Interviews with FACS officers Interviews with NGOs 	

	Program logic statements	Key evaluation questions	Indicators	Potential data sources
	INPUTS AND PROCESS OUTCOMES			
	Suitable service providers are selected to establish Newpin in new locations	Where necessary and appropriate, Uniting has successfully identified and contracted providers to extend Newpin to new locations? What factors influenced the selection of locations/providers and were these appropriate?	<ul style="list-style-type: none"> Perceptions of Uniting, FACS and new provider personnel in relation to the selection of (any) new providers Identification of process and criteria for new Newpin locations and providers Assessment of the validity of the approach 	<ul style="list-style-type: none"> Interviews with Newpin management Interviews with FACS officers Interviews with new providers Interviews with Newpin management Interviews with FACS officers, new providers, other stakeholders
	Appropriately skilled and experienced staff are recruited and retained	Have Newpin staff been successfully recruited into the program (in line with the planned rollout)? How easy or difficult has the recruitment process been? What implications does this have for future rollout?	<ul style="list-style-type: none"> Level of satisfaction with the effectiveness and efficiency of the recruitment process by Newpin and new providers 	<ul style="list-style-type: none"> Interviews with Newpin management, staff and any new providers
			<ul style="list-style-type: none"> Identification of recruitment facilitators/barriers Identification of potential solutions to barriers 	<ul style="list-style-type: none"> Interviews with Newpin management, staff, and any new providers
			<ul style="list-style-type: none"> Level of staff retention 	<ul style="list-style-type: none"> Program data
Clear procedures are in place for Uniting, FACS and NGOs to work in partnership	To what extent have Uniting and FACS developed an effective working relationship to achieve positive program outcomes? To what extent has Uniting developed good working relationships with NGOs (as referrers or providers)?	<ul style="list-style-type: none"> Perception of the effectiveness of the procedures and the relationship by Uniting and FACS 	<ul style="list-style-type: none"> Interviews with Uniting and Newpin management Interviews with FACS officers 	
		<ul style="list-style-type: none"> Perceptions of the effectiveness of the procedures and the relationship by Uniting, NGOs and FACS 	<ul style="list-style-type: none"> Interviews with Uniting and Newpin management Interviews with FACS officers Interviews with NGOs and any new providers 	
An effective learning and development strategy is implemented to support delivery	To what extent are staff assisted and supported to implement the Newpin program consistently and to a high standard across diverse centres? Are there any major learnings or development gaps that need to be addressed?	<ul style="list-style-type: none"> Level of satisfaction with program and service model expansion reported by Newpin management and staff and FACS 	<ul style="list-style-type: none"> Interviews with Newpin management and staff Interviews with FACS officers 	
		<ul style="list-style-type: none"> Level of satisfaction reported by Newpin staff (existing and new) of program orientation, professional development training, and supervision provided Assessments of how these have contributed to improved practice Identification of gaps/ professional development needs 	<ul style="list-style-type: none"> Interviews with Newpin management and staff 	

	Program logic statements	Key evaluation questions	Indicators	Potential data sources
	INPUTS AND PROCESS OUTCOMES CONT'D			
	Strong program governance, management, monitoring and reporting mechanisms are put in place	To what extent is the Newpin SBB underpinned by strong governance, program management, monitoring and reporting? What is satisfactory/what is not?	<ul style="list-style-type: none"> ▪ Level of satisfaction with program governance, management and related functions reported by Uniting, FACS and any new providers. ▪ Identification of strengths, limitations and gaps in program governance, management and monitoring and how these can be improved 	<ul style="list-style-type: none"> ▪ Interviews with Newpin management ▪ Interviews with FACS officers ▪ Interviews with NGOs and any new providers
	The costs of operating Newpin and cost per restoration is calculated	What is the cost of operating Newpin? What is the unit cost per restoration? Has this cost changed over time?	<ul style="list-style-type: none"> ▪ Analysis of costs, funding and expenditure ▪ Analysis of per restoration unit cost ▪ Comparison of costs over time (if possible) 	<ul style="list-style-type: none"> ▪ Uniting financial data



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