



EVALUATION OF THE NEWPIN SBB PROGRAM

INTERIM EVALUATION REPORT

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List of Acronyms

CALD	Culturally and Linguistically Diverse
CSC	Community Services Centre
CYPF	Children, Young People and Families
DPC	Department of Premier and Cabinet
FACS	Department of Family and Community Services
KiDS	Key Information and Directory System
KTS	Keep Them Safe
NCFAS	North Carolina Family Assessment Scale
NGO	Non-government organisation
NSW	New South Wales
OOHC	Out-of-home care
PDP	Personal Development Program
ROSH	Risk of Significant Harm
SBB	Social Benefit Bond
TSG	Therapeutic Support Group
UK	United Kingdom
US	United States
YTD	Year to Date

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Executive Summary

INTRODUCTION

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

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

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

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

EVALUATION AIMS

In late 2013, Urbis was commissioned by NSW Treasury to evaluate the first three years of Newpin operating under a new Social Benefit Bond (SBB) arrangement. This report is the Interim Evaluation Report which builds on three previous reports (an Implementation Report, and the 2014 and 2015 Annual Progress Reports). A Final Evaluation Report is due in 2020, by which time the Newpin SBB will have been in operation for seven years.

The scope of the evaluation includes the following:

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

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

KEY FINDINGS

In its first three years of the SBB, Newpin has developed, expanded and achieved positive outcomes for the majority of families participating in the program.

Newpin is achieving positive outcomes for the majority of families attending the program

Between 1 July 2013 and 31 March 2016, 215 families and 340 children have participated in Newpin. The majority of these families have a history of substance abuse, domestic violence and, to a lesser extent, mental ill health. During this time:

- of the 259 children who were in OOHC, 121 have been returned to their families
- of the 81 children at risk of removal from their families, 38 have avoided OOHC for 12 months since starting the program.

The remaining families are either still in the program working towards restoration, have exited the program unsuccessfully or have been exempted from attending the program for various reasons.

Newpin is achieving a higher restoration rate than other interventions

The net restoration rate (i.e. the proportion of families exiting the program who have had their children restored, less any subsequent reversals) for families attending Newpin is 57%. This rate is almost double that of a Control Group. (It should be noted this restoration rate is based on *all* parents attending Newpin for restoration, in contrast to the restoration rate calculated for the purpose of the SBB, which is based on the restoration rate for mothers only.) Due to the relatively small sample size and other data limitations, it is not possible at this stage to assess whether there is any relationship between the rate of restoration and parental characteristics. However, extensive consultations with Newpin staff, FACS personnel and parents paint a fairly consistent picture of the risk and success factors considered to be associated with restoration. The most critical of these are parents having a clear focus on doing whatever it takes to have their children restored, being willing to leave a violent or abusive relationship or cease substance abuse, and able to access supports to improve their mental health. Where these attitudes and behaviours are absent, and parents have difficulty accessing affordable housing for their family, restoration is less likely to occur.

Fewer children restored through Newpin are subsequently returned to OOHC compared with the Control Group

As at 31 December 2015, the rate of reversal for Newpin children in the Intervention Group was 11%, which is lower than that of the Control Group (13%). It will be important to continue to monitor and compare the sustainability of restoration outcomes in both groups over the next four years.

Newpin has a higher rate of restoration for Aboriginal families than the Control Group, but has more reversals

Newpin has a higher rate of restoration for Aboriginal families than the Control Group (53% compared with 25%). However, the rate of reversal for Aboriginal families in the Control Group is lower than in Newpin (0% compared with 14%). The sample size is still relatively small and it is therefore too early to draw any firm conclusions about this pattern. It will clearly be important to closely monitor the outcomes for restored Aboriginal families over the next four years. In the meantime, Newpin has plans to employ at least one Aboriginal worker in each Centre and all staff are required to undergo Cultural Awareness Training. More investigation is needed to analyse the reasons for the apparently higher rate of reversal amongst Aboriginal families to ensure appropriate support is provided to parents in the critical post-restoration period.

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

The number of Newpin Centres has expanded from three to five with a further two new Centres due to be opened in 2016/17. This will result in increased access to the program for families in Wyong/Gosford, South West Sydney, Newcastle and a yet to be announced seventh location. The rollout of new Centres has been somewhat slower than planned, reflecting a number of challenges in locating, securing and renovating suitable premises.

The number of families participating in Newpin is increasing, due partly to the growth in the number of Centres, but also to improved occupancy rates in the established Centres. More fathers are participating in Newpin than ever before, and male participants now comprise one third of the 215 families attending the program. This trend reportedly reflects a change in FACS practice whereby single fathers are increasingly considered as a restoration option for children in OOHHC. It also reflects changes in family relationships and the more inclusive approach being adopted by Newpin in supporting family restoration.

Parents rate Newpin highly

Some 60 parents were surveyed and/or interviewed for the evaluation. This represents more than one in four families who attended Newpin between July 2013 and March 2016. This is a high response rate given the complexities of the parents' lives and may reflect the high regard in which many parents hold the Newpin program. The great majority of parents surveyed (between 79% and 98%) were satisfied or very satisfied with the skills and approach of Newpin staff and rated the various components of the program as helpful or very helpful.

Parents consistently report how much they and their children enjoy attending the program. They talk about being respected, valued and motivated to work towards change. Critical to this is that they do not feel judged by Newpin staff, who work within a strengths-based model which builds parents' self-belief and confidence. Parents also highly value staff role-modelling the behaviour and values that Newpin embodies, and not shying away from having difficult conversations with them when needed. Parents say this makes them feel that Newpin staff genuinely care about them and their children and want them to succeed.

Parents also talk positively about the knowledge and skills they are developing through attending the education and therapeutic programs run at the Newpin Centres. This includes therapeutic play (which 89% of parents rated as helpful or very helpful), weekly Personal Development Program (87%), and one-on-one support from Newpin staff (86%). The main outcome parents identify is improved parenting skills – being able to respond more appropriately to their children's behaviour and to put in place strategies to keep their children safe and well. Parents also highly value practical assistance from Newpin e.g. obtaining housing, accessing supports, preparing for court, and improving communications with FACS and the Children's Court.

Parents also highlight the critical importance of the peer element of Newpin. Almost all (92%) parents surveyed rated this aspect of Newpin as being helpful or very helpful. Peer support assists with program engagement and helps parents feel safe to 'open up' to talk about their feelings and behaviours, often for the first time. Most parents thrived in the culture of mutual support that develops within the program, whereby parents encourage each other to change and see that restoration is possible. Parents say this is a very important aspect of Newpin that contributes to the progress they have been able to make whilst attending the program. However, a few parents are less positive about the peer group, saying they feel they have little in common with the other parents.

Notably, few parents could offer any suggestions as to how Newpin could be improved, such was the high regard in which they held the program. Feedback was often glowing, regardless of the program outcome.

The Newpin model has developed

The Newpin model has developed over the last three years. It now incorporates a model whereby:

- **Fathers as well as mothers can participate in the program as the primary parent** and take part in the full 18 month program to have their children restored. One third of parents attending Newpin are male. This unique service is increasing the opportunities for men to have their children restored, with many children being successfully returned to their fathers through Newpin.
- **Support is available to both parents, both separately and jointly.** This provides a whole of family approach, where interventions are focussed on preparing both parents for the restoration of their children. This approach is regarded by Newpin, FACS and parents to be more effective than working with one parent in isolation.
- **Newpin Centres are becoming increasingly gender inclusive** - they no longer service an exclusively female or male clientele within one Centre, as before. All new Centres will operate both mothers' and fathers' programs from the same premises, on different days or at different times of the day. This cost-efficient model will expand the opportunities for both men and women to attend a Newpin Centre in a given region, thereby increasing the number of children who can be restored to their families. Although a small number of stakeholders have reservations about this new model, more time is needed to assess its effectiveness, and whether it has any intended or unintended impacts on parents or children.
- **Older siblings are included in the program** as they can attend Newpin Centres for contact and other family visits. Newpin staff are able to observe how members of the family interact with one another, and provide guidance and support as required. However, there appears to be no clear objectives about the work with older children. Moreover, some staff have little experience working with this older cohort. There is scope to further clarify the purpose and support provided to siblings attending the program.
- **A new rural model** of Newpin is in early stages of exploration as Uniting investigates how the model might operate most effectively for families residing in rural or remote locations. The feasibility of such a model will be determined in 2016/17.

Newpin has introduced practice improvements

A number of practice developments have occurred over the last three years. These include:

- a Newpin Diploma in Therapeutic Family Work which has recently been accredited and can now be accessed by all Newpin Centres across the country
- a Newpin Practice Framework and a Newpin Practice Manual that set out the theoretical underpinnings of the program and the links between theory and practice
- a program of staff training and development, and the introduction of compulsory qualifications to 'professionalise' the Newpin workforce
- more extensive and formalised clinical supervision, involving an external provider
- the introduction of new assessment, planning and data recording tools to monitor and measure progress of both the individual families and the program
- a review of the parents' Personal Development Programs to ensure they align with the latest evidence about effective practice.

These initiatives are working towards standardising practices and operations across Newpin Centres, strengthening program integrity as the program develops and expands across the State, improving practice monitoring and reflection, and enhancing workforce capability.

Newpin management has undergone a restructure to respond to the changing needs and demands relating to the expansion of the program

Dedicated resources have been allocated to centralised intake within Newpin (to ensure a smooth flow of referrals), quality control (to increase the consistency and quality of tools, data entry etc.), and to regional practice management to enhance program integrity across new and established Centres. The Head of Newpin has been freed up to focus on the expansion and roll-out of the program across the State. The principal challenge faced by Newpin is maintaining program quality while expanding. Addressing this challenge will require strong organisational infrastructure, good planning, program expertise and a commitment to continuous quality improvement over the next four years.

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

Based on extensive consultations with Newpin and FACS management and staff over three years, it is apparent that contract management by FACS and Uniting has been extremely collaborative, forward-thinking and effective. At the operational level, there are signs that the relationship between Newpin staff and Community Service Centres (CSCs) has strengthened over the last few years. There is now greater knowledge, trust and mutual respect between the two organisations, and both can now see that, by working together, the majority of families are achieving good outcomes. There is more information-sharing and joint management and decision-making which is improving the flow of referrals, care planning and the quality of reports going before the court.

Nevertheless, there are still pockets of concern amongst a minority of FACS stakeholders consulted who question the value or benefit of a centre-based model of restoration. Concerns prevail about various aspects of Newpin operations, in particular the extent to which staff are sufficiently focussed on child safety and risk assessment, and the quality and consistency of Newpin reporting to FACS. Newpin staff, meanwhile, report a lack of consistency in FACS' approach to referring families to Newpin. The relationship between Newpin and CSCs, whilst strong overall, will require continual focus over the next four years, as will the relationship with NGOs as more children in OOHC come under their supervision.

Implementation success factors

A number of critical success factors can be identified that have contributed to effective implementation:

- a strong organisational culture and leadership within Uniting and FACS
- a strong commitment to ensuring that only the right staff with the right skills and approach are recruited into the program
- highly effective management by the two Contract Managers within FACS and Newpin
- a high level of program integrity across new and established Centres
- a willingness of FACS and Newpin to adapt and respond to changing needs (for example, the increase in the number of fathers being referred by FACS)
- a culture that supports reflection and a commitment to continuous quality improvement.

Implementation / challenges

The main implementation challenges over the next year or so relate to:

- the flow of referrals into the program to maintain program capacity, whilst ensuring that only appropriate families are referred to Newpin

- the need to overcome some cultural, organisational or professional barriers relating to a centre-based approach to restoration
- difficulties associated with finding and securing appropriate premises for new Centres – due to very specific spatial requirements and to legal, property and town planning regulations – which has delayed the opening of new Centres
- mixed success in recruiting staff with the requisite skills and aptitudes for intensive therapeutic family work.

Recommended areas of focus for 2016/17

The key recommended areas of focus for Newpin in 2016/17 include the following:

Restoration outcomes and reversals	<ul style="list-style-type: none"> ▪ Monitor the risk factors associated with unsuccessful outcomes for Cohort 1 families and reversals and develop strategies to address these ▪ Review the impact of the new approaches (training and staffing) designed to improve support to Aboriginal families
Professional development	<ul style="list-style-type: none"> ▪ Investigate needs in relation to further mental health training ▪ Investigate needs for training on working with very young children impacted by trauma (including witnessing domestic violence) and also working with older siblings
Monitoring and reporting	<ul style="list-style-type: none"> ▪ Progress the Uniting Client Information Management System so it can provide accurate and meaningful reporting at a program level
Roll-out of new Centres	<ul style="list-style-type: none"> ▪ Devise a realistic timetable for property procurement to ensure no unnecessary delays are encountered in opening new Centres
Practice	<ul style="list-style-type: none"> ▪ Develop a stronger focus and clearer objectives relating to working with couples and with older children
Program model	<ul style="list-style-type: none"> ▪ Monitor the impact and outcomes of co-locating men's and women's programs in one Centre ▪ Monitor the impact and outcome of working with <i>both</i> the mother and father to achieve positive outcomes
Housing affordability	<ul style="list-style-type: none"> ▪ Hold cross-division Executive Level discussions within FACS to address the difficulties in accessing appropriate and affordable housing as a barrier to restoration

1 Introduction and methodology

1.1 INTRODUCTION

In December 2013, Urbis was commissioned by NSW Treasury to undertake an independent evaluation of the first three years of a seven-year evaluation of Newpin. Newpin is an intensive child protection and parent education program operated by Uniting (formerly UnitingCare Burnside) under a Social Benefit Bond (SBB) arrangement, the first of its kind in Australia. The key focus of Newpin is restoration of children in out-of-home-care (OOHC) to their families.

This report is the Interim Evaluation Report focussing on the first three years of the Newpin SBB. It builds upon the findings of three previous reports (an Implementation Report and the 2014 and 2015 Annual Progress Reports) all of which are available on the NSW Office of Social Impact Investment website¹. A Final Evaluation Report is expected 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
- **economic and financial evaluation** – considering the cost-effectiveness of the service (to the extent possible) and conducting a financial analysis of the service.

A Program Logic and Evaluation Framework for the evaluation was developed in 2014, which sets out the key evaluation questions, indicators and measures to be used to assess the effectiveness of the program. A copy of the Program Logic detailing Newpin's process, immediate, intermediate and long-term outcomes is attached at 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.

The key focus of the Interim Evaluation Report is to:

- assess the extent to which the process, immediate, intermediate and longer term outcomes have been achieved
- to document the key learnings about the effective implementation of Newpin and the roll-out of the program to new Centres
- to document emerging practice learnings and implications for the Newpin model

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

1.2 METHODOLOGY

Key elements of the methodology are set out in Table 1. The methodology comprised a mix of quantitative and qualitative methods, utilising existing data systems wherever possible. Program level data is available for all Newpin participants. In addition, all Newpin staff have been consulted over the last three years, as have all Department of Family and Community Services officers who expressed an interest in being interviewed for the evaluation. Most importantly, more than one in four parents (60) who participated in Newpin over the last three years agreed to provide feedback on their experiences in the program, which is an extremely high response rate. Given the above, there can be a high level of confidence in the data presented in this Evaluation Report.

TABLE 1 – SUMMARY OF DATA

NEWPIN PROGRAM DATA
<ul style="list-style-type: none"> Program referrals, participant profiles, program completions and outcomes for 215 families and 340 children attending Newpin (July 2013 to March 2016)
NORTH CAROLINA FAMILY ASSESSMENT SCALE (NCFAS) DATA
<ul style="list-style-type: none"> Comparison of family functioning over two time periods for 91 families (early 2014 to April 2016)
FACS KiDS DATA
<ul style="list-style-type: none"> Comparison of the outcomes for families seeking restoration through Newpin (the Intervention Group) with families in a Control Group who did not attend Newpin (July 2013 to December 2015)
PARENTS' SURVEY
<ul style="list-style-type: none"> Survey of 52 parents who attended Newpin between July 2013 and March 2016
IN-DEPTH INTERVIEWS WITH PARENTS
<ul style="list-style-type: none"> In-depth interviews with 38 parents who attended Newpin between July 2013 and March 2016
IN-DEPTH INTERVIEWS WITH REPRESENTATIVES FROM FACS AND NEWPIN
<ul style="list-style-type: none"> 106 in-depth interviews with stakeholders including: <ul style="list-style-type: none"> In-depth interviews with the FACS Newpin Contract Manager, Community Service Centre District Managers, Casework Managers and Caseworkers (October 2013 to April 2016) In-depth interviews with the Head of Newpin, Regional Managers, Intake and Quality Coordinator, Researcher/Evaluator, Clinical Supervisor, Centre Coordinators, Family Workers, Play Facilitators, Play Workers and Administration Officers/Drivers in all locations (October 2013 to April 2016)
VISITS TO NEWPIN CENTRES
<ul style="list-style-type: none"> Day visits to St Mary's, Doonside, Bidwill and Wyong Newpin Centres (Ingleburn Centre was not visited as still in early establishment phase as at April 2016)

Limitations of the methodology principally relate to the following:

- **A relatively small number of families have completed the Newpin program to date.** This limits the validity of any statistical analysis of outcomes according to family characteristics. Thus, it is not possible to be definitive at this stage in the evaluation about the risk and success factors associated with outcomes. However, there is a high level of consistency in the qualitative feedback from all stakeholders about the success factors and barriers to successful program completion.
- **Many families have completed the program relatively recently** (e.g. in the last 18 months). It is possible therefore that the net restoration rate may change over time. More time is required to assess the extent to which successful restoration outcomes are sustained. This will be addressed by ongoing monitoring of outcomes over the next four years.
- **Parental feedback came predominantly from current or more recent program participants.** However, the parents who were surveyed or interviewed for the evaluation were broadly representative of the total program population in terms of gender, Aboriginality, age, and program outcomes (see Section 3 for more discussion). There was a high level of consistency in the responses of parents regardless of demographic or other characteristics. Feedback from parents was triangulated with feedback from other stakeholders, and by data drawn from an assessment tool.
- **Limitations of existing data sources.** Uniting is in the process of developing a new Client Information Management System and there are some limitations in the reports the system is capable of generating at this time. The FACS KiDS database is not set up in a way that enables an analysis of outcomes by parental characteristics and antecedents. This means that, at this time, it is not possible to statistically correlate family characteristics with outcomes, except for Aboriginality. However, the extensive qualitative feedback from Newpin management and staff, FACS representatives and parents, points to potential influencing factors.

2 Newpin

2.1 THE NEWPIN PROGRAM

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/>²

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 five Newpin Centres in New South Wales. It also provides training and support in relation to the operation of the program under licence in a further ten Centres across Australia.³ 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 is differentiated from other restoration programs through the following features:

- the **centre-based** rather than home-based intervention approach
- the **length** of the program (up to 18 months)
- the **intensity** of the program (minimum 2 days a week for 18 months)
- the adoption of a **whole family** approach
- the provision of support to **both mothers and fathers** seeking restoration
- the **combination of therapeutic, practical and peer support**
- the **multi-theoretical underpinnings of the program** which place considerable emphasis on parents' 'inner processes'
- the **empowering philosophy** whereby parents are referred to as 'members', 'participants' and 'contributors' rather than clients or customers
- the **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 – Respect, Support, Empathy, Equality and Self-determination. Everyone (staff, parents and children) are encouraged to model these values in all their interactions whilst attending the program.

² newpin.org.au accessed 17 May 2016

³ Agreement between UnitingCare Children, Young People and Family Services for, or on behalf of, UnitingCare Burnside and Family Action, December 2008

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 new financial instrument that pays a return based on the achievement of agreed social outcomes. Private investors provide capital to deliver a program or service and the savings generated from achieving better outcomes enable Government to repay the upfront investment and provide a return.

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

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

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

2.2 WHO IS ELIGIBLE FOR NEWPIN?

Three broad family cohorts are eligible for Newpin:

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

The majority of families attending Newpin fall into Cohort 1. Each Newpin Centre limits intake of Cohort 2 families to two or three families at any given time, with Cohort 1 families being given highest priority. Very few Cohort 3 families have participated in Newpin over the last three years.

In order to enter Newpin, parents need to:

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

Referrals may be made to Newpin from FACS, NGOs (including services providing OOHC) and self-referrals. All referrals to Newpin for entry into Cohorts 1 and 2 must be approved by FACS (prior to the SBB arrangement Uniting made this decision). 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.

2.3 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>

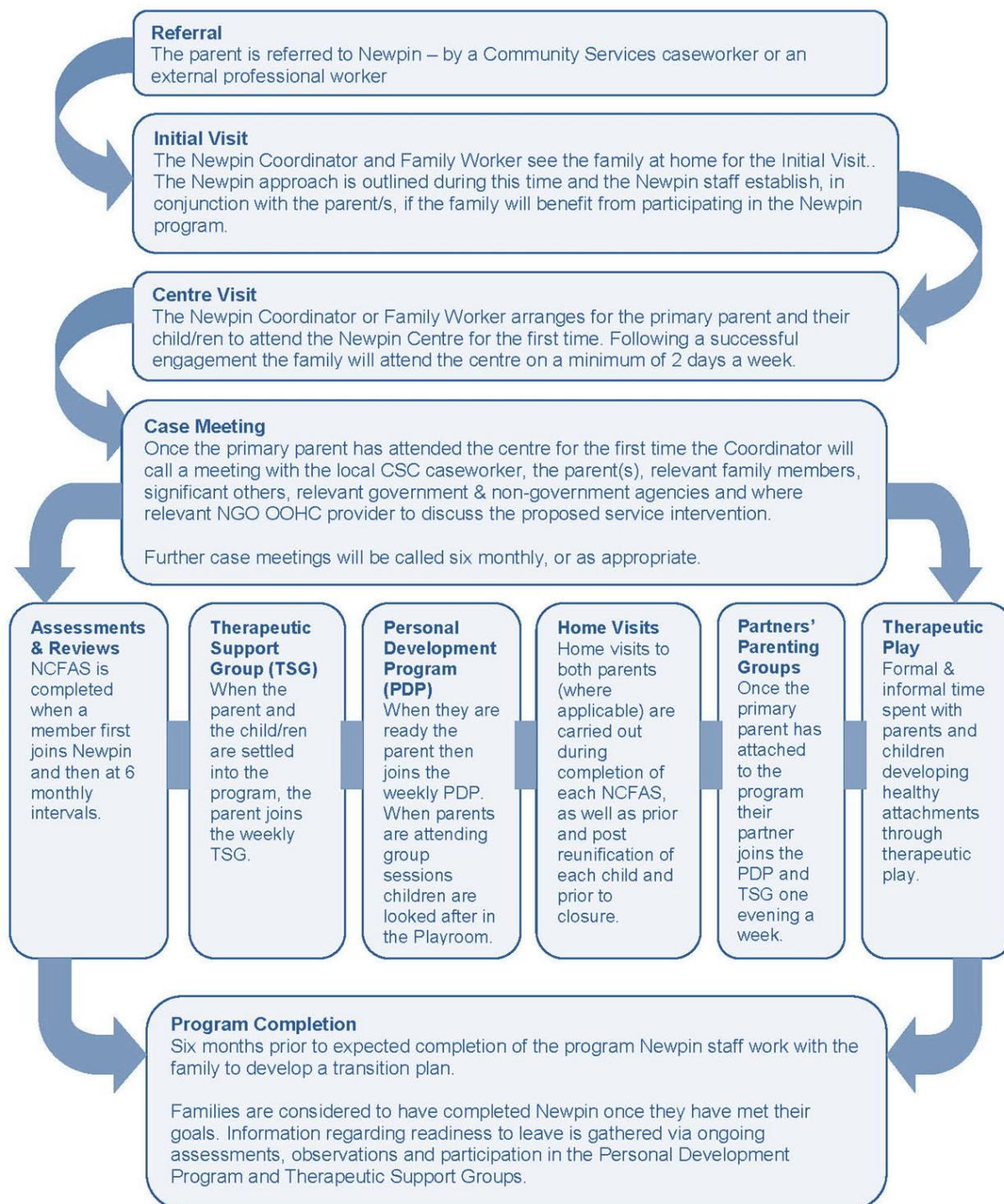
Newpin is underpinned by several theoretical frameworks, which are further described below. This analysis has been substantially based on the work of Mondy and Mondy (2008).

THEORY	FOCUS
Attachment Theory	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ Focussing on parents' assets rather than deficits ▪ Working alongside and partnering with parents
Trauma-informed Practice	<ul style="list-style-type: none"> ▪ 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

2.4 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 1 – CORE ELEMENTS OF THE NEWPIN PROCESS



Source: Newpin Restoration Model UnitingCare Burnside, January 2013

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
The Family Play Program	The Family Play Program provides opportunities for parents and children to build secure attachments through engaging in fun and creative activities in small groups together
Our Skills as Parents	Our Skills as Parents assists parents to explore their feelings about being a parent, develop their self-esteem and identity, build confidence in their role as a parent, and to further their understanding of their children's needs
Keeping Children Safe	Keeping Children Safe aims to assist parents/carers 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
Fathering Today	Fathering Today looks at how the role of fathering has changed and focuses on building good communication techniques and appropriate parenting strategies
Conflict Resolution	The Conflict Resolution Module looks at triggers that promote conflict, the impact that conflict has on relationships and conflict escalation based on anger levels. It also examines ways of managing the awareness of anger and provides tools to assist in managing difficult feelings
Family Relationships	The Family Relationships Program seeks to develop stronger family relationships by examining some of the particular challenges men face. This includes identifying patterns that exist in family relationships and exploring appropriate ways to deal with difficult emotions

Information provided by Newpin, May 2016

Newpin also operates the **Circle of Security**, a licenced relationship-based early intervention program designed to enhance attachment security between parents and children (<http://www.circleofsecurity.net/>)

2.5 THE NEWPIN CENTRES

An outline of a typical week in a Newpin Centre is attached at Appendix B.

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 recent paper prepared by Uniting Centre for Research, Innovation and Advocacy (2015) 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.

2.6 NEWPIN GOVERNANCE, MANAGEMENT AND STAFFING

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

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

As at June 2016, Newpin operates out of five Centres:

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

Since 2013, the Newpin SBB has expanded from four to five Centres. Following the closure of one of the Mothers' Centres in Western Sydney (to achieve operational efficiencies), the Wyong Centre was opened

in 2014 and the Ingleburn Centre in late 2015. Plans are underway to open a further two Centres in 2016/17 (one in Newcastle and one in another location yet to be determined). Assuming these timetables are met, this will bring the total number of Newpin Centres operating under the SBB arrangements in NSW to seven: three in Western Sydney, three in major regional centres of NSW and one in South Western Sydney.

The Head of Newpin oversees the program and the operations team consists of two Regional Managers and an Intake and Quality Coordinator. Each Centre employs a Coordinator, two Family Workers, a Play Facilitator, a Play Worker and an Administrative Officer/Driver. Although there is no set staff-client ratio, on average, each Family Worker has up to nine families allocated to them at any given time.

3 Program intake, completion and outcomes

This chapter addresses the following key evaluation questions:

- How successful is Newpin in achieving successful outcomes?
- How does the restoration rate for Newpin compare with that of the Control Group?
- Are some families more likely to be successfully restored than others?
- What are the critical success factors associated with successful outcomes?

This evidence is based on Newpin program data, FACS data (for the Intervention and Control Group), and consultations with Newpin, FACS and parents attending the program. Hence the quality of evidence is very high regarding the rate of restoration. However, more statistical evidence will be required over time to test the correlation between demographic and presenting factors with outcomes.

3.1 PARTICIPANT INTAKE AND PROFILE

Between 1 July 2013 and 31 March 2016, a total of 215 families and 340 children have participated in Newpin. The key demographics of the families are detailed in Table 2. They are based on the **primary parent** attending Newpin. From these figures it can be seen that:

- most participants are female, however one in three are male: the number of fathers attending Newpin is higher than was originally anticipated
- there is a broad mix of ages, from teenagers to those over 35 years: about half the parents are over 30 years of age
- one in five (20%) parents identify as Aboriginal and/or Torres Strait Islander, reflecting the large number of Indigenous children in OOHC
- one in six (16%) parents come from culturally and linguistically diverse (CALD) backgrounds
- one in twenty (5%) parents have a disability and a similar proportion have a child with a disability.

Reflecting the fact that families attending Newpin have complex needs, the majority of parents had experienced substance abuse (67%) and domestic violence (60%) issues. Over a third (37%) presented with a mental health issue. Most parents presented with two or more of these issues, highlighting the complexity of their needs.

This profile matches two of the three parental characteristics of children entering OOHC (substance abuse 69%, domestic violence 65%). However, the incidence of mental health issues is lower in the Newpin population (37%) compared with 63% in the OOHC population (Delfabbro, Kettler, McCormic and Fernandez, 2012). This would suggest that some parents with ongoing mental health issues may not be assessed as appropriate to enter Newpin.

TABLE 2 – KEY DEMOGRAPHICS OF PROGRAM PARTICIPANTS 1 JULY 2013 TO 31 MARCH 2016

MEASURE	COHORT 1	COHORT 2	TOTAL
Number of families	▪ 162 Cohort 1 families	▪ 53 Cohort 2 families	▪ 215 families
Number of children	▪ 259 Cohort 1 children	▪ 81 Cohort 2 children	▪ 340 children
Gender	▪ 33% male ▪ 67% female	▪ 30% males ▪ 71% female	▪ 32% male ▪ 68% female
Parent Age	▪ 7% aged 15-19 ▪ 22% aged 20-24 ▪ 27% aged 25-29 ▪ 20% aged 30-34 ▪ 24% aged 35+ years	▪ 13% aged 15-19 ▪ 10% aged 20-24 ▪ 23% aged 25-29 ▪ 27% aged 30-34 ▪ 27% aged 35+ years	▪ 8% aged 15-19 ▪ 19% aged 20-24 ▪ 26% aged 25-29 ▪ 22% aged 30-34 ▪ 25% aged 35+ years
Aboriginal and/or Torres Strait Islander status	▪ 18% Aboriginal and/or Torres Strait Islander ▪ 80% neither Aboriginal or Torres Strait Islander ▪ 2% not stated or inadequately described	▪ 30% Aboriginal and/or Torres Strait Islander ▪ 71% neither Aboriginal or Torres Strait Islander	▪ 20% Aboriginal and/or Torres Strait Islander ▪ 78% neither Aboriginal or Torres Strait Islander ▪ 2% not stated or inadequately described
CALD status	▪ 17% CALD ▪ 80% non-CALD ▪ 3% not stated or inadequately described	▪ 13% CALD ▪ 83% non-CALD ▪ 4% not stated or inadequately described	▪ 16% CALD ▪ 81% non-CALD ▪ 3% not stated or inadequately described
Proportion of parents presenting with one or more issues	▪ 68% Substance abuse ▪ 63% Domestic violence ▪ 35% Mental health ▪ 5% Disability (child) ▪ 4% Disability (adult)	▪ 63% Substance abuse ▪ 50% Domestic violence ▪ 42% Mental health ▪ 10% Disability (adult) ▪ 2% Disability (child)	▪ 67% Substance abuse ▪ 60% Domestic violence ▪ 37% Mental health ▪ 5% Disability (child) ▪ 5% Disability (adult)

* NB – Percentages rounded

Data Source: Uniting (June 2016)

3.2 NEWPIN PARTICIPATION AND OUTCOMES

A total of 215 families and 340 children participated in Newpin between 1 July 2013 and 31 March 2016. The majority of these were Cohort 1 families, in line with the primary aim of Newpin to restore children to their families. The outcomes for the children are detailed in Table 3.

TABLE 3 – PROGRAM PARTICIPATION AND OUTCOMES 1 JULY 2013 TO 31 MARCH 2016

MEASURE	RESULT
Number of families participating in Newpin	215 families <ul style="list-style-type: none"> 162 (75%) were Cohort 1 53 (25%) were Cohort 2
Number of children participating in Newpin	340 children <ul style="list-style-type: none"> 259 (76%) in Cohort 1 81 (24%) in Cohort 2
Outcomes for Cohort 1 children: seeking restoration	<ul style="list-style-type: none"> 259 Cohort 1 children participated in Newpin 197 children had exited the program 58 children exited the program without restoration, excluding 18 who were exempted from attending the program (e.g. due to moving to live in another area) 60 children were still in the program awaiting restoration 121 children had been restored 18 of those children who were restored, were subsequently removed from their parents' care and placed in OOHC (reversals)
Outcomes for Cohort 2 children: seeking preservation	<ul style="list-style-type: none"> 81 Cohort 2 children participated in Newpin 72 children had exited the program 24 children unsuccessfully exited the program having been placed in OOHC within 12 months of starting the program 9 children were still in the program 38 children successfully exited the program having remained with their family and avoided OOHC for a period of 12 months since starting the program 10 children exited the program due to moving to a new area or the parent not engaging with service

Data Source: Uniting (June 2016)

The following outcomes were achieved for Cohort 1 children:

- 121 Cohort 1 children participating in Newpin have been restored to their families
- 18 of these children were subsequently placed in OOHC, resulting in 103 children having been successfully restored to their family as at 31 March 2016
- This results in a net restoration rate of 57%⁴.

The following outcomes were achieved for Cohort 2 children:

- 38 Cohort 2 children successfully exited the Newpin program having remained with their family and avoided OOHC for a period of 12 months since starting the program.

Statistical analysis was undertaken of Uniting data to assess whether program success was more likely amongst select demographic subgroups. The results of this analysis revealed that program success did not differ significantly depending on participant demographics (i.e. the program was not more impactful with any particular demographic subgroup), suggesting that targeted intake would not, at this time, result in improved outcomes. This analysis was limited by a relatively small sample size. Future analysis involving a larger sample may reveal significant differences across demographic subgroups. (It should be

⁴ The net restoration is the number of children restored to their families minus the number subsequently returned to OOHC (103 children) as a proportion of the number of children who have exited Newpin (less 18 children who were exempted from the program) as at 31 March 2016.

noted that at 3.3 an analysis of FACS data did facilitate a comparison between Aboriginal and non-Aboriginal families.)

An unsuccessful exit occurs when a family leaves the Newpin program before a restoration occurs. The number of unsuccessful exits has declined since the first year of the SBB. This is probably explained by the fact that families who were already attending Newpin at the time the SBB commenced had not been targeted and supported in the same way as new referrals post 1 July 2013. Improved targeting and practice developments have therefore impacted positively on program completion over time.

3.3 COMPARISON BETWEEN INTERVENTION AND CONTROL GROUP

3.3.1 ESTABLISHMENT OF THE CONTROL GROUP

The effectiveness of Newpin (the Intervention Group) was assessed through a comparison with a live matched Control Group established by FACS, in consultation with Uniting. This was established for Cohort 1 families only, as the key goal of Newpin is restoration of children in OOHC to their families. The Control Group includes a group of families that meet the Cohort 1 definition, but do not receive the Newpin intervention. For Control Group families, it is 'business as usual' which comprises a range of restoration and other supports. The Control Group was established to assist with this component of the evaluation as well as with the calculation of the Counterfactual Rate of Restoration in accordance with the Implementation Agreement, prepared in 2013.

The key eligibility criteria for the Control Group are that a family must have at least one child aged less than six years who has been in OOHC for at least three months and has a realistic possibility of restoration to parent(s). The Control Group families have been recruited from Community Service Centres (CSCs) which have similar socio-demographics to those CSCs in the local area of the Newpin Centres. (see Appendix D for more details of how the Control Group was constructed). Data from both the Intervention and the Control Group was extracted by FACS from the KiDS database. It should be noted that *at this early point in the evaluation, the comparative data relates to the outcomes for all Cohort 1 children who had participated in the Intervention or Control Group, between 1 July 2013 and 31 December 2015*. Over the next four years if it is feasible to extract accurate data from the KiDS database, the comparison will relate to children who have been in the Control or Intervention Group for between 18 months and 42 months as is proposed in the SBB Operations Manual.

3.3.2 COMPARATIVE RESTORATION RATE

Comparisons between the (Newpin) Intervention Group and Control Group show that Newpin **is almost twice as successful in restoring children to their families as other interventions or 'business as usual'**. Between 1 July 2013 and 31 December 2015, 52%⁵ of children in the Intervention Group were restored, compared to 27% of children in the Control Group (see Figure 2). This is a very positive outcome, demonstrating the relative success of the Newpin model. It should be noted this restoration rate differs from that based on data provided by Uniting (see Section 3.2) which is explained by the fact the data relates to different timeframes and also that the FACS data did not exclude Newpin program exemptions nor the families still in the program awaiting restoration.

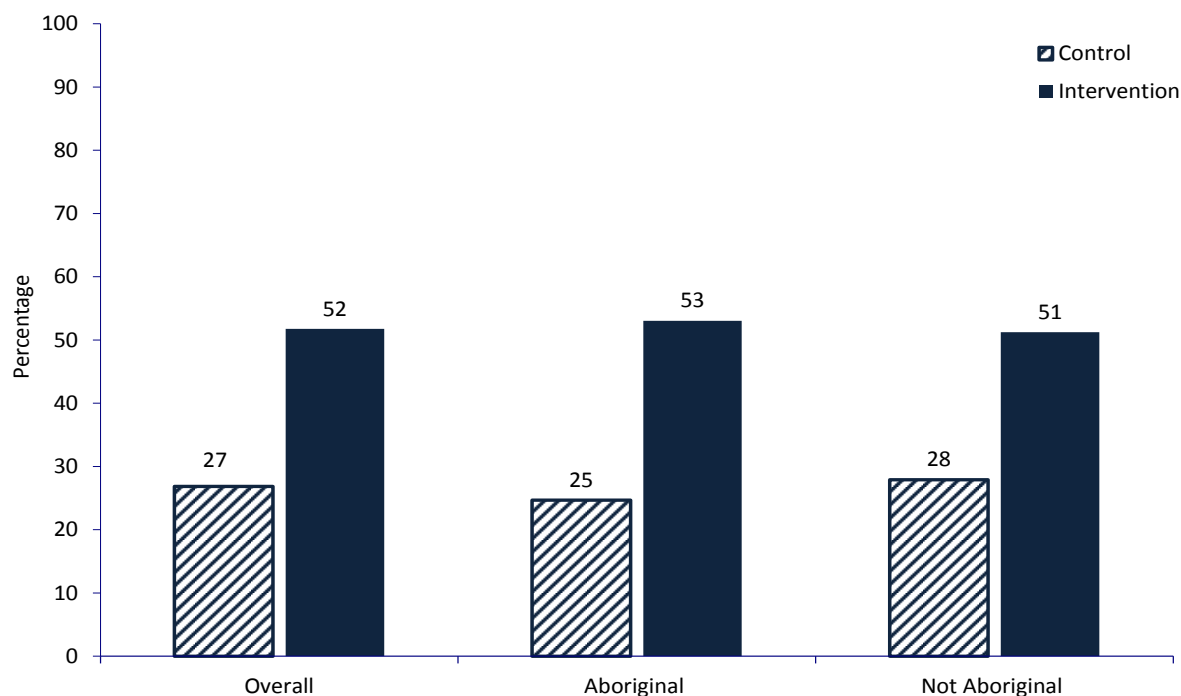
Furthermore, the data reveals that Newpin is **equally successful for Aboriginal as for non-Aboriginal families**. The restoration rate for Aboriginal children attending Newpin was 53% compared with 51% for non-Aboriginal children.

Notably, the **restoration rate for Aboriginal families in the (Newpin) Intervention Group (53%) was more than twice that of the Control Group (25%)**.

⁵ This restoration rate was calculated as at 31 December 2015, and differs from the restoration rate reported on page 13 which was calculated as at 31 March 2016. It was necessary to use the cut off date of 31 December 2015 for the comparative data between the Newpin and the Control Group, as it takes FACS three to four months to check the quality and validity of its data before it can be released. Moreover, the comparative rate of restoration between the Intervention and the Control Group was based on all children who have entered the program to date (including those still attending the program), whereas the restoration rate on p13 was calculated on the basis of the proportion of children *who have exited the program* who had been successfully restored.

The timing of restorations also varied between the Intervention Group and the Control Group (see Figure 3). About half (48%) restorations within the Control Group occurred within three months. Newpin children tended to be restored after a slightly longer period.

FIGURE 2 – PROPORTION OF CHILDREN RESTORED IN CONTROL AND INTERVENTION GROUPS

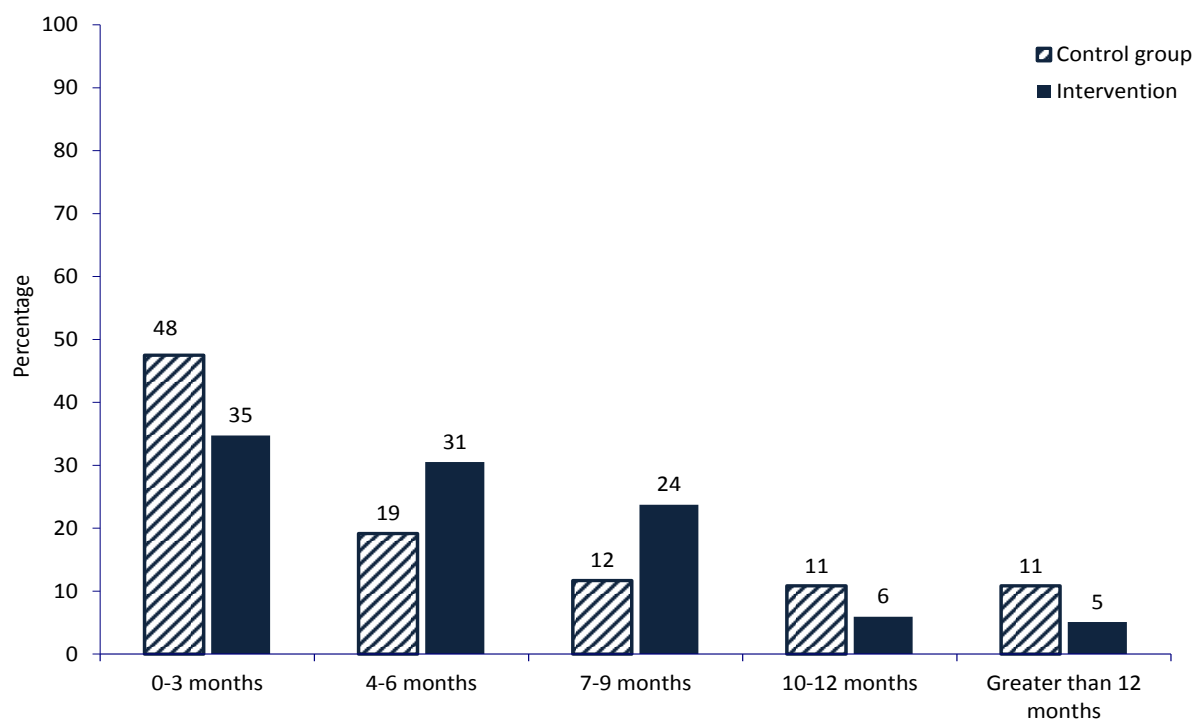


Base: Control – 447; Intervention – 228

Data source: FACS KiDS database

Time period: 1 July 2013 – 31 December 2015

FIGURE 3 – TIME TO RESTORATION IN CONTROL AND INTERVENTION GROUPS



Base: Control – 120; Intervention – 118

Data source: FACS KiDS database

Time period: 1 July 2013 – 31 December 2015

3.3.3 COMPARATIVE REVERSAL RATE

If restoration breaks down, and children are returned to OOHC, this is referred to as a **reversal**. Monitoring the number and rate of reversals, and comparing these across the Intervention Group and the Control Group will be an ongoing activity over the next four years.

The data from the FACS KiDS database reveals that between 1 July 2013 and 31 December 2015:

- The overall **rate of reversal was slightly lower for the (Newpin) Intervention Group (11%) than for the Control Group (13%)** meaning that fewer children were returned to OOHC
- The **rate of reversal for non-Aboriginal children in the Intervention Group (10%) was considerably lower** than for the Control Group (19%)
- However, the **rate of reversal for Aboriginal children was much higher for the Intervention Group (14%)** than for the Control Group (0%). This finding needs to be balanced against the fact that a much higher proportion of Aboriginal children in the Intervention than in the Control Group were restored to their families (See Figure 4).

The majority of the reversals in the Control Group occurred within the first three months of the restoration, whereas the timing of the reversals for the Newpin families were spread over a longer period. The number of reversals is still very low at this stage (as many of the restorations have occurred recently and the number of families attending Newpin is relatively small). More time is needed to track and monitor reversals over a longer period to test the validity of these patterns.

3.3.4 REVERSALS

Some level of reversal is inevitable in restoration. The literature indicates one in four children restored are subsequently returned to OOHC (Thompson, 2015). At this stage the rate of reversal for Newpin (the Intervention Group) is slightly lower than for the Control Group.

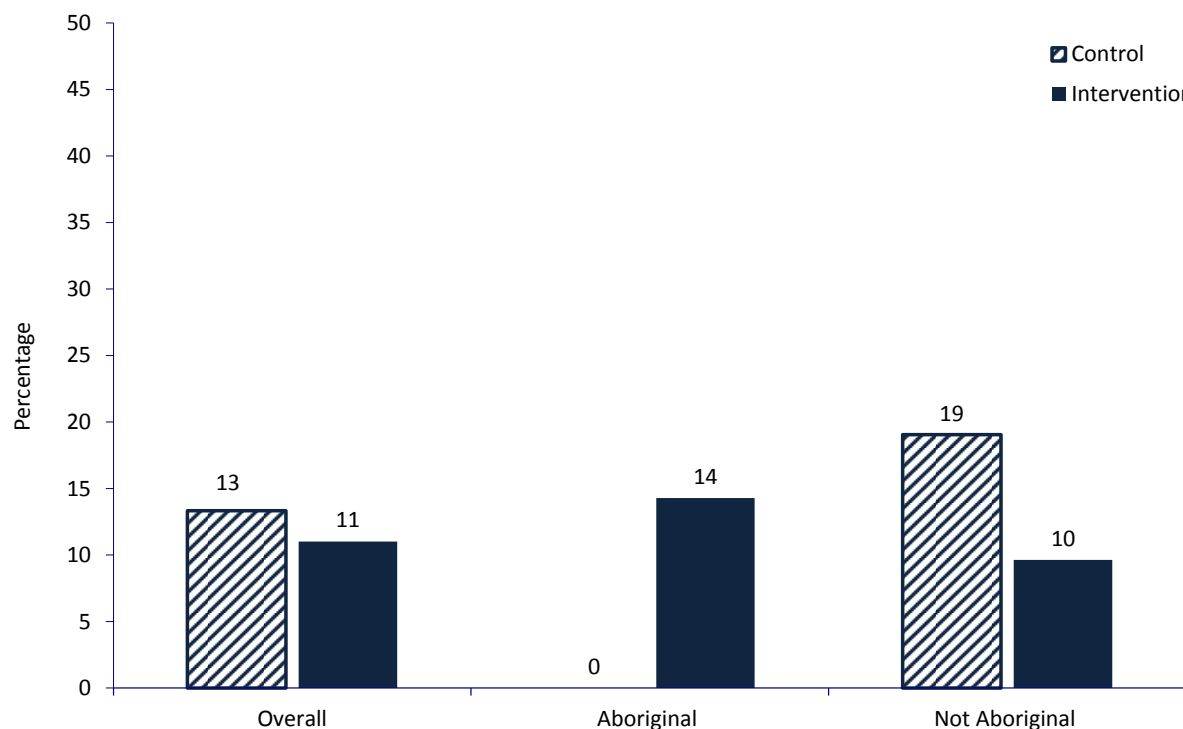
Although it is still too early to be definitive about the reasons for reversals, there are a range of reasons why these might occur. For instance, if a child's foster care arrangement is breaking down, it may be considered preferable to restore the child to their family rather than place the child with a new carer, even if this might be earlier than planned. The timeframe in which a restoration order may have to be made may be relatively short, which may place some pressure to restore a child to their family sooner than might otherwise be the case. The time of the year is also important – one unsuccessful restoration involved a family whose children were restored six weeks prior to Christmas. It is school holidays and Newpin Centres do not operate the full program of activities over Christmas, which means families are not able to access the level of support they may need in the critical post-transition phase. It is possible that some restorations occurred without both parties (FACS and Newpin) agreeing that the family was ready for restoration.

It is also interesting that the reversal rate is higher for Aboriginal families than non-Aboriginal families. It may be that Aboriginal families are more likely to have a multiplicity of complicating factors (including trauma). Research indicates that it is not the *type* of risk, but the *level* of risk that influences the success of restoration (Thompson, 2015). Newpin is aware of this and has commenced discussions about what can be done to better support Aboriginal parents attending Newpin. All Newpin staff undergo Aboriginal Cultural Awareness Training provided by the Uniting Institute for Education and there are plans to employ at least one Aboriginal Worker in every Centre. More generally, to reduce the number of unsuccessful outcomes and reversals, more communication may be required between Newpin and FACS.

The closer we work with FACS and the more we work together around assessment and agree together, the more likely we are to succeed.

Newpin

FIGURE 4 – PROPORTION OF CHILDREN WHOSE RESTORATIONS WERE REVERSED IN CONTROL AND INTERVENTION GROUPS

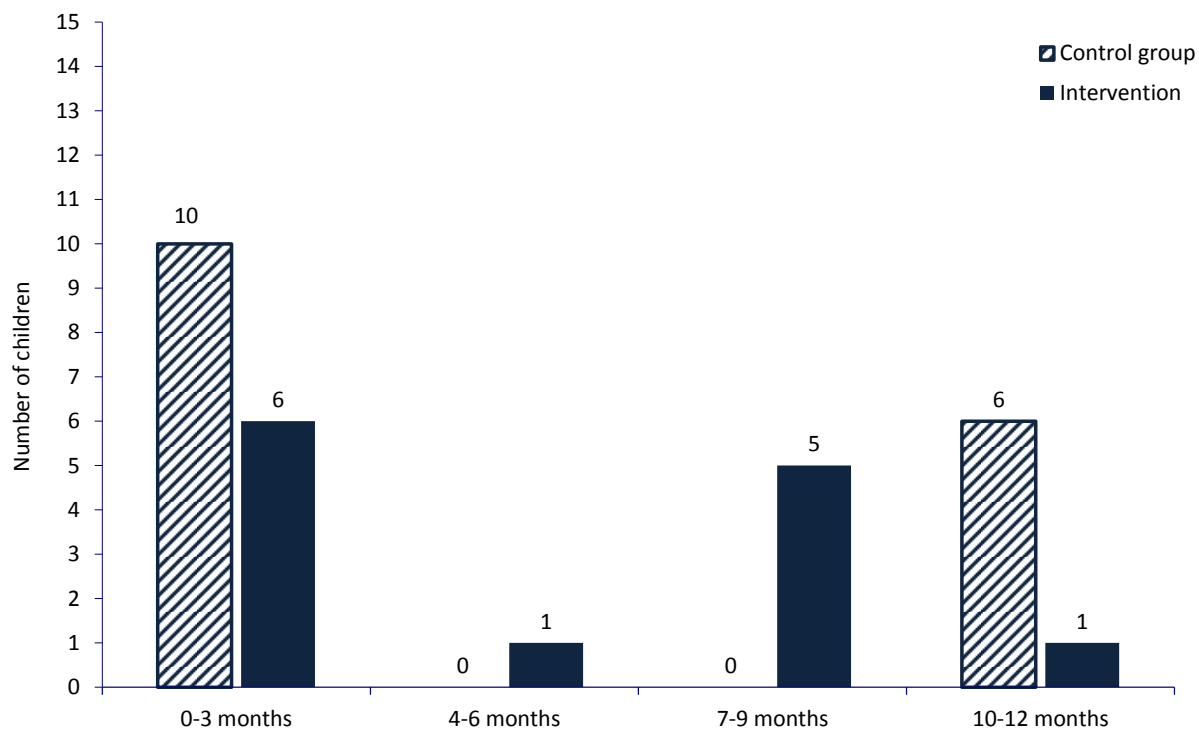


Base: Control – 120; Intervention – 118

Data source: FACS KiDS database

Time period: 1 July 2013 – 31 December 2015

FIGURE 5 – TIME BETWEEN RESTORATION AND REVERSAL IN CONTROL AND INTERVENTION GROUPS



Base: Control – 120; Intervention – 118

Data source: FACS KiDS database

Time period: 1 July 2013 – 31 December 2015

3.3.5 COMPARATIVE RISK OF SIGNIFICANT HARM REPORTS (ROSH)

By law, mandatory reporters (i.e. government and non-government workers who deliver services directly to children and young people) to submit a Risk of Significant Harm (ROSH) report when they are concerned that a child or young person, including those who have been restored, may be at risk of significant harm. As shown in Table 4, children in Newpin (Intervention Group) were *more likely* than children in the Control Group to be subject to a ROSH report (52% compared to 41%). However, the total number and mean of incident reports (e.g. drug abuse by carer, exposure to violence, nutrition inadequate) reported was *less* for the Intervention Group (141 incidents compared to 76 for the Control Group).

TABLE 4 – RISK OF SIGNIFICANT HARM

MEASURE	CONTROL	INTERVENTION
Proportion of restored children subject to a ROSH report	41%	52%
Total number of incidents reports	141	76
Mean number of incidents for children subject to a ROSH report	2.7	1.9

Base: Control – 120; Intervention – 118

Data source: FACS KiDS database

Time period: 1 July 2013 – 31 December 2015

3.4 SUCCESS AND RISK FACTORS FOR RESTORATION

Statistical analysis is not possible at this time to assess the relationship between parental demographics or presenting issues and outcomes at Newpin at this time (except for Aboriginality). However, a case review of files undertaken by Newpin and over 100 consultations with Newpin staff, FACS Caseworkers and parents builds a consistent picture regarding which parents are seen as being more likely to achieve a successful outcome, and which are more likely to struggle to complete the program or have their children restored. Table 5 sets out a range of potential factors associated with the **characteristics of parents and other factors that stakeholders associate with greater likelihood of program completion and success completion.**

TABLE 5 – PARENTAL AND OTHER FACTORS POTENTIALLY ASSOCIATED WITH PROGRAM COMPLETION AND SUCCESS

SUCCESS FACTORS	INDICATORS
Attitudinal	<ul style="list-style-type: none"> Strong motivation of parents to change their behaviour and improve their parenting skills Willingness to place the child's needs before their own
Insight and awareness	<ul style="list-style-type: none"> Parental recognition of their role in the child's removal Acceptance of responsibility for their actions that lead to removal Ability of parent to identify and address key risks Parental awareness of the impact the child's experience of removal has on their behaviour Parent being realistic about what the future may hold Parent holding realistic expectations about their child
Family violence and relationships	<ul style="list-style-type: none"> Parent ceases relationship with a violent partner Abusive partner is removed from the home Parent is more aware of the impact of family violence upon their child
Access to housing/living conditions	<ul style="list-style-type: none"> Parents able to access appropriate, affordable housing to enable family restoration Parent able to demonstrate improvements in the home setting Willingness and openness to change the physical conditions in which they live
Attachment and engagement in program	<ul style="list-style-type: none"> Strong level of attachment to Newpin by parents Strong engagement in the program Parental willingness and ability to engage effectively in Newpin and other programs
Child preparedness	<ul style="list-style-type: none"> Child is well-prepared for restoration whilst in OOHC
Substance use	<ul style="list-style-type: none"> Parent successfully addresses substance abuse Parent moves away from their previous environment and cuts social contacts that place them at risk of relapse
System support	<ul style="list-style-type: none"> FACS, Courts and Newpin have a joint view that restoration is possible

Potential risk factors associated with non-completion of the Newpin program of success are listed in Table 6. These are based on over 160 consultations with Newpin management and staff, FACS caseworkers and parents.

TABLE 6 – PARENTAL AND OTHER FACTORS POTENTIALLY ASSOCIATED WITH UNSUCCESSFUL OUTCOMES

RISK FACTORS	INDICATORS
Attitudinal	<ul style="list-style-type: none"> Ambivalence of parents towards the child(ren)
Family violence	<ul style="list-style-type: none"> Parent still in an abusive relationship or living with a violent partner
Drug and alcohol use	<ul style="list-style-type: none"> Parent unwilling/unable to cease abusing drugs and alcohol Lack of willingness to enter rehabilitation if required
Family support and context	<ul style="list-style-type: none"> Low level of extended family support Two or more children involved – very stressful for parent
Mental health	<ul style="list-style-type: none"> Parent having a diagnosed mental health condition Parent with undiagnosed mental health condition Parent experiencing ongoing mental health issues
Neglect	<ul style="list-style-type: none"> Ongoing neglect issues
Limited access to housing	<ul style="list-style-type: none"> Homelessness or lack of affordable housing means that some children are not restored to parents in a timely manner
Linkages or lack of external supports	<ul style="list-style-type: none"> Fewer links into or lack of services external to Newpin (e.g. drug and alcohol counselling, domestic violence, mental health)
Attachment and engagement	<ul style="list-style-type: none"> Low level of engagement in Newpin Parent do not like or do not connect with, other Newpin parents
Disability	<ul style="list-style-type: none"> Young parents with intellectual disability can struggle with parenting without intensive one-on-one support
Whole of system support	<ul style="list-style-type: none"> FACS, Newpin and/or the Children's Court have a differing view regarding the likelihood of restoration

Given the small size of the target population, and the fact that the program is still in relatively early stages, these patterns should be treated with some caution. Nevertheless, many of these success and risk factors are in line with the results of recent UK research on successful restoration (Farmer, and Wijedasa, 2012). The full Evaluation Report in 2020 will be able to analyse this in more detail, once the sample size has increased, and the trends are validated.

It is worth highlighting that Newpin staff also identified two systemic barriers to restoration that can impede the success of the program. These relate to housing and to the limited availability of support services in some regions. Newpin staff continue to identify the **lack of appropriate, affordable and secure housing** as a major issue. The example was given of one couple awaiting restoration who were on the private rental market, but were not able to secure a six month lease as the home they rented was on the market. One parent was working full-time, the other part-time, however affordability was a major issue for them. They could not find suitable accommodation close to their social networks that they could afford. Despite the efforts of Newpin and FACS to obtain priority housing for the couple, they were not successful. They were advised they wouldn't be able to obtain housing until they had their children with them. But they couldn't have their children restored until they had secured long-term accommodation. Caught in a 'Catch 22' situation, this restoration was delayed.

Another problem is the **lack of services** in some areas, in particular **mental health services**. In some areas, there is a dearth of mental health specialists who can effectively engage with Newpin parents to assist them obtain a diagnosis and put a mental health plan in place. Difficulties in accessing dental services was also mentioned – people who have been on methadone often have major dental decay, which impacts significantly on their self-confidence, self-esteem and mental health.

3.5 CONCLUSION

The key findings from this analysis are that:

- Newpin's restoration rate for all children (overall, Aboriginal and non-Aboriginal children) is almost double that of the Control Group
- Newpin is equally successful in restoring Aboriginal and non-Aboriginal children to their families
- Newpin's reversal rate (overall, and for non-Aboriginal children) is lower than the Control Group and the restoration of children in the Control Group breaks down more quickly than those in Newpin families
- Newpin's reversal rate for Aboriginal children is, however, somewhat higher than for the Control Group (notwithstanding the fact that it has a much higher rate of restoration for this group)
- Newpin has a somewhat higher rate of children subject to a ROSH report in the post-restoration period than the Control Group, but significantly fewer incidents are reported.

These findings are, overall, extremely positive for Newpin – indicating a higher level of success compared with 'business as usual' for families seeking restoration in NSW.

Nevertheless, it is still early days, the sample size is relatively small, and it remains to be seen whether these patterns are sustained over time.

4 Parents' experiences of Newpin

This chapter addresses the following key evaluation questions:

- What aspects of Newpin are most valued by parents and why?
- To what extent have parents participating in Newpin exhibited improvements in a range of attitudinal, capacity, wellbeing and behavioural domains?
- What factors influence the level of program engagement and completion?

This evidence is based on:

- responses from 60 parents who have participated in Newpin, broadly representative of the total population
- formal assessments of family functioning (administered over two points of time) of 91 families participating in Newpin

The evidence is both qualitative and quantitative. Feedback from parents is internally consistent and also consistent with feedback from Newpin and FACS stakeholders.

4.1 INTRODUCTION

This section of the report focuses on parents' experiences of Newpin. It explores what parents value about the program and the extent to which they think they and their children have benefitted from attending Newpin. It also explores how satisfied parents are with various aspects of Newpin, and whether they have any suggestions for strengthening the program.

The feedback from parents is based on the following:

A survey completed by 52 parents. This survey was distributed by mail to all parents who had participated in Newpin since July 2013. Parents were given the opportunity to complete the survey online, by hand, or to have the survey administered by a member of the Urbis team in person or over the telephone. The decision to distribute the survey by mail was made on the advice of Uniting, as many parents either do not have access to the internet or regularly change their phone number. The 52 parents who responded to the survey were broadly representative of the population of families attending Newpin since July 2013. However, a higher proportion of Cohort 1 than Cohort 2 families were surveyed and more surveys were completed by parents who had attended Newpin in the last 18 months than in the early stages of the program. The parents surveyed included:

- 37 mothers and 15 fathers
- 48 Cohort 1 and 4 Cohort 2 families
- 36 current program participants and 16 former participants
- 22 who had had a successful outcome, 30 who had not had a successful outcome or who were still attending the program
- 10 parents who identified as Aboriginal and/or Torres Strait Islander.

In-depth qualitative interviews with 38 parents. On behalf of Urbis, Newpin invited all current program participants to be interviewed for the evaluation. An information flyer prepared by Urbis was distributed together with consent forms to be signed by parents who agreed to be interviewed for the evaluation, on a confidential basis. Signed consent forms were provided to Urbis, who then arranged and conducted interviews with parents face-to-face or by telephone. Newpin also approached a number of parents who were no longer attending the program (including those with successful and those with unsuccessful outcomes) to invite them to be interviewed for the evaluation. A number of these parents consented to take part in the evaluation and were subsequently interviewed by Urbis.

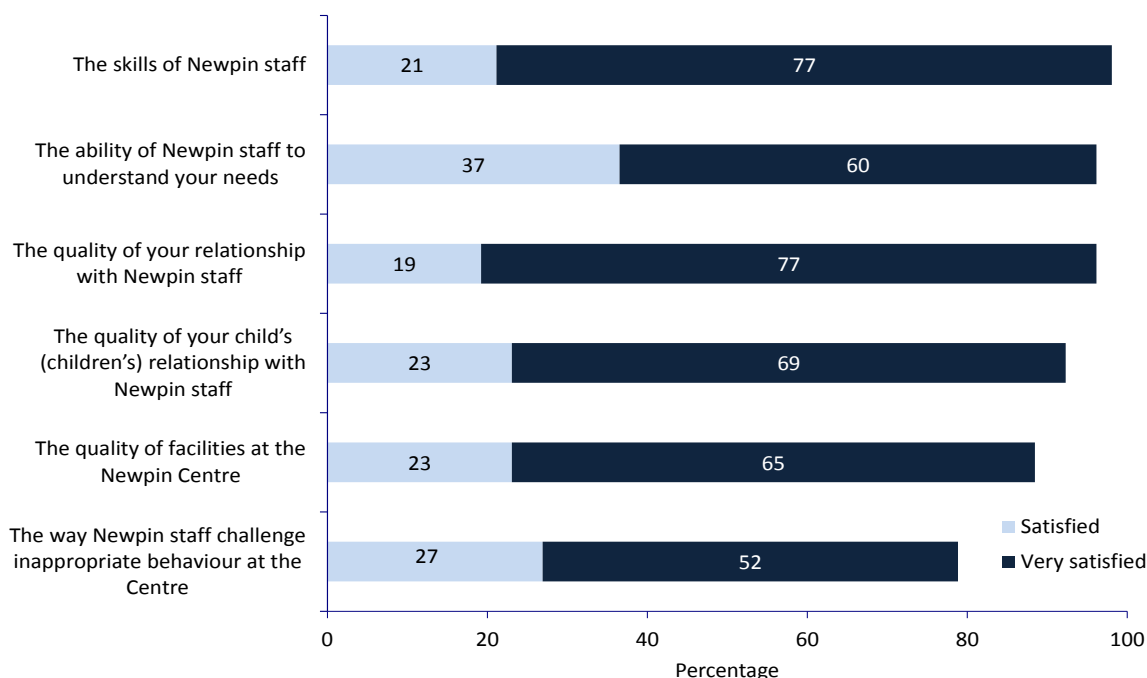
In all, 60 parents were surveyed and/or interviewed for the evaluation, which represents more than one in four families who have attended Newpin between July 2013 and March 2016. This is a very high response rate given the complexities of these parents' lives and the challenges they have faced. The high response rate is testament to their engagement in the program (regardless of the outcome) and their willingness and confidence to talk about difficult and painful aspects of their lives.

4.2 PARENTS' RATINGS OF NEWPIN

The parents' survey revealed a very high level of satisfaction with Newpin, with the majority of parents rating key elements of the program as useful or very useful.

Parents were asked to rate (on a five point scale) their satisfaction with six aspects of Newpin principally relating to the skills and aptitudes of Newpin staff. The great majority of parents reported they were *satisfied* with all six indicators, and in most cases, they were *very satisfied* (See Figure 6). The skills of Newpin staff, their ability to understand parents' needs, and the quality of the relationship between Newpin staff and both parents and children were rated particularly highly. Although the level of satisfaction in relation to '*The way Newpin staff challenge inappropriate behaviour*' was rated slightly lower than others, some parents reported this was *not relevant* as they had not seen any need for staff to do this.

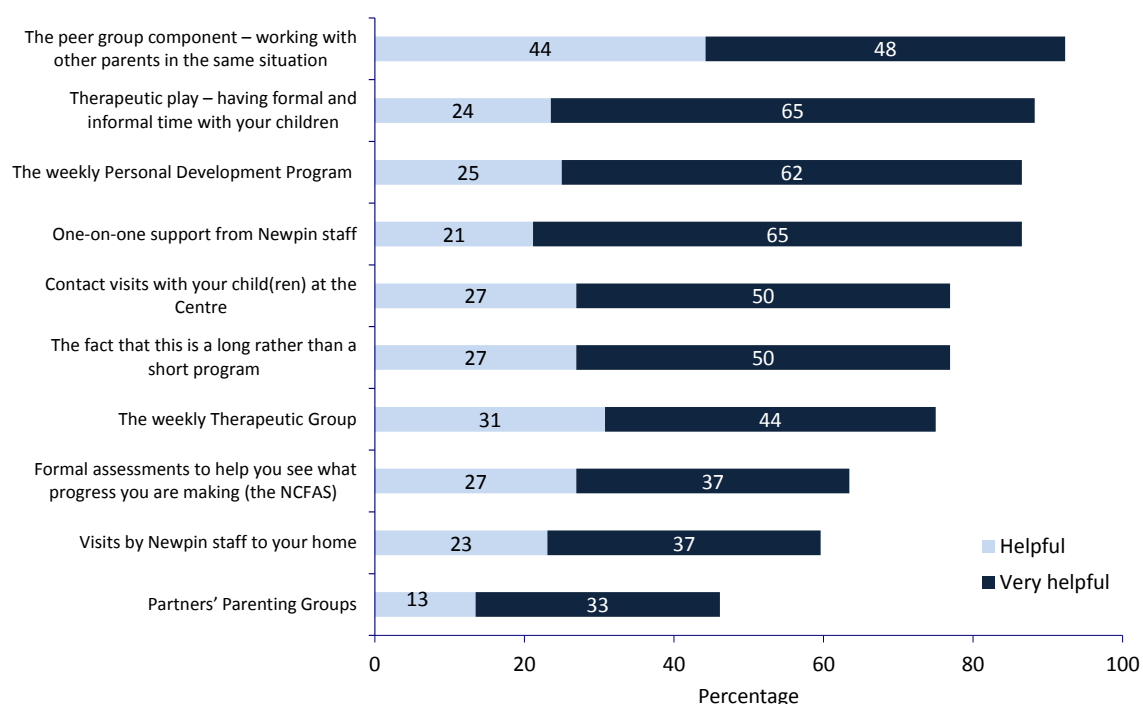
FIGURE 6 – PARENTS' SATISFACTION WITH NEWPIN



(n=52)

Parents were also asked to rate (on a five point scale) how useful they found various components of the Newpin program. The majority of parents rated the program elements as being *useful* or *very useful* (see Figure 7). The peer group component was rated most highly, followed by therapeutic play, the weekly Personal Development Program, and one-on-one support from Newpin staff. There was also considerable support for the length of the program. While most parents rated the North Carolina Family Assessment Scale (NCFAS) assessments and home visits as very useful – not everyone had received a home visit or undertaken a NCFAS so they could not comment. Similarly, only some parents had a partner attending Newpin, hence the lower rating. However, the majority of those who did have a partner attending Newpin rated this aspect of the program as very useful. It should be noted that some parents found it difficult to distinguish between the Personal Development Program and the Therapeutic Group Session and so there may be a margin of error in relation to the responses to these two questions.

FIGURE 7 – PARENTS' RATING OF THE HELPFULNESS OF NEWPIN



(n=52)

The following sections draw on the in-depth interviews with parents, which allows for a deeper analysis of some of the survey responses and an exploration of how Newpin is viewed through the eyes of participants.

4.3 NEWPIN STAFF

When talking about their experiences at Newpin, first and foremost parents refer to the staff. Newpin is seen as a place where parents are made to feel welcome, comfortable and at ease. The staff are the lynchpin of this experience and parents are unreserved in their praise for the Newpin workers. There is remarkable consistency in the way parents talk about the staff at Newpin, regardless of the Centre they attend, their own personal or family circumstances, or whether or not they have had a successful outcome. The key aspects of the characteristics and approach of Newpin staff that are highly valued by parents are summarised in Table 7. These highlight the importance of the relationship-based method of working with parents, which is an essential underpinning of the program.

4.4 WHAT PARENTS LEARNED THROUGH NEWPIN

Newpin parents spend a lot of time attending structured group programs whilst attending Newpin. During their two days at the Centre each week, they typically attend 1½ hours in a Therapeutic Group and 1½ hours in a Personal Development Program. Parents attending the program for the full 18 months may expend some 120 hours attending these structured programs.

Both the Therapeutic Group Program and the Personal Development Program are rated as useful or very useful by the majority of parents, although some parents had difficulties distinguishing the two kinds of programs as they are both seen as 'group sessions' in which learning occurs.

Much of the learning that happens at Newpin occurs outside of the formal group programs. It also occurs through therapeutic and informal play sessions with children and the play workers, one-on-one counselling sessions with the Family Worker, and interactions and discussions with other parents. It also occurs through Newpin staff 'modelling' the values of Newpin and the practical application of skills and strategies discussed in group sessions. Some parents had difficulty articulating what they had learned through Newpin because it was 'so much' and 'heaps of things'.

A number of parents interviewed are still on the Newpin journey, having only been in the program for a relatively short time. At the time of their interview, a few parents were experiencing challenges (e.g. in relation to their mental ill health, court matters, the wellbeing of their partner). Not all parents had made the same progress and each parent had a different story to tell.

TABLE 7 – SKILLS AND APPROACH OF NEWPIN STAFF VALUED BY PARENTS

QUALITIES VALUED	IMPACT	EXAMPLE
Open, honest and transparent	<ul style="list-style-type: none"> Builds trust Parents know where they stand No surprises Parents feel respected 	<i>They've said I can go back and read all of what they've written about me. They said we write the report out, but you can come and read it if you really want to. (Father)</i>
Non-judgemental, approachable and respectful	<ul style="list-style-type: none"> Builds trust Helps parents to engage in the program Helps parents open up to having difficult conversations Provides a safe environment for parents to seek help or advice 	<p><i>It's excellent. A lifesaver. It's been the best part of this whole process for me. Not only am I learning, I'm meeting people in similar situations. There's constantly someone to talk to if need be and it's very natural, very real. You don't come here and put on a show or act differently. (Mother)</i></p> <p><i>They're friendly. They make you feel comfortable. They're not judgemental in any sort of way. Yeah, they're approachable with a lot of things. (Mother)</i></p>
Inclusive/non-hierarchical	<ul style="list-style-type: none"> Builds trust and relationships Encourages communication Models healthy relationship 	<i>The way everyone feels equal and included. They aren't necessarily like teachers. We're all sort of equal. If my kid wanted to play and another kid wanted to paint, someone would go and paint with the other kid. So everyone just chips in and does a bit of everything. (Father)</i>
Genuinely caring	<ul style="list-style-type: none"> Builds relationships Helps parents feel valued, particularly those who have not experienced much love or care in their lives Helps build parental and child self-esteem and confidence Paves the way for intimate conversations 	<p><i>I think I've got a very good relationship with the staff. I can go up to any one of them if I have a problem, whether it be good or bad and I feel it's personal. I feel like I'm not just a number. They actually care about the relationship, about your child. It is important to them I think. (Mother)</i></p> <p><i>They genuinely care about you. They're not just here because it's a pay cheque at the end of the week. They enjoy their work and they want to help. They genuinely care about what happens to the child and the parent. (Mother)</i></p> <p><i>We love it here – it's like our second home. (Mother)</i></p>
Skilled and knowledgeable	<ul style="list-style-type: none"> Builds parents' respect for staff Through staff practically applying what is learned in parenting programs, parents can see the outcomes and benefits for their child Builds parents' confidence that they can also learn and develop skills 	<p><i>Their finger is very much on the pulse with regards to the latest studies and teachings. (Father)</i></p> <p><i>We've got support, empathy, equality, respect and self-determination. We learn what this stuff means and how we pass it on to our kids. (Father)</i></p>
Positive, motivating and encouraging	<ul style="list-style-type: none"> Builds parents' self-esteem and combats low morale Builds parents' awareness of their strengths Prevents parents dropping out of the program as they are supported through difficult periods 	<p><i>I've been through a lot of down moments and I didn't always show it, but they always know how to pick you up, and sort of like say you can do this. You've achieved a great deal. Don't let something like this bring you down. You're better than that. You're stronger than that. They help you out. They treat you the way they want to be treated and I love it. They're amazing. (Mother)</i></p> <p><i>They would never say look, you're doing it wrong. They would just sit down and suggest ways. They'd never point us out and say anything to us in front of other people or make us feel belittled or judged or anything. (Mother)</i></p>
Calm, consistent and reliable	<ul style="list-style-type: none"> Provides a safe and secure environment for parents and children to learn and grow Parents' experiences are not dependent on individual staff 	<i>Each staff member brings their own personality and their own twist – but there's a common thread that runs through them. (Mother)</i>
Apply 'tough love' when needed	<ul style="list-style-type: none"> Builds parents' appreciation of the 'boundaries' staff adhere to Helps parents stay focussed on what's most important in having their child restored 	<p><i>I like to call her [the worker] a shark because she's very soft and very sweet and approachable. But when it comes down, to it, she's a shark. She will say what she wants and that's how it goes. If she's not happy with you, you know about it. She'll be like look, we've told you to do it, and you didn't do it. We're here to support you. If you don't look after yourself, we can't help you. What's the point in you being here? So she's very firm if you haven't done the right thing. Like she's not going to sugarcoat it. (Mother)</i></p> <p><i>If they've any concerns at all, they're straight onto it and it's not done behind anybody's back. It's all up front. (Mother)</i></p>

Most commonly parents reported that as a result of Newpin, they have:

- learned a lot more about themselves and the pathways that led to their child being removed from their care
- discovered, or rediscovered, their 'former selves' and had their self-esteem and confidence restored which had been eroded through domestic violence, substance abuse or mental ill health
- increased awareness of the destructive impact (both on themselves, but particularly on their children) of being involved in or witnessing domestic violence
- received support (through Newpin and attending other programs) to help them overcome drug addictions and prevent relapses
- built bonds with and attached (or re-attached) to their children
- increased their understanding of child behaviour and child development and their ability to interpret verbal and non-verbal cues from their child and respond in an appropriate way
- learned that being aggressive or angry is ultimately destructive and unproductive – and found new and better way of dealing with anger or frustration (in particular in dealing with FACS or the Children's Court)
- learned practical skills in physically caring for their child or young baby – hygiene, nutrition, good sleeping and eating habits: such support was particularly valued by fathers who were new parents and/or had never looked after an infant before
- learned positive play skills with their children.

4.5 IMPROVEMENTS IN FAMILY FUNCTIONING

The North Carolina Family Assessment Scale is a care practice tool to aid with the assessment of family functioning for the purpose of service planning and good setting. 'The aim is to help a family improve its functioning and harmony as a family system'.

(Kirk, 2012, revised March 2015), (p2)

An analysis of the NCFAS data⁶, available for 91 families attending Newpin, provides additional evidence of the changes and improvements that have occurred in family functioning whilst parents have attended Newpin. The NCFAS scale contains 70 indicators across 10 domains of functioning, including the following:

- | | |
|-------------------------|--------------------------------|
| ▪ Environment | ▪ Social/community life |
| ▪ Parental capabilities | ▪ Self-sufficiency |
| ▪ Family interaction | ▪ Family health |
| ▪ Family safety | ▪ Caregiver/child ambivalence |
| ▪ Child well-being | ▪ Readiness for reunification. |

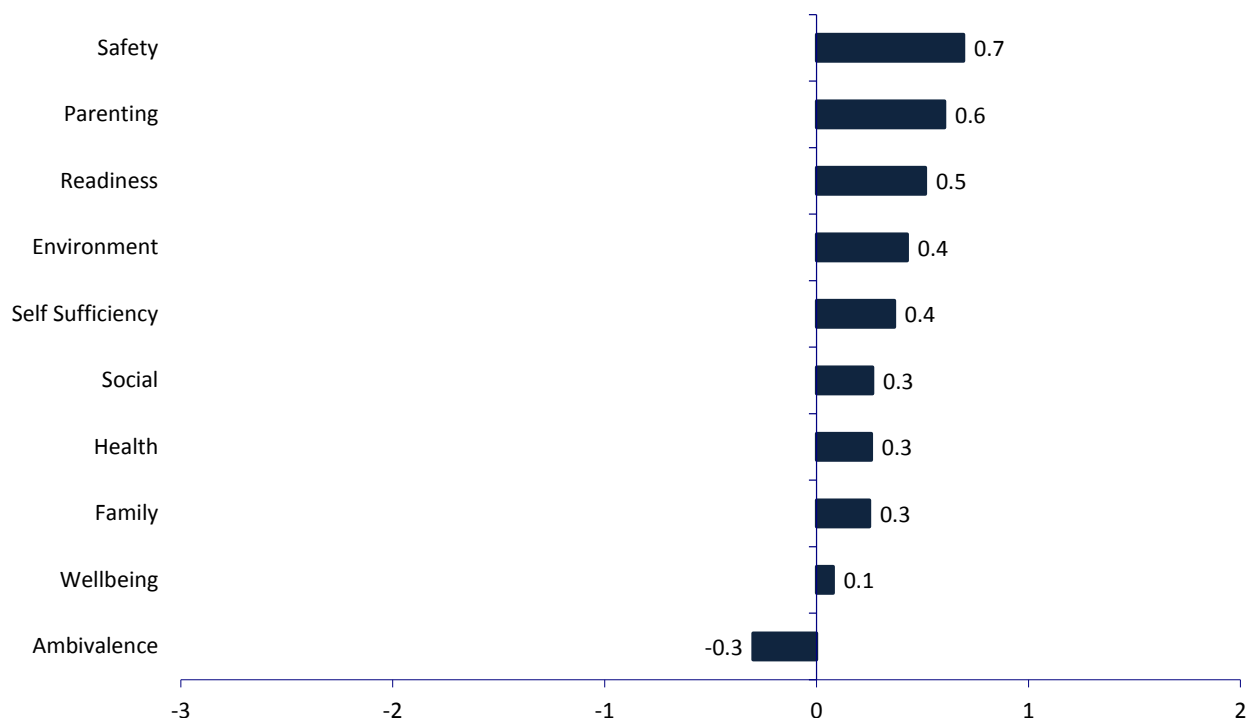
⁶ The above analysis is based on a comparison of those families who had been assessed by NCFAS on at least two occasions. The comparison is between the first assessment and the latest one (which could be the second or third NCFAS administered). A total of 91 families fell into this cohort. Families who are not included are those who were attending Newpin prior to Uniting introducing the NCFAS tool in 2014, those who left early (prior to completing a second NCFAS), and those parents who have not yet had their second NCFAS undertaken as at April 2016.

Two things should be noted about this analysis of NCFAS over time. Comparisons in proportions in Table 8 and Table 9 draw upon **all** the participants at time 1 and time 2. This means that there may be an assessment completed at time one but not completed at time two or visa versa. Figure 8 includes only assessments from time 1 and time 2 that were able to be matched to an individual (i.e. repeated measures analysis).

When a parent first enters Newpin, a NCFAS is administered to assess the level of functioning across each of the above domains. The NCFAS is then re-administered at various intervals whilst attending Newpin, usually about six to eight months into the program, and then upon exit. The tool measures (on a six point scale from 'Clear Strength' to 'Serious Problem') the level of family functioning. There is also a mid-point 'Baseline/Adequate'. Strengths are scored higher than the Baseline, and Problems scored lower. A Baseline/Adequate Score indicates *there is no legal, moral or ethical reason for a public child protection mandate to be exercised*. (Kirk 2012, revised March 2015 p2)

A comparison was made between the mean scores of the *first* and *latest* NCFAS administered from the families who had two or more assessments undertaken between early to mid 2014 (when the NCFAS tool was introduced) and 31 March 2016. The comparison is based on the summary score for each of the ten domains. This showed that, there was an improved functioning on 9 of the 10 indicators (see Figure 8). The largest improvement occurred in relation to **family safety** (+0.7 improvement on a 6 point scale), followed by **parental capabilities** (+0.6), and **readiness for reunification** (+0.5). The one indicator where there was a deterioration in rating, related to **caregiver/child ambivalence** (-0.3). This may partially be explained by the fact that caregiver/child ambivalence assessment is completed by Cohort 1 families only (and therefore for a smaller number of families) and partly by Newpin staff initially lacking a good understanding of this Domain, which is being rectified through additional training.

FIGURE 8 – COMPARISON BETWEEN THE MEAN SCORES OF THE *FIRST* AND *LATEST* NCFAS



These improvements are of course all relative to the original scoring. Table 8 shows the proportion of families for whom each domain was either an Overall Strength, an Overall Problem or Adequate at first assessment compared to the latest assessment. This clearly demonstrates the proportion of families assessed as having 'Problem' functioning has decreased over the two timeframes for eight of the NCFAS domains. Meanwhile the proportion of families assessed as having a Clear Strength in the latest NCFAS was higher in relation to all ten of the NCFAS domains (see Table 9)

TABLE 8 – FAMILIES ASSESSED AS HAVING AN OVERALL PROBLEM IN RELATION TO FAMILY FUNCTIONING

DOMAIN	FIRST NCFAS PERCENTAGE ASSESSED AS HAVING PROBLEM FUNCTIONING	LATEST NCFAS PERCENTAGE ASSESSED AS HAVING PROBLEM FUNCTIONING
Family safety	49%	25%
Parental capabilities	33%	19%
Family health	31%	29%
Family interaction	30%	23%
Environment	30%	19%
Self-sufficiency	28%	18%
Readiness for restoration	27%	17%
Social/community life	18%	13%
Care giver/child ambivalence	17%	19%
Child well-being	14%	19%

TABLE 9 – FAMILIES ASSESSED AS HAVING A CLEAR STRENGTH IN RELATION TO FAMILY FUNCTIONING

DOMAIN	FIRST NCFAS PERCENTAGE ASSESSED AS HAVING A CLEAR STRENGTH	LATEST NCFAS PERCENTAGE ASSESSED AS HAVING A CLEAR STRENGTH
Family safety	19%	44%
Parental capabilities	21%	51%
Family health	25%	45%
Family interaction	21%	38%
Environment	30%	48%
Self-sufficiency	16%	36%
Readiness for restoration	13%	40%
Social/community life	19%	40%
Care giver/child ambivalence	32%	48%
Child well-being	28%	50%

These results clearly demonstrate improved family functioning over a six to 18 month period of attendance at Newpin. These results cannot be analysed by parental characteristics or outcomes at this time due to current limitations of Uniting's Client Information Management System.

4.6 CHILDREN AT NEWPIN

Parents are universally positive about their children's experience at Newpin. Newpin staff are seen as being extremely skilled in communicating with children, identifying their needs and supporting them to have an enjoyable, positive and safe experience whilst attending the Centre. This applies to all staff, not just the Play Worker and the Play Facilitator. The Family Workers, the Administrative Worker/Driver and the Coordinator are all viewed as being skilled in communicating and developing relationships with the children.

Parents typically commented that their children *'love going to Newpin'* and *'don't want to leave at the end of the day'* with many wanting to go to the Centre on non-designated days. Parents highlight the range of

activities their child can be involved at the Centre: playing on outdoor or indoor equipment, playing with toys, cooking, singing, socialising with other children, undertaking activities with their parents and staff, watching videos, drawing pictures and painting. Some of the older children also participate in programs (e.g. to prepare them for going to school).

Parents also spoke of children loving the routine of Newpin, which brings much needed stability, consistency and rhythm to their child's lives, particularly when the child has experienced trauma or been placed in numerous foster care homes. Several parents commented that their child's confidence had grown whilst attending Newpin, and that they were less shy than before and had developed social skills.

Parents also said their children benefitted from attending Newpin through interacting with other children who, like them, were not living with their parents. As a result, they did not feel they were the only ones in this situation.

She loves it. We call it playgroup, we don't call it Newpin. So she loves it, plays with all her friends there. There's other kids there that don't live at home so, she kind of like, I won't be the only one leaving the Centre without mum. So some kids go on the bus home and then some go back to their carer.

Mother

Without exception, those parents who only see their children at a contact visit at the Newpin Centre, commented on how much better it was for both them and their children to have the visit at Newpin rather than in a FACS or NGO office or in another official contact centre.

The range of facilities at Newpin, the generous space in which to play and interact in a home-like setting, the opportunity to talk to the workers to obtain on-the-spot advice on how to deal with their child's behaviour, are seen by parents as highly conducive to a successful contact visit.

Well, it is a lot more positive at Newpin. A lot more comfortable and there is far greater scope to be able to teach and guide my daughter through whatever behaviours. [Before Newpin, the contact visit was] sitting in a room with a box of broken toys and someone watching you with a pen and paper in their hand. It's really stifling. It's unnatural. Whereas the visits at Newpin, my daughter formed a relationship with the workers, with the other children. There was opportunities to play with my daughter but also to have my daughter play with other children and be able to guide that play to try and embark in some positive social skills and stuff. So it was a lot richer in potential to do that, because it wasn't purely about generating a report. It was very clinical, the visits in the office, and very unnatural.

Father

[In other contact centres or offices] they're in your personal space and you can't fully give all your attention to your child, or be relaxed around your child. Your child picks that up, so then you just don't really have like a good contact. Here, you can go somewhere without someone following you, so that's good. It's calming for [my child], because you know how kids can pick up on stress. He's not set off, so it's easier to look after him [at Newpin].

Mother

4.7 THE PEER SUPPORT ELEMENT

The peer group component was one of the most highly rated aspects of Newpin, 92% of parents reported working with other parents in the same situation as being helpful (48% very helpful; 44% helpful). The main reason that parents find the peer group component of Newpin so helpful are summarised Table 10.

TABLE 10 – MAIN REASONS PARENTS FIND PEER GROUP COMPONENT HELPFUL

REASON	BENEFIT	EXAMPLE
Parents don't feel that they are the only people to have had their child removed	<ul style="list-style-type: none"> Reduces stigma Reduces feeling of loneliness or isolation Encourages participation 	<p><i>I always thought that I was the only one going through the situation that I was going through. So when I started Newpin and found out there were other mums going through similar situations as me, it really helps a lot because I knew that I wasn't the only one. (Mother)</i></p> <p><i>They have the same goals as me. I don't really have no other friends except for the mothers at Newpin. (Mother)</i></p>
Parents feel that only other people in a similar situation truly understand what they are going through	<ul style="list-style-type: none"> Builds relationships Builds understanding Reduces anxiety Develops empathy 	<p><i>They're all at different levels which is good. It helps me understand the process better. Some of the things that mums have been through, it's horrible. But to see them be positive and to become a better person, that's great to see. It makes me feel like I can be strong as well. I've always been the type of person to run away from things - - - now I'm just a totally different person. I wouldn't give up Newpin for the world. (Mother)</i></p>
Parents feel they can more freely 'open up' and discuss their fears, concerns and issues with others in the same situation	<ul style="list-style-type: none"> Builds relationships Builds trust Builds understanding Facilitates help-seeking Facilitates learning and self-reflection 	<p><i>It's just really good, just to know that other people are going through the same stuff and everyone puts different reasons as to why they're there. So it gives you a wider understanding of the different things that actually go on. (Mother)</i></p> <p><i>Listening to what other parents had to say about what they had been through, some have it really hard and some people handle things differently. I think how would I handle that if I was in that situation. I'd just try and think about how I would react and what I would do, and it's like, they're strong considering what they've been through. (Mother)</i></p>
Parents motivate, encourage and support one another and give each other hope	<ul style="list-style-type: none"> Assists with attendance and program completion Provides positive reinforcement 	<p><i>It gives you hope. I've seen what they've done to get their kids restored and it gives you a lot of hope as to where you could be. (Mother)</i></p>
Parents enjoy the reciprocal nature of the program	<ul style="list-style-type: none"> Provides mutual support Empowers parents Builds self-esteem 	<p><i>They empathise towards the situation and things like that. They're not judgemental because they're in the same situation sort of. But yes, it's more the support and knowing that someone is there that I can talk to and they can help me and I can help them. (Mother)</i></p>
Parents don't feel judged by their peers, as they do by everyone else	<ul style="list-style-type: none"> Reduces stigma Support, frank discussions 	<p><i>Knowing that I'm not the only one going through this and there's other mums exactly in my situation and knowing it's a really supportive atmosphere. (Mother)</i></p>

A minority of parents were somewhat less effusive about their experiences of the peer element of Newpin. Some spoke of being intensely private and of finding it difficult to share their emotions or feelings with other parents. Others said they did not trust other people and were highly anxious about opening up in a group or to other parents who they did not know or people with whom they did not feel they had a

connection. They said they preferred to listen and learn rather than talk. Parents suffering high level of stress or anxiety, those relatively new to the program, and those yet to develop trusting relationships were most likely to express such views, as were men (fathers), some of whom were unfamiliar with talking openly about their thoughts and feelings in a group setting.

4.8 PARTNER CONTACT

The majority of parents attending Newpin are single. However, a minority are in a relationship with their partner (either the other parent of the child who was removed, or more typically, a new partner).

Parents with partners who were interviewed for the evaluation fully supported both parents being able to attend Newpin. In most cases, this involved the 'primary parent attending the Centre two days a week to participate in the full program. Meanwhile, the other parent has a contact visit at the Centre they attend a joint contact visit with the mother at the Mothers' Centre, and attendance at a group support program.

Both mothers and fathers reported positive benefits in the partner program:

- both parents are actively involved in working on having their child restored, rather than the onus lying mainly on one parent (it should be noted that only *one* parent is nominated to have a child restored; children cannot be restored to a couple): this aligns well with modern parenting arrangements
- both parents are 'on the same page' and learn together on how to be good or better parents
- they discuss issues when they get home, share ideas and information, and practice what they've learned during contact visits and in group sessions
- it allows each parent to have separate time with their child as well as family time altogether during contact visits, which parents believe helps build their respective relationships with their child
- it builds a couple's confidence in parenting, especially first-time fathers who may never have cared for a young child before.

We can both talk about it and when I get home I tell him how my day was and it feels like we're both putting in the effort towards bringing our daughter home. It's not just one. Like, if it was just me in the program and he wasn't doing it, it would feel like I was the only one making all the effort or vice versa. Whereas we're both here, and we're both doing everything we can.

Mother

He will tell me what he learned and I'll tell him what I learned and we sort of compare. It helps because he can point out little things to me and I can point other little things to him so it work for all of us. It's good.

Mother

4.9 INTENSITY AND LENGTH OF THE PROGRAM

The majority of the parents surveyed reported the substantial length of the program as being helpful (50% very helpful; 27% helpful). From talking to parents, it became clear that their ideas about the length of the program changed over time. Many parents said they were somewhat surprised and daunted at the length of the program when they first started Newpin and didn't necessarily see the need to attend the program for 18 months. Over time, they began to realise what they did and didn't know about parenting, child development and child safety, or the steps and processes that had to be taken before their child could be restored. Some parents are new to parenting and/or lack good parenting models having been in OOHC themselves. Others have little or no family support (e.g. because they are estranged from their family or because they have had to leave a violent relationship and/or disassociate themselves from all former friends). For such parents, the Centre becomes like a 'family' in which they can safely learn and develop.

A small number of parents, however, did query the length of the program. Typically, these were parents who had restoration orders made before they commenced Newpin, or who had had their child restored fairly soon after joining the program. They were sometimes unclear whether or not they were required to spend the full 18 months in the program. Some thought the length of time in the program should be based on the individual's progress, rather than on a fixed timeline. A small number of parents also queried the need to complete a full nine months of Newpin in the post-restoration period, when they considered they were travelling well and wanted to get on with their lives, find a job and get the children into a routine at home and at school. A small number of fathers who had never been a risk to their child (their child having been removed from their partner from whom they were separated) also queried whether nine months post-restoration was always required as they did not see themselves as being a risk to their child.

The majority of parents, however, saw the value and benefit of attending a longer rather than a shorter program. A longer program facilitates a deeper understanding of themselves, of their child's needs, and of the reasons why their child had been removed. It also gives parents sufficient time to fully engage in the program, to learn and reinforce skills and strategies, to practice what they have learned both in the Centre and at home, and to obtain feedback and advice along the way. This is reassuring for parents and gives them time to build their confidence and skills in a way that a short program could never do.

4.10 PRACTICAL AND PERSONAL SUPPORT

Many parents commented positively on the practical support they received from Newpin, which they greatly appreciated. This included a range of activities including: assistance with completing Centrelink and other official forms; attending care plan meetings and discussions with FACS caseworkers; attending court; making referrals to other programs; and obtaining relevant materials or resources for themselves or their child.

Whilst Newpin encourages parents to advocate for themselves as much as possible, the literacy and education levels of some of the parents are such that they sometimes need support to navigate the service system and court processes.

Two types of practical support were valued particularly highly by parents:

- assistance with obtaining appropriate and affordable housing
- support with attending care plan meetings and the Children's Court.

This report has previously highlighted the **lack of appropriate and affordable housing** as a barrier to some parents having children restored when Newpin and FACS are of the view that they are ready for restoration. Several parents spoke about the difficulties of finding suitable and affordable housing. Some mothers lost their housing when they left a violent relationship and found they could not afford private rental on their own. Other parents had moved away from the place they had lived previously in order to cut off contact with former associates for fear of lapsing back into their former substance abuse lifestyle, also found it difficult to relocate. Yet other parents were living in temporary supported accommodation due to mental ill health and/or domestic violence, and a few were living in housing that was unsafe or unsuitable for young children. In a number of cases, Newpin and/or FACS had been able to advocate for parents and been successful in securing suitable and affordable housing for the family. In other cases, however, their attempts had been unsuccessful.

I've been on the Department of Housing list since I was 17. I'm 30 now. And still nothing. And [child] was coming back from [OOHC]. I was paying \$450 a week rent and I wasn't getting that. It was using all my savings that I'd saved up for 3 to 4 years. Newpin helped me. Like I would not have been able to write a letter [to the Department of Housing]. I might have said in words to her the way I want it, but no way would I have been able to put in those paragraphs.

Mother

I needed to get housing before they could look at restoring him back to me. However, Housing said I cannot be priority until the kids are actually in my care. So I was stuck. The area where my support system is - that's kind of where I want to be located – they've told me even on priority, it's going to probably be at least 28-30 years wait.

Mother

Parents also greatly valued practical support from Newpin in **communicating with FACS and understanding and navigating the legal and court system**. Several families said they had had two or three FACS Caseworkers whilst attending Newpin – which they thought had added to the difficulties in getting their children restored. Other parents had had a history of contact with FACS, having themselves been in OOH as a child, which at times made their relationship with the Department somewhat strained. Nevertheless, parents said having Newpin staff attend meetings with FACS and attendance at the Children's Court:

- helped them understand what was happening during meetings with the Department and care plan meetings
- alleviated their anxiety about timings and processes
- helped them to understand the legal and court processes and why they take a certain amount of time
- helped them prepare for meetings and court attendances
- assisted them with developing their care plans
- supported them to develop a less antagonistic approach in their dealings with FACS and the Children's Court.

4.11 CATALYSTS FOR CHANGE

Parents were asked why they thought some parents progressed at Newpin, whilst others didn't. The answer they typically gave was simple and straightforward, in essence parents who succeed at Newpin '*will do whatever it takes to get their child back*'. Many parents said they were a different person to when they had first started Newpin. Some said they had returned to who they had been before they had fallen into the lifestyle or circumstance that had led to their child being removed.

According to parents' observations, parents who stayed in the program, or who were more likely to have their children restored are those:

- whose number one goal is to have their child restored
- who take responsibility for their actions and arrive at an understanding of why their child had been removed by FACS
- have been willing to leave a violent and abusive relationship for the safety and wellbeing of their children
- who were able to overcome substance addictions
- who had the confidence and belief that they had the capacity to change
- for whom systemic issues (e.g. lack of housing or lack of access to support programs) were not barriers to restoration.

The following parents described their own journey through Newpin, and what had been the key to their progressing.

I realised I had to change. I was not in a good space, not in a good relationship – it made me realise what was important.

Mother

When I went into Newpin, I had just come out of a three year domestic violence relationship. Newpin helped me move past all of that so now I live in a normal home, a normal home environment. I have a new partner, we have a new baby and we have a happy family now.

Mother

I've accepted that my drug use, the domestic violence, our history and my neglect of my pregnancy was the reason why my baby was taken.

Mother

4.12 SUMMING UP PARENTS' EXPERIENCES

[illegible]

5 Program and practice development

This chapter of the report addressed the following key evaluation questions:

- What implementation and practice learnings can be drawn from the expansion of the Newpin program and model over the last three years?
- What program enhancements have been put in place and how are these impacting progress, effectiveness and efficiency?
- How have staff been recruited and supported to transition to the new Newpin model?
- What implications do these have for the expansion of Newpin into new locations?

The evidence is based on over 100 consultations with Newpin management and staff and FACS stakeholders over the last three years and supporting documentation.

The great majority of all Newpin staff, and representatives from all CSCs working closely with Newpin were consulted. There can therefore be a high level of confidence in the findings.

5.1 INTRODUCTION

When the Newpin SBB commenced on 1 July 2013, it signalled a new phase in the development of the Newpin model. This section of the report summarises the key program and practice developments that have occurred since then.

5.2 STRENGTHENING NEWPIN PRACTICE

Over the last three years, Newpin has invested significantly in strengthening and developing its practice. Although the Newpin Program has enjoyed a very positive reputation in the sector for some time, the practice had essentially developed informally, through experiential learning informed by theory, rather than through formal training and a documented practice framework. Newpin has taken advantage of the additional resources provided through the SBB to move to a more structured approach whereby:

- the Newpin model and processes are formally documented
- the links between evidence and practice are more clearly articulated
- staff are supported through a formal professional development program and regular clinical supervision.

The most significant of the practice developments are discussed below.

5.2.1 THE NEWPIN DIPLOMA OF THERAPEUTIC FAMILY WORK

The Newpin Diploma of Therapeutic Family Work is a specially tailored course, where participants will complete seven modules, which will include training specific to the Uniting Newpin Australia Program, and nationally recognised competencies that when completed, meet the requirements for a Diploma of Child, Youth and Family Intervention

(Documentation provided by Uniting in May 2015)

Working in partnership with Sal Consulting, Uniting has recently developed the first ever Newpin Diploma of Therapeutic Family Work (incorporating CHC50313 Diploma of Child, Youth and Family Intervention).

The seven modules include:

- therapeutic underpinning knowledge
- risk minimisation in the family work context
- professional practice
- case management
- cultural and gender intelligence
- complex family issues
- therapeutic skills.

Further details of the units under each module, are available at Appendix E. The modules include nine 'core' units, nine elective units, and seven Newpin-specific units.

Core elements of the training will be compulsory for certain Newpin staff, some of whom have no formal qualifications. The Diploma can be accessed by all Newpin programs operating under license from Uniting. It, therefore has the potential to enhance and standardise the professional knowledge, skills and practice not only in Newpin Centres operating in NSW, but also those operating elsewhere in Australia. Enrolment in the Diploma commenced in August 2015 and the Diploma was accredited in May 2016.

5.2.2 NEWPIN PRACTICE FRAMEWORK

Newpin is well underway in developing its first Practice Framework. Due to be completed shortly, the Practice Framework focuses on the intensive practice that occurs within Newpin, setting out the theoretical and evidence base for the program. While Newpin has always been based on a strong evidence base, until now it has not documented how theory is translated into practice. There was seen to be a need to make explicit the links between theory and practice, and to develop the Practice Framework in line with the latest research and evidence.

The draft Newpin Practice Framework contains sections on:

- **attachment-informed practice** – attachment difficulties and disorders
- **developmentally-informed practice** – child development theories; neuro-development; and therapeutic experiences
- **trauma-informed practice** – principles; impacts and responses
- **creating safe experiences** – biological and physiological needs; culturally safe practice; reflective, practice; supporting positive behaviour; group-based practice; applying skills and learning
- **looking after ourselves** – reflection; regulation; relaxation; and capacity-building.

The benefits of the Practice Framework will be that:

- the evidence base at the heart of Newpin is fully documented and will strengthen program integrity as the program expands
- practice guidelines and resources will be updated in line with the latest evidence
- it will continue to inform the professional development and training program, including the Newpin Diploma of Therapeutic Family Work
- it will support effective staff supervision, enhance accountability and help improve performance.

Newpin staff need to be highly skilled and competent given the intensity of the intervention. A small team work in close collaboration with one another and with 20 or 30 parents and 30 to 40 children five hours a day, over four days a week, for up to 18 months.

It's such an intensely therapeutic program. People who are recruited have to have some knowledge or innate ability to understand trauma-informed practice or have a willingness to learn. They need to understand how to treat people, how to be with people and see beyond behaviour. It's really about how we are holding mum and children and building attachments; keeping children and parents safe so they can understand what's happening for them and allow them to change. In Newpin, you've got five people who work with you in different ways and it's about how these people interact to make that experience work.

Newpin

5.2.3 NEWPIN PRACTICE MANUAL

Newpin is currently well progressed in developing a Newpin Practice Manual. Developed in conjunction and strongly underpinned by the Newpin Practice Framework, the Practice Manual provides the information, guidelines, policies, practices, procedures, templates, data to operationalise Newpin.

Organisational

- Values and culture
- Organisational structure and policies
- Newpin operations
- Roles and responsibilities
- Legislative framework
- Health and safety for staff and participants
- Property, equipment and furniture

Parental and child engagement

- Men, women and children
- Referrals
- Initial visit
- Environment and culture
- Orientation of parents to the Centre
- Rights and responsibilities

Assessment and planning

- NCFAS
- Home visits
- Family plans and care plan templates
- Transition plans

Play

- Playroom
- Meaning of play when working with trauma
- Using expressive therapies with families
- Symbolism and trauma

Group work

- Personal development programs
- How to run a group
- Therapeutic support group

Case management

- Definitions and language
- Working in partnership – exceptions and rules
- Mandatory reporting
- Case conferences and review
- Goal setting and review
- Outbound referrals
- Contact
- Identity and culture
- Partner work

Records and reports

- Case notes
- Reports to FACS
- Court reports and attendance
- Subpoenas
- Closure reports
- Carelink

Supervision and support

- Clinical supervision models
- Training program
- Professional relationships and team work

The Practice Manual will be the practice and operational guide for all current Newpin Centres, as well as for new Centres as they are rolled out. The Practice Manual will:

- standardise practice and operations across Newpin Centres
- address previous gaps or inconsistencies in policies, practices or protocols by developing guidelines where none existed previously, or amending existing organisational (Uniting) policies where they need tailoring to the Newpin context
- increase efficiencies, whereby there is less reliance on informal communications and information exchange
- support the efficient and effective roll-out of new Newpin Centres and the induction of new staff into the program
- strengthen program integrity as the program develops and expands across the State
- strengthen staffing arrangements and partnerships by clearly setting out roles and expectations.

5.2.4 FORMAL PLANNING AND ASSESSMENT AND DATA RECORDING

Since the commencement of the SBB in July 2013, Newpin has introduced a number of new assessment and planning tools. These include:

- the NCFAS
- the Family Plan
- the Family Progress Report
- the Home Visiting Risk Assessment Form
- the Newpin Family Details Form
- the Non-Supervised Contact Form.

Staff have also been extensively trained in the use of Uniting's new Client Information Management System (Carelink) requiring them to move from a paper-based to a computer-based system. For many Newpin staff, the introduction of these tools represented a significant departure from previous practice. The introduction of NCFAS was particularly significant and required formal training, supervision and data recording. In the initial stages, not all staff were convinced of the benefit of, or comfortable with using, the assessment tools and processes. However, two to three years later, the use of NCFAS and other tools have become embedded in day-to-day practice and staff are increasingly viewing them as an integral component of their work.

The benefits of the introduction of formal assessment and planning tools and improved data collection and recording mechanisms include:

- improved recording of program attendance
- the ability to monitor and track families' functioning over time
- the ability of families to monitor progress they are making, which is both motivating and rewarding
- a more comprehensive picture of what is happening with each individual family which is based on the observations and case notes of the team, not just one staff member
- more detailed and timely provision of information and reports to FACS in response to enquiries for information to include in reports
- greater transparency and accountability in the work that is undertaken – both across the team, and between Newpin and FACS
- greater continuity of care to families.

A small number of staff who had been working in Newpin prior to the SBB struggled with the formalisation of practice which required a certain standard of computer literacy and writing skills. Some of these staff are no longer working at Newpin as a result of a restructure. When recruiting new staff, Newpin now stipulates that such skills are essential.

5.2.5 STRENGTHENING STAFF SKILLS, SUPERVISION AND PROFESSIONAL DEVELOPMENT

Newpin has established new and strengthened staff supervision structures and arrangements. These include:

- the appointment of an external provider to undertake clinical supervision (previously no clinical supervision occurred)
- monthly clinical supervision sessions for staff from all Centres
- joint clinical supervision sessions for Family Workers, Play Facilitators and Play Workers (previously these were undertaken separately)
- bi-monthly sessions with the Coordinators of each of the Centres.

The establishment of these supervision arrangements has been integral to the vision of Newpin to strengthen staff skills, introduce more reflective and critical thinking into practice, and provide a platform for continuous quality improvement. The most successful aspects of this have been the joint supervision sessions with Play Facilitator, Play Workers and Family Workers and bringing together all staff on a regular basis to share experiences, learning and knowledge, and to seek advice on how best to support individual families. These processes have increased communication and understanding between staff and strengthened the team approach to supporting families. They have also deepened the understanding of the link between theory, evidence and practice, and resulted in greater consistency in interventions with families across Newpin Centres.

A challenge for the supervision and professional development component of Newpin is to acknowledge the considerable experience, strength and skills of the Newpin staff (based on many years of working in the program) which is highly relational, intuitive and experiential whilst building staff capacity to identify, articulate and document their practice to provide a stronger evidence base for improved practice.

This is a really, really sophisticated way of working and it uses a lot of relational ways of working. But it has to be done in a way where you truly understand what you're doing, why you're doing it, how much of that you need to do and when. That can't all come from intuition and experience - - they need to be far better at articulating what they do and why they do it.

External stakeholder

Newpin has 'raised the bar' in terms of the qualifications and experience required of staff. From 2014, newly recruited staff have been required to have formal qualifications. Moreover, Newpin has had the courage to make difficult decisions to terminate the employment of a small number of staff who did not have the requisite skills, who were unable to upskill, or for whom Newpin was not a good cultural fit.

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

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

The Newpin training program has included:

- orientation and induction for all staff commencing work in new Centres – this has included newly recruited staff spending a period of time working in established Centres, learning on site about the program from experienced staff
- whole team training sessions, held three times a year, to share experiences and learnings, hear from guest speakers and undergo formal training
- training in using the NCFAS tool
- training in Uniting's Client Information Management System (Carelink) to support the consistent, accurate and quality input of data, and the extraction of reports for casework reviews and court reports
- report-writing skills, in response to early feedback from FACS that the quality and content of reports provided by Newpin staff was inconsistent
- domestic violence, mental health and substance abuse training
- case meetings based on the Minnesota Peer Supervision Model (which is being used by FACS as Practice First rolls out across Community Service Centres)
- the impact of trauma on early brain development
- the neuro-sequential model and how to work therapeutically with children.

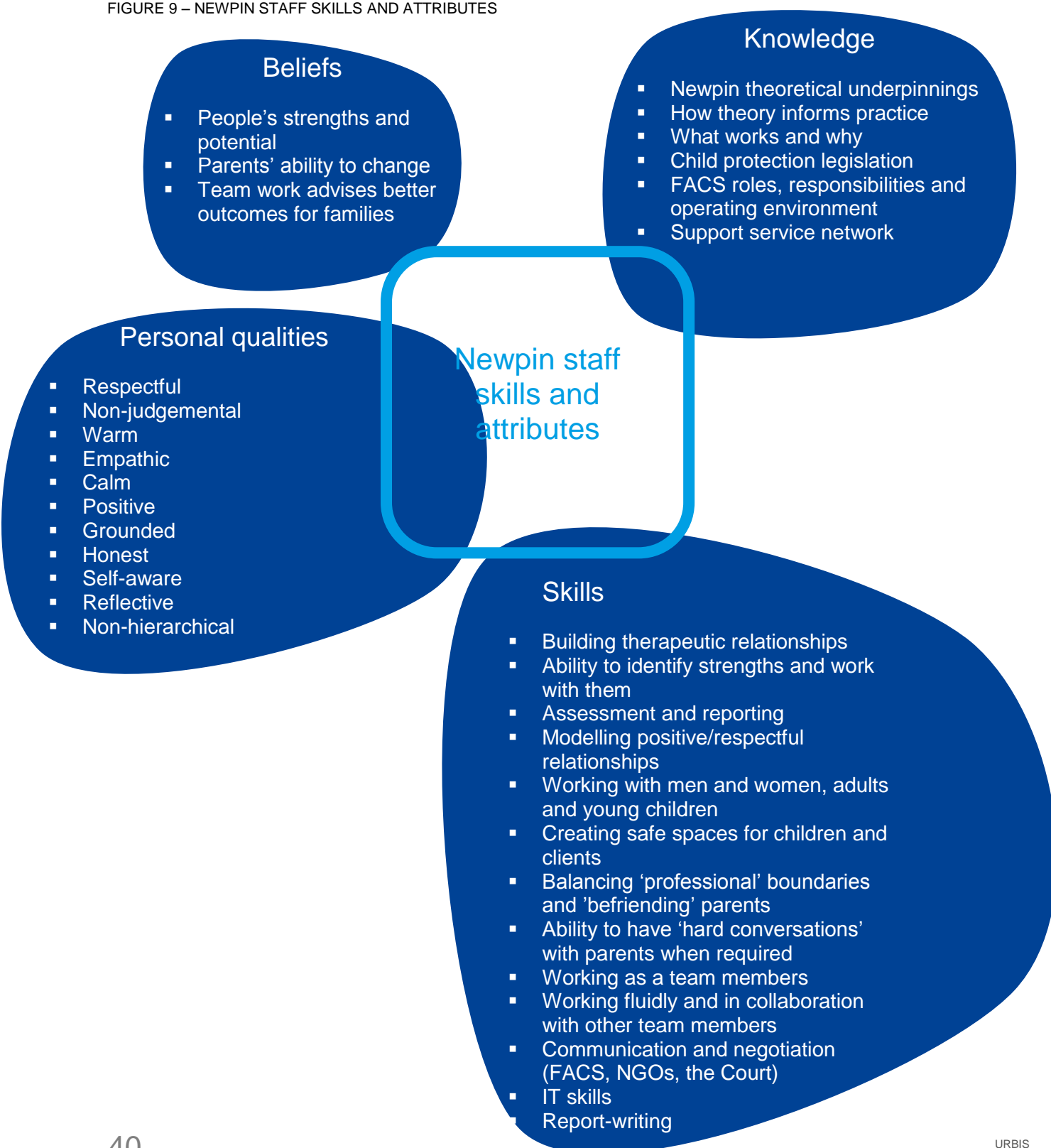
Newpin staff report being very satisfied with the level of training received, including staff recruited into new Newpin Centres. Looking to the future, staff have identified further training needs that would be important to their ongoing development. These include:

- training in mental health (given the large proportion of parents presenting with mental ill health)
- training on working with very young children who have experienced trauma as a result of witnessing domestic violence or substance abuse (much of the training that exists focuses on older rather than younger children).

5.2.6 SKILLS AND ATTRIBUTES OF NEWPIN STAFF

Through three years of consultation with Newpin staff and management, clinical supervisors, FACS officers and parents – a picture is beginning to emerge about the skills and attributes required of a Newpin staff member. Figure 9 summarises the range and skills and attributes required to work effectively with parents and children within Newpin.

FIGURE 9 – NEWPIN STAFF SKILLS AND ATTRIBUTES



5.3 PROGRAM DEVELOPMENTS

5.3.1 MORE TARGETED APPROACH TO ASSIST HIGHER RISK FAMILIES

Newpin involves working predominantly with families towards *restoration* rather than *preservation* goals. This represents a major change for Newpin, which previously worked with a wide range of families, with various risk profiles. Now most, if not all, Newpin participants are high risk.

This change in target population has led to a client base with complex needs relating to mental illness, current and past domestic violence, trauma as a result of their own experience of child abuse and neglect, removal from family as a child, substance abuse, homelessness, a lack of family support and physical and intellectual disability. It is apparent from the profile of Newpin participants (see Section 3) that the majority have antecedents relating to substance abuse, domestic violence and, to a lesser extent, mental illness.

The increase in the risk profile and the complexities of the issues faced by participant families has presented a number of challenges for Newpin. Nevertheless, as reported previously, in the first three years of operation, Newpin has achieved a higher rate of restoration than other interventions.

A number of factors appear to be contributing to working successfully with a higher risk group:

- Newpin's grounding in trauma-informed practice and attachment theory is seen by stakeholders to be an effective basis for engaging and working effectively with high needs target groups
- Newpin, together with FACS Caseworkers, has increased the level of support available to participants with complex needs through, for example, providing access to domestic violence support groups, Department of Housing Domestic Violence Programs (rental subsidies), Supported Youth Accommodation Service, anger management programs etc.
- Newpin staff have increased their skills in supporting Newpin participants with domestic violence, mental ill health and related issues
- there is an improved level of information-sharing between Newpin and FACS in relation to individual families, and earlier and more frequent case conferences have resulted in timely and comprehensive interventions to support parents.

Staff report that the peer component of Newpin is proving to be particularly effective with the higher risk population. This has strengthened client engagement and participant motivation. It also helps instil a belief that parents who have had their children removed can change, become better parents and have their children returned.

The fact that fewer participants than in the past are attending Newpin on a purely voluntary basis (due to the higher numbers of parents being required by either FACS or the Children's Court to attend Newpin) does not seem to have impeded client engagement or progress. Although staff report there may be some initial parental resistance about attending the program, this is typically overcome in time, as the parent comes to realise the benefits for themselves and their children in attending Newpin.

These observations from staff echo the feedback from parents (see Section 5)

5.3.2 WORKING WITH BOTH MOTHERS AND FATHERS

The SBB financing arrangements enabled Newpin to work with *both* parents and not just one parent (usually the mother) as before. Working with mothers and fathers is a new and evolving practice, but some learnings are beginning to emerge.

A key component of the expanded Newpin model is on working with couples and not only with the primary parent seeking restoration or preservation, but also their partner. Some of this involves separate work with the partner, and some joint work with *both* parents – in cases where the mother and father are still in a relationship. Previously, support was provided to (usually male) partners by the Fathers' Centre. However, as Newpin began to work more with couples supporting both the Party A parent (usually the mother) and the Party B parent (usually the father), there was a need to amend the model to meet the demand. Accordingly, in 2015 a decision was made to appoint a Family Worker in the Fathers' Centre specifically designated to support male partners, and also to work with couples across the three Centres in Western Sydney (the Fathers' Centre and the Mothers' Centres in St Marys and in Doonside).

This decision reflected a growing recognition that the Newpin model needed to provide more support to partners to achieve a good outcome for the family. Previously, partners attended a weekly group session which provided support of a general and somewhat limited nature. However, in the last year or so, it has become apparent that there are potentially considerable benefits to be gained from providing greater support to partners which is more aligned with what the primary parents are receiving. As one Newpin stakeholder commented, *'We found out really, really quickly that Party B parents deserve and need as much support as a Party A parent'*. They now attend weekly group sessions, and have contact visits on their own and also with their whole family at Newpin Centres.

The main reasons for this shift in providing more support to participants' partners are as follows:

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

Already, a number of benefits of this new model are being identified:

- Newpin staff can observe the dynamics and engagement with children by both parents at contact visits, providing them with more information and greater insights into how the family functions as a whole
- working with both parents enables Newpin to reinforce, with both the mother and the father, the key messages about good parenting, rather than just working with one parent as before
- the joint assessment and home visit gives Newpin staff a much better understanding of the dynamics of the family situation, and a more accurate picture of the relationship between the parents, and between the parents and the child(ren)
- domestic violence (in particular emotional abuse) is easier to identify as both parties are being talked with and observed separately, together, and with their children.

Newpin has also explored options to commence joint work with couples to complement the work being done with mothers and fathers separately. Newpin conducted a focus group to explore parents' experiences of being a couple involved in Newpin, and their views about what additional support, education or information would be helpful or useful for them whilst attending the program.

Two main issues emerged from the discussion. First, parents were keen to have more joint contact with their children (rather than contact being at either the Mothers' Centre or the Fathers' Centre, with one parent only in attendance). Secondly, parents identified the need to improve the level of communication between Mothers' Centres and the Fathers' Centre staff, particularly in relation to the strategies that are being used to support each parent. This would ensure greater consistency in approach as well as joint understanding across Newpin Centres about the interventions being used with each parent and with the child. There was also support for the programs at the Mothers' Centres and at the Fathers' Centre to be aligned, so that both parents could undergo the same training at the same time, which would reinforce learnings and strengthen the impact on the family as a whole. However, it is acknowledged by Newpin and the parents that there are logistical and timetable challenges that would make this difficult. There is more to be done to clearly articulate the benefits of any couples program, and how this might be scheduled, given the reasonably full weekly program timetable parents have, together with childcare responsibilities, and the distance to travel to Newpin Centres

5.3.3 SUPPORTING FATHERS TO HAVE THEIR CHILDREN RESTORED

One in three parents referred to Newpin is male. The increase in the number of fathers referred to Newpin as the primary parent has been somewhat unexpected. There is no reason to think that this trend will not continue into the future, and so it is important that the Newpin model evolves to accommodate this. Over the last year or so, Newpin has implemented a number of initiatives to respond to this development. For the first time ever, they have employed a Family Worker to work with fathers in the new Mothers' Centres (the existing Centres in Western Sydney already having access to the Fathers' Centre in Bidwill). The Family Worker provides all the programs and therapeutic support to fathers who are seeking to have their child restored (as the primary parent). The co-location of Family Workers will potentially foster closer communication between staff working with mothers and those working with fathers (previously they worked in different centres), as well as those working with their partner (Party B parent). Just recently, one of the Centres has employed a male Play Facilitator. The increasing involvement of both male and female workers in Newpin Centres is viewed as a positive development by Newpin management as it is seen to provide an opportunity to role model around male/female relationships.

There have been some initial concerns expressed about the appropriateness of mothers and fathers attending the same Centre, based on the view that men and women both need their own 'space' to feel safe and comfortable and to progress at Newpin. The Centres are addressing these concerns through having separate days scheduled for fathers and mothers. However, in one Centre, mothers and fathers attend on the same day (but at different times) which necessitates sensitive management of the 'cross over' period.

As this new aspect of the Newpin model unfolds, it will be important to assess the benefits as well as any challenges this might present to Newpin staff in working effectively with mothers and fathers over the next four years. The views of parents will also be important. It is too early to make any assessment at this stage as, at the time of writing, the new model had only been operating for a few months in one Centre.

5.3.4 WORKING WITH OLDER SIBLINGS

Newpin has expanded its program to include the older siblings of the pre-school aged children attending a Newpin Centre. In practice, to date, this has mainly involved school aged children attending a contact visit with their younger sibling and parents at a Newpin Centre. Staff comment on how this is assisting them to assess the parents' ability to take care of their family, the support they need to do this well, and any risk factors.

When you have the older school age children, you see how Mum manages a baby and three children that just want to run around everywhere. So we're able to observe how does she take care of all four and keep all four safe when there's such a disparity in ages.

Newpin Staff

The afternoon visits of the children with Mum and Dad prepare them for when they do get their kids back. They've got that dynamic happening before they have the children at home together, working together, having that practice.

Newpin Staff

The main advantages of working with the older children is that it:

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

One consequence of this new process is that Newpin has increased its Play Worker resources in each Centre to accommodate the growing number of children (up to 25 or 30 in some cases) attending a Centre at any one time. At this stage, apart from attending the Newpin Centre periodically, there does not seem to be any work undertaken directly with the older siblings of the younger children attending Newpin. Nor does there seem to be a formal strategy or shared understanding amongst Newpin management or staff about the explicit aims and objectives of including older children in the program. Some staff are reportedly more skilled than others in interacting with older children, and anecdotally, it was reported that some of the older children are reluctant to attend the Newpin Centre. There would be value in Newpin developing formal objectives about the involvement of older siblings in the program, together with strategies to support their participation.

5.3.5 DEVELOPING A NEW RURAL MODEL OF NEWPIN

Early work is underway by Newpin to explore the potential of developing a new model of Newpin that would facilitate access for families living in rural and remote parts of the State. This model would require accommodation support and possibly some remote work to be carried out by staff. This work is still in very early stages. It is expected that the feasibility and structure of a rural model of Newpin will be developed in 2016.

5.4 CONCLUSION

In conclusion, it is apparent that over the last three years, Newpin has used the additional resources provided through the SBB arrangement to implement some significant initiatives relating to both practice and program development. This has laid the groundwork for improved professionalisation of the workforce, increased quality and consistency in practice, and the opportunity to explore new ways of responding to emerging needs and challenges.

The most significant of these developments has been the increased involvement of fathers in Newpin, as the primary parent or as a partner. This has met with considerable success to date, and is a truly unique feature of the Newpin model.

6 Governance, partnerships and program implementation

This chapter of the report focuses on the following key evaluation questions:

- How effective is the partnership between Uniting and FACS and how has that contributed to positive outcomes?
- To what extent has Uniting formed good working relationships with NGOs?
- How successfully has Newpin been rolled out to new locations?
- How satisfactory are the governance, program management and reporting mechanisms?

6.1 GOVERNANCE AND MANAGEMENT ARRANGEMENTS

As the first SBB in Australia, Newpin leads the way in establishing a new way of financing social programs. The Newpin SBB also represents a new way of government and NGOs working together to achieve social outcomes. The successful implementation of Newpin is heavily dependent upon how well FACS and Uniting cooperate, collaborate and partner (at both a management and operational level).

Since commencing in July 2013, the partnership between Newpin staff and staff in CSCs has developed and improved significantly. There were a number of teething problems as would be expected but overall, the relationship has been reasonably positive.

The Newpin governance arrangements have worked extremely well over the last three years and have contributed significantly to the development and expansion of Newpin.

Most notably, the Newpin SBB governance and project management arrangements have been successful in:

- maintaining continuity of staffing across the two key roles (the FACS Contract Manager and the Newpin Operations and Practice Manager) which has contributed significantly to the growth of corporate knowledge and also strengthened the relationship between FACS and Uniting over the last three years
- negotiating, agreeing and planning for the establishment of three new Newpin Centres and the closure of one
- conducting numerous joint briefings and workshops with CSC staff, regularly attending CSC Manager meetings, in established and new Newpin locations areas to facilitate a healthy flow of referrals to the Centres
- regularly monitoring referrals and program vacancies to maintain a flow of appropriate referrals to maximise program capacity without creating waiting lists
- providing joint input into the evaluation of Newpin including the establishment of the Control Group.

The relationship between the FACS and Newpin Contract Manager has been characterised by regular communication, a high level of trust, a shared desire for Newpin to succeed, a willingness to share information and jointly solve problems, and above all, a strong commitment to collaborate to achieve better outcomes for children and their families.

Maintaining a steady rate of referrals to Newpin, in line with program capacity and targets, is an ongoing challenge for the partnership. This requires close and regular communication between FACS and Newpin about current and a predicted capacity, as well as identifying suitable cases for referral from FACS and

NGOs. The context for this can, at times, be dynamic and fast changing – as new cases emerge and others exit the program prematurely. It takes considerable resources and effort to manage this process effectively and efficiently. A newly appointed Intake and Quality Officer at Newpin has played a key role in smoothing this process.

A second challenge is recruiting families into the Control Group. As new Newpin Centres are rolled out, there are fewer places from which to recruit Control Group members. Under the Newpin SBB Operations Manual, the Control Group is recruited from CSCs that have similar socio-demographics to those CSCs in the local area of the Newpin Centres. Each month, an even number of referrals into the Control Group are obtained from CSCs matched with local Newpin CSCs. The FACS Contract Manager is responsible for this process. This will remain an ongoing challenge over the next few years.

A third challenge involves constant communication, education and promotion of the Newpin model. As the program is rolled out to new areas, there is a continual need to familiarise local CSCs and NGOs about the nature of the program, the families who are suitable for entry, and the processes and protocols for referral. All agree that the best way to do this is face-to-face, involving both FACS and Newpin staff, and parents where this is possible. FACS, like many organisations, experiences staff turnover, and so there is also a continuing need to ensure CSCs in areas with established Newpin Centres are kept informed about the program and its benefits. A number of stakeholders see benefit in bringing together FACS, NGOs and Newpin, on an annual basis to jointly reflect on operations, program outcomes, and developing learnings.

6.2 OPERATIONAL ARRANGEMENTS BETWEEN FACS AND UNITING

Newpin staff say they feel **more respected** by FACS Officers, **more involved in discussions** that will inform decisions about individual families, and **more accountable** for the work that they do.

The majority of those consulted in FACS also spoke positively of the new arrangements, although a minority were less positive about the model and the approach. They talked about the advantage of being able to **share the load of the casework** role, having a **stronger evidence base** to present to the Children's Court based on information provided by Newpin, and having more **open and productive communication** with families. Aspects of the partnership that are working well are detailed in Table 11.

ASPECTS OF THE PARTNERSHIP THAT ARE WORKING WELL

TABLE 11 – ASPECTS OF THE PARTNERSHIP BETWEEN NEWPIN AND FACS THAT ARE WORKING WELL

DEVELOPING PRACTICE	BENEFITS	
REFERRAL PROCESS		
<ul style="list-style-type: none"> Referrals now more in line with program vacancies Few inappropriate referrals occurring due to extensive consultation between Newpin and FACS beforehand Referral procedures streamlined after the first year Some referrals being made 'ahead of time' so families are ready to enter Newpin after three months of OOHC Newpin alerting FACS early if it forms the view a participant in the program is not suitable for a parent at that time 	<ul style="list-style-type: none"> Families are being referred to Newpin in a timely manner Fewer families are exiting from the program unsuccessfully Fewer program vacancies in Newpin than before Consistent approach by FACS and Newpin 	<p><i>'It is a voluntary program it's not forced and I think at the moment they've got a really good group of Mums that fit well.'</i> (FACS)</p> <p><i>'Families have to be in much more serious trouble to have children in care these days so the referrals you are getting are much harder than the referrals you used to get and your results are better.'</i> (Newpin)</p>

DEVELOPING PRACTICE	BENEFITS	
EXCHANGE OF INFORMATION		
<ul style="list-style-type: none"> Good exchange of information about the family at the time of referral Case conferences taking place more frequently and/or earlier on in the referral, often at the Centre 	<ul style="list-style-type: none"> FACS is more confident in referring to Newpin Assists with client engagement by Newpin Assists with care planning More clarity for families about what is expected of them FACS officers become more familiar with Newpin 	<p><i>'I think that having the Newpin program is highly beneficial for children and families and it's great to be able to work in conjunction with a service so closely that is actually achieving outcomes and that we can have that open relationship with, and with the families.'</i> (FACS)</p> <p><i>'I think the relationship between FACS and Uniting is fine. The Newpin manager is terrific and we are all impressed by her.'</i> (FACS)</p>
COLLABORATION RE PLANNING AND DECISION-MAKING		
<ul style="list-style-type: none"> FACS and Newpin staff regularly discussing families' progress FACS seeking Newpin staff advice on whether or not to restore before making decision 	<ul style="list-style-type: none"> FACS and Newpin increasingly 'on the same page' in relation to outcomes and interventions Growth in FACS' confidence in Newpin program and staff More evidence/advice informing decision-making 	<p><i>'They have to work very closely with Newpin on the progress, so it's a commitment to joined-up work.'</i> (FACS)</p> <p><i>'We're on the same page in relation to one family where we are going to pull the mother from the program – we're working on this together.'</i> (FACS)</p> <p><i>'It's much better for families that we work together, without a doubt. There's still some ups and downs of course, but I do think there is more respect both ways for them and for us.'</i> (Newpin)</p>
CONTACT VISITS		
<ul style="list-style-type: none"> More contact visits being arranged at Newpin Centres Some FACS officers attending contact visits Venue is seen by FACS as being excellent setting for contact visit (e.g. compared with the park, library or a FACS Office) 	<ul style="list-style-type: none"> Better context for observing and assessing interactions Encourages client engagement and attendance at the Centre Newpin staff can work in the moment and challenge inappropriate interactions or behaviours Newpin staff can 'role model' behaviour in visits to reinforce messages in parenting programs 	<p><i>'There's space. There's stuff to do. The sandpit is separate to the backyard. The indoor area is separate, so if you have different families they could have two or three contact visits happening at the same time and they don't have to be interacting with other families if they don't want to be.'</i> (FACS)</p> <p><i>'The Mums are more interested in coming to Newpin because more contact visits are happening there. They get to see their kids and we can work through anything that happens in that period.'</i> (Newpin)</p>
BETTER QUALITY AND MORE TIMELY INFORMATION TO INFORM DECISION-MAKING		
<ul style="list-style-type: none"> Information from Carelink and NCFAS tool being provided to FACS to provide evidence of improvement in family functioning FACS providing information to support Newpin staff understand contextual factors 	<ul style="list-style-type: none"> Better evidence going before the court Supports engagement at the critical entry point as well as ongoing interventions 	<p><i>'I think restoration may not have occurred had it not been for Newpin because the evidence they provided of mum's presentation and engagement was crucial evidence that could be presented to the court. It wasn't just my word.'</i> (FACS)</p> <p><i>'I think because you can't just rely on my perception of the situation, I might see Mum, do a home visit, I know she's attending counselling, I know she's not using drugs but I may only see her once every 3 weeks. But she's going to Newpin twice a week and they're able to confirm everything I've seen. They'll send me a report or I can call them up and say yes you're right Mum's not using drugs. We know that because she comes here twice a week. She's not drug affected, her presentation is really well and just all that is very helpful.'</i> (FACS)</p>

ASPECTS OF THE PARTNERSHIP NEEDING STRENGTHENING

Consultations revealed a number of aspects of Newpin that are not viewed so positively, or where inconsistency in practice is occurring across Newpin Centre or CSCs.

For some FACS workers, the key issue is not so much the implementation of Newpin **as aspects of the Newpin model** that gives rise to some questions. The most common concerns expressed by some FACS about a centre-based model of restoration is that:

- it does not have a home visiting component to assist in determining how well parents are coping in the real-life environment with all the stresses that can bring and in supporting them in the critical post-restoration period
- unlike some home-based programs, Newpin is not available to provide support 24/7 to families
- it has limitations upon the amount of support that can be provided to parents going to court.

A small number of Caseworkers report that, for these reasons, they are reluctant to refer families to Newpin.

A number of CSC representatives also raise concerns about **various aspects of the operation of Newpin**. These include:

- differing views amongst FACS representatives regarding the level and type of reporting required from Newpin, and concerns about inconsistencies between verbal and written reports provided by some Newpin staff
- some misconceptions or lack of clarity about the respective roles and responsibilities of FACS representatives and Newpin staff, particularly in relation to casework management, home visits and working with third parties (other NGOs)
- concerns amongst some FACS Caseworkers about the extent to which Newpin staff are sufficiently skilled and focussed on risk assessment, including identifying signs of child neglect
- concerns that Newpin staff don't fully appreciate the timeframes and processes that FACS Officers work within.

Some Newpin staff, on the other hand, report that FACS Caseworkers can be very difficult to contact at times (e.g. due to heavy workloads) and that communication could be improved. They report a level of inconsistency, depending upon the CSC or the individual caseworker they are dealing with. These comments suggest that, while overall the partnership is strong, more needs to be done to improve the level of information and communication at the ground level.

6.3 PARTNERSHIP BETWEEN NEWPIN AND NGOS

To date, the main partnership arrangements have involved Newpin and FACS. FACS CSCs have been the main source of referral to Newpin, and FACS approval is required for all Cohort 1 and Cohort 2 referrals.

As more children in OOHC are transferred to NGOs, the role of FACS will diminish over time as a key point of referral to Newpin, and a larger proportion of referrals will come from NGOs or other services. Newpin reports this has already started, with referrals now coming from NGOs, Legal Aid and drug and alcohol services. Newpin has commenced meetings and networking with OOHC providers and other NGOs that will be important sources of referrals to the program over the next few years.

6.4 ROLL-OUT OF NEW CENTRES

A key aim of the Newpin SBB was to roll-out new Newpin Centres. Since July 2013, two new Centres have been opened, one in Wyong and the other in Ingleburn. A third new Centre in Newcastle is planned to open in late 2016 and another before June 2017.

The roll-out of Newpin to new locations has not been as smooth or timely as anticipated. The major challenge in establishing new Centres relate to the ability to locate, secure and renovate suitable premises, and obtain all the necessary planning approvals in a timely manner. Such difficulties resulted in the Wyong Centre having to move three times in its first year (twice in and out of the current premises while renovations were being undertaken), the Ingleburn Centre commencing in small, temporary premises until the permanent building becomes available, and the opening of the Newcastle Centre being delayed by some nine months. In addition, a number of difficulties have been encountered in recruiting the right people with the right approach and skills – which has resulted in a delay in recruitment or staff turnover in new Centres. Overall, however, the establishment of new Centres has been reasonably successful.

Newpin and FACS have identified several key learnings about effecting a smooth and timely roll-out of a Centre to a new location. These are summarised in Table 12 below.

TABLE 12 – FACTORS CRITICAL FOR A SUCCESSFUL ROLL-OUT OF NEWPIN TO NEW CENTRES

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

6.5 UNINTENDED IMPACTS

The Newpin SBB has had a number of **unintended impacts both upon Uniting and FACS**.

6.5.1 UNITING

The Newpin SBB has encouraged Uniting to apply a more critical lens to other programs it operates. The SBB arrangements have required the organisation to **examine more carefully how it targets programs**, and how it measures their outcomes and performance. Uniting has developed a three-tiered framework for its programs including a client profile, efficiency and outputs, outcomes and valid outcome measurement tools.

Uniting staff report having **deeper practice conversations** so they better understand and articulate practice and link that to theory. Furthermore, Uniting funding that used to go directly to Newpin has been re-cast as an **innovation fund** to finance a minimum of two projects a year. Project proposals have to 'learn the lessons from Newpin' – including building in measurement of outcomes and the case for cost-effectiveness from the start.

Learnings from the Newpin SBB are also **informing Newpin programs operating in other States and Territories**, under the licence operated by Uniting. All Newpin programs operating in Australia have participated in a joint research project undertaken by Uniting, Macquarie University and the University of Kansas, supported by an Australian Research Council (ARC) grant⁷. Uniting has held discussions with Newpin providers in South Australia and Tasmania, Western Australia and Victoria who are interested in the SBB model, and moving from a lower to a higher risk target population. A new Newpin Centre is currently being established in the ACT.

Finally, Newpin is **attracting national and international interest**. For example, agencies in two jurisdictions (Uniting Communities in South Australia and UnitingCare Communities in Queensland) have been concerned about a gap in their restoration programs and have contacted Newpin to find out more about the program. Uniting has also held discussions with Social Finance Israel and the Israeli Ministry of Social Affairs who are interested in the program. In addition, Uniting co-presented a paper on the Newpin SBB with Macquarie University at the Society for Prevention Research Conference in Washington DC in May 2015.

These initiatives indicate that Newpin has the potential to inform practice nationally and even internationally, which is exciting for all those involved in the program.

6.5.2 FACS

As indicated previously, the Newpin SBB has represented a new way of working between government and the NGO sector. It has, in some cases, required FACS to adopt **a new way of thinking about restoration** as an option for families and also about the merits of a centre-based model of restoration. It has also encouraged some caseworkers to review their existing cases to determine whether a Centre-based program would be appropriate for the family. This is **broadening the range of practice options** that FACS officers may consider (assisted by the recent legislative changes which now place restoration high on the agenda).

Newpin has also brought **increased accountability** for outcomes not only, to Uniting, but also to FACS. As one FACS officer commented: *'We've both got skin in the game and there's penalties on both sides'*. Newpin also represents for FACS a **clear model of outcomes-based funding** emphasising the importance of *'what you measure gets done, and what gets paid gets done'*.

⁷ The ARC Linkage Grant was titled 'Exploring Processes of Change in parenting Interventions for High-Risk parents'. It was funded from 2011 to 2013 and conducted in partnership with the Children and Families Research Centre, Macquarie University and the Juniper Gardens Children's Centre, University of Kansas. Authors of the research were McMaugh, Grace, Bowes, Warburton, Gibson, Carta, J. and Cowling.

6.6 CONCLUSION

The partnership arrangement between FACS and Uniting has strengthened considerably over the last three years.

The partnership has been particularly strong at the contract management level, and the program has been extremely fortunate to have had two highly skilled, committed and motivated individuals driving the program internally within their own, and within each other's organisations.

There are strong signs that at an operational level too, the partnership is strong. Newpin and FACS staff better understand each other's roles and are communicating and collaborating more than ever before to the benefit of families. However, more needs to be done to consolidate the partnership, to encourage more discussion at a team level, and to increase knowledge about Newpin and the evaluation results.

7 Conclusions and focus areas for the future

7.1 OVERVIEW

Overall, the results of this three year evaluation of Newpin are positive. It has been an intense period involving significant cultural, organisational and practice change, both in Newpin and in FACS. The major achievement has been the level of success the program is having with a higher risk population of parents than it had before the SBB arrangements came into place. As the program expands and develops, the major challenges will be to maintain the quality of support, the level of success, and to better understand the risk and protective factors for restoration.

The critical success factors that have contributed to these positive outcomes include the following:

Strong infrastructure in Uniting and FACS	<ul style="list-style-type: none"> ▪ Strong management and staff commitment to achieving program success ▪ Strong organisational culture of learning and research ▪ Commitment to good use of data for monitoring and evaluation ▪ Skilled and experienced leadership ▪ Continuity of leadership in senior roles ▪ Excellent change management processes
Commitment to program integrity	<ul style="list-style-type: none"> ▪ A high level of program integrity achieved across existing Centres ▪ Good level of program integrity in newly established Centres ▪ Strong focus on program integrity through regular meetings of Contract managers, Newpin management and staff, joint staff training sessions and the appointment of two Regional Managers to manage and supervise the centres ▪ Focus on program integrity through the development of the Newpin Practice Manual, Newpin Practice Framework and aligned compulsory training (the Newpin Diploma)
Willingness and ability of Newpin to adapt to and respond to changing needs	<ul style="list-style-type: none"> ▪ The closure of the Mothers' Centre at Bidwill to help expand the program to new areas ▪ The introduction of a new model – whereby both mothers' and fathers' programs can operate from the same Centre, rather than separately as before (to respond to the increasing referrals of men and the need to ensure equal access for mothers and fathers in regional locations). ▪ The introduction of a worker to develop a specific program for 'Party B' parents and for couples who are attending Newpin ▪ The restructure of the Newpin management team – to more efficiently and effectively manage and support the Centres across urban and regional locations, with a strong focus on quality assurance and professional supervision ▪ The investigation into developing a new model of Newpin that would operate effectively in a rural location
The right staff in the right job	<ul style="list-style-type: none"> ▪ While true of any program, it is particularly important for Newpin – given the highly skilled, multi-faceted nature of practice requiring a wide range of skills within a collaborative, non-hierarchical framework ▪ The qualities and skills of a good Newpin worker are now better understood and documented which will support recruitment and retentions
A culture of reflection and continuous quality improvement	<ul style="list-style-type: none"> ▪ Group reflective sessions embedded in daily practice ▪ Appointment of Newpin Intake and Quality Coordinator to support accurate data collection and monitoring to inform practice ▪ Research partnerships with academics to enhance the evidence base

7.2 CONCLUSIONS

In its first three years of the SBB, Newpin has developed, expanded and achieved positive outcomes for the majority of families participating in the program.

Newpin is achieving positive outcomes for the majority of families attending the program

Between 1 July 2013 and 31 March 2016, 215 families and 340 children have participated in Newpin. The majority of these families have a history of substance abuse, domestic violence and, to a lesser extent, mental ill health. During this time:

- of the 259 children who were in OOHC, 121 have been returned to their families
- of the 81 children at risk of removal from their families, 38 have avoided OOHC for 12 months since starting the program.

The remaining families are either still in the program working towards restoration, have exited the program unsuccessfully or have been exempted from attending the program for various reasons.

Newpin is achieving a higher restoration rate than other interventions

The net restoration rate (i.e. the proportion of families exiting the program who have had their children restored, less any subsequent reversals) for families attending Newpin is 57%. This rate is almost double that of a Control Group. (It should be noted this restoration rate is based on *all* parents attending Newpin for restoration, in contrast to the restoration rate calculated for the purpose of the SBB, which is based on the restoration rate for mothers only.) Due to the relatively small sample size and other data limitations, it is not possible at this stage to assess whether there is any relationship between the rate of restoration and parental characteristics. However, extensive consultations with Newpin staff, FACS personnel and parents paint a fairly consistent picture of the risk and success factors considered to be associated with restoration. The most critical of these are parents having a clear focus on doing whatever it takes to have their children restored, being willing to leave a violent or abusive relationship or cease substance abuse, and able to access supports to improve their mental health. Where these attitudes and behaviours are absent, and parents have difficulty accessing affordable housing for their family, restoration is less likely to occur.

Fewer children restored through Newpin are subsequently returned to OOHC compared with the Control Group

As at 31 December 2015, the rate of reversal for Newpin children in the Intervention Group was 11%, which is lower than that of the Control Group (13%). It will be important to continue to monitor and compare the sustainability of restoration outcomes in both groups over the next four years.

Newpin has a higher rate of restoration for Aboriginal families than the Control Group, but has more reversals

Newpin has a higher rate of restoration for Aboriginal families than the Control Group (53% compared with 25%). However, the rate of reversal for Aboriginal families in the Control Group is lower than in Newpin (0% compared with 14%). The sample size is still relatively small and it is therefore too early to draw any firm conclusions about this pattern. It will clearly be important to closely monitor the outcomes for restored Aboriginal families over the next four years. In the meantime, Newpin has plans to employ at least one Aboriginal worker in each Centre and all staff are required to undergo Cultural Awareness Training. More investigation is needed to analyse the reasons for the apparently higher rate of reversal amongst Aboriginal families to ensure appropriate support is provided to parents in the critical post-restoration period.

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

The number of Newpin Centres has expanded from three to five with a further two new Centres due to be opened in 2016/17. This will result in increased access to the program for families in Wyong/Gosford, South West Sydney, Newcastle and a yet to be announced seventh location. The rollout of new Centres has been somewhat slower than planned, reflecting a number of challenges in locating, securing and renovating suitable premises.

The number of families participating in Newpin is increasing, due partly to the growth in the number of Centres, but also to improved occupancy rates in the established Centres. More fathers are participating in Newpin than ever before, and male participants now comprise one third of the 215 families attending the program. This trend reportedly reflects a change in FACS practice whereby single fathers are increasingly considered as a restoration option for children in OOHC. It also reflects changes in family relationships and the more inclusive approach being adopted by Newpin in supporting family restoration.

Parents rate Newpin highly

Some 60 parents were surveyed and/or interviewed for the evaluation. This represents more than one in four families who attended Newpin between July 2013 and March 2016. This is a high response rate given the complexities of the parents' lives and may reflect the high regard in which many parents hold the Newpin program. The great majority of parents surveyed (between 79% and 98%) were satisfied or very satisfied with the skills and approach of Newpin staff and rated the various components of the program as helpful or very helpful.

Parents consistently report how much they and their children enjoy attending the program. They talk about being respected, valued and motivated to work towards change. Critical to this is that they do not feel judged by Newpin staff, who work within a strengths-based model which builds parents' self-belief and confidence. Parents also highly value staff role-modelling the behaviour and values that Newpin embodies, and not shying away from having difficult conversations with them when needed. Parents say this makes them feel that Newpin staff genuinely care about them and their children and want them to succeed.

Parents also talk positively about the knowledge and skills they are developing through attending the education and therapeutic programs run at the Newpin Centres. This includes therapeutic play (which 89% of parents rated as helpful or very helpful), weekly Personal Development Program (87%), and one-on-one support from Newpin staff (86%). The main outcome parents identify is improved parenting skills – being able to respond more appropriately to their children's behaviour and to put in place strategies to keep their children safe and well. Parents also highly value practical assistance from Newpin e.g. obtaining housing, accessing supports, preparing for court, and improving communications with FACS and the Children's Court.

Parents also highlight the critical importance of the peer element of Newpin. Almost all (92%) parents surveyed rated this aspect of Newpin as being helpful or very helpful. Peer support assists with program engagement and helps parents feel safe to 'open up' to talk about their feelings and behaviours, often for the first time. Most parents thrived in the culture of mutual support that develops within the program, whereby parents encourage each other to change and see that restoration is possible. Parents say this is a very important aspect of Newpin that contributes to the progress they have been able to make whilst attending the program. However, a few parents are less positive about the peer group, saying they feel they have little in common with the other parents.

Notably, few parents could offer any suggestions as to how Newpin could be improved, such was the high regard in which they held the program. Feedback was often glowing, regardless of the program outcome.

The Newpin model has developed

The Newpin model has developed over the last three years. It now incorporates a model whereby:

- **Fathers as well as mothers can participate in the program as the primary parent** and take part in the full 18 month program to have their children restored. One third of parents attending Newpin are male. This unique service is increasing the opportunities for men to have their children restored, with many children being successfully returned to their fathers through Newpin.
- **Support is available to both parents, both separately and jointly.** This provides a whole of family approach, where interventions are focussed on preparing both parents for the restoration of their children. This approach is regarded by Newpin, FACS and parents to be more effective than working with one parent in isolation.
- **Newpin Centres are becoming increasingly gender inclusive** - they no longer service an exclusively female or male clientele within one Centre, as before. All new Centres will operate both mothers' and fathers' programs from the same premises, on different days or at different times of the day. This cost-efficient model will expand the opportunities for both men and women to attend a Newpin Centre in a given region, thereby increasing the number of children who can be restored to their families. Although a small number of stakeholders have reservations about this new model, more time is needed to assess its effectiveness, and whether it has any intended or unintended impacts on parents or children.
- **Older siblings are included in the program** as they can attend Newpin Centres for contact and other family visits. Newpin staff are able to observe how members of the family interact with one another, and provide guidance and support as required. However, there appears to be no clear objectives about the work with older children. Moreover, some staff have little experience working with this older cohort. There is scope to further clarify the purpose and support provided to siblings attending the program.
- **A new rural model** of Newpin is in early stages of exploration as Uniting investigates how the model might operate most effectively for families residing in rural or remote locations. The feasibility of such a model will be determined in 2016/17.

Newpin has introduced practice improvements

A number of practice developments have occurred over the last three years. These include:

- a Newpin Diploma in Therapeutic Family Work which has recently been accredited and can now be accessed by all Newpin Centres across the country
- a Newpin Practice Framework and a Newpin Practice Manual that set out the theoretical underpinnings of the program and the links between theory and practice
- a program of staff training and development, and the introduction of compulsory qualifications to 'professionalise' the Newpin workforce
- more extensive and formalised clinical supervision, involving an external provider
- the introduction of new assessment, planning and data recording tools to monitor and measure progress of both the individual families and the program
- a review of the parents' Personal Development Programs to ensure they align with the latest evidence about effective practice.

These initiatives are working towards standardising practices and operations across Newpin Centres, strengthening program integrity as the program develops and expands across the State, improving practice monitoring and reflection, and enhancing workforce capability.

Newpin management has undergone a restructure to respond to the changing needs and demands relating to the expansion of the program

Dedicated resources have been allocated to centralised intake within Newpin (to ensure a smooth flow of referrals), quality control (to increase the consistency and quality of tools, data entry etc.), and to regional practice management to enhance program integrity across new and established Centres. The Head of Newpin has been freed up to focus on the expansion and roll-out of the program across the State. The principal challenge faced by Newpin is maintaining program quality while expanding. Addressing this challenge will require strong organisational infrastructure, good planning, program expertise and a commitment to continuous quality improvement over the next four years.

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

Based on extensive consultations with Newpin and FACS management and staff over three years, it is apparent that contract management by FACS and Uniting has been extremely collaborative, forward-thinking and effective. At the operational level, there are signs that the relationship between Newpin staff and Community Service Centres (CSCs) has strengthened over the last few years. There is now greater knowledge, trust and mutual respect between the two organisations, and both can now see that, by working together, the majority of families are achieving good outcomes. There is more information-sharing and joint management and decision-making which is improving the flow of referrals, care planning and the quality of reports going before the court.

Nevertheless, there are still pockets of concern amongst a minority of FACS stakeholders consulted who question the value or benefit of a centre-based model of restoration. Concerns prevail about various aspects of Newpin operations, in particular the extent to which staff are sufficiently focussed on child safety and risk assessment, and the quality and consistency of Newpin reporting to FACS. Newpin staff, meanwhile, report a lack of consistency in FACS' approach to referring families to Newpin. The relationship between Newpin and CSCs, whilst strong overall, will require continual focus over the next four years, as will the relationship with NGOs as more children in OOHC come under their supervision.

Implementation success factors

A number of critical success factors can be identified that have contributed to effective implementation:

- a strong organisational culture and leadership within Uniting and FACS
- a strong commitment to ensuring that only the right staff with the right skills and approach are recruited into the program
- highly effective management by the two Contract Managers within FACS and Newpin
- a high level of program integrity across new and established Centres
- a willingness of FACS and Newpin to adapt and respond to changing needs (for example, the increase in the number of fathers being referred by FACS)
- a culture that supports reflection and a commitment to continuous quality improvement.

Implementation / challenges

The main implementation challenges over the next year or so relate to:

- the flow of referrals into the program to maintain program capacity, whilst ensuring that only appropriate families are referred to Newpin

- the need to overcome some cultural, organisational or professional barriers relating to a centre-based approach to restoration
- difficulties associated with finding and securing appropriate premises for new Centres – due to very specific spatial requirements and to legal, property and town planning regulations – which has delayed the opening of new Centres
- mixed success in recruiting staff with the requisite skills and aptitudes for intensive therapeutic family work.

7.3 THE NEXT PHASE OF THE EVALUATION

The next phase of the evaluation from 2016 to 2020 presents an exciting opportunity to continue to monitor and evaluate the progress and longer term outcomes of Newpin. Sound data collection mechanisms are in place to ensure a consistency of data will be available to enable a comprehensive analysis across the full seven year period. Nevertheless, to the extent possible, it would be good to improve the Newpin data extraction mechanisms to enhance the level and quality data available for future analysis.

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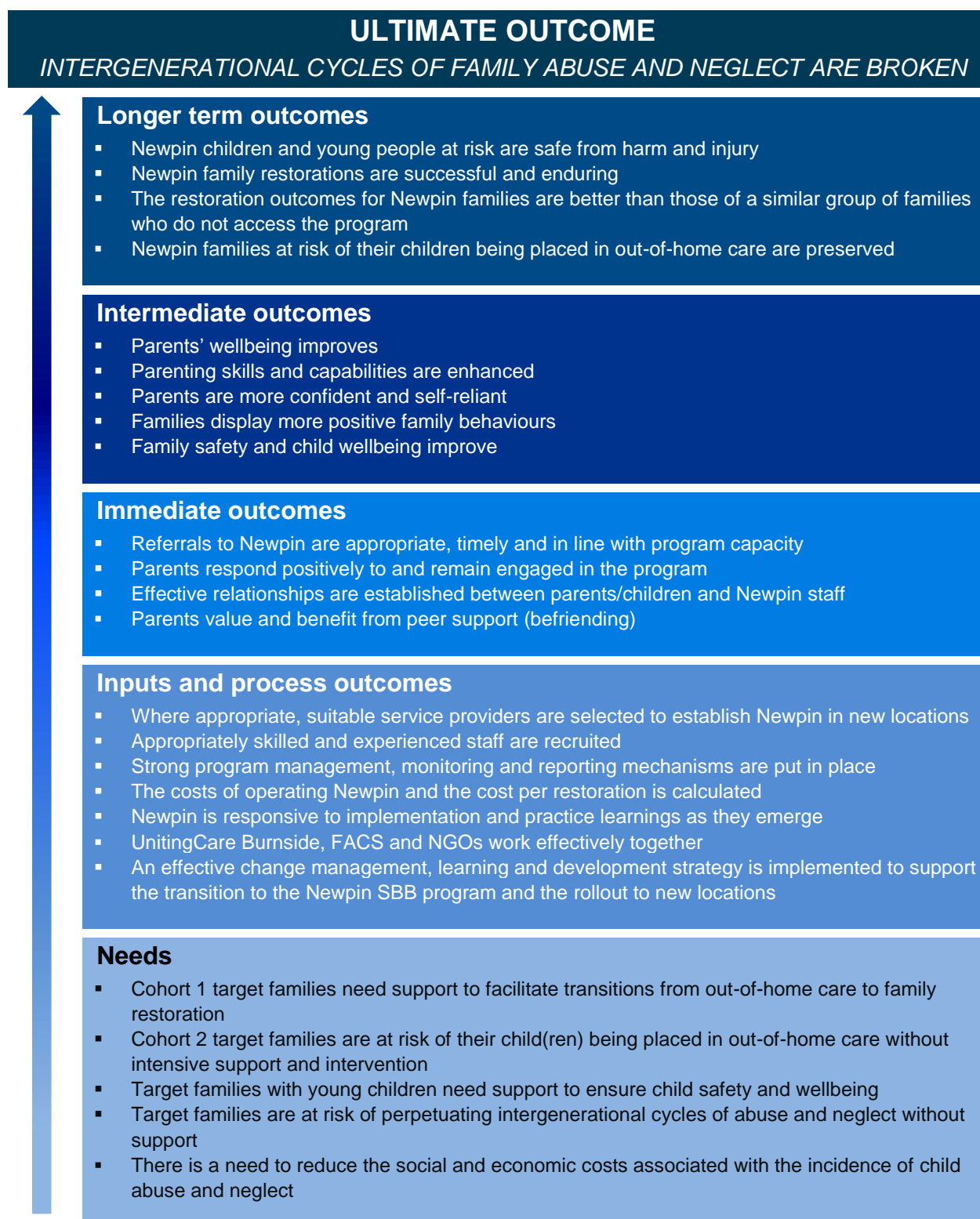
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Appendix A

Newpin SBB Program Logic



Appendix B

Sample Newpin Week

Sample Newpin Week

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
9.30am	Transporting families to Centre								Transporting fathers and children to Centre	
10.30am	Therapeutic Support Group A (TSG)		Personal Development Program A (PDP)		Therapeutic Support Group B (TSG)		Personal Development Program B (PDP)			
12 noon	Pre-school aged children arrive for contact visits									
12.15 – 1.00pm	Lunchtime (Staff support the parents and children during this time)									
1.00pm	Therapeutic play promoting bonding and attachment	Family Play Program *	Therapeutic play promoting bonding and attachment	Additional parent and child programs **, visits from Child Health Nurse and/or other specialist input; members meetings; etc.	Therapeutic play promoting bonding and attachment	Family Play Program *	Therapeutic play promoting bonding and attachment	Additional parent and child programs **, visits from Child Health Nurse and/or other specialist input; members meetings; etc.	Therapeutic play promoting bonding and attachment	Family Play Program
2.30pm	Transporting families home									
3.00 – 4.00pm	Contact between primary school aged children and their parents		Staff supervision and home visits		Case reviews		Team meeting			
4.00 – 5.00pm									Transporting fathers and children home	
6.00 – 9.00pm	PDP and TSG for fathers									

* Family Play Program – Individualised parent child module for a maximum of 2 parents with their children in each session

** e.g. Walking and Talk (Speech and language development), PALS – Playing and Learning to Socialise (supporting school readiness)

Appendix C

Key Roles and Responsibilities

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

TABLE 13 – KEY ROLES AND RESPONSIBILITIES OF FACS AND UNITING IN RELATION TO NEWPIN

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

Appendix D

Details of Control Group

Live Matched Control Group

In this context, the live matched control group (control group) means the group of families that meets the Cohort 1 definition but does not receive a Newpin intervention. The control group will be monitored from the commencement of the Implementation Agreement and their annual restoration rate will be derived. Contingent on agreed sample sizes being met, from the end of year 3 of the agreement, the live matched control group will be used to calculate the Counterfactual Rate of Restoration in accordance with clause 17.3 of the Implementation Agreement. It will also be used for the service model evaluation.

ELIGIBILITY CRITERIA

To be referred to the control group, a family must have at least one child aged less than 6 years who has been in OOHC for at least 3 months and has a realistic possibility of restoration to parent/s. Any siblings of this child or children (if more than one child under 6 years in OOHC) will also be a member of the control group **if** they are aged less than 18 years, is/are in OOHC and there is the possibility of restoration.

ASSESSING THE POSSIBILITY OF RESTORATION

Where families meet the eligibility criteria CSC staff are asked to assess suitability for the control group by considering the following factors which suggest that restoration is possible. Not all factors need to be present but all should be considered as part of the caseworker's determination of suitability.

1. Access and engagement with a restoration program

The family would be willing to attend a Centre-based restoration program for a minimum of 2 days per week if such a program were available in their local area. Any child in OOHC aged less than 5 years would be able to attend the program with their parent for at least 1 day per week.

2. Parent motivation for restoration

The CSC caseworker judges that the family is interested in - or motivated to pursue - restoration. Motivation is not easy to measure but may be gauged by:

- a. Engagement in contact visits
- b. Acceptance of responsibility for the circumstances that caused the child/ren to be removed to OOHC
- c. Other factors noted by CSC staff.

3. Willingness to learn

The CSC caseworker judges that the parent has the willingness or ability to learn and reflect on personal and life experiences when provided with professional encouragement and support. The parent would be willing to accept referrals to assist with substance abuse, mental health or domestic violence concerns where these are present.

REFERRAL PROCESS

Process for selection of the control group is as follows:

1. FACS Head Office staff will extract lists from the Corporate Information Warehouse of potential restoration cases of children aged less than 6 years i.e. case plan goal is assessment or restoration.
2. FACS Head Office staff will conduct a desktop individual KIDS review of these children and exclude all children who don't meet the criteria for Cohort 1 – see earlier section 3.2 **Exclusions from Cohort 1**.

3. The FACS Contract Manager will provide a list of children it has determined may be suitable for inclusion in the control group to the relevant CSCs.
4. The CSCs will be asked to consider whether the children on the list are suitable for inclusion in the control group based on the eligibility criteria above. They will also be asked if they have any children under long term orders who are aged less than 6 years and for whom restoration could still be considered e.g. a child who does not have permanent placement and parent/s have made some changes and maintained contact.
5. The CSCs will provide the FACS Contract Manager with a list of children for potential inclusion in the control group, which will then be provided to Uniting (de-identified) by email. The list will contain the CSCs Uniting should contact about each of the children.
6. Uniting will contact the FACS Contract Manager to arrange a meeting with the relevant CSCs to review the proposed control group referrals. Available information as per Section 4.2 (3) will be available at this meeting to support decision-making.
7. At the end of each of these meetings, Uniting will provide a list to the FACS Contract Manager of the children and young people it agrees should be referred into the control group. Uniting will provide a rationale for excluding children from the control group who FACS have suggested for inclusion.
8. If FACS does not agree to the exclusions proposed by Uniting the issue will be resolved as discussed in section 5.8 **Process for Resolving Control Group Issues**.

SELECTING THE CSCS TO REFER TO THE CONTROL GROUP

The control group will be recruited from CSCs which have similar socio- demographics to those CSCs in the local area of the Newpin centres. An index of relative socio-economic disadvantage scores and percentage of remoteness for CSCs has been calculated using information from the Socio- Economic Indexes for Areas (SEIFA), 2011 and Postcode to Remoteness Area, 2011.

The following selection hierarchy will be used to identify CSCs to participate in the control group process:

1. The catchment area for the CSC is in the same decile for Index of relative socio-economic disadvantage as the catchment area for the CSC in the local Newpin area **and** is similar in remoteness, that is, the majority of the population (at least 70%) are in the same category of remoteness as the majority of the population for the CSC in the local Newpin area.
2. The CSC is in the decile above or below that of the CSC in the local Newpin Area **and** the majority of the population (at least 70%) are in the same category of remoteness as the majority of the population for the CSC in the local Newpin area. *Where a CSC in the local area of Newpin is in decile 1 or 10, CYP can be recruited from CSCs in deciles 1 to 3 and 7 to 10, respectively.*
3. The CSC is in the same decile as the CSC in the local Newpin area **and** is less similar in remoteness, that is, the majority of the population (at least 70%) are in a category of remoteness below or above the majority of the population for the CSC in the local Newpin area.
4. The CSC is in the decile above or below that of the CSC in the local Newpin area **and** is less similar in remoteness, that is, the majority of the population (at least 70%) are in a category of remoteness below or above the majority of the population for the CSC in the local Newpin area.
5. The CSC is in the same decile **but** is dissimilar in remoteness.
6. The CSC is in the decile above or below that of the CSC in the local Newpin area **and** is dissimilar in remoteness.

Example:

Table 1 below outlines how CSCs with similar socio-demographics to Mt Druitt CSC, local CSC to the Newpin Centres in Bidwill, will be prioritised for selection in the control group process.

Table 1

CSC	Selection hierarchy	Decile for Index Score for CSC	0-4 OOHC at Mar 2013	Major city	Inner regional	Outer regional	Remote	Very remote	Comments
<i>Mount Druitt</i>	NA	1	68	100%					
<i>Fairfield</i>	1	1	49	100%					
<i>Auburn</i>	2	2	33	100%					
<i>St Marys</i>	2	2	54	100%					<i>Excluded - Newpin location</i>
<i>Bankstown</i>	2	3	25	100%					
<i>Lakemba</i>	2	3	32	100%					
<i>Lakes</i>	2	3	44	100%					
<i>Liverpool</i>	2	3	83	100%					
<i>Taree</i>	4	2	17	10%	90%				
<i>Clarence Valley</i>	4	2	17		93%	7%			
<i>Lismore</i>	4	2	26		92%	8%			
<i>Lithgow</i>	4	3	20		95%	5%			
<i>Brewarrina</i>	5	1	0			28%		72%	
<i>Broken Hill</i>	5	1	21			89%		11%	
<i>Coonamble</i>	5	1	6			55%	45%		
<i>Inverell</i>	5	1	10			100%			
<i>Kempsey</i>	5	1	18		64%	36%			
<i>Walgett</i>	5	1	11			8%	92%		
<i>Wilcannia</i>	5	1	0						
<i>Glen Innes</i>	5	2	9			100%			
<i>Moree</i>	5	2	17			91%	9%		
<i>Coffs Harbour</i>	5	3	23		63%	37%			
<i>Leeton</i>	5	3	11		7%	93%			

Notes:

Each month, an even number of referrals will be obtained from CSCs matched with local Newpin CSCs.

CSCs in suitable deciles and with higher numbers of children and young people in OOHC will be approached in the first instance to identify potential referrals. This will aim to minimise the number of CSCs required to be involved in each monthly recruitment process.

CSCs in the local area of an existing or proposed Newpin Centre will not be targeted for recruitment. This will avoid having to exclude CYP in the control group who have subsequently been referred to a Newpin Centre.

The index of relative socio-economic disadvantage scores and percentage of remoteness for CSCs will require review following release of updated SEIFA and Postcode for Remoteness Area data.

SIZE OF THE CONTROL GROUP AND MILESTONES FOR REFERRALS

FACS will aim to ensure approximately 300 children and young people are in the measurement group of the broader control group at the measurement points. The requirements for being in the measurement group are that the child meets the criteria for the control group and has been in the control group for no less than 18 months and no more than 3.5 years at the time of measurement.

Children and young people will be recruited to the control group at the following rates:

May 2013	29 per month
June 2013 to October 2013	14 per month
November 2013 to April 2014	17 per month
May 2014 to December 2018	13 per month

MAINTAINING AND MONITORING THE CONTROL GROUP

The FACS Contract Manager will be responsible for maintaining and monitoring the control group. Children and young people who are referred to the control group will be flagged in the KIDS system and a manual record will be maintained.

A de-identified record will be created for each child or young person in the control group including;

- Age; Gender; Indigenous status; Location;
- Date of entry to OOHC;
- Date of exit/still in care (exits from the care system only); and
- Whether a permanent care order exists and the date of that order

Children and young people records will be date stamped upon entry to the control group. From the end of the first three years of the pilot, children and young people who have been in the control group for more than 42 months (3.5 years) will be removed. The rolling calculation will therefore be the rate of restoration for the members of the control group at year 3 of the Implementation Agreement who have been in the control group for a minimum of 18 months and a maximum of 42 months.

Where a member of the control group subsequently becomes a member of the intervention group a child or young person excess to the control group requirements in the month that the original control group child was selected will be used as the substitute. Where there were no excess children then a child from another CSC or region who would have been eligible for inclusion in the control group at the same time as the original control group child will be used to substitute.

DETERMINING THE RATE OF RESTORATION IN THE CONTROL GROUP

The restoration formula will be applied to the control group at the end of year 3 of the Implementation Agreement and then at annual intervals. Calculation of the Rate of Restoration will only include those children and young people who have been in the control group for ≥ 18 months and < 42 months.

Rate of Restoration (%) = $A/B \times 100$

Where: A is the number of children and young people who have been in the control group for ≥ 18 months and < 42 months and been restored.

B is the total number of children and young people who have been in the control group ≥ 18 months and < 42 months.

Restored means the exit of the child or young person from OOHC as evidenced in the FACS' client management system.

Notes:

Members of the control group may be excluded from the group prior to the expiry of 3 years if they meet the same exclusion criteria as for cohort 1 detailed in section 3.2 ***Exclusions from Cohort 1.***

5.7 UPDATING THE COUNTERFACTUAL RATE OF RESTORATION

The Counterfactual Rate of Restoration will be updated on an annual basis from the end of year 3 of the Implementation Agreement using the above Rate of Restoration formula in section ***Determining the Rate of Restoration in the control group.***

PROCESS FOR RESOLVING CONTROL GROUP ISSUES

FACS will undertake a review of its progress towards meeting the milestones for recruitment to the control group two months prior to each deadline i.e. 1 September 2013, 1 March 2014, 1 November 2014. From 1 January 2015 referrals to the control group will be reviewed on a quarterly basis.

The FACS Contract Manager will advise Uniting via email within 10 business days of the outcome of this review and whether recruitment is on track to meet targets.

Where there are concerns with FACS' ability to meet control group targets, these concerns will be discussed and a solution negotiated at the Uniting SBB Joint Working Group.

If issues arise in relation to agreeing referrals when reviewing cases at the CSC level, the FACS Contract Manager should be contacted in the first instance. The FACS Contract Manager will liaise with the relevant CSC and attempt to resolve the issue locally.

Where agreement cannot be reached with the FACS Contract Manager, the matter should be escalated to the Uniting SBB Joint Working Group for discussion.

Issues with the Rate of Restoration for the Control Group should be raised with the FACS Contract Manager in the first instance. If the issue cannot be resolved then the issue should be referred to the Uniting SBB Joint Working Group for resolution.

Appendix E

Newpin Diploma of Therapeutic Family Work



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Newpin Diploma of Therapeutic Family Work

(incorporating CHC50313 Diploma of Child, Youth and Family Intervention)

The Newpin Diploma of Therapeutic Family Work is a specially tailored course, where participants will complete seven modules, which will include training specific to the Uniting Newpin Australia Program, and nationally recognised competencies that when completed, meet the requirements for a Diploma of Child, Youth and Family Intervention.

Unit Code	Unit Name	Rule
Module 1 – Therapeutic Underpinning Knowledge		
CHCECE010	Support the holistic development of children in early childhood	Elective
CHCPRT010	Work with children and young people with complex trauma and attachment issues and needs	Core
CHCPW404A	Work effectively in trauma informed care	Elective

Module 2 – Risk minimization in the Family Work context		
CHCPRT004	Work effectively in Child Protection to Support Children, young people and families	Core
CHCDFV402C	Manage own professional development in responding to domestic and family violence	Elective

Module 3 – Professional Practice		
CHCPRT006	Build Professional Practice and Sectorial Expertise	Core
CHCCOM003	Develop workplace communication strategies	Elective
CHCFAM417B	Identify and use strengths based practice	Elective
n/a	Conflict Resolution	Newpin Specific

Module 4 – Case Management		
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CHCCCS004	Assess Coexisting needs	Core
CHCCSM005	Develop, facilitate and review all aspects of case management	Core
CHCCCS016	Respond to client needs	Core
n/a	Newpin Case Management	Newpin Specific
n/a	Family Work and Restoration	Newpin Specific

Module 5 – Cultural and Gender Intelligence

CHCDIV001	Work with diverse people	Core
CHCDIV002	Promote Aboriginal and/or Torres Strait Islander cultural safety	Core
CHCFAM409B	Work with men	Elective

Module 6 – Complex Family Issues

CHCDEV003	Analyse client information for service planning and delivery	Core
CHCAOD510B	Work effectively with clients with complex alcohol and/or other drugs issues	Elective
CHCMHS001	Work with people with mental health issues	Elective



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Module 7 – Therapeutic Skills		
CHCICS405B	Facilitate groups for individual outcomes	Elective
n/a	Therapeutic Group-Work	Newpin Specific
n/a	Therapeutic Engagement & Treatment models: models of therapeutic play, adult learning processes, supporting development, meaningful engagement, motivational interviewing, instructional learning	Newpin Specific
n/a	Positive Behaviour Support /Parenting skills	Newpin Specific
n/a	Relationship work	Newpin Specific

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