



# NEWPIN FINAL EVALUATION REPORT



PREPARED BY URBIS FOR  
**NSW TREASURY**  
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Urbis acknowledges the important contribution that Aboriginal and Torres Strait Islander people make in creating a strong and vibrant Australian society.

We acknowledge, in each of our offices the Traditional Owners on whose land we stand.

The artwork on the cover of this report was painted by a father attending the Newpin Centre at Port Kembla. He explains the significance of the artwork:

*“The black area at the top and centre are the families in the community that are struggling and not doing as well as they could be. The snake represents Newpin as it provides a safe place for families. The three circles outside the larger circles represent the families that are working with Family and Community Services out in the community – working towards going to the safe environment of Newpin. Within the snake are the families that are centred and learning and working to give their children a safe life. The hands represent the father and mother of the family.”*

Rather than sign his name, the father put his fingerprint on the painting as he states this is how police, courts and the system identify him, rather than his name.

This painting hangs in the foyer of the Port Kembla Centre. Used with permission.



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## LIST OF ACRONYMS

AVO	Apprehended Violence Order
CALD	Culturally and linguistically diverse
DCJ	NSW Department of Communities and Justice
FFT-CW	Functional Family Therapy – Child Welfare
ITC	Intensive Therapeutic Care
MST-CAN	Multi-systemic Therapy for Child Abuse and Neglect
Newpin	The New Parent Infant Network
NGO	Non-government organisation
NSW	New South Wales
OOHC	Out-of-home care
PDP	Personal Development Program
PICCOLO	Parenting Interactions with Children Checklist of Observations Linked to Outcomes
PSP	Permanency Support Program
SBB	Social Benefit Bond
SEERS	Support, equity, empathy, respect and self-determination
TSG	Therapeutic support group

# EXECUTIVE SUMMARY

## INTRODUCTION

This is the Final Evaluation Report of a seven-year evaluation of Newpin, an intensive family restoration program operated by Uniting. The evaluation was commissioned by NSW Treasury in 2013 when Newpin became the first program in Australia to be funded under a Social Benefit Bond (SBB) arrangement<sup>1</sup>. It is rare for a program evaluation to be funded over such a long time period, and as such it presents a unique opportunity to test the sustainability of the program and its results over time, document learnings and insights which will add to the evidence base on restoration interventions, and determine how a complex program can be successfully replicated and expanded to new locations.

The formal aims of the Newpin evaluation are to:

- continue monitoring the effectiveness of Newpin in achieving positive restoration outcomes for children and their families
- compare the Newpin restoration rate and the longevity of the positive restoration outcomes over time and, in comparison with, families in the Control Group established for the SBB
- identify factors, characteristics and service settings of successful compared with unsuccessful restoration outcomes for Newpin families
- document learnings about program development, effective practice, and partnerships between government and NGOs
- assess how effectively the Newpin program has expanded and scaled up under the SBB, identifying critical success factors and barriers
- draw out the key learnings and implications for future SBB investments.

This evaluation of Newpin did not include an evaluation of the SBB arrangement. Rather, this evaluation was undertaken to obtain an in-depth understanding of the Newpin model that was funded through the SBB, its operations, practice and outcomes, and how Uniting used the investment to strengthen, expand and develop the program in response to the needs of families and the child protection system.

This last phase of the seven-year evaluation was conducted from November 2019 to March 2020, with reporting in June 2020 to coincide with the end of the SBB arrangements on 30 June 2020. From 1 July 2020, Newpin will continue under a new contractual arrangement with the Department of Communities and Justice (DCJ) to deliver Newpin across NSW.

The evaluation methodology for this Final Evaluation Report included:

- An analysis of 6.5 years data (from 1 July 2013 to 31 December 2019) provided by Uniting and DCJ on the numbers of parents and children referred to and attending Newpin; parent demographics and presenting issues; the rate of family restoration; the rate of reversal (when a restoration breaks down and the child is again placed in Out-of-home Care (OOHC)); risk and success factors impacting on outcomes for families; and level of demand for, and utilisation of Newpin services historically and across locations.
- In-depth consultations (one-on-one interviews or focus groups) with Newpin management, Centre Coordinators, Centre staff including Family Workers, Play Facilitators, Administrative Support/Drivers, and representatives from DCJ's Head Office and Community Service Centres. In all, 34 stakeholders were consulted, either face to face at Uniting's Head Office or in visits to four centres, or by telephone.
- In-depth interviews with 33 parents including 22 mothers and 11 fathers. Of these, a number of the parents (approximately nine) had left Newpin in the last two years;
- A survey of 25 parents who were attending or had attended Newpin.

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<sup>1</sup> Also referred to as social impact bond (SIB)

## KEY FINDINGS

This report provides in-depth findings regarding the outcomes achieved by families attending Newpin; the operations and delivery of the program; the continued development of Newpin practice; and the partnerships impacting the program. A summary of the key findings of this report include:



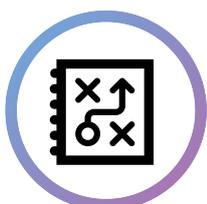
### **Positive outcomes were achieved by a majority of families**

- Almost 850 children from over 500 families have participated in Newpin with either restoration or preservation as their case plan goal.
- The net restoration rate for Newpin under this evaluation at 31 December 2019 is 59%. It is nearly three times higher than the Counterfactual Rate of Restoration that was used in the SBB arrangement (20%)<sup>2</sup>.
- Around two-thirds (65%) of children who were at risk of being removed from their families were able to remain with their parents and not enter OOHC.



### **The rollout of new Newpin Centres was well managed but has been impacted by policy reform**

- Over the SBB, Newpin has opened a number of new Centres and consolidated Centres to have seven Centres operational at June 2020.
- The program expansion has been impacted by the introduction of the Permanency Support Program (PSP) which has reduced the number of children entering OOHC and increased the number of services supporting families who are seeking restoration.
- There is strong program fidelity in new Centres supported by operational guidelines, the Newpin Therapeutic Practice Framework, strategic recruitment and continuing practice development.



### **The Newpin model has continued to be strengthened - evolving and responding to changing needs over time**

- The SBB has provided a platform for Uniting to invest in practice and staff development including the articulation of the Newpin model in the Newpin Therapeutic Practice Framework and related practice guides.
- One key change to Newpin practice has been the adoption of a non-gendered approach, with both single mothers and fathers as well as couples attending the Centre at the same time.
- The non-gendered approach requires careful management and flexibility to ensure that the Centre remains a safe place, particularly for mothers that may have experienced domestic and family violence. However, it has demonstrated benefits which suggest it should continue with ongoing oversight.

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<sup>2</sup> It should be noted this rate of restoration is slightly lower than that reported in the 2020 Newpin SBB Investor Report, due to differences in the reporting timeframes, as well as the methodology for calculating the net restoration rate (with the Investor Reports reporting on all children who have recorded an outcome regardless of whether they have completed the program and the evaluation reporting only on the outcomes of children who have completed the program). Further details on how the net restoration rate was calculated is provided in Section 2.1

- Personal Development Programs (PDPs) have been updated in line with current evidence and to respond to the emerging need of parents.



### Parents are highly satisfied with Newpin

- Parents expressed a high level of satisfaction with the Newpin program and staff.
- Several elements of Newpin were particularly valued by parents including: the flexibility of the program; the support provided by other parents; the focus of safety as a key value; the support provided by the structure inherent in the program; and the respect parents had for staff.



### Centres are often not operating at full capacity due to a decline in demand

- Most Centres have been operating below full capacity.
- The PSP reforms have reduced the number of children being placed into OOHC and have increased the number of services supporting families who are seeking restoration. This has reduced the number of families eligible for Newpin and increased the availability of other services, leading to a decline in demand.



### The nature and timing of referrals to Newpin is changing and presents some challenges

- The two-year timeframe for permanency planning established through the PSP reforms has increased the number of families being referred soon after having their children removed.
- This is presenting challenges regarding the motivation and focus of parents to work towards restoration. Interviews identified that parents starting at Newpin are increasingly dealing with other immediate issues, such as substance abuse or domestic and family violence. This has increased the complexity of the needs of families and influenced the ability of these families to fully engage with the therapeutic nature of the program.
- There is also increasing qualitative evidence that the number and type of referrals received by each Centre is influenced, to some extent, by the nature and strength of the Centres' relationship with the local service sector, in particular DCJ. This impacts on Centre utilisation rates and potentially on the likelihood of achieving positive outcomes for families, as the timing and readiness of families to work towards restoration are important success factors.



### The fast pace of change at Newpin has been a challenge

- There have been a number of operational and practice changes over the past few years.
- Both Newpin management and staff acknowledge that there are opportunities to improve the program's change management processes to ensure that everyone is clear regarding the reason for changes and to support the consistent implementation of change.

## AREAS FOR CONSIDERATION

In light of these key findings, the evaluation has identified three key areas for consideration for Newpin. These are discussed further in Section 6.3.



**New approaches to relationships with DCJ**



**Better linkages with external support services**



**Strengthened internal change management**

# 1. INTRODUCTION

## 1.1. THE EVALUATION AND THE REPORT

In 2017, Urbis was commissioned by NSW Treasury to undertake Stage Two of a seven-year evaluation of the Newpin program operated by Uniting. Stage One of the evaluation was undertaken between 2013 and 2016. The overall scope of the full seven-year evaluation includes:

- process evaluation – examining program implementation, including any changes to the Newpin model, and the method and manner of the expansion of the program to new Centres
- outcomes evaluation – assessing whether the key objectives of Newpin are being achieved and identifying the outcomes fulfilled by the service, the sustainability of the outcomes and any unintended consequences
- outcomes comparison – comparing the outcomes achieved to the proxy measures used to calculate payments under the SBB and advising whether the proxies are closely connected to the outcomes.

Table 1 details the specific aims of each stage of the evaluation.

Table 1 - Evaluation aims by stage of evaluation

Aims of Stage One (2013 to 2016)	Aims of Stage Two (2017 to 2020)
<ul style="list-style-type: none"> <li>▪ To examine the benefits of Newpin for families, including in-depth analysis of parents' experience of the program</li> <li>▪ To analyse variation in the achievement of different outcomes for different groups and the factors that have influenced variation</li> <li>▪ To assess the strength and impact of government and non-governmental organisations (NGOs) partnerships</li> <li>▪ To understand the cost-effectiveness of the service delivery model</li> <li>▪ To determine whether the proxy measures used for payments are an adequate indicator of social outcomes</li> <li>▪ To identify any unintended consequences.</li> </ul>	<ul style="list-style-type: none"> <li>▪ To monitor the effectiveness of Newpin in achieving positive restoration outcomes for children and their families</li> <li>▪ To compare the Newpin restoration rate and the longevity of restoration outcomes over time and in comparison with families in the Control Group</li> <li>▪ To identify factors, characteristics and service settings of successful compared with unsuccessful restoration outcomes for Newpin families</li> <li>▪ To document learnings about program development, effective practice, and partnerships between government and NGOs</li> <li>▪ To assess how effectively Newpin has expanded and scaled up under the SBB, identifying enablers and barriers to scalability</li> <li>▪ To identify learnings and implications for future SBB investments.</li> </ul>

It should be noted that the scope of the evaluation does not include an assessment of the SBB financing arrangement. Neither is it confined to the parameters of the SBB funding arrangement (which is based on the restoration of children in OOHC). Instead, this evaluation includes all aspects of Newpin, including families seeking to avoid their children being placed in OOHC (i.e. families with preservation as their case plan goal).

## This report

This report is the Final Evaluation Report for Stage Two of the evaluation. It builds upon the findings of five previous evaluation reports (the 2013 Implementation Report, two Annual Progress Reports in 2014 and 2015, and two Interim Evaluation Reports in 2016 and 2018). This Final Evaluation Report focuses on:

- the continued effectiveness of Newpin in achieving positive restoration outcomes for children and their families
- the sustainability of Newpin restoration outcomes over the longer term
- the effectiveness of the expansion of Newpin, and enablers and barriers to the scalability of the program
- learnings about program and practice development, and partnerships between Newpin, Government and NGOs learnings and considerations for the future of Newpin.

## 1.2. METHODOLOGY

The evidence informing this Final Evaluation Report comprises a mix of qualitative and quantitative data as outlined in Table 2 below.

Table 2 - Qualitative and quantitative data sources for the final evaluation phase

Qualitative data	Quantitative data
<ul style="list-style-type: none"><li>▪ Consultations with 24 Newpin Centre staff including site visits to four Newpin Centres</li><li>▪ Consultations with 2 Newpin management staff</li><li>▪ Consultations with 33 Newpin parents from 25 families</li><li>▪ Consultations with 8 DCJ staff</li><li>▪ A review of relevant documentation provided by Newpin.</li></ul>	<ul style="list-style-type: none"><li>▪ Newpin program data as provided by Uniting</li><li>▪ DCJ program data to provide an analysis of the timing of restorations and reversals</li><li>▪ Parent survey data (n=25 respondents).</li></ul>

The Urbis researchers responsible for data collection were involved in a series of sense-making and analysis workshops to identify the key themes and findings and the implications of these findings. Further details about the data used within this report are summarised in Table 3.

Table 3 - Evaluation data sources

Data source	Details
<b>Qualitative data</b>	
Consultations with Newpin management and staff	<ul style="list-style-type: none"> <li>▪ In-depth interviews with Newpin management and Centre Coordinators</li> <li>▪ Focus groups with Newpin staff at four Centres (Newcastle, Bidwill, Ingleburn and Port Kembla)</li> <li>▪ A focus group with all Newpin Centre Coordinators.</li> </ul> <p>These consultations were undertaken in February – April 2020. The four Centres visited by Urbis staff were chosen in consultation with DCJ and Uniting and represented both established and newer Centres.</p>
Consultations with parents attending Newpin	<p>In-depth interviews (face-to-face and over the phone) both with parents currently attending and those who have exited the program. These interviews took place between December 2019 - April 2020.</p> <p>All parents attending the program during that period were provided an opportunity to be interviewed. Urbis liaised with Centre Coordinators to find appropriate ways to invite parents to take part in the evaluation including displaying posters in all Centres.</p> <p>For parents who had exited the program, a process for recording consent to take part in the evaluation was undertaken as required by the Bellberry Human Research Ethics Committee (HREC). Urbis worked with Uniting to identify those parents who had left the program and ensure the safety and appropriateness of contacting parents to request an interview. In total, 28 parents were identified and were contacted by the evaluation team, resulting in 9 parents consenting and taking part in an interview.</p>
Consultations with DCJ representatives	In-depth interviews with DCJ Contract Managers, Casework Managers and Caseworkers in February – April 2020.
Document review	<p>Documents provided by Newpin including the Newpin Therapeutic Practice Framework and Practice Guides.</p> <p>Assessment of adherence to the Newpin Practice Framework was undertaken through qualitative interviews with Uniting and Newpin staff and parents.</p>
<b>Quantitative data</b>	
Newpin program data	Program referrals, participant profiles, program completions and outcomes for all restoration and preservation families attending Newpin from 1 July 2013 to 31 December 2019. Restoration and preservation outcomes are tracked for 12 months, in line with the arrangements under the SBB.
DCJ ChildStory Data	Timing of outcomes for parents seeking restoration through Newpin from 1 July 2013 to 31 December 2019.
Newpin parent survey	<p>A survey was provided to current and past Newpin parents. The survey was made available throughout March 2020 to all parents attending Newpin with Newpin staff actively promoting the evaluation, and posters being displayed in the Centres. A link to the online survey was provided along with printed copies of the survey. An email promoting the survey was also sent by Centre Coordinators to parents who had left the program and had indicated that they were happy to receive email communications from the Coordinators.</p> <p>The survey was also administered by an Urbis researcher when conducting in-depth interviews with parents, where the parent consented to do so.</p> <p>Given the recruitment methodology for the online survey, it is not possible to identify the response rate for the parent survey.</p>

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

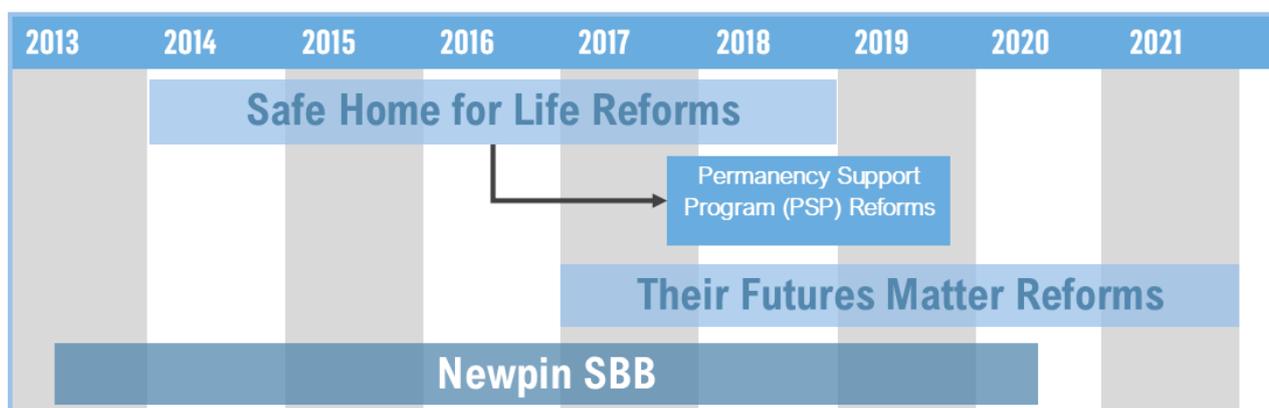
- The evaluation scope allowed for consultation with Newpin staff at four of the seven Centres. Therefore, staff consultation data is indicative and do not represent the experiences of all staff across all Centres.
- As indicated in Table 2, 31 parents from 25 families were interviewed across the seven Newpin sites. This represents over a quarter of all parents attending Newpin at the time of consultation. While the views of parents interviewed may not be representative of all Newpin parents' experiences, the findings were highly consistent with those of previous evaluation reports.
- All parents attending Newpin in March 2020 were invited to complete an online survey, along with those parents who had finished their time at Newpin and had provided forwarding contact details. However, the limited number of responses to the survey (n=25) does not allow for reporting of proportions and limits the extent of meaningful analysis that can be undertaken.
- There was relatively low participation of DCJ caseworkers in the consultations, despite several attempts to engage them in the evaluation including distribution of an invitation from the DCJ Contract Manager to relevant Districts and direct requests from Centre Coordinators. We were also unable to speak with any NGO Funded Service Providers despite several case workers expressing interest in being involved in an interview. It was reported by those who were interviewed that a combination of high workloads, reportedly high staff turnover and relatively limited contact with Newpin may have played a role in this.

### 1.3. POLICY AND PROGRAM CHANGES SINCE THE PREVIOUS REPORT

Since the Second Interim Evaluation Report in 2018, there have been a number of contextual, program and practice changes that have had an impact on the operations of Newpin in various ways. This section provides an overview of these changes. Further commentary on these changes is provided in following sections of the report.

#### Policy context

##### Child protection reforms



In recent years, the NSW Government has introduced several long-term reforms regarding the child protection and OOH system. In 2014, the Safe Home for Life Reforms introduced new permanency planning rules.<sup>3</sup> The reforms mandate that a decision be made about the feasibility of restoration to the parents within six months of entering OOH for children under two years of age and within 12 months for children over two years of age.<sup>4</sup> If it is determined that a child cannot safely be restored to their parents, an

<sup>3</sup> Sammut, J. (2017). Resetting the Pendulum: Balanced, Effective, Accountable Child Protection Systems and Adoption Reform in Australia. Sydney: The Centre for Independent Studies. Retrieved from <https://www.cis.org.au/app/uploads/2017/11/rr33.pdf>

<sup>4</sup> Ibid.

application may be made to the Children's Court for a Guardianship Order, or an application may also be made to the Supreme Court for an adoption order, or other permanency options are explored.<sup>5</sup>

As part of these Reforms, the Permanency Support Program (PSP) was introduced in NSW from 1 October 2017 and was established across the OOHC system over the course of the next 18 months. The overarching aim of the PSP is family preservation where it is safe to do so. The program provides parents with early, intensive support to assist them to keep their children in their care. More specifically, the PSP aims to:

- reduce the number of entries into OOHC through an emphasis on family preservation
- reduce the amount of time children spend in OOHC, with funding incentives provided to OOHC providers to secure permanent living arrangements for children within two years
- support a better experience of children in OOHC including their recovery from trauma.<sup>6</sup>

Following these reforms, in early 2017 additional reforms titled Their Futures Matter committed to ensuring that by 2020 all children in or at risk of entering OOHC and their families would be able to access a more connected and navigable service system, and targeted services.<sup>7</sup> These reforms included the introduction of Functional Family Therapy - Child Welfare (FFT-CW) and Multi-Systemic Therapy for Child Abuse and Neglect (MST-CAN). Both these programs are clinically based and preservation focused. MST-CAN is a treatment model for families who have experienced physical abuse and/or neglect of children and young people aged between six and 17 years.<sup>8</sup> FFT-CW provides family therapy for children and young people aged between 0 and 17 years.<sup>9</sup> These two programs are part of the broader move away from child protection and wellbeing approaches that are program-based and siloed, and the shift towards providing services that are specific and targeted to the needs of children and their families.<sup>10</sup>

The introduction of these reforms, and specifically the PSP reforms, has impacted the demand for Newpin due to reduced numbers of children entering into OOHC. This is discussed in more detail in Section 3 of this report.

## Changes to the Newpin program

### Consolidation of the program to seven Centres

Over the course of the seven-year evaluation, several new Newpin Centres have opened, some Centres have closed, and one has relocated in response to the changing levels of need in each area and Uniting's move towards a non-gendered approach within all Newpin Centres. A decision was made by Uniting and DCJ to close the Bidwill Fathers Centre in 2019 (see Figure 1). This reflected Newpin's increased focus on working with both mothers and fathers in the same Centres which has seen a decrease in demand for Newpin Centres that support fathers only. In the same year, the St Mary's Centre was relocated to the Bidwill Centre premises previously occupied by the Fathers' Centre. This was an operational decision made by Uniting - given that the Bidwill Centre was a larger, newer Centre offering families a better experience than the smaller, outdated premises at St Mary's. A total of seven Newpin Centres have operated in the final year of the evaluation. The expansion of the Centres is discussed further in Section 3.2.

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<sup>5</sup> Ibid.

<sup>6</sup> NSW Department of Communities and Justice. (n.d.). About the Permanency Support Program. Sydney: NSW Government. Retrieved from: <https://www.facs.nsw.gov.au/families/permanency-support-program/about>

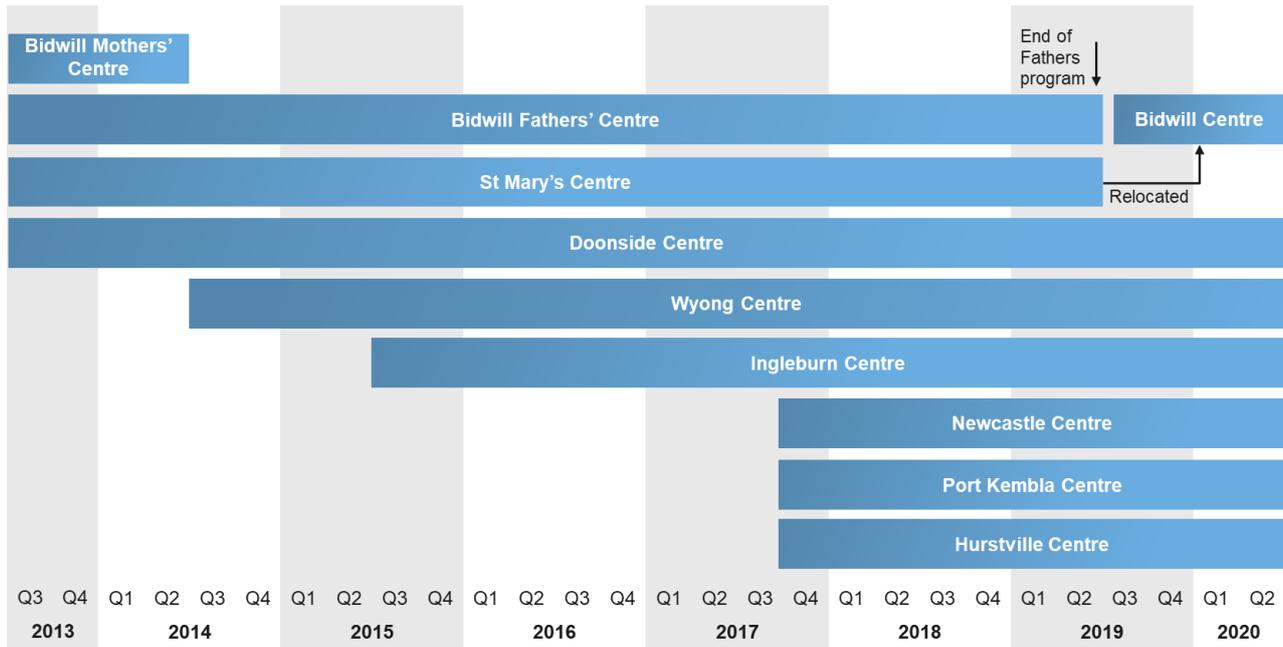
<sup>7</sup> Ibid.

<sup>8</sup> NSW Department of Communities and Justice. (n.d.). Multisystemic Therapy for Child Abuse and Neglect (MST-CAN). Retrieved from: <https://www.theirfuturesmatter.nsw.gov.au/our-initiatives/mst-can>

<sup>9</sup> NSW Department of Communities and Justice. (n.d.). Functional Family Therapy - Child Welfare (FFT-CW). Retrieved from: <https://www.theirfuturesmatter.nsw.gov.au/our-initiatives/fft-cw>

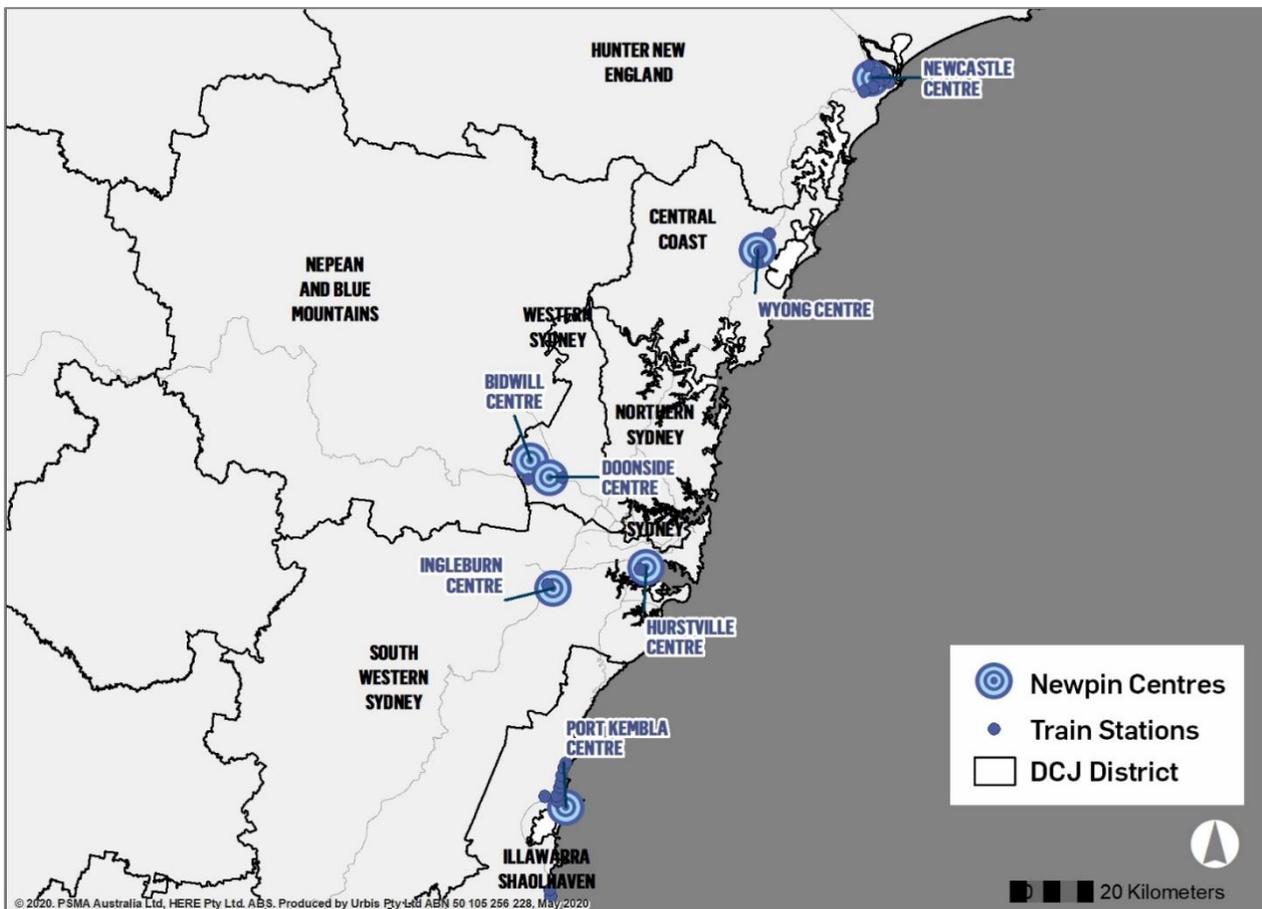
<sup>10</sup> NSW Department of Communities and Justice. (n.d.). Voices of Children and Families. Retrieved from: <https://www.theirfuturesmatter.nsw.gov.au/about-us/voices-of-children-and-families>

Figure 1 - Timeline of Newpin Centres openings and closures



The seven Centres in operation in the first half of 2020 are all located within the Greater Sydney Metropolitan Area with the exclusion of the Newcastle Centre, located in central Newcastle, and the Port Kembla Centre, located just south of Wollongong. According to the Newpin Operations Manual, the seven Centres are operating within 26 DCJ Community Service Centres (CSC) areas, ranging from Raymond Terrace in the north to Ulladulla in the south and Penrith in the west. All Centres are located in close proximity to train stations.

Figure 2 - Location of Newpin Centres



## Operational changes

Since the completion of the last evaluation report, there have been some changes to the number of days Centres operate. Traditionally, Newpin Centres have provided direct face to face services to families four days a week, leaving the fifth day for administrative, reporting, training, service linkages and referral tasks. The number of days of direct service delivery now varies across the Newpin Centres. An operational decision was made by Uniting to allow Centres to choose whether to be open to families over four or five days, subject to family preferences and scheduling to allow for the Newpin model of group sessions in the morning and contact visits in the afternoon.

A slight change has also been made to the transport provided to clients. Centres have routinely picked up and dropped off families from pick-up points which are primarily near train stations or other public transport interchanges (see Map 1 above for location of nearby train stations). Transport to and from a family's home was provided in extenuating circumstances only. Recently however, Newpin management have encouraged Centres to continue building a sense of responsibility and motivation among parents so they feel empowered to get to and from the Centres themselves. Section 3.6 provides further commentary on these operational changes.

The Newpin Operations and Practice Lead was originally one position. However, in 2019 it was separated into two positions. The Operations Lead has responsibility for the management and effective operation of Newpin. The role has specific responsibility for working in partnership with DCJ and other stakeholders within the child protection sector. The Practice Lead role is concerned with working with Centre Coordinators and staff to identify and resolve practice issues as they arise. In addition, the position promotes evidence-informed interventions and builds staff capacity. In doing so, it is intended that this position supports the therapeutic fidelity of the Newpin model across the Centres. The Practice Lead role was vacant for most of 2019 and the current Practice Lead had newly commenced the position when the data collection for this evaluation was undertaken.

Another program change that has occurred in recent years is a move away from a focus on either mothers or fathers in a gender specific service setting, towards providing support for both single mothers and single fathers at every Newpin Centre, as well as to couples where this is feasible and appropriate. As mentioned above, this change in focus resulted in the closure of the Bidwill Fathers' Centre. To further support this change, from earlier this year Centres began running Personal Development Program (PDP) groups containing both mothers and fathers. In the past, PDP groups had been attended by either mothers only or fathers only.

These changes build on previous changes to the Newpin model reported in the Second Interim Evaluation Report regarding an emphasis on restoration to families rather than just mothers or fathers and the adoption of a non-gender based approach to service delivery and staffing. These changes aimed to be more inclusive of different genders and family groups and to help support the development of healthy relationships between men and women. Refer to Section 3.3 for further commentary on this change to the program.

## Disbanding of the Evaluation Control Group

A critical component of the Newpin evaluation in previous years involved comparing the restoration rate for parents participating in Newpin with that of a counterfactual group of parents with young children in OOHC who did not attend Newpin but who experienced 'business as usual' support and services. A Control Group was established by Government prior to the commencement of the Newpin SBB in July 2013 and the evaluation consistently found that parents participating in Newpin achieved a much higher rate of restoration than the Control Group.

A decision was made by the Newpin SBB Joint Working Group to disband the Control Group from 30 June 2018. This decision was principally made due to changes in the OOHC policy environment which had resulted in increasing difficulties in finding a sufficient number of families meeting the criteria for the Control Group. Following this decision, a fixed Counterfactual Rate of Restoration of 20% was adopted for the final three years of the SBB<sup>11</sup>.

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<sup>11</sup> SVA (2018) Newpin Social Benefit Bon Annual Investor Report. Social Ventures Australia, Sydney.

## End of the SBB

Over the last seven years (from 1 July 2013 to 30 June 2020) Newpin has been funded by an SBB. Under this funding arrangement, investors contributed \$7 million of capital to underpin an outcomes-based contract between DCJ and Uniting<sup>12</sup>. To provide a transition period for reporting on the SBB and the new contracting arrangements post 30 June 2020, intake of families funded under the SBB finished on 31 December 2019. All families entering the program after 1 January 2020 will be included in reporting on the new performance-based contract between DCJ and Uniting.

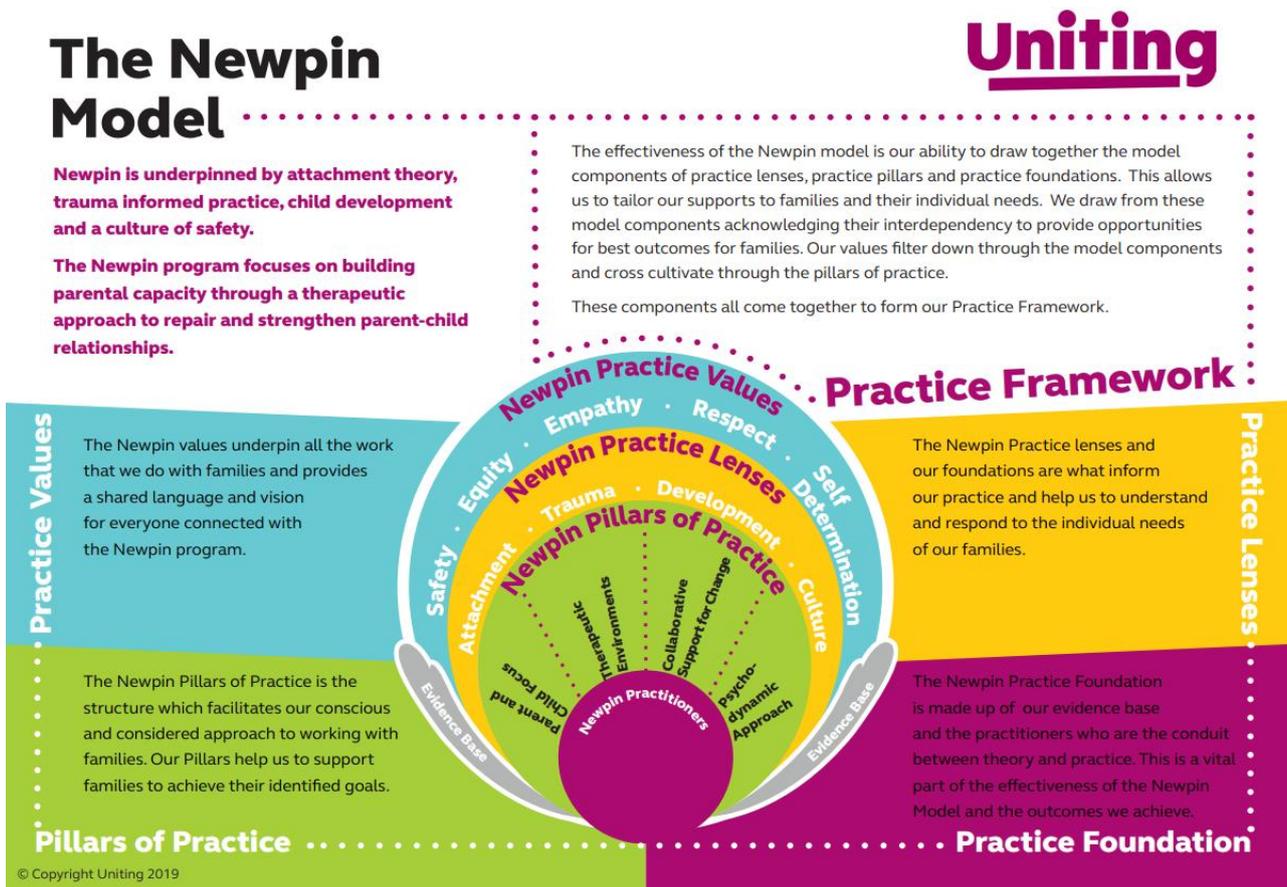
## Practice changes

### Introduction of new Therapeutic Practice Framework materials

Over the life of the Newpin SBB, Uniting has invested significant effort into documenting the program. Previous evaluation reports have found that the Therapeutic Practice Framework materials play an important role in supporting a high degree of program fidelity across Newpin Centres.

In 2018-19, a review was undertaken of the Newpin Practice Framework and related materials. Drawing on insights from staff at each of the Newpin Centres and Urbis' previous evaluation reports, Uniting articulated the features of the Newpin program in an updated Therapeutic Practice Framework including the evidence and principles underpinning the Newpin model (see Figure 3 below). The Therapeutic Practice Framework also includes an overview of the Newpin program, its values and different practice lenses and pillars<sup>13</sup>.

Figure 3 - The Newpin model



Source: Uniting (2019) *The Newpin Model*. Uniting, Sydney

<sup>12</sup> SVA (2019) *Newpin Social Benefit Bond Annual Investor Report*. Social Ventures Australia, Sydney.

<sup>13</sup> Uniting (2019) *The Newpin Model*. Uniting, Sydney.

Accompanying the Therapeutic Practice Framework are individual practice guides. Each guide discusses different practice components including:

- working within a developmental lens
- working within an attachment informed lens
- working within a trauma-informed lens
- therapeutic play
- collaborative support for change
- modelling within Newpin
- reflective practice
- therapeutic environments
- creating value-based culture
- psychoeducation and therapeutic support groups
- cultural safety
- self-care.

These guides were developed in consultation with Newpin staff to ensure they were informed by on-the-ground experience. They are intended to be used for onboarding Newpin staff as well as to provide ongoing training and support for current Newpin staff. More broadly, the materials are also a way for Newpin to market its services to the child protection sector.

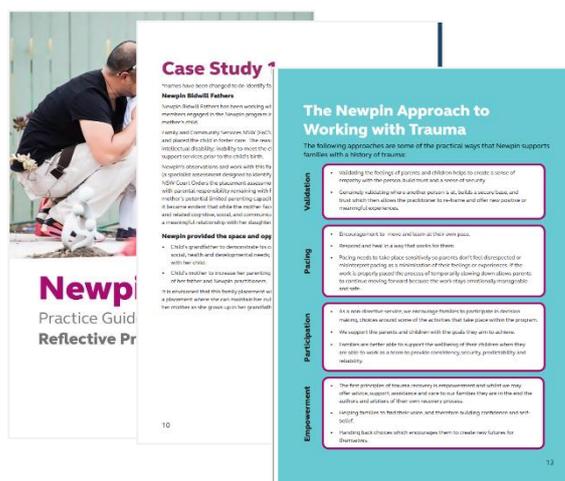
To further support the onboarding of new staff, Uniting has developed and launched a new e-learning website. All new Newpin staff are required to complete the modules on the e-learning platform that provides an introduction to the program as well as other mandatory and staff development training. Further discussion on these Practice Framework Materials is provided in Section 4.4.

## Updates to Personal Development Programs

Since the last evaluation report, all Personal Development Programs (PDPs) have been reviewed and enhanced and additional PDPs introduced. PDPs are psycho-educational groups that focus on practical topics to help increase the capacity and knowledge of parents<sup>14</sup>. Content of the PDPs has been updated in light of the changing needs of families. In addition, one new core and two new non-core PDPs have been added. Learning Through Play is a core PDP that teaches parents the benefits of playing with their child/ren and how to use play as a learning opportunity. Refer to Section 4.6 for further commentary.

## Amended approach to Communities of Practice

In the past, regular face-to-face forums of Newpin staff were held to discuss practice ideas and to raise and discuss any operational or other issues or concerns. In the last year, these practitioner forums have been restructured and are now known as Communities of Practice, which aim to provide practitioners with a mechanism to share their knowledge and experience of the Therapeutic Practice Model. The Communities of Practice are more structured than the previous practitioner forums: they focus on practice rather than operational matters, and take place monthly over video conference, rather than face-to-face. This new format has negated the need for Centre staff to travel to Uniting in North Parramatta to attend the discussions. As at March 2020, two sessions under the new Communities of Practice had taken place. Section 4.4 provides further commentary on the effectiveness of the renewed approach to Communities of Practice.



<sup>14</sup> Uniting (2019). Newpin Practice Guide - Psycho-education & Therapeutic Support Group Work. Uniting, Sydney.

## Introduction of PICOLLO

In response to a perceived need for a more consistent approach to the reporting of staff observations of parents and children who attend the Centre, Uniting introduced a new practice tool - the Parenting Interactions with Children Checklist of Observations Linked to Outcomes (PICCOLO) in 2019. The PICCOLO is a tool that assists Newpin staff to observe and record interactions between the parents and their children. The tool includes guidelines on observing and reporting parents':

- affection towards their child such as physical closeness and positive expressions
- responsiveness to their child's cues, emotions, communications and behaviours
- encouragement of their child's effort, skills, initiative, curiosity, creativity and play
- teaching their child through conversation, play, cognitive stimulations, explanations and questions.

The guidelines aim to encourage consistency of language used in reporting to DCJ. Section 4.5 provides further analysis on the introduction of the PICCOLO.

## Shift from Equality to Equity in the core values of Newpin

Over the first three years of the Newpin SBB, the core values driving program implementation for parents, children and staff were Support, Equality, Empathy, Respect and Self-determination (SEERS). In 2016 there was a shift in the SEERS values to include 'safety' rather than 'support.' In 2018, there was a further change in the SEERS values to replace 'equality' with 'equity.' This change came in response to feedback from Newpin staff that 'equality' did not adequately reflect the need for tailored support for families. The Newpin Therapeutic Practice Framework and related practice discussion guides have now been updated to include discussions regarding the importance of equity.



Source: *Uniting (2019)*  
*Newpin: SEERS – Core 1*

## 2. NEWPIN IS ACHIEVING ITS DESIRED OUTCOMES

### KEY FINDINGS

The net restoration rate measured for this evaluation at 31 December 2019 is 59%, proving Newpin is achieving its desired outcome.<sup>15</sup>

Regardless of parents' cultural or Aboriginal status, Newpin is successful.

The presenting issues of parents do not have a strong influence over their success in the program.

65% of children seeking to remain with their families were successfully preserved.

Most children are restored to their parent's care within the first 6 months of the program.

### 2.1. INTRODUCTION

This section of the report draws extensively on quantitative data provided by Uniting and by DCJ. The reporting of the data in this section is complex and considerable care needs to be taken when interpreting these data. In particular, the following points should be noted:

- Some of the reported data relates to parents only and some to children only. There are more children than parents (as some parents have more than one child in OOHC) and different information is available for each group as they are drawn from different data sets in some cases.
- Some reporting focuses on parents seeking restoration of their children in OOHC (known as restoration families) while other reporting looks at parents who are at risk of having their children placed into OOHC and are seeking preservation of their family (known as preservation families).
- Reporting based on the gender of Newpin parents should be interpreted with caution as only one parent is identified in the data provided by Uniting but both parents may attend the Centre.
- Data from DCJ related to the timing of restorations and reversals for families seeking restoration is reported in Section 2.5 of this Chapter. The reporting draws on Newpin data collected by DCJ and is for the period 1 July 2013 to 31 December 2019. Data was extracted by DCJ from the ChildStory database (previously the KiDS database). The data reflects all activity up until 31 December 2019 and is current as at 8 April 2020. It should be noted that the data includes one child who was referred to Newpin twice. This child was restored and subsequently re-entered statutory care within 12 months of restoration and remains in OOHC. Please refer to Section 2.5 for further information.
- The Second Interim Evaluation Report published in 2018 included a second net restoration rate calculated using DCJ data to enable a direct comparison with the restoration outcomes for the Control Group. As discussed in Section 1.3, the Control Group for the Newpin SBB was disbanded in 2018 and a Counterfactual Rate of Restoration was set at 20%. Therefore, a net restoration rate using DCJ data has not been included in this report.

<sup>15</sup> It should be noted this rate of restoration is slightly lower than that reported in the 2020 Newpin SBB Investor Report, due to differences in the reporting timeframes, as well as the methodology for calculating the net restoration rate (with the Investor Reports reporting on all children who have recorded an outcome regardless of whether they have completed the program and the evaluation reporting only on the outcomes of children who have completed the program).

## Information on the restoration rate reported throughout this evaluation

Area	Details
Definition of net restoration rate	<p>Not all restorations succeed: some restorations break down with the child(ren) again being removed from their family and placed in OOHC. These events are known as reversals. The Newpin Operations Manual defines reversals as “The return of a child/ren to OOHC following a restoration within twelve months of the date of restoration”<sup>16</sup>.</p> <p>The net restoration rate is the number of children who complete the program having been successfully restored back to their families, adjusted to take into account any subsequent reversals that occur within twelve months of restoration.</p>
Changes to the net restoration rate formula for this report	<p>The formula for calculating the net restoration rate within this report has been amended from that used in the last evaluation report for two reasons:</p> <ol style="list-style-type: none"> <li>1. the method for calculating the number of net restorations has been adjusted to avoid double counting those children whose status upon exit was a restoration reversal. The data provided by Uniting to inform this final evaluation report included, for the first time, a breakdown of reversals that differentiated between those children who completed the program with a reversal and those that successfully completed the program and were subsequently placed back into OOHC within 12 months. Therefore, the formula to identify the number of net restorations has been adjusted to reflect only those children who completed the program with restoration to their families but were subsequently removed and placed back into OOHC within 12 months (6 children).</li> <li>2. changes have been made to the way that the base figure is calculated to ensure that this figure (the number of children who have completed the program) includes those children whose status upon exit was a restoration reversal.</li> </ol> <p>Given the changes in how the net restoration rate has been calculated over the course of the evaluation, comparisons with rates reported previously have not been included in this report.</p>
Differences between the net restoration rate reported in this evaluation and in the Newpin Investor Report	<p>The net restoration rate reported in this evaluation differs from the net restoration rate reported in the Newpin Investor Reports under the SBB, which are based on a formula devised during the SBB contract negotiation and specifically for the payments under the SBB. The restoration rate for the purpose of the SBB was initially based on children attending a mothers’ centre whereas the data included in evaluation reports has always been based on all children who have attended the program. There is also a difference in the base number used to calculate the net restoration rate. For the SBB Investor Reports, the base number is the number of children who have recorded an outcome, which may include children who are still attending the program. In comparison, the data provided by Uniting for the purposes of the evaluation is based only on the number of children who have completed Newpin. There are also differences in the timing of data extraction. The data reporting period for the evaluation data is up until 31 December 2019, six months before the finalisation of the SBB arrangements. This means that there are a number of children (134 or 20%) of children who have not yet completed the program.</p> <p>The differences in the approach used to calculate the net restoration rates within this report and for the SBB Investor Report are summarised in Table 4.</p>

<sup>16</sup> Uniting and NSW Department of Communities and Justice (2019). Operations Manual for the Newpin Social Benefit Bond Pilot.

Table 4 - Summary of the different approach used to calculate net restoration rates

	Uniting data reported in this evaluation	2020 Newpin SBB Investor Report		
Data reporting period	1/7/13 – 31/12/19	1/7/13 – 30/6/20		
Net restoration rate calculation <sup>17</sup>	Children who completed the program with restoration	323	Children who recorded a restoration outcome	433
	(less) Children who completed the program with a restoration but were subsequently placed in OOHC within 12 months of the restoration occurring	<u>-6</u>	(less) Children who were restored and were subsequently placed back in OOHC within 12 months of the restoration occurring	<u>-42</u>
	(equals) Net restorations	=317	(equals) Net restorations	=391
	(divide) Children who completed the program	÷539	(divide) Children who recorded an outcome	÷642
	Note: Program completion is defined as a child who has finished their time in the program and is no longer attending Newpin.		Note: An outcome is defined as a child: <ul style="list-style-type: none"> <li>▪ being restored to their family (they may still be attending Newpin and completing the program); or</li> <li>▪ being restored to their family but having their restorations reversed within 12 months and entering back into OOHC; or</li> <li>▪ unsuccessfully completing the program without being restored to their family.</li> </ul>	
Net restoration rate	58.8%	60.9%		

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

<sup>17</sup> The net restoration calculations used for both approaches exclude all exemptions (as defined in the Newpin Operations Manual) and children who entered the program as a restoration family but were subsequently transferred to other Newpin cohorts.

## 2.2. PROFILE OF NEWPIN PARTICIPANTS

The breakdown of Newpin participants between 1 July 2013 and 31 December 2019 is provided in Figure 4.

Figure 4 - Breakdown of Newpin participants by restoration and preservation



Data provided by Uniting – 1 July 2013 to 31 December 2019 as at 7 May 2020

Notes: the number of families and children participating in the program excludes exemptions which are defined in the Newpin Operations Manual and includes parents not engaging with the program once their referral is accepted and relocation to an area where parents are unable to access a Newpin Centre.

Program data provided by Uniting for the evaluation did not capture final participant movements in the Newpin SBB cohort. As a result, the figures differ slightly to the audited numbers reported in the final SBB Investor Report, which confirmed that 674 children from 399 families participated in the program with restoration as their case plan goal.

The distribution of families across restoration (approximately 80%) and preservation (approximately 20%) is in line with the agreed balance under the SBB arrangements across the two Cohorts.

### 400 families participated in Newpin to have their children restored to their care

Between 1 July 2013 and 31 December 2019, a total of 400 families participated in Newpin with the aim of getting their children in OOHC restored to their care. (In line with Uniting data collection, only one parent is identified and counted in reporting although both parents may be attending the Centre.)

The majority of parents attending Newpin were mothers. However, almost one in four participants were fathers. This gender profile is reflective of a change in approach across the child protection sector whereby fathers are being increasingly considered as an option for restoration, and of Newpin's explicit aim of working with both mothers and fathers.<sup>18</sup>

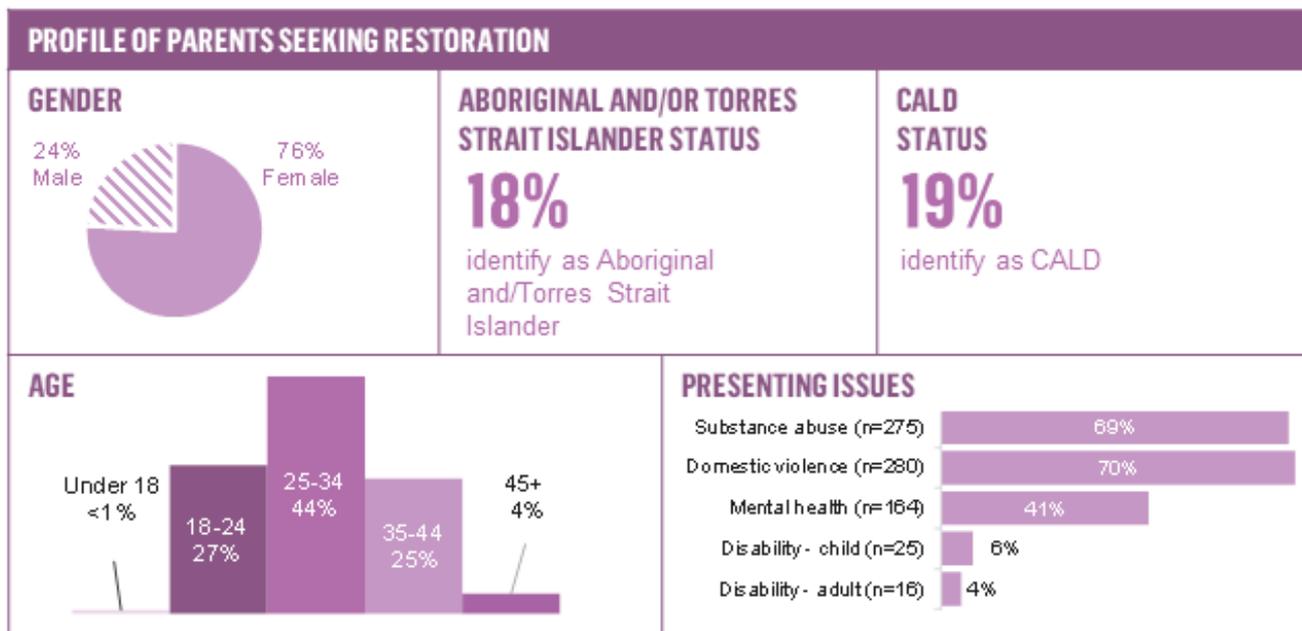
Almost one in five parents identified as Aboriginal and/or Torres Strait Islander and almost one in five were from culturally and linguistically diverse (CALD) backgrounds.

Parents' ages ranged from under 18 to over 55 years, with the greatest proportion aged between 25 and 34.

A high proportion of parents attending Newpin presented with substance abuse, domestic violence and/or mental health issues. More than two-thirds had a history of substance abuse or domestic violence and over 40% were experiencing mental health issues. A small proportion of parents identified as a person with disability or as having a child with disability.

<sup>18</sup> Reporting regarding the gender of parents should be interpreted with caution as Uniting data only identifies one parent and does not reflect that more than one parent may be attending the Centre. Further details are provided in Section 2.1.

Figure 5 - Profile of parents seeking restoration (n=400)



Data provided by Uniting – 1 July 2013 to 31 December 2019 as at 7 May 2020

## 112 families participated in Newpin to preserve their family and avoid OOHC

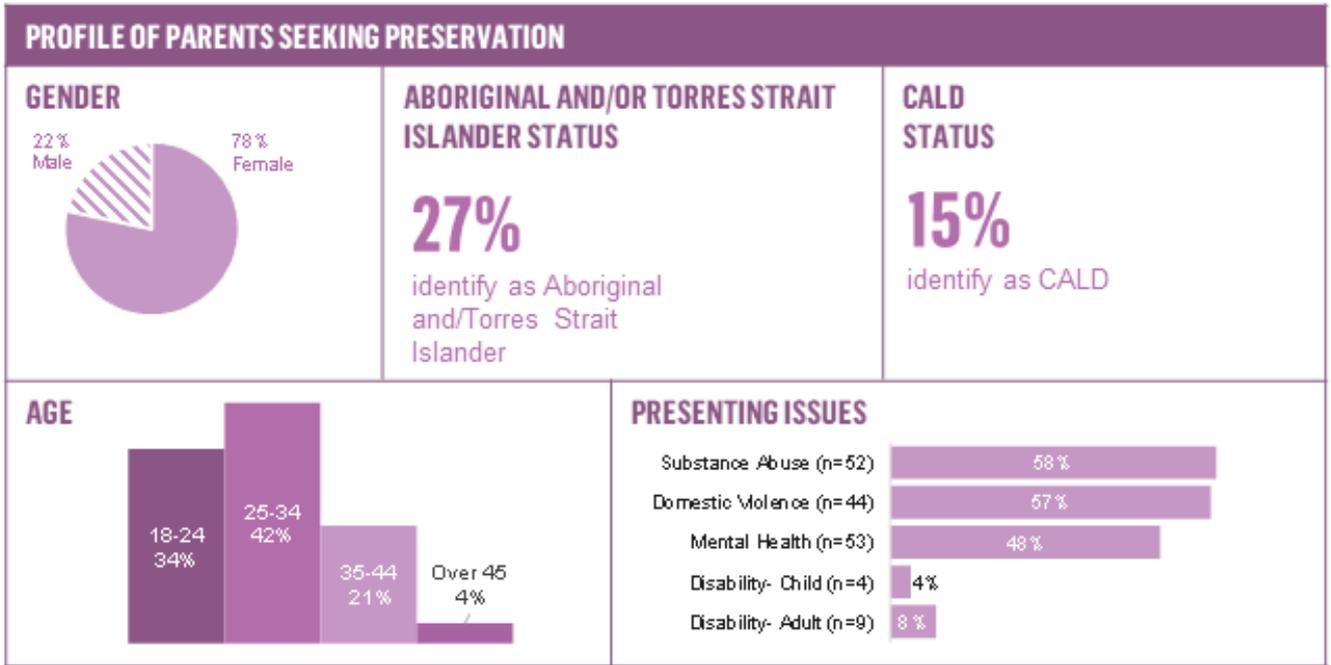
A total of 112 families participated in Newpin with the aim of avoiding having their children placed in OOHC.

As with parents seeking restoration, a majority of parents seeking preservation were female<sup>19</sup>. Over one in four identified as Aboriginal and/or Torres Strait Islander and almost one in six parents were from a CALD background. Most parents were aged under 35, with one in three being young parents aged 18 to 24 years.

Previous substance abuse and domestic violence were identified by a large number of parents seeking preservation. These rates were lower than the presenting issues of parents seeking restoration. However, a slightly higher proportion of parents seeking preservation presented with mental health issues (48% v 42%) and identified as a person with disability (8% v 4%).

<sup>19</sup> Reporting regarding the gender of parents should be interpreted with caution as Uniting data only identifies one parent and doesn't reflect that more than one parent may be attending the Centre. Further details are provided in Section 2.1.

Figure 6 - Profile of parents seeking preservation (n=112)

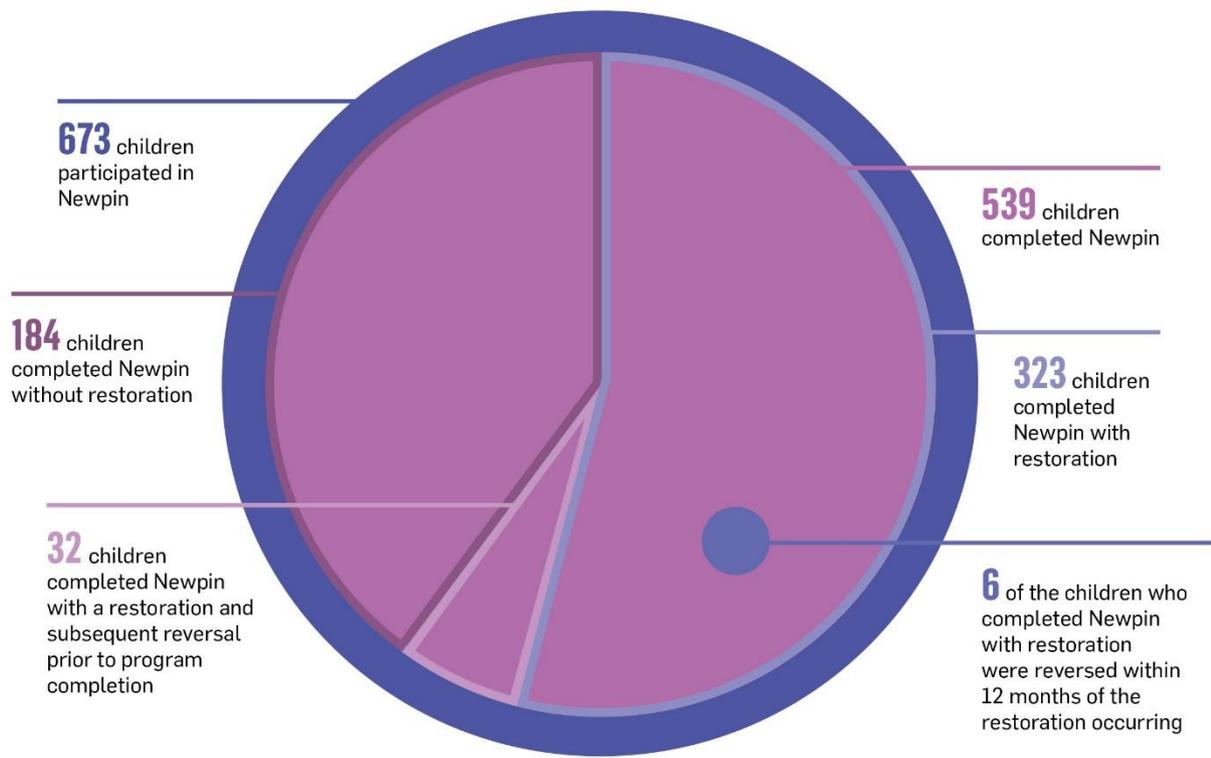


Data provided by Uniting – 1 July 2013 to 31 December 2019 as at 7 May 2020

## 2.3. RESTORATION OUTCOMES

### 673 children participated in Newpin for restoration support

Figure 7 - Overview of children participating in Newpin for restoration support



Data provided by Uniting – 1 July 2013 to 31 December 2019 as at 7 May 2020

Notes: the number of children participating in the program excludes exemptions which are defined in the Newpin Operations Manual and include parents not engaging with the program once their referral is accepted and relocation to an area where parents are unable to access a Newpin Centre.

Program data provided by Uniting for the evaluation did not capture final participant movements in the Newpin SBB cohort. As a result, the figures differ slightly to the audited numbers reported in the final SBB Investor Report, which confirmed that 674 children from 399 families participated in the program with restoration as their case plan goal.

Four out of five children (80%) who participated in Newpin between July 2013 and 31 December 2019 had completed the program. Of the 539 children who had completed the program, 60% (323) completed the program with restoration to their family, 34% (184) completed the program without restoration, and 6% (32) completed the program with a restoration reversal that resulted in the child being placed back into OOHHC.

Six children out of the 323 who were recorded as successfully completing the program with a restoration were subsequently removed from their families after program completion but within 12 months of being restored to their family (in line with the reporting on the success of restorations after 12 months).

Further commentary on the reasons for some families completing Newpin without restoration is provided in Section 3.5.

## Taking into account reversals that occurred within 12 months of a restoration, the net restoration rate as measured in the evaluation is 59%<sup>20</sup>

As previously noted, not all restorations are successful. In some cases, children who were restored to their families were subsequently removed and placed back into OOHC. There were six children who completed the program with restoration back to their family but were subsequently removed and placed back into OOHC within 12 months of the restoration. Taking into account these reversals, the net restoration rate as measured in the evaluation is 59%.

Table 5 - Evaluation net restoration rate

<b>323</b>	Children completed the program with restoration
<b>- 6</b>	Children who completed the program with restoration and were subsequently placed in OOHC within 12 months
<b>= 317</b>	Net restorations
<b>÷ 539</b>	Children completed the program
<b>59%</b>	Net restoration rate

Data provided by Uniting – 1 July 2013 to 31 December 2019 as at 7 May 2020

Note: the net restoration rate does not include those children who were exempted from the attending the program (as defined in the Operations Manual for the SBB).

In 2018, Newpin management conducted a review into the possible reasons for reversals. This review found:

- some children were considered to have been restored to their families prematurely
- some families were experiencing financial or other pressures at the time their children were restored to their care which placed them under undue stress putting the restoration at risk
- some parents were found to be living in a domestic violence situation following restoration which placed their child and the restoration at potential risk
- in a number of cases, the mental health of the parent was considered to be a factor contributing to the breakdown of the restoration.

## There is no consistent link between parents' presenting issues and restoration outcomes

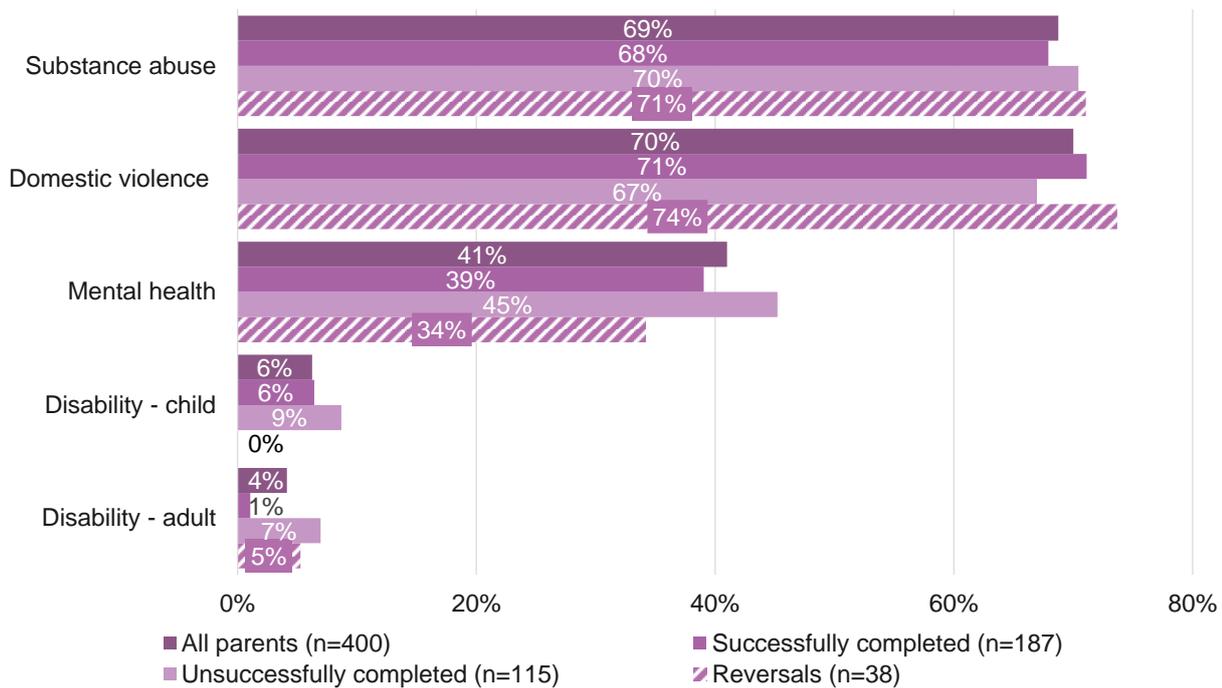
Analysis was undertaken of the presenting issues of parents seeking restoration (as identified during intake into the program) to assess if there were variations in the restoration outcomes for parents with various presenting issues.

These findings (as shown in Figure 8) are somewhat varied with no one presenting factor influencing overall success in gaining restoration. However, our research strongly suggests that presenting issues in and of themselves are not key determinants of a successful or unsuccessful outcome. This picture has not changed over time as the sample size has grown over the last seven years. Consistently, over the life of the evaluation, consultations with Newpin staff and parents have indicated that the key predictor of a successful outcome is the strength of the parent's motivation to make the necessary changes to have their children restored. However, two issues may still pose significant challenges for parents: mental health, particularly if it

<sup>20</sup> It should be noted this rate of restoration is slightly lower than that reported in the 2020 Newpin SBB Investor Report, due to differences in the reporting timeframes, as well as the methodology for calculating the net restoration rate (with the Investor Reports reporting on all children who had recorded an outcome regardless of whether they have completed the program and the evaluation reporting only on the outcomes of children who have completed the program). Further details on how the net restoration rate was calculated is provided in Section 2.1.

is chronic and persistent; and domestic violence which, in some cases, has been a contributory factor for parents whose restorations are reversed, according to a review undertaken by Uniting.

Figure 8 - Parents seeking restoration presenting issues and program outcome



Data provided by Uniting – 1 July 2013 to 31 December 2019 as at 7 May 2020

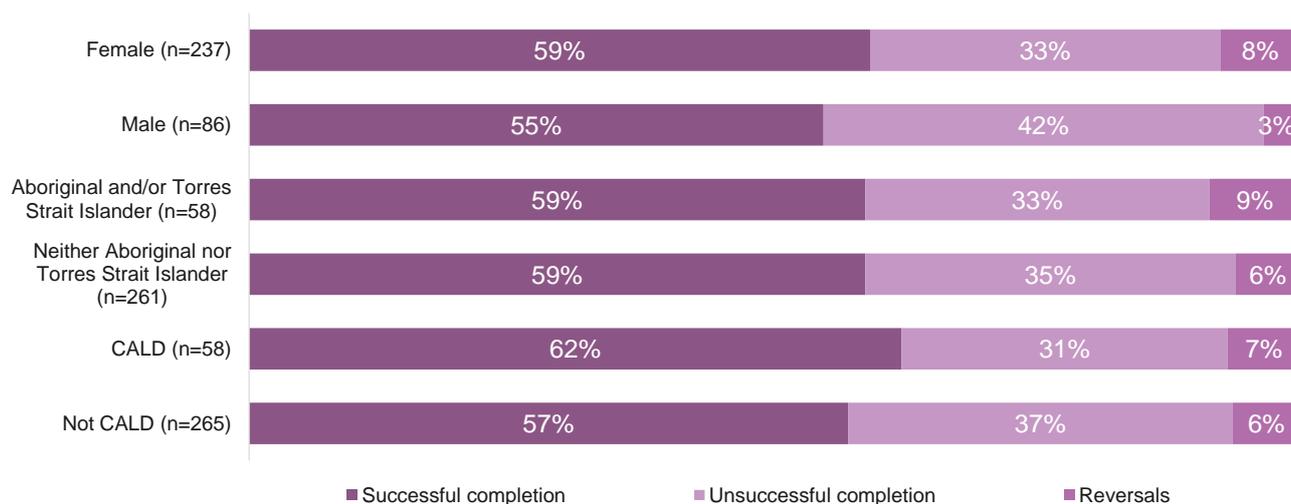
## There is no consistent link between parent demographics and restoration outcomes

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

However, a slightly higher proportion of Aboriginal and/or Torres Strait Islander parents had their children restored and subsequently placed in OOHC within 12 months of restoration. Additionally, mothers also have a slightly higher rate of restoration reversals (8%) compared with fathers (3%)<sup>21</sup>. These findings may require some further investigation.

<sup>21</sup> Reporting regarding the gender of parents should be interpreted with caution as Uniting data only identifies one parent and doesn't reflect that more than one parent may be attending the Centre. Further details are provided in Section 2.1.

Figure 9 - Restoration outcome by parents' demographic characteristics



Data provided by Uniting - 1 July 2013 to 31 December 2019 as at 7 May 2020

## 2.4. PRESERVATION OUTCOMES

### 172 children participated in Newpin with preservation as their case plan goal

Table 6 - Profile of children receiving restoration support

<b>172</b>	Children in the program seeking preservation
<b>165</b>	Children completed the program
<b>45</b>	Children who have completed the program but were still to record an outcome*
<b>120</b>	Children who have completed the program and have recorded an outcome
<b>78</b>	Children who have a reported outcome of preservation (65% of children who have recorded an outcome)
<b>42</b>	Children who have a reported outcome of removal (35% of children who have recorded an outcome)
<b>7</b>	Children still in the program

Data provided by Uniting – 1 July 2013 to 31 December 2019 as at 7 May 2020

\*An outcome (be it preservation or removal) is recorded 12 months from the date of entry into Newpin, however aggregate outcomes are only reported at the end of each financial year. Therefore, all families that entered Newpin after 1 July 2018 were still to have an outcome reported.

Of the 172 children who participated in Newpin seeking preservation, 96% had completed the program to date (n=165). Out of those, an outcome of either preservation or removal had been reported for 120 children.

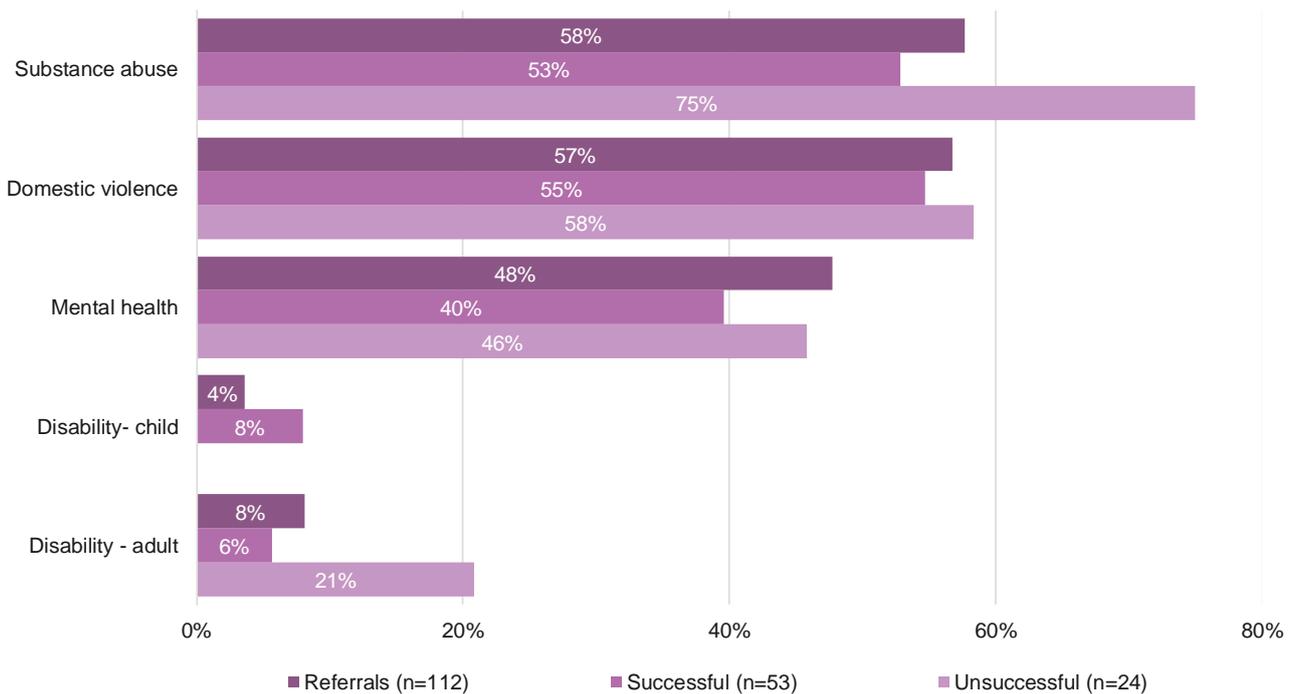
## Almost two-thirds of children at risk of removal remained with their family and avoided OOHC

Almost two-thirds (65%) of children who had completed the program and had reported an outcome were still living with their family 12 months after their parent entered Newpin. This figure has remained stable since the last evaluation report.

## Parents seeking preservation whose children were subsequently placed into OOHC presented with higher levels of substance abuse

Three-quarters (75%) of parents seeking preservation who had their children placed in OOHC within 12 months of attending the program presented with substance abuse, compared to 53% of all parents whose children remained living with them and 58% of all parents seeking restoration.

Figure 10 - Presenting issue of parent seeking preservation and program outcome



Data provided by Uniting – 1 July 2013 to 31 December 2019 as at 7 May 2020

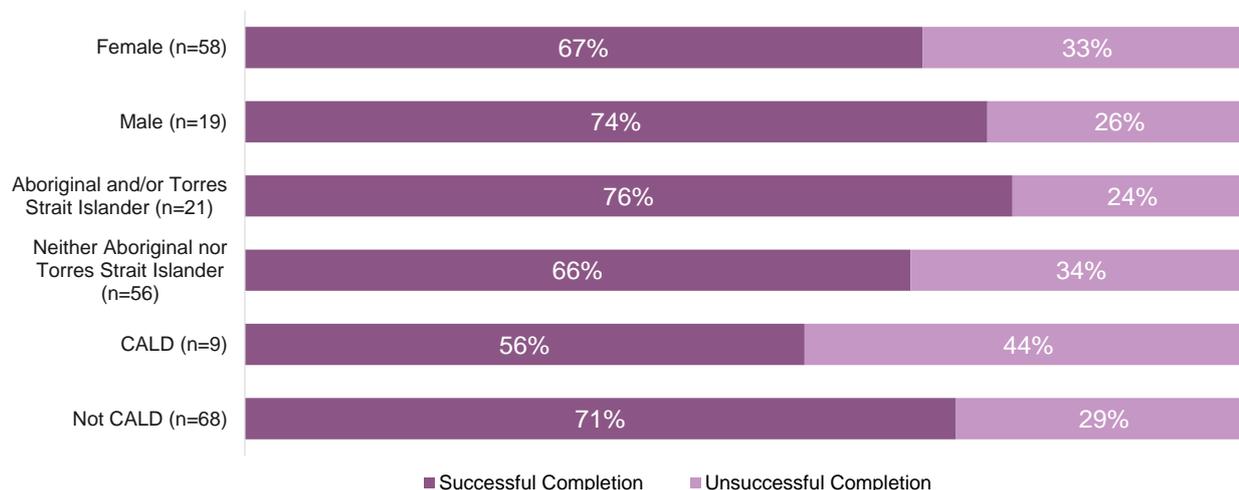
Note: Caution should be exercised with these data due to the small numbers in the disability category i.e. the base size of n=9 for Disability - adult and n=4 for Disability - child.

While parents with disability also had a higher rate of having their children removed, only nine parents identified as a person with disability and therefore this data should be interpreted with much caution.

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

Analysis of the proportion of successful and unsuccessful outcomes for parents seeking preservation showed that there was little difference in the proportion of successful and unsuccessful outcomes across parents' gender<sup>22</sup>, Aboriginal and/or Torres Strait Islander or CALD status. Fathers (74%) and parents who identify as Aboriginal and/or Torres Strait Islander (76%) had slightly higher rates of successful completion than other parents. However, the smaller base size for each of these may account for this difference.

Figure 11 - Parents seeking preservation program outcome by demographic characteristics of parents



Data provided by Uniting – 1 July 2013 to 31 December 2019 as at 7 May 2020

## 2.5. TIMING OF RESTORATION AND REVERSALS

The data reported in this section differs from previous sections. As discussed in Section 2.1, the results below draw on data provided by DCJ and are reported from a child's entry into the program up until 31 December 2019. For children who entered the program early in the SBB period, the data on the success (or otherwise) of their restoration reflect several years since they completed Newpin. This is in comparison with the other data provided by DCJ for the purposes of reporting on the SBB and Uniting data that tracks restorations for 12 months.

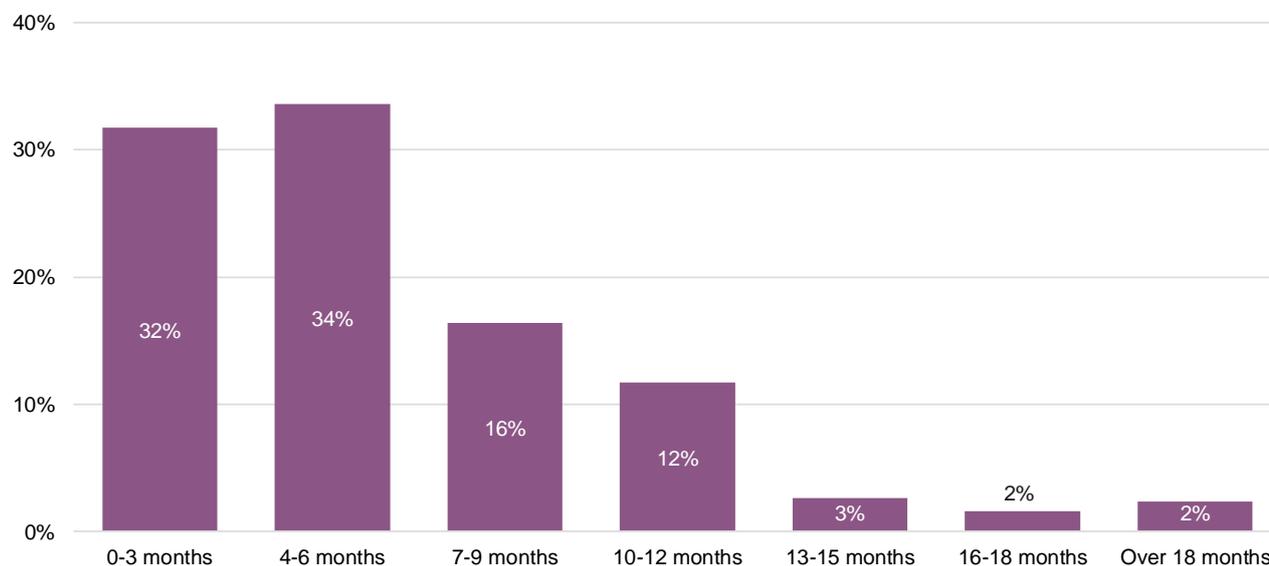
The extended period of time reported in the DCJ data that was requested for this evaluation allows us to undertake some analysis regarding the longevity of restoration outcomes once a family has left Newpin, outside of the 12-month reporting period for the SBB. As noted in Section 2.1, this data is not comparable to the Uniting data reported previously in the chapter.

<sup>22</sup> Reporting regarding the gender of parents should be interpreted with caution as Uniting data only identifies one parent and doesn't reflect that more than one parent may be attending the Centre. Further details are provided in Section 2.1.

## Most children were restored within the first six months of attending the program

Between 1 July 2013 and 31 December 2019, two in three children (66%) were restored to their families within the first six months of attending Newpin. This is slightly lower than the timing of restoration reported in the Second Interim Evaluation Report for the first five years of Newpin when 72% of children were restored within the first six months of program.

Figure 12 - Time between commencing Newpin and achieving restoration



Data provided by DCJ - 1 July 2013 to 31 December 2019 as at 8 April 2020

N = 384 children reported in data provided by DCJ as achieving restoration.

The introduction of the PSP in late October 2017 may, in part, account for this difference. With a greater focus on restoration planning soon after a child has been removed, Newpin staff identified that parents were often taking a longer time to work towards getting their children restored to their care. This may explain why the proportion of families gaining restoration in the first six months of attendance had reduced.

With four out of five children being restored in the first nine months, the 18-month timeframe for attendance at Newpin provides support to these parents once their child/ren are restored. Newpin is able to work with these families in the critical period immediately following restoration to help support the maintenance of the restoration and continued healthy relationships for that family.

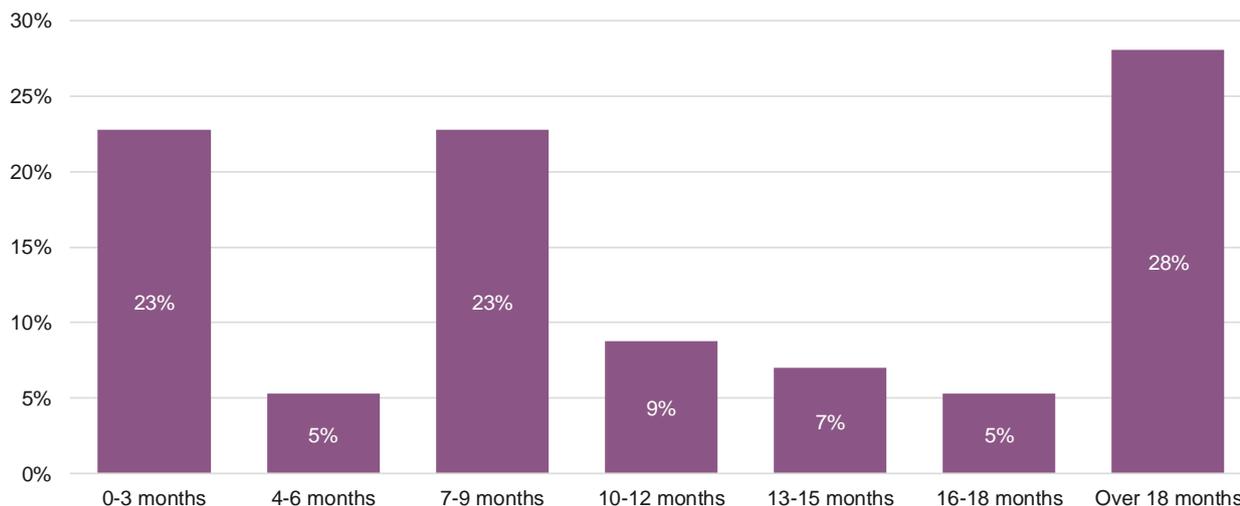
Analysis of the difference in timing of restorations for Aboriginal and non-Aboriginal children was undertaken but found that, although non-Aboriginal children were restored slightly earlier than Aboriginal children, there were no noteworthy patterns in the timing of restorations.

## Over half of reversals recorded over the full period of data provided by DCJ occurred within nine months of restoration

Almost one in four reversals recorded by DCJ occur within three months of children being restored to their families (23% or 13 out of 57 reversals). This is lower than the proportion reported in the Second Interim Evaluation Report, which found that 33% of reversals happened within three months of children being restored in the first five years of the program. This may reflect the greater support and focus families received in the first few months of their children living back with them, including additional support provided under PSP. While the proportion of reversals is lower for the first three months of restoration, over half of restorations that break down do so within the first 9 months.

This data also reveals that a significant proportion of the reversals occur after children have been with their families for a substantial period of time. More than one in four (28%) reversals occurred 18 months or more after restoration. This suggests a need for ongoing, long-term support for families after the completion of Newpin.

Figure 13 - Time between restoration and reversal



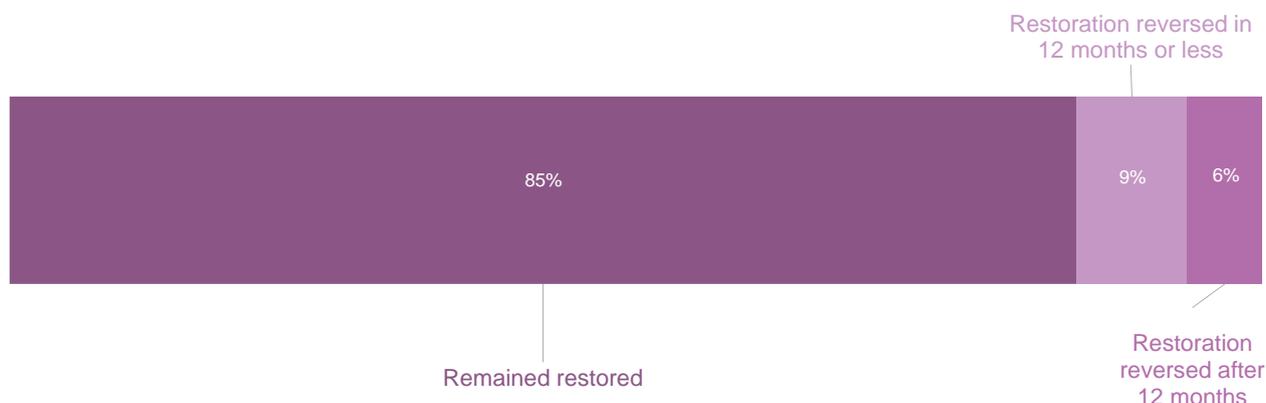
Data provided by DCJ - 1 July 2013 to 31 December 2019 as at 8 April 2020

n= 57 children who were reported in data provided by DCJ as having their restoration reversed

### Around 6% of children who were restored back to their families were placed back in OOH after more than 12 months

The data provided by DCJ allows for analysis of the outcomes for children who participated in Newpin over a significant period of time with restorations since the SBB commenced being tracked up until 31 December 2019. For the children restored early in the SBB arrangement, this allows for the success of their restoration to be monitored for several years outside of the 12-month reporting period which was established for the SBB.

Figure 14 - Outcome of restorations by timeframe



Data provided by DCJ - 1 July 2013 to 31 December 2019 as at 8 April 2020

n = 384 children reported by data provided by DCJ as achieving restoration

Note: this data measures children from the time they are restored until 31 December 2019. Therefore, some children (such as those restored in the first years of the program) will have their restoration tracked for a much longer period of time than other children (who were restored up until 31 December 2019)

This analysis identified that 6% of children who were restored back to their family were subsequently placed into OOH after more than 12 months had passed since restoration.

A restoration reversal may occur for a number of reasons and therefore may or may not be directly attributable to a family's experience at Newpin.

### 3. KEY LEARNINGS: NEWPIN OPERATIONS AND PROGRAM DELIVERY

#### KEY FINDINGS

The Permanency Support Program has reduced referrals to Newpin and increased the number of providers supporting restoration.

The expansion into new locations has been challenging given recent policy changes within the sector, however all Centres are achieving positive outcomes for families.

The practice change involving both mothers and fathers attending Centres at the same time has, in the main, been managed successfully.

Newpin continues to be effective in achieving positive restoration outcomes for families, with key factors being flexibility, peer support and the safety created within the program.

The use of unsuccessful completion of the program as a reporting metric needs to be carefully interpreted as this outcome may be the most appropriate for the ongoing functioning for that family and for the safety of the child.

Various changes to the program and operations have not diminished program fidelity.

The provision of home visits was identified as a possible improvement to Newpin.

#### 3.1. DEMAND FOR NEWPIN HAS BEEN REDUCED BY THE PERMANENCY SUPPORT PROGRAM

The Permanency Support Program (PSP) was introduced across NSW on 1 October 2017 and was established across the child protection and OOHC sectors over 18 months. The Program aims to keep families together by placing fewer children in OOHC, having children in care for a shorter period of time and providing a better care experience that supports children's needs.<sup>23</sup>

Further information on the Program is outlined in Section 1.3.

The PSP, along with broader policy reforms, has impacted on Newpin through:

- the reduction of the number of children being placed into OOHC and requiring a restoration service
- increasing the number of restoration services working with families
- a focus on permanency within two years.

Each of these impacts is explained further in the following section.



It [the Permanency Support Program] is one of the most significant changes made to the NSW child protection and out-of-home care systems in decades  
*DCJ website*

<sup>23</sup> NSW Department of Communities and Justice, About the Permanency Support Program, <https://www.facs.nsw.gov.au/families/permanency-support-program/about>, Accessed 11 May 2020

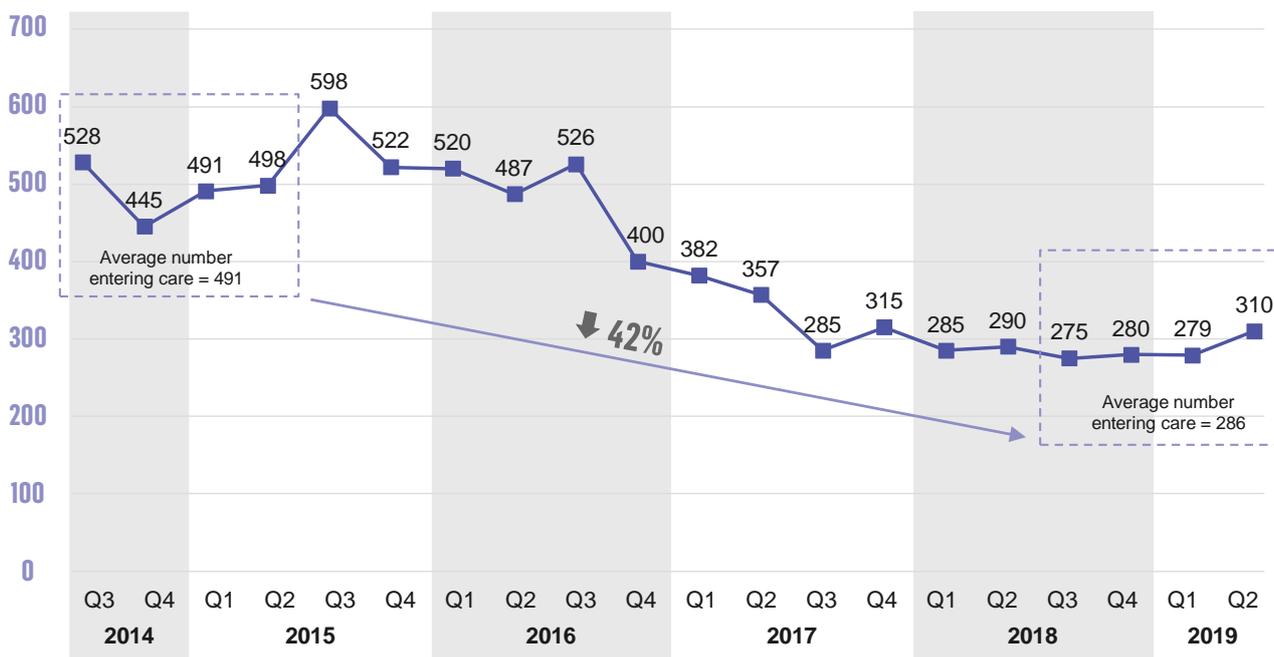
## PSP has reduced the number of children being placed into OOHC

One of the three goals of the PSP is to reduce the number of children being placed in care<sup>24</sup>. Analysis of the DCJ Quarterly Statistical Report on services for children and young people has shown that the number of children entering OOHC between 2014 and 2019 has fallen significantly. As shown in Figure 15 below, the average number of children aged under six (which is the target cohort for Newpin) entering OOHC across a 12 month period from 2014-15 to 2018-19 fell by 42%. It is interesting to note that this downward trend was evident prior to the introduction of PSP but has continued throughout the program implementation phase.



DCJ are now doing a lot more hands-on work with the families to prevent children coming into care ...so less children entering care means less children with the possibility of being restored ...so that has an impact on referrals  
Newpin

Figure 15 - Number of children under 6 entering OOHC September 2014-June 2019

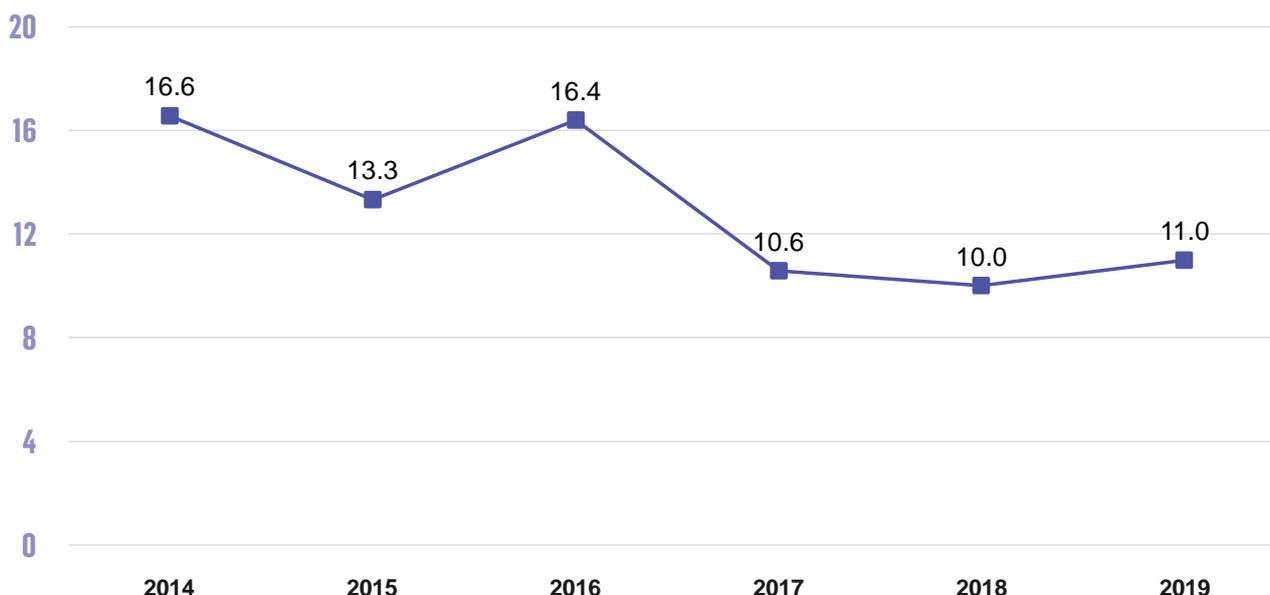


Source: DCJ Quarterly Statistical Report on services for children and young people. Accessed via <https://public.tableau.com/profile/facs.statistics#!/vizhome/FACSquarterlystatisticalreportonservicesforchildrenandyoungpeople/Dashboard>.

As the main focus of Newpin is the restoration of children in OOHC, the reduction in the number of children being placed in care has reduced the number of families eligible for the program. Analysis of the referrals received by Newpin across 2014-2019 also shows a reduction in the average number of referrals across the Centres. On average, Centres have capacity for around 20 families (or around 40 children) at any point in time.

<sup>24</sup> NSW Department of Communities and Justice, About the Permanency Support Program, <https://www.facs.nsw.gov.au/families/permanency-support-program/about>, Accessed 11 May 2020

Figure 16 - Average annual referrals received by each Newpin Centre



Source: Uniting data 1 July 2013 – 31 December 2019. Note: the number of Centres used to calculate the average number of referrals was based on the average number of Centres open in that year. For example, if six Centres were open in June 2016 and eight Centres open in December 2016, then the average number of Centres would be seven.

It is also worth noting that the reduction in the average number of referrals is also aligned to the expansion of the number of Newpin Centres with three new Centres launching in 2017. As explored further in Section 3.2, it took time for new Centres to build relationships with DCJ and NGOs to support referrals and this had an impact on the number of referrals to the new Centres.

## PSP has brought new restoration services into the sector, increasing the number of providers supporting families to achieve restoration

The rollout of the PSP has seen an increased role for non-government organisations (NGOs) in case management and working towards permanency for a child in OOHC. NGOs working with children are required to develop a permanency case plan with a focus on achieving a permanent home for that child within two years. The permanency case plan includes the range of services that a child will be able to access to meet their needs as identified in their case plan.

In recent times, according to stakeholders, many NGOs have elected to provide restoration support in-house, rather than refer these out to another agency as they may have done previously. The structure, content, length and intensity of these services vary (and in some cases are not stand-alone interventions but rather supports integrated into casework, for instance). It was reported by some stakeholders that a family accessing these services would be unlikely to be considered for referral to Newpin as NGO case managers are often more likely to be aware of, and refer their children to, restoration services offered within their organisation. It was also suggested that a lack of awareness of Newpin within these NGOs could mean that case workers are unaware of the difference between Newpin as a therapeutic intervention and their own in-house restoration support services. Therefore, stakeholders believed that these case workers are unlikely to refer families to Newpin as they could see the program as a duplication of existing services, or could incorrectly believe that funding is not available for both their in-house restoration support services and Newpin.



...other NGOs, now, because they have to do the restoration work, they're keen on doing that themselves now  
DCJ

The increased number of NGOs offering restoration services is likely to have contributed to a recent drop in program referrals from DCJ and NGOs.

## PSP has a focus on achieving permanency within two years

The permanency case plan developed for children when they are removed from their families has a focus on ensuring that children have a permanent home within two years. This two-year timeframe and the process for permanency case planning has had a number of consequences for Newpin.

Firstly, the responsiveness of the system to establishing a permanency case plan soon after a child has been removed, was reported to have reduced the number of referrals to Newpin. Parents are often still dealing with the (often complex) issues that lead to their children being removed when permanency planning is taking place. Stakeholders believed that this leads to some families being considered unfit for restoration (and therefore referral to Newpin), whereas a longer timeframe for restoration planning could allow a family's situation to stabilise and for that family to be deemed appropriate for restoration, and a referral to Newpin.



...if someone has just had their children removed and six weeks later DCJ are having to make a decision. They're not looking at restoration because they're only just removed, so referrals, it's really impacted big time on the referral rate.

*Newpin*

Prior to the introduction of the two-year permanency case plan, Newpin staff reported that decisions regarding restoration were often made later, once parents were able to establish a commitment to achieving restoration and therefore referral to a restoration program such as Newpin was deemed to be more appropriate.

Secondly, it was reported that greater number of early referrals were being received by Newpin, within a matter of weeks after parents had their children removed.<sup>25</sup>

Newpin staff reported that these parents were often at the very beginning of dealing with the issues that led to the removal of their children (such as drug and alcohol use, mental illness or domestic and family violence). They were often leading a chaotic existence and coping with an increased number of appointments aimed at providing help for those presenting issues. This makes it difficult for these families to engage with Newpin at this stage as their main focus is on dealing with those immediate challenges such as substance abuse or violence. As one Newpin staff member explained "it's not that they don't want their kids back but they don't see, as yet, the priority because they've got all of that stuff yet to do".

Thirdly, a small number of recent referrals to Newpin have reportedly occurred towards the end of the two-year period in which a child has to be placed with a permanent carer. These typically occur when a family restoration is imminent, has been court-ordered and has either occurred or is about to occur. In these cases, parents reportedly struggle to see value in attending Newpin as they already had their children restored or had successful proceedings in place to support restoration. It has been difficult for Newpin to engage with these families, particularly as parents believe they have achieved their goal and the Newpin program usually requires a commitment of attending a Centre two days a week for 18 months. The assessment of the suitability of referrals is discussed further in Section 5.3.



...in terms of the purpose of reform and the whole permanency support implementation ... the whole premise of that is to try make decisions earlier and ... get those case plans implemented.... That conversation has come up with Uniting around the types of families, whether we're seeing more parents sooner... seeing families sooner in the continuum.

*DCJ*

Now we're getting them really early in the piece, within that first three months of children being removed, but the Department has to make a decision for restoration ... so we're getting them really early but restoration is still on the books so we're still having to work towards that but the families aren't yet at that point of readiness

*Newpin*

<sup>25</sup> While the Newpin entry criteria requires a child to have been in OOHC for over three months, it is within Newpin's discretion to work with families within this time period, however they would not receive payment for their work with this family, if the family does not remain in the program until they meet the three-month entry criteria.

## 3.2. THE EXPANSION OF THE PROGRAM HAS BEEN IMPACTED BY POLICY CHANGES

The terms of the Newpin SBB arrangement originally provided for Newpin to be expanded from four to ten Centres across NSW dependant on conditions, including data supporting a sufficient level of client demand<sup>26</sup>. However, as part of the ongoing governance arrangements between Uniting and DCJ, there was agreement that Newpin would operate across seven Centres and continue with the original intention of providing support to 730 children seeking restoration across the life of the SBB.<sup>27</sup>

After the closure of the Bidwill Mothers' Centre in 2014, Uniting expanded the number of Centres from five to eight between 2016 and 2018. New Centres were opened in Newcastle, Port Kembla and Hurstville, joining the original Centres in Bidwill (Father's Centre), Doonside and St Mary's and the Centres in Wyong (opened in 2014) and Ingleburn (opened in 2015). In June 2019 the Bidwill Father's Centre was closed and the St Mary's Centre relocated to Bidwill. This left Newpin with seven Centres across NSW. Further details on reasons for the consolidation to seven Centres was provided in Section 1.3.

The sections below provide a summary of the barriers and enablers to program expansion identified in stakeholder consultations. The enablers and barriers to Newpin's expansion are summarised in Figure 17 below and discussed further throughout this section.

Figure 17 - Enablers and barriers to Newpin's scalability within NSW

ENABLERS	BARRIERS
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>■ Development and use of Newpin Centre Opening Procedure</li> <li>■ Strong Practice Framework to support consistency of implementation</li> <li>■ Existing evidence-base to provide credibility</li> </ul> <p><b>Adaptation:</b></p> <ul style="list-style-type: none"> <li>■ Flexibility to apply Newpin model as appropriate to the needs of the families within the Centre</li> </ul> <p><b>Relationships:</b></p> <ul style="list-style-type: none"> <li>■ Collaborative working relationship between DCJ and Uniting</li> <li>■ Communication strategies to support promotion within the local service system</li> <li>■ Stable relations with the local service sector</li> </ul>	<p><b>Context:</b></p> <ul style="list-style-type: none"> <li>■ Significant policy changes reducing the number of families seeking restoration</li> <li>■ Rollout of new Centres coinciding with the implementation of large policy changes</li> <li>■ Increased number of services providing restoration support</li> </ul> <p><b>Relationships:</b></p> <ul style="list-style-type: none"> <li>■ Variation in strength of relationships with local service sector</li> <li>■ Lack of understanding of the Newpin model leading to inappropriate referrals</li> </ul>

The enablers identified by stakeholders include the development and use of effective documentation, the ability to adapt the Newpin model to new contexts and the strength of relationships.

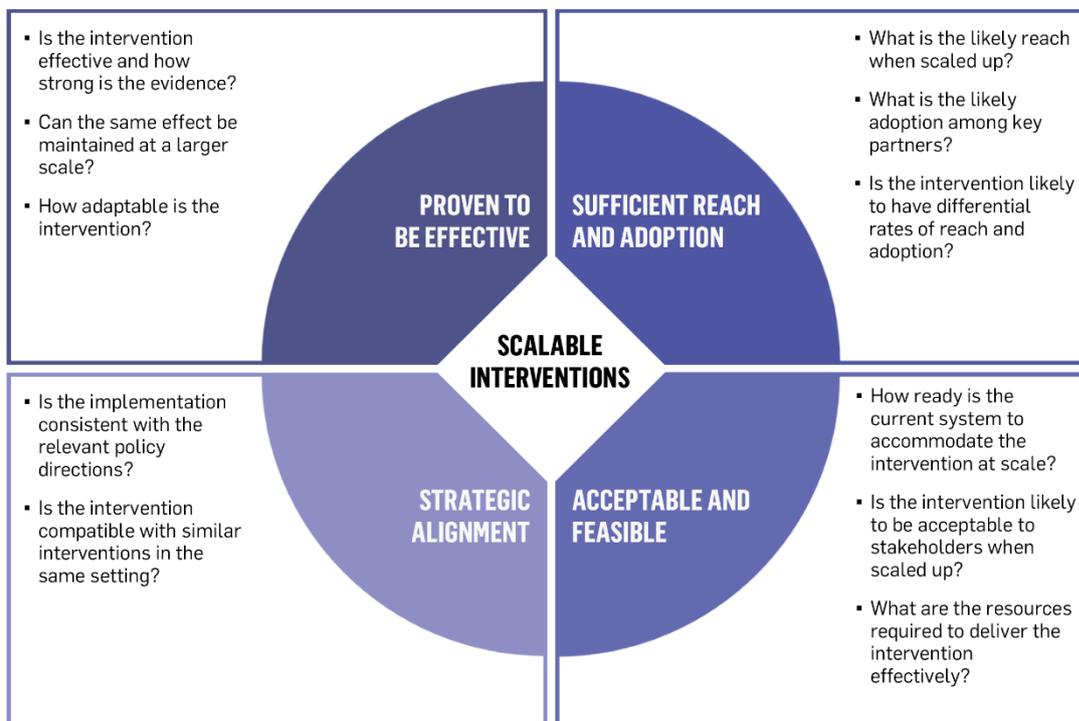
As noted in Section 3.1 as well as in the following sections, many of the barriers to the scalability of the Newpin program within NSW were as a result of the significant changes to the wider policy context and were, in many ways outside of the control or influence of Uniting. Other barriers relate to the variability of relationships within a local area which reduced the referrals to new Centres.

<sup>26</sup> Social Ventures Australia. (2013). Newpin Social Benefit Bond - Information Memorandum. Sydney: Social Ventures Australia.

<sup>27</sup> Social Ventures Australia (2019). Newpin Social Benefit Bond – Annual Investor Report 30 June 2019. Sydney: Social Ventures Australia

The Second Interim Evaluation Report utilised a model developed by NSW Health’s Population and Public Health Division to identify the key elements of scalable interventions including the dynamic influence of policy and systemic factors<sup>28</sup>. Figure 18 outlines the key considerations identified to support a systemic approach to scaling interventions.

Figure 18 - Key elements of scalable interventions



Based on: *Increasing the scale of population health interventions: A guide* by NSW Health

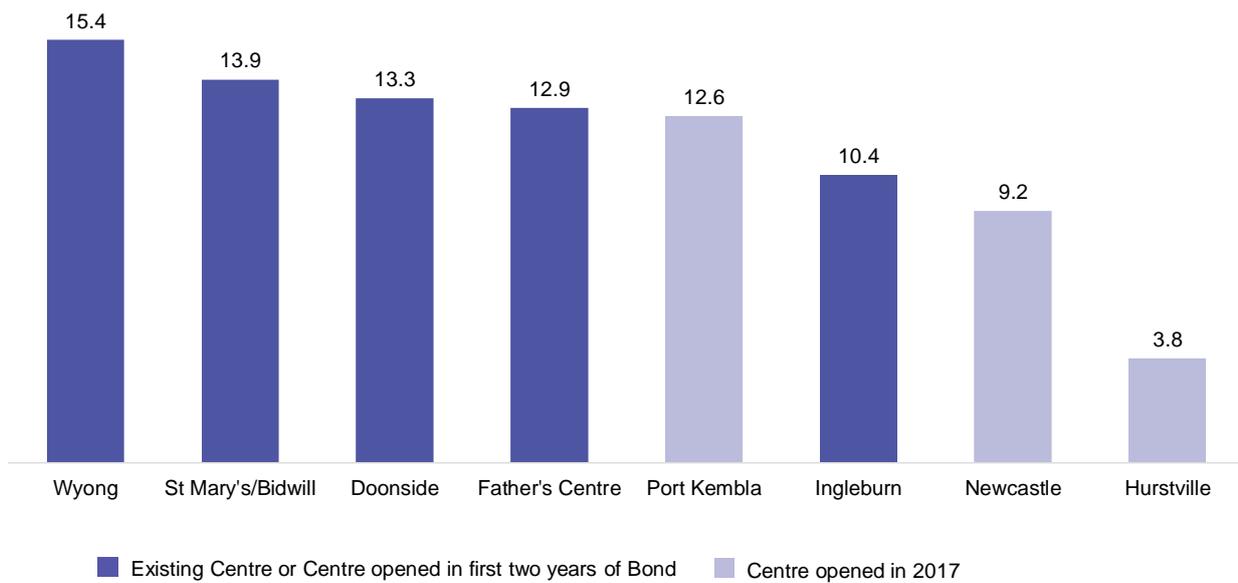
The following sections provide an overview of the findings of this evaluation related to each of the key elements of scalable interventions.

## Reach: Newer Centres have struggled to achieve a consistent flow of referrals

The average number of referrals accepted by the three new Centres has generally been lower than the older, more established Centres. As shown in Figure 19, the Centres that opened in 2017 had a slightly lower average of referrals accepted compared to most of the Centres that were already operating or were opened in the first two years of the SBB.

<sup>28</sup> NSW Health. (2014). *Increasing the scale of population health interventions: A guide*. Sydney: Evidence and Evaluation Guidance Series Population and Public Health Division

Figure 19 - Annual average referrals accepted by Centre



Source: Uniting data 1 July 2013 – 31 December 2019.

Notes:

1: the annual average was calculated by adding together the referrals accepted in June and December of each calendar year and dividing the total by the period that the Centre had been operating (rounded to the nearest six months).

2: The Wyong total is likely to be inflated due to a number of referrals being allocated to the Centre but being serviced by the Newcastle Centre, prior to the Newcastle Centre being officially commissioned in November 2017.

3: As the St Mary's Centre relocated to Bidwill in July 2019, the referrals recorded for December 2019 have been allocated to the St Mary's/Bidwill Centre.

4: The figure above outlines the referrals made to a Centre and does not reflect the available capacity within Centres which may vary across a year as families move through the 18-month program and is also influenced by the size of the families attending a Centre.



I guess the location might have an impact, the original plan was around a centre for the Sydney city area, whether Hurstville is considered central enough for that purpose given the number of CSCs that needed to feed into that I think the location may be one of the impacting issues.

DCJ

The Hurstville Centre, which opened in 2017, had a particularly low number of average referrals which has led to a decision to close the Centre at the end of the SBB at 30 June 2020. The Hurstville Centre has worked with the local CSCs to generate referrals but this has not led to the same rate of referrals as other Centres and it has never operated at full capacity. It was suggested by some stakeholders that the lack of demand could be due to the location of the Centre in an area where several other child restoration services were already operating with good working relationships with DCJ, making it difficult to demonstrate how Newpin could add value within the local service system. The distance of the Centre away from the central Sydney City and Sydney and Eastern Sydney CSCs was also identified as a possible barrier to getting referrals.

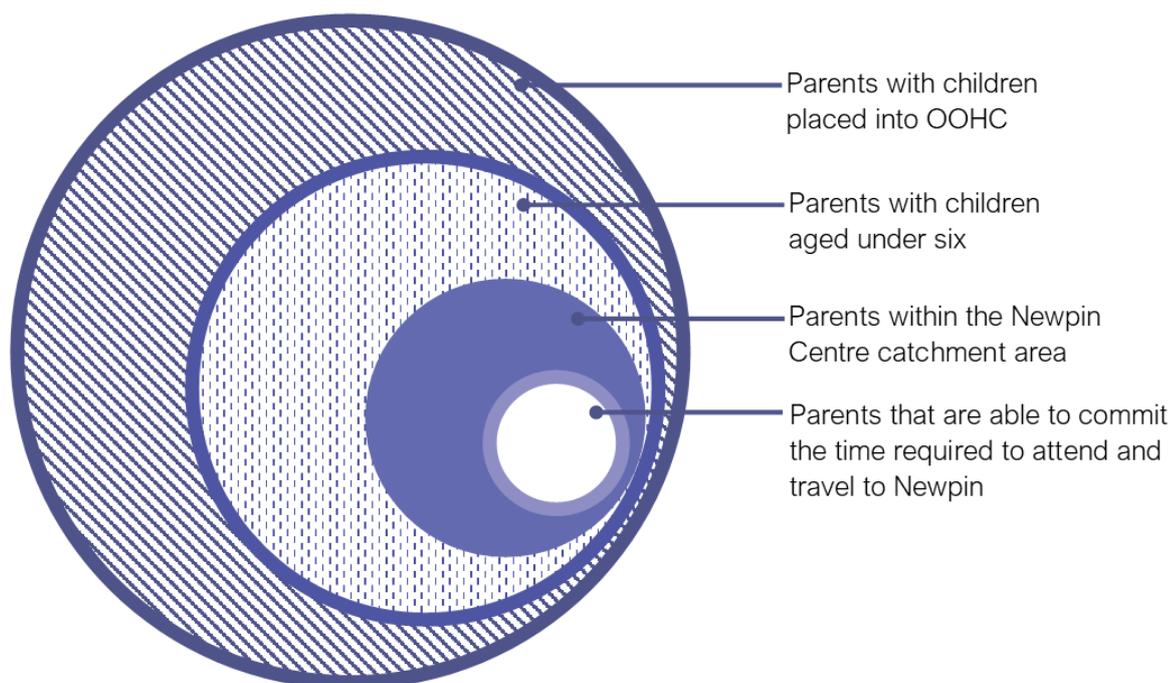
## Feasibility: Policy changes have limited further expansion of Newpin

Since 2017, DCJ and Uniting have worked together to expand Newpin into three new areas, including building awareness of the new Centres within the local service system. However, the significant changes in the OOHC sector as a result of the PSP were identified as limiting the feasibility of further expansion of the Newpin model in NSW due to:

- a smaller number of families in NSW being eligible for the program
- the extensive change agenda which has made it difficult to get traction in new areas
- uncertainty over how changes could impact Newpin in the future.

As discussed in the previous section, the PSP focus on preservation has reduced the number of children being placed into OOHC and therefore the demand for a restoration program. As shown in Figure 20, the pool of potential program participants is further reduced by a number of other factors, including the ability and willingness of parents to commit to attending the Centre for two days a week over an 18-month period.

Figure 20 - The cohort eligible for Newpin



Significant effort was undertaken by both Uniting and DCJ during the implementation phase of new Centres to promote and build awareness of Newpin in the new locations. However, the amount of change being experienced by the Department and the sector at the time presented challenges. Newpin reported difficulties in engaging effectively with the sector in new locations as local organisations and services were often very stretched and also unclear about the operation of the PSP and how it would impact their operations.

The established Newpin Centres reported similar difficulties in engaging with the sector during this time, but as these Centres typically had existing relationships in place with the local service sector, it did not change their level of referrals to the same degree.



One of the issues for scalability of Newpin is that it's so specific to that cohort of 0 - 6 years, who are able to get to a Centre on a weekly basis and participate in community groups and contact visits ... That actually turns out to be quite a small group... that's not a huge cohort to start with.

DCJ



Reform takes time and I think messaging takes time as well

DCJ

During this period of reform, there was also some uncertainty amongst the service sector about the role of Newpin within the new service landscape, given the new initiatives being launched.

As noted in Section 1.3, in addition to the State-wide rollout of the PSP, two new therapeutic treatment programs for at-risk families were introduced as part of the NSW cross-government Their Futures Matter reform: the Multisystemic Therapy for Child Abuse and Neglect (MST-CAN) Program and the Functional Family Therapy for Child Welfare (FFT-CW) Program. Although these programs focus primarily on family preservation rather than restoration, there is an opportunity to use these programs with families seeking restoration. The MST-CAN, which is an intensive support service, has been identified by Uniting as an alternate program to Newpin's work with families whose children have been placed in OOHC.

The introduction of these new programs to regions where Newpin operates may cause some confusion regarding the differences between MST-CAN and FFT-CW and Newpin and which program is most appropriate for different families. However, Uniting management note that these new programs mainly focus on working with families seeking preservation. For this reason, they do not believe these programs have significantly influenced on the number of referrals to Newpin in the last two years.

## **Strategic alignment: NSW policy is placing an increased focus on preserving families and preventing children from entering OOHC, but Newpin remains relevant**

As previously mentioned, the PSP reforms place greater emphasis on the preservation of families, which has resulted in fewer children being placed in OOHC. This has resulted in fewer families being eligible for and referred to Newpin for restoration.

However, Newpin practice is based on attachment, trauma, personal development and culture<sup>29</sup> which are in strong alignment with the goal of the PSP to provide a better care experience to support children's needs and their recovery from trauma.<sup>30</sup> The trauma-informed, strengths-based approach of Newpin in working with families helps to support these children to develop and grow in line with the overall goals for that child.

In the view of the evaluator, the Newpin program is strongly aligned with current government policy and evidence-based practice and has proven to be effective in working both with families seeking preservation and those seeking restoration.



...it's changing lives and we know what the outcomes are often for kids that are in out of home care and it's not rosy, it's not good so if children can safely be reunited with their families that's where they should be and everybody should do their best to make that happen. So that's what it's all about.  
*Newpin*

<sup>29</sup> Uniting (2019) The Newpin Model. Uniting, Sydney.

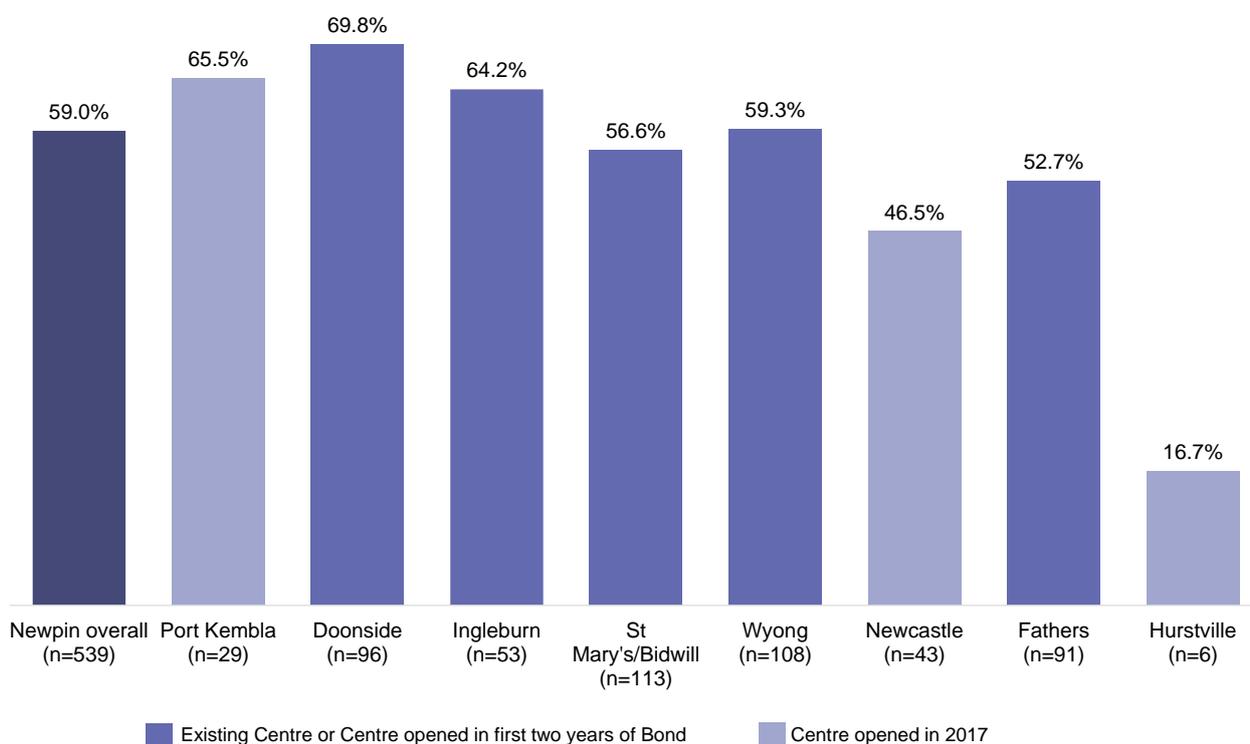
<sup>30</sup> NSW Department of Communities and Justice, About the Permanency Support Program , <https://www.facs.nsw.gov.au/families/permanency-support-program/about>, Accessed 11 May 2020

## Effectiveness: Through expansion, Newpin has continued to achieve positive outcomes for families

As reported in Section 2, Newpin continues to demonstrate positive outcomes for many families. It has achieved a net restoration rate of 59% over the last six and a half years. This rate compares favourably to the counterfactual restoration rate set under the SBB of 20%.

As expected, there is some variation in the restoration rates across Newpin Centres but most are between 46% and 67%. Importantly, most of the new Centres established since the commencement of the SBB have achieved restoration rates in line with the established Centres. However, as discussed previously, the Hurstville Centre received a very small number of referrals and had achieved just one successful restoration at the time the data was provided, leading to a much lower net restoration rate of 16.7% as shown in Figure 21.

Figure 21 - Net restoration rates by Centre



The success of most of the new Centres in achieving positive restoration outcomes provides further evidence that the Newpin model is effective and has maintained that effectiveness with an expanded number of Centres.

## Staff recruitment processes supported expansion of Newpin

Recruiting the right staff within a Centre and training them in an understanding of the Newpin model was seen as a key enabler to achieving successful outcomes across the new Centres. Three key recruitment and onboarding processes were identified:

- hiring for values alignment
- visitation to other Centres
- support for a multi-disciplinary, team-based environment.

Newpin management were very clear that while they would always ensure that staff had appropriate qualifications and experience, alignment with the Newpin values was crucial. Various approaches had been taken to gain an insight into candidates' values including role play, providing examples of practice and asking candidates to observe an interaction and to subsequently write case notes. It was noted that these approaches were particularly useful to identify if a strengths-based approach was adopted by a candidate.

Once staff are hired, the onboarding process was supported by visitation to other Centres. This had two main positive outcomes. Firstly, new staff built relationships with their peers in other Centres and were able to call on these relationships to support capacity building and knowledge sharing. Secondly, observing the way that different Centres ran helped new staff see that while there may be some differences, the application of the Practice Framework is consistent and assisted them in understanding the key components of the Newpin model.

There was also an acknowledgement that new staff often required re-training to meet expectations regarding the multi-disciplinary, team-based environment where staff are involved in working across all families within Centres. Many new staff were used to working in silos where they had singular responsibility for a child, however Newpin's team-based approach required them to gain understanding of, and respect for the various perspectives that each staff member brings and how all staff need to work together to support the family.

These processes to support the expansion of the Newpin program have not only helped the expansion of Centres under the SBB but will also assist in the future rollout of other Newpin Centres nationally.



It starts with recruitment because really at the end of the day Newpin is a value-based program  
*Newpin*

We all went out to every Centre and spent time with our equivalent colleague ... I actually was lucky enough to sit in with groups and spend the day immersing myself in the program at a lot of the Centres and that's how I got to know what the role was.  
*Newpin*

...most of them have come from siloed work [where] they have their caseload, they do their work, they do their notes and there's no debrief, there's no sharing of information. They just do their bit whereas all of the people in the team work with every mum, dad and child so you get everyone's perspective. So it has a far greater degree of accountability and you need to build relationships with your team before you can really do that with the parents.  
*Newpin*

...we all connect with them... it's all of us, it's not just one particular person doing that job, I like that it brings our strengths together, it brings our uniqueness together and we all work with families that way like that.  
*Newpin*

### **3.3. THE MOVE TO A NON-GENDERED APPROACH HAS BEEN WELL MANAGED**

At the time of writing the Second Interim Evaluation Report in 2018, the Newpin program model was being adapted to work with both fathers and mothers in each Centre. (In the past, fathers were supported by the Newpin Father's Centre in Bidwill with the focus of the other Centres being on mothers.) This change also involved male staff being employed in Centres to work with both mothers and fathers.

This change came about as a result of an increasing number of fathers and couples seeking restoration and the need to ensure that the program could effectively work with all types of families across all Centres. The shift was also seen as an opportunity to support and model inclusive, healthy and respectful relationships between men and women (both within families and between staff and staff and parents) and to reinforce that fathers are capable and suitable for restoration.

The inclusion of fathers into Newpin across all Centres led to a decrease in referrals to the Fathers Centre in Bidwill which resulted in the closure of that Centre in June 2019. Many of the fathers attending the Fathers Centre at the time of its closure were at the end of their time with Newpin and were exited from the program at the closure. A small number of fathers attending the program were transferred to the re-located St Mary's Centre at Bidwill.

## The change required careful management

The move to having both mothers and fathers attend the Centre, sometimes at the same time, has been positively received by most staff and parents interviewed. Staff regard the shift to have been carefully managed at the Centre level but noted that it has added a further level of complexity to both Centre operations and practices.

One of the main concerns regarding the change was the need to maintain safety within the Centre for mothers who had experienced domestic and family violence. Newpin staff reported that they are very aware of these risks and have the skills and mechanisms in place to identify or manage any potential risks or barriers to participation.

Staff worked with mothers who had experienced domestic and family violence to identify those who were not comfortable attending the Centre at the same time as fathers. Attendance at the Centre was then scheduled in such a way that these mothers would not be in the Centre at the same time as fathers. Regular staff debriefings were also used to identify any potential safety concerns and ensure that these were dealt with in an appropriate and timely way.

Newpin staff also worked with parents prior to the introduction of the non-gendered approach to identify any concerns that they may have had around this change and to allow ongoing discussion and management of any issues.

As shown in the quote opposite, staff perceived that there had been some change in the interactions with parents and that part of the management of this approach was to build the comfort of all parents when interacting with each other.

## Working with couples is beneficial

Working with both parents seeking restoration at the same time provides Newpin staff with opportunities to observe the interactions within the parents' relationship and to use those observations to work with the family to address any issues that may have been highlighted.

Both parents and staff reported that working with couples reflects the real-life situation of co-parenting and supporting their child or children. Staff members say they are able to observe relational dynamics that they would have not otherwise have seen, which enables them to work more effectively with couples to further develop their parenting skills.

When both parents attend the Centre at the same time, there are further opportunities to reinforce learnings with each other.



I think it has to be managed really well and you also have to give both the mums and the dads their own time space within the centre, I think that complements it.  
*Newpin*

...I haven't had any parents react really strongly against it, I think some are probably a little cautious but Newpin is a safe space and we wouldn't tolerate anything that didn't make it a safe space and I think they know that.  
*Newpin*

...it kind of went both ways, because at one moment they saw a different type of intelligent conversation happening but then on another level they didn't feel as comfortable opening up about some things.  
*Newpin*



'Cos its mums and dads right, they are in it together.  
*Parent*

...they kind of come into this shared understanding of their child together rather than one parent going home and trying to say what they've learnt.  
*Newpin*

## Having mothers and fathers together helps model healthy relationships

The majority of Newpin parents are single parents and many have previously experienced abusive, negative and violent relationships. The Newpin values of safety and respect set an expectation that all parents behave respectfully both to each other and to staff. The aim is to model and build healthy relationships and to demonstrate that both men and women can be good parents.

The homely design of the Newpin Centres, with cooking, dining and play facilities allow parents to relate to each other in a natural way and for this to further build their understanding of respectful and healthy relationships. Seeing other mothers and fathers interrelate, can help other parents to reassess their expectations around how men and women can interact.

The male members of the Newpin team also play an important role in providing positive experiences regarding the way men relate not only to women but also to children. For example, observing male staff members role model vulnerability through playing or singing with children can reinforce positive beliefs regarding men's parenting and contribution to family wellbeing.

## This change supports the role of fathers in restoration

The inclusion of fathers in all Centres has strengthened the inclusive approach to family restoration where fathers are seen as capable and suitable for restoration. The impact of this is threefold.

Firstly, fathers have the opportunity to get their children restored back to them and are able to access a program which has been shown to achieve positive outcomes for families. As Newpin works with more fathers over time, it is hoped this will further demonstrate that children in OOHC can be safely restored to fathers as well as mothers, and that this increases the placement options available to children in care.

Secondly, having other fathers in the program and seeing the skills of male staff helps build men's confidence as fathers. Several of the fathers interviewed feel the child protection system is quite female dominated and that until coming to Newpin they were unaware of other fathers seeking restoration. This was very encouraging for these fathers, particularly when they saw other fathers being successful in having their children restored which increased their belief that a similar outcome was possible for them.

Thirdly, fathers are able to learn from each other and, in time become role models themselves to others in their situation. For several men interviewed, it was an empowering experience to share their experience and encourage other men.



... I think that's good to have, like I think the whole concept of it needs both male and female input, you know what I mean, instead of all one sided

*Parent*

... the dads will make tea for the mums and some of that more normal natural, real life stuff that you can have when you've got them both there and the role modelling of relationships.

*Newpin*

...it's also great for the mums to see that dads are dads... they are there to take care of their little babies and they're the main one responsible and for some of these mums it's probably the first time or one of the few times they've ever seen a father do that. So it really opens their eyes that that's a possibility that not all men – that they potentially have had experience with has always been that negative side.

*Newpin*



...it's lovely to see the dads out in the play room and you'll have children that don't have a dad at home and they... gravitate to these men and it's lovely to see these men build their confidence to engage in play not just with their own children but with other people's children.

*Newpin*

...the dads when they interact with their kids, if they see one person let their guard down and act silly or dress up the other dads will follow. I think that's why Newpin is unique in that way.

*DCJ*

...to find out that the other dads basically were having the same experiences ... they were there with good information and like they give advice you know ... now I can speak to them and reassure them and you know try and help them with what they are going through.

*Parent*

## Attracting male workers has been difficult

The introduction of the non-gendered approach provided an opportunity for male workers to be employed within each Newpin Centre to work with parents.

However, several of the Centres still have all-female staff. This is in part due to the stability of the Newpin workforce with few staff vacancies arising in the last two to three years. Where a vacancy has arisen, Centres have achieved little success in receiving applications from men. One Centre Coordinator recently advertised a position within her Centre and received 76 job applications, all of which were from women.



We've eight women in the Centre and we've got 10 fathers and it would be nice to have a male worker.

*Newpin*

They are all females here, yep I would have a combination of male workers as well.

*Parent*

It was noted when a position description specifically mentions that the role will be working with fathers (as opposed to just mentioning parents), there has been more success in attracting men to apply.

## Mixed gender Personal Development Programs are being trialled

In 2019, the Newcastle Newpin Centre trialled Personal Development Programs (PDPs) for couples. Up until that point, different PDPs had been run for mothers and fathers, however the Newcastle Centre had a large number of couples within the Centre and therefore it was decided to pilot a group containing couples. This was due to staff noting that while each of the parents were doing the same PDPs they were communicating and reflecting on these sessions differently and therefore there was an opportunity to help both parents get the same message and to develop shared understanding.

The couple PDPs ran with four couples and the staff reported they were useful in helping them observe and work on relationship dynamics and allowing couples to work through certain issues together. As with the other aspects of the non-gendered approach, the couple PDPs have required careful oversight and management to ensure that both parents benefit from the session and that relational dynamics do not hinder learning and development.

The trial of mothers and fathers attending the same PDPs was then widened to include mixed groups of single mothers and fathers as well as couples. At the time of consultation to inform this report, this trial was still relatively new, however different Centres reported varying levels of comfort with this approach. Some Centres reported that it has provided an opportunity for parents to get different perspectives and that the groups had run quite well. Other Centres expressed concerns that the element of safety that is so important to the Newpin model could potentially be compromised if mixed groups were exposed to the intimate and personal nature of some of the discussions within PDPs.

It was noted that in a small number of cases, the increased contact and sharing of personal information within mixed groups had led to some romantic relationships forming between parents. This had to be carefully managed to ensure that all parents were benefitting from the group and that any relationship did not compromise the safety and learning opportunities within the program.

All Centres are in agreement that great flexibility, skill and sensitivity are required to operate mixed PDPs and that they are not appropriate for all parents. It is therefore necessary to maintain some single-gender PDPs and to continue to prudently manage and evaluate the benefits and risks of mixed groups in future.

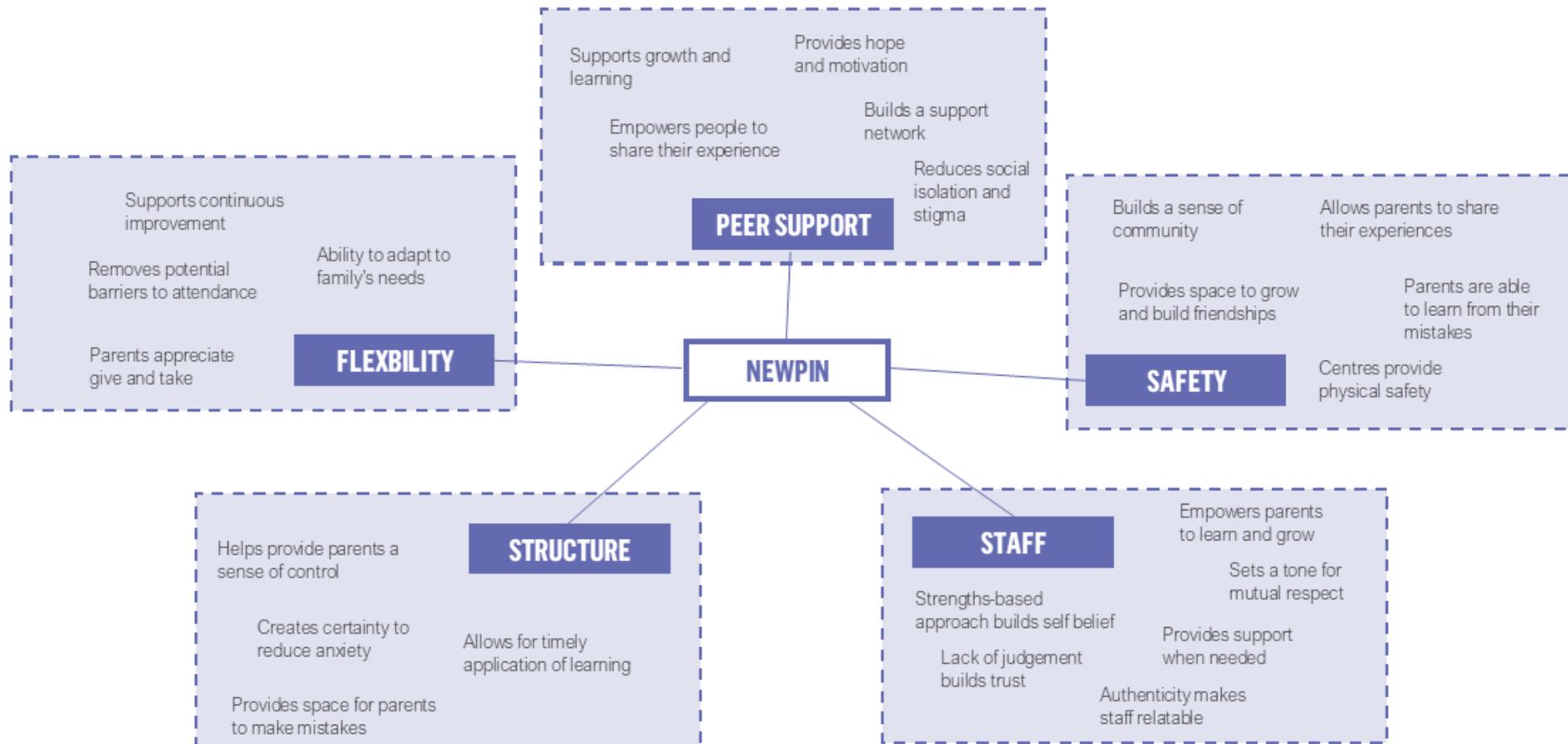
While the move to a non-gendered approach has generally been successful within the program, careful management and ongoing monitoring of this approach is required to support the ongoing safety and appropriateness of the program.

### 3.4. NEWPIN CONTINUES TO WORK EFFECTIVELY WITH FAMILIES

Consultation for this evaluation report included over 30 interviews with Newpin parents (including those who had left the program) and an online survey completed by 25 parents. Most of the parents consulted were very positive regarding their experience and identified several areas of the Newpin model that had supported them to achieve positive outcomes for their family. These are summarised in Figure 22 below and discussed in further detail in the following sections.

 **ALL PARENTS** surveyed were **MORE THAN SATISFIED** with the services and support they received from Newpin

Figure 22 - Key areas of the Newpin model as identified by parents



## Flexibility fosters engagement and trust

The ability to adapt to the individual needs of families is important. It allows for staff and parents to work together to ensure that families are able to meet all the demands on their time and to address the particular issues they are facing.

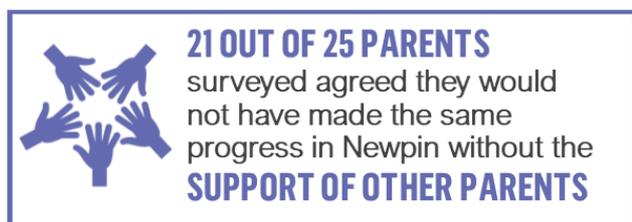
For example, several parents commented that Newpin had been flexible around their attendance at the Centre so they were able to attend important appointments or to engage in paid work. This showed a level of 'give and take' within the program that parents appreciated. They described that as unique to Newpin and different from the compliance focus of many other services they had contact with.

This flexibility also helped remove potential barriers to attendance or engagement with the program. Parents were able to work through issues as they arose, rather than feeling that an issue was insurmountable which could result in them not engaging with the program at all.

This flexibility also provided space for Centres to trial changes and support continuous improvement of the program. Examples of this include the pilot of couple PDPs (as discussed in Section 3.3) and the introduction of the SHINE program to help address parents with low self-esteem. It is important to note that this adaptation and flexibility has not changed the fidelity of the program as decisions are being made in line with the Newpin Practice Framework.

## Peer support combats social isolation and provides motivation

Throughout the evaluation of Newpin, the interaction with, and support of, other parents has been identified as a key strength of the Newpin model. It is also something that makes Newpin unique, as other services either offer intensive, individual support or are organised into groups with little social interaction.



Several parents noted that until they started attending Newpin they had not met any other parents who were in their situation of having their children removed and seeking restoration. The realisation that other parents were in a similar situation not only helped reduce the stigma that parents felt around the loss of their children, but also lessened the social isolation they experienced. This was particularly true where parents were having to remove themselves from intimate relationships and friendships in order to address the issues that had caused their children to be removed. In these cases, parents reported feeling very alone and unsupported and, as one of the parents' quotes opposite notes, it seems that 'the world's against me'.



They were genuine. They were very nice, very aware of how people may be feeling and they act accordingly. They gave a lot of time as far as explaining things to us, making sure [we were] aware of what's going on.

*Parent*



So there's no network with other families like there is at Newpin. They do sort of, the parenting groups that other programs run when they do sort of refer to other providers, you can network through them but I don't think it's the same as Newpin.

*DCJ*

...I suppose it makes you feel not so isolated ... losing your kids is... scary you know and it's very shameful ... it's not like you can just bring up bring it up in conversation ... I think that's really important to have someone go 'I've been there and now I'm here and you're down there but I've done it so it is definitely possible' ... That's infectious, you know what I mean? That's when you see someone overcome their struggles and you're in the same circumstances, you think this is doable.

*Parent*

...I first started going through these issues ... I felt like I was alone and you know this was only happening to me ... the world's against me somewhat ... but to find out that the other dads basically were having the same experiences... they were further along in the process, they were there with good information...

This mutual shared experience combined with the amount of time parents spend at the Newpin Centre helps the development of support networks amongst parents. With parents spending usually two days in the Centre over 18 months, they build strong relationships with other parents that often continue after parents have left the Centre. The friendships developed within Newpin become an important support network to parents, particularly when they may have little or no family support and, in some cases, have been required to move away from their previous living situation. It was not unusual for parents to describe the relationships that they had built with others within the Centre as 'like a family'.

The interaction with other parents also provides motivation and hope to parents as they are able to see other parents who have been successful with getting their children restored. Many parents reported that prior to attending Newpin they often felt helpless and unable to see how they would be able to get their children restored, particularly when faced with a compliance environment that seemed focussed on parental wrongdoing. However, seeing parents in similar situations gaining restoration made them feel that their goal was attainable, and provided important motivation to continue with the program and to put in the effort required to get their children returned. This was supported within Centres through communal celebrations when a child was officially restored back to a parent.

Several of the parents interviewed had taken part in group learning sessions outside of Newpin and reported that the intimacy and strength of relationships within Newpin had helped them to feel more comfortable sharing their experience and more open to the learning opportunities provided. Participating in therapeutic groups and PDPs with the same parents on a weekly basis creates a safe environment for parents to share personal and traumatic experiences that they said they would have been unlikely to share if they didn't have such a strong relationship with all those in their groups. This also has a compounding effect, as one parent showing vulnerability can help others in to feel more comfortable in sharing their experience as well.

Through sharing their experience, parents said they learnt the power of their experience in encouraging others and are now often empowered to share their experience with other parents to help support them on their own journey. This was observed during the several site visits that took place to inform this evaluation. On several occasions a parent would voluntarily share part of their experience to help support another parent in a particular area, such as their dealings with the courts or the development of attachment with their child. Parents are encouraged in this by Newpin staff who provide positive feedback and affirmation. For some parents this was one of the first times that they felt able to positively influence others and show leadership within a group.

## The focus on safety builds engagement and relationships

Safety is one of the Newpin values and permeates through all aspects of the program, from the physical design of the Centres through to the interactions between parents. The Newpin Therapeutic Practice Framework, when explaining why safety is a Newpin value references the following Gabor Mate quote<sup>31</sup>:



Safety is not the absence of threat, but the presence of connection.

The importance of connection in creating safety was noted by many of the parents interviewed. They identified that there is a sense of community within a Centre and, in many cases referred to the parents and staff within the Centre as family. The strengths-based approach allows parents to build on what they are



Especially when people haven't got many friends. You know, like you don't sort of make friends, but you can let people that have sort of been in the same boat as you.  
*Parent*

I have made a whole heap of friends and they've been really nice and non-judgemental.  
*Parent*

...at the start, you know, a couple of elders were there and they told me, y'know just to stick it out, you learn a lot out of it. Then a couple of the fellas left, and I become ...the old fella it was alright and I passed it on to somebody else I said 'I'm leaving now, I'll leave you in charge now'.  
*Parent*

<sup>31</sup> Uniting (2019). Newpin Therapeutic Practice Framework. Uniting, Sydney.

doing right, rather than focussing on what they are doing wrong, which was often their experience with other services.

As noted in the section above, the safe environment and tone of acceptance within Newpin also helps parents to develop friendships with one another and to feel comfortable in sharing their experiences. Without the emphasis and constant reinforcement of the importance of safety it is unlikely that this would occur.



**23 OUT OF 25 PARENTS** surveyed agreed that they felt **SAFE TO EXPRESS THEIR FEELINGS** at Newpin

Parents also said they feel safe to make and learn from their mistakes. Given the compliance nature of parents' interactions with other services, they report they feel like they are being observed and judged and therefore feel on edge as they think any 'slip up' could jeopardise their restoration prospects. However, Newpin's approach of providing constructive feedback and role modelling behaviour with their children has, according to some parents, removed the fear of doing something wrong and helped parents to grow. It also provides a more relaxed environment for parents to interact with their children which has benefitted both parents and children.

For some parents, particularly those who had experienced significant trauma including domestic and family violence, the Centre also provides physical safety. The design of Centres, with the main area used by parents being separate from the entry into the Centre, provides an important barrier to intruders and creates an enhanced feeling of safety. Some parents said they feel they have a sense of control over their surroundings which was a unique experience for some, particularly during contact visits at the Centre. The homely nature of the Centres, with various rooms, cooking facilities and play areas also helps to provide a comfortable environment for families to interact.

**ALL PARENTS** surveyed agreed that the Newpin Centre was **WARM AND WELCOMING**



## Newpin provides parents with structure and stability

The 18-month intensive nature of the work undertaken by parents within Newpin allows for engagement over an extended period of time. Along with the safety discussed in the previous section, this extended timeframe provides space for the inevitable setbacks that parents may experience and reduces the pressure that parents could feel to prove themselves. It also allows for staff to observe families over an extended time to help identify and work through any issues that may only emerge once a parent has been within a Centre for a longer period of time.

The structure provided by regular attendance at Newpin also helps to establish a routine for parents, particularly when other areas of their life may be chaotic. Parents are often working through significant changes in their life such as removing themselves from unhealthy relationships or seeking alternative housing and therefore the time that is spent at Newpin provides some stability and helps establish some sense of control.



I wouldn't know where I'd be. They've been behind me 110% and we all have emotional rollercoasters here but it's one of the most safest places I have ever felt. Especially in the last two years...I wouldn't have restoration if it wasn't for Newpin.

*Parent*

You get to see the children go through the emotional rollercoasters and actually find a safe spot where they actually don't feel like they are under the pressure of looking over their shoulder all the time especially with FaCS questioning, carers check in all the time, school, you know they get that chance to be a kid again.

*Parent*

...if I've got something on my chest or something that's been bothering me I can go in there it's a safe environment you know like we can talk about it and get it sorted out.

*Parent*

This was particularly noted by parents who were towards the end of their time at Newpin or had already left the program. These parents identified that there was a significant change when they no longer attended the Centre regularly. In many cases the parents had worked with Newpin staff to identify other areas where a routine could be established, such as childcare, to help support this transition.

The stability and structure within Newpin, including the consistent delivery of the program, also assisted those parents and children who experience anxiety and other mental or emotional health issues. The routine that families experience when they are in the Centre further supports a sense of control and helps create an environment to support attachment between a parent and their child.

The schedule within Centres, with therapeutic groups and PDPs usually being held in the morning and contact visits occurring in the afternoon, also helps to provide structure to support learning. The ability to put learning into practice straight away within an environment where you can access staff support as required helped parents to reinforce their learnings. It also provided opportunities for timely discussions and further understanding of the more theoretical content in a practical context as parents interact with their children.

## Parents respect and trust Newpin staff

Newpin staff received almost universal praise from the parents consulted for this evaluation. The adoption of a strengths-based approach to working with families was particularly valued by parents. In many cases this was the first time that they felt that someone else believed in them and expressed that they had the strength and resources within themselves to achieve their goals. This nurtured self-belief in the parents and helped them gain and maintain motivation to work towards the restoration of their children.

The use of strengths-based theory also helps to build an environment where parents are empowered to learn and grow. It supports parents to think about and work towards their future rather than being defined by their past. The staff invest significant time with parents and this ongoing support for personal growth, particularly when relating to a parent's relationship with their children is much appreciated.

The trust between parents and staff is also supported through a creation of a non-judgemental environment. Parents reported that it was refreshing to be reminded by staff that there is no such thing as a perfect parent and that no issues or challenges that parents face with their children are insurmountable. This was in contrast to the stigma and critique parents often felt as a result of having their children removed.

The significant timeframe and intensity of Newpin also provided parents with an opportunity to see staff as fallible individuals. Parents appreciated the openness of staff in sharing their own experiences and this helped develop a relationship as peers rather than authoritarian figures.

This authenticity also helped build mutual respect between staff and parents. This is supported by the sense of ownership that parents are given within the Centre. When speaking about the Centres, staff often



...I'm going to see this mum and these children for eight hours a week over 18 months. You can't pretend for that long.  
*Newpin*

I can guarantee that we would have relapsed if we hadn't have gone and done Newpin, because of the structure and getting us out of [area] ... it gave us structure, it gave us a schedule... It got us out of that environment and it got us with people who genuinely cared and genuinely wanted to see us succeed which then eventually made you not want to disappoint those people. That make you push harder which made you want to be a better person  
*Parent*

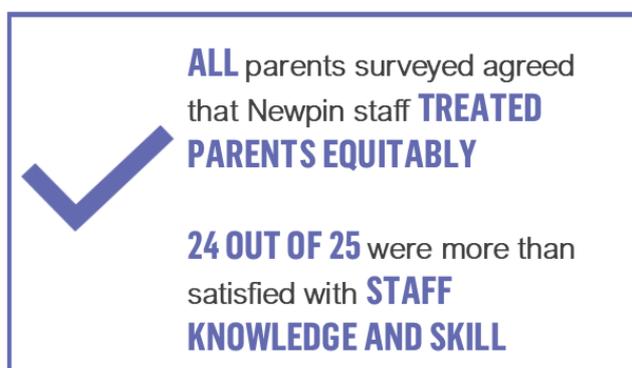
...finding my new feet, coming to Newpin was my routine and not having it any more is a little bit daunting.  
*Parent*



...they're genuine, friendly - they genuinely love what they do and it comes across at work. So you never ever feel like you are a burden, you never ever feel unworthy...  
*Parent*

Knowing that the honest feedback that you get is reassuring and you can always be reassured and if suddenly there is something you need to address they will address it one-on-one and not in front of a whole group. They take a lot of time with you as long as you put the time and effort in  
*Parent*

referenced them as belonging to the parents, not the staff. This helps parents to establish a sense of responsibility not only for their children and their behaviour but also helps establish respect for the use of the facilities within the Centre. For example, parents are expected to clean up after their meals and to ensure that any toys that they or their child have been using with are returned to their correct place. This is especially reflected in the expectation for parents to assume the main role as a parent to their child rather than relying on staff to provide childcare.



I love the fact that they are very honest, open, there's no judgement...they make you feel like a family. That is no discrimination, judgement, nothing. We all come from different walks of life, from different situations or similar situations and they're all relatable.

*Parent*

I know that if I ever need any help or advice or anything like that Newpin have left their doors open for us.

*Parent*

I love them with everything I have. They got me to the point where I'm at today, where I have my children back in my life. Like I said, they are like family

*Parent*

Much of the feedback received from parents was, understandably, on the relational aspects of their dealings with staff. There was also positive

feedback provided on the knowledge and skill of staff. Parents appreciated the expertise that staff had in child development, attachment and play and were often able to identify specific skills or areas of knowledge that they themselves had gained from staff. Where the needs of a family fell outside of the skills of Newpin staff (for example specific health or support needs) most parents reported that staff had proactively sought out additional information or referral sources to help them with these needs.

Some parents did note that it would be advantageous for Centre staff to increase their knowledge of the wider service system and supports available to help in this process.

### 3.5. UNSUCCESSFUL PROGRAM EXITS ARE NOT NECESSARILY NEGATIVE

One of the key metrics used to measure the success of Newpin is the proportion of families that exit the program having achieved and maintained restoration. These cases are recorded as a successful completion, whereas families that exit the program without achieving restoration are recorded as unsuccessful completions.

However, caution should be taken when interpreting the data around unsuccessful completions as there is some evidence that while these parents were not successful in getting their children restored, this outcome may actually be a good and healthy outcome for that particular family. Further details on the various scenarios for these types of unsuccessful completions are provided below.

#### Family placements can provide permanency

The placement of children with other family members often provides appropriate permanency for both parents and children with the lack of legal responsibility having little impact. The PSP reforms identify that there are three dimensions of permanency: relational, physical and legal.<sup>32</sup>

It was reported for some families that while placement with other family members or in kinship care was recorded as an unsuccessful completion of Newpin, these arrangements provided both relational and physical permanency for the child. The lack of parental legal permanency was also not seen as a major issue as legal responsibility for the child still remained within the family unit.

<sup>32</sup> NSW Department of Communities and Justice, About the Permanency Support Program, <https://www.facs.nsw.gov.au/families/permanency-support-program/about>, Accessed 11 May 2020

The parenting skills and attachment developed during their time at Newpin were reported to help parents in these cases to attain unsupervised access to support the permanency arrangement.

## Restoration sometimes occurs soon after families exit the program

The difference between the two-year timeframe for restoration established under the PSP, and Newpin as an 18-month program may lead to a small number of parents not having their restoration completed prior to exiting the program.

Stakeholders identified that this situation usually occurs when parents enter the program soon after having their children removed and therefore complete their 18-month attendance at Newpin prior to restoration being completed at the end of the 2-year timeframe for restoration (Figure 23).

Figure 23 - Timeframe for restoration and attendance at Newpin



It was reported that in some cases Newpin has negotiated with DCJ to continue to support some families beyond the 18-month timeframe for the program, to work with them during the crucial time of having their children restored. This communication and negotiation were seen as vital to ensuring that the parents were supported during restoration.

## Some parents continue to work towards restoration after leaving Newpin

Newpin staff also reported that some parents came to understand during their time at Newpin that they were not yet ready to have their children restored but were successful in attaining restoration at a later date.

After a period of time, these parents utilised the ability to ask for a reconsideration of a current order via a section 90 application<sup>33</sup> and were successful in gaining restoration of their children through this process.

Analysis of restoration data provided by DCJ and Uniting reveals that there are around 10 children who were successfully restored back to their parents after completing their time at Newpin.<sup>34</sup> This means that around 5% of parents who unsuccessfully complete Newpin may go on to attain restoration of their children at a later date. These restorations may occur for a number of reasons and therefore may or may not be directly attributable to a family's experience at Newpin.



We've had some that have been unsuccessful but have now come back and been successful even up to several years later. So when they're unsuccessful it doesn't mean they're not, it just may have been a bit early or other things needed to happen.

*Newpin*

<sup>33</sup> A section 90 application is when a Magistrate or Judge is asked to reconsider a current order regarding a child's care. An amendment to final orders requires the court to be satisfied that there has been a significant change in the circumstances around a child and that these changes justify changing the orders for that child.

<sup>34</sup> There is a difference between DCJ data, which recorded outcomes for children from entry into the program up until 31 December 2019 and Uniting data, which records the outcome for children while they are within the program and the success (or otherwise) of restorations up until 12 months after the restoration. DCJ data reported that 384 children had been successfully restored at any time since their entry into Newpin, with 57 of these restorations subsequently being reversed to leave net restoration of 327 children within DCJ reporting. Uniting data (as discussed in Section 2) reported that 323 children completed their time with Newpin with a restoration, with 6 of these restorations being reversed within 12 months, leaving net restoration of 317 children. As the DCJ and Uniting data apply different methodologies and cover different time periods some considerable caution should be exercised in the interpretation of these figures.

### **3.6. OTHER PROGRAM CHANGES HAVE NOT REDUCED THE FIDELITY OF THE PROGRAM**

Several changes that have occurred within the Newpin program have been discussed in previous sections of this report. Several other changes have occurred since the Second Interim Evaluation Report. Stakeholders reported that none of these changes have been found to have a significant impact on the fidelity of the program, however they may have caused some confusion or small operational variations. These changes are outlined further below.

#### **Moving forward, Newpin will focus on families seeking restoration**

The Newpin SBB has a focus on working with families with children in OOHC (known as restoration families). However, a small proportion of referrals are for families who have had a child that is deemed to be at risk of being removed (known as preservation families). Given the focus of the SBB on restoration, families seeking restoration are given priority and the number of families seeking preservation has been limited.

As previously discussed, the focus on preservation in the PSP has increased the number of services working with families seeking preservation. This availability of other services led to the decision between Uniting and DCJ that, at the end of the SBB, Newpin will no longer be working with preservation families. This has seen a reduction in the number of preservation families in Newpin towards the end of the SBB, with only seven children seeking preservation remaining in the program at the end of 2019.

It should be noted that while the focus of new referrals has been on restoration, families already within the program seeking preservation have continued to attain positive outcomes. Almost two-thirds of children for whom an outcome (either preservation or removal) has been reported and who have completed the program at the time of the data being provided have remained with their families.

#### **Exclusion criteria were amended to include Apprehended Violence Orders**

The exclusion criteria for the program have continued to be reviewed annually by Uniting and DCJ. The most significant change to the criteria in the past two years has been the exclusion of parents jointly attending Newpin where an Apprehended Violence Order (AVO) is issued against one (or both) of the parents. This ensures that parents are not attending the Centre in contravention of the Order. This is a further example of the careful management of the approach to having both mothers and fathers attending the Centre.

This change in criteria has not led to an increase in the proportion of families being excluded from the program.

#### **The process for managing families leaving Newpin has been refined**

The Second Interim Evaluation Report suggested that a strategic approach to avoiding reversals should be adopted to address avoidable reversals. This approach includes the support for families transitioning out of Newpin to ensure that they have the appropriate support available.

There is strong evidence from both parents and Newpin staff that the process for this transition is well managed across Centres. Newpin staff work with parents in the months leading up to the exit from the program to put support in place.

Many parents towards or at the end of their time at Newpin expressed that they did not want to leave the program. For some parents attending the Centre had become a major part of both their lives and their children's experience. Other parents mentioned that they would miss the regular contact with staff and other parents.

Staff reported that they help to support this transition in several ways including:

- ensuring that parents are aware that the program is for a limited timeframe
- developing a support plan for families coming towards the end of their time at Newpin
- continuing a strengths-based approach to help build parents' confidence
- celebrating success to provide closure
- being available to provide support and encouragement after families leave.

Several Centres identified that they were very transparent with parents regarding the timeframe for the program and putting plans in place towards the end of their time in the program. These plans varied depending on the supports already being accessed by parents but were focussed on helping move to other supports such as childcare or parents groups. Staff also identified that they provided encouragement to parents to help them believe that they had the existing capability to manage without Newpin, which is in line with the overall strength-based approach taken within the program.

The celebration of a parent's success in completing the program is also seen as a key factor in helping provide closure on this chapter of their life. Parents are given a certificate of completion and gifted a photo album or other memento to remember and mark their time in the program. Importantly, in most cases a family's transition out of the program is celebrated whether or not they have been successful in gaining restoration.

Parents also appreciate that they can still contact Newpin if needed and that staff follow up via a phone call after they have exited the program. This gives parents a sense of security so they don't feel alone or cut-off from support. However, the parents we spoke to understand that they are no longer part of the Centre and can only have limited contact with Newpin once they leave.

## Some operational variations have caused confusion

It was noted that there have been some recent changes or clarifications to operational guidelines which are not yet fully understood by staff.

One variation concerns the number of days Centres are working directly with parents on the premises. Some Centres are open for four days and some for five days a week. This is usually dependant on the numbers of parents attending the Centre and their ability to attend on certain days. However, there was some confusion around the ideal situation for operating a Centre with those Centres operating across five days noting that they had reduced capacity for administrative and other operational tasks.



We didn't just get her (the child) back and get kicked out into the big wide world on our own, you know? ... They helped us transition back into being full time parents... We didn't want to leave... not one of us wanted to end the program, that's how great it is... But in saying that, we also understand that we couldn't stay forever.

*Parent*

I know that if I ever need any help or advice or anything like that Newpin have left their doors open for us.

*Parent*



...one of the difficulties [with transitioning] is those that have a lot of social isolation, that's a really big factor in not being successful in the end. But it is a gentle process, as much as we can make it and we celebrate their success and we give them a certificate so they round off and we always have cake and a celebration for them when they're graduating but they also know that we're still on the end of the phone, that they can pick the phone up and call us at any time...we're still a bit of a safety net, if something is happening give us a call, we're happy to give advice but you know it's just encouraging them and telling them 'you can do it, you're going to be okay'...

*Newpin*

There are also differences in the understanding regarding the provision of transport to parents. The Newpin Operations Manual states Newpin Centres can provide transport for families who reside in the local area and pick up other families from agreed train stations.<sup>35</sup> Several staff noted that the provision of transport is an enabler for many parents, particularly for new starters, and that providing transport also provides a further opportunity for staff to have conversations with parents and families outside of the Centre.

Some Centres have reduced the provision of transport assistance in line with operational directives to reduce parents' reliance on transport and to only offer transport outside of the local area in exceptional circumstances. However, other Centres reported that they had not yet made any changes to transport arrangements, particularly in areas where there is limited public transport. This has caused some confusion regarding the correct approach to the provision of transport to families across the Centres.

### **3.7. HOME VISITS ARE SEEN AS A POSSIBLE PROGRAM IMPROVEMENT**

Regular home visitation was identified by both DCJ and Newpin staff as an area where the Newpin model could be improved.

#### **Home visitation could help provide continuity for families**

Several Newpin families were working with other services who visited the home to work with older children (who do not attend Newpin due to their age). This led to the parent(s) and younger children having to work and build relationships with two different service providers.

This could also create a barrier for referrals to Newpin as a case manager who had already engaged a home visiting service may be reluctant to engage another service to work with a family, particularly when the home visiting service may also offer restoration services.

It was also noted by a DCJ case worker that the feedback provided by Newpin during a home visit was more likely to be received positively and enacted by parents due to the high levels of trust that usually exist between Newpin staff and parents. This could also improve the efficacy of home visits while also supporting continuity of support for that family.

#### **Newpin staff may be able to get a more holistic understanding of a family's situation**

While Newpin is an intensive program over a significant period of time, staff did note that a wholly centre-based model did not allow them to get an understanding of the living conditions or relational situation of a family.

Home visitation could provide an opportunity to identify possible issues or challenges facing a family that were unlikely to be identified in discussions at the Centre. Several examples were provided in consultations including nutrition and food safety (e.g. leaving meat unrefrigerated), access to violent videogames or physical safety (e.g. having too many soft toys in a child's cot).

Seeing families within their home would also allow for a greater understanding of the relationship parents have with any older children or other family members living with them. This could then provide an opportunity for Newpin staff to work with parents on these relationships, within the Centre-based activities.

#### **There may be particular value in supporting families with home visits around restoration**

The restoration of children back to their home was identified as a time when a family may particularly benefit from home visits. As discussed in Section 2.5, almost one-quarter of restoration reversals occur within the first three months of a child being back in the home, so this is a time of large change for the family. The provision of home visits from Newpin could help provide parents some additional support during this time of transition.

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<sup>35</sup> Uniting and NSW Department of Communities and Justice (2019). Operations Manual for the Newpin Social Benefit Bond Pilot.

It was suggested that even a small number of home visits could assist families to identify any issues early in the restoration period and that those issues could then be addressed within the existing activities in the Newpin Centre.

A small number of Newpin Centres have trialled doing a limited amount of home visitation as staff had additional capacity due to lower numbers of families within the Centre. It was reported that these visits had been useful in providing additional insight and support to families adjusting to having their child back in their home.

Two barriers to the implementation of home visits were identified. Firstly, the ability to resource home visits within existing staffing and resources is limited. Several Newpin staff noted that they would not have the time or staff available to be able to undertake home visitation within the current Newpin model. Secondly, the implementation of regular home visits would require the development of documentation on how home visitation aligns to the Newpin Therapeutic Practice Framework and the Centre-based program model. Neither of these barriers were seen as insurmountable but they do highlight that the inclusion of home visitation would need a careful and considered approach to maintain the program integrity of Newpin and to ensure appropriate resourcing.

## 4. KEY LEARNINGS: NEWPIN PRACTICE

### KEY FINDINGS

The focus on consolidating practice has generally been successful.

There has been strong adherence to the Newpin model across all Centres.

The new Practice Framework materials help articulate the Newpin model and how it should be implemented.

The delivery of practice management support has been modified with greater emphasis on staff discussions and reflective practice.

The PICCOLO Checklist was introduced to support the observation and reporting of attachment and parent behaviour.

PDPs have been reviewed and updated to ensure they remain relevant and responsive to families' needs.

Opportunities exist for Newpin practice to be further informed by other areas of specialist knowledge.

### 4.1. SINCE 2017, THERE HAS BEEN A MAJOR FOCUS ON CONSOLIDATING PRACTICE

Over the course of the SBB, Uniting invested significantly in developing and refining Newpin practice. Over the last two years, the focus has been on consolidating practice and ensuring consistency in practice across all Centres. This work has included:

- the creation of a new Practice Lead position in late 2019
- the introduction of new Practice Framework materials
- a modified approach to practice management support
- the introduction of new practice tools views and updates to PDPs.

These activities have generally been successful both in consolidating Newpin practice and strengthening program fidelity (see below for further details on the success of each activity). The establishment of a new Practice Lead position in late 2019 will provide further opportunities to develop and continuously improve Newpin practice.

## Opening new Centres required a strong focus on program fidelity

New Centres were established in Newcastle, Port Kembla and Hurstville towards the end of 2017. The establishment of these new Centres necessitated a strong focus on consistency of practice and program fidelity. This work included:

- new staff attending other Centres to observe the program in action and meet colleagues and peers
- the introduction of new Practice Framework materials (discussed further below) to ensure new Centres' practice aligned with the Newpin model
- reflecting the Newpin model in the physical design and layout of Centres
- employing experienced Newpin staff in the new Centres to support continuity of practice.

Staff and DCJ stakeholders agreed that there is a high degree of consistency in practice across the Centres and that the new Centres are adhering to the Newpin Practice Framework.

It was noted by management and staff that each Centre has a slightly different approach and that this flexibility enables Centres to apply the Newpin model in a way that is best for their families and responsive to the local service context.



It is around our practice and continuing to consolidate it, having a Practice Framework that we're working from, looking at how that works and I hope helping [to] support the new Centres to develop their practice...

*Newpin*

I don't know how it would have gone if none of us had worked [at] Newpin and we'd just set up a new Centre and we didn't have the practice guide as well, it would have been a whole different ballgame.

*Newpin*

Certainly, if you were to visit any of the Centres you would see that they were the very specific design... Definitely all of them follow a similar look and style.

*DCJ*

## 4.2. ALL CENTRES DEMONSTRATE STRONG ADHERENCE TO THE NEWPIN MODEL

Consultation with Newpin staff revealed that there is strong belief in, and alignment to, the Newpin model and Practice Framework.

The Newpin Practice Framework brings together three components:

- the practice values (SEERS) that set a shared language and vision
- four practice lenses that provide a foundation to inform practice (Attachment, Trauma, Development, Culture)
- four Pillars of Practice that provides a structure to working with families (parent and child focus, therapeutic environments, collaborative support for change and psycho-dynamic approach).

Staff expressed confidence in the Newpin model and its ability to provide opportunities for the best outcomes for families. They displayed strong alignment with the SEERS values, as well as the pillars and practice lenses that constitute the Newpin model. As one staff member commented "it's about being Newpin all the time," and staff demonstrated they encompass this daily at Newpin.

Centres tailor their delivery of the elements of the Newpin Practice Framework to the needs of the parents within the Centre. The evaluation team saw no evidence that this flexibility resulted in the Newpin model being applied inappropriately.



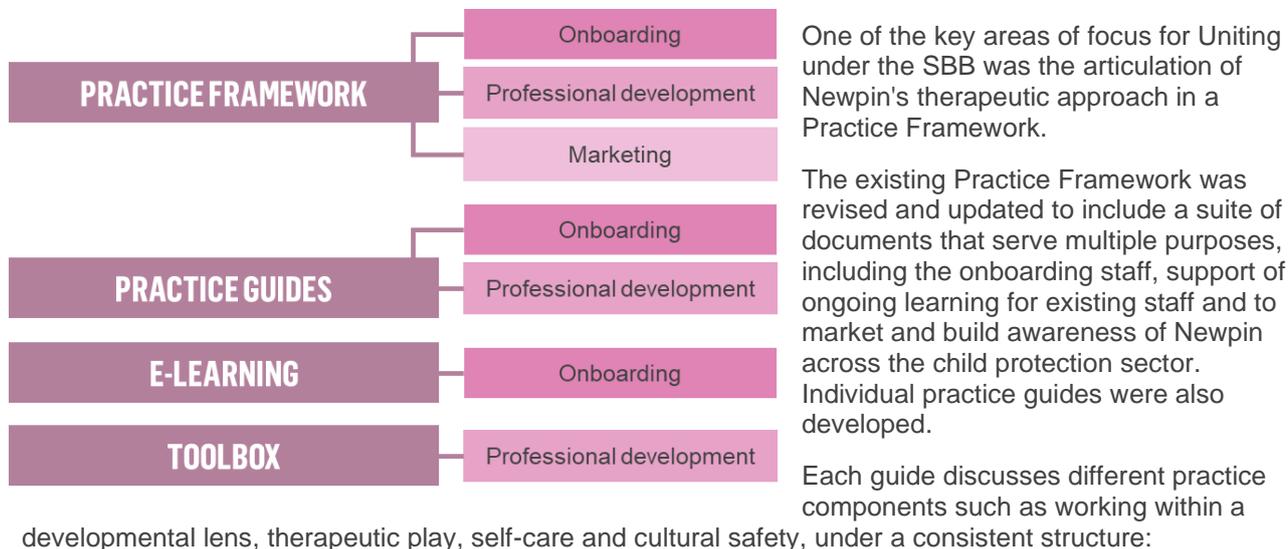
... that understanding of therapeutic practice and trauma informed practice and attachment theory and how it all entwines

*Newpin*

### 4.3. NEW PRACTICE FRAMEWORK MATERIALS SUPPORT PROGRAM FIDELITY

Throughout 2019, Uniting invested substantial time and effort into reviewing the Newpin Practice Framework and developing new practice materials. These materials are important for achieving program fidelity across Centres and for training and development of staff. As depicted in Figure 24, each material serves a number of purposes.

Figure 24 - Purpose of each Practice Framework material



- purpose - how the area of focus aligns with the Newpin model
- theoretical context - an overview of the evidence-base and theory to support the area of focus
- practical application - how the area of focus functions when working with families and specific tools that should be used to support this area
- reflective questions - questions for team-based discussions on how that area of focus functions and is applied in practice within a Centre
- case studies - specific examples provided by Newpin Centres regarding the application of the area of focus with a family
- references.

A short 30-minute e-Learning course was also developed to onboard staff. This course is an introduction to the Newpin Therapeutic Framework and introduces several scenarios that provide examples of how the Framework should be applied in practice.

A toolbox of resources containing research articles, research evidence, the latest evidence from the Childhood Trauma Foundation, and other materials to support Newpin practice including documents utilised by Centres on a regular basis such as the Bear Song (which is sung at the start of the day in each Centre). The toolbox provides staff, particularly new staff, with the opportunity to further develop their practice outside of Newpin-developed resources.

## The Practice Framework has received a mixed response from staff

The Practice Framework and accompanying practice guides have been important for documenting the Newpin model in practice and supporting program fidelity. It was commonly mentioned that the Newpin model is unique and multi layered and therefore challenging to document. Staff are generally pleased that the model has been articulated in the Practice Framework and noted this has helped support new Centres to implement their practice in line with the Newpin values and model.

The Practice Framework and practice guides have also been a valuable resource for onboarding staff. Some staff noted they found the Newpin model difficult to articulate to new staff; the ability to provide them with the guides helped new staff to understand the Newpin model.

A number of staff, however, are of the view the Practice Framework has limited utility in supporting the ongoing development of practice for experienced staff. The materials are considered to be too general, too high-level and insufficiently detailed in some core areas of practice (such as cultural competence) and fail to capture the nuance of the program. Several staff regard the materials as being most useful as a reference guide to support detailed practice discussions.

It was also noted that Practice Framework materials could be further strengthened by including published material from other Newpin experts and avoiding more generic references such as Wikipedia. Staff felt the incorporation of published articles would give the Practice Framework materials a stronger evidence base.

The different perspectives on the value and usefulness of the new Practice Framework and resource materials within Newpin are likely due to a range of factors. There seem to be varying perceptions on the key audience for the Framework (existing staff, new staff or potential new Centres) and its key purpose (staff orientation, program fidelity, professional practice, marketing, or a mixture of these). Experienced Newpin staff have found the Framework less useful than new staff as it is not considered to contain sufficient detail to reflect or guide their practice.

It is noted that the Framework is the first one developed by Newpin, and that Uniting intends to invite comments from all staff on its content and value in the near future. This will provide an opportunity for feedback, clarification of the aims and objectives so staff have a shared understanding of its purpose and target, and for strengthening content and addressing gaps.



... it is around our practice and continuing to consolidate it, having a practice framework that we're working from, looking at how that works and I hope helping supporting the new Centres to develop their practice.

*Newpin*

... I had 2 new staff start last August and it was great for them to have a look through those practice guides and have a think about them. It's a very hard program to articulate, I think there have been some very, very good writing in those in some of those and I think some of them not so good...

*Newpin*

## The inclusion of Equity in Newpin values is strongly supported

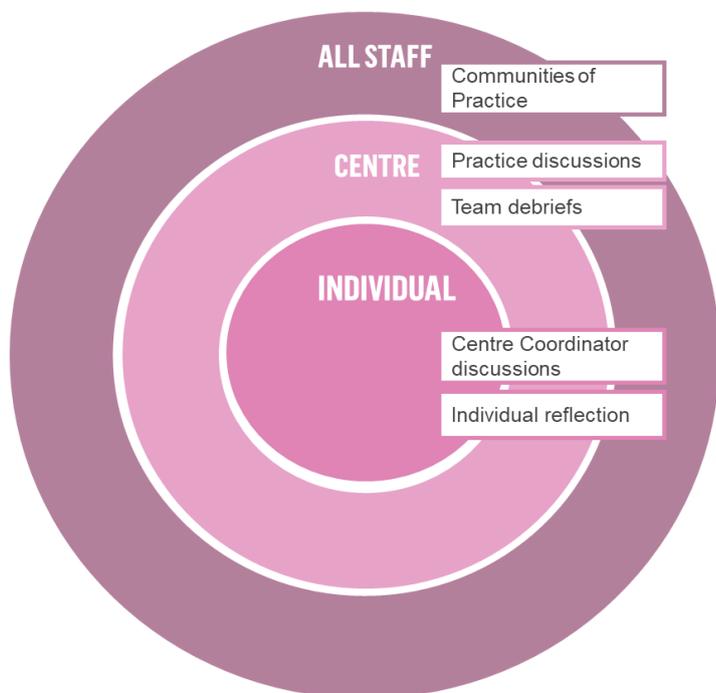
Part of the Practice Framework includes an outline of the SEERS values. In 2016, there was a shift in the SEERS values to replace 'support' with 'safety.' Another change occurred in 2019, with 'equality' being replaced with 'equity.'

This change was made in light of staff feedback that highlighted 'equality' failed to reflect the need for tailored support for families. As stated in the SEERS Handout developed by Uniting, "Given the often differing needs and different stages parents are at in working towards restoration it is important to highlight equity alongside equality." Staff welcomed this change and felt it better reflects the varying circumstances of families.

### 4.4. PRACTICE MANAGEMENT SUPPORT HAS BEEN MODIFIED

In recent years practice management systems and structures have been updated and modified. As depicted in Figure 25, practice management has been updated at all levels: individual practitioners, Centre and all Newpin staff.

Figure 25 - Practice management elements



At the individual level, there is now a greater focus on staff reflecting on their own practice with support from discussions with their Centre Coordinator. This is a slight variation in the approach to practice management, which in the past had been based more around practice supervision provided centrally. At the time of consultation, Centres were still working through this new approach and to date there has been variation in the uptake and frequency of these sessions.

Within each Centre, practice management is supported by discussions and team debriefs. Practice discussions are structured to aid staff understand the theoretical and therapeutic underpinnings of Newpin. They take place monthly and focus on one area of practice and its supporting Practice Guide with discussion facilitated by Centre Coordinators. A template to summarise the discussion has been devised and requires key themes and learnings of discussions to be identified. These summaries are provided to the Newpin Practice Lead and line managers to record learning outcomes. Staff report that the use of Practice Guides

and a template for recording discussions has provided more structure for discussions, although some Practice Guides lack detail which has limited their usefulness in providing insight and supporting discussions.

To further support the practice development at each Centre, daily team debriefs continue to be held in most Centres at the end of the day. These interactive discussions provide staff an opportunity to reflect on specific interactions or developments with families or discuss any learnings from the day.

Modification to practice management also occurred at the all staff level. Previously face-to-face practitioner forums took place with staff to generate discussion on practice ideas and any operational concerns. These forums were replaced with video conference sessions, known as Communities of Practice, intended to facilitate structured discussion on particular areas of practice.

Communities of Practice are still in their infancy with only a handful of sessions having been run at the time of consultation. Several opportunities to improve these sessions were identified by staff and are discussed further in the following sections.

## **The team-based nature of Centres made practice discussions and team debriefs beneficial**

Newpin Centres continue to operate with a very collegiate and team-based model. All members of staff are involved in practice discussions and their various focus areas are integrated and respected. Regular staff discussions and debriefs also reinforce the multi-disciplinary nature of the Newpin model.

Staff find that the practice discussions and team debriefs generate discussion regarding each family, enabling staff to obtain an holistic view of each family, which is important so staff can provide consistent and informed support to each family. Several staff commented that Newpin operates in much more of a collaborative, team environment than many organisations they have worked in previously, which were often siloed in their approach.

## **Communities of Practice improvements identified**

Communities of Practice provide staff with a forum to discuss practice ideas and share their knowledge. The introduction of this was welcomed by staff, but various opportunities for improvement were noted in consultations.

Firstly, it was suggested that more active facilitation including the provision of pre-reading or a detailed agenda prior to the meeting would greatly assist staff having a clear objective going into each session. A list of attendees prior to the session would be useful in helping participants to know who they were meeting with. This is particularly the case as the sessions are attended by Newpin staff not only in NSW, but from across Australia. Some staff reported a lack of confidence in contributing to discussions when they did not know who else was in the session



...it's really about making sure model fidelity and practice fidelity in that working space and it's really about the team unpacking really complex cases together and talking it through.

*Newpin*

Some of them [practice guides] are ... comprehensive and some ... have got hardly any information in it ... So some of them are great, some of them not so great even though you can generate a good discussion.

*Newpin*



... ideally everyone has a voice because we're all working with the families so we all see different things about each family on one particular day or a particular time so it's everybody's voice and opinions and observations being valued.

*Newpin*

Several staff also said they found it somewhat challenging to participate in discussions in a large group of people. They suggested that sessions could break out into smaller group discussions which they thought would give them a greater opportunity to share their ideas, interact and network.

Staff additionally proposed that Communities of Practice could encourage staff to reflect more deeply on their practice. While Centre Coordinators undertake regular personal practice meetings with staff, it was mentioned that opportunities to learn how different Centres implement practice would be beneficial. This would also support consistency and innovation across Centres.

The use of technology in Communities of Practice has been useful in connecting staff across Centres, particularly Centres located outside of Sydney. However, technical difficulties with video conferencing have detracted from the usefulness of the sessions. As Newpin has historically been very relational there is a level of discomfort in using video conferencing sessions and perhaps a need for more support to understand how to get the best of out of them.

Change can be challenging. Whilst this new initiative is at a very early stage, Newpin staff, IT systems and facilitators would benefit from some support to ensure the sessions are as productive and inclusive as possible.



We miss that interaction with each other, when you have the interaction with each other you get questions and answers which lead to others and you get insight with each other and each other's practice... it's a different vibe, such a different vibe to listening on the phone you don't know who is going to interrupt you ... it's just this weird... talking to a machine and even you know there's someone else on the other side of it, it still feels like you're talking to the device.

*Newpin*

## 4.5. THE INTRODUCTION OF THE PICCOLO SUPPORTS STAFF OBSERVATIONS AND REPORTING

A new tool, the Parenting Interactions with Children Checklist of Observations Linked to Outcomes (PICCOLO) was introduced to Newpin in 2019 to assist practitioners to observe and record interactions between parents and their children.

The checklist covers the following areas of observation:

- affection towards their child such as physical closeness and positive expressions
- responsiveness to their child's cues, emotions, communications and behaviours
- encouragement of their child's effort, skills, initiative, curiosity, creativity and play
- teaching their child through conversation, play, cognitive stimulations, explanations and questions.<sup>36</sup>

### PICCOLO has supported consistent and rigorous reporting

Newpin management introduced the PICCOLO in light of the need for a more consistent approach to staff observing and reporting parent and child interactions. It has generally been well-received by staff.

Newpin staff have found the PICCOLO to be very useful in providing clear and consistent domains for them to observe in their families. In particular, it assists staff to report on attachment in a clearly defined and consistent manner.

It has also supported staff to report on their observations in a more systematic way. The language and scoring used in the PICCOLO provide structure to their reports, which staff see



... the language in it is very good to be using in the reporting we're doing...it outlines the key things to look for...

*Newpin*

<sup>36</sup> Roggman, L.A., et al. (2013). Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO) Tool. Paul H Brookes Publishing.

as being crucial to writing in a way that reflects the language used within the child protection system.

PICCOLO is informed by a strong evidence base including psychometric data that supports the checklist's reliability and validity. It is informed by early child development theory and research regarding crucial dimensions of parent-child interactions that encourage children's development in social, language and cognitive domains.

The strong academic support and evidence base for the PICCOLO provides rigour to Newpin reports and supports the veracity of the findings within external contexts (such as Court) where Newpin reports are utilised.

## PICCOLO is applied variously across Centres

While much of the feedback received on the PICCOLO was positive, there appears to be inconsistent application of the tool across Centres. While some Centres use PICCOLO as a scoring system for making assessments, others use it more broadly to provide guidance, or as a reference guide when reporting to DCJ.

Some Newpin staff felt that while the PICCOLO enables staff to identify certain behaviours, the tool is constrained in its scoring system, which doesn't allow reporting of a fuller picture of the attachment and parent behaviour. It was further suggested that if staff are using the PICCOLO as an assessment tool, they should be appropriately trained to be able to do so.



...I think everybody had a different take on it and yeah there was no cohesive thing in the end...it was obvious that people were using it in all sorts of different ways and there was different expectations across different Centres ...it's actually quite a good tool and it does pick up on the things that we want to be looking at for the children but...the way PICCOLO is set to run it's a reference guide, as far as I'm concerned not an actual assessment...

*Newpin*

## 4.6. PDPS HAVE BEEN REVIEWED AND EXPANDED

PDPs are a key component of Newpin, supporting parents to better understand child development and the needs of their children. All PDPs have been reviewed and updated over the last two years. The updates to the programs have included new content incorporating the latest research and evidence and additional content on areas that are particularly salient for Newpin families, such as domestic violence.

### New PDPs have been introduced

New PDPs have been introduced in response to ongoing practice development. The PDP 'Learning Through Play' is a nine-week psycho-educational program developed by the Ingleburn Newpin Centre in response to the evidence that demonstrated a relationship between play and positive early childhood learning outcomes. This program aims to educate parents about the best ways to interact with their children, use the environment in a playful manner and how to use play as a learning tool. The program focuses on five key developmental areas including attachment, gross and fine motor development, social and emotional development, language development and music and sensory development, as well as types of play including dramatic and creative play. The PDP has been positively received by both Newpin staff and parents and has been included as a core PDP within Newpin.



... I absolutely love [Learning Through Play]. When I first saw it I thought 'Really?' and then as we're making all the music instruments etc I'm just like ...'are you sure this is a course?'... [I liked] learning for my daughter like the gross motor skills, fine motor skills where she should be at, what she should be doing...

*Parent*

A number of non-core programs that have alignment to the Newpin values and deal with specific topics that may be required by specific cohorts have also been made available to Centres. This includes Shine and Strength, an independent program run through Hillsong, which is a personal development and group-mentoring tool that focuses on self-confidence and care for girls and women.

## 4.7. THERE IS AN OPPORTUNITY FOR SPECIALIST KNOWLEDGE TO FURTHER IMPROVE PRACTICE

### External topic specialists could enhance staff knowledge

Existing professional development activities (such as e-learning), practice materials (such as practice guides, the toolbox and the PICCOLO) and the Communities of Practice all provide professional and practice development opportunities for Newpin staff. However, the formal integration of external topic specialists was identified as an opportunity to continue to develop staff knowledge.

Both Newpin staff and DCJ representatives suggested that inviting external experts to Centres could serve to strengthen staff knowledge in topic areas relevant to the needs of families. Topics identified as being most beneficial include: domestic and family violence, alcohol and other drugs, mental health, sexual health, and family planning, which are the most common issues families experience. It was also suggested that guest speakers could attend Communities of Practice sessions to enhance staff knowledge and participate in PDP programs for parents.

### Relationships with specialists could strengthen referral pathways

Most Centres have relationships with various external service providers to refer families for wraparound support as required.

Newpin staff highlighted the complex issues faced by families (including the impacts of domestic violence, mental health issues, and drug or alcohol addiction) and the challenges they encounter identifying appropriate services to which parents can be referred. Integrating topic specialists into professional development could help build relationships with these services to provide additional referral pathways.



The parents can find it really difficult to link in with a service and finding the right time for that to happen....there are some good services out there but it is finding them and being able to link the parents in with them.....

*Newpin*

## 5. KEY LEARNINGS: PARTNERSHIPS

### KEY FINDINGS

The number of guaranteed referrals under the Newpin SBB has been met with most referrals still being made by DCJ.

There continues to be variability in the strength of relationships between Centres and the service sector.

The partnership between Uniting and DCJ has been successful and has informed other contracting arrangements.

Relationships with DCJ case workers are generally strong but some areas for improvement have been identified.

There is some evidence that there is a connection between a Centre's relationship with the sector and outcomes for families.

There has been an increased focus on service sector engagement at a Centre level.

### 5.1. A MAJORITY OF REFERRALS HAVE BEEN PROVIDED BY DCJ

The Newpin SBB arrangement sets an expectation that a minimum of eight referrals were to be annually received by each Newpin Centre. This has been met by DCJ with an average of around ten to 11 referrals being received per Centre across the past two years. However, Newpin Centres have capacity for around 20 families<sup>37</sup> at any one time so the guaranteed referrals only provide around half the necessary referrals to operate a Centre at capacity.

Referrals can be received from DCJ, other NGOs or services, or even as self-referrals. Data is not available on the source of referrals but both Newpin and DCJ stakeholders reported that a majority of referrals are still received directly from DCJ.

It was expected that the increased role of NGOs in working with families seeking restoration under the PSP reforms may have led to an increase in the number of referrals being received from NGOs. While the number of referrals from NGOs was reported to have increased over the past year, the proportion of referrals from NGOs is still relatively low. Several barriers to receiving referrals from NGOs were identified including:

- low awareness of the program, particularly in areas with new Centres
- the growing number of restoration services and supports available in the sector
- the focus of NGOs on implementing the large child protection and OOHHC reform agenda making it difficult to engage with services.

Several of these factors are discussed further in the following section.

It was also suggested that in some cases DCJ could be providing a referral to Newpin prior to the family being transferred to an NGO who would then take responsibility for the case management of that family going forward.

<sup>37</sup> There is no set number of families that a Centre can work with, as the capacity of a Centre also reflects the number of children within each family. When families have several children attending the Centre, this reduces the capacity of the Centre as staff are limited in the number of children that can be supported within the Centre,

## 5.2. SEVERAL FACTORS INFLUENCED THE STRENGTH OF A CENTRE'S RELATIONSHIP WITH THE SECTOR

The Second Interim Evaluation Report noted that there was variation in the demand for Newpin across different Centres and that this was influenced by the strength of relationships between a Centre and their service sector.

This variance was also identified during the consultations to inform this Final Evaluation Report. Several factors influencing the strength of relationships were identified by stakeholders and are summarised in Figure 26 and discussed further in the following sections.

Figure 26 - Enablers and barriers for referrals

ENABLERS	BARRIERS
<ul style="list-style-type: none"> <li>■ NGOs utilising Newpin's experience and knowledge</li> <li>■ Stability of staff within CSCs or OOHC sector</li> <li>■ Participation in group supervision and allocation team meetings</li> <li>■ Promotion of program supported by a strong evidence-base</li> <li>■ Promotion of Newpin from within DCJ</li> <li>■ Building relationship across all levels within DCJ</li> <li>■ Court clinicians increasingly specifying Newpin within their recommendations</li> <li>■ Relationships with local CSCs developing internal champions</li> <li>■ Partnership approach with DCJ</li> </ul>	<ul style="list-style-type: none"> <li>■ Low awareness within NGOs</li> <li>■ Lack of previous experience or exposure to Newpin</li> <li>■ Increased number of restoration services and supports available</li> <li>■ Lower levels of engagement in case management within some CSCs</li> <li>■ Confusion regarding Centres closing or relocating and the end of the Bond</li> <li>■ Large area and number of Districts covered by some Centres</li> <li>■ Focus on implementing significant policy reform</li> <li>■ Centres have reduced promotion when at capacity and found it difficult to regain momentum</li> </ul>

### Enablers helped build and nurture relationships to support referrals

Enabler	Further details
NGOs utilising Newpin's experience and knowledge	Several of the NGOs working with families seeking restoration identified that Newpin staff had more experience in supporting these families, especially as many of these services were relatively new to this area. The NGO workers had sought staff's advice and this had helped develop a collaborative relationship which also supported referrals from these NGOs.
Stability of staff within CSCs or the OOHC sector	The tenure of some staff within DCJ, or even within the child protection system, had provided Newpin with several consistent referral sources. In some cases, workers had been promoted or moved to other services but had continued to maintain a strong relationship with the Centre and provide referrals. Conversely, turnover of DCJ or NGO staff required Newpin to commit significant resources to build new relationships.
Participation in group supervision and allocation team meetings	Some Centres have been invited to attend group supervision meetings where the various services involved with a family discuss the work that they are undertaking with those families. This provides useful connections within the sector and also helps build awareness and understanding of the Newpin model among different services.  Attendance at allocation team meetings was also identified as a potential key engagement point. These meetings bring services together to discuss the

Enabler	Further details
	restoration plan for a family immediately following removal. Newpin stakeholders identified that attending these meetings could help Newpin identify how they can work with various families to increase referrals. At the time of writing, Newpin Centres were still seeking to be invited to attend allocation team meetings.
Promotion of the program's strong evidence-base	The requirement to regularly report outcomes as a result of the Newpin SBB provided strong evidence to support the efficacy of the Newpin program and encourage referrals.
Promotion from within DCJ ensured Newpin was seen as an available service	With the changes to the services available as a result of the PSP and other reforms, the DCJ Contract Manager has ensured that Newpin was included in support material provided to case workers regarding the restoration services available to help build awareness.
Relationship building across all levels within DCJ	Engagement with DCJ Districts has been strengthened when relationships have been maintained with different levels of staff, from District Directors and senior management through to CSC managers and individual case workers. This multi-level approach also helps to combat regular turnover of staff so the awareness of Newpin is not reliant on the relationship with one individual.
Court clinicians increasingly specifying Newpin within their recommendations	Several Newpin Centres noted that court clinicians had specifically identified completion of Newpin as a condition within their reports. It is believed that their awareness of Newpin has been built through the clinician's previous experience with families attending the program and that experience had led them to identify Newpin as an effective service for achieving restoration.
Relationships with local CSCs helped develop internal champions to support promotion	Building strong relationships with the CSCs within the Centre's catchment area has led to certain DCJ case workers building awareness of Newpin amongst their colleagues. These workers are also a valuable source of information for Newpin regarding the implementation of the PSP reforms.
Partnership approach with DCJ provided flexibility to work out appropriate solutions for families with complex needs	The adoption of a partnership approach within some DCJ districts has allowed Newpin to work collaboratively to support referrals and the subsequent work with families with complex needs. This collaboration allows for greater flexibility required to meet the emerging and changing needs of these families.

## Barriers hampered awareness and engagement

Barrier	Further details
Low awareness within NGOs	The PSP reforms have led to an increase in new services working with families seeking restoration. It was reported that these services are often not aware of Newpin, or do not understand the model and therefore have not identified how the program could support their families.
Lack of previous experience or exposure to Newpin	Newpin identified that there are certain Districts or CSCs with which they have struggled to engage. The uniqueness of the Newpin model, and lack of exposure to families in the program could be a barrier to identifying when families would benefit from attending Newpin.
Increased number of restoration services and support available	As discussed in Section 3.1, the PSP reforms have increased the number of services supporting families to achieve restoration. This was identified as a key influencing factor in the reduction in Newpin referrals, particularly for NGOs who are believed to be referring to their internal services rather than to Newpin.
Lower levels of engagement in case management within some CSCs created difficulties in connecting with these workers	It was reported that the level of engagement in case management across CSCs varies. In the Centres with lower engagement, it is more difficult for Newpin to connect with these workers, not only in relation to the family under their management but also to identify other families that may benefit from Newpin.
Confusion regarding Centres closing or relocating and the end of the SBB	There is some confusion in the sector regarding the status of Newpin particularly in areas where Centres have closed or relocated. At the time of consultation to inform this evaluation, the future contracting arrangements for Newpin had not yet been announced. Some stakeholders suggested that this may impact the referrals in the first half of 2020.
Large area and number of Districts covered by some Centres	Some Newpin Centres have a very large catchment area that includes up to six DCJ Districts with multiple CSCs within most Districts. This creates two issues inhibiting the relationships across those Districts. Firstly, the large number of Districts requires a significant amount of time to be invested in developing and maintaining these relationships. Secondly, some of these Districts are located some distance from the Centre which has led case workers to be reticent to refer families, particularly where public transport options are limited.
Focus on implementing significant policy reform impacted the ability to engage with some services	As discussed in Section 3.2 the implementation of a significant policy reform agenda within the child protection sector has been a major focus over the past several years. The implementation of the PSP reform has also coincided with the opening of three Newpin Centres. It was reported that the focus on the changes within the sector had made it difficult to engage with services, particularly for new Centres where there was little existing knowledge or awareness of Newpin.
Centres have reduced promotion when at capacity and found it difficult to regain momentum	When Centres are at capacity, they reduce their focus on promotion as the program does not hold a waitlist and they do not wish to encourage referrals that would have to be rejected due to lack of space. However, these Centres reported that when spaces do become available, it is often difficult to regain momentum, particularly when there have been changes in staff in the referring agencies.

### 5.3. DCJ AND UNITING ENJOY A STRONG WORKING RELATIONSHIP

Previous evaluation reports identified the partnership between DCJ and Uniting provided a strong foundation to the successful implementation of Newpin. Both parties have continued to be committed to the partnership and to work through any issues that arise.

It was noted that the negotiation of the new contracting arrangements had placed a slightly different complexion on the relationship as in most cases the same staff were managing the existing arrangements under the SBB and negotiating the new contract. This had been appropriately managed by both parties and had not had a negative impact on the partnership.



...we've got a good relationship with Uniting and ... they would say the same because there hasn't been anything that couldn't be worked out.

DCJ

#### Changes within Newpin's operational structure required some adjustment

The departure of Uniting's SBB Lead in mid-2019 saw the creation of two separate roles - a Newpin Operations Lead and a Practice Lead. Recruitment for these roles took some time with the appointment of candidates occurring towards the end of 2019. No significant impact was reported as a result of these changes, however collaboration is required to ensure that DCJ has clarity regarding the appropriate contact for various issues.



It's different people and the relationship has changed in character but not in nature.

DCJ

#### Some differences in assessment of suitability of referrals

Two of the Newpin eligibility criteria for families seeking restoration are:

- at least one child under six who has been in statutory OOHC for at least three months
- assessed as suitable for restoration.<sup>38</sup>

Uniting reported their due diligence at intake and assessment had identified some differences in opinion between Uniting and DCJ regarding the suitability of a family for restoration at times. Uniting believe that this has resulted in a slight increase in the proportion of families exiting Newpin without achieving restoration.

#### Learnings from partnership have informed other contracting arrangements

Both DCJ and Uniting identified that the learnings from the partnership established under the SBB had informed other contracting arrangements and have been a useful experience.

DCJ noted that the success of a partnership approach adopted under this and other Bonds has strong alignment to the increased utilisation of NGOs in the delivery of government services. The partnership approach supports a move from a compliance focus within contracting to a focus on shared outcomes and allows for some flexibility to help support those outcomes.

The positive relational outcomes supported by the increased level of data and information-sharing within



This has been a great growing experience for all parties involved I think.

DCJ

...you don't have to view all your contract as a compliance exercise... we view our NGO partners as ... critical to our success. If our service delivery strategy is via them, if they succeed, we succeed.

DCJ

...improved reporting with the relationship side of it, with the data in that ... under the Bond we've probably shared more with the organisations involved than we traditionally might have pre-bond level of sharing. That has also informed what happens in other forums as well.

DCJ

<sup>38</sup> Uniting and NSW Department of Communities and Justice (2019). Operations Manual for the Newpin Social Benefit Bond Pilot.

the partnership has encouraged DCJ to adopt this approach in other contracting arrangements.

From Uniting's perspective, the partnership has provided several learnings that have informed their negotiations regarding the new contractual arrangements at the end of the Bond.

## 5.4. RELATIONSHIPS WITH CASE WORKERS ARE GENERALLY STRONG BUT CAN BE STRENGTHENED

Both Newpin staff and the small number of DCJ case workers interviewed for this evaluation generally reported a strong working relationship between case managers and Newpin. However, two areas for improvement were identified and these are detailed below.

### There was a difference in focus between case workers and Newpin staff

DCJ case workers are required to have a child protection focus that sometimes meant that there was a difference in focus with Newpin staff. The Newpin model works with the whole family and this focus on the wider family can cause some tensions with DCJ being primarily focused on the child and not necessarily the whole family.

There is a need for DCJ case workers and Newpin staff to balance the ability of parents to learn and make mistakes with the required focus on compliance and child safety. The development of mutual accountability and trust between DCJ and Newpin was identified as helping achieve this balance.

In some ways this could be seen as a natural tension between services working in very complex family and legal environments. No evidence was provided that Newpin had supported or ignored unsafe behaviour or lacked a focus on child safety. What was highlighted, however, was the need for open communication to help balance and manage these concerns regarding risk to children as parents seek to improve their skills and test new behaviours.

It was also noted that there are opportunities for Newpin staff to increase their knowledge regarding legal and court proceedings regarding child protection to further help support families and to ensure that everyone working with that family is clear about their ultimate objective.

### Opportunities exist to improve reporting

The timeliness and usefulness of Newpin reports provided to DCJ was variable. One DCJ case worker interviewed reported having varied experiences regarding the frequency and detail of reporting across different Centres.

The timeliness of reporting is important to ensure that Newpin feedback is available to inform court proceedings. In a small number of cases, delays in the provision of reports have meant that this feedback was not able to be used by the court.

Newpin staff acknowledged that there had been an increased focus on reporting in recent years. While previously note-taking may have been viewed as a more administrative task, the increased focus and use of tools such as PICCOLO (discussed further in Section 4.5) had helped ensure that reporting was seen as an important function to help support families.

Centres had also received varying feedback on the content and focus of the reports that they provided. This feedback seemed to reflect the strength of relationship and trust that existed between Newpin and DCJ staff. In one instance, feedback had been received that the Newpin reports were overly positive and that DCJ felt that the reports may not be a true reflection of what was



The one thing I would give feedback on is the reports ... there was also a delay in the monthly reports. One of the things that I'm trying to do, because I've got courts coming up and I have to have documentation in today but I don't have a report from Newpin. So I'm going to send a calendar invite when I made the report, maybe monthly... I'm going to send the family caseworker an invite saying that the report is due next week and have that every month.

*DCJ*

One of the things that's been talked about, because our reports and things are really strengths-based and they sound quite positive. There's been a disjoint between DCJ workers saying that we're just painting a rosy picture and not looking at the reality of the situation...

*Newpin*

happening with that family. In this case, Newpin staff reported that they did not have a strong relationship with that CSC.

On the other hand, another Centre reported receiving very positive feedback on the nature of the reports and that they provided a balanced view that helped inform an understanding of what was happening with that family. The Centre also reported that they had a strong relationship with their local support services and that this was supported by open communication and longstanding relationships.



I've had feedback from the Children's Court ... about Newpin reports being valued by the court because we actually manage to keep the child protection focus while at the same time being an advocate for the parent... we call a spade a spade but we do it in a positive, strength based way and that through our reports they can actually see if parents are making progress or not...

*Newpin*

## 5.5. THERE MAY BE A LINK BETWEEN THE STRENGTH OF SECTOR RELATIONSHIPS AND OUTCOMES

This evaluation analysed the net restoration rates across the seven Newpin Centres, as discussed in Section 3.2. Interviews were also undertaken with staff in four Centres and with all Centre managers.<sup>39</sup> These interviews asked staff to reflect on the relationship they have with the service system and particularly with DCJ in their catchment areas. As reported in Section 5.2 and in previous evaluation reports, there is variability in the relationships Centres have with the sector with many factors influencing this.

Analysis of the outcomes for each Centre and their assessment of the strength of relationship they have with their service sector found that Centres with stronger relationships had, on the whole, been able to achieve higher restoration outcomes for families. It is also interesting to note that the maturity of the Centre does not seem to have significant influence, as new Centres were represented at both ends of the outcomes spectrum (with the Port Kembla Centre achieving the highest proportion of net restorations and the Hurstville Centre achieving the lowest proportion).

The link between relationships and outcomes would benefit from additional analysis. Newpin staff believed that the quality of local relationships between DCJ and Newpin staff influenced the types of families that were being referred to the program. Where relationships were strong, case workers had an understanding, often based on previous experience, regarding how Newpin worked and the types of parents that would benefit from the program. This understanding included the readiness and commitment of parents to work towards getting their children restored, and their ability to take responsibility for their situation and to make necessary changes. These factors are in line with the findings of previous evaluation reports and support the findings in Section 2.3 regarding the success of parents within the program being aligned more to their motivation to change rather than any particular presenting issue.

## 5.6. AN INCREASED FOCUS ON SECTOR RELATIONSHIPS IS REQUIRED

The learnings regarding Newpin's partnership with their service sector have highlighted the importance of building strong sector relationships. However, there is variation in the strength of relationships across Centres and DCJ Districts.

### Some Centres have been less successful in building external relationships

Several Centres reported that they have attempted to engage with various parts of their service sector with little result. As reported in the previous section, this lack of engagement may impact negatively on family outcomes.

The reasons for this less-than-optimal engagement are likely to be complex and varied and may reflect:

- aspects of the local service landscape and structure

<sup>39</sup> The Hurstville Centre manager position was vacant during the consultation period for the evaluation as was not filled due to the decision to cease operating in that Centre at the end of the SBB.

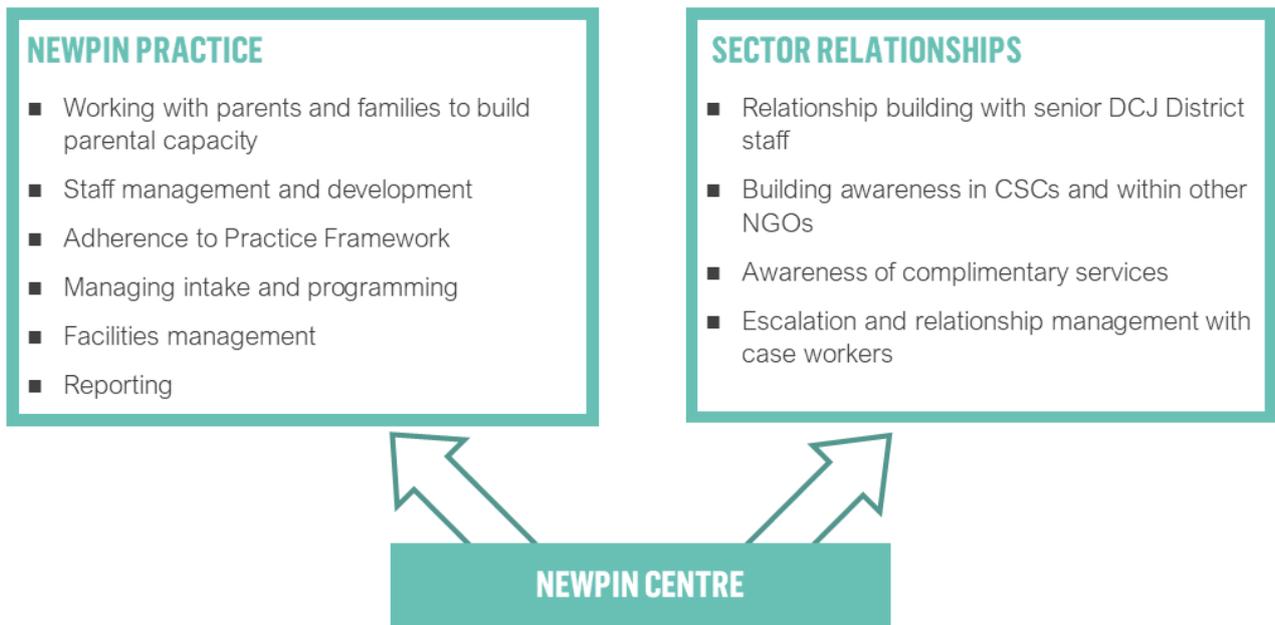
- varying organisational cultures, practices and preferences
- existing historical relationships and partnerships in the local area
- varied or limited knowledge and understanding of the Newpin program
- the renowned busyness of this sector at a time of major reform to the child protection system as well as a high level of staff turnover making effective engagement challenging.

The quality of relationships may also, in part, reflect the time and resources Newpin Coordinators and others have invested in engaging effectively with local services at a strategic as well as at service or operational level.

It is more important than ever for Newpin to strengthen relationships with the local service sector, including DCJ Districts and local CSCs, given the market forces at play and the reduction in the flow of referrals to Newpin in light of recent government policy. The evidence suggests that this will help to generate a flow of referrals, reach agreement on appropriate referrals and clarify timing and content of reports.

Newpin Centres have had a very strong internal focus historically. Now that they are well established, it may be time to shift to expend more resources on building strong relationships with the local service sector, and to be highly strategic in that approach. This should be explicit, planned and executed as part of Newpin business practice in the coming years. A possible framework for a dual focus on Newpin Practice and Sector Relationships is outlined in Figure 27 below.

Figure 27 - Dual focus on Newpin practice and sector relationships



This dual focus may require additional support and training for senior staff within the Centres to ensure that they have the skills and confidence to undertake this work. While professional development and Communities of Practice should continue to maintain a strong focus on practice development, sessions on sector relationships could be included to provide support to staff and to emphasise the importance of these relationships to ensure an effective and appropriate referral of families into a Centre.

Ideally, activity to strengthen relationships should be undertaken under a Newpin-wide service engagement plan that clearly articulates goals and objectives, activities, roles and responsibilities, outcomes and time frames for engagement. This will also articulate the enablers (eg training, management support, guidelines to support implementation) that which could be developed in consultation with the staff responsible for the activity.



Newpin, in particular in terms of the Social Benefit Bond operates under a centralised monitoring umbrella, but on the ground we operate within a district level space. So I think that one of the things we have found challenging is that you know this district operates slightly differently to how this district operates, so that has been a challenge.

*Newpin*

## Senior level engagement played a pivotal role in supporting relationships

Relationships with a Centre's local service sector tend to be strongly influenced by that Centre's ongoing contact with individuals within that District or sector, and a need was identified for those relationships to be supported at more senior levels.

As previously reported in Section 5.3, DCJ and Uniting have continued to maintain a strong partnership approach in relation to the management of the SBB. Relationships with other senior staff in DCJ Districts are also critical to promote awareness of Newpin services, however it has been acknowledged that the strength of these relationships has been variable.

Engagement with DCJ District senior staff has involved both internal promotion from DCJ contract management staff and direct contact with Uniting management and Centre staff. Both DCJ and Uniting identified that there were opportunities for greater promotion at the District level including aligning Newpin within the strategic direction of the various Districts.

At a more operational level, the new contracting arrangements were identified as an opportunity to update and refresh Newpin communication materials to help support awareness of the program and encourage referrals.



...it's great that we enjoy a good relationship with DCJ, centrally, central office but that's not enough, you actually also need to then have a relationship with the District Director who is looking after that District and their senior management team.

*Newpin*

...the change going forward on the DCJ side of it is greater engagement with our program area... for policy strategy type input and also engagement with Districts and staff. Wanting to know what else is happening from say a policy perspective or changes of reforms... and see if there are ways to engage in the Districts for example.

*DCJ*

## 6. SUMMARY OF KEY FINDINGS AND AREAS FOR CONSIDERATION

### 6.1. KEY FINDINGS



#### **Positive outcomes were achieved by a majority of families**

We have found Newpin to be a very successful program. It has achieved positive outcomes for the majority of families attending the program and has sustained a high rate of success both over time, and in comparison with the Counterfactual Rate of Restoration established under the SBB (and previously a Control Group). This is a major achievement given that five new Centres have been established since 2013 and that there have been substantial changes in the policy and program environment over the last two years.

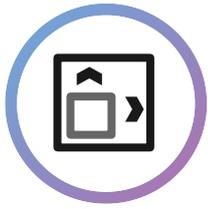
A total of 845 children have participated in Newpin with their parents in the six and a half years from 1 July 2013 to 31 December 2019. The great majority (80%) of these children had been placed in OOHC and were seeking to be restored to their families, with the additional one in five being at risk of being placed in care and seeking to remain in the care of their family and avoid OOHC. The majority of children in both cohorts achieved a positive outcome.

A total of 673 children and 400 families have participated in Newpin seeking restoration. Nearly three out of five children (59%) whose families completed their time at Newpin have been successfully restored and remain with their parents. This rate of successful restoration is nearly three times the Counterfactual Rate of Restoration established under the SBB arrangements (20%).

It should be noted this rate of restoration is slightly lower than that reported in the 2020 Newpin SBB Investor Report, due to differences in the reporting timeframes, as well as the methodology for calculating the net restoration rate (with the Investor Reports reporting on all children who have recorded an outcome regardless of whether they have completed the program and the evaluation reporting only on the outcomes of children who have completed the program). The proportion of Newpin families whose restorations broke down, with children being returned to OOHC within 12 months has remained relatively low. A total of 38 children (or 7% of the children who completed the program) were returned to OOHC within 12 months of being restored back to their families. Separate analysis of the longer-term sustainability of restorations found that over half of restoration reversals occur in the first nine months of restoration.

A further 172 children at risk of being placed in OOHC participated in Newpin. Almost all of these children and their parents completed the program, and of these, two thirds (65%) remained with their families and avoided OOHC 12 months after commencing the program. There is no counterfactual against which to compare this result.

Amongst those families seeking restoration, we found no clear link between the demographics or presenting issues (such as history of mental illness, substance or domestic violence) and program outcomes. This suggests that Newpin works just as well for parents regardless of their identifying characteristics, which is an important finding. Rather, individual factors seemed to be particularly important in influencing outcomes, especially a parent's attitude and determination 'to do whatever it takes' to get their children returned to their care. For families seeking preservation rather than restoration, however, we did find a stronger association between presenting issue and negative outcomes: 75% of the families seeking preservation whose children were removed from their care had presented with substance abuse.



## The rollout of new Newpin Centres was well managed but has been impacted by policy reform

Over the period of the SBB Newpin has consolidated and expanded its Centres. There are now seven Centres operating across five metropolitan and non-metropolitan regions in Western Sydney, Ingleburn, Wyong, Newcastle and Illawarra. Previously, there was no Newpin offering outside the Western suburbs of Sydney. Since 2013, five new Centres

have opened, one has closed and one has relocated.

There is strong evidence that, with one exception, all the new Centres are operating efficiently, receiving a flow of referrals, engaging families, and achieving restoration rates similar to, and in some cases, exceeding the restoration rates in the established Centres. Program fidelity appears to be high across both new and more established Centres. The values and core aspects of Newpin are well understood and applied consistently across all Centres, which have a degree of flexibility to respond to local needs and circumstances as needed. Newpin staff and management have traditionally exhibited a notably high level of commitment to the program and take great pride in their work, and this enthusiasm is clearly evident amongst staff working in the new Centres.

There is broad agreement amongst both management and staff, that after some initial challenges, Uniting has improved its processes for recruiting and orienting new staff to Newpin. This is a not inconsiderable task as Newpin is a fairly unique program, requiring a particular combination of experience, professional skills and personal attributes, shared values, and a willingness and ability to work in a strong team-based environment.

The factors that helped the successful establishment of new Centres included:

- comprehensive planning of the likely service demand
- a strong partnership between Newpin and DCJ at both Head Office and in local regions
- a service sector that is not overly crowded and which is open to new entrants
- sound systems for onboarding new staff including visits to several Centres to see the Newpin model in practice in different settings
- clarity on the required experience, qualities and attributes being sought in new recruits and taking time to find the right person
- close and regular monitoring and supervision of management across all Centres to ensure consistency and program fidelity
- frequent individual and team feedback and practice reflections at the conclusion of each day once parents have left
- a formal staff orientation program, group training sessions, and written practice guidelines and protocols.

The factors that may hinder or delay the success of a new Centre include:

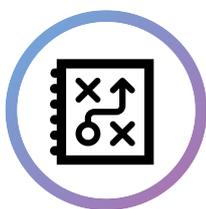
- insufficient property, legal and planning expertise when securing or renovating premises
- conflicting or disputed evidence about the level of need in the new site
- inability to recruit suitable staff
- a crowded or well-established local service network with no clear service gap
- weak partnerships and relationships between Newpin and DCJ at the service levels which may reduce the rate of referrals to the service
- a lack of awareness from the service sector of Newpin's service offering due to high staff turnover or other pressing priorities.

Not all the new Centres have succeeded, however. The Hurstville Centre which opened in 2017 will cease operations on 30 June 2020. A variety of views have been put forward to explain why this Centre failed to gain traction over the last two years. These include: insufficient demand within the region to sustain a Centre (notwithstanding the decision to open a Centre in that location was jointly made by Uniting and DCJ); a very low number of referrals to the Centre; low numbers of restorations; unfortunate timing in that the opening of the Hurstville Centre coincided with major child protection policy reforms which further reduced the level of

demand for restoration services; and the close knit nature of the service network in the local community which presented challenges for a newcomer.

Under the SBB, it was anticipated that up to ten Centres would be in operation in NSW by the end of the Bond. However, Uniting and DCJ have come to the decision that Uniting will focus on its current cohort of seven Centres with no plans to open new Centres in NSW at this stage. There are two main reasons for this. Firstly, the policy and program landscape in NSW has changed significantly since the SBB commenced in 2013 resulting in fewer children being placed in OOHC and a lower demand for restoration services. Secondly, unlike several years ago when Newpin was one of the few programs available for families with children in OOHC, the service sector has become increasingly crowded as new programs and services have emerged in response to recent policy and funding reforms. In these circumstances, the viability of any new Centres would be questionable.

Although further expansion of the Newpin program is not currently planned in NSW, Uniting has been working on expanding the program into other states and territories through a network of providers operating under license. The learnings from the NSW experience have been very important in this endeavour and increasingly the NSW Centres are being folded into a national structure with standard guidelines, operating manuals, quality assurance, clinical governance and supervision, professional development and training systems and programs.



### **The Newpin model has continued to be strengthened - evolving and responding to changing needs over time**

The Newpin program has not stood still since the commencement of the SBB in 2013. Since that time, it has evolved, developed, restructured and strengthened its approach. Previous evaluation reports noted the considerable investment in staff training,

professional development and reflective practice to ensure Newpin was strongly aligned with the latest available evidence on effective practice. New practice tools were introduced, and data collections and analysis improved to support monitoring and reporting.

Most significantly, a new approach to supporting fathers seeking restoration was introduced, as the child protection system became more open to the option of children being restored to their fathers. Fathers now comprise around one in four of parents attending Newpin. As is the case with the mothers, most fathers are single parents. This non-gendered approach supports both mothers and fathers at the same Centre and allows for couples who are seeking to have their children restored to attend the program together. This has been well received by couples who have participated to date with various benefits identified including support for a shared understanding of what needs to be done to have their children restored, reinforcing learnings and supporting each other to make the necessary changes.

To support these changes, most Centres seek to employ both male and female staff to work with families, to model positive and respectful relationships between men and women and between fathers and mothers and their children. This also provides a degree of choice to parents who may at times prefer to talk to a person of their own gender on some sensitive topics. Newpin has been at the forefront in increasing the accessibility and effectiveness of restoration programs for both fathers and mothers, which in turn will increase the restoration options available to young children in OOHC. This approach is not without its challenges, however. Considerable skill and delicacy have been needed to ensure the safety of parents who have experienced domestic and family violence. This has involved ongoing management and oversight, and the development of domestic violence protocols and other safeguards to ensure the physical and psychological safety of both mothers and fathers attending the Centre.

Newpin has recently reviewed the content and range of Personal Development Programs on offer (which all parents have to complete) in order to better respond to emerging needs (such as domestic violence) and to ensure all the programs are aligned with the latest evidence. It has also developed an updated version of the Newpin Therapeutic Practice Framework and accompanying materials, and introduced a new tool to enhance skills and consistency in reporting on observations of parents and children. The Therapeutic Practice Framework documents, for the first time the core elements of the Newpin model in practice. This document has been in the pipeline for some time and it is a positive development that it now exists. However, consistent feedback from staff suggests that although the Framework provides a useful overview of Newpin for new staff, it contains gaps, while some of the practice guides lack sufficient detail to provide useful guidance to staff. The planned review of the Framework will provide an opportunity to strengthen its content and increase its usefulness to all Newpin staff.



## Parents are highly satisfied with Newpin

In line with previous evaluation reports, parents express a very high level of satisfaction with the Newpin program and its staff. Taking the results of the most recent interviews and surveys together, there is considerable consistency in the responses both across and within Centres, between men and women, between Aboriginal and non-Aboriginal parents, and between people who are still attending and some of those who have left the program. The evaluators spoke to a handful of parents who did not succeed in having their children restored and they too had very positive views about the program. We cannot say these views are representative, but they do indicate that at least some parents have enjoyed and benefitted from attending Newpin notwithstanding the lack of success in having their children restored to their care.

Parents speak highly of the program, the staff and, in most cases, of their peers. They enjoy the structure and the flexibility the program provides them; the time and space they are given to personally grow and develop; the non-judgemental environment of staff and their peers; the strengths-based approach which encourages them to have hope and builds their confidence; the support of their peers which they find motivating; and the homelike surroundings of the Centres which helps them feel safe and open to learning.

## 6.2. FUTURE CHALLENGES

The Newpin program has performed exceedingly well and consistently over seven years of the SBB. However, it currently faces a number of challenges that will potentially limit on its viability and effectiveness.



### Centres are often not operating at full capacity due to a decline in demand

The evaluation report has highlighted some significant changes in the environment in which Newpin operates that together have created a new and different level of demand for Newpin and its services. The new Permanency Planning reforms have been effective in reducing the number of children being placed in OOHC, leading to a drop in the flow of referrals to Newpin Centres for restoration. They have also increased the number of providers supporting families to achieve restoration as more NGO OOHC providers respond to the reforms by delivering their own supports for restoration. This has meant that the anticipated flow of referrals from that sector to Newpin has not eventuated. In the future, referrals from DCJ and from NGOs will become increasingly important to ensure sufficient referrals are made to Newpin to support the sustainable operation of seven Centres operating at or near capacity. It will be important to ensure that a critical mass of families is attending Newpin at any one time to maximise both effectiveness and efficiency. In many ways, Newpin, despite its great success, is at a crossroad.

Uniting management and DCJ are well attuned to this challenge and have put in place a number of mitigation strategies including focussing exclusively on restoration in the future and ceasing to offer support to families seeking preservation (given the growth in the number of programs now available to support at risk families) thus making Newpin a specialist in restoration; consolidating the practice and operations of the six Centres that will continue to offer a service model that is unique in NSW; and ensuring the continued alignment of Newpin practice with emerging evidence.



## The nature and timing of referrals to Newpin is changing and presents some challenges

The PSP reforms require a case plan to establish permanency for a child within two years. In many instances these case plans are being developed soon after a child has been removed. This has led to an increased number of families being referred to Newpin shortly after having their children removed.

Parents at this stage are often in a state of crisis and are focused on dealing with issues such as substance use, mental illness or domestic and family violence that led to their children being removed. This has made it difficult for some parents to engage with Newpin as they are concentrating their efforts on addressing their immediate situation and are not yet in a position to commit themselves fully to working towards restoration. These families are also presenting with increasingly complex needs which may also impact their ability to 'do whatever it takes' to gain restoration. While these presenting issues may remain throughout the parent's time at Newpin it is the timing of the referral and initial engagement with Newpin during a particularly chaotic time when parents are at the point of crisis that can make it difficult for parents to provide the necessary commitment to restoration that is required to benefit from Newpin.

There is also increasing evidence that the nature of Newpin referrals is influenced by the strength of relationships between Newpin Centres and their service sector. Strong relationships lead to case workers understanding how Newpin works and the types of families that would benefit from the program. This, in turn supports the ability for Centres to achieve positive restoration outcomes for those families.



## The fast pace of change at Newpin has been a challenge

Newpin has experienced significant changes over the last couple of years. The PSP reforms have had a significant impact on the whole of the child protection sector and this impact has also been felt by Newpin. A number of Newpin Centres have also opened, closed, or been relocated. In addition, there have been changes in management personnel; a new approach to professional development and supervision; a move towards a national rather than state-based program governance and structure; and a shift in some management responsibilities away from Head Office to Centre Coordinators. Some of this change has occurred in the context of transition from SBB to the new contractual arrangement at 1 January 2020.

In consultations, a degree of frustration was expressed by both management and staffing regarding some of these changes including the extent to which staff were supported to implement the change; the extent to which staff felt they had had been adequately consulted prior to their implementation; the degree to which people felt the changes had been effectively or consistently communicated across Centres and to staff; and the level to which they have been found to be useful or effective or an improvement on the past. Although it is still early days for some of these developments and it will take some time for them to be bedded down, in the view of the evaluation team, a more strategic approach towards change management would be beneficial to address the cultural, organisational and management impacts and to ensure staff are brought along with the change agenda and can contribute to the change agenda and its successful implementation.

The impacts of the non-gendered approach for working with both mothers and fathers at the same time should continue to be carefully monitored and managed.

## 6.3. OPTIONS FOR CONSIDERATION

In light of the findings and future challenges outlined in this report, three key areas for consideration have emerged.



### New approaches to relationships with DCJ

Rationale	What this could look like
<ul style="list-style-type: none"> <li>▪ Ensuring awareness of Newpin across relevant DCJ Districts</li> <li>▪ Supporting a consistent understanding of the families that could benefit from attending Newpin</li> <li>▪ Ensuring a clear and consistent understanding regarding suitability of referrals</li> <li>▪ Maintaining referral numbers to support Centres to operate near capacity</li> <li>▪ Supporting consistency in knowledge of the situation of Newpin families</li> </ul>	<ul style="list-style-type: none"> <li>▪ Documenting and implementing a strategic approach to developing and maintaining relationships across DCJ</li> <li>▪ Building relationships across all levels of DCJ, from senior staff through to individual case managers</li> <li>▪ Including relationship management in practice development to support Centre staff</li> <li>▪ Continuing the partnership approach between Uniting management and DCJ Contract Managers</li> <li>▪ Developing and distributing Newpin promotion material designed to assist DCJ staff in understanding the relevance of Newpin within the service sector</li> <li>▪ Advocating for Newpin staff to be included in group supervision and work allocation team meetings</li> <li>▪ Focusing on quality and timely reporting from Newpin to DCJ</li> </ul>



## Better linkages with external support services

Rationale	What this could look like
<ul style="list-style-type: none"> <li>▪ Supporting referrals to Newpin from other NGOs</li> <li>▪ Providing outward referral pathways to provide necessary support to Newpin families</li> <li>▪ Building additional input into practice development</li> </ul>	<ul style="list-style-type: none"> <li>▪ Identifying NGOs within each Centre catchment area that will be targeted for referrals</li> <li>▪ Documenting and implementing a strategic approach to developing and maintaining relationships with targeted NGOs</li> <li>▪ Implementing regular initiatives such as open days or in-service presentations to build relationship with NGO case workers</li> <li>▪ Utilising existing evidence regarding success of Newpin in achieving restoration outcomes for families</li> <li>▪ Including external support services in Centre-level and Newpin-wide practice development sessions to build awareness of other services and referral options</li> <li>▪ Expanding the practice development toolbox to allow Centre staff to share resources they have found useful to support specific needs of Newpin families</li> </ul>



## Strengthened internal change management

Rationale	What this could look like
<ul style="list-style-type: none"> <li>▪ Ensuring consistency of understanding regarding reasons for operational changes</li> <li>▪ Supporting a strong and effective dialogue between Uniting management and Newpin Centres</li> <li>▪ Maintaining a balance of focus between strong practice and program results</li> <li>▪ Clarity regarding scope of flexibility regarding decisions impacting individual Centres</li> <li>▪ Strengthening staff engagement</li> </ul>	<ul style="list-style-type: none"> <li>▪ Providing written guidance to all Centres regarding operational changes including rationale and scope of any variation in adoption of changes</li> <li>▪ Where possible, developing operational changes in consultation with Centre staff</li> <li>▪ Ensuring clear alignment of any changes to the Newpin Practice Framework</li> <li>▪ Documenting the scope of decision making supported within individual Centres, and those areas that are managed at a centralised, management level</li> <li>▪ Utilising communication platforms (such as Communities of Practice) to support discussion and information sharing between management and Centres</li> <li>▪ Implementing an annual staff engagement survey to allow for staff feedback and monitoring of staff engagement</li> </ul>

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**APPENDIX A**

**PARENT SURVEY RESULTS**

The Newpin Parent survey was in field for three weeks between 2- 27 March 2020. It asked parents to reflect on their views and experiences of the Newpin program and the Newpin staff. The survey was predominantly completed online (either by the parent themselves, or by an Urbis researcher while conducting an interview), however a small number of parents completed a hard-copy survey that was subsequently mailed back to Urbis.

The survey was promoted within all Centres and also sent by Newpin Centre Coordinators to parents who had left the program and who the Coordinators had approval to contact. As such a response rate cannot be calculated as it is not possible to ascertain the number of parents who were provided with the survey. However, at the time the survey was in field there were approximately 80 families attending the Centres, of whom 22 completed the survey. This means around one-quarter of all parents attending the Centre at this time completed the survey.

Figure 28 - Survey: Quality of Newpin

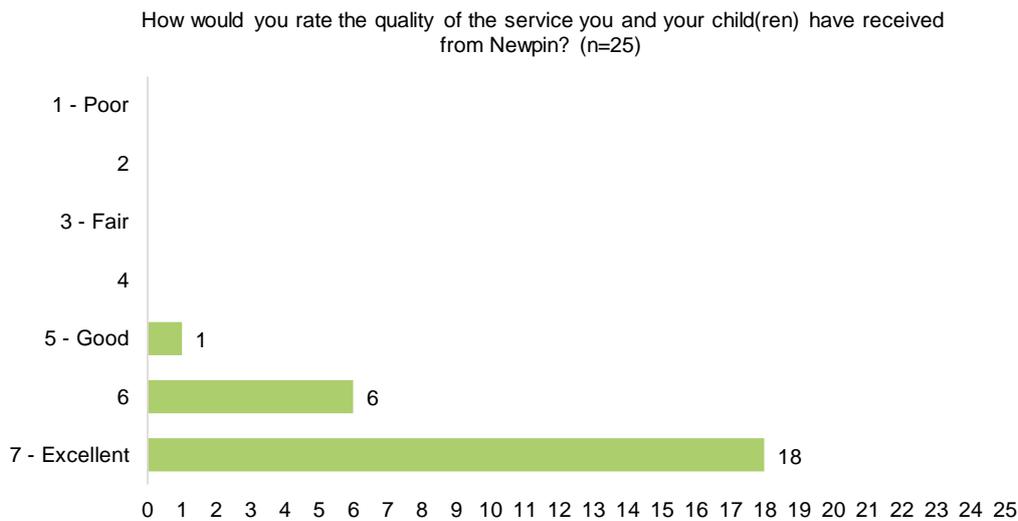


Figure 29 - Survey: Receiving the type of help wanted

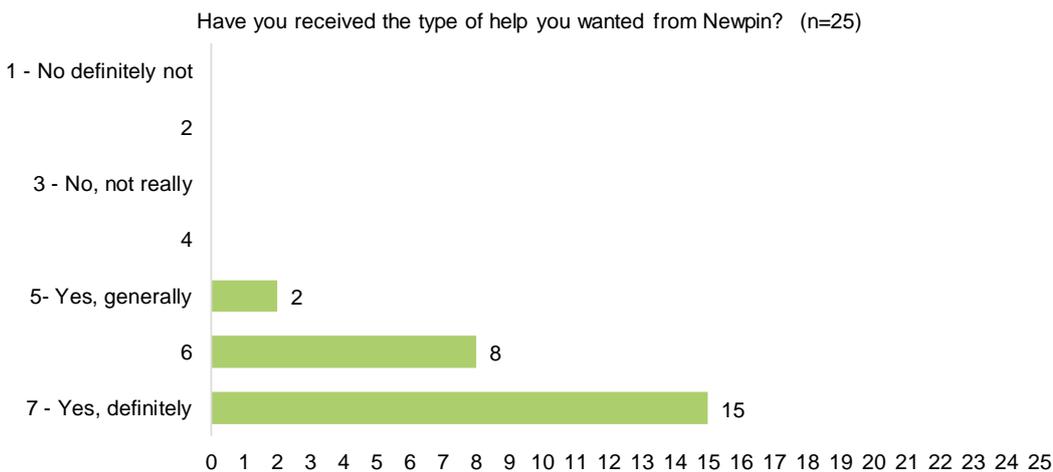


Figure 30 - Survey: Extent to which Newpin has met needs

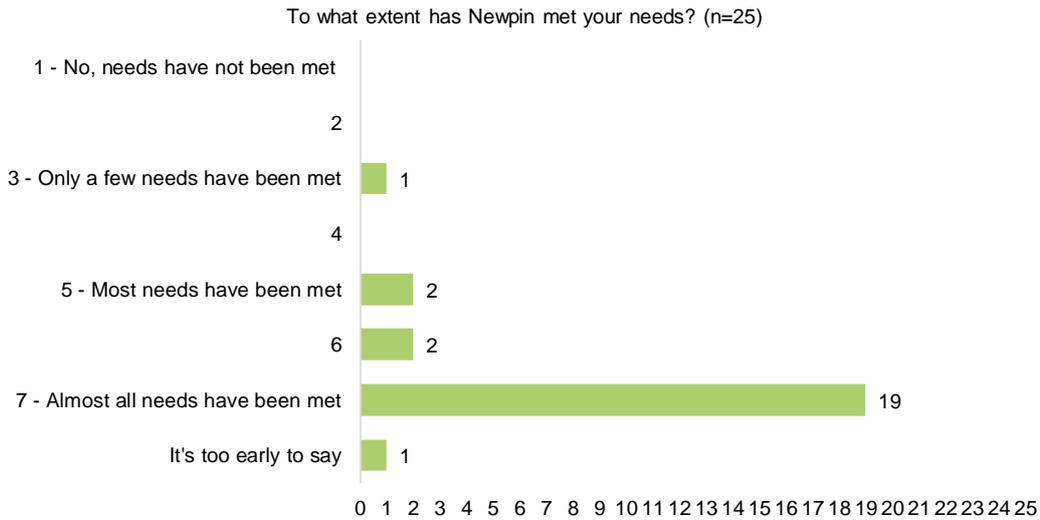


Figure 31 - Survey: Extent to which Newpin has met children's needs

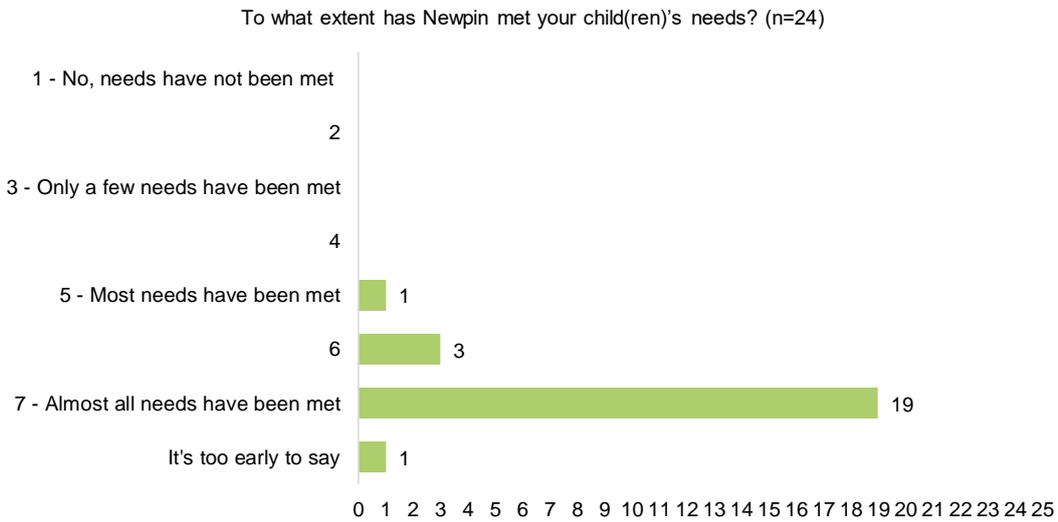


Figure 32 - Survey: Helping manage children's behaviour



Figure 33 - Survey: Helping deal with problems that arise in family

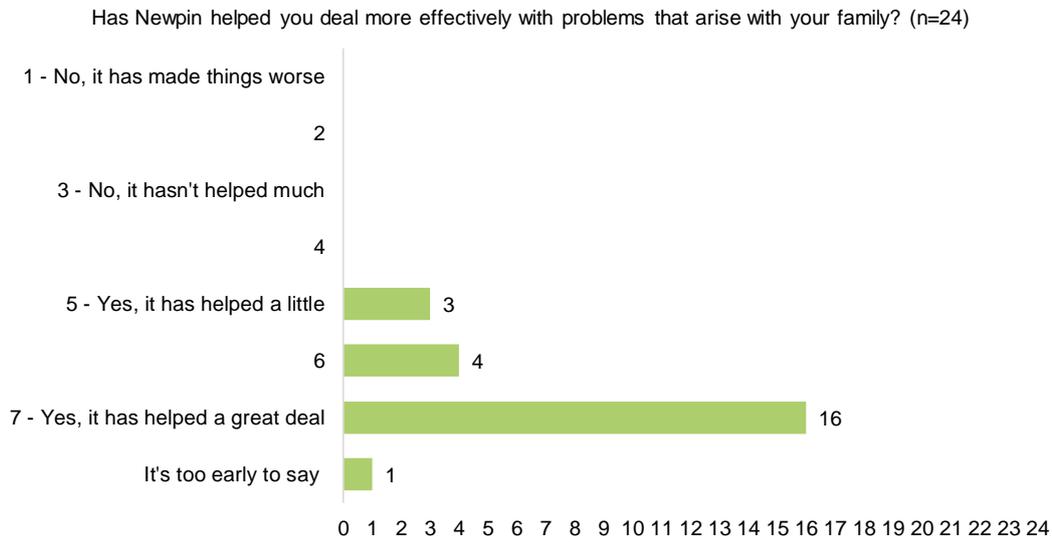


Figure 34 - Survey: Helping improve communications with DCJ

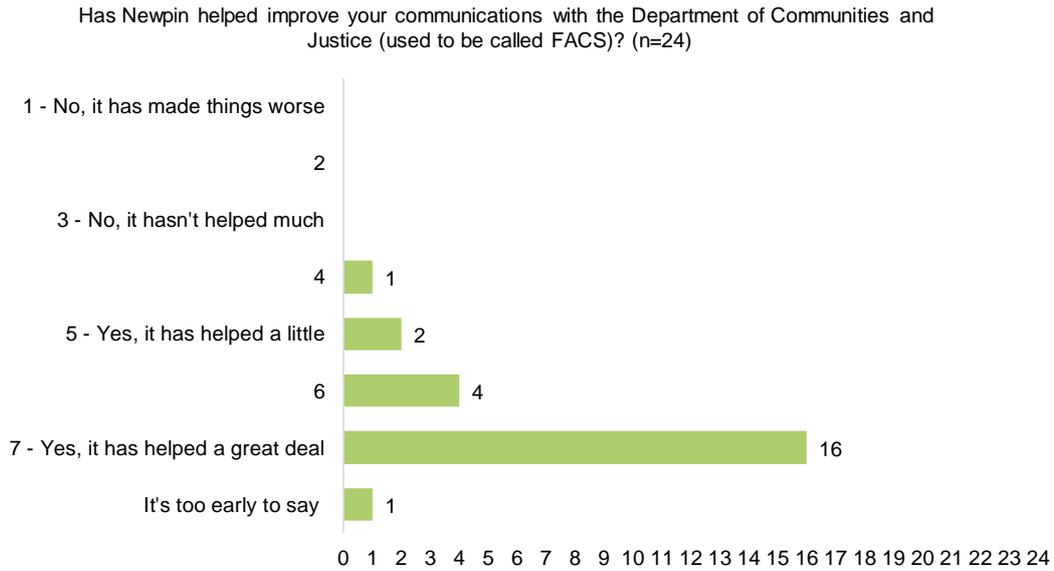


Figure 35 - Survey: Changes to bonding with children

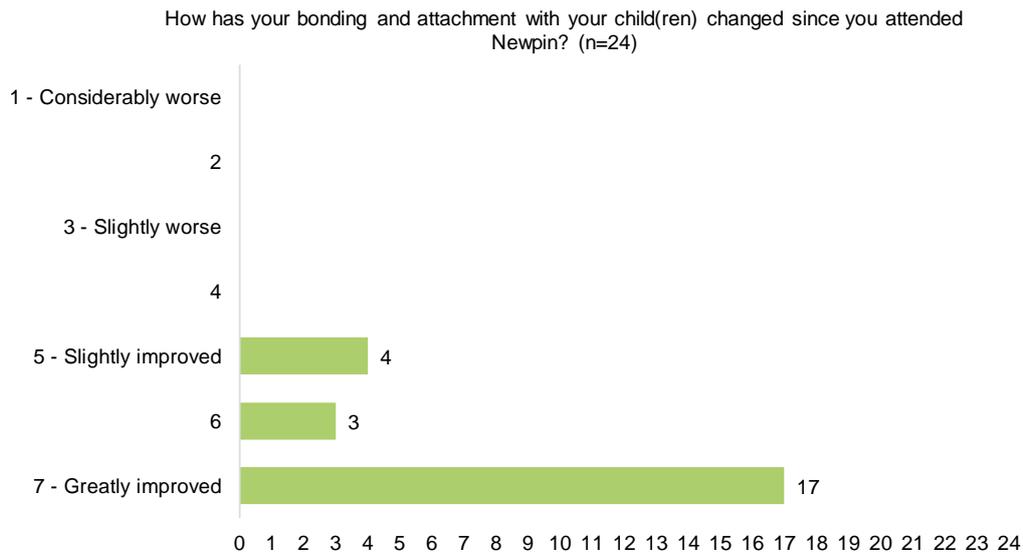


Figure 36 - Survey: Overview of Newpin program and staff

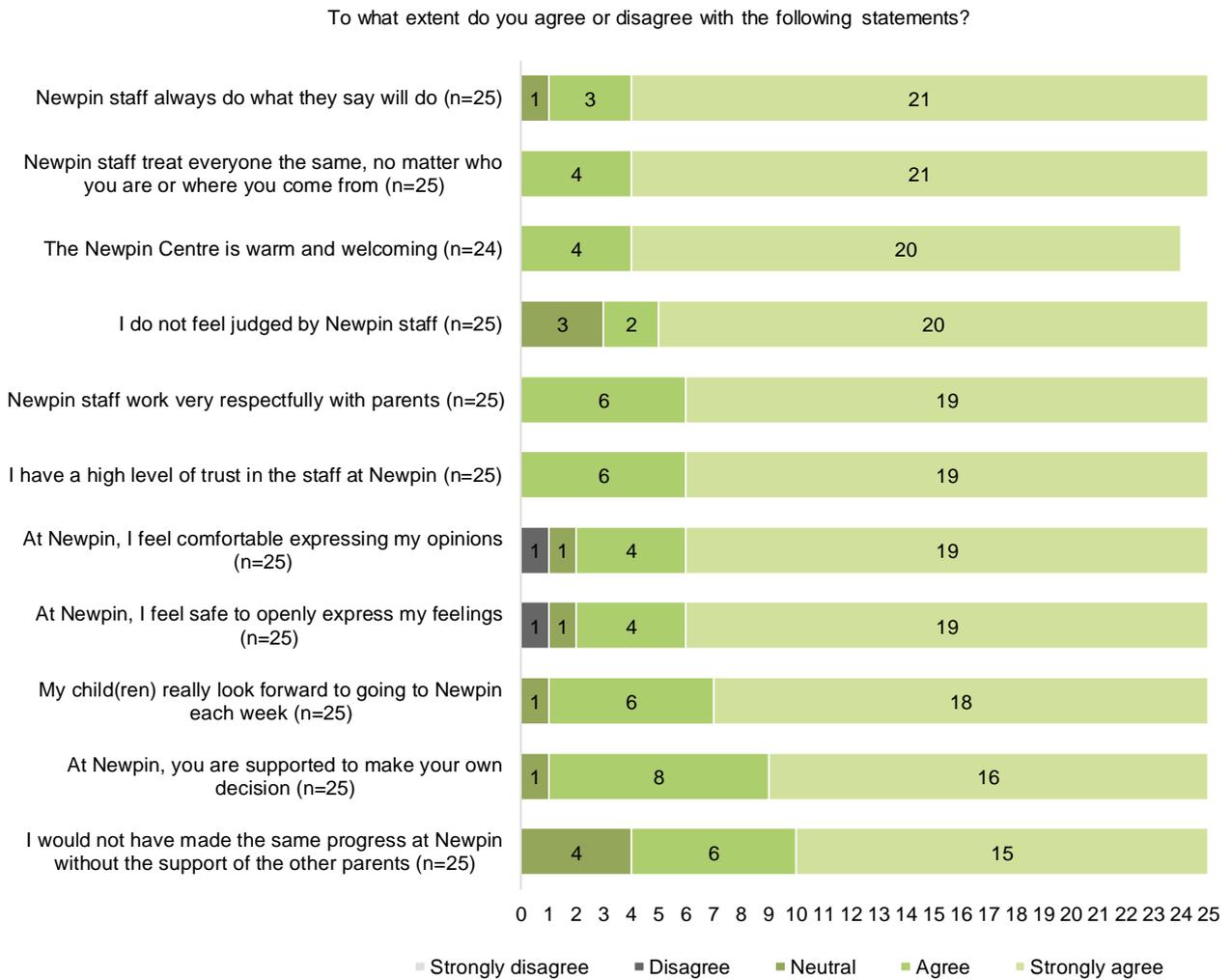


Figure 37 - Survey: Satisfaction with knowledge and skills of Newpin staff

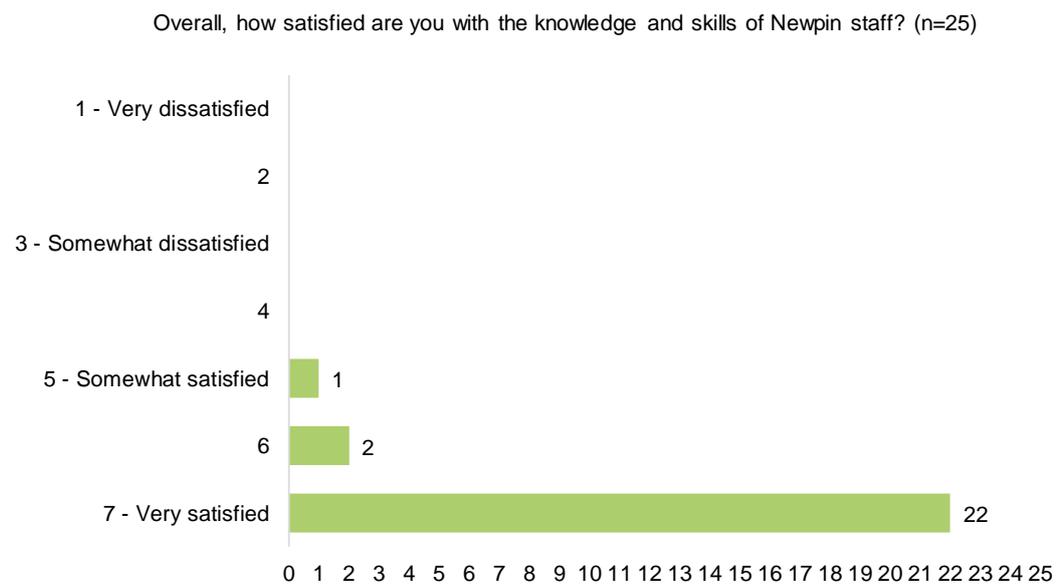


Figure 38 - Survey: Overall satisfaction with services and support received at Newpin

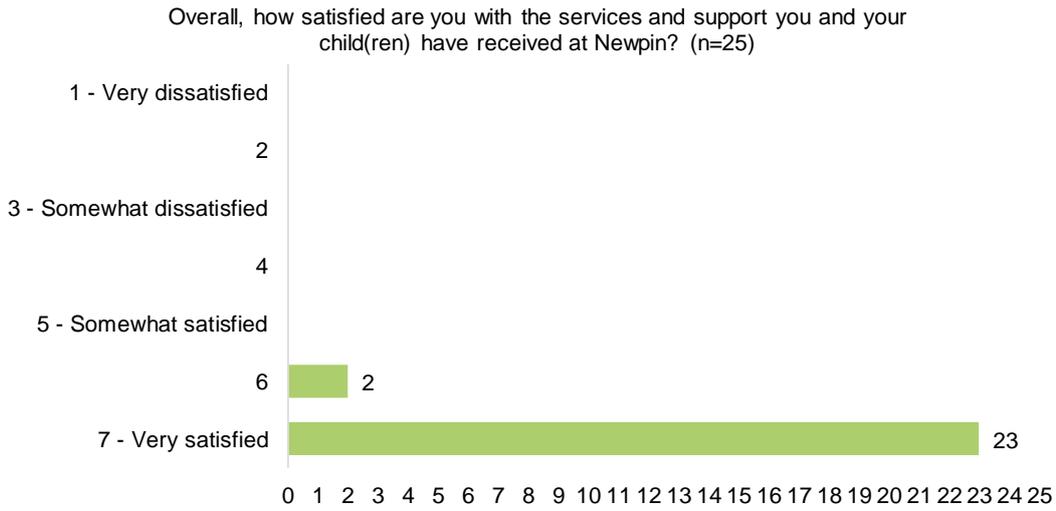


Figure 39 - Survey: Likelihood to recommend Newpin

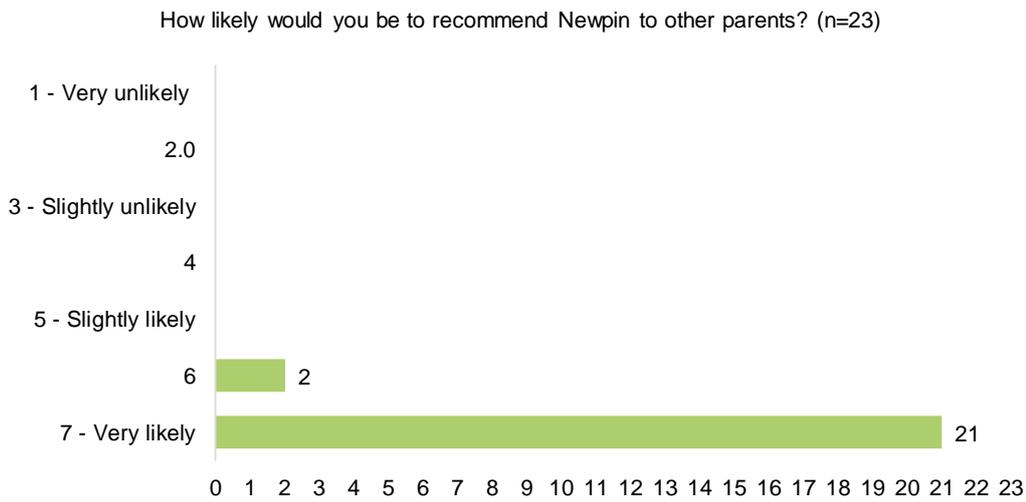


Figure 40 - Survey: Additional assistance required

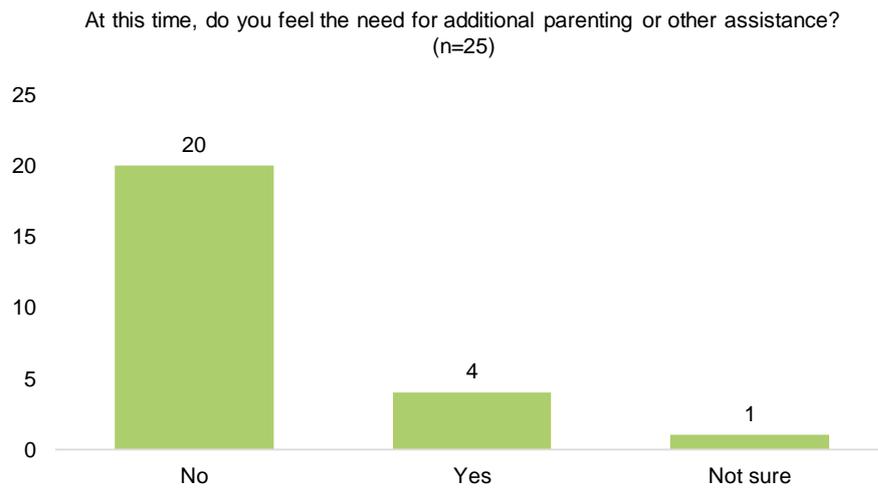


Figure 41 - Survey: Length of time in Newpin

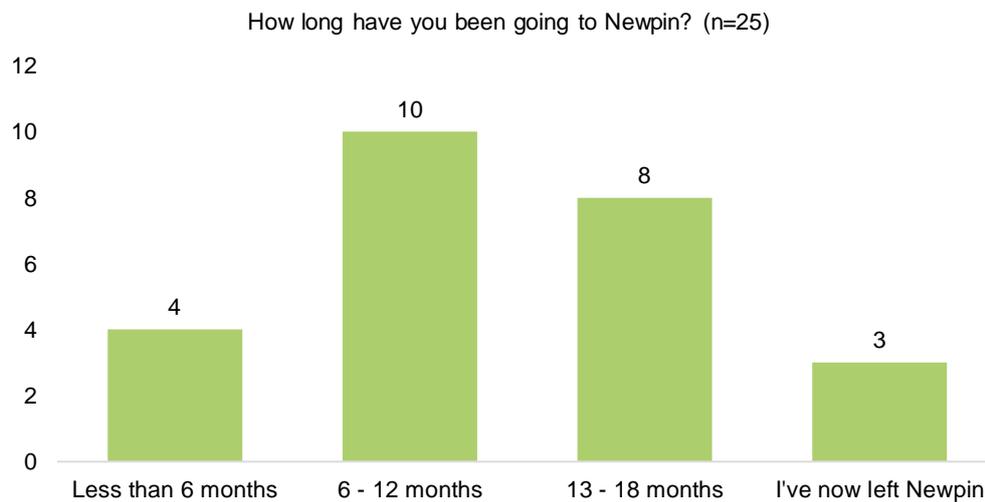


Figure 42 - Survey: Centre attended

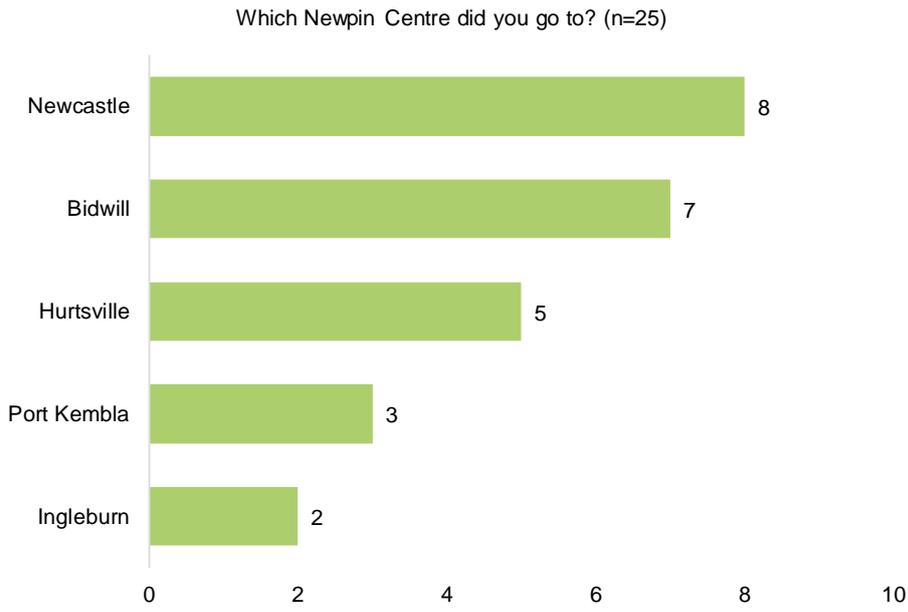


Figure 43 - Survey: Reason for attending Newpin

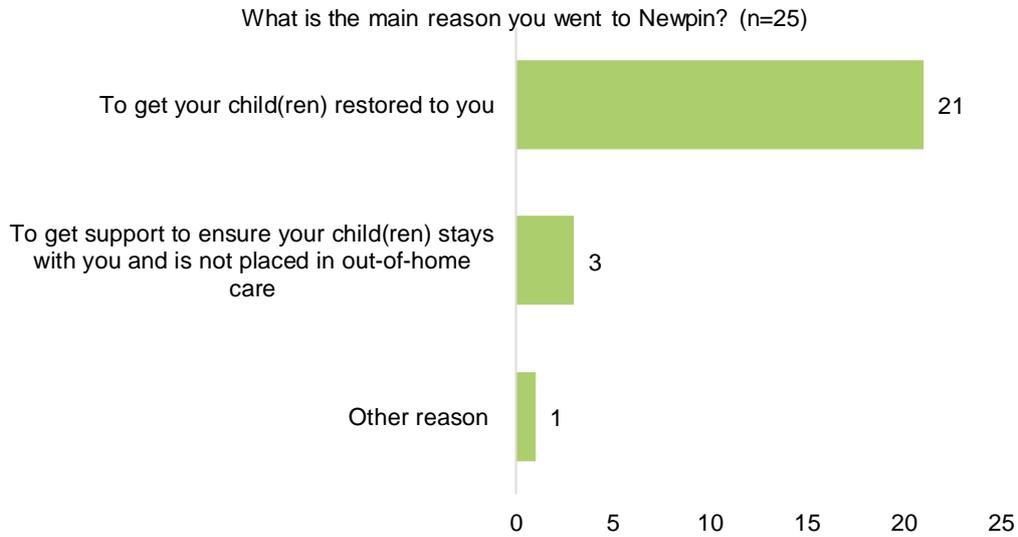


Figure 44 - Survey: Restoration outcome

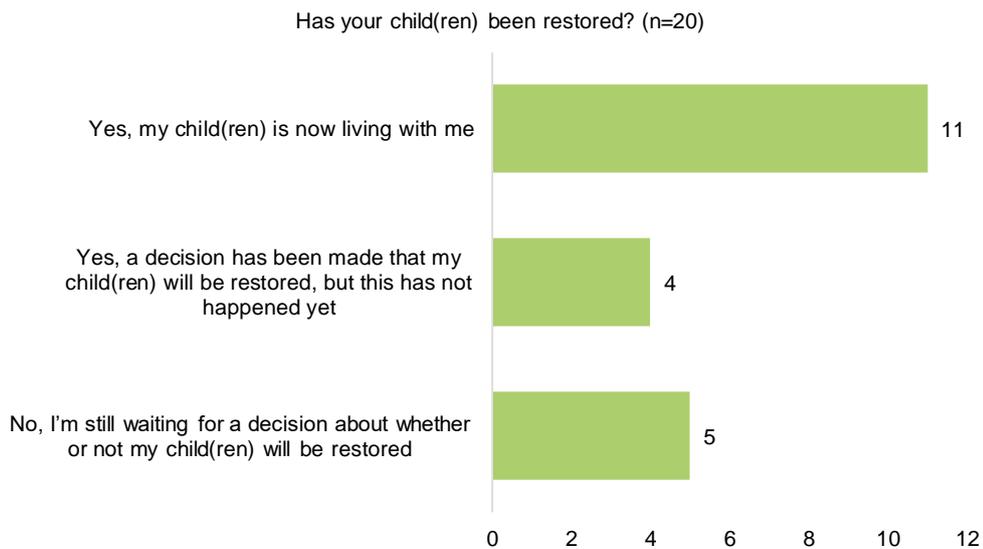


Figure 45 - Survey: Parent gender

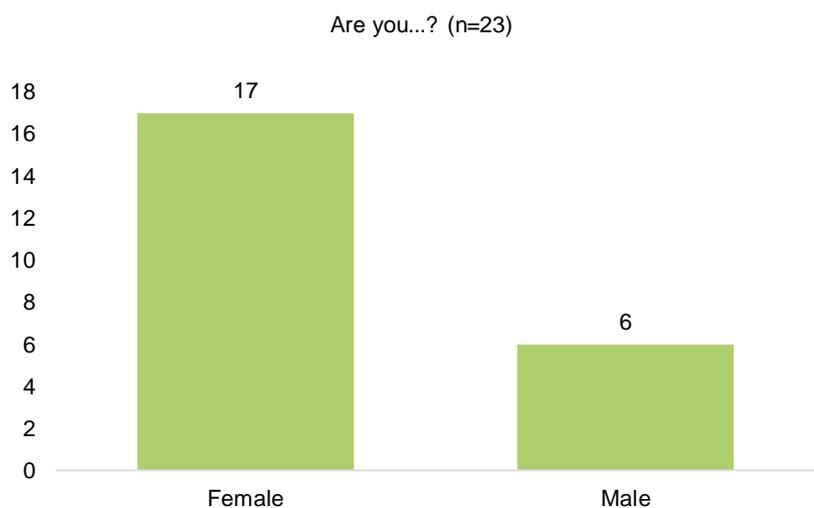


Figure 46 - Survey: Parent Aboriginal and/or Torres Strait Islander status

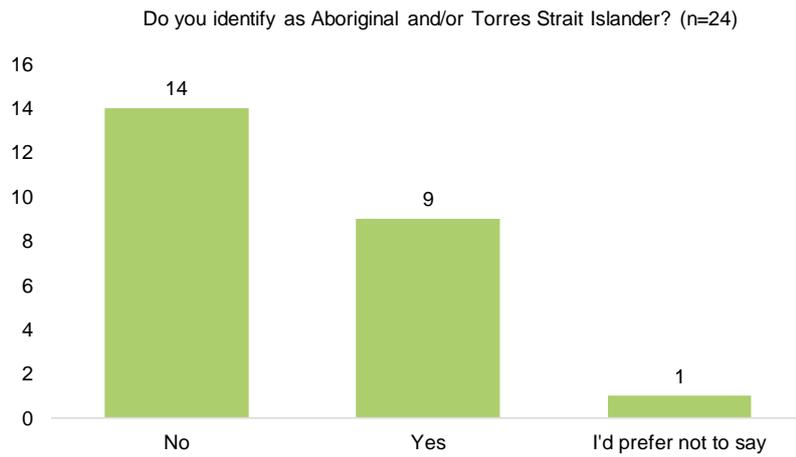


Figure 47 - Survey: Partner also attending Newpin

