



EVALUATION OF THE NEWPIN SBB PROGRAM

2014 ANNUAL PROGRESS REPORT

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List of Acronyms

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

Acknowledgement

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

Executive Summary

INTRODUCTION

THIS REPORT

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

In late 2013, Urbis was commissioned by NSW Treasury to undertake the initial phase of an independent evaluation of the Newpin Social Benefit Bond (SBB) program. This is the First Annual Progress Report on the evaluation and follows on from two other reports prepared in 2014 (the Evaluation and Monitoring Framework and an Implementation Report on the first six months of Newpin). A second Annual Progress Report will be prepared in late 2015, followed by an Interim Evaluation Report in June 2016. A Final Evaluation Report is to be submitted in 2020 after seven full years of operation of the Newpin SBB.

EVALUATION AIMS

The aims of Newpin are to:

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

The aims of the evaluation of Newpin are to:

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

The scope of the evaluation includes:

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

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

This Annual Progress Report focusses primarily on:

- the implementation of Newpin
- process outcomes
- emerging practice learnings
- the partnership arrangement between UnitingCare Burnside and the NSW Department of Family and Community Services (FACS) in working together to support families participating in Newpin
- program participation, completion and restoration/preservation outcomes.

This phase of the evaluation has been based on in-depth qualitative enquiry with 28 representatives of the management and staff of Newpin and FACS, and program data provided by UnitingCare Burnside. Later phases in the evaluation will involve surveys and in-depth interviews with parents participating in Newpin and other stakeholders. They will also include an analysis of client outcomes drawing on data collected by UnitingCare Burnside and FACS (including a comparison of the outcomes for families attending Newpin with those of a control group).

NEWPIN

The primary focus of Newpin is the restoration of children who are in OOHC to their families. Newpin is also open to families in stress who are in danger of having their children removed, and are seeking to preserve their families. Originating in the UK, and operating in Australia since 1998, Newpin offers a unique centre-based restoration program. The program offers:

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

Newpin currently operates in four Centres – three in Western Sydney and one in Wyong on the Central Coast. Three of the four Centres are Mothers' Centres and the fourth is the Fathers' Centre, based in Western Sydney and providing an outreach service to Wyong.

Under the SBB arrangements, finance was provided to UnitingCare Burnside to further develop, operate and expand the Newpin program to 10 Centres across New South Wales, contingent on performance.

AN EVOLVING PROGRAM: A NEW PARTNERSHIP

The establishment of Newpin in July 2013 did not represent 'business as usual'. Instead, it heralded an exciting new time not only for the expansion of Newpin geographically, but also for the further development and enhancement of the program. It also represented a new way of working – a partnership approach – between government and the non-government organisation (NGO) sector.

Although Newpin had enjoyed a level of success in restoring and preserving families for many years, there was seen to be potential for better targeting of the program and achieving an even higher rate of success through program growth and development. The Newpin SBB provided financing that enabled Newpin to:

- focus on restoration as the key outcome
- work with a more complex and higher risk population than before
- expand the model of intervention to include *both* parents (where the family was intact) whereas previously it had worked predominantly with one parent
- expand the model to include the school-aged siblings of the pre-school children attending the Newpin Centre
- introduce structured and formalised needs assessment, case planning, monitoring and review processes and tools
- introduce more regular and formalised staff supervision and a new professional development program for Newpin staff.

Although building on a well-established program, it was recognised that the Newpin program under the SBB arrangement required new skills, new ways of thinking and a new practice framework to guide implementation. Newpin also required a new way of working between government and an NGO provider. A partnership approach was required not only in the design stage of the Newpin SBB, but also in ongoing program management and implementation, and in individual casework with families.

The evaluation of Newpin therefore involves examining implementation and process issues, as well as outcomes for children and families. It aims to identify what is working well and why, what is not working well, and how any challenges or barriers are being addressed.

KEY FINDINGS

In 2013/14, Newpin achieved a restoration rate of 60% for mothers seeking to have their children restored.

Although falling slightly short (by 5%) of the formal target – this nevertheless is a significant achievement in the first year of Newpin under the SBB arrangements and demonstrates a success rate more than double that achieved by families seeking restoration who are *not* referred to Newpin. This result is especially notable given that the program is working with a higher risk group than previously.

A number of key factors have been identified as contributing to the success of the Newpin model.

These include:

- effective client engagement
- the peer support component of the Newpin model
- the trauma recovery and attachment theoretical underpinnings of the program
- the multiplicity of the intervention
- the intensive and consistent nature of the interventions over a sufficiently long period to effect behaviour change
- the joint training and supervision of all Newpin workers and the integration and complementary nature of the work undertaken by family workers and play workers with parents and children

- the informal, home-like environment of the Newpin Centres and the non-judgemental approach of the staff, which are conducive to the development of trusting relationships and increased parental confidence, both of which are critical to trauma recovery and personal growth.

For some stakeholders, the limited home visiting and court support provided by the program under the current arrangements represents a gap in the centre-based model that could potentially be filled by Newpin or other NGOs.

There are some early indications of potential success and risk factors for families seeking restoration.

From consultations conducted by Urbis and research conducted by UnitingCare Burnside, some early indications of success and risk factors are being observed. Emerging factors associated with successful restoration include:

- parental motivation to change, acceptance of the need to improve their parenting skills and to place their child's needs before their own
- parental insight and awareness into their own behaviour and how this impacts on their child
- parental awareness of the impact of family violence on their child, leading to the cessation of relationships with abusive partners
- parental willingness/openness to improve their home/housing environment (eg stable accommodation, clean, child-safe)
- strong parental attachment to Newpin (evidenced, for example, by regular attendance, good participation, and promotion of the program to new entrants)
- the child being well-prepared for restoration.

Emerging risk factors associated with unsuccessful restoration include:

- parental ambivalence towards their child and ongoing neglect
- the parent remaining in a violent relationship
- the parent being unable/unwilling to address substance abuse problems
- the parent having a mental health condition
- lack of family support or poor links to external support services
- low levels of parental attachment to, or engagement in, Newpin
- lack of secure, long-term housing.

Newpin is working in a more structured and holistic way with a higher risk target group than it has in the past.

Newpin has invested significantly in staff training and professional development, strengthened the program's external and internal supervision arrangements, and allocated resources to assist in developing practice learnings as the program expands and evolves. It has introduced new assessment planning and review tools, and is now regularly using data to inform practice. Compared to 12 months ago, staff are significantly more comfortable with these new tools and are embedding them in their practice. UnitingCare Burnside has demonstrated that it is a good learning organisation, committed to continuous quality improvement, and with a strong research and evaluation infrastructure to support the monitoring and ongoing development of Newpin, including partnerships with academic institutions.

Practice is still evolving in relation to working with the whole family.

Progress is being made in working with the whole family (both fathers and mothers and school-aged children) but there is still some way to go before this new aspect of the Newpin model is fully developed. There is evidence of increased cooperation and collaboration between the Mothers' Centres and the Fathers' Centre. Joint contact visits are taking place at the Mothers' Centres and assessments and care planning now involve both parents, not just the mother. This is contributing to a better understanding of the family dynamics, reinforcing key program messages and supporting both parents to develop their parenting skills. There is, however, further scope to work with parents as couples, to expand the work undertaken with what Newpin calls the 'Party B' parent (usually the father) and to develop skills in working with older children. This will ensure appropriate support is provided to the whole family unit to maximise the prospects of successful restoration or preservation.

At an organisational/management level, Newpin and FACS have worked together extremely well and this has been pivotal to the success achieved so far.

Both Newpin and FACS management have demonstrated leadership, commitment and skill in implementing Newpin. The two Contract Managers have planned extremely well, consulted widely, tirelessly promoted Newpin, and generally acted as champions for the program. They have been willing to have frank discussions about any problems that have arisen and jointly worked towards their resolution. They have recognised the cultural, organisational and practice change implications of Newpin and have shifted perceptions and improved practices within their respective organisations.

At an operational level too, Newpin and FACS staff are developing a partnership approach, but there is scope to strengthen this further.

On the positive side:

- Newpin and FACS staff are communicating well, seeking input and support from each other in supporting parents and children, and generally working as a team towards the goal of restoration or preservation
- the flow of referrals from FACS to Newpin is increasing and is now more in line with program capacity than a year ago, indicating increased confidence in the program to deliver positive outcomes
- mutual respect between Newpin and FACS staff is growing, and there is evidence of increased understanding of each other's roles and responsibilities
- FACS staff have a better understanding of the centre-based therapeutic approach of Newpin and Newpin staff have a better understanding of the child protection legislative and policy framework within which FACS Caseworkers must operate
- the organisation of contact visits and case conferences at Newpin Centres is seen to be a particularly positive development by all, and of considerable benefit to families.

The day-to-day working relationship between FACS and Newpin personnel at the case level is, however, somewhat variable. Experiences differ depending upon the individual, the Community Service Centre or the Newpin Centre. In consultations, issues were raised by some FACS Officers about the quality of Newpin reporting to FACS and the approach to risk assessment. Newpin staff, meanwhile, commented on variable approaches to reporting requirements and case management by FACS.

Senior management in both FACS and Newpin recognise that they are 'still on a journey together' and this 'all takes time' as part of the change management process in the context of recent legislative and policy reform. Importantly, a number of steps are already being taken to address some of the issues identified. These include trialling a standard template for Newpin reporting to FACS, regular briefings to FACS personnel about Newpin and its benefits, and the continuing professional development of the Newpin workforce.

The expansion and roll out of Newpin to new locations has commenced in line with program objectives.

The first of the new Newpin Centres was successfully opened in Wyong on 1 July 2014. FACS and Newpin have worked together effectively to identify an area where there would be a need and demand for restoration, and a service environment conducive to the establishment of a new Centre. Considerable planning and consultations were undertaken well ahead of the Centre opening, resulting in the securing of premises, the employment of suitably experienced and qualified staff in a timely fashion and a good orientation program. Referrals into the new Centre at Wyong have been healthy and some of the initial ‘teething’ problems experienced at the commencement of the Newpin SBB in Western Sydney do not seem to be evident at this stage. The Wyong Centre is also operating a fathers’ program on an outreach basis from Western Sydney, which represents a new model for Newpin.

PRACTICE AND IMPLEMENTATION ISSUES GOING FORWARD

A number of key issues have been identified as requiring focus for Newpin going forward.

KEY AREAS	
Implementation	<ul style="list-style-type: none"> ▪ Referrals to Newpin ▪ Reporting to FACS ▪ Risk assessment and management ▪ Staff training ▪ Linking with other NGOs
Practice	<ul style="list-style-type: none"> ▪ Working with couples ▪ Working with older children ▪ Cultural appropriateness
Program model	<ul style="list-style-type: none"> ▪ Home visits/support ▪ Court support
External supports	<ul style="list-style-type: none"> ▪ Access to housing

1 Introduction

1.1 INTRODUCTION

In December 2013, Urbis was commissioned by NSW Treasury to undertake an independent evaluation of Newpin, an intensive child protection and parent education program, operated by UnitingCare Burnside under a Social Benefit Bond (SBB) arrangement. This report is the First Annual Progress Report on the seven year evaluation of Newpin. The key purpose of the report is to provide an update on the progress of Newpin since it commenced operation on 1 July 2013. It builds on the Implementation Report published in 2014 which examined the first six months operation of Newpin, and will be followed by a Second Annual Progress Report in December 2015, and an Interim Evaluation Report in June 2016. A Final Evaluation Report will be submitted in 2020.

1.2 THE EVALUATION

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

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

The scope of the evaluation includes:

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

It should be noted that the scope of this evaluation does *not* include an assessment of the SBB financing arrangement which is subject to a separate evaluation. A Program Logic and Evaluation Framework for the evaluation of Newpin was developed in 2014, which sets out the key evaluation questions, indicators and measures that will be used to assess the effectiveness of the program over the next seven years.

This can be accessed at

http://www.dpc.nsw.gov.au/programs_and_services/social_impact_investment/social_benefit_bonds. For reference, a copy of the Program Logic detailing Newpin's process, immediate, intermediate and longer term outcomes is attached at Appendix A of this report.

1.3 THIS REPORT

This First Annual Progress Report focusses on:

- implementation issues
- process outcomes
- emerging practice learnings
- the partnership arrangement between UnitingCare Burnside and FACS
- program participation, completion and restoration/preservation outcomes.

This report also assesses what progress has been made in relation to a number of challenges identified in the Implementation Report published last year. As the evaluation progresses, there will be an increasing focus on assessing client and program outcomes, as sufficient time will then have elapsed to validly measure and assess these, drawing on a larger sample of clients over a longer time period.

This report is based on in-depth consultations with 28 representatives from UnitingCare Burnside and FACS conducted in November and December 2014 (as detailed below). Consultation guides for these discussions are attached at Appendix B.

TABLE 1 – 2014 ANNUAL PROGRESS REPORT CONSULTATIONS

ORGANISATION	STAKEHOLDERS
UnitingCare Burnside	<ul style="list-style-type: none"> ▪ Newpin Operations and Practice Manager ▪ Newpin Centre Manager ▪ Newpin Project Officer ▪ UnitingCare Burnside Research and Evaluation Manager ▪ External Clinical Supervisor for Newpin ▪ Newpin staff from all the Mothers' Centres and the Fathers' Centre (10)
FACS	<ul style="list-style-type: none"> ▪ FACS Executive Director of Service System Delivery ▪ FACS Newpin Contract Manager (Newpin) ▪ FACS Policy Officer (Newpin) ▪ FACS Community Service Centre Director, Casework Managers and Caseworkers (10) from all Community Service Centres working with Newpin (except Wyong who declined to participate in the evaluation at this early stage of Newpin's establishment in that region)

The report also drew on:

- statistics provided by UnitingCare Burnside on Newpin program referrals, completions, restorations and preservations for the first year of operation (1 July 2013 – 30 June 2014)
- a report prepared by Newpin to document emerging learnings about factors associated with successful and unsuccessful program participation and outcomes
- financial information provided by UnitingCare Burnside based on the first year of operation.

A survey and interviews with parents participating in Newpin will be conducted in subsequent rounds of consultation in late 2015 and in 2016 (ethics approval was obtained in January 2015 to consult with program participants).

2 Overview of Newpin

2.1 THE NEWPIN SBB

Newpin is short for the New Parent Infant Network. It is an intensive child protection and parent education program that works therapeutically with families under stress to break the cycle of destructive family behaviour and enhance parent-child relationships. The program originated in the United Kingdom in response to the needs of new mothers experiencing issues such as isolation, mental illness, family violence, social disadvantage and low self-esteem and for those who were at risk of physically or emotionally harming their child or children. In 1998, UnitingCare Burnside in NSW took up the program under licence from Newpin UK. It now holds the licence for Newpin in Australia and currently operates four Newpin Centres (three in Western Sydney and one in Wyong), as well as training and supporting the operation of the program under licence in a further nine centres across Australia¹.

The Newpin model has been described as being underpinned by ‘an eclectic mix of attachment theory, social learning theory, psychosocial child development instruction, ecological systems theory and an overarching strengths-based perspective to inform practice’². The program works with mothers and fathers, and their children. It includes parenting modules, a Personal Development Program, therapeutic support group, home visits, and child development activities provided in the safe, supportive and stable environment of one of the program’s centres. It has a strong focus on peer support and participants are referred to as ‘members’. The average length of time a family is expected to participate in Newpin is approximately 18 months. In the case of families seeking restoration, this includes nine months pre and nine months post the time the children are restored to their families.

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

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

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

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

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

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

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

- the program is targeting a higher risk population than before (focussing primarily on families whose children have already been removed and where restoration is the key goal)
- the model of intervention has been expanded to include working with *both* parents (rather than just the primary parent as before) and also the older siblings of pre-school aged children attending a Newpin Centre
- the new financing arrangements enabled a strengthened focus on Newpin staff skills enhancement, practice development and continuous quality improvement, with a key emphasis on outcomes and accountability
- the program entails a partnership approach between the provider of Newpin (UnitingCare Burnside) and FACS, requiring a new way of working across the government and NGO sector.

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

Newpin, with its focus on restoration and prevention of OOHC, and the partnership arrangement between government and NGOs, is in line with major reforms to child protection in New South Wales, including *Keep Them Safe* (KTS)³ to reform child protection in NSW and the recent *Safe Home for Life* legislative reforms.

KTS is underpinned by eight principles set down by Justice Wood in his final report of the *Special Commission of Inquiry into Child Protection Services in NSW*. The central vision of KTS is that child wellbeing and child protection is a collective or shared responsibility.

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

Child Wellbeing and Child Protection – NSW Interagency Guidelines⁴

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

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

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

⁴ NSW Department of Community Services New South Wales Interagency Guidelines for Child Protection Intervention, viewed 16 January 2015, http://www.community.nsw.gov.au/docswr/_assets/main/documents/interagency_guidelines.pdf

More recently, the Safe Home for Life package of reforms⁵ (including new legislation⁶ which came into effect on 29 October 2014) are the first steps towards a less legalistic, process-driven child protection system that places children and their families at the centre of decision making. The reforms focus on children at risk of significant harm by:

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

The reforms focus on giving support to families earlier to keep their children safe and prevent them from entering into care. Where this is not possible, the focus is on providing stability to enable children to fulfil their potential. The legislative changes set out guiding principles for the permanent placement of a child and the timeframes in which the Children's Court must make its decision about restoration. The first preference for permanent placement is family preservation or restoration, followed by guardianship, open-adoption, or parental responsibility to the Minister. The timeframes for consideration of restoration as an option have been specified.

The new reforms involve an expanded role for NGOs in delivering early intervention and prevention services as well as OOHC, in partnership with FACS. Plans to strengthen workforce development across child and family services are key to this.

Together, these broad-ranging and significant reforms set the policy and practice context in which Newpin is being expanded and enhanced.

2.2 CORE ELEMENTS OF NEWPIN

The primary focus of Newpin is restoration. Figure 1 describes the key components of the Newpin Restoration Model. The core components of the program are conducted with three cohorts of families (see 2.3). All parents and children participate in the same programs and activities, but not necessarily with the same intensity or for the same length of time.

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

An initial visit to their home to discuss the program and talk about whether or not Newpin is right for the family

A case conference involving the local Community Service Centre (CSC) worker, the parents, relevant family members, other services, to discuss the proposed service intervention

An assessment process involving an initial assessment using the North Carolina Family Assessment Scale (NCFAS) which provides a baseline from which staff and parents themselves can measure progress over time (every six months) and culminating in a final assessment upon exit from the program

Participation in the core program elements (see key components in Figure 1 overleaf)

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

More details about the core elements of the program, and the process from referral to program completion are contained in Appendix C.

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

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

FIGURE 1 – KEY COMPONENTS OF NEWPIN

Parenting modules	Parents attend education modules where they develop their knowledge of parenthood, learn about strategies to keep children free from harm and neglect and develop a deeper understanding of their child's needs
Therapeutic group meetings	Parents attend weekly group therapy sessions where they reflect on their own childhood experiences and how they impact their parenting
Child development activities	Children participate in structured and unstructured play sessions that aim to improve the child's social, emotional, language and communication skills
A supportive environment	The Newpin Centres provide a safe, supportive and stable environment for parents and children alike, many participants are mentored and supported by previous Newpin members

Source: Newpin Information Memorandum April 2013

2.3 ELIGIBILITY AND REFERRALS

Three broad family cohorts are eligible for Newpin:

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

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

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

Referrals may be made to Newpin from:

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

All referrals to the Newpin program for entry into Cohorts 1 and 2 must be approved by FACS (previously UnitingCare Burnside made this decision). A referral process from FACS to Newpin has been established and follows protocols outlined in the SBB Implementation Agreement. A separate process has been devised for referrals from other services and agencies.

Participation in Newpin is voluntary. However, where attendance at a parenting program is an essential component of a Care Plan or Restoration Plan, or where participation in Newpin has been court-ordered, some parents may feel compelled to attend (even though they can choose not to).

2.4 NEWPIN MANAGEMENT AND STAFFING

As at December 2014, Newpin operated out of three centres in Western Sydney, and one in Wyong:

- Doonside Mothers' Centre
- St Mary's Mothers' Centre
- Wyong Mothers' Centre
- Bidwill Fathers' Centre.

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

Newpin management includes an Operations and Practice Manager, a Centre Manager, and a Project Officer. Each Centre employs a Coordinator, two family workers, a play facilitator, a play worker and an administrative officer/driver. There is no set staff-client ratio, but on average, each family worker would have up to nine families allocated to them at any given time.

The bulk of the costs were related to staff and related costs, management and administrative support services. The first year of operation also involved set up costs associated with the SBB, including legal fees and marketing.

It is too early in the program to be able to estimate the average cost of restoration with confidence. In particular, the lower than expected level of referrals in the first half of the first year of the program implies that the first year outcomes are unlikely to be reflective of the potential outcomes of the fully-established program. A financial analysis will be undertaken in future reports.

2.5 KEY DEVELOPMENTS IN NEWPIN IN THE LAST 12 MONTHS

Since the first round of consultations were conducted a year ago, there have been a number of changes within Newpin. The key changes that have occurred are that:

- One Mothers' Centre (Bidwill) was closed with a number of families (and some staff) transferred to another Mothers' Centre. This decision was made due to the number of families participating in Newpin not warranting the operation of three Mothers' Centres in Western Sydney.

- A new Mothers' Centre was established in Wyong and commenced operation on 1 July 2014. A fathers' program in Wyong has also commenced and is provided on an outreach basis by the Fathers' Centre in Sydney.
- Newpin underwent some staffing changes, with a reduction in staffing levels in Western Sydney (due to the closure of one of the Centres) and a restructure of program management to enable the Senior Manager to focus less on practice and operational issues, and more on broader issues concerning policy, FACS liaison and the rollout of Newpin to new locations. A new Centre Manager position was created to focus on ensuring consistency of approach and operations across all four Centres. It was also decided that, in the second year of Newpin, fewer resources were needed for implementation and more could be expended on practice development.

In the following section, the Newpin SBB program participation, completion, restoration and preservation outcomes are discussed for the first full year of operation (2013/2014).

3 Program referrals, participation and restoration outcomes

The following statistics are based on the first full year of operation of Newpin from 1 July 2013 to 30 June 2014 as provided by UnitingCare Burnside.

3.1 PROGRAM INTAKE, COMPLETION AND OUTCOMES

In the first twelve months of Newpin (July 2013 – June 2014):

- 89 families and 138 children participated in Newpin
- the bulk of these were Cohort 1 (63% of families and 65% of the children) with the remainder Cohort 2
- 39 families (44%) and 67 children (49%) exited the program
- a total of 28 Cohort 1 children were restored to their families
- a total of 12 Cohort 2 children successfully exited the program having remained with their family and avoided OOHC for a period of 12 months since starting the program.

The rate of referrals to Newpin was lower than expected in the first six months, but was close to the target rate by the end of the first year (see section 3.3 for more discussion).

Further details are provided in Table 2 below

TABLE 2 – NEWPIN REFERRALS, PARTICIPATION AND OUTCOMES 2013/2014
NUMBER OF FAMILIES AND CHILDREN PARTICIPATING IN NEWPIN (1 JULY 2013 - 30 JUNE 2014)

89 families in Newpin	138 children in Newpin
▪ 56 (63%) were Cohort 1	▪ 90 (65%) in Cohort 1
▪ 33 (37%) were Cohort 2	▪ 48 (35%) in Cohort 2

FAMILY AND CHILDREN REFERRALS INTO NEWPIN (1 JULY 2013 - 30 JUNE 2014)

Of the 89 families in Newpin	Of the 138 children in Newpin
▪ 67 (75%) were new referrals	▪ 107 (78%) were new referrals
▪ 22 (25%) were in the program as at 1 July 2013	▪ 31 (22%) were in the program as at 1 July 2013

NUMBER OF FAMILIES AND CHILDREN EXITING NEWPIN (1 JULY 2013 - 30 JUNE 2014)

▪ 39 (44%) of families exited the program	▪ 67 (49%) of children exited the program
--------------------------------------------------	--------------------------------------------------

COHORT 1 CHILDREN OUTCOMES (1 JULY 2013 - 30 JUNE 2014)

▪ 90 Cohort 1 children participated in Newpin
▪ 31 were still in the program awaiting restoration as at 30 June 2014
▪ 26 children exited the program without restoration, excluding 5 who were exempted from attending the program (eg due to moving to live in another area)
▪ 28 children had been restored

COHORT 2 CHILDREN OUTCOMES (1 JULY 2013 - 30 JUNE 2014)

▪ 48 Cohort 2 children participated in Newpin
▪ 21 were still in the program as at 30 June 2014
▪ 15 children exited the program having been placed in OOHC within 12 months of starting the program
▪ 12 children successfully exited the program having remained with their family and avoided OOHC for a period of 12 months since starting the program

Under the SBB arrangement, the restoration rate for Cohort 1 children was 60%. This is based on the outcomes from the Mothers' Centres which receive the majority of the restoration referrals and on which the restoration target was calculated for the purpose of the SBB.⁷ This is just short of the annual target of 65%, but nevertheless represents a very good result for the first year given the slower than anticipated flow of referrals to Newpin in the first six months of the SBB, and the shift to supporting a higher risk target group. The success rate for Cohort 2 was somewhat lower, with 44% of these families having exited the program with a positive outcome. The differential success rate for the two Cohorts will be explored further in the next evaluation report. (It should be noted, however, that it is anticipated that the bulk of referrals to Newpin in the future will be Cohort 1 families.)

This result for the Cohort 1 families (60%) also compares very favourably with the restoration rate for families who do *not* attend a centre-based restoration program. Under the SBB, the agreed counterfactual restoration rate, representing 'business as usual' for the first three years of operation of the program, was 25%. (The comparative restoration rate will be fully tested in due course in 2016, when the Newpin results will be compared with those of a control group.)

The restoration rate for Cohort 1 families was higher for families who entered Newpin *after* 1 July 2013 than for those families already in the program at the time the SBB commenced. A number of possible explanations were put forward for this, including that families referred to Newpin prior to 1 July 2013:

- did not require FACS approval
- were subject to less rigorous assessment as to their suitability for the program
- did not always have the same level of support for restoration from FACS.

The better outcomes achieved by families entering the program after 1 July 2013 may also reflect improved practice and the expanded service model that came into effect on that date. New referrals would have benefitted from the enhanced program for a longer period than those entering the program at an earlier date.

3.2 TIME SPENT IN NEWPIN

The planned Newpin timeline for families referred for restoration (Cohort 1) is for the parent to spend up to nine months to engage and participate in the program prior to restoration, then nine months post restoration, when the parent and child are continued to be supported in this often difficult period.

Statistics provided by UnitingCare Burnside indicate that in 2013/14, Cohort 1 families were spending somewhat less than 18 months in the program, as indicated by the fact that:

- the average time in Newpin pre-restoration was approximately 6 months (23 weeks)
- the average time in Newpin post-restoration was approximately 4 months (16 weeks).

This indicates an average of some 10 months, rather than 18 months, in the program. This was broadly consistent across the various Newpin Centres. It should be noted, however, that this figure includes families who exited the program early or without achieving a positive outcome. Families who achieve restoration or preservation spend longer in the program.

The average length of time in Newpin is an important factor that will be explored further in future consultations and data analysis.

⁷ Note, the statistics on Cohort 1 outcomes in Table 4 include children attending *both* the Mothers' Centres and the Fathers' Centre. The restoration rate for *all* Cohort 1 families in 2013/14 was 52%, excluding those exempted from the program due to the family moving to another area.

3.3 RATE OF REFERRALS

The rate of referral to Newpin was an issue discussed in the previous Implementation Report. The first six months of Newpin saw a slower rate of referrals into the program than was originally anticipated, resulting in a number of program vacancies.

Since then, the rate of FACS referrals to Newpin has increased broadly in line with program capacity. The slower than expected start, which resulted in program vacancies, has been turned around. By the end of 2013/2014, Newpin was working close to capacity, although over the course of the year, it had experienced 17 Cohort 1 vacancies, many of them in the Fathers' Centre.

The key factors that appear to have been influential in increasing the rate of referrals to Newpin include the following:

Strong and proactive program management by FACS and Newpin. The work of the FACS Contract Manager and the Newpin Operations and Practice Manager has been pivotal. In addition, FACS appointed a Project Officer in Head Office to undertake an intensive review of cases (including those before the Children's Court) to identify children who met the eligibility criteria for Newpin. This involved reviewing case notes and care plans in some detail to assess whether there was any merit in thinking differently about the direction of the care plan. According to a senior FACS Officer, this was an important step as:

She challenged some of our thinking – she was a good, strong, confident and competent Project Officer who understood the project, but also care planning from a practice point of view.

FACS Officer

FACS also introduced a system whereby casework specialists in District Practice Standard Units reviewed cases on an ongoing basis to identify potential referrals to Newpin, which they could then discuss with local Casework Managers or Caseworkers. The FACS Contract Manager made herself readily available to discuss the appropriateness of a referral to Newpin if Caseworkers had any concerns or questions.

A program of ongoing visits to, and communications with, CSCs by FACS and Newpin. The FACS and Newpin Contract Managers have maintained a regular schedule of visits to CSCs and senior officer meetings to continue to brief FACS personnel about the Newpin program, and the policies and procedures for referral. This has been extremely important in addressing any concerns FACS personnel may have had about the Newpin model, Newpin staff, the SBB arrangements or other related matters. According to various FACS personnel consulted, in the early stages of Newpin, some of their frontline staff were not familiar with Newpin, nor with the concept of a centre-based restoration program. Many needed assurance that a referral to Newpin was going to be an appropriate and positive move for the children.

They needed to have faith the service could do the work and optimism that would happen.

FACS Officer

The notion of a centre-based restoration program, that was different for us.

FACS Officer

It was about encouraging staff to think differently about it.

FACS Officer

Furthermore, some CSCs had relatively little prior experience with restoring children to their families. Staff in these CSCs needed to become familiar with the concept and accept it as a valid option for children, before having sufficient confidence to make a referral to Newpin. That Newpin was operating under the first ever SBB arrangement was also a factor for FACS Officers, some of whom were initially either 'curious' or 'cautious' about the arrangement. They needed assurance that parents' and children's needs, and not targets, were driving the referral process. Meanwhile, CSCs with a longer history of restoration, readily made referrals to Newpin.

Increased communication between frontline FACS staff and Newpin. As relationships have developed between frontline staff at FACS and Newpin, there is now significantly more communication about potential referrals to Newpin. As knowledge and trust have grown between individual workers, they are increasingly discussing potential referrals in order to jointly assess their appropriateness before FACS makes the decision that a family should be referred to the program.

Involving Newpin participants in briefings to FACS staff. Various FACS Officers spoke very positively of this experience and said it had assisted them and others in the Department to better understand Newpin and its potential benefits.

We had one meeting where Newpin came with a parent who was either in a program or had graduated. That was probably the most successful joined-up piece of work that happened. We were able to talk comfortably to a parent about their experiences.

FACS Officer

At one of the management meetings in the District Office a few months ago, we had a father who came along with the worker. He spoke about how Newpin had affected and changed his life and his attitude, and helped him get his kids restored. Just hearing the father's experiences was quite powerful for all the managers involved.

FACS Officer

[It] resulted in much more buy-in by the staff. They were interested to hear the parents' experiences. What worked, what was difficult, some of the experiences a parent might have had with a CSC or their local unit, particularly if the unit had been involved in removing their children. You don't often get those chances - - it was a positive atmosphere and both our staff, Newpin and the parent I think were reasonably comfortable in it.

FACS Officer

Program success and momentum. Referral momentum has developed as Caseworkers have become more confident that Newpin can achieve positive outcomes for families. The positive results from the first year have been celebrated, word has spread, and it is anticipated that rate of referrals is likely to be healthy from hereon.

Changes in legislation. With the introduction of the new child protection legislation in October 2014, FACS must now consider restoration as a priority in the preferred hierarchy of permanency and stability for children. It is now very much 'front of mind' as an option for Caseworkers. It is likely that this has had an impact on the rate of referrals to Newpin more recently and will continue to do so in the future.

A number of those consulted, expressed some concern that recent legislative changes might increase the number of inappropriate referrals – given that FACS Officers will be required to demonstrate that restoration has been considered as an option. Others thought that the new legislation might potentially 'dry up' one avenue of referrals to Newpin, ie parents of children who have been subject to long-term guardianship orders with kin. The restoration option might not be considered appropriate in these circumstances. Most of those interviewed said it was too early to say what the impact of the new legislation and policy will be. This will clearly be an important issue to explore further in the next round of consultations.

3.4 POTENTIAL PARENTAL FACTORS IMPACTING ON PROGRAM OUTCOMES

Given the short period Newpin has been operating, the length of time that families spend in the program, and the relatively small number of families participating in Newpin in the first year, it is too early at this stage to be definitive about which parental factors are associated with success. However, there are early indications of potential trends associated with positive and negative outcomes. These are based on preliminary work undertaken by Newpin (based on detailed discussions with staff about each family and the extent to which they exhibited risk or success factors identified in recent UK research as influencing

successful or unsuccessful restorations⁸) and consultations conducted for this report. Over time, it will become apparent whether these trends hold true as the sample size increases and statistical testing can be undertaken to assess the strength of any factors associated with outcomes.

Table 3 sets out a range of potential factors associated with the **characteristics of parents and families that have been associated with successful completion**. These relate principally to Cohort 1 families, which formed the majority of Newpin participants in 2013/14. Generally speaking, where one or more of these factors were evident, there was a higher likelihood of restoration occurring.

TABLE 3 – POTENTIAL PARENTAL AND FAMILY FACTORS ASSOCIATED WITH SUCCESSFUL RESTORATION

SUCCESSFUL FACTORS	INDICATORS
Attitudinal	<ul style="list-style-type: none"> Strong motivation of parents to change and improve their parenting skills Willingness to place the child's needs before their own
Insight and awareness	<ul style="list-style-type: none"> Parental recognition of their role in their child's removal Acceptance of responsibility for their actions Ability of parent to identify and address key risks Parental awareness of the impact the experience of removal has on their child's behaviour Parent being realistic about what the future may hold Parent holding realistic expectations about their child
Family violence and relationships	<ul style="list-style-type: none"> Parent ceases relationship with violent partner Abusive partner is removed from the home Parent is more aware of the impact of family violence upon their child
Housing/living conditions	<ul style="list-style-type: none"> Parent able to demonstrate improvements in the home setting (eg cleanliness, safety) Willingness and openness to change the physical circumstances in which they live
Attachment and engagement	<ul style="list-style-type: none"> Strong level of attachment to Newpin by parents Strong engagement in the program
Child preparedness	<ul style="list-style-type: none"> Child is well prepared for restoration whilst in foster care

Factors potentially associated with non-successful program completion typically included the *absence* of factors associated with successful outcomes, as might be expected. However, the Newpin analysis and our own consultations revealed some additional risk factors that were associated with unsuccessful completion (see Table 4).

Also interesting, is the identification of potential factors that were *not* strongly identified with either success or risk, although they might have expected to have done so. These included:

- previous restoration history
- level of stress/dysfunction within the family
- parental attachment to the child
- attendance rate at Newpin.

⁸ Farmer, E and Wijedasa, D 2012, *The Reunification of Looked After Children with Their Parents: What Contributes to Return Stability?*, British Journal Social Work, 2012, pp 1-19

Given the small size of the target population, and the fact that the program is still in relatively early stages, these patterns should be treated with some caution. Nevertheless, many of these success and risk factors are in line with the results of recent UK research on successful restoration⁹. The full evaluation report will report on this in more detail, once the sample size has increased, and the trends are validated.

TABLE 4 – POTENTIAL PARENTAL AND FAMILY FACTORS ASSOCIATED WITH NON-SUCCESSFUL RESTORATION

RISK FACTORS	INDICATORS
Attitudinal	<ul style="list-style-type: none"> Ambivalence of parents towards the child(ren)
Family violence	<ul style="list-style-type: none"> Parent still in a relationship or living with violent partner
Drug and alcohol use	<ul style="list-style-type: none"> Parent unwilling/unable to cease abusing drugs and alcohol Lack of willingness to enter rehabilitation if required
Family support and context	<ul style="list-style-type: none"> Low level of extended family support Two or more children involved very stressful for parent
Mental health	<ul style="list-style-type: none"> Parent having a diagnosed mental health condition Parent with an undiagnosed mental health problem
Neglect	<ul style="list-style-type: none"> Ongoing neglect issues
Housing/living conditions	<ul style="list-style-type: none"> Homelessness means that some children are not always restored to their parents in a timely manner
Linkages to external supports	<ul style="list-style-type: none"> Fewer links into programs external to Newpin (eg drug and alcohol counselling, domestic violence services)
Attachment and engagement	<ul style="list-style-type: none"> Low level of engagement in Newpin Parent did not like or did not connect with other Newpin parents
Disability	<ul style="list-style-type: none"> Young parents with intellectual disability can struggle with parenting without intensive one on one support

These emerging factors potentially associated with successful and non-successful program completion have given rise to a number of practice questions that Newpin intends to address over the next year. A report has recently been prepared by the Newpin Project Officer which makes a number of recommendations for Newpin going forward. These are being considered currently, and will inform future program developments (see Table 9 at Section 8.2).

3.5 POTENTIAL PROGRAM ELEMENTS IMPACTING ON PROGRAM OUTCOMES

In addition to emerging parental factors, consultations also revealed a number of key factors associated with the **design and operation of the Newpin program** itself which stakeholders thought were significant in engaging parents and achieving good outcomes for families. As would be expected, many of these speak to the Newpin model, and its theoretical underpinnings. As the model develops, however, new learnings emerge, particularly in relation to how to work effectively with a more complex cohort of families than Newpin has traditionally worked with in the past.

Table 5 sets out features of the Newpin model that are potentially associated with successful outcomes and the benefits that are flowing from these. Selected quotes from stakeholders are used to illustrate these points.

⁹ Farmer, E and Wijedasa, D 2012, *The Reunification of Looked After Children with Their Parents: What Contributes to Return Stability?*, British Journal Social Work, 2012, pp 1-19

TABLE 5 – FEATURES OF THE NEWPIN MODEL POTENTIALLY ASSOCIATED WITH SUCCESSFUL OUTCOMES

FEATURES	BENEFITS	
Client engagement as the base underpinning the program	<ul style="list-style-type: none"> ▪ Newpin staff are warm, approachable and empathetic ▪ Parents are given the opportunity to tell their side of the story and feel 'heard' 	<p><i>'It's a very warm, welcoming service, very non-judgmental.'</i> (FACS)</p> <p><i>'Engagement [of parents] with Newpin has been fantastic and the interactions and growth of the individual is fantastic through the therapeutic program.'</i> (FACS)</p>
The fostering of quality relationships	<ul style="list-style-type: none"> ▪ Newpin supports participants to develop quality relationships with each other, their partner, staff and their children 	<p><i>'The one thing we know that does make a difference in Newpin is the quality of the relationships and that people who have never experienced unconditional regard before experience that. It's a long process and that's why people commit for 18 months, so that they can change their stories about themselves and their views about themselves. It's a long, slow process.'</i> (Newpin)</p> <p><i>'They often didn't have really good experiences at school or in groups with friendships - - and with the parenting groups and the therapeutic groups - - they all say we don't really like that and resist it at first – but then they start and they really warm to it and get engaged and participate - - -.'</i> (Newpin)</p>
Peer support and influence	<ul style="list-style-type: none"> ▪ Parents have the opportunity to share experiences with others in the same circumstances – they don't feel they are the only person this has happened to ▪ People can connect with others like them who are on the same journey 	<p><i>'Within the group, because everyone's going through the same thing, conversations are happening at lunchtime, in the kitchen, everybody is hearing and messages are being reinforced, over and over again.'</i> (Newpin)</p> <p><i>'Because they're all going through the same thing, they're taking so much ownership over their group. New mums are coming in and they're going up and saying look, we know how you feel. Six months ago my child got picked up for contact and I was devastated and I was crying like you. But you've got to hang in there and trust this process and you'll get there. Now, that is so much more powerful than me saying that.'</i> (Newpin)</p> <p><i>'That's the strength. It's the mums who now have their children back in their care. They've been so strong with the mums coming in. They challenge them on inappropriate behaviours. They pull them up and they support them.'</i> (Newpin)</p>

TABLE 5 – FEATURES OF NEWPIN MODEL POTENTIALLY ASSOCIATED WITH SUCCESSFUL OUTCOMES CONT.

FEATURES	BENEFITS	
<p>The consistency, rhythm and timeframe of the centre-based intervention</p>	<ul style="list-style-type: none"> ▪ Recovery from trauma takes considerable time and the Newpin model recognises this ▪ Consistency has usually been lacking in parents' and children's lives and underpins recovery and growth 	<p><i>'Engagement is the base, and they've got to establish the engagement. Then they've got to maintain it. Then they've got to enhance and extend it. That only comes with a program that has the level of intensity, repetitiveness, rhythm - - that gives individuals the ability to take that away and then utilise it to see how that works in their own environment - - - to get to that independent level.'</i> (Newpin)</p> <p><i>'That's the key, it is the relationship and the trust. It can't happen overnight. You need time and you need to be patient and show you're trustworthy and reliable. They've never had anyone consistent all the way through, and even though you're not giving them all the answers they want, you're talking to them respectfully and you're consistent.'</i> (Newpin)</p>
<p>The informal, home environment and the physical aspects of the Centre</p>	<ul style="list-style-type: none"> ▪ Newpin Centres have a relaxed, home-like environment – not a clinical or bureaucratic setting ▪ Parents don't feel under constant scrutiny in the setting – helps with initial engagement ▪ Physical setting is appropriate to client engagement and in line with providing a therapeutic space (physically and emotionally) for recovery from trauma ▪ The Centres include structured play space for children, facilities for group work and private conversations as required ▪ Centres are excellent places for contact visits with outdoor and indoor space, toys, support with child interaction/play ▪ The Centres are, for many parents, pleasant places to visit – particularly for parents who are socially isolated 	<p><i>'So they come into the Centre. They have ownership of the Centre as a family as they would in a home setting. They come in. They feed their children. They do cooking in the kitchen that they share with the other families as well. They work together. And so then we watch that connection happen because they get to actually interact in a way that's like a home. They're not robotic, they feel so comfortable. They pull out their own activities, they come up with great ideas and we're there supporting them, observing them.'</i> (Newpin)</p> <p><i>'They really enjoy the contact visit. Before they were used to contact in a room that was really quite sterile – so the two hours with us is more like a home environment, being able to interact with their kids without being judged or observed.'</i> (Newpin)</p>
<p>The multiplicity of the intervention</p>	<ul style="list-style-type: none"> ▪ Families seeking restoration have complex needs and require multiple interventions ▪ Newpin can assist with many aspects of this in a single service and help plug this gap 	<p><i>'Whenever we are working with families, it is the limited availability of the right program, the gaps, the parenting programs for mothers and fathers, the groups for people suffering from mental health issues - - - to get that service and a creative approach – it's just not there.'</i> (FACS)</p>

3.6 POTENTIAL BARRIERS TO PROGRAM PARTICIPATION

A number of potential barriers to program participation by parents were identified in consultations. Some of these related to characteristics of the parents themselves (as seen in Section 3.4). Others related to aspects of the program and associated policies and procedures. The main issue raised related to the **distance that some parents have to travel to attend a Centre**, and the time and cost associated with undertaking that travel. Travel can be particularly problematic for some fathers, as there is only one Fathers' Centre at Bidwill, which some stakeholders comment is not readily accessible for many clients. Newpin has transport available to pick up parents at designated places and times, but some families still have to travel quite substantial distances to get to these – sometimes requiring one or even two changes of transport. Some flexibility is apparently being applied around attendance in some circumstances (eg in winter/bad weather) but distance from the Centre is a factor that some FACS Officers are taking into account when considering whether or not to refer a family to Newpin.

Another issue raised by Newpin is **whether or not single fathers working towards restoration should give up work** to focus on program participation. While some fathers have given up their job, others have wanted to remain in the workforce. Newpin staff are keen to discuss this matter with FACS on a case by case basis and in line with the Case Plan developed with the parent.

Another barrier relates to **housing**. In one or two instances, a family has exited from Newpin because they have secured long-term housing in an area too distant from the Centre to attend the program. Given the challenges in obtaining accommodation, and this being a critical factor for restoration, the decision to take up the housing option is understandable. Nevertheless, the difficulty in obtaining housing in the Newpin catchment area is potentially a barrier to participation for some families.

The final (potential) barrier relates to **culture and English language proficiency**. One CSC reported most of their families have English as a second language, and cultural considerations may impede engagement and participation in Newpin. In some cases, these families are connected into their local community and services, which may be considered more culturally appropriate by the FACS Caseworker. Cultural aspects are another consideration that Departmental Officers need to weigh up in determining which agency or program is best-placed to assist the family, and whether or not to refer to Newpin.

4 Implementation of the Newpin model and practice enhancements

The introduction of the Newpin SBB on 1 July 2013 enabled an expanded model of Newpin to be established. This section of the report discusses the progress that has been made in implementing the new aspects of Newpin, as well as the practice enhancements that aim to increase the skills, knowledge and evidence base to drive continuous quality improvement and further program development.

4.1 INTRODUCTION

Several new practice elements were introduced with the Newpin SBB. These included:

- working with a higher need and higher risk target population
- working with both mothers and fathers (where still living together) rather than with one parent
- working with the school-aged siblings of the pre-school children attending the Newpin Centre
- introducing formalised needs assessment, planning and tracking
- strengthening staff supervision and professional development.

Progress against each of these is now discussed.

4.2 WORKING WITH A HIGHER RISK GROUP

Newpin involves working predominantly with families towards *restoration*, rather than *preservation* goals. This represents a major change for Newpin, which previously worked with a wide range of families, with various risk profiles. Now most, if not all, Newpin participants are high risk. This includes a small number of Cohort 2 families, most of whom are at high risk of having their children removed and have been referred to Newpin to prevent this from occurring.

As reported in the Implementation Report, this change in target population has led to a client base who have complex needs relating to mental health, current and past domestic violence, trauma as a result of removal from their family as a child, substance abuse, homelessness, lack of family support and intellectual disability.

The increase in the risk profile and the complexities of the issues faced by participant families has presented a number of challenges for Newpin. Nevertheless, as reported earlier, in its first year of operation, Newpin achieved a high rate of restoration. Indeed, the restoration rate in 2013/14 is higher than before, when the program's clients had a lower risk profile.

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

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

According to some of those consulted, the peer component of Newpin is proving to be particularly effective with a higher risk population. More parents are interacting with others in a similar situation (most have had their children removed) who are on the same journey as themselves. Staff report this has strengthened client engagement and participant motivation. It helps instil a belief in parents who have had their children removed that they can change, become better parents and have their children returned.

When a child is restored, the whole membership really takes that on board. It gives the mums that are in still in the process a lot of confidence. If there's a set-back, then again others have been there and gone through a long journey with their children. It just shows it can be done. That's been a really strong and dynamic difference.

Newpin Staff

It's easier to stop judgements in the current groups we've got. Judgement has always been an issue in Newpin whether it's about racism or junkies. We're not getting the judgement now because if somebody says anything, another mum will say, well we all screwed up. They're not judging. They're facing being as one, not different to each other.

Newpin Staff

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

People obviously don't like being told what to do but the fact is that because it's about getting their children back, they're going to do it. Once they've come along, they actually want to come along. They won't be that pleased that they have to do it, but once they're involved, they're really pleased to be part of it. I think that's really the same [as before].

Newpin Staff

4.3 WORKING WITH BOTH MOTHERS AND FATHERS

The new financing arrangements for Newpin enabled the program for the first time to work with *both* parents and not just one parent (usually the mother) as before. Working with mothers and fathers together is a new and evolving practice, but already staff are beginning to see some of the emerging benefits that will occur once they have developed this aspect of the program further.

To place the new model in context, previously Newpin only worked with *separated* fathers, many of whom were involved in family law rather than in child protection proceedings. These fathers were not in a relationship, and were the sole or primary carer of the children. Now, Newpin works with a broader range

of fathers, including the male partners of women attending a Mothers' Centre – in cases where both parents are seeking restoration of their children to their joint home. On accepting a referral, Newpin now determines which parent will be designated the 'primary parent' – the 'Party A' client. The other parent is designated as 'Party B'. In families where both the mother and father are seeking restoration (or preservation), it is usually the mother who is designated 'Party A' and the father 'Party B'. 'Party A' clients have greater program attendance requirements. As at December 2014, involvement of 'Party Bs' (usually the male partners of the women attending the Mothers' Centre) has been fairly minimal. This is slowly beginning to change, with some new initiatives planned for 2015.

To date, the key practice changes that have occurred within Newpin in relation to families involving *both* parents are that:

- both the mother and the father are involved in the initial home visit and in the assessment processes using the NCFAS tool
- both parents are attending contact visits with children, usually at the Mothers' Centre
- the 'Party B' attends a group program with other fathers on a Monday evening
- more communication between Caseworkers is occurring between the Newpin Mothers' Centres and the Fathers' Centre – sharing of information, observations, problems and potential interventions from a 'whole-of-family' perspective.

Already, a number of benefits in these new practices are being identified:

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

Notwithstanding this progress, Newpin work with couples requires further work and development. In particular:

To date, no work has been done with the parents as a couple, either in a group or one-on-one setting. This has been identified as a gap, and Newpin is currently in the process of developing a six week group program for couples, which is due to be piloted in early 2015. This program may be supplemented by one-on-one work with some couples, provided in-house or externally, depending upon resources and what is needed. There is a degree of excitement and enthusiasm for this development within Newpin, some seeing it as the 'missing piece of the jigsaw' that will facilitate better family functioning as a whole.

As workers, we can learn a lot working with both parties and I think our clients will benefit if we meet the broader needs. We're meeting the needs of parents and children. We're meeting the needs of motherhood and being a parent and fatherhood and being a parent. We're not meeting the needs of husbands and wives and that relationship is as critically important as any other relationship in the family. We haven't done it yet, but we're certainly thinking about it.

Newpin Staff

Work with couples adds another layer of complexity to the work Newpin now has to do, especially in a context where there has been a history of abusive behaviour between the parties. This key aspect of the Newpin model will be further explored in the next round of consultations.

Until recently, relatively little work had been undertaken with the ‘Party Bs’ – who are predominately fathers. For some who work in Newpin, this has been to the potential detriment of the success of the restoration. If the children are to be restored successfully, both parents need to be working together and have a shared view of how that is going to occur. According to workers at the Fathers’ Centre, some fathers are initially angry, resistant and hostile to FACS’ involvement in their family. In the one session a week the program has with the fathers, it can be a challenge to develop productive or effective relationships. Separate from the proposed work with both parents as couples, there is a perceived need to further integrate the day to day work with the mothers and the fathers as *parents*.

If the Mothers’ Centre does well, we do too. The whole of the Newpin family benefits if we’re doing well. So it’s important when we’re working with the father where the mother is the primary parent [Party A] who is still living in the home with him, that we support her and ultimately the children, by working effectively with dad.

Newpin Staff

It’s really easy for Party B to get in the way and stymie a restoration – so it’s really important we work with dad – to get him to the level where he’s an equal partner in the home. That’s good for children, it’s good for mums and it’s good for dads.

Newpin Staff

4.4 WORKING WITH SCHOOL-AGED SIBLINGS

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

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

Newpin Staff

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

Newpin Staff

You get to see the parents deal with very young children and older primary age children, sometimes teenagers. It’s really easy to manage one child, but bring a 10 or 11 year old into the fray, the whole ball game changes. You get a broader set of skills on display and we learn new things about our clients and that improves our feedback to the Department. It broadens our perspective to be reminded that often the children we’re working with are not the only children in the family. We get a chance to support that set of relationships across the family. We’re reminded that there’s often a plethora of relationships in the family that we often don’t see and ultimately I think we serve the children at a child protection level much better through that raised awareness.

Newpin Staff

Working effectively with the older children is one of the key challenges for Newpin. This aspect of the model is still in development phase, and will be a focus of more work in the future.

4.5 INTRODUCING FORMAL NEEDS ASSESSMENT, PLANNING AND TRACKING

Newpin introduced a number of new assessment and planning tools in July 2013. These included:

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

The consultations undertaken in 2013 for the Implementation Report found that use of these tools, templates and processes was, for many Newpin staff, a significant departure from previous practice. The introduction of NCFAS was particularly significant requiring formal training, supervision and data recording. At that time, not all staff were convinced of the benefit of, or comfortable with using, the assessment tools and processes.

Twelve months later, the use of NCFAS and other tools appear to have become more embedded as 'normal practice' and staff are talking more positively about these tools being an important facet of their work.

We're more accountable. We can actually look at our records and do the NCFAS and see the growth and change in families - - - and when the parents get to see how they've started to change - - - it's stronger for them.

Newpin Staff

There's been a real shift and growing understanding around the importance of keeping clear records about the work we do.

Newpin Management

Newpin is a very relationship-based program and people were quite scared of reducing people to assessments, or ratings or cohorts. They are slowly realising that you can maintain relationships – which will always be at the essence – but that you can draw from more and different sorts of information, which become part of your thinking and practice choice.

UnitingCare Burnside Management

As a result of regular supervision and ongoing training, staff are becoming increasingly familiar with the new tools and processes and have more time to focus on practice.

The new staff where they were employed at the Wyong Newpin Centre are very familiar with NCFAS (having used it previously in other agencies) and will not require the same level of orientation or training to embed its use in their practice, as did the staff in Western Sydney.

The benefits of the new assessment and planning tools and data and improved information recording echoed those identified in the Implementation Report and include:

- better records of program attendance
- the ability to track families' progress and improvement over time
- the ability of families to more clearly see what progress they are making, which is both motivating and rewarding
- more detailed and timely provision of information to FACS in response to enquiries or for inclusion in reports
- more comprehensive picture of what is happening with a family that is based on the input of various staff, not just one staff member
- greater transparency and accountability in the work that is undertaken – across the team, and between Newpin and FACS
- greater continuity of care to families.

4.6 STRENGTHENING STAFF SUPERVISION AND PROFESSIONAL DEVELOPMENT

Newpin has established new and strengthened staff supervision structure and arrangements, since July 2013. These have included:

- the appointment of an external provider to undertake clinical supervision (previously no clinical supervision occurred)
- monthly clinical supervision sessions for all staff from all Centres, including the Fathers' Centre and the new Centre at Wyong
- joint clinical supervision sessions for family workers and play workers (previously these were undertaken separately)
- bi-monthly session with the Coordinators of each of the Centres.

The external clinical supervisor's background is highly appropriate and relevant for Newpin. They bring to the role:

- previous experience working with UnitingCare Burnside
- a strong background in OOHC, FACS and health
- expertise in dealing with complex trauma and vulnerable groups
- International Child Trauma Academy accreditation in Neurosequential Model of Therapeutics¹⁰
- 20 years' experience working with children and in the mental health sector
- experience with Newpin programs operating elsewhere in Australia.

¹⁰ The Neurosequential Model of Therapeutics is an evidence-based, developmentally sensitive neuro-biology informed approach to clinical problem solving. It includes capacity building, assessment and recommendations for the selection and sequencing of therapeutic, educational and enrichment activities that match the strengths of the individual. The International Child Trauma Academy is a not for profit organisation based in Houston, Texas.

Sal Consulting¹¹ (who provide the clinical supervision to Newpin) also developed the Foundation Training for UnitingCare Burnside and delivered that training to all Newpin staff.

The establishment of these supervision arrangements has been integral to the vision of Newpin to strengthen staff skills, introduce more reflective and critical thinking into practice choices, and provide a platform for continuous quality improvement and program enhancement. The most successful aspects of this to date have been the joint supervision sessions with play workers and family workers and bringing together all staff on a regular basis to share experiences, learning and knowledge, and to obtain advice on how best to support individual families. These processes are increasing communication and understanding between staff and strengthening the team approach to supporting families. They are also deepening the understanding of the link between theory (attachment theory, trauma-informed practice, child development, group work theoretical models, and neuro development), evidence of the effectiveness of these models and approaches, and practice which is embedded in staff training, professional development and supervision and practice.

The connection between developing the play workers and family workers together is that we actually need congruent programs between the two, so some sort of linkage occurs that is more strategic and targeted - - if we can actually get this congruence happening between family work and playwork, then we end up getting this nice ebb and flow of parents having an understanding of a theme or issue and the child is also doing that through some sort of play or activity. We can join these two more successfully together.

Newpin Management

I think the learning has deepened. They are not relying on themselves totally as the tool. They understand there are other things around they engage with – it's a whole-of-service approach.

Newpin Management

I think there's been an increase in reflective thinking that I'm coming across. Even 18 months or 2 years ago when I first started working with Newpin, I'd often hear 'that's not the Newpin way' and there was this real Newpin does things this way and we can't divert from that. Whereas now, I think because there have been a lot of really positive changes both in practice and outcomes for families, there's a greater openness to looking at other ways of doing things. So I think reflective practice and reflective thinking has really improved a lot across the program and that's been reinforced by joint supervision.

Stakeholder

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

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

Stakeholder

In response to this, Newpin is in the process of developing a Practice Framework for Newpin. This will document the latest research and evidence base, the theories underpinning Newpin and the link to the program's practice interventions. It will also be linked to the Diploma in Therapeutic Family Work (working title) that is currently being developed by Sal Consulting Training once it has been approved by the NSW Vocational and Education Accreditation Board. This will be compulsory training for staff who have few formal qualifications, and is part of the Newpin skills enhancement program.

¹¹ <http://www.salconsulting.com.au/>

5 Governance and partnership arrangements

The establishment of the Newpin SBB has required Newpin and FACS staff to develop new learnings, new procedures, new practices, and new ways of thinking. It has been anything but business as usual but rather a *'new journey together'*, a *'new concept'* and a *'new way of FACS and NGOs doing business'*. This has required leadership, commitment and a belief that new and improved ways of supporting restoration are possible.

5.1 GOVERNANCE ARRANGEMENTS

As noted previously, the Newpin SBB is one of two SBBs being trialled by the NSW Government, and led by NSW Treasury and the DPC.

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

FIGURE 2 – THE NEWPIN SBB GOVERNANCE ARRANGEMENTS



The Newpin SBB contract is managed by FACS, involving a dedicated FACS Contract Manager supported by a Policy Officer. The Contract Manager has a range of responsibilities including:

- liaising with the Newpin Coordinator in relation to the day to day operation of the Implementation Agreement
- facilitating FACS processes in relation to the closure of any Newpin Centre
- facilitating and monitoring all referrals and outcomes for Cohorts 1 and 2 in the intervention group and for Cohort 1 in the control group
- educating and briefing FACS staff on key aspects of Newpin, and the processes and procedures involved in referring to the program
- working with Newpin in identifying options for the rollout of new Newpin Centres and facilitating that internally within FACS

- designing and updating the Operations Manual for the Newpin SBB
- maintaining and monitoring the live matched control group for Cohort 1
- assisting with evaluation of Newpin and with the evaluation of the SBB arrangements
- participating in meetings of the Newpin SBB Joint Working Group (referred to as the CYPF SBB Joint Working Group in the Newpin SBB Operations Manual).

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

The Implementation Report found that the governance arrangements were working well and were a critical factor in the successful program management. The more recent consultations indicate that 18 months into the Newpin SBB, the governance and project management arrangements continue to be working well and are contributing significantly to the success and development of Newpin.

The governance and project management arrangements have been successful in:

- maintaining continuity of staffing across the two key roles (FACS Contract Manager and the Newpin Operations and Practice Manager) which has facilitated the growth of considerable corporate knowledge and strengthened the relationship between the Department and UnitingCare Burnside at a project management level
- negotiating and agreeing on the closure of one of the Newpin Centres in Western Sydney in 2014
- negotiating, agreeing and planning for the establishment of a new Newpin Centre in Wyong, and working towards the opening of one, possibly two, new Centres in 2015/2016
- openly discussing the initial shortfall in referrals to Newpin in the first six months of the SBB and putting in place strategies to address this (including Head Office and regional case reviews, numerous briefings and workshops with CSC staff, and regular attendance at CSC Manager meetings)
- jointly agreeing and implementing changes to the Operations Manual in relation to the eligibility criteria for entry into Newpin, and streamlining the referral procedures
- joint input into the evaluation of Newpin.

The relationship between FACS and Newpin, particularly at the manager level, is characterised by a high level of trust, regular contact and communication, a shared desire for Newpin to succeed, willingness to share information and jointly problem-solve, and, above all, a clear commitment to collaborate to achieve better outcomes for children and their families.

The Operations Manual continues to be a valuable and key resource that has guided the implementation of the Newpin SBB in the first 18 months, and which has required only very minor amendments since it was first published in 2013.

5.2 PARTNERSHIP ARRANGEMENTS BETWEEN FACS AND UNITINGCARE BURNSIDE

As the first SBB in Australia, the Newpin SBB leads the way in establishing a new way of financing social programs. The Newpin SBB also represents a new way of government and NGOs working together to achieve social outcomes. The successful implementation of Newpin will be heavily dependent upon how well FACS and UnitingCare Burnside cooperate, collaborate and partner (at both a management and operational level). The formal relationship between FACS and UnitingCare Burnside and their respective roles and responsibilities are clearly defined in the Operations Manual.

These include:

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

Table 6 summarises key roles and responsibilities of FACS and UnitingCare Burnside in relation to Newpin at an operational level (a more detailed list is contained in the Operations Manual, including the role of other NGOs).

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

TABLE 6 – KEY ROLES AND RESPONSIBILITIES OF FACS AND UNITINGCARE BURNSIDE IN RELATION TO NEWPIN

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

5.3 THE EFFECTIVENESS OF THE PARTNERSHIP ARRANGEMENT

Overall, perceptions of both Newpin and FACS personnel (working day to day with Newpin families) of their working relationship is positive. Many staff from the Department and from UnitingCare Burnside speak positively of the way they are working together, and provided evidence and examples of how this had changed and improved.

However, a number of those consulted (especially representatives from FACS) expressed quite strong views about aspects of Newpin or the partnership that they did not think were working so well, or with which they were dissatisfied.

In some cases, FACS Officers said it was too early to comment on how well the partnership was working, as they had only had one or two cases which had been referred to Newpin.

5.3.1 ASPECTS OF THE PARTNERSHIP WORKING WELL

Those who are most positive about the new arrangements spoke very enthusiastically about the new partnership and way of working together. The following comments from Newpin staff were typical.

The relationship with FACS is 100% better compared to what it used to be.

We're building rapport from the very beginning with the FACS worker.

There's been a huge shift - - they [FACS] want the family to come to Newpin, so they want to provide us with as much information as they can, and they are treating us more like a partner in restoration.

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

Many of those consulted in FACS also spoke positively of the new arrangements, although overall, they were less positive than Newpin staff. They talked about the advantage of being able to **share the load of the casework** role, having a **stronger evidence base** to present to court based on information provided by Newpin, and a more **open communication** with families.

I feel like, in a way, the casework load is shared. I am doing the casework, but I just feel like there are other people out there that have the same concerns for the family and are working towards the same goals that I would have, and that definitely does help. Having that communication with Newpin is really helpful.

Great, great – I can't fault them. They've always been kind and courteous. They've always listened – I'm upfront about things and I want them to be the same with me. I'm here to help and build that relationship.

The key aspects of the partnerships that were most often portrayed positively are included in Table 7, together with the benefits flowing from this.

TABLE 7 – ASPECTS OF THE PARTNERSHIP THAT ARE VIEWED POSITIVELY

DEVELOPING PRACTICE	BENEFITS	
Referral process		
<ul style="list-style-type: none"> ▪ Referrals now more in line with program vacancies ▪ Few inappropriate referrals occurring due to extensive consultation between Newpin and FACS beforehand ▪ Referral procedures streamlined after the first year ▪ Some referrals being made ‘ahead of time’ so families are ready to enter Newpin at the three month mark ▪ Newpin not accepting every referral made by FACS, if they question suitability or appropriateness ▪ Newpin alerting FACS early on if it forms the view participation in the program is not suitable for a parent at that time 	<ul style="list-style-type: none"> ▪ Families are being referred to Newpin in a timely manner ▪ Relatively few families are being removed from the program ▪ Fewer program vacancies in Newpin than before ▪ Consistent approach by FACS and Newpin 	<p><i>‘It is a voluntary program it’s not forced and I think at the moment they’ve got a really good group of mums that fit well.’ (FACS)</i></p> <p><i>‘Families have to be in much more serious trouble to have children in care these days so the referrals you are getting are much harder than the referrals you used to get and your results are better.’ (Newpin)</i></p>
Exchange of information		
<ul style="list-style-type: none"> ▪ Good and full exchange of information about the family at the time of referral ▪ Case conferences taking place more frequently and/or earlier on in the referral, often at the Centre 	<ul style="list-style-type: none"> ▪ FACS more confident in referring to Newpin ▪ Assists with client engagement by Newpin ▪ Assists with case planning ▪ More clarity for families about what is expected of them ▪ FACS Officers become more familiar with Newpin 	<p><i>‘I think that having the Newpin program is highly beneficial for children and families and it’s great to be able to work in conjunction with a service so closely that is actually achieving outcomes and that we can have that open relationship with, and with the families.’ (FACS)</i></p> <p><i>‘I think the relationship between FACS and Burnside is fine. The Newpin manager is terrific and we are all impressed by her.’ (FACS)</i></p>

TABLE 7 – ASPECTS OF THE PARTNERSHIP THAT ARE VIEWED POSITIVELY CONT.

COLLABORATION RE PLANNING AND DECISION-MAKING		
<ul style="list-style-type: none"> ▪ FACS and Newpin staff regularly discussing families' progress ▪ FACS seeking Newpin staff advice on whether or not to restore before making decision 	<ul style="list-style-type: none"> ▪ FACS and Newpin 'on the same page' in relation to outcomes and interventions ▪ Growth in FACS' confidence in Newpin program and staff ▪ More evidence/advice informing decision-making 	<p><i>'They [Caseworkers] have to work very closely with Newpin on the progress, so it's a commitment to joined-up work.'</i> (FACS)</p> <p><i>'We're on the same page in relation to one family where we are going to pull the mother from the program – we're working on this together.'</i> (FACS)</p> <p><i>'It's much better for families that we work together, without a doubt. There's still some ups and downs of course, but I do think there is more respect both ways for them and for us.'</i> (Newpin)</p>
Contact visits		
<ul style="list-style-type: none"> ▪ More contact visits being arranged at Newpin Centres ▪ Some FACS Officers attending contact visits ▪ Venue is seen by FACS as being excellent setting for contact visit (eg compared with the park, library or a FACS Office) 	<ul style="list-style-type: none"> ▪ Better context for observing and assessing interactions ▪ Encourages client engagement and attendance at the Centre ▪ Newpin staff can work in the moment and challenge inappropriate interactions or behaviours ▪ Newpin staff can 'role model' behaviour in visits to reinforce messages in parenting programs 	<p><i>'There's space. There's stuff to do. The sandpit is separate to the backyard. The indoor area is separate, so if you have different families they could have two or three contact visits happening at the same time and they don't have to be interacting with other families if they don't want to be.'</i> (FACS)</p> <p><i>'The mums are more interested in coming to Newpin because more contact visits are happening there. They get to see their kids and we can work through anything that happens in that period.'</i> (Newpin)</p>
Better quality and more timely information to inform decision-making		
<ul style="list-style-type: none"> ▪ Information from Carelink and NCFAS tool being provided to FACS to provide evidence of improvement in family functioning ▪ FACS providing information to support Newpin staff understand contextual factors 	<ul style="list-style-type: none"> ▪ Better evidence going before the court ▪ Supports engagement at the critical entry point as well as ongoing interventions 	<p><i>'I think restoration may not have occurred had it not been for Newpin because the evidence they provided of mum's presentation and engagement was crucial evidence that could be presented to the court. It wasn't just my word.'</i> (FACS)</p> <p><i>'I think because you can't just rely on my perception of the situation, I might see mum, do a home visit, I know she's attending counselling, I know she's not using drugs but I may only see her once every 3 weeks. But she's going to Newpin twice a week and they're able to confirm everything I've seen. They'll send me a report or I can call them up and say yes you're right mum's not using drugs. We know that because she comes here twice a week. She's not drug affected, her presentation is really well and just all that is very helpful.'</i> (FACS)</p>

5.3.2 ASPECTS OF NEWPIN AND THE PARTNERSHIP NEEDING STRENGTHENING

Consultations revealed a number of aspects of Newpin that were not viewed so positively, or where inconsistency in practice was occurring across Newpin Centre or CSCs. The aspects of Newpin and the working relationship between FACS and Newpin that stakeholders identified as needing strengthening are detailed in Table 80.

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

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

One CSC reported it was sometimes having to 'plug the gap' and contracting additional support for some Newpin families in the home.

Whilst, 18 months into Newpin, the partnership between Newpin and FACS has developed strongly, there are still some issues those at the forefront of the program have identified that need to be addressed in order to strengthen the relationship further. Ongoing issues raised in the consultations by these stakeholders principally relate to:

- differing views amongst FACS Officers regarding the level and type of reporting required from Newpin
- a degree of reluctance amongst some FACS Caseworkers (or CSCs) to refer families to a centre-based model of restoration
- some misconceptions or lack of clarity about the respective roles and responsibilities of FACS and Newpin, particularly in relation to casework management, home visits and working with third parties (other NGOs)
- concerns amongst some Caseworkers regarding what they regard as variable skill levels of Newpin staff in relation to risk assessment, child protection, court processes and procedures and reporting
- varying willingness of individual FACS Officers and Newpin staff to have open conversations about emerging issues in an attempt to find a resolution.

Such issues are acknowledged by senior management in Newpin and FACS and are viewed as an inevitable part of the process of the Department and Newpin forging a new working partnership their view on that by identifying such barriers and working towards a solution, the partnership will become stronger.

TABLE 8 – ASPECTS OF THE WORKING ARRANGEMENTS BETWEEN FACS AND NEWPIN THAT NEED STRENGTHENING

ISSUE	IMPACT
Newpin reporting to FACS on progress of individual families	
<p>FACS</p> <ul style="list-style-type: none"> ▪ Some¹² FACS Officers view quality of some reports by Newpin as poor ▪ Some FACS Officers are dissatisfied with the frequency, content and timing of Newpin reports 	<ul style="list-style-type: none"> ▪ Some FACS Officers say they have been unable to use Newpin reports in court ▪ Some courts and lawyers have reportedly commented negatively on Newpin reports ▪ Insufficient parenting capacity evidence provided to FACS in relation to risk management issues, and progress against care plan
<p>Newpin</p> <ul style="list-style-type: none"> ▪ FACS requests for reports are inconsistent ▪ FACS requires too many reports, or too lengthy reporting ▪ Newpin management has acknowledged the need for improved and more consistent reporting to FACS, and has taken steps to address this 	<ul style="list-style-type: none"> ▪ Some Newpin staff say too much time spent on reporting which takes away from core tasks ▪ Inefficient process due to lack of any standard reporting template
Newpin staff skills and qualifications	
<ul style="list-style-type: none"> ▪ Some FACS Officers consider some Newpin staff to be underqualified with insufficient understanding of child development and child protection ▪ Newpin staff consider some FACS Officers do not recognise their expertise or fully understand their approach 	<ul style="list-style-type: none"> ▪ FACS reluctance to refer families to Newpin due to lack of confidence regarding service ▪ Some tensions between FACS and Newpin at an individual worker level
Balance of interventions with parents and children	
<ul style="list-style-type: none"> ▪ Some FACS staff consider some Newpin staff to be insufficiently ‘child focussed’ and acting as advocates for the parents ▪ Newpin staff consider some FACS Officers are yet to fully understand the Newpin program and the importance of client engagement to achieve change 	<ul style="list-style-type: none"> ▪ FACS reluctance to refer families to Newpin ▪ Non-collaborative approach to working with families
Understanding of risk	
<ul style="list-style-type: none"> ▪ Some FACS Officers consider some Newpin staff to be insufficiently aware of/skilled in assessing the level of risk ▪ From the perspective of some in Newpin, the issue of ‘risk’ is problematic from the perspective of Newpin, FACS and the NGO sector more broadly – in determining what (low) level of risk is acceptable to enable parents to learn and grow and have a chance at restoration ▪ Risk may not always be picked up early enough 	<ul style="list-style-type: none"> ▪ FACS reluctance to refer families to Newpin ▪ Non-collaborative approach to working with families

¹² Not the majority, but raised by at least three or four stakeholders as being a significant issue

6 Unintended impacts

6.1 UNINTENDED IMPACTS ON UNITINGCARE BURNSIDE

The Newpin SBB has had a number of unintended impacts upon UnitingCare Burnside as an organisation. These have been overwhelmingly positive.

The Newpin SBB has encouraged UnitingCare Burnside to apply a more 'critical' lens to other programs it is operating. The new SBB arrangements have required the organisation to start to **examine more carefully how it targets programs**, and how it measures their outcomes and performance. UnitingCare Burnside is in the process of developing a three-tiered framework for its programs including a client profile, efficiency and outputs, outcomes and valid outcome measurement tools.

Outcomes-based contracting is likely to be the way of the future and increasingly we will have to demonstrate what we are doing works.

UnitingCare Burnside

I see a lot of evidence of them using data - - - to understand their processes better. For any organisation, that's a really positive thing – to access business intelligence and then use it intelligently to shape what you're doing. As a learning organisation, I see them [UnitingCare Burnside] having the capacity to do that really well.

FACS Officer

It has also required UnitingCare Burnside staff to have much **deeper practice conversations**, so they can better understand and articulate practice and link that to theory. Moreover, UnitingCare Burnside funding that used to go directly to Newpin is being re-cast as an **innovation fund** to finance a minimum of two projects a year. Proposals have to 'learn the lessons from Newpin' – including building-in measurements of outcomes and the case for cost-effectiveness from the start.

It is really building organisational understanding and program understanding of what innovation is.

UnitingCare Burnside

Learnings from Newpin are also **informing Newpin programs operating in other States and Territories**, under the license operated by UnitingCare Burnside. All other Newpin programs operating in Australia participated in a joint research project on Newpin undertaken by UnitingCare Burnside, Macquarie University and the University of Kansas, supported by an Australian Research Council (ARC) grant¹³. UnitingCare Burnside has been having discussions with Newpin providers in South Australia and Tasmania, Western Australia and Victoria who are interested in the SBB model, and also in moving from a lower to a higher risk target population and keen to understand what that means for qualifications, training and staff support/supervision.

In NSW, we have the model of Newpin that we have got the evidence of working and cost-effectiveness, so we're looking at how we build that in other locations.

UnitingCare Burnside

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

¹³ The ARC Linkage Grant was titled 'Exploring Processes of Change in Parenting Interventions for High-Risk Parents'. It was funded from 2011 to 2013 and conducted in partnership with the Children and Families Research Centre, Macquarie University and the Juniper Gardens Children's Centre, University of Kansas. Authors of the research were McMaugh, Grace, Bowes, Warburton, Gibson, Carta, J. & Cowling.

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

6.2 UNINTENDED IMPACTS ON FACS

As indicated previously, Newpin represents a new way of working between government and the NGO sector. It has, in some cases, required FACS to adopt **a new way of thinking about restoration** as an option for families and also about the merits of a centre-based model of restoration.

It has also encouraged some Caseworkers to review their existing cases to determine whether a centre-based program would be appropriate for the family. This is **broadening the range of practice options** that FACS Officers may consider (assisted by the recent legislative changes which now place restoration high on the agenda).

Newpin has also brought **increased accountability** for outcomes, not only to UnitingCare Burnside, but also to FACS. As one FACS Officer commented.

We've both got skin in the game and there's penalties on both sides.

Newpin also represents for FACS a **clear model of outcomes-based funding** more broadly (even if not in a Bond arrangement) and, for some, emphasises the importance of '*what you measure gets done, and what gets paid gets done*'.

Potential negative impacts on FACS identified by stakeholders include an **increase in the level of coordination** that may be required across government, Newpin and other NGOs as Newpin expands and as more children are transitioned into NGOs for OOHC. There is also a **potential increase in costs** in relation to restoration families attending Newpin, where it is determined the program needs to be supplemented with a home-based restoration service.

7 The establishment of the first new Centre

The first of the new Newpin Centres was rolled out in Wyong and commenced operation on 1 July 2014. The Wyong Centre employs six staff including:

- a Coordinator
- two family workers
- a play facilitator
- a play educator
- administrative support/bus driver.

According to those consulted, the establishment of the new Wyong Centre has been very successful to date. The Centre has recruited experienced staff (including an overseas recruit) with:

- experience in early intervention, child protection, OOHC, programs such as Brighter Futures, individual casework and group work - all highly relevant to Newpin
- qualifications in social work, psychology, criminal justice, community management and/or children's services
- expertise in the use of the NCFAS tool and in some cases, familiarity with the UnitingCare Burnside client information management system, Carelink.

All of our workers have come from programs with complexities and families like Brighter Futures, so actually it's just a continuation of our current skills and working roles and management reporting. They're all automatic for the workers.

Newpin Staff

The Centre has employed an Aboriginal staff member (a family worker) and has plans to engage an Aboriginal Practice Manager in 2015 to provide cultural supervision to the team every six weeks. This is in response to the fact that one third of the families referred to the Wyong Centre identify as Aboriginal and also that there is a high Aboriginal population residing on the Central Coast. Steps are also being taken to ensure the Newpin Centre is culturally welcoming to Aboriginal families.

The Wyong Centre has already exceeded the number of referrals under the SBB Implementation Agreement and has successfully established an outreach service for fathers (from the Fathers' Centre in Western Sydney).

The establishment of the new centre at Wyong faced a number of potential challenges, some of which were quite different to those in Western Sydney. The Centre needed to be established 'from scratch' – with new premises, new staff and new stakeholder and partner relations. It also needed to be established and operational fairly quickly once the decision had been made to open a new service in Wyong. Furthermore, the staff, most of whom were new to UnitingCare Burnside and all of whom were new to Newpin, had to be inducted into the organisation, and oriented and trained in the delivery of Newpin. The induction process involved:

- visits by the Coordinator and other staff to St Mary's and Doonside Mothers' Centres to meet and talk with management and staff (for several days in some instances)
- participation in monthly meetings (face to face) with staff from all Newpin Centres in Sydney
- participation in the joint case supervision sessions
- the conduct of core training for all new UnitingCare Burnside employees

- the conduct of training relating to Newpin, including: Keeping Children Safe, Engaging Fathers, Carelink, Circle of Security, Trauma and the Effects on Childhood (four day training), and the use of NCFAS.

The number of referrals expected/targeted for the Wyong Newpin Centre has been adjusted in the start-up period. This is to take account of the lessons learned from the Western Sydney experience that it takes some time for referrals to flow into a new program, and that it is not realistic to expect the program to be at full capacity from the moment operations commence.

The critical factors that have assisted with the promising start to the Wyong Centre are:

- good planning by the FACS Contract Manager and Newpin Operations and Practice Manager
- a high level of support in the local FACS District for the establishment of Newpin in Wyong, including a couple of key 'champions' to drive further support for the program locally
- the ability of FACS and Newpin to openly share with Wyong stakeholders their experiences and learnings from the first year of Newpin in Western Sydney
- the ability to foreshadow the likely concerns, anxieties and fears at the Caseworker level and address these in staff briefings
- the ability to 'sell' and 'promote' the benefits of the program based on the successful operation and high restoration rate achieved in Western Sydney in the first year of the Newpin SBB
- a pool of suitably qualified and experienced recruits residing on the Central Coast keen to work in Newpin
- the establishment of a 'hot desk' whereby the newly appointed Coordinator of the Wyong Newpin Centre sat in a FACS office for half a day, once a week for six weeks, to build relationships with Caseworkers and to answer any questions they might have about Newpin
- the new Coordinator having been previously been employed in FACS, and known to some Departmental staff in the area.
- the 'good fortune' of finding suitable premises at the right time from which to operate the Centre.

8 Conclusions

8.1 KEY FINDINGS

1. In 2013/14, Newpin achieved a restoration rate of 60% for mothers seeking to have their children restored.

Although falling slightly short (by 5%) of the formal target – this nevertheless is a significant achievement in the first year of Newpin under the SBB arrangement, and demonstrates a success rate more than double that achieved by families seeking restoration who are *not* referred to Newpin. This result is especially notable given that the program is working with a higher risk group than previously.

2. A number of key factors have been identified as contributing to the success of the Newpin model.

These include:

- effective client engagement with a very challenging target group
- the peer component of Newpin
- the trauma recovery and attachment theoretical underpinnings of the program
- the multiplicity of the intervention
- the intensive and consistent nature of the interventions over a sufficiently long period to effect behaviour change
- the joint training and supervision of all Newpin workers and the integration and complementary nature of the work undertaken by family workers and play workers with parents and children
- the informal, home-like environment of the Newpin Centres and the non-judgemental approach of the staff, which are conducive to the development of trusting relationships and increased parental confidence, both of which are critical to trauma recovery and personal growth.

For some stakeholders, the limited home visiting and court support provided by the program under the current arrangements represents a gap in the centre-based model that could potentially be filled by Newpin or other NGOs.

3. There are some early indications of potential success and risk factors for families seeking restoration.

From consultations conducted by Urbis and research conducted by UnitingCare Burnside, some early indications of success and risk factors are being observed. Emerging factors associated with successful restoration include:

- parental motivation to change, acceptance of the need to improve their parenting skills and to place their child's needs before their own
- parental insight and awareness into their own behaviour and how this impacts on their child
- parental awareness of the impact of family violence on their child, leading to the cessation of relationships with abusive partners
- parental willingness/openness to improving their home/housing environment (eg stable accommodation, clean, child-safe)
- strong parental attachment to Newpin (evidenced, for example, by regular attendance, good participation, and promotion of the program to new entrants)
- the child being well-prepared for restoration.

Emerging risk factors associated with unsuccessful restoration include:

- parental ambivalence towards their child and ongoing neglect
- the parent remaining in a violent relationship
- the parent being unable/unwilling to address substance abuse problems
- the parent having a mental health condition
- lack of family support or poor links to external support services
- low levels of parental attachment to, or engagement in, Newpin
- lack of secure, long-term housing.

4. At an organisational/management level, Newpin and FACS have worked together extremely well and this has been pivotal to the success achieved so far.

Both Newpin and FACS management have demonstrated leadership, commitment and skill in implementing Newpin. The two Contract Managers have planned extremely well, consulted widely, tirelessly promoted Newpin, and generally acted as champions for the program. They have been willing to have frank discussions about any problems that have arisen and jointly worked towards their resolution. They have recognised the cultural, organisational and practice change implications of Newpin and have shifted perceptions and improved practices within their respective organisations.

5. At an operational level too, Newpin and FACS staff are developing a partnership, but there is scope to strengthen this further.

On the positive side:

- Newpin and FACS staff are communicating well, seeking input and support from each other in supporting parents and children, and generally working as a team towards the goal of restoration or preservation
- the flow of referrals from FACS to Newpin is increasing and is now more in line with program capacity than a year ago, indicating increased confidence in the program to deliver positive outcomes
- mutual respect between Newpin and FACS staff is growing, and there is evidence of increased understanding of each other's roles and responsibilities
- FACS staff have a better understanding of the centre-based therapeutic approach of Newpin
- Newpin staff have a better understanding of the child protection legislative and policy framework within which FACS Caseworkers must operate
- the organisation of contact visits and case conferences at Newpin Centres is seen to be a particularly positive development by all, and of considerable benefit to families.

The working relationship between FACS and Newpin staff is, however, somewhat variable. Some FACS Officers report different experiences across Newpin Centres depending upon the individual worker. A need for greater consistency and quality in the preparation of reports and in the approach to risk assessment and management was identified by Newpin staff. From the perspective of some Newpin staff, meanwhile, greater consistency from FACS Officers in relation to reporting requirements and the approach to case management would be beneficial. Not all FACS Officers are fully receptive to the concept of a centre-base restoration model and may benefit from having more information about how Newpin operates and the evidence base behind this, and this may increase the rate of referrals to the program.

It would be surprising if no such problems existed in the first year of any program that requires a major shift in practice, thinking and operations. Senior management in both FACS and Newpin recognise that they are 'still on a journey together' and this 'all takes time' as part of the change management process required by Newpin and FACS in the context of recent legislative and policy reform. Steps are already being taken to address some of the issues identified. These include trialling a standard template for reporting to FACS, regular briefings to FACS personnel about

Newpin and its benefits, the continuing professional development of the workforce, and the enhancement of the program.

6. Newpin is working in a more structured and holistic way with a higher risk target group than it has in the past.

Newpin has invested significantly in staff training and professional development, strengthened the program's external and internal supervision arrangements, and allocated resources to assist in developing practice learnings as the program expands and evolves. It has introduced new assessment planning and review tools, and is now regularly using data to inform practice. Compared to 12 months ago, staff are more comfortable with these new tools and embedding them in their practice. Newpin staff have shown themselves to be open to new ways of doing things and improving their practice. UnitingCare Burnside exhibits the characteristics of a good learning organisation, and has a strong research and evaluation infrastructure to support the monitoring and ongoing development of Newpin, including partnerships with academic institutions.

7. Practice is still evolving in relation to working with the whole family.

Progress is being made in working with the whole family (both fathers and mothers and school-aged children) but there is still some way to go before this new aspect of the Newpin model is fully developed. On the positive side, there is evidence of increased cooperation and collaboration between the Mothers' Centres and the Fathers' Centre. Joint contact visits are taking place at the Mothers' Centres and assessments and care planning now involve both parents, not just the mother. This is contributing to a better understanding of the family dynamics, reinforcing key program messages and supporting both parents to develop their parenting skills. There is, however, further scope to work with parents as couples, and to expand the work undertaken with what Newpin calls the 'Party B' parent (usually the father) to ensure appropriate support is provided to the whole family unit to maximise the prospects of successful restoration or preservation. There is also scope to develop skills in working with older children in the broader family context.

8. The expansion and roll out of Newpin to new locations has commenced in line with program objectives.

The first of the new Newpin Centres was successfully opened in Wyong on 1 July 2014. FACS and Newpin have worked together effectively to identify an area where there would be a need and demand for restoration, and a service environment conducive to the establishment of a new Centre. Considerable planning and consultations were undertaken well ahead of the Centre opening, resulting in the securing of premises and the employment of suitably experienced and qualified staff in a timely fashion. A good orientation phase – organisational, operational and theoretical – was put in place for all new staff. Referrals into the new Centre at Wyong have been healthy and some of the initial 'teething' problems experienced at the commencement of the Newpin SBB in Western Sydney do not seem to be evident at this stage. The Wyong Centre is also operating a fathers' program on an outreach basis from Western Sydney, which represents a new model for Newpin that is helping meet service demand in that region.

8.2 KEY PRACTICE AND IMPLEMENTATION ISSUES AND POTENTIAL ACTIONS

A number of issues have been identified as requiring consideration for Newpin going forward. Some of these relate to ongoing implementation, some to relationships and communications, and others to the Newpin model. These are summarised in the Table 9, together with some options for consideration.

TABLE 9 – NEWPIN PRACTICE AND IMPLEMENTATION ISSUES REQUIRING FOCUS IN 2015

ISSUE		POTENTIAL ACTION
Referrals to Newpin	➔	<ul style="list-style-type: none"> ▪ Monitor the impact of the new child protection legislation on the rate and types of referrals (to minimise the potential for any inappropriate referrals)
Reporting to FACS	➔	<ul style="list-style-type: none"> ▪ Nature, content and format of report to be agreed by FACS and UnitingCare Burnside ▪ Consistency and quality of reporting improved through protocols and training
Working with both mothers and fathers	➔	<ul style="list-style-type: none"> ▪ Further strengthening the relationship and joint interventions between the Mothers Centres and the Fathers Centre ▪ Introduction and piloting of the couples program ▪ Determine implication for resources
Working with older children and the family as a whole	➔	<ul style="list-style-type: none"> ▪ Further develop skills and interventions to work with older children in the context of the family as a whole
Court preparation and support for families	➔	<ul style="list-style-type: none"> ▪ Consider the level and nature of court support that can/should be provided by Newpin staff
Home visits by Newpin	➔	<ul style="list-style-type: none"> ▪ Consider the level, timing and frequency of home visits conducted by Newpin, in particular post restoration ▪ Standardise reporting to FACS from home visits ▪ Determine the relationship/purpose of home visiting by FACS and by Newpin ▪ Determine implication for resources
Housing/homelessness as a barrier to restoration	➔	<ul style="list-style-type: none"> ▪ Further strengthening of relationships between Newpin, FACS and housing suppliers to prevent restoration delays occurring due to lack of appropriate housing ▪ Explore whether any departmental housing policy amendment is feasible to prioritise families having their children restored
Balance of centre based and home based restoration support	➔	<ul style="list-style-type: none"> ▪ Explore whether there is scope for Newpin model to incorporate home based support, particularly post restoration (with additional resources) ▪ Investigate how linking of centre based and home based support by another provider could be more efficient/cost effective ▪ Determine implication for resources
Varying approaches to risk assessment and management	➔	<ul style="list-style-type: none"> ▪ Hold joint discussion between FACS and Newpin to reach agreement about risk assessment and management in the context of Newpin
Linking with other NGOs for support	➔	<ul style="list-style-type: none"> ▪ Clarify roles and responsibilities between FACS and Newpin in relation to linking parents with external services as required
Cultural appropriateness	➔	<ul style="list-style-type: none"> ▪ Increase dialogue and articulate strategies to ensure Newpin is culturally appropriate for CALD families

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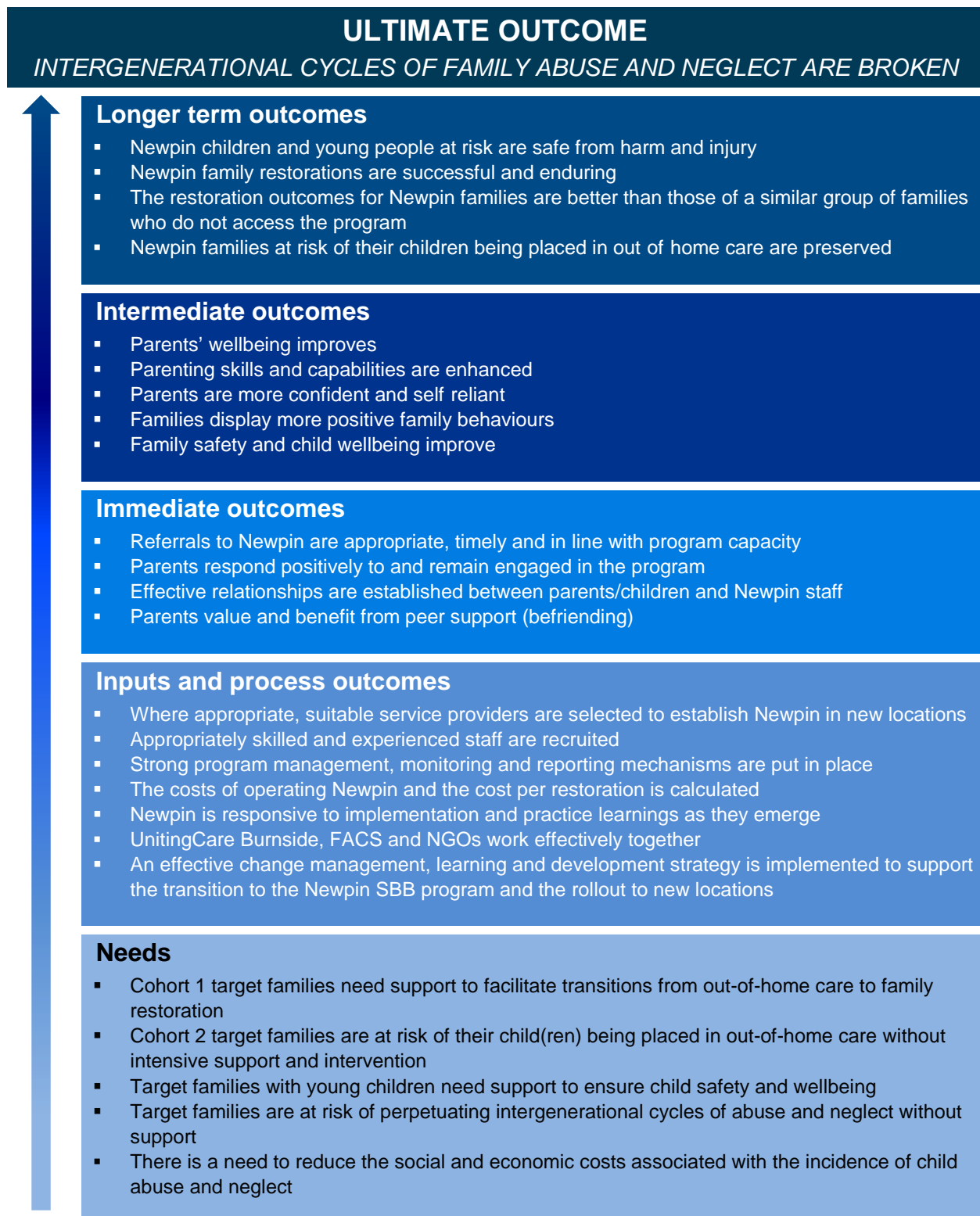
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Appendix A

Program Logic



Appendix B

Consultation guides

Evaluation of Newpin

Interview guide

Newpin Management and Staff

November 2014

INTRODUCTION

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

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

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

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

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

Are there any questions before we start?

OVERVIEW

1. Can I ask what is your role in Newpin? How long have you been working in Newpin? Has that role changed over time? If so, how?
2. Looking back at the first 15 months or so of the Newpin SBB, what is going well and what do you see as the key achievements of the program? What are the key factors that have contributed to this?
3. Are there any aspects of the program that have proven more challenging or problematic?

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

CLIENT PROFILE AND ENGAGEMENT

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

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

CLIENT AND OTHER OUTCOMES

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

STAFFING AND PROFESSIONAL DEVELOPMENT

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

TRACKING INNOVATION, LEARNINGS AND CHANGE

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

ROLLING NEWPIN INTO NEW LOCATIONS

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

MANAGEMENT AND PARTNERSHIPS

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

LOOKING TO THE FUTURE

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

Thank you very much for your participation in this discussion

Evaluation of Newpin

Interview guide

FACS Staff

November 2014

INTRODUCTION

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

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

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

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

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

Are there any questions before we start?

OVERVIEW

1. What is your role in FACS? How long have you been in that role?
2. What is the main focus and purpose of the contact you have with UnitingCare Burnside (UCB)? How frequently would you have contact with Newpin staff and parents participating in the program?
3. Looking back at the first 15 or so months of Newpin, to your knowledge, what is going well and what do you see as key achievements of the program? What are the key factors that have contributed to this?
4. Are there any aspects of the program that have proven more challenging or problematic?

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

CLIENT PARTICIPATION AND ENGAGEMENT

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

CLIENT AND OTHER OUTCOMES

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

FACS AND UNITINGCARE BURNSIDE

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

PROGRAM ROLLOUT

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

LOOKING TO THE FUTURE

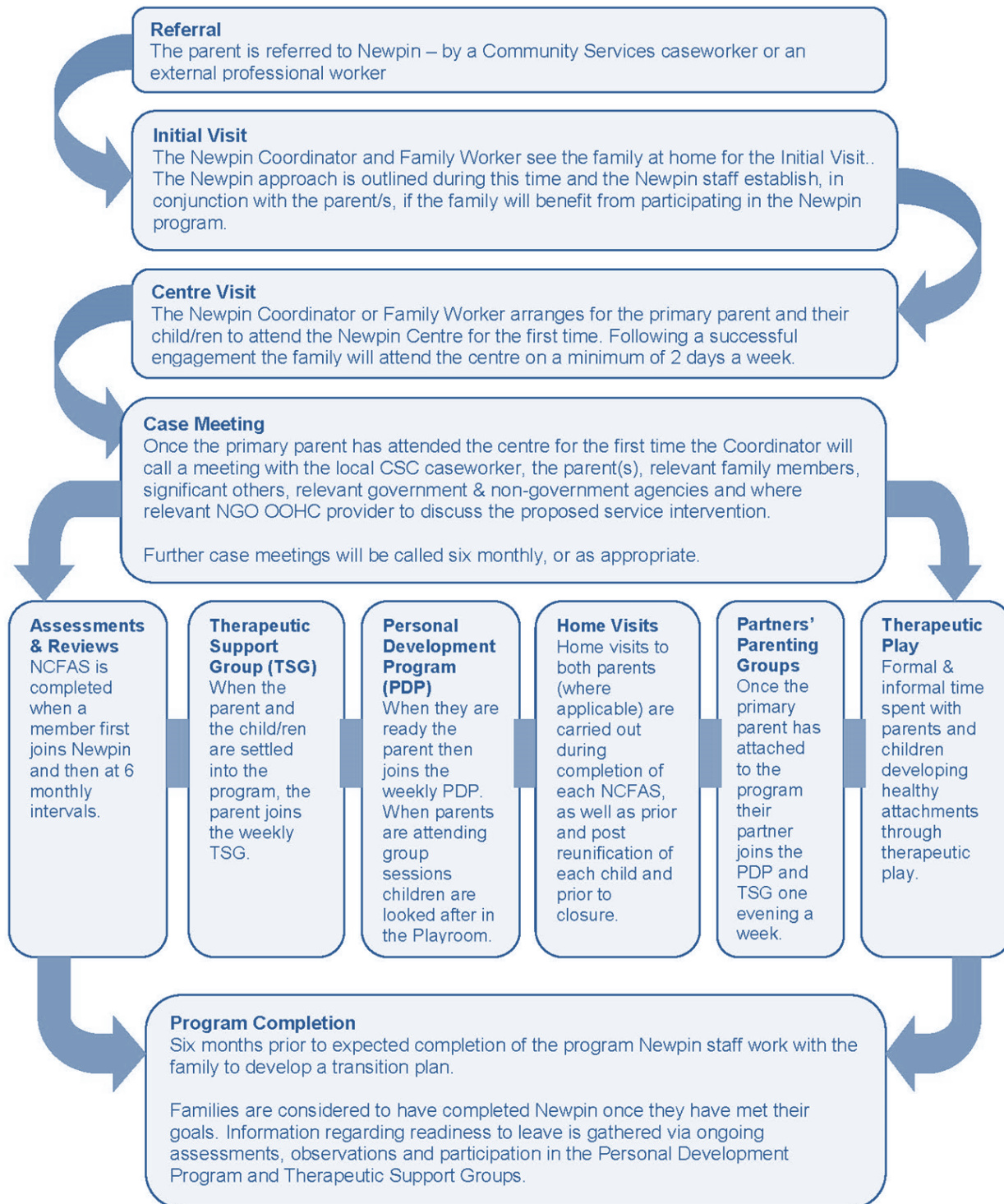
19. What, if any, external or internal factors do you anticipate may enhance or impinge upon the successful operation of Newpin in the future?
20. Specifically, how are recent and/or pending child protection legislation and policy changes impacting on Newpin and the families that are participating in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

Thank you very much for your participation in this discussion

Appendix C

Core elements of Newpin

OVERVIEW OF CORE ELEMENTS OF NEWPIN



Source: Newpin Restoration Model UnitingCare Burnside, January 2013

Appendix D

Bibliography

D.1 BIBLIOGRAPHY

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