EVALUATION OF THE NEWPIN SBB PROGRAM

FINAL EVALUATION FRAMEWORK

PREPARED FOR
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urbis

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Introduction

In December 2013, Urbis was commissioned by NSW Treasury to conduct an evaluation of the Newpin program operated by UnitingCare Burnside. This document is the Evaluation Framework which will act as a baseline and guide the monitoring and evaluation of the program over the next three, and up to seven, years.

1   The Newpin SBB Program

Newpin – short for the New Parent Infant Network – is a program which aims to break the cyclical effect of destructive and negative family behaviour, prevent child abuse (with a particular focus on emotional abuse and neglect), encourage self-help and lasting change, inspire good parenting, encourage the valuing of positive parent-child relationships, and raise the self-esteem of individual parents.

Newpin parents are referred to the program because they may have caused psychological or physical harm to their children (or are in danger of doing so), they are experiencing difficulties with their children, have exposure to domestic violence, have poor parenting capacity, are isolated without support or may have drug and alcohol-related issues. The program is offered to the main carer in a family where at least one child is less than six years old and where the families are engaged with the statutory child protection system.

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

Originating in the UK in the 1980s, the Newpin model has been described as being underpinned by "an eclectic mix of attachment theory, social learning theory, psychosocial child development instruction, ecological systems theory and an overarching strengths-based perspective to inform practice" (Mondy & Mondy 2008). The Newpin program works with parents and their children under six. It includes parenting modules, 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.

In 1998, UnitingCare Burnside in NSW took up the program under licence from Newpin UK. UnitingCare Burnside now holds the licence for Newpin in Australia. It operates four Newpin Centres in Sydney, and trains and supports the operation of the program under licence in nine centres across Australia.

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

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

- safely restore children to their families or preserve the current family setting by preventing an out-of home care placement

- reduce the incidence of child abuse and neglect

- break the inter-generational cycles of abuse and neglect.

Under the funded model, the Newpin program will work with three broad family cohorts:

- **Cohort 1**: the first cohort comprises families that have at least one child aged less than six years who has been in statutory out-of-home care for at least three months, who have been assessed as being suitable for restoration. Approximately half of all Newpin places are allocated to Cohort 1 families.

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

- **Cohort 3**: the balance of Newpin places are allocated to families with children under six years who do not meet the definitions above but have been identified as needing support to prevent deterioration in the family environment.

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

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

The Newpin SBB program commenced on 1 July 2013 and will continue for a period of seven years. The funding is managed by FACS, who monitor the progress of the program in close consultation with UnitingCare Burnside.

The Newpin SBB is one of two SBBs in the child protection area being trialled by NSW Government. 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, and the Department of the Attorney General and Justice has been established for the two child protection SBBs to monitor and provide support to the pilots and to oversee evaluation activity.

2 The Evaluation

The evaluation of the Newpin SBB Program will:

- 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* – focus on the way the services have been implemented and are operating, including any amendments from the original Newpin program and the method and manner of the expansion of the service to new centres

- *Outcomes evaluation* – examine whether the key objectives for the Newpin program have been met and identify the actual outcomes achieved by the service, the longevity of the outcomes and any unintended consequences

- *Outcomes comparison* – compare the actual outcomes achieved to the proxy measures used to calculate payments under the SBB arrangement and advise whether the proxies are closely linked to the outcomes

- *Economic and financial evaluation* –conduct a financial analysis of the service, using the high level service cost data supplied by UnitingCare Burnside to assess actual against forecast expenditure and to determine an average cost of restoration. The analysis will also incorporate any in-kind support received such as subsidised rents.

In discussions with NSW Treasury, FACS and other stakeholders it was further clarified that:

- The evaluation of the Newpin SBB Program is to focus on the evaluation of the program and service model, *not* the SBB funding arrangement, which will be the subject of a separate evaluation.

- The evaluation is to include an analysis of the process as well as the outcomes of Newpin covering implementation issues, the roll out of the program to other locations, and the further development of the program. In this way, learnings may be captured to inform future program design and implementation.

- The evaluation is to include both qualitative and quantitative data drawing, wherever possible on the considerable data that is already being collected by UnitingCare Burnside and/or FACS.

- The evaluation will not include a full cost-effectiveness analysis nor a full cost benefit analysis but it will entail a financial analysis to confirm the cost of operating Newpin and the unit cost of restorations within some comparative frame. This is discussed further in Section 4.

3   Contextual Factors

In developing the evaluation framework and methodology, the following factors were taken into account:

1. **The effectiveness of the Newpin SBB program cannot be directly compared with the (former) Newpin program operated by UnitingCare Burnside.** The Newpin SBB program represents an enhancement of the program that has been operating for some time by UnitingCare Burnside - in terms of staffing structure, management/supervision, training and professional development, data collection and reporting. The program target group has also varied, with a far larger proportion of Newpin SBB program target families focussed on *restoration*. It is therefore not appropriate, nor is it feasible, to track and directly compare the performance of the current Newpin program with the previous version of the program.

2. **The effectiveness of Newpin will instead be compared with a live matched control group** that has been established by FACS, in consultation with UnitingCare Burnside. The control group includes a group of families that meets the Cohort 1 definition, but does not receive the Newpin intervention. The control group has been established to assist with this (service model) evaluation as well as with the calculation of the Counterfactual Rate of Restoration in accordance with the Implementation Agreement. The key eligibility criteria for the control group are that a family must have at least one child aged less than six years who has been in out-of-home care for at least three months and has a realistic possibility of restoration to parent(s). The control group families are being recruited from CSCs which have similar socio-demographics to those CSCs in the local area of the Newpin centres. It is planned that some 300 children and young people will be recruited into the control group on a monthly basis from May 2013 to December 2018. For the purpose of measurement, the child must be in the control group for no less than 18 months and no more than 3.5 years at the time of measurement (see Appendix A for more details of the control group).

3. **The data items to be provided by FACS for the evaluation are still to be determined**. A list of potential data items has been discussed, and Urbis and FACS are in the process of selecting data to be provided by FACS from existing data sets that will address key evaluation questions, be methodologically robust, and be available for both the intervention and the control group

4. **A review of UnitingCare Burnside data system indicates that a significant amount of quantitative data and information of direct relevance to the evaluation is being collected and incorporated into the Client Data Information System.** Moreover, this data is capable of being aggregated and produced in reports. UnitingCare Burnside has agreed to extract whatever reports are needed for the purpose of the evaluation. These include demographic data on parents, children and on family characteristics. Importantly, they also include data from the North Carolina Family Assessment Scale (NCFACS) which assesses the degree of family functioning relating to 63 factors across ten domains. NCFAS domains include the environment (housing stability, safety etc), parental capabilities, family interactions, family safety, child wellbeing, social community life, self-sufficiency, family health, care-giver/child ambivalence and readiness for reunification. The NCFAS tool is regarded by Urbis as an appropriate tool to use in the evaluation. Its validity, reliability and internal consistency has been established through a range of research (Reed-Ashcraft, Kirk, & Fraser, 2001; Lee & Lindsey, 2010; Kirk, Kim, & Griffith, 2005). This research includes a Berkeley University study of 85 assessment instruments which identified NCFAS as one of seven as being appropriate and comprehensive, and which ranked NCFAS first for child welfare settings. The scale is also based on a strengths-based approach, which is fundamental to the Newpin model. NCFAS is administered soon after entry into Newpin and is readministered at approximately six monthly intervals and upon exit from the program.

5. **In view of the range and volume of quantitative data available to the evaluation from UnitingCare Burnside and FACS for analysis, it is proposed that the primary focus of data *collection* by the evaluators will be qualitative data.** This is in line with the objectives of the evaluation to explore the implementation and practice learnings that are being developed by Newpin over time (the process evaluation objectives). It will also facilitate the exploration – with Newpin workers and participants – of what they value most about Newpin, what works/doesn't work for different families at different points in the program and over the longer term. It is important that Newpin participants' 'story telling' is included in the evaluation – from both families who have completed the program, as well as those who do not engage with, or who drop out of the program. It will also be important to capture the perspectives of Newpin staff

and management, some of whom have been working with Newpin for many years and some of whom are working in the program for the first time.

6. **The evaluation will focus differentially on Cohorts 1, 2 and 3**. Following consultations, it is proposed that the greatest (but not the sole) focus on evaluating Newpin will be on Cohort 1 (the restoration cohort). The main reasons for this are that it has become apparent that this Cohort will form the great majority of the Newpin participants; this is the group on which the majority of payments are based (there are also payments associated with Cohorts 2 and 3); and this is the Cohort for which the control group has been established. Cohort 1 will include an analysis of both Newpin program and FACS data. Cohort 2 will include an analysis of Newpin program data only. This means that the analysis of longer term outcomes (i.e. beyond participation in the 18 month program) will be confined to Cohort 1 participants. Both Cohort 1 and 2 parents will be involved in interviews, case studies and the parent survey. Cohort 3 would appear to be a 'catchall' for families who do not meet the eligibility criteria for Cohorts 1 or 2. Cohort 3 participants' involvement in the evaluation will be similar to Cohort 2.

7. **The evaluation of Newpin will potentially go over a seven year period from 2013 to 2020. However, the current contracted evaluation covers the first three years of Newpin, from 1 July 2013 to 30 June 2016.** The evaluation framework forms the basis of a seven year evaluation. However, most emphasis has been placed on the first three years of Newpin SBB Program operation. As Newpin expands and develops, there may be a need to adjust or refine the evaluation framework along the way. In this way, the framework is a living document that is able to respond to any shifts in priorities regarding evaluation questions or data. It is anticipated that the longer term outcomes (as defined in the program logic) will remain unchanged over time, and indeed may be measured for up to seven years. It is recommended that at the end of the current contract (June 2016), consideration be given to review the framework to determine what, if any, adjustments need to be made to the framework, and in turn, the evaluation methodology going forward. This may have resources implications (up or down) depending upon what is determined at that point.

8. **There have been recent changes to NSW child protection legislation.** The Child Protection Legislation Amendment Bill 2013 was passed by both Houses of the NSW Parliament and assented on 1 April 2014. This Bill involves a number of changes to parent responsibility contracts, parent capacity orders, permanent placement principles, out of home care, guardianship orders and adoption of children in out-of-home care that may influence the broader child protection system that Newpin operates within. Throughout the evaluation, it will be important to assess what, if any, impact these changes have on the operation and success of Newpin.

4 Comparison of Economic Analyses

This section outlines key issues with each approach and suggests a way forward, for consideration by NSW Treasury and other stakeholders.

4.1 COST BENEFIT ANALYSIS (CBA)

As noted in Urbis' original tender submission, a full CBA would provide the best understanding of the return on investment (ROI) delivered by Newpin. A CBA would include not only the avoided costs (benefits) of out-of-home care which result from restoration, but would also provide some indication of the life time benefits of restoration, drawing on current literature to understand impacts on indicators such as employment, health, and crime.

However, to be able to undertake the CBA, a counterfactual must be observable. While we can compare the observed rate of restoration in the general community with that of the Newpin SBB Program, FACS advises that the range of support services delivered by the NSW Government are broad and can vary depending on family circumstances. As such there are no clearly identifiable costs associated solely with restoration.

4.2 COST EFFECTIVENESS ANALYSIS (CEA)

A CEA could provide NSW Treasury with an understanding of the relative cost of restoration outcomes provided under the Newpin model in comparison with other restoration services, drawing on the experience of alternative programs to provide a counterfactual.

FACS has advised that there are no directly comparable government-run or funded programs in NSW to provide the counterfactual. Similarly, UnitingCare Burnside advised that Newpin is unique to NSW in Australia and that in the UK the program is not focussed on restoration. However, restoration programs in Australia identified by Urbis in consultation with FACS that might provide some basis for comparison include:

- CatholicCare's Restoration Service

- Barnardos Temporary Family Care

- FACS Family Preservation and Restoration/Short Term Court Order Pilot.

Comparisons with all these programs are dependent on the availability of data. Other programs that may provide some avenues for comparison that were identified in consultation with FACS include:

- Intensive Family Based Services (IFBS) Restoration

- Campbelltown Community Service Centre Restoration Program (2002-2005).

Urbis also found a number of potentially comparable restoration programs operating in other countries (notably in the USA). However, required comparison data are unlikely to be readily available, if at all. Further, cost structures are not directly comparable due to differences in the broader child welfare and restoration service environment, relative wage rates, transport and property costs. Even if a purchasing power parity framework were to be applied, we could have little confidence that this would be meaningful.

Urbis notes that a CEA presents some challenges, but would provide a useful understanding of the relative cost efficiency of Newpin. If this approach were adopted, it would be important to (i) ensure that longitudinal data is available for these programs so the sustainability of restoration outcomes can be compared and (ii) identify any significant qualitative differences between the comparator(s) and the Newpin SBB Program.

4.3 FINANCIAL ANALYSIS (FA)

UnitingCare Burnside have provided Urbis with a summary of major cost items for four centres plus management in Year 1. UnitingCare Burnside have provided aggregated costs for: staff, property, vehicles, set up and management of the funding arrangements, other operating costs (not specified).

Urbis could use this information to:

- assess whether, over time, UnitingCare Burnside has been able to manage expenditure as forecast (compare actual against modelled)

- provide an average cost per restoration, which might be helpful if additional information on other programs becomes available later in the evaluation program.

This is the most simple and readily achievable analysis; data are already provided. However, there is no ability to interpret how efficiently or otherwise the program is being run. More importantly, there is no comparator against which to benchmark the average cost of restoration.

Urbis notes that none of the above methods of analysis incorporates an appreciation of the wide level of effort expended in terms of time and activities performed in the delivery of a restoration service. The potentially extensive cost of ongoing post restoration support services, including housing assistance, financial support and mental health counselling.

4.4   SUMMARY OF POTENTIAL ECONOMIC ANALYSES

A Cost Effectiveness Analysis would provide NSW Treasury with the most useful information, and should be the preferred option. However, this will depend on the availability of comparable data from restoration programs being made available to the evaluation team and the costs involved in conducting such an analysis. In the absence of this data, Urbis recommends proceeding with the Financial Analysis.

The Newpin Evaluation Working Group has indicated that cost effectiveness analysis is the preferred option should comparable data from restoration programs be available. A financial analysis should be undertaken at a minimum.

5 The Program Logic and Evaluation Framework

This document contains a Program Logic and an Evaluation Framework for the Newpin SBB Program. It has been designed with input from the following:

- an analysis of key Newpin program documentation, including the Newpin SBB Information Memorandum, the Newpin Operations Manual, previous evaluations of the program, conference papers, Newpin assessment, referral, workplans and other documentation
- an analysis of data collected by UnitingCare Burnside that could potentially be used in the evaluation
- an analysis of data collected by FACS that will be able to be extracted for Newpin Cohort 1 participants and the control group, for comparison purposes
- a workshop attended by Newpin management and staff
- a workshop attended by key departmental representatives from NSW Treasury and FACS and from UnitingCare Burnside
- several meetings with management, finance and evaluation personnel from UnitingCare Burnside
- meeting(s) with personnel from FACS program management and information systems management.

Figure 1 sets out the Newpin SBB Program Evaluation Timing of Core Evaluation Activities 2013-2020.

Figure 2 sets out the Newpin SBB Program Logic.

Table 1 on the following pages contains the Newpin SBB Program Evaluation Framework. This specifies:

- the key outcomes (in line with the program logic hierarchy)
- the key evaluation questions relating to each of the outcomes
- the indicators that will be used to measure the outcomes
- the data sources from which these indicators will be drawn (primary and secondary sources).

Table 2 sets out the Analytical Frame for the Data Analysis

Attached in the Appendix C and D is a summary of the data required to be provided by UnitingCare and by FACS over the next three years. A more detailed data plan will be devised following further discussions with UnitingCare and the Department

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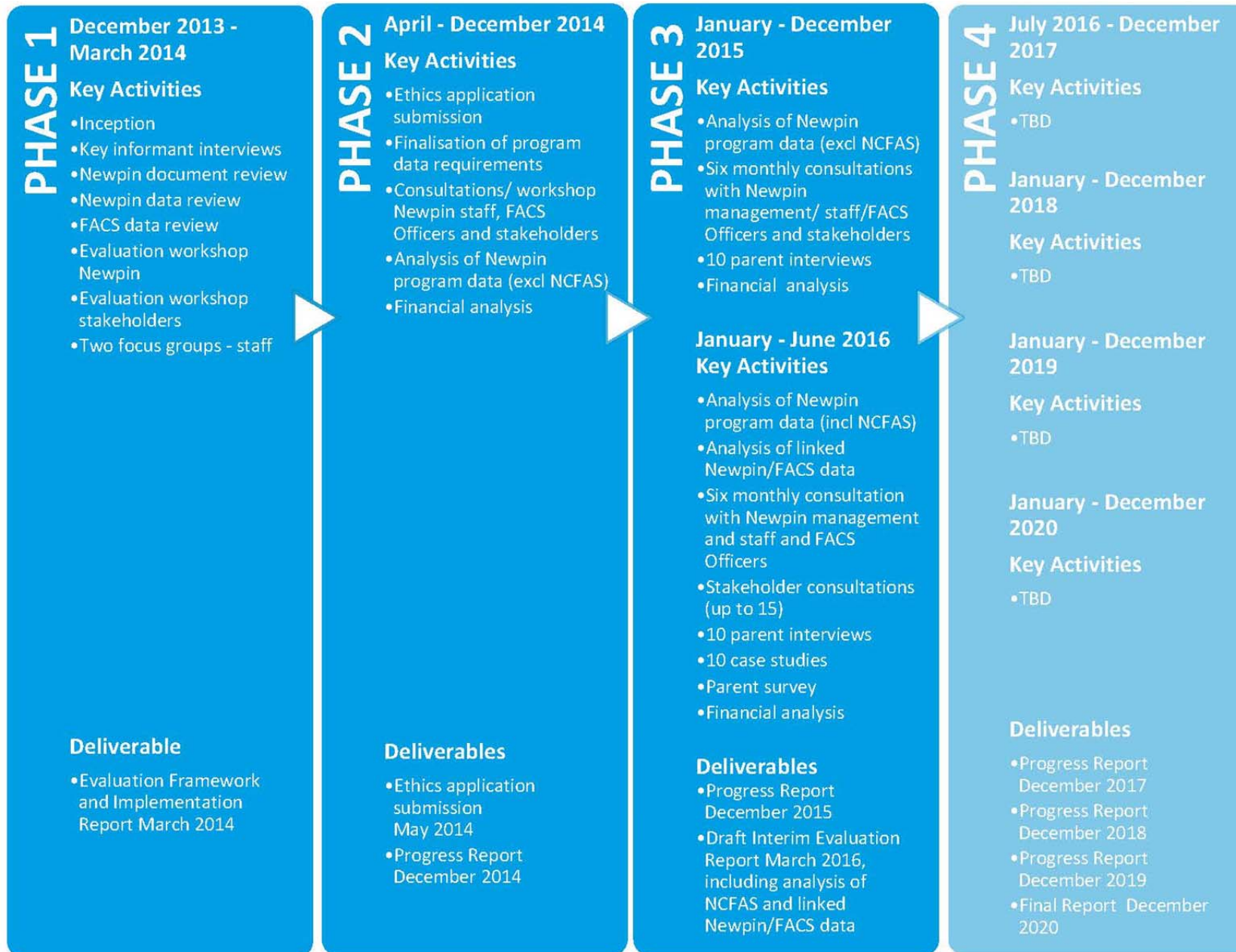
PHASE 1

December 2013 - March 2014

Key Activities

- Inception
- Key informant interviews
- Newpin document review
- Newpin data review
- FACS data review
- Evaluation workshop Newpin
- Evaluation workshop stakeholders
- Two focus groups - staff

Deliverable

- Evaluation Framework and Implementation Report March 2014

PHASE 2

April - December 2014

Key Activities

- Ethics application submission
- Finalisation of program data requirements
- Consultations/ workshop Newpin staff, FACS Officers and stakeholders
- Analysis of Newpin program data (excl NCFAS)
- Financial analysis

Deliverables

- Ethics application submission May 2014
- Progress Report December 2014

PHASE 3

January - December 2015

Key Activities

- Analysis of Newpin program data (excl NCFAS)
- Six monthly consultations with Newpin management/ staff/FACS Officers and stakeholders
- 10 parent interviews
- Financial analysis

January - June 2016 Key Activities

- Analysis of Newpin program data (incl NCFAS)
- Analysis of linked Newpin/FACS data
- Six monthly consultation with Newpin management and staff and FACS Officers
- Stakeholder consultations (up to 15)
- 10 parent interviews
- 10 case studies
- Parent survey
- Financial analysis

Deliverables

- Progress Report December 2015
- Draft Interim Evaluation Report March 2016, including analysis of NCFAS and linked Newpin/FACS data

PHASE 4

July 2016 - December 2017

Key Activities

- TBD

January - December 2018

Key Activities

- TBD

January - December 2019

Key Activities

- TBD

January - December 2020

Key Activities

- TBD

Deliverables

- Progress Report December 2017
- Progress Report December 2018
- Progress Report December 2019
- Final Report December 2020

Figure 1 above includes a range of reports to be provided in the course of the evaluation. The Urbis methodology includes two reports over and above what was required in the RFQ.

The RFQ called for two reports during 2013 – 2016:

- a Report (comprising an Evaluation Framework and Implementation Report) in March 2014
- an Interim Evaluation Report two years later in March 2016.

Urbis has included *two progress reports* in addition to the above, provided in December 2014 and in December 2015.

The rationale for including these additional reports is to:

- provide process, financial and some outcome data on an annual basis
- provide an analysis of Newpin program data on an annual basis, tracking referrals, participant demographics, completion rates and restoration outcomes
- provide an opportunity for Newpin management and staff, FACS officers and referring agencies to reflect on implementation, progress, success factors and practice learnings as they develop on an annual basis, which can feed into the ongoing enhancement of the program
- provide an opportunity to report directly from some parents about their experiences of Newpin before March 2016.

The content of the various reports to be delivered during the evaluation is as follows:

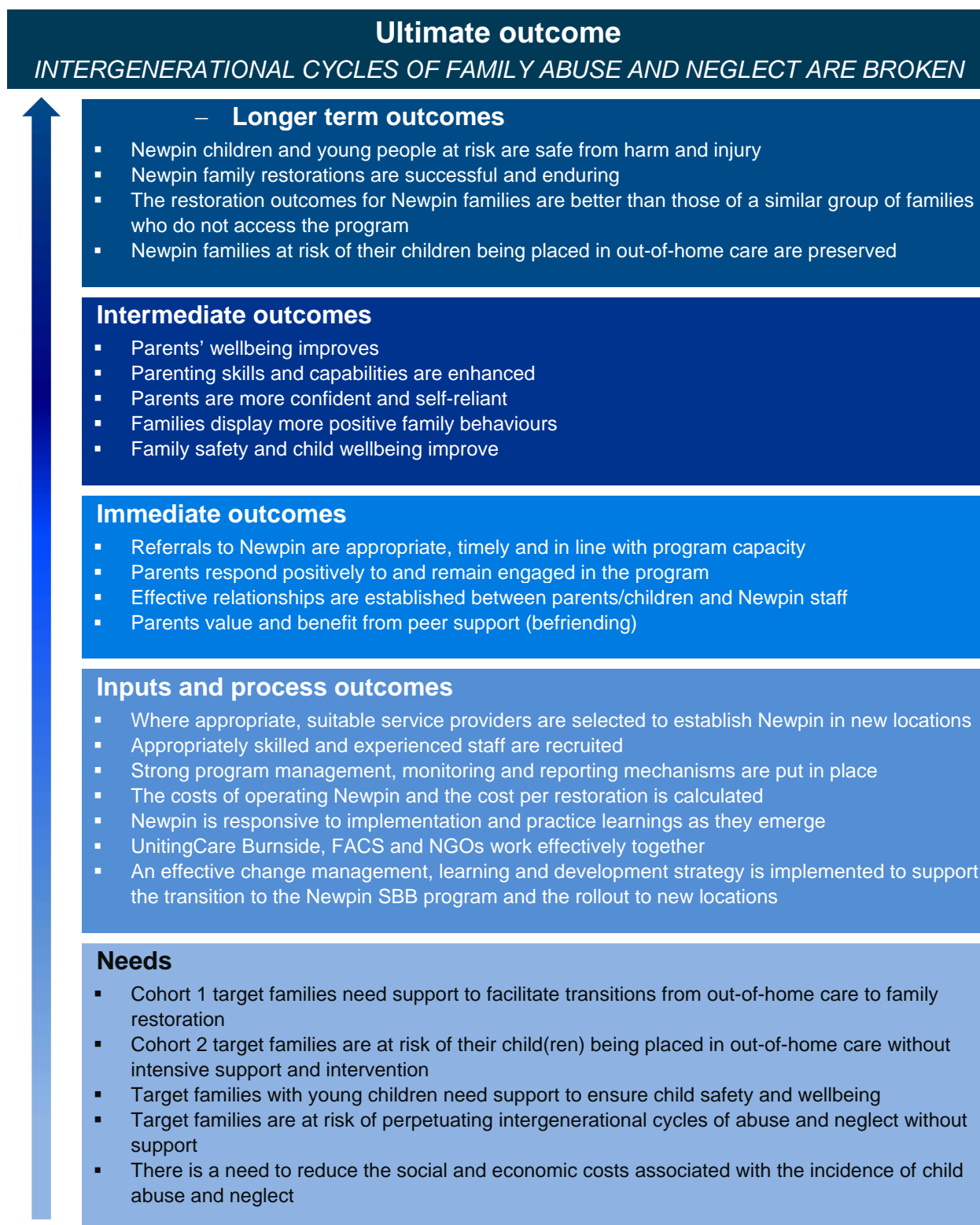| REPORT/DOCUMENT/TIMING	CONTENT
Evaluation Framework July 2014	- The Program Logic - Key evaluation questions - Indicators - Data sources - Analysis frame
Implementation Report July 2014	- Report on early implementation issues (first 6-8 months of Newpin SBB) - Mainly from the perspective of Newpin management and staff responsible for day-to-day delivery of the program
First Annual Progress Report December 2014	- Report on implementation issues, process outcomes and emerging practice learnings after first year of operation of Newpin SBB - Includes perspectives of Newpin, FACS and other stakeholders - Analysis of Annual Program Data from Newpin (excluding NCFAS) on program participation, completion, restoration outcomes and participant profiles - Program financials
Second Annual Progress Report December 2015	- Report on implementation issues relating to program rollout - Report on process outcomes and practice learnings - Includes the perspectives of Newpin, FACS, stakeholders and parents - Analysis of Annual Program Data from Newpin (excluding NCFAS) on program participation, completion, restoration outcomes and participant profiles and comparison with Year 1 - Program financials
Interim Evaluation Report March 2016	- Comprehensive report on process and outcomes, according to the program logic framework and key evaluation questions - Analysis of Newpin program data, NCFAS data, and linked FACS data over a 2.5 year period - Comparison of intervention group and control group - Includes perspectives of Newpin, FACS, other stakeholders and parents interviews, parent survey and case studies - Cost effectiveness analysis (if any)and program financials

FIGURE 2 – NEWPIN SBB PROGRAM LOGIC

Ultimate outcome
INTERGENERATIONAL CYCLES OF FAMILY ABUSE AND NEGLECT ARE BROKEN

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

Intermediate outcomes
- Parents' wellbeing improves
- Parenting skills and capabilities are enhanced
- Parents are more confident and self-reliant
- Families display more positive family behaviours
- Family safety and child wellbeing improve

Immediate outcomes
- Referrals to Newpin are appropriate, timely and in line with program capacity
- Parents respond positively to and remain engaged in the program
- Effective relationships are established between parents/children and Newpin staff
- Parents value and benefit from peer support (befriending)

Inputs and process outcomes
- Where appropriate, suitable service providers are selected to establish Newpin in new locations
- Appropriately skilled and experienced staff are recruited
- Strong program management, monitoring and reporting mechanisms are put in place
- The costs of operating Newpin and the cost per restoration is calculated
- Newpin is responsive to implementation and practice learnings as they emerge
- UnitingCare Burnside, FACS and NGOs work effectively together
- An effective change management, learning and development strategy is implemented to support the transition to the Newpin SBB program and the rollout to new locations

Needs
- Cohort 1 target families need support to facilitate transitions from out-of-home care to family restoration
- Cohort 2 target families are at risk of their child(ren) being placed in out-of-home care without intensive support and intervention
- Target families with young children need support to ensure child safety and wellbeing
- Target families are at risk of perpetuating intergenerational cycles of abuse and neglect without support
- There is a need to reduce the social and economic costs associated with the incidence of child abuse and neglect

TABLE 1 –NEWPIN SBB PROGRAM EVALUATION FRAMEWORK

	Program logic statements	Key evaluation questions	Indicators	Potential data sources
	LONGER TERM OUTCOMES			
	Children and young people at risk are safe from harm and injury	Are children whose families participate in Newpin safe from harm and injury?	▪ Proportion of Cohort 1 children who are subject to: – reports of significant harm (by type) – substantiated reports (by type) whilst attending Newpin, and in each subsequent year (up to 7 years) after completing or leaving the program (if not completed)	▪ FACS data
	Family restorations are successful and enduring	How successful is Newpin in achieving family restorations? How enduring are these restorations? Are some families more likely to be successfully restored than others? What are the critical success factors/barriers to a restoration? What are the critical success factors to an enduring restoration? What impacts (positive or negative) have flowed from changed to child protection legislation or permanency planning on the rate and sustainability of restorations? What aspects of the Newpin program are most valued by parents and why?	▪ Proportion of Cohort 1 participants whose families are restored within the program timeframe ▪ Identification of impacts (positive or negative) of legislative changes on referrals to Newpin, client profiles, time spent in the program, program completion rate, client outcomes and rate of restoration ▪ Comparison of data pre and post major legislative changes impacting significantly on Newpin Cohort 1	▪ Program data ▪ Interviews with Newpin management and staff ▪ Interviews with FACS officers and other stakeholders ▪ Interviews with parents
			▪ Proportion of Cohort 1 participants where family restoration is achieved where restoration is maintained 1, 2,3 years and up to 7 years beyond as measured by: – entries into out-of-home care – reasons for entry to out-of-home care – length of stay in out-of-home care	▪ FACS data
			▪ Comparison of restoration rate for Cohort 1 by: – duration in Newpin program (days) – whether or not participation in Newpin has been court-ordered[1]	▪ Program data ▪ Interviews with Newpin management and staff ▪ Interviews with FACS officers
			▪ Comparison of restoration endurance for Cohort 1 by: – duration in Newpin program (days) – whether or not participation in Newpin has been court-ordered[1]	▪ FACS data ▪ Interviews with Newpin management and staff ▪ Interview with FACS officers

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[1] This is dependent on a specific data field identifying which participants are court-ordered being incorporated in UnitingCare's internal client information management system (Carelink). Discussions with UnitingCare Burnside have indicated this may be feasible and there are existing customisable fields within the system that could be used for this purpose.

	Program logic statements	Key evaluation questions	Indicators	Potential data sources
	LONGER TERM OUTCOMES CONT'D			
			▪ Identification of critical success factors and barriers ▪ Identification of legislative/practice changes and how these have impacted on outcomes ▪ Rating of program components by parents	▪ Interviews with Newpin management and staff ▪ Interviews with FACS officers ▪ Interviews with parents (restored and not-restored) ▪ Case studies ▪ Parent satisfaction survey
	The restoration outcomes for Newpin families are better than those of a similar group of families who do not access the program	How does the rate of restoration for families participating in Newpin compare with that of a comparable group who do not access the program? How does the rate of restoration endurance of Newpin participants compare with that of a comparable group that do not access the program?	▪ Proportion of Cohort 1 families participating in Newpin who are restored, within comparable timeframe, compared with FACS control group	▪ FACS data
			▪ Proportion of Cohort 1 families participating in Newpin whose restorations endure 1, 2 and 3 years (and beyond up to 7 years) after restoration compared with FACS control group	▪ FACS data
	Families at risk of their children being placed in out-of-home care are preserved How successful is Newpin in preventing families at risk of having their children placed in out-of-home care? Are some families at risk more likely to avoid out-of-home care than others?	What are the critical success factors/barriers to preservation? What impacts (positive or negative) have flowed from changes to child protection legislation or permanency planning on the outcomes for these families? What aspects of the program are most valued by parents and why?	▪ Proportion of Cohort 2 families who do not have their children removed from their care within the program timeframe ▪ Identification of impacts (positive or negative) of legislative changes on referrals to Newpin, client profiles, time spent in the program, program completion rate, client outcomes and rate of preservation ▪ Comparison of data pre and post any major legislative changes impacting significantly on Newpin Cohort 2	▪ Program data ▪ Interviews with Newpin management and staff ▪ Interviews with FACS officers and other stakeholders ▪ Interviews with parents

	Program logic statements	Key evaluation questions	Indicators	Potential data sources
	LONGER TERM OUTCOMES CONT'D			
			• Comparison of preservation rate for Cohort 2 families, by: – duration in Newpin program (days) • whether or not participation in Newpin has been court-ordered[1]	• Program data • Interviews with Newpin management and staff • Interviews with FACS officers and other key referral agencies
			• Identification of critical success factors and barriers • Identification of legislative/practice changes and how these have impacted on outcomes • Rating of program components by parents	• Interviews with Newpin management and staff • Interviews with FACS officers and other key referral agencies • Interviews with parents (preserved and not preserved) • Case studies • Parent satisfaction survey
			• Examples provided	• Interviews with parents • Case studies • Interviews with Newpin management and staff

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[1] This is dependent on a specific data field identifying which participants are court-ordered being incorporated in UnitingCare's internal client information management system (Carelink). Discussions with UnitingCare Burnside have indicated this may be feasible and there are existing customisable fields within the system that could be used for this purpose.

	PROGRAM LOGIC STATEMENTS	KEY EVALUATION QUESTIONS	INDICATORS	POTENTIAL DATA SOURCES
	INTERMEDIATE OUTCOMES			
	Parents' wellbeing improves	To what extent do various aspects of the parents' environment, physical and mental health improve?	▪ Comparison of NCFAS scores for Cohorts 1 and 2 over time – Environment domain (1-7) – Family health domain (2-4) whilst in the program	▪ Program data
			▪ Examples provided	▪ Interviews with parents ▪ Case studies ▪ Interviews with Newpin management and staff
	Parenting skills and capabilities are enhanced	To what extent do Newpin participants improve their parenting skills and capabilities?	▪ Comparison of NCFAS scores for Cohorts 1 and 2 over time – Parental capability domain (1-8) – Caregiver/child ambivalence domain (1-6) whilst in the program	▪ Program data
			▪ Examples provided	▪ Interviews with parents ▪ Case studies ▪ Interviews with Newpin management and staff
	Parents are more confident and self-reliant	To what extent do Newpin parents exhibit greater confidence, independence and self-esteem as a result of participating in the program?	▪ Comparison of NCFAS scores for Cohorts 1 and 2 over time – Self sufficiency domain (1-6) – Social community life domain (1-6) whilst in the program	▪ Program data
			▪ Examples provided	▪ Interviews with parents ▪ Case studies ▪ Interviews with Newpin management and staff
	Families display more positive family behaviours	To what extent do Newpin participants improve their family interaction?	▪ Comparison of NCFAS scores for Cohorts 1 and 2 over time – Family interactions domain (1-8) whilst in the program	▪ Program data
			▪ Examples provided	▪ Interviews with parents ▪ Case studies ▪ Interviews with Newpin management and staff

PROGRAM LOGIC STATEMENTS	KEY EVALUATION QUESTIONS	INDICATORS	POTENTIAL DATA SOURCES
INTERMEDIATE OUTCOMES CONT'D			

Family safety and child wellbeing improve	To what extent do Newpin participants experience improvements in family safety and child wellbeing?	▪ Comparison of NCFAS scores for Cohorts 1 and 2 over time
		  – Family safety domain (1-8)
		  – Child wellbeing domain (1-7)
		  – Family health domain (5-8) whilst in the program
			▪ Program data

		▪ Examples provided	▪ Interviews with parents ▪ Case studies ▪ Interviews with Newpin management and staff

PROGRAM LOGIC STATEMENTS	KEY EVALUATION QUESTIONS	INDICATORS	POTENTIAL DATA SOURCES
IMMEDIATE OUTCOMES			
Referrals to Newpin are appropriate, timely and in line with program eligibility and capacity	Is the process of referral to Newpin working well? What factors are facilitating/ inhibiting smooth and timely referral pathways into Newpin?	▪ Number and proportion of referrals to Newpin (on an annual basis) relative to program capacity	▪ Program data
		▪ Number and proportion of Cohort 1 and 2 families referred to Newpin	▪ Program data
		▪ Number and proportion of Cohort 1 and Cohort 2 referrals accepted into Newpin	▪ Program data
		▪ Analysis of Newpin participant and family profile over three years (Cohorts) – Parent – age, gender, disability/physical health, mental illness, substance abuse, Aboriginal background, CALD background, court-ordered or voluntary – Child – age, gender, Aboriginal background, CALD background	▪ Program data
		▪ Identification of facilitation/barriers to program referrals ▪ Identify any impacts due to changes to child protection legislation in 2014	▪ Interviews with Newpin management and staff ▪ Interviews with FACS officers and other key referral agencies
Parents respond positively to, and remain engaged in, the program	To what extent do parents referred to Newpin agree to participate in the program? To what extent do parents who participate in Newpin feel engaged in the program? What factors influence the level of engagement and program completion? Are some families more likely to engage or complete the program than others?	▪ Proportion of parents referred to the program who agree to participate ▪ Reasons for non-participation	▪ Program data
		▪ Proportion of parents who participate in Cohort 1and 2 who complete the 18 month program ▪ Level of engagement reported by parents	▪ Program data ▪ Interviews with parents ▪ Case studies ▪ Parent satisfaction survey
		▪ Identification of critical success factors/barriers to engagement/completion ▪ Reasons for non-completion of program ▪ Identify any impacts due to changes to child protection legislation in 2014	▪ Interviews with Newpin management and staff ▪ Interviews with FACS officers and other key referral agencies ▪ Interviews with parents (completers and non-completers) ▪ Case studies

PROGRAM LOGIC STATEMENTS	KEY EVALUATION QUESTIONS	INDICATORS	POTENTIAL DATA SOURCES
IMMEDIATE OUTCOMES CONT'D			
		▪ Comparison of program completion rate by: – source of referral	▪ Program data ▪ Interviews with Newpin management and staff ▪ Interviews with FACS officers and other key referral agencies ▪ Interviews with parents (completers and non-completers)
Effective relationships are established between parents/children and Newpin staff	How effectively do Newpin staff engage with and support parents and children? What factors make for an effective relationship: ▪ with parents ▪ with children?	▪ Parents' rating of the value and quality of *their* relationship with Newpin staff	▪ Interviews with parents ▪ Case studies ▪ Parent satisfaction survey
		▪ Parents' rating of the value and quality of the relationship of *their children* with Newpin staff	▪ Interviews with parents (completers and non-completers) ▪ Case studies ▪ Parent satisfaction survey
		▪ Identification of factors facilitating/inhibiting the development of effective relationships	▪ Interviews with parents (completers and non-completers) ▪ Case studies ▪ Interviews with Newpin management and staff
Parents value and benefit from peer support	To what extent is the peer support (befriending) aspect of Newpin embraced by parents?	▪ Parents' rating of the value and benefit of peer support	▪ Interviews with parents (completers and non-completers) ▪ Case studies ▪ Parent satisfaction survey
		▪ Staff assessments of peer support component	▪ Interviews with Newpin management and staff
		▪ Identification of recruitment facilitators/barriers ▪ Identification of potential solutions to barriers	▪ Interviews with Newpin management, staff, and any new providers

PROGRAM LOGIC STATEMENTS	KEY EVALUATION QUESTIONS	INDICATORS	POTENTIAL DATA SOURCES
INPUTS AND PROCESS OUTCOMES			
Where appropriate, suitable service providers are selected to establish Newpin in new locations	Where necessary and appropriate, UnitingCare Burnside has successfully identified and contracted providers to extend Newpin to new locations? What factors influenced the selection of locations/providers and were these appropriate?	▪ Perceptions of UnitingCare Burnside and FACS personnel in relation to the selection of (any) new providers ▪ Identification of process and criteria for new Newpin locations and providers ▪ Assessment of the validity of the approach	▪ Interviews with Newpin management ▪ Interviews with FACS officers ▪ Interviews with Newpin management ▪ Interviews with FACS officers and other stakeholders
Appropriately skilled and experienced staff are recruited	Have Newpin staff been successfully recruited into the program (in line with the planned rollout)? How easy or difficult has the recruitment process been? What implications does this have for future rollout?	▪ Level of satisfaction with the effectiveness and efficiency of the recruitment process by Newpin and new providers ▪ Identification of recruitment facilitators/barriers ▪ Identification of potential solutions to barriers	▪ Interviews with Newpin management, staff and any new providers ▪ Interviews with Newpin management, staff, and any new providers
An effective change management, learning and development strategy is implemented to support the transition to the Newpin SBB program and the rollout to new locations	How well was the transition from the previous Newpin to the Newpin SBB program handled? To what extent are staff assisted and supported to implement the Newpin SBB program and engage in ongoing professional development? Are there any major learnings or development gaps that need to be addressed?	▪ Level of satisfaction with the transition to enhanced service model reported by Newpin management and staff and FACS ▪ Level of satisfaction reported by Newpin staff (existing and new) of program orientation, professional development training, and supervision provided ▪ Assessments of how this has contributed to improved practice ▪ Identification of gaps/ professional development needs	▪ Interviews with Newpin management and staff ▪ Interviews with FACS officers ▪ Interviews with Newpin management and staff
Strong program governance, management, monitoring and reporting mechanisms are put in place	To what extent is Newpin underpinned by strong governance, program management, monitoring and reporting? What is satisfactory/what is not?	▪ Level of satisfaction with program governance, management and related functions reported by the service provider and FACS. ▪ Identification of strengths, limitations and gaps in program governance, management and monitoring and how these can be improved	▪ Interviews with Newpin management ▪ Interviews with any new providers ▪ Interviews with FACS officers

PROGRAM LOGIC STATEMENTS	KEY EVALUATION QUESTIONS	INDICATORS	POTENTIAL DATA SOURCES
INPUTS AND PROCESS OUTCOMES CONT'D			
The costs of operating Newpin and cost per restoration is calculated	What is the cost of operating Newpin? What is the unit cost per restoration?	• Analysis of costs, funding and expenditure, including the value of in-kind and voluntary contributions • Analysis of per restoration unit cost • Comparison of per unit costs with other comparable costs as identified in literature review	• UnitingCare Burnside financial data
Newpin is responsive to implementation and practice learnings as they emerge and in response to changes in the policy and legislative environment	What implementation learnings are there from transitioning from the previous version of Newpin to the Newpin SBB program? What implications do these have for future program implementation and the expansion of the program into six new locations? What practice learnings are developing from the operation of Newpin and how are these being used to enhance program effectiveness and efficiency? What impact have any changes to child protection legislation or permanency planning had on Newpin?	• Identification of learnings for implementation • Identification of practice learnings • Description of action being taken to build on implementation and practice learnings	• Interviews with Newpin management, staff, and any new providers • Interviews with FACS officers
		• Identification of impacts and any actions taken as a result	• Interviews with Newpin management and staff • Interviews with FACS officers and other stakeholders
UnitingCare Burnside, FACS and NGOs work effectively together	To what extent have UnitingCare Burnside and FACS developed an effective working relationship to achieve positive program outcomes? To what extent has UnitingCare Burnside developed good working relationships with other NGOs (as referrers or providers)?	• Perception of the effectiveness of the relationship by UnitingCare Burnside and FACS	• Interviews with UnitingCare Burnside/Newpin management • Interviews with FACS officers
		• Perceptions of the relationship by UnitingCare Burnside, FACS and key external agencies	• Interviews with UnitingCare Burnside and Newpin management • Interviews with FACS officers • Interviews with external agencies

6   Analytical Frame

The following Table 2 provides detail of how each of the indicators within the evaluation framework will be analysed. This articulates both the *analytical frame* and the *type of analysis* to be undertaken.

The *analytical frame* incorporates the key themes that are required for the process and outcomes evaluation and the financial evaluation, as articulated in the Evaluation Brief. They include process aspects (eg tracking innovation, learning and change, client engagement, contextual factors), outcomes (eg program, client) and financial issues.

In turn, these will form the basis of the Interim and Final Reports.

The type of analysis is articulated in the final column of the table, and describes the nature of the analysis to be undertaken (eg thematic, statistical, longitudinal, comparative) in relation to the indicators – and in line with the key evaluation questions.

The precise method and structure of reporting in the Interim and Final Reports will be determined in close consultation with the Working Group.

There are various options, such as:

- Structuring the report by the terms of reference

- Structuring the report by themes and issues

- Structuring the report by type of data (eg surveys, qualitative analyse, data).

In our experience, the most efficient and effective method of reporting will involve 'telling the story' of the evaluation thematically in the body of the report with more detailed qualitative data and reporting of surveys contained in Appendices.

Quantitative and qualitative data from all data sources will be reported on separately, brought together enabling a triangulation of data, a synthesis of the findings from the different data components, identification of overall findings, learnings and implications for the future.

TABLE 2 – ANALYTICAL FRAME

PROGRAM LOGIC STATEMENTS	INDICATORS	POTENTIAL DATA SOURCES	ANALYSIS FRAME	TYPE OF ANALYSIS
LONGER TERM OUTCOMES				
Children and young people at risk are safe from harm and injury	▪ Proportion of Cohort 1 children who are subject to: – reports of significant harm (by type) – substantiated reports (by type) whilst attending Newpin, and in each subsequent year (up to 7 years) after completing or leaving the program (if not completed)	▪ FACS data	Program outcomes	Statistical analysis Longitudinal analysis Comparative analysis for different client groups
Family restorations are successful and enduring	▪ Proportion of Cohort 1 participants whose families are restored within the program timeframe ▪ Identification of impacts (positive or negative) of legislation changes on referrals to Newpin, client profiles, time spent in the program, program completion rate, client outcome and rate of restoration ▪ Comparison of data pre and post major legislative changes impacting significantly on Newpin Cohort 1	▪ Program data ▪ Interviews with Newpin management and staff ▪ Interviews with FACS officers and other stakeholders ▪ Interviews with parents	Program outcomes	Statistical analysis Comparative analysis Thematic analysis
	▪ Proportion of Cohort 1 participants where family restoration is achieved where restoration is maintained 1, 2,3 years and up to 7 years beyond as measured by: – entries into out-of-home care – reasons for entry to out-of-home care – length of stay in out-of-home care	▪ FACS data	Program outcomes	Statistical analysis Longitudinal analysis
	▪ Comparison of restoration rate for Cohort 1 by: – duration in Newpin program (days) – whether or not participation in Newpin has been court-ordered[1]	▪ Program data ▪ Interviews with Newpin management and staff ▪ Interviews with FACS officers	Program outcomes Tracking innovation, learnings and change Contextual factors	Statistical analysis Comparative analysis for different client groups Thematic analysis
	▪ Comparison of restoration endurance for Cohort 1 by: – duration in Newpin program (days) – whether or not participation in Newpin has been court-ordered[1]	▪ FACS data ▪ Interviews with Newpin management and staff ▪ Interview with FACS officers	Program outcomes Tracking innovation, learnings and change Contextual factors	Statistical analysis Comparative analysis for different client groups
	▪ Identification of critical success factors and barriers ▪ Rating of program components by parents	▪ Interviews with Newpin management and staff ▪ Interviews with FACS officers ▪ Interviews with parents (restored and not-restored) ▪ Case studies ▪ Parent satisfaction survey	Program outcomes Client outcomes Client engagement Tracking, innovation, learnings and change Contextual factors	Thematic analysis Comparative analysis for staff and parents Illustrative analysis through case studies Statistical analysis Triangulation of findings

[1] This is dependent on a specific data field identifying which participants are court-ordered being incorporated in UnitingCare's internal client information management system (Carelink). Discussions with UnitingCare Burnside have indicated this may be feasible and there are existing customisable fields within the system that could be used for this purpose.

PROGRAM LOGIC STATEMENTS	INDICATORS	POTENTIAL DATA SOURCES	ANALYSIS FRAME	TYPE OF ANALYSIS
LONGER TERM OUTCOMES CONT'D				
The restoration outcomes for Newpin families are better than those of a similar group of families who do not access the program	▪ Proportion of Cohort 1 families participating in Newpin who are restored, within comparable timeframe, compared with FACS control group	▪ FACS data	Outcomes comparison	Statistical analysis Comparative analysis - cohort and control groups
	▪ Proportion of Cohort 1 families participating in Newpin whose restorations endure 1, 2 and 3 years (and beyond up to 7 years) after restoration compared with FACS control group	▪ FACS data	Outcomes comparison	Statistical analysis Longitudinal analysis Comparative analysis - cohort and control groups
Families at risk of their children being placed in out-of-home care are preserved	▪ Proportion of Cohort 2 families who do not have their children removed from their care within the program timeframe ▪ Identification of impacts (positive or negative) of legislation changes on referrals to Newpin, client profiles, time spent in the program, program completion rate, client outcome and rate of restoration ▪ Comparison of data pre and post major legislative changes impacting significantly on Newpin Cohort 2	▪ Program data ▪ Interviews with Newpin management and staff ▪ Interviews with FACS officers and other stakeholders ▪ Interviews with parents	Program outcomes	Statistical analysis Comparative analysis Thematic analysis

	▪ Comparison of preservation rate for Cohort 2 families, by:
	  – duration in Newpin program (days)
	  – whether or not participation in Newpin has been court-ordered[1]
	whilst in the program
		▪ Program data
		▪ Interviews with Newpin management and staff
		▪ Interviews with FACS officers and other key referral agencies
			Program outcomes	Statistical analysis
				Comparative analysis - different client groups
				Thematic analysis

	▪ Identification of critical success factors and barriers ▪ Rating of program components by parents	▪ Interviews with Newpin management and staff ▪ Interviews with FACS officers and other key referral agencies ▪ Interviews with parents (preserved and not preserved) ▪ Case studies ▪ Parent satisfaction survey	Program outcomes Client outcomes Client engagement Tracking innovation, learnings and change Contextual factors	Thematic analysis Comparative analysis - staff and parents Illustrative analysis though case studies Statistical analysis Triangulation of findings
	▪ Examples provided	▪ Interviews with parents ▪ Case studies ▪ Interviews with Newpin management and staff	As above	

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[1] This is dependent on a specific data field identifying which participants are court-ordered being incorporated in UnitingCare's internal client information management system (Carelink). Discussions with UnitingCare Burnside have indicated this may be feasible and there are existing customisable fields within the system that could be used for this purpose.

PROGRAM LOGIC STATEMENTS	INDICATORS	POTENTIAL DATA SOURCES	ANALYSIS FRAME	TYPE OF ANALYSIS
INTERMEDIATE OUTCOMES				
Parents' wellbeing improves	▪ Comparison of NCFAS scores for Cohorts 1 and 2 over time – Environment domain (1-7) – Family health domain (2-4) whilst in the program	▪ Program data	Client outcomes	Statistical analysis Longitudinal (while in program)
	▪ Examples provided	▪ Interviews with parents ▪ Case studies ▪ Interviews with Newpin management and staff	Client outcomes	Thematic analysis Illustrative analysis Comparative analysis - staff and parents
Parenting skills and capabilities are enhanced	▪ Comparison of NCFAS scores for Cohorts 1 and 2 over time – Parental capability domain (1-8) – Caregiver/child ambivalence domain (1-6) whilst in the program	▪ Program data	Client outcomes	Statistical analysis Longitudinal (while in program)
	▪ Examples provided	▪ Interviews with parents ▪ Case studies ▪ Interviews with Newpin management and staff	Client outcomes	Thematic analysis Illustrative analysis Comparative analysis- staff and parents
Parents are more confident and self-reliant	▪ Comparison of NCFAS scores for Cohorts 1 and 2 over time – Self sufficiency domain (1-6) – Social community life domain (1-6) whilst in the program	▪ Program data	Client outcomes	Statistical analysis Longitudinal (while in program)
	▪ Examples provided	▪ Interviews with parents ▪ Case studies ▪ Interviews with Newpin management and staff	Client outcomes	Thematic analysis Illustrative analysis Comparative analysis –staff and parents
Families display more positive family behaviours	▪ Comparison of NCFAS scores for Cohorts 1 and 2 over time – Family interactions domain (1-8) whilst in the program	▪ Program data	Client outcomes	Statistical analysis Longitudinal (while in program)
	▪ Examples provided	▪ Interviews with parents ▪ Case studies ▪ Interviews with Newpin management and staff	Client outcomes	Thematic analysis Illustrative Comparative analysis –staff and parents

PROGRAM LOGIC STATEMENTS	INDICATORS	POTENTIAL DATA SOURCES	ANALYSIS FRAME	TYPE OF ANALYSIS
INTERMEDIATE OUTCOMES CONT'D				

Family safety and child wellbeing improve	▪ Comparison of NCFAS scores for Cohorts 1 and 2 over time
	  – Family safety domain (1-8)
	  – Child wellbeing domain (1-7)
	  – Family health domain (5-8)
	whilst in the program
		▪ Program data	Client outcomes	Statistical analysis
				Longitudinal analysis (while in program)

	▪ Examples provided	▪ Interviews with parents ▪ Case studies ▪ Interviews with Newpin management and staff	Client outcomes	Thematic analysis Illustrative analysis Comparative analysis –staff and parents

PROGRAM LOGIC STATEMENTS	INDICATORS	POTENTIAL DATA SOURCES	ANALYSIS FRAME	TYPE OF ANALYSIS
IMMEDIATE OUTCOMES				
Referrals to Newpin are appropriate, timely and in line with program eligibility and capacity	▪ Number and proportion of referrals to Newpin (on an annual basis) relative to program capacity	▪ Program data	Program outcomes	Statistical analysis Annual and cumulative
	▪ Number and proportion of Cohort 1 and 2 families referred to Newpin	▪ Program data	Program outcomes	Statistical analysis Annual and cumulative
	▪ Number and proportion of Cohort 1 and Cohort 2 referrals accepted into Newpin	▪ Program data	Program outcomes	Statistical analysis Annual and cumulative
	▪ Analysis of Newpin participant and family profile over three years (Cohorts) – Parent – age, gender, disability/physical health, mental illness, substance abuse, Aboriginal background, CALD background, court-ordered or voluntary – Child – age, gender, Aboriginal background, CALD background	▪ Program data	Program outcomes Client characteristics/complexity	Statistical analysis Annual and cumulative
	▪ Identification of facilitation/barriers to program referrals ▪ Identify any impacts due to changes to child protection legislation in 2014	▪ Interviews with Newpin management and staff ▪ Interviews with FACS officers and other key referral agencies	Program outcomes Contextual factors Governance, government and service structures Tracking innovation learnings and change Unintended impacts	Thematic analysis

PROGRAM LOGIC STATEMENTS	INDICATORS	POTENTIAL DATA SOURCES	ANALYSIS FRAME	TYPE OF ANALYSIS
IMMEDIATE OUTCOMES CONT'D				
Parents respond positively to, and remain engaged in, the program	▪ Proportion of parents referred to the program who agree to participate ▪ Reasons for non-participation	▪ Program data	Program outcomes Client engagement	Statistical analysis
	▪ Proportion of parents who participate in Cohort 1and 2 who complete the 18 month program ▪ Level of engagement reported by parents	▪ Program data ▪ Interviews with parents ▪ Case studies ▪ Parent satisfaction survey	Program outcomes Client engagement	Statistical analysis Thematic analysis Illustrative analysis
	▪ Identification of critical success factors/barriers to engagement/completion ▪ Reasons for non-completion of program ▪ Identify any impacts due to changes to child protection legislation in 2014	▪ Interviews with Newpin management and staff ▪ Interviews with FACS officers and other key referral agencies ▪ Interviews with parents (completers and non-completers) ▪ Case studies	Program outcomes Client engagement Tracking innovation, learnings and change Contextual factors Unintended impacts	Thematic analysis Triangulation Illustrative analysis
	▪ Comparison of program completion rate by: – source of referral	▪ Program data ▪ Interviews with Newpin management and staff ▪ Interviews with FACS officers and other key referral agencies ▪ Interviews with parents (completers and non-completers)	Program outcomes Tracking innovation, learnings and change Contextual factors	Statistical analysis Thematic analysis

PROGRAM LOGIC STATEMENTS	INDICATORS	POTENTIAL DATA SOURCES	ANALYSIS FRAME	TYPE OF ANALYSIS
IMMEDIATE OUTCOMES CONT'D				
Effective relationships are established between parents/children and Newpin staff	▪ Parents' rating of the value and quality of *their* relationship with Newpin staff	▪ Interviews with parents ▪ Case studies ▪ Parent satisfaction survey	Client outcomes Client engagement	Statistical analysis Illustrative analysis
	▪ Parents' rating of the value and quality of the relationship of *their children* with Newpin staff	▪ Interviews with parents (completers and non-completers) ▪ Case studies ▪ Parent satisfaction survey	Client outcomes Client engagement	Statistical analysis Illustrative analysis
	▪ Identification of factors facilitating/inhibiting the development of effective relationships	▪ Interviews with parents (completers and non-completers) ▪ Case studies ▪ Interviews with Newpin management and staff	Client outcomes Client engagement Tracking innovation,learnings and change	Thematic analysis Illustrative analysis
Parents value and benefit from peer support	▪ Parents' rating of the value and benefit of peer support	▪ Interviews with parents (completers and non-completers) ▪ Case studies ▪ Parent satisfaction survey	Client outcomes Client engagement	Statistical analysis Thematic analysis Illustrative analysis
	▪ Staff assessments of peer support component	▪ Interviews with Newpin management and staff	Tracking innovation, learnings and change	Thematic analysis
	▪ Identification of recruitment facilitators/barriers ▪ Identification of potential solutions to barriers	▪ Interviews with Newpin management, staff, and any new providers	Tracking innovation, learnings and change	Thematic analysis

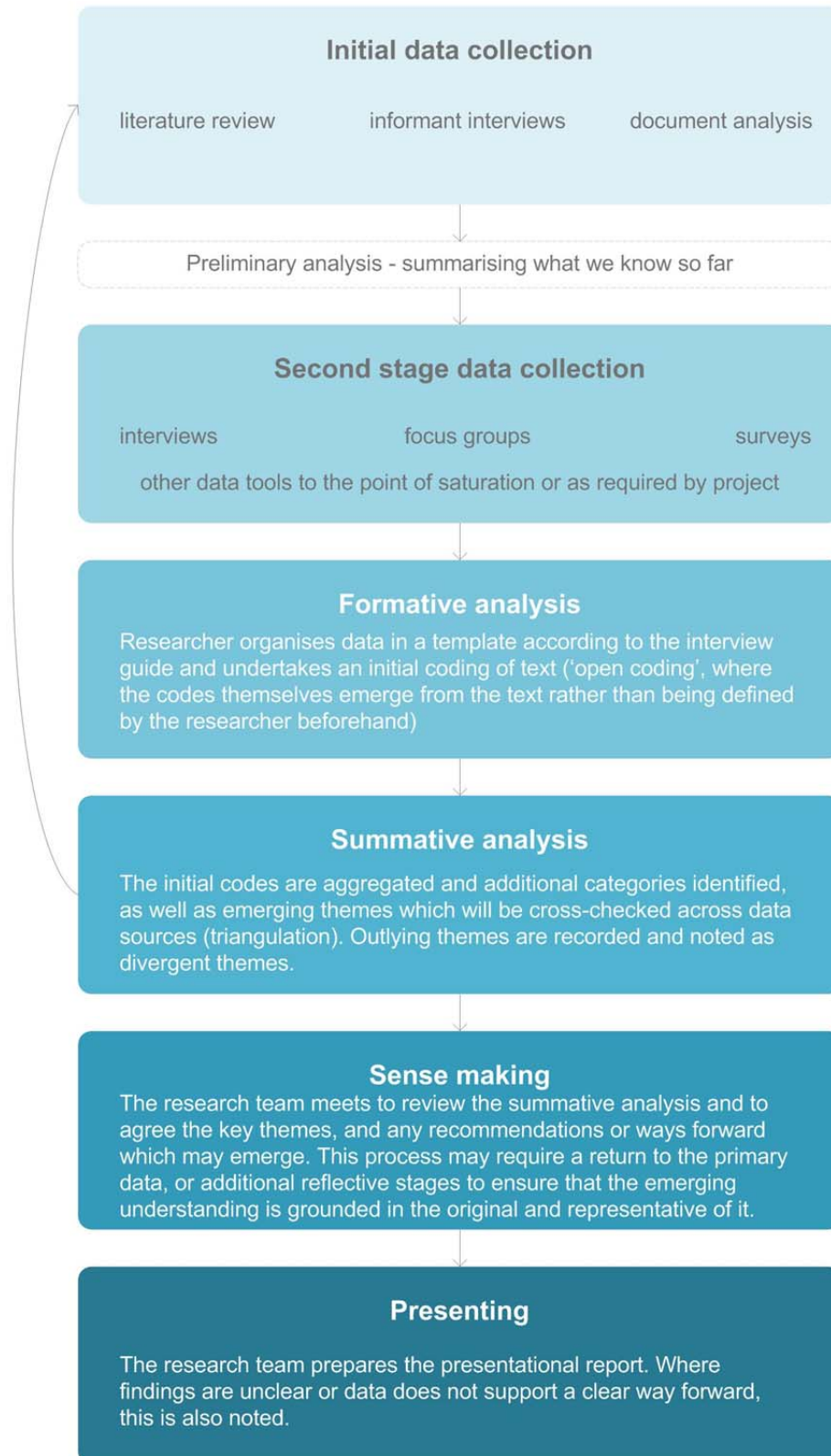| PROGRAM LOGIC STATEMENT	INDICATORS	POTENTIAL DATA SOURCES	ANALYSIS FRAME	TYPE OF ANALYSIS
INPUTS AND PROCESS OUTCOMES				
Where appropriate, suitable service providers are selected to establish Newpin in new locations	▪ Perceptions of UnitingCare Burnside and FACS personnel in relation to the selection of (any) new providers	▪ Interviews with Newpin management ▪ Interviews with FACS officers	Tracking innovation, learnings and change	Thematic analysis
	▪ Identification of process and criteria for new Newpin locations and providers ▪ Assessment of the validity of the approach	▪ Interviews with Newpin management ▪ Interviews with FACS officers and other stakeholders	Tracking innovation, learnings and change	Thematic analysis
Appropriately skilled and experienced staff are recruited	▪ Level of satisfaction with the effectiveness and efficiency of the recruitment process by Newpin and new providers	▪ Interviews with Newpin management, staff and any new providers	Tracking innovation, learnings and change	Thematic analysis
	▪ Identification of recruitment facilitators/barriers ▪ Identification of potential solutions to barriers	▪ Interviews with Newpin management, staff, and any new providers	Tracking innovation, learnings and change	Thematic analysis
An effective change management, learning and development strategy is implemented to support the transition to the Newpin SBB program and the rollout to new locations	▪ Level of satisfaction with the transition to enhanced service model reported by Newpin management and staff and FACS	▪ Interviews with Newpin management and staff ▪ Interviews with FACS officers	Tracking innovation, learnings and change	Thematic analysis
	▪ Level of satisfaction reported by Newpin staff (existing and new) of program orientation, professional development training, and supervision provided ▪ Assessments of how this has contributed to improved practice ▪ Identification of gaps/ professional development needs	▪ Interviews with Newpin management and staff	Tracking innovation, learnings and change	Thematic analysis

PROGRAM LOGIC STATEMENT	INDICATORS	POTENTIAL DATA SOURCES	ANALYSIS FRAME	TYPE OF ANALYSIS
INPUTS AND PROCESS OUTCOMES				
Strong program governance, management, monitoring and reporting mechanisms are put in place	▪ Level of satisfaction with program governance, management and related functions reported by the service provider and FACS. ▪ Identification of strengths, limitations and gaps in program governance, management and monitoring and how these can be improved	▪ Interviews with Newpin management ▪ Interviews with any new providers ▪ Interviews with FACS officers	Tracking innovation, learnings and change Governance, government and service structures	Thematic analysis
The costs of operating Newpin and cost per restoration is calculated	▪ Analysis of costs, funding and expenditure, including the value of in-kind and voluntary contributions ▪ Analysis of per restoration unit cost ▪ Comparison of per unit costs with other comparable costs as identified in literature review	▪ UnitingCare Burnside financial data ▪ Any other relevant comparable data identified in literature search	Financial analysis Cost effectiveness	Statistical Comparative costs - Newpin and similar program (if available)
Newpin is responsive to implementation and practice learnings as they emerge and in response to changes in the policy and legislative environment	▪ Identification of learnings for implementation ▪ Identification of practice learnings ▪ Description of action being taken to build on implementation and practice learnings	▪ Interviews with Newpin management, staff, and any new providers ▪ Interviews with FACS officers	Tracking innovation, learnings and change	Thematic analysis
	▪ Identification of impacts and any actions taken as a result	▪ Interviews with Newpin management and staff ▪ Interviews with FACS officers and other stakeholders	Tracking innovation, learnings and change Unintended impacts	Thematic analysis
UnitingCare Burnside, FACS and NGOs work effectively together	▪ Perception of the effectiveness of the relationship by UnitingCare Burnside and FACS	▪ Interviews with UnitingCare Burnside/Newpin management ▪ Interviews with FACS officers	Governance, government and service structures	Thematic analysis
	▪ Perceptions of the relationship by UnitingCare Burnside, FACS and key external agencies	▪ Interviews with UnitingCare Burnside and Newpin management ▪ Interviews with FACS officers ▪ Interviews with external agencies	Governance, government and service structures	Thematic analysis

QUALITATIVE ANALYTIC APPROACH

Our approach to qualitative analysis involves an iterative process of data collection, coding and analysis. This qualitative analytic approach is represented in Figure 3 below and described in greater detail in Appendix B.

FIGURE 3 – URBIS' QUALITATIVE ANALYSIS MODEL

Initial data collection

literature review   informant interviews   document analysis

Preliminary analysis - summarising what we know so far

Second stage data collection

interviews   focus groups   surveys

other data tools to the point of saturation or as required by project

Formative analysis

Researcher organises data in a template according to the interview guide and undertakes an initial coding of text ('open coding', where the codes themselves emerge from the text rather than being defined by the researcher beforehand)

Summative analysis

The initial codes are aggregated and additional categories identified, as well as emerging themes which will be cross-checked across data sources (triangulation). Outlying themes are recorded and noted as divergent themes.

Sense making

The research team meets to review the summative analysis and to agree the key themes, and any recommendations or ways forward which may emerge. This process may require a return to the primary data, or additional reflective stages to ensure that the emerging understanding is grounded in the original and representative of it.

Presenting

The research team prepares the presentational report. Where findings are unclear or data does not support a clear way forward, this is also noted.

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Appendix A   Details of the Newpin SBB Program Cohort 1 Control Group (extract from the Newpin Operations Manual)

Live Matched Control Group

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

ELIGIBILITY CRITERIA

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

ASSESSING THE POSSIBILITY OF RESTORATION

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

1.   Access and engagement with a restoration program

The family would be willing to attend a Centre-based restoration program for a minimum of 2 days per week if such a program were available in their local area. Any child in OOHC aged less than 6 years would be able to attend the program with their parent for at least 1 day per week.

2.   Parent motivation for restoration

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

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

3.   Willingness to learn

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

REFERRAL PROCESS

Process for selection of the control group is as follows:

1.   FACS Head Office staff will extract lists from the Corporate Information Warehouse of potential restoration cases of children aged less than 6 years i.e. case plan goal is assessment or restoration.

2.   FACS Head Office staff will conduct a desktop individual KIDS review of these children and exclude all children who don't meet the criteria for Cohort 1 – see earlier section 3.2 *Exclusions from Cohort 1*.

3.   The FACS Contract Manager will provide a list of children it has determined may be suitable for inclusion in the control group to the relevant CSCs.

4.   The CSCs will be asked to consider whether the children on the list are suitable for inclusion in the control group based on the eligibility criteria above. They will also be asked if they have any children under long term orders who are aged less than 6 years and for whom restoration could still be considered e.g. a child who does not have permanent placement and parent/s have made some changes and maintained contact.

5.   The CSCs will provide the FACS Contract Manager with a list of children for potential inclusion in the control group which will then be provided to CYPF (de-identified) by email. The list will contain the CSCs CYPF should contact about each of the children.

6.   CYPF will contact the FACS Contract Manager to arrange a meeting with the relevant CSCs to review the proposed control group referrals. Available information as per Section 4.2 (3) will be available at this meeting to support decision making.

7.   At the end of each of these meetings, CYPF will provide a list to the FACS Contract Manager of the children and young people it agrees should be referred into the control group. CYPF will provide a rationale for excluding children from the control group who FACS have suggested for inclusion.

8.   If FACS does not agree to the exclusions proposed by CYPF the issue will be resolved as discussed in section 5.8 **Process for Resolving Control Group Issues.**

SELECTING THE CSCS TO REFER TO THE CONTROL GROUP

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

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

1.   The catchment area for the CSC is in the same decile for Index of relative socio-economic disadvantage as the catchment area for the CSC in the local Newpin area **and** is similar in remoteness, that is, the majority of the population (at least 70%) are in the same category of remoteness as the majority of the population for the CSC in the local Newpin area.

2.   The CSC is in the decile above or below that of the CSC in the local Newpin Area **and** the majority of the population (at least 70%) are in the same category of remoteness as the majority of the population for the CSC in the local Newpin area. *Where a CSC in the local area of Newpin is in decile 1 or 10, CYP can be recruited from CSCs in deciles 1 to 3 and 7 to 10, respectively.*

3.   The CSC is in the same decile as the CSC in the local Newpin area **and** is less similar in remoteness, that is, the majority of the population (at least 70%) are in a category of remoteness below or above the majority of the population for the CSC in the local Newpin area.

4.   The CSC is in the decile above or below that of the CSC in the local Newpin area **and** is less similar in remoteness, that is, the majority of the population (at least 70%) are in a category of remoteness below or above the majority of the population for the CSC in the local Newpin area.

5.   The CSC is in the same decile **but** is dissimilar in remoteness.

6.   The CSC is in the decile above or below that of the CSC in the local Newpin area **and** is dissimilar in remoteness.

Example:

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

TABLE 1

CSC	SELECTION HIERARCHY	DECILE FOR INDEX SCORE	0-4 OOHC AT MAR 2013	MAJOR CITY	INNER REGIONAL	OUTER REGIONAL	REMOTE	VERY REMOTE	COMMENTS
Mount Druitt	N/A	1	68	100%					
Fairfield	1	1	49	100%					
Auburn	2	2	33	100%					
St Marys	2	2	54	100%					Excluded - Newpin location
Bankstown	2	3	25	100%					
Lakemba	2	3	32	100%					
Lakes	2	3	44	100%					
Liverpool	2	3	83	100%					
Taree	4	2	17	10%	90%				
Clarence Valley	4	2	17		93%	7%			
Lismore	4	2	26		92%	8%			
Lithgow	4	3	20		95%	5%			
Brewarrina	5	1	0			28%		72%	
Broken Hill	5	1	21			89%		11%	
Coonamble	5	1	6			55%	45%		
Inverell	5	1	10			100%			
Kempsey	5	1	18		64%	36%			
Walgett	5	1	11			8%	92%		
Wilcannia	5	1	0						
Glen Innes	5	2	9			100%			
Moree	5	2	17			91%	9%		
Coffs Harbour	5	3	23		63%	37%			
Leeton	5	3	11		7%	93%			

Notes:

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

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

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

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

SIZE OF THE CONTROL GROUP AND MILESTONES FOR REFERRALS

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

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

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

MAINTAINING AND MONITORING THE CONTROL GROUP

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

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

- Age; Gender; Indigenous status; Location;

- Date of entry to OOHC;

- Date of exit/still in care (exits from the care system only); and

- Whether a permanent care order exists and the date of that order

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

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

DETERMINING THE RATE OF RESTORATION IN THE CONTROL GROUP

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

Rate of Restoration (%) = A/B x 100

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

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

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

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

Appendix B   Urbis' Qualitative Analysis Model

OUR APPROACH TO QUALITATIVE EVALUATION RESEARCH

Urbis' approach to qualitative research is grounded in a practical, rigorous, and coherent research framework. We understand the purpose of evaluation research to be the independent analysis of a particular policy, program, project or activity with the aim of assessing its success against agreed criteria. We approach this task as 'pragmatic realists', with a perspective that recognises:

- That stakeholders' perceptions of facts may differ and each perspective may offer a view through a particular prism which casts the subject at hand in a new light – we seek to listen to as many voices as possible in order to gain a rich picture of the whole;

- That all perspectives, including our own, are mediated by individuals' experiences and history – we seek to acknowledge our own and others' inherent biases and to ensure that our findings are grounded in the evidence as objectively as possible;

- That individuals' positions in relation to the subject at hand, other individuals, and the systems and structures around them will influence their perspective – we seek to understand and analyse the relationships between people, systems and structures in order to understand the interactions which occur at the points of intersection;

- That the language we use, and that others use, has significance – we seek to be mindful of how we articulate and conceptualise meaning in our interactions and our reports;

- That it is a privilege to hear people's stories – we seek to act responsibly with the information which is entrusted to us, and to ensure that competing voices are heard.

We embrace the challenge of operating with a critical stance while endeavouring to provide the best possible outcome for our clients, and seek to ensure that our services and products have integrity and are true to the evidence while meeting our obligations to our clients.

QUALITATIVE APPROACHES

Much of what distinguishes qualitative research is the inquiry stance by which the topic is approached, that is, whether the inquiry is to be participatory (in which those being researched participate in the development and conduct of the research), observational (in which the researcher attempts to observe and understand – participatory-observation includes the researcher in the observed situation), action-oriented (in which the research is aimed at finding a solution or intervening in some way in the studied phenomenon), or grounded (in which the researcher engages in an inductive interaction with the data to discover meaning from the studied phenomenon). Urbis' model for analysing qualitative data incorporates a modified grounded theory methodology, in which the subject at hand is defined, data is collected, and an iterative, interactive process of engagement begins between research team and the data.

COLLECTING DATA

During an evaluation, data will be collected in a variety of ways according to the needs of the project. These methods may include depth interviews, informant interviews; written or online surveys; observation; focus groups; workshops, and participatory inquiry. It may also include document analysis or analysis of data sets such as demographic, workforce, or other population characteristics. Most of our projects are mixed method studies which incorporate interviews, observation, surveys and focus groups as well as document and statistical analysis. Details of the most commonly-used methods are given below.

INTERVIEWS

For a series of depth interviews, the team develops a tailored interview guide which is used by all researchers who conduct the interviews, either by telephone or face to face. An interview guide may be unstructured (providing only broad heading topics for discussion), semi-structured (providing open-ended questions which encourage dialogue) or structured (closed questions which seek brevity and limit response). Each type of guide is appropriate for a particular setting.

- An unstructured guide might be most useful when exploring a sensitive topic or one where the parameters for the research are not yet clear. Unstructured guides encourage dialogue and allow the researcher to enter to some extent the informant's world by providing the informant with the space and time to speak freely and to influence the direction of the consultation; the data which emerges is lengthy and takes time and careful consideration to analyse.

- A semi-structured guide is used most often in research projects, as it encourages informants to provide as much information as they can and feel comfortable doing so. This guide allows the researcher to retain greater control over the course of the conversation, while still allowing the respondent space in which to articulate their own views. A semi-structured guide is useful when the research team has a good knowledge of the topic and what they are seeking to learn, but which to gain a greater depth of understanding with regard to people's experiences, perceptions, interactions, or relationships.

- A structured guide is most useful when consistency of response is sought, time for the interview is limited, and the boundaries of the research are very clear. Structured guides allow for the least interaction between informant and researcher; because they limit the range of answers which can be given, they provide defined data which is easier to aggregate or to quantify.

DEPTH INTERVIEWS use unstructured or semi-structured interview guides, are generally at least 30 minutes and sometimes up to two hours in length, and seek to gain depth of knowledge through encouraging the informant to respond at a very detailed level. Depth interviews will be used when the researcher seeks to gain an individual's perspective and experience of the topic at hand.

INFORMANT INTERVIEWS use semi-structured or structured interviews guides, seek to provide a broad base of information, and encourage the informant to provide information which helps to define the topic further. Informant interviews may be used, for instance, at the beginning of the project when the researcher is seeking to know more about the context and history of the topic at hand. These latter seek information rather than illumination.

FOCUS GROUPS

A focus group is a group interview led by a researcher who will facilitate the group discussion following a discussion guide. The discussion guide is similar to the interview guide above, and will be unstructured or semi-structured according to the topic. The purpose of the focus group is to induce a conversation between participants which will yield a richer perspective at the topic at hand than individual interviews, due to the interaction between individuals and their exchange of ideas and opinions. Focus group participants will be recruited in a number of ways according to the needs of the project, but will generally have something in common which they bring to the discussion; for example, they may all have similar medical histories (eg people with diabetes), or similar family structures (eg single parents), or similar cultural or social characteristics (eg Italian-speaking migrants, Aboriginal Australians living in Sydney, people who have been in prison). Typically a focus group contains no more than 8 people, and lasts for about 90 minutes.

HOW WE MAKE SENSE OF OUR DATA

Sense making for qualitative research requires a researcher's immersion in the topic at hand. It is essential that this immersion takes place in a structured way in order to ensure that the interpretations which result are credible and validated by a rigorous and transparent process. The Urbis model has several stages, described below:

Analysis stage	Activities	Output
Preliminary analysis	Knowledge gained from literature and documents is reviewed, compared, and assessed; informant data is analysed thematically for key themes, ideas, or concerns. Data from the literature and informant data are compared to see where there is congruence or divergence of views.	A literature review document, a summary of key themes, ideas or concerns which will be explored further in the secondary data collection phase.
Formative – organising the consultation data	Notes from interviews and/or focus groups are analysed by the researcher in an open coding process: the researcher asks questions such as: "what does this mean? What is being said?", and writes a word or phrase (the code) next to each relevant line of text. This produces a number of preliminary codes which are refined in the next stage.	A list of codes which identify the ideas, thoughts and perceptions of the informants. A preliminary summary of the major issues/themes/ideas which have emerged.
Summative – articulating tentative conclusions, identifying new questions,	The codes themselves are aggregated and the data is analysed again for additional categories: sub-codes or further definitions of the original codes. The researcher makes notes of questions or ideas which occur during the second analysis of the data. Those questions could be pursued through the existing data or further data may need to be collected. Emerging themes begin to become visible.	A picture of the topic at hand emerges, based upon the thoughts, ideas and perceptions of those consulted. Themes, conclusions and ideas for ways forward begin to emerge. Further questions may be identified which need to be answered.
Sense making	A reflective process by which the team collectively explores the formative analysis – the big picture – and determines what answers are provided to the initial research questions. Preliminary conclusions are confirmed, amended or discarded, and key recommendations are honed. Outlying findings or areas for further research are identified.	Conclusions and recommendations are identified. The research questions are answered. Areas which require further research are identified.
Presentation	Research findings, conclusions and recommendations are presented in written form and possibly through a meeting or formal presentation.	Final report.

Appendix C   Summary of the Data Required to be Provided by UnitingCare Over the Next Three Years

SUMMARY OF QUANTITATIVE DATA TO BE PROVIDED BY UNITINGCARE FOR THE EVALUATION[5]

QUANTITATIVE DATA	2014	2015	2016
LONGER TERM OUTCOMES			
▪ Proportion of Cohort 1 participants whose families are restored within the program timeframe	October	October	October
▪ Comparison of restoration rate for Cohort 1 by: – duration in Newpin program (days) – whether or not participation in Newpin has been court-ordered	October	October	January
▪ Proportion of Cohort 2 families who do not have their children removed from their care within the program timeframe	October	October	January
▪ Comparison of preservation rate for Cohort 2 families, by: – duration in Newpin program (days) – whether or not participation in Newpin has been court-ordered	October	October	January
INTERMEDIATE OUTCOMES			
▪ Comparison of NCFAS scores for Cohorts 1 and 2 over time – Environment domain (1-7) – Family health domain (2-4) whilst in the program	-	-	January
▪ Comparison of NCFAS scores for Cohorts 1 and 2 over time – Parental capability domain (1-8) – Caregiver/child ambivalence domain (1-6) whilst in the program	-	-	January
▪ Comparison of NCFAS scores for Cohorts 1 and 2 over time – Self sufficiency domain (1-6) – Social community life domain (1-6) whilst in the program	-	-	January
▪ Comparison of NCFAS scores for Cohorts 1 and 2 over time – Family interactions domain (1-8) whilst in the program	-	-	January
▪ Comparison of NCFAS scores for Cohorts 1 and 2 over time – Family safety domain (1-8) – Child wellbeing domain (1-7) – Family health domain (5-8) whilst in the program	-	-	January

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[5] To be developed into a detailed data plan

QUANTITATIVE DATA	2014	2015	2016
IMMEDIATE OUTCOMES			
▪ Number and proportion of referrals to Newpin (on an annual basis) relative to program capacity	October	October	January
▪ Number and proportion of Cohort 1 and 2 families referred to Newpin	October	October	January
▪ Number and proportion of Cohort 1 and Cohort 2 referrals accepted into Newpin	October	October	January

▪ Analysis of Newpin participant and family profile over three years (Cohorts)
  – Parent – age, gender, disability/physical health, mental illness, substance abuse, Aboriginal background, CALD background, court-ordered or voluntary
  – Child – age, gender, Aboriginal background, CALD background
	October	October	January

▪ Proportion of parents referred to the program who agree to participate	October	October	January
▪ Reasons for non-participation	October	October	January
▪ Proportion of parents who participate in Cohort 1and 2 who complete the 18 month program	October	October	January
▪ Comparison of program completion rate by: – source of referral	October	October	January
INPUTS AND PROCESS OUTCOMES **THE FOLLOWING DATA IS FROM UNITINGCARE BURNSIDE FINANCIAL DATA**			
▪ Analysis of costs, funding and expenditure, including the value of in-kind and voluntary contributions	2014	2015	2016
▪ Analysis of per restoration unit cost	-	-	January

Appendix D   Summary of the Data Required to be Provided by FACS Over the Next Three Years

SUMMARY OF QUANTITATIVE DATA TO BE PROVIDED BY FACS FOR THE EVALUATION[6]

QUANTITATIVE DATA	2014	2015	2016
LONGER TERM OUTCOMES			
▪ Proportion of Cohort 1 children who are subject to: – reports of significant harm (by type) – substantiated reports (by type) whilst attending Newpin, and in each subsequent year (up to 7 years) after completing or leaving the program (if not completed)	-	-	January
▪ Proportion of Cohort 1 participants where family restoration is achieved where restoration is maintained 1, 2,3 years and up to 7 years beyond as measured by: – entries into out-of-home care – reasons for entry to out-of-home care – length of stay in out-of-home care	-	-	January
▪ Comparison of restoration endurance for Cohort 1 by: – duration in Newpin program (days) – whether or not participation in Newpin has been court-ordered	-	-	January
▪ Proportion of Cohort 1 families participating in Newpin who are restored, within comparable timeframe, compared with FACS control group	-	-	January
▪ Proportion of Cohort 1 families participating in Newpin whose restorations endure 1, 2 and 3 years (and up to 7 years) after restoration compared with FACS control group	-	-	January

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[6] To be developed into a detailed data plan upon further discussion with FACS

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