

# Evaluation Report on the UnitingCare Tasmania Family Futures Program

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*Andrew King and Tara Hunt*



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SOLUTIONS

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*Picture 1: Front cover: A Newpin mother building attachment by using a stretch cloth to swing her children.*

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## ABBREVIATIONS

ADHD	Attention Deficit Hyperactivity Disorder
ATSI	Aboriginal and Torres Strait Islanders
AVOs	Apprehended violence orders
CALD	Culturally and Linguistically Diverse
CP	Child protection
DV	Domestic violence
ECF	Early childhood facilitator
EI	Early intervention
FS	Family Survey
KPI	Key Performance Indicator
LA	Lead agency
LGA	Local Government Area
MDS	Minimum dataset
Newpin	Newpin Outreach Program
NGO	Non government organisation
OOHC	Out of home care
PYPS	Pregnant and Young Parent Support Program
SE	South East
SW	South West



## EXECUTIVE SUMMARY

In 2010, UnitingCare Tasmania commissioned an eighteen month evaluation of its Newpin Outreach Program and the Pregnant and Young Parent Support Service (referred to as PYPS in this report).

The Newpin Outreach Program is a home visiting early intervention program for families with child protection issues. Workers and members focus on an individual's strengths to find the best solution for dealing with challenging child protection situations. It is a therapeutic program that enhances attachment and emotional connection within the family and increases a parent's knowledge about their child's needs.

Newpin aims to:

- Prevent child abuse with particular focus on emotional abuse and neglect
- Reduce the impact of family violence
- Encourage self-help and lasting change
- Inspire good parenting and encourage the valuing of positive parent/child relationships
- Raise the self-esteem of every individual
- Break the cyclical effect of destructive and negative family patterns.

PYPS is an information and support programs for young parents and young pregnant women under the age of 25. PYPS is a resource that assists young parents in preparing for the birth of their child and meeting the new demands of being a new parent.

*The PYPS and Newpin Outreach Programs work hard to transform the parenting experience of their caseload. This transformation involves influencing the parent's ideas, impacting on the meaning they attach to being a parent, increasing the positive feelings associated with parenting and practicing actions that care and nurture their children.*

The PYPS Program aims to:

- Support young mothers through pregnancy
- Reduce the impact of family violence
- Reduce the isolation of young parents
- Support young parents to be the best parent they can
- Inspire good parenting and encourage the valuing of positive parent/child relationships
- Raise the self-esteem of every individual.

The SE or SW Gateway Services are the referral pathway for PYPS and Newpin Outreach Programs and act as the hub to allocate family services to vulnerable children, young people and their families to protect and promote their healthy development. Families requiring these services often have complex needs which can adversely impact on a child's development if appropriate supports and interventions are not provided in a timely manner.

Over the past decade, Newpin has been developed in Australia as a new transformative child protection program that maximises service user participation and ownership of the change process within a strong child attachment focus. The development of the Newpin Program as an outreach approach is cutting edge practice and a world first trial. The development of these programs has occurred at the same time as the trialing of a new child protection system in Tasmania and implementation of the Gateway allocation model.

Due to all these changes occurring, the evaluation of the Family Futures Programs meant that it took considerable time for other professionals to be acquainted and familiar with the Newpin Outreach and PYPS Program models. It also meant a slow uptake of service users into the system and the challenge of training new staff in unfamiliar models as well as embracing broader sector changes.

Fifty seven families were referred to either the Newpin Outreach or PYPS Programs between November 2010 and January 2012 with 21 people consenting to be part of the evaluation (37%). A variety of quantitative and qualitative measures were used to assess changes within service users and the impact of the program. The best research analysis tools were used to gather the most informed results using SPSS and NVivo computer software packages. Service users were interviewed every three months and internal and external staff were interviewed every 6-months.

Some of the limitations of this evaluation were:

- Of the 57 families that accessed either program, only 13 Newpin families and 8 PYPS families were actively part of this project.
- Of the families actively involved, the 3-monthly collection of data was only successful 42% of occasions.
- The low amount of collection of data had a negative impact on the use of quantitative measures as there was insufficient amount of data samples.
- Change within children was not measured as it was beyond the scope of this evaluation.
- Most of the families who disengaged early in their involvement with either program were not involved in this evaluation.

The evaluation found the programs met their key performance indicators for:

#### **Program access**

- In 2011, the Newpin Outreach Program and PYPS Program achieved its combined Department of Health & Human Services contract goal by working with at least 50 families in a 12-month period across the SW and SE regions of Hobart.
- Service users were linked well to other programs - 76% of Newpin Outreach or PYPS families were referred to three or more other services during their program involvement.
- The families involved with this evaluation had moderate-high levels of satisfaction in either the Newpin Outreach or PYPS Programs.

### **Program effectiveness in supporting child development**

- 64% of the comments made by external staff recognised that the Newpin Outreach Program and PYPS Program as being positive or excellent.
- 46% of parents involved in the PYPS Program recognised that their understanding of their children's needs somewhat improved.

### **Program effectiveness in family functioning**

- A Wilcoxon signed rank test indicated that Newpin clients' Strengths and Protective factors ratings were significantly higher in T4 than T1,  $T=15.00$ ,  $z=.043$ . These results suggest that the PYPS and Newpin Outreach Programs increase the Strengths and Protective factors rating of clients when they participate in the program for at least 12 months.
- Even though the measurement of this strengths assessment is using the staff's perspective it does provide a strong indicator that there has been a significant improvement in family functioning.
- Seventy three percent of Newpin Outreach Program service users identified that involvement in the program was very valuable for increasing their parenting skills.
- Eighty seven percent of parents identified that involvement in the program significantly helped them to better support their child.

### **Summary for program functioning during 2011**

- The Newpin Outreach Program is a transformative program that enables parents to make significant changes that affect the way they view themselves, their children, support services and how they deal with the challenges they face.
- The PYPS Program is recognised by service users, internal and external staff as providing a unique and important service for young parents. This results in the program being good at engagement, responsive, individually tailored, able to manage crises (such as lack of accommodation and domestic violence issues) and communicate effectively with young people using the latest technology.
- The evaluation has identified that the poor feedback of the Newpin Outreach Program in the SW region was due to management issues and poor communication with the Gateway Service and other key stakeholders.
- Newpin's contribution as a transformative program in the children protection system is vital and effective when managed well.
- Both The Newpin Outreach and PYPS Programs have improved in their integration with other services. Both programs complement other approaches to providing family support and child protection services and it is vital that both programs remain as options at the SE and SW Gateway Services and their allocation tables.

The significant issue that arose in this evaluation was the difference in experiences between the two Gateway Services and how they viewed the Newpin Outreach Program. This evaluation concludes that

the concern about the program is largely based on misunderstandings as program staff attempted to implement a new program in a new context within Australia. The confused messages the Gateway received meant that they were cautious to refer families and had significant questions about the usefulness of a therapeutic program at the allocation table. The management changes in December 2011 have largely addressed many of these concerns, however it will take a longer period to rebuild trust and confidence between the organisations.

Both the Newpin Outreach and PYPS Programs are unique programs that creatively respond to the needs of different vulnerable families. The Newpin Outreach program works best when service users identify the program as an opportunity to grow, develop and improve their parenting relationship.

### **Key Recommendations**

1. The Newpin Outreach Program is refunded as it is receiving very positive feedback from most of its service users in this evaluation and it is still trialing and developing its unique and transformative way of working with vulnerable communities.
2. The PYPS Program is refunded as it is still trialing and developing its unique and important way of engaging young parents.
3. Both the PYPS and Newpin programs remain in the Gateway Services network as the best integrated way to ensure that vulnerable children, young people and their families are effectively linked into relevant services. This appears to be the best way to remain funded as an early intervention child protection service in Tasmania.
4. The other operational and management policies as outlined in this evaluation report are implemented.

# PART A: INTRODUCTION

## Introduction

This final report provides a literature review and highlights the key themes and evaluation tools. It also reviews the demographics of the service users accessing the two programs and analyses the evaluation data and outcomes that the programs achieved. It uses SPSS and NVivo 9 software to enable judgements to be brought to the evaluative process with a high level of rigor using the limitations of the data available.

Even though the Newpin Program calls its clients 'members', the term 'service users' will be used through this report to refer to the clients of either the Newpin Outreach Program or the PYPS Program. This is because it reduces confusion from using two different terms and also for any other stakeholders reading this report, it is a common term used throughout the sector and is strengths based.

In 2009, four Gateway sites were established across Tasmania. The primary purpose of each Gateway is to ensure that vulnerable children, young people and their families are effectively linked into relevant services (Human Services, 2009). The Gateway Services establish productive relationships with key local services and professionals to support a more integrated and coordinated approach to intake into family support services. The aim of the Gateway Services is to work in partnership with local area family support services to build a reliable network of services that make a positive connection to vulnerable children and families in order to support them in the community.

There are two Gateway Services that refer families to the Newpin Program and the PYPS Program. Their respective contexts are referred to in this report as:

- South West Gateway Services (referred to as SW Gateway)
- South East Gateway Services (referred to as SE Gateway)

The analysis has distinguished between SW and SE Gateway Services as they are managed by different organizations, have separate geographic boundaries and perceive the Newpin and PYPS programs differently.

Over the past decade, Newpin has been developed in Australia as a new transformative child protection program that maximises service user participation and ownership of the change process within a strong child attachment focus. The development of the Newpin Program as an outreach approach is cutting edge practice and a world first trial. The development of these programs has occurred at the same time as the trialing of a new child protection system in Tasmania and implementation of the Gateway allocation model.

Due to all these changes occurring, the evaluation of the Family Futures Programs meant that it took considerable time for other professionals to be acquainted and familiar with the Newpin Outreach and PYPS Program models. It also meant a slow uptake of service users into the system and the challenge of training new staff in unfamiliar models as well as embracing broader sector changes.

# Literature review

## Child focussed programs

Many parent support programs employ components such as home visits, group support and education sessions. Some programs combine parent focussed components with centre-based childcare. Despite diversity in designs, most services are based on the assumption that parents play a central role in their children's development and that interventions for low-income children are most efficient when they target parent's behaviour directly. The theory of change that guides such programs assumes that strengthened parent-child relationships and enhanced home environments promote positive outcomes for all young children across a broad range of developmental milestones.

Research findings indicate:

- Early childhood programs that involve parent-child interaction have a positive impact, and develop more sensitive parenting behaviours. These improvements are however, not generally associated with gains in child outcomes unless the child/ren are directly included as part of the program. These interventions have a positive impact on the home environment by developing regular routines and environments (physical and psychological) that support healthy child-caregiver interactions and rich opportunities for learning (Shonkoff&Phillips, 2000).
- Some programs have demonstrated mental health benefits (i.e. reduced depression for mothers).
- Some programs have demonstrated impacts on social development e.g. programs influencing multiple risk factors showed a long-term impact on chronic delinquency. Generally speaking programs that offer both a parent and a child component appear to be the most successful in promoting long-term developmental gains for children from low- income families.

The research literature of Shonkoff and Phillips (2000) identify a common set of essential features of the most effective interventions including:

*Individualisation of service delivery:* Effective intervention demands an individualised approach that matches well-defined goals to the specific needs and resources of the families they serve. For at risk children, interventions tailored to specific needs are more effective than services which provide generic advice and support. Furthermore, programs that directly target the everyday experiences of children are more effective in improving their skills than programs which seek to promote child development indirectly by enhancing the general quality of the care-giving environment. Similarly, services that are focussed explicitly on parenting behaviours have greater impact on parenting behaviours than do generic parent education efforts. Another aspect of individualisation of service delivery is that service outcomes are tailored to the particular interests of each individual family.

*Quality of program implementation:* The quality of the intervention that is actually delivered and received by target children and families is of fundamental importance. The research literature on childcare provides abundant evidence of the positive correlation between quality of care and developmental outcomes. The impact of quality is particularly important for children from families who

face multiple risk factors. However variations in quality among intervention programs designed to address the problems of economic disadvantage are widespread.

*Timing, intensity and duration of service:* More positive outcomes are associated with more intensive services i.e. benefits from home visiting services. Program duration has also been found to be associated with measurable family impacts. For example mothers who participated in the Early Infancy Project for two years were less likely to abuse their children than those who only participated for nine months. In terms of timing, the impacts of home visits have been correlated with enhanced health and safety outcomes. It also improved parental interaction for some groups but have shown minimal effects for others.

*Provider knowledge, skills and relationship with the family:* The ultimate impact of any intervention is dependent on both staff expertise and the quality and continuity of the personal relationship established between the service provider and the family that is being served. Yet resource limitations and pressures to 'do more with less' present enormous challenges to programs that serve families who are coping with complex developmental and socio-economic concerns. Marked disparities in the training and skills of home visiting staff are examples of this tension. Highly skilled and sensitive staff are required to provide programs that respect parents' contributions and honour the authority they have with respect to their child's interests while viewing them as needing significant assistance to fulfil their parenting role.

*Family centred, community based coordinated orientation:* While empirical evidence for these ideas is thin, the theoretical and experiential support for them is strong. Central to the concept of family-centred care is the notion of empowerment of parents as the true experts with regard to their child's and family's needs. It also embraces the goal of building a strong, mutually respectful partnership in which professionals and parents collaborate to achieve family driven objectives. The essential characteristics of the community based model are services which are delivered in a non-stigmatising, normative environment that has both physical and psychological proximity to where children and families live. The essence of coordinated services is embedded in the complimentary provision of a variety of services. This happens in a way that is both rational and effective and minimises bureaucratic complexity and avoids unnecessary burdens on families.

Shonkoff and Phillips (2000) conclude their assessment of child and family programs by stating: In the final analysis, there is considerable evidence to support the notion that model programs which deliver carefully designed interventions can affect both parenting behaviour. However programs need to have well-defined goals and involve children who experience socio-economic disadvantage, family disruption or have a disability diagnosis. Programs that combine child focussed educational activities with explicit attention to parent-child interaction patterns and relationship building appears to have the greatest impacts (Shonkoff and Phillips, 2000, p. 379).

## **Promoting family wellness and preventing child abuse**

(Prilleltensky et al, 2001)

The benefits of home visiting are also apparent in observational measures of parenting and self reports of changes in parent interactions with their children. Several programs (Healthy Families America, Hawaii Healthy Start, Elmira Early Infancy Project) have produced positive results in maternal attitudes to children, self reports on use of harsh discipline and on mothers' scores on scales linked to risk of abuse and neglect e.g. the Child Abuse Potential Inventory (Gomby L. , 1995). These sorts of findings indicate that home visiting programs contribute to family life by developing alternative means of discipline, greater sensitivity to children and a better understanding of the children's development (Daro&Harding, 1999).

The research on home visitation for at risk families shows that the length of the intervention is a crucial factor in program effectiveness. Prilleltensky et al (2001), in their review of programs, found that in all studies which showed positive outcomes in either verified or proxy measures of abuse and neglect, home visitation was provided for at least one year. The two studies reviewed which found no impact on these measures had a duration of three to six months (Siegal, 1980; Barth, 1991). All the programs that provided twenty or more home visits demonstrated positive outcomes on verified rates of abuse or proxy measures. In another review of eight studies, Wolfe et al (1995) found increased effectiveness for intense home visiting (a duration of 1-3 years). Similarly, Macleod and Nelson's (2000) review of 23 home visiting services found that for home visiting services which measured child abuse outcomes, positive effects increased with the duration of the service. Conversely, programs that offered 12 or fewer visits had the lowest effects on child abuse.

## **Self-help and Mutual Aid Programs**

Self-help and mutual support programs offered to at risk groups have shown very promising outcomes. Target groups include parents of premature babies, low income parents and teenage mothers. Controlled evaluations have shown that participants (compared with those in comparison groups) have significantly higher satisfaction with medical and nursing care, better understanding of the baby's condition, greater ability to care for the baby, more interaction with other parents and greater knowledge of community resources (Minde, 1980). Other studies have revealed improvement in maternal teaching style, personal maturity and capacity to play with children (Slaughter, 1983), increased numbers of friends (social network), higher participation in work and education and much higher levels of emotional well being (Henninger&Nelson, 1984). These programs are also low in cost compared with other interventions. They are also one of the few program types that provide an alternative to reliance on professional service delivery. However, only a small amount of research has been conducted on these sorts of services and more empirical evidence is required to better evaluate their longer-term impacts and cost effectiveness (Prilleltensky et al, 2001).



The Mutual Aid Model has the following characteristics:

- Sharing life experiences with others.
- Discussing difficult and taboo areas. New strength is build when service users feel understood and this allows them to use their support systems more effectively.
- Breakdown isolation by discovering that others share similar feelings and experiences.
- Increase normalisation by emphasising that service users and professionals can share some similar experiences.
- Offering mutual support and encouragement through understanding other people's feelings. This empathy allows people to use this skill throughout the rest of their life.
- Promoting individual problem solving through listening to how others find new solutions to their problems.
- Rehearsing and practicing new ideas and talk about the challenge of implementing them.
- Allowing service user to gain strength through developing a group identity that supports the belief that 'they are not alone'.
- Believing in the service user's ability to have a 'creative genius'. The worker concentrates on amplifying the spark of life that exists in the person.
- Assuming that service users have the strength to change without being bound by their past experiences.
- Integrating the worker's professional and personal self rather than creating a split. "As we demonstrate to our service users our humanness, vulnerability, willingness to risk, spontaneity, honesty and our lack of defensiveness, we will be modelling the very behaviours we hope to see in them. Staff need to be themselves if they are going to be professional" (Shulman, 2005, p. 15).
- Recognising the connection between working with individual problems and wider social change issues.
- Service user's resistance to change is viewed not as the problem but is part of the process for change to occur.

The Mutual Aid Model is an interactional approach to helping. The critical factor in the model is the way it views the service user. Many other approaches view service users as static objects that need to be receive information, support and treated. Mutual Aid Theory is based on dynamic systems theory and views behaviour as being based on interaction with other people (either staff where a strong expression of perceived equality exists or their peer group). Behaviour is influenced by a person's interaction with other peers, family members, friends, colleagues or acquaintances, parents and siblings and other professional staff.

As the service users interactions are normalised, noticed, reflected on and enhanced, depression is understood in a new way. Sadness and passivity are not the problems, rather they are the symptoms of these important interactions. Depression is not an illness to be cured but rather a sign that the important areas of interaction in a service user's life have broken down.

"The worker's efforts will not be directed towards 'curing' the person, but rather to having some impact on the way they and these important systems interact. The cure for the 'problem' will emerge not from

the professional's treatment plan, but rather from the service user's own efforts to find new ways to reach out to these systems that matter to her (or him), or to cut herself off from them and find new sources of support" (Shulman, 2005, p. 6).

## **Characteristics of effective programs**

Prilleltensky (2001) devised a summary of characteristics of effective programs based on their review of the research. The characteristics they identify are as follows:

### **Address several ecological levels of wellness.**

Effective programs address a range of related domains such as life course of parents (especially mothers), the parent-child relationship and a variety of child outcomes. They asserted that multi-component programs that address these different domains hold the most promise of contributing to family wellness and preventing child abuse.

### **Work with families in natural settings**

Effective programs provide support in natural settings, including the family home, family resource centres, preschools, schools, churches and neighbourhood centres. In essence, workers take the service to families rather than waiting for the families to seek help. Home visitation, self-help mutual support, social support groups, and multi-component programs have all been found to be successful in building informal social support.

### **Begin at birth or prenatally.**

The programs that have the clearest impact on rates of abuse are home visiting programs that begin at birth or earlier in the prenatal period. Also multi-component programs that work with families of newborn children have been shown to promote family wellness.

### **Long-term and intensive.**

Short-term, non-intensive programs are unlikely to have a substantial impact on family wellness or child abuse for poor, high-risk families. Home visitation programs that last for six months or less have no impact on child abuse. Short-term educational programs on parenting may impart information but their effects are likely to be short term. Programs that prevent juvenile delinquency last at least two years.

### **Flexible, responsive, and owned by the local community.**

The value of partnerships suggests that service providers, policy makers and community members should work collaboratively to develop community based prevention programs. The process of involving residents can lead to a strong sense of ownership of local programs. There can be tension between community ownership and an evidence-based model. Professionals should provide information on the

research base of different programs so local residents are informed about what works and what does not. However because it is not always clear what works, professionals should be open to ideas from residents for innovation.

### **Built upon respectful, trusting and empowering relationships between staff and community members.**

Though there is not much research in this area some authors describe this relationship as critical to successful program implementation. Support, respect, trustworthiness having a non-judgmental attitude and recognition of people's strengths are some of the qualities of professional services staff that are valued by community members.

### **Sufficient complement of well-trained and competent staff.**

Successful prevention programs are staffed by competent workers who are well trained, monitored and supervised. Managers of such programs are well trained with a variety of skills and able to take risks and experiment. Effective programs have a positive work climate and team spirit among staff. There must also be broader organisational support for prevention with sufficient staff, and sufficient resources to supervise and train staff.

### **Based on research and evaluation.**

Effective programs are committed to evaluation and research. The best programs have a research component built into their program. New research emphasise the important of quasi-experimental designs and ethnographic components that capture both the complex effects and the lived experiences of people who participate in such programs.

Prilleltensky (2001) observed that the child welfare system is not oriented toward wellness promotion or the prevention of child abuse. While they believe reactive services must continue to be offered (especially innovative family preservation and self-help models) they also advocate for an increase in programs oriented to prevention. They state the models which show most promise are home visitation programs, multi-component, community based programs and self-help/ mutual aid programs. They note that at present, home visitation programs are the only intervention consistently shown to prevent the physical abuse and neglect of children. They call for an expansion of pro-active programs that begin at birth or pre-natally and which are offered over a period of years. As onset of child abuse can also occur in later years they also argue for preventative interventions in the primary and high school years.

The following are key means to improving programs (Durlak, 1997):

- Intervene at multiple levels of influence (individual, family, school etc) to target multiple risk factors that exist at those levels.
- Emphasise protective and positive factors that help guard against negative outcomes.
- Begin from a sound theoretical and empirical base.
- Involve parents as much as possible.
- Abandon the use of information only programs (they are cheap and give a sense they something has been provided but evidence is overwhelming they do not change behaviour).
- Adopt a long-term perspective.
- Be flexible in providing services.
- Pay careful attention to program implementation (issue of program integrity).
- Use a collaborative approach.
- Work with community coalitions.
- Offer more comprehensive interventions- combine multi-disciplinary resources and intentionally seek to achieve multiple goals.

The following are successful programs attributes (Schorr, 1997):

- Successful programs are comprehensive, flexible, responsive and persevering.
- Successful programs see children in the context of their families.
- Successful programs deal with families as parts of neighbourhoods and communities.
- Successful programs have a long-term preventative orientation, a clear mission, and continue to evolve over time.
- Successful programs are well managed by competent and committed individuals with clearly identifiable skills.
- Staff of successful programs are well trained and supported to provide high-quality, responsive services.
- Successful programs operate in settings that encourage practitioners to build strong relationships based on mutual trust and respect.

Successful programs also have the following:

- Focus on resilience
- Increase protective factors
- Provide opportunities for peer learning and support
- Involve a family program theory of change
- Develop a culture of care
- Use mutual aid processes
- Involve fathers when appropriate.

## Development of resilience

The concept of resilience was first developed in the 1970's to understand what protects young people from cycles of drug abuse and delinquency (Arney&Scott, 2010). Often community services focuses on the use of risks and deficits in people's lives as the best predictor of future problems. Risks are seen as a cumulative, with the increased number of risks being more associated with problematic behaviours of child abuse, poverty, low education, unemployment and homelessness. In more recent years, strengths based practice has been informed by the saying 'where the attention goes, the energy flows' (old Sufi saying). This has meant a switch has occurred from focusing on risks to focusing on protective factors.

"As researchers tried to understand what particular factors enabled some at-risk children to grown into healthy and competent adults, a number of protective factors were developed to explain how risk factors may be internal or external... Contemporary resilience-based practice tends to gear outcomes around positive indicators or the attainment of positive goals, rather than simply the reduction of risk" (Arney&Scott, 2010, p. 51).

This evaluation has used protective factors as a strengths based tool to measure the resistance that families have to cycle of abuse. These protective factors are adapted from the National Crime Prevention (1999) *Pathways to Prevention: Developmental and early intervention approaches to crime in Australia*, Commonwealth Attorney General's Department, Canberra.

Staff were asked to consider each family every 3-months and rate the protective family factors as either existing strengths or still to be developed using the following scale:

1. Low
2. Developing
3. Average low
4. Average high
5. Significant
6. Very Significant

The protective factors to select from are:

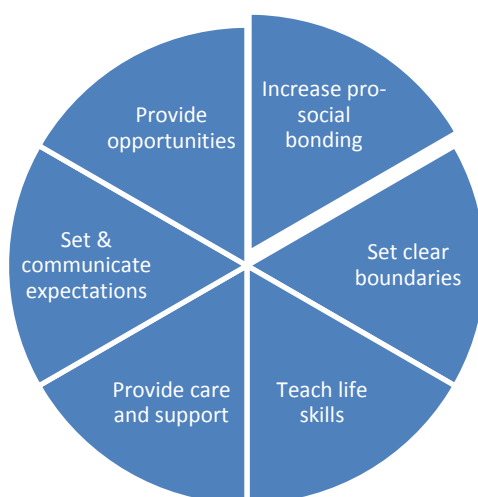
- Adult/s has supportive relationship with other adult
- Adult/s has internal locus of control (identify that they have control over situations they face)
- Child/ren regularly attend childcare or school
- Children demonstrate appropriate social skills
- Child/ren cope appropriately with stress
- Child/ren has moral beliefs
- Child/ren has secure attachments to the family
- Child/ren takes responsibility for chores or required helpfulness
- Empathy is regularly used
- Optimism regularly is expressed
- Regular use of good problem solving techniques

- Parents maintain a secure and stable family environment
- Strong family norms and morality
- Strong sense of family harmony
- Supportive caring parents
- Regular use of positive values

Feedback to parents was transparently given on a regular basis recognising where change has occurred and where attention is still required.

## Henderson’s Resiliency Wheel

Resiliency is defined by Henderson (2008) as “the capacity to spring back, rebound, successfully adapt in the face of adversity, and develop social and academic competence despite exposure to severe stress... or simply the stress of today’s world” (Henderson, 2008, p. 3). The Henderson wheel captures what research has taught the sector about resilience and portrays it in an easy graphical model.



Increase pro-social bonding	Strengthens interpersonal connections and the development of good social support networks.
Set clear boundaries	The establishment of clear boundaries that are consistent and fair for children or with whom you are working. This allows for community building and some degree of predictability in people’s lives which is important for building stability and trust.
Teach life skills	The development of new life skills that meet the immediate challenges you may face in life allow people to develop better perspectives and problem solving skills. The capacity to address and resolve one’s own problems and challenges is central to fostering autonomy and maintaining resiliency.

Provide care and support	The central cornerstone for the development of resilience is care and support. This includes parent-child attachment as well as broader environments that are essential for learning and growth.
Set & communicate expectations	Involves the establishment and maintaining of expectations of oneself or one's child that are high yet realistic. Such expectations are excellent motivators and can facilitate effective learning and problem solving.
Provide opportunities	Provides people and children meaning and active participation and ownership of the change process. This raises self-esteem and self-efficacy, promoting autonomy and good problem solving and can have an impact on their world.

Adapted from (Arney&Scott, 2010, p. 58)

## Provide peer support for young mums

In recent years the Victorian Maternal Health Service has evolved from a focus on infant health and development to one that addresses family emotional and social wellbeing and strengthening social support (Arney&Scott, 2010). Eight-week group work programs are used to explore a broad range of relevant topics. They are facilitated in a non-didactic way to maximise group interaction and cohesion with the expectation that the group will continue on its own accord.

The purpose of the groups are primarily community building with social contact and peer support being more important than provision of information. This low-key approach where the social experience is the primary outcome and information is slotted in around this often meant the facilitators would use their own reflections and anecdotes as mothers to get a discussion going.

One program in a low income outer urban part of Victoria had a special one-off evening program where they invited the dads and titled the session as 'how to save your child's life' and focused on child resuscitation techniques. Also part of the night was spent on discussing the serious risks involved in shaking babies.

While the successful facilitation of young mum's groups was harder than the mainstream mother's programs, the best results occurred when specific groups for young mums were developed. Group based programs are seen as an essential component of effective service provision for young parents.

## A family program theory of change

Containment and support are essential requirements for any family support program. "Containment in this sense implies a safe-haven for families, a holding environment that supports and challenges" (Berry, 2007, p. 27). Programs provide containment through the development of a culture of care. Using object relations theory and systems theory, containment within the program is an expansion of the same containment that parents provide to the children in their care. It implies "understanding, being, unconditional love, empathy and challenge, and it creates a creative energy that is responsive, problem-solving and nurturing" (Berry, 2007, p. 27). Containment influences participation and development and is a primary mediator for change with evidence indicating that intense programs produce stronger

outcomes. Intensity can involve a variety of families, including number of and frequency of sessions, along with workers specifically engaging the hopes/dreams and challenges experienced by the service users (see *Figure 22: Family program theory for change (Adapted from Berry, 2007)*)

<b>Family program environment</b> (adapted from Berry, 2007) <ul style="list-style-type: none"> <li>• Supporting and developing a 'culture of care'.</li> <li>• Supporting and developing families – enhancing capacity to contain, hold and support growth (through learning, reflection and support).</li> </ul>	
<b>How the family program contributes to outcomes for families</b> <ul style="list-style-type: none"> <li>• Belonging to the program (engagement &amp; participation).</li> <li>• Opportunity to connect with others – groups or events/opportunities.</li> <li>• Connection to resources/services.</li> <li>• Strength of the culture of care.</li> <li>• Developmental system that provides protection and nurtures learning through:             <ul style="list-style-type: none"> <li>○ Capacity of program to help parents work on their different agendas (personal, problem solving, basic stability, social and community).</li> <li>○ Capacity of program to help staff in fulfilling their agendas (capacity building, protective, therapeutic relationships, learning and community).</li> </ul> </li> </ul>	
<b>Intermediate outcomes</b>  <b>For families</b> <ul style="list-style-type: none"> <li>• Engagement and participation</li> <li>• Meeting personal goals</li> <li>• Increased support</li> <li>• Child and parent development.</li> </ul> <b>For staff</b> <ul style="list-style-type: none"> <li>• Staff development</li> <li>• Commitment to principles of practice</li> <li>• Community development</li> <li>• Support (resources)</li> <li>• Synergy of program.</li> </ul>	<b>Outcomes</b>  <b>For children and families</b> <ul style="list-style-type: none"> <li>• Child and family safety</li> <li>• Child and family well-being</li> <li>• Protection of attachment bonds (increased reunification)</li> <li>• Reduced need for child placement.</li> </ul>

*Figure 1: Overview of key factors that develop best practice family program environments*

Berry reports on research of family based programs in NSW that the provision of a 'holding environment' for staff through supervision and support is integral to the infrastructure of care provision to children and families (Berry, 2007, p. 47).



The *family centre theory of change* has been developed by Marianne Berry and an international group of researchers to capture the synergy and the outcomes that occur for families. This conceptualisation is based on an eco-systemic theory that emphasises the inter-relationships between parts as a dynamic process that is related to all outcomes. As noted earlier, the family program should be conceptualised as a developmental system, similar to a family. Such a multi-systemic, interactive centre grows and differentiates in response to individual needs as staff and participants have mutual involvement. In its fullness, the program provides a community for participants, centre staff, volunteers and parents. The family community is central to the way the program works and promotes change, bringing together all the resources identified in Figure 1 to achieve its varied goals and objectives (Berry, 2007).

Synergy for change (Berry, 2007) is developed by:

- Parents involvement in a purposeful set of helping relationships that may be motivated by personal or therapeutic needs, problem solving challenges, a social or educational agenda or a desire to help or support other in the community.
- Collective experiences in an environment that provide containment and support that reflects the programs culture of care.

## **Involvement of fathers**

The impact of time with and closeness between children and their fathers is well recognised. Along with this, when the adults in the family have a strong relationship, it creates the strongest container to meet the children's needs and create a safe and strong environment. Recent studies indicate similar messages across different contexts (Cowan C. , 2005):

- Research evidence continually show that closeness to fathers (resident or non-resident) across the whole lifespan is beneficial for all the physical health/ social/ psychological/ emotional/ educational factors.
- Adolescents who are close to their father report higher self-esteem, less delinquency, and fewer depressive symptoms, better grades, less substance use than adolescents who are not close to their father. Irrespective of the mothers' level of health and activity, it is the fathers' level of activity that is the strongest indicator for obesity in children.
- It is also recognised that violence in families is reduced when fathers have a closer with their children.

A meta-analysis of studies on attachment interventions designed to enhance positive parenting behaviours found that those that included fathers were, on average, more effective than those that involved mothers only. Including fathers in such interventions will be more effective if the unique value of father-child relationships is well understood and taken into account.

Unless there are contra-indicators of family violence, involvement of the fathers that surround the children's lives will mainly have significant impacts for the mothers, children and men. Cowan's (2005)

research, using random allocation and a control group, indicates that involving fathers directly in family support, home visiting and couple programs resulted in the following:

- Decreased post natal depression (Burgess, 2010)
- Men were significantly more involved in the day to day care of their children (bathing, feeding, taking to the doctor, etc.) (Cowan C. , 2005)
- Children experienced less behaviour problems and stress (Cowan C. , 2005)
- Lower parenting stress (Cowan C. , 2005)
- Lower personal adult distress (Cowan C. , 2005).

## **Overview of the UnitingCare Tasmania Family Futures Programs**

### **Overview of the Newpin Program**

Newpin is an early intervention, intensive child protection and parent education program that works with families under stress to break the cycle of destructive family behaviour and enhance parent-child relationships. The program originated in the United Kingdom (UK) in response to the needs of new mothers experiencing issues such as isolation, mental illness, family violence, social disadvantage, low self-esteem and those who were at risk of physically or emotionally abusing their children. Since its development in Australia, it has been expanded to include sixteen women's or fathers' programs. The principle strength of Newpin is its collaborative approach to working with members of the program living its four core values of respect, support, equality and empathy. A fifth core value of self-determination has recently been adopted by the UK Newpin program. In Tasmania, a Newpin Centre currently operates in Launceston and the Newpin Outreach Program (focus of this evaluation) is based in Hobart.

The Newpin Outreach Program is a home visiting early intervention program for families with child protection issues. Workers and members focus on an individual's strengths to find the best solution for dealing with challenging child protection situations. It is a therapeutic program that enhances attachment and emotional connection within the family and increases a parent's knowledge about their child's needs.

The program focuses on the individual's own intrinsic value as a person, a parent and a fulfilled member of the community. All interactions and practices at the centres are strengths based. Service users have a strong involvement in directing the program and the learning. Workers and service users focus on an individual's strengths to find the best solution for dealing with stressful situations. The outcome is positive life changes generated from a non-judgemental environment and the creation of pathways and learning opportunities for members to reach their full potential.

Newpin aims to:

- Prevent child abuse with particular focus on emotional abuse and neglect
- Reduce the impact of family violence
- Encourage self-help and lasting change
- Inspire good parenting and encourage the valuing of positive parent/child relationships
- Raise the self-esteem of every individual
- Break the cyclical effect of destructive and negative family patterns.

The Newpin program involves:

- A Newpin chat (an opportunity for prospective service users to meet the Newpin Family Development Worker and learn more about the program)
- Regular home visits for a maximum of eighteen months by two workers (the Family Development Worker and the Child Development Worker)
- Regular self-evaluation
- Supporting member's goals to complete further education
- Open days where service users speak about their own learning and change
- Special outings and celebrations.

As part of the home visiting, the parents and children participate in a play therapy program and the parents complete a series of modules with one of the staff members. The Newpin modules are a structured set of self-development tools that improve:

- a parent's ability to understand their child's development
- their own communication and conflict resolution skills
- their understanding of what child protection issues involve
- appropriate expectations of themselves and other key relationships.

Successful completion of the modules often leads to parents having greater confidence in themselves and their aspirations for completing their own education pathway.

1. SEERS	The values based used by Newpin are explored: Support, Empathy, Equity, Respect and Self-determination.
2. Our skills as parents	Parenting skills are addressed
3. Keeping children safe	Child protection issues are addressed
4. Family relationship module	Strong adult relationships are supported
5. Conflict resolution	Anger management issued are addressed

## **Overview of the PYPS Program**

PYPS is an information and support programs for young parents and young pregnant women under the age of 25. PYPS is a free resource that assists young parents in preparing for the birth of their child and meeting the new demands of being a new parent.

The PYPS Program aims to:

- Support young mothers through pregnancy
- Reduce the impact of family violence
- Reduce the isolation of young parents
- Support young parents to be the best parent they can
- Inspire good parenting and encourage the valuing of positive parent/child relationships
- Raise the self-esteem of every individual.

The PYPS Program involves:

- Regular home visits
- A weekly young parent's peer support group
- Access to resources including pregnancy and parenting information and baby clothing
- Special outings and celebrations.

## PART B: METHODOLOGY

### Demographics of Greater Hobart

According to 2006 census data Greater Hobart has a total of 53,146 families, and of these 13.13% are single-parent families with children under the age of 15. This is higher than the national average of single parent families, which was 7.45% in 2006 and 7.57% in 2010.

Mothers often become primary carers of children in the event of separation. In Tasmania during 2006, 3.7% of all families (with children under 15-years of age) had a father as the primary carer. On the other hand, single mother families with children under 15-years of age made up 19.5% of all families.

Tasmania has the second highest number of births to mothers aged under 20-years. In 2006, 6.6% of all births are to women aged under 20, while in the Northern Territory the level stands at 12.2%. This contrasts acutely with the national average which is 4.1%.

The number of substantiated reports of child abuse across Australia in 2009-2010 is 46,187 (Lamont, 2011). Of these substantiations, Tasmania accounted for 963 reports, or 2.08% of the total. The substantiated maltreatment types were 478 cases of emotional abuse, 286 cases of neglect, 122 cases of physical abuse, and 77 cases of sexual abuse.

An experienced child protection worker in Hobart identified several population differences between the SW and SE Gateway regions. The SE Gateway region has a higher proportion of low income housing estates, a greater number of lower socio-economic families, more families and children and is spread over a larger geographic area. This picture mirrors the family demographics in the referrals received from the two Gateway Services.

### Service user differences between the two programs

Understandably, the average age of PYPS service users ( $M=19.8$ ,  $SD=2.86$ ) is lower than that of Newpin ( $M=29.7$ ,  $SD=6.07$ ). The majority of PYPS service users are from the South East (68%), while the majority of Newpin service users are from the South West (58%).

Due to differences in the target groups, PYPS service users ( $M=1.33$ ,  $SD=.52$ ) as young mothers typically have less children than Newpin service users ( $M=3.08$ ,  $SD=1.73$ ). Similarly, PYPS children are younger ( $M=1.60$ ,  $SD=.91$ ) and predominantly female (66%) while Newpin children are older ( $M=5.5$ ,  $SD=3.85$ ) and they have more boys (57%). Ninety-three percent of PYPS children live with their mother's full time, similarly 95% of Newpin children live with their parent/s.

Both programs mainly have a majority of single parents referred to them (PYPS 75% and Newpin 67%). However in the Newpin Program the majority of service users had a partner (59%) which was not the case in the PYPS Program (31%). Although there are large gaps in the data (8 of 30 PYPS service users responded) regarding living arrangements of the PYPS service users, 50% lived with their spouse/partner, 38% lived with family and 13% lived with friends. Similarly 5 of 23 responded in the

Newpin sample, with 60% living with a spouse/partner and 40% living with family. Presumably, a number of the non-respondents lived by themselves.

There are a larger percentage of service users (26%) and/or their children (31%) with a disability in the Newpin Program. This is contrasted with the PYPS Program, of which 3% of mums and 9% of their children have a disability.

Seven percent of the Newpin service users identified themselves as being Aboriginal and also another 9% were Sudanese. Three percent of the PYPS service users identified themselves as Aboriginal.

## Participants

Of the 57 families who came into contact with UnitingCare between November 2010 and January 2012, 21 consented to participating in the evaluation (37%).

## Procedure

Clients of the Newpin and PYPS program from November 2010 to July 2011 were given the option of consenting to be a part of the UnitingCare program evaluation. Throughout that period 11 people consented to a paper evaluation collected by their worker, 18 people consented to a telephone interview conducted by Tara Hunt, and 21 people declined involvement in the evaluation. The data package contained the Strength's and Protective Factors scale, a PYPS or Newpin evaluation questionnaire, and the Parenting Sense of Competence (PSOC) scale to be collected every 3-month evaluation period. The first data collection period was March 2011, the second July 2011, the third December 2011 and the fourth April 2012. The Strengths and Protective Factors scale was completed by the workers for all active clients, and the PYPS/Newpin evaluation questionnaire and PSOC scale was completed by the consenting clients.

## Missing data

The population that the Newpin and PYPS programs cater to are largely transient which made data collection difficult. As a result, there was a significant problem with missing data in this data set. There are four main types of missing data which we found in the study (McKnight, McKnight, Sidani, & Figueredo, 2007).

*Missing data due to participant characteristics:* Missing data occurred in this study as a result of client non-engagement and refusal or inability to provide information. Periods of non-engagement occurred in the evaluation due to key workers resigning and clients were unable to engage with the new worker. As the evaluations were being collected by the worker and an unknown telephone interviewer, there were situations where the participant was unwilling to provide information. In addition, some of the items were dependent on certain characteristics which some participants were unable to answer, for example, the item regarding children's involvement with housework was irrelevant for parents with children under 2.

*Missing data due to measurement characteristics:* As mentioned previously, some items of the Strengths and Protective factors checklist were unable to be answered with very young children. Some items of the Parenting Sense of Competence Scale were double barrelled, the implications of which will be discussed later. Additionally there is data missing due to the invasiveness and the tediousness of the design, as this was a longitudinal study.

*Missing data due to data collection:* Some conditions of data collection may have increased the probability of missing data. For some participants who consented to the telephone evaluation, the process was inconvenient which led to participant drop out. In addition there were situations where the workers were unable to contact participants in order to collect the data. Finally, participation was voluntary and no compensation was offered which may have influenced clients who were not participating out of gratitude to the program to drop out, thereby biasing the data towards those who engaged with the program.

*Data missing due to study design:* The study was a time series design, with four repeated measurements. Making repeated measurements is likely to result in more missing data because it places a greater burden on the participants.

Because of the small sample size and the extent of the missing data, data correction techniques were explored but none were applicable. Caution must be used when interpreting this data particularly as clients who did not engage with the program will be underrepresented. However, this data will be of use when observing longitudinal trends with clients who have engaged.

## Tools

### Protective factors checklist

This evaluation has used protective factors as a strengths based tool to measure the resistance that families have to cycle of abuse. These protective factors are adapted from the National Crime Prevention Pathways to Prevention: Developmental and early intervention approaches to crime in Australia (Gilmore, 1999). The protective factors tool aims to measure the attainment of positive goals, rather than risk reduction. Staff were asked to complete a questionnaire for each family every three months in an effort to measure protective factors development throughout time spent in the program. The questionnaire consisted of 16 items including statements such as *Adult has a strong supportive relationship with another adult*, and *Children have secure attachments to the family*, which were to be rated on a scale of 1 to 6, with one representing Low and 6 representing Very significant. An average was then calculated for each item.

### The Parenting Sense of Competence Scale

Parenting self- efficacy has been linked to positive child developmental outcomes and mediates the risk factors such as depression ( Jones & Prinz, 2005) (Gondoli & Silverberg, 1997). The Parenting Sense of Competence (PSOC) Scale contains 17 items that measures parenting satisfaction, and self-efficacy and interest with the parenting role (Gilmore & Cuskelly, 2008). Rogers and Matthews (2004) reported that the internal consistency of the scale for mothers was .77 for the satisfaction, .78 for efficacy, and .58 for

the interest subscale. For fathers,  $\alpha=.80$  for satisfaction, .82 for efficacy, and .62 for the interest subscale. While Rogers and Matthews (2004) omitted item 17, as it had been thought not to load onto any factor in the analysis, Gilmore and Cuskelly (2008) argued it made a substantial contribution to the interest factor and should be included, which has been done so in this study. Parents are directed to indicate their agreement with a statement by circling a number between 1 (*Strongly agree*) and 6 (*Strongly disagree*). Items 1, 6, 7, 10, 11, 13, 15, 17 are reversed scored so a higher scores indicate more interest, satisfaction and self-efficacy. As recommended by Gilmore and Cuskelly (2008), items 1, 5 and 7 were removed from the PSOC as they have been found to be double-barrelled and confusing, e.g. Item 1 is *The problems of taking care of a child are easy to solve once you know how your actions affect your child, an understanding I have acquired* and item 7, *Being a parent is manageable and any problems are easily solved*.

## Newpin/PYPS Evaluation Form

The Newpin/PYPS evaluation form was designed to gauge the impact and significance that the programs had on the clients in the three months prior. There are seven questions which are responded to on a four point scale from *Yes, very valuable* to *Not valuable*, and then participants are asked to give a reason for their response. An example question is *Do you think involvement in the Newpin/PYPS Program helps you to better support your child?* There are also five open response questions which were designed to generate more reflections about the program. An example question is *Thinking about the Newpin/PYPS program, what changes have you noticed about yourself since we last spoke?* Answers to these questions make up the majority of qualitative data from the clients for this evaluation.



*Picture 2: A Newpin service user and child being part of the play program.*



## Themes to be analysed in the evaluation

These themes and sub-themes were used to analyse the evaluation's quantitative and qualitative results for both programs.

Major theme	Sub-themes
<b>Build a family engagement environment</b>	<b>Resiliency is supported within service users.</b> <ul style="list-style-type: none"> <li>• Increase pro-social bonding</li> <li>• Set clear boundaries</li> <li>• Teach life skills</li> <li>• Provide care and support</li> <li>• Set &amp; communicate expectations</li> <li>• Provide opportunities</li> </ul>
<b>Meet children and parents need for protection</b>	<b>The program acts as a container and support for growth.</b> The evidence of the containment is shown by (Berry, 2007): <ul style="list-style-type: none"> <li>• A reduction in concrete need or distress.</li> <li>• Respect, recognition and responsiveness.</li> <li>• Staff are available not fazed by family's condition or behaviour.</li> </ul>
<b>Nurture the development of parents and children</b>	<b>A culture of care – caring, non-judging, non-punitive</b> <ul style="list-style-type: none"> <li>• The centre acts as a container for the feelings and actions of all members.</li> </ul> <b>The importance of engagement</b> <ul style="list-style-type: none"> <li>• Include staff and carers that 'look like' families e.g. including community members in recruitment and delivery of services.</li> <li>• No judging or criticising of parents/children.</li> <li>• Be honest/encouraging even when the assessment or news is less than positive.</li> <li>• Help with concrete needs e.g. health care and financial support.</li> <li>• Work toward goals with the same sense of urgency as the family.</li> <li>• Provide support such as transport, childcare for meetings.</li> <li>• Have flexible funds for creative solutions.</li> <li>• Meet with families at their homes/and/or at the centre.</li> <li>• Engagement is critical to a relationship aimed at learning and practicing new skills and information.</li> </ul> <b>The nature of family support</b> <ul style="list-style-type: none"> <li>• Families feel safe, supported and creative.</li> <li>• Families own the change process.</li> <li>• Families can express their anger, fear, sadness without feeling judged.</li> <li>• Staff at centre 'look like' families.</li> <li>• All family members feel safe.</li> </ul>

<p><b>Support the attachment bonds of parents &amp; children</b></p>	<p><b>Attention is given to foster and support father-child and adult-adult relationships for the stability of the children.</b></p> <p><b>Group based programs are seen as an essential component of effective service provision for young parents.</b></p> <p><b>KPI measures from the Iris database</b></p>
<p><b>Reduce the need for child placement</b></p>	<p><b>Effective practice components</b></p> <ul style="list-style-type: none"> <li>• Learning and practice of social skills and negotiation.</li> <li>• Shared within a strong caring relationship.</li> <li>• Worker or carer models effective practice in their interactions with others.</li> <li>• Specific praise, feedback and encouragement are used regularly.</li> <li>• Clear and concise information, not lengthy or complicated.</li> </ul> <p><b>KPI measures from the Iris database</b></p>
<p><b>Help parents meet mental health needs</b></p>	<p><b>The program uses Mutual Aid principles.</b></p> <ul style="list-style-type: none"> <li>• Sharing life experiences with others.</li> <li>• Discussing difficult and taboo areas.</li> <li>• Discovering that others share similar feelings and experiences to breakdown isolation.</li> <li>• Increasing the experience of normalisation by emphasising that service users and professionals can share some similar experiences.</li> <li>• Offering mutual support and encouragement through understanding other people's feelings.</li> <li>• Promoting individual problem solving through listening to how others find new solutions to their problems.</li> <li>• Rehearsing and practicing new ideas and talk about the challenge of implementing them.</li> <li>• Allowing service user to gain strength through developing a group identity that supports the belief that 'they are not alone'.</li> <li>• Believing in the service user's ability to have a 'creative genius'.</li> <li>• Integration by the worker of their professional and personal self rather than creating a split.</li> <li>• Recognising the connection between working with individual problems and wider social change issues.</li> <li>• Service user's resistance to change is viewed not as the problem but is part of the process for change to occur.</li> </ul>

## PART B: RESULTS

This report used a variety of measures to gauge the effectiveness of the Newpin Outreach and PYPs programs. These measures include the assessment of the:

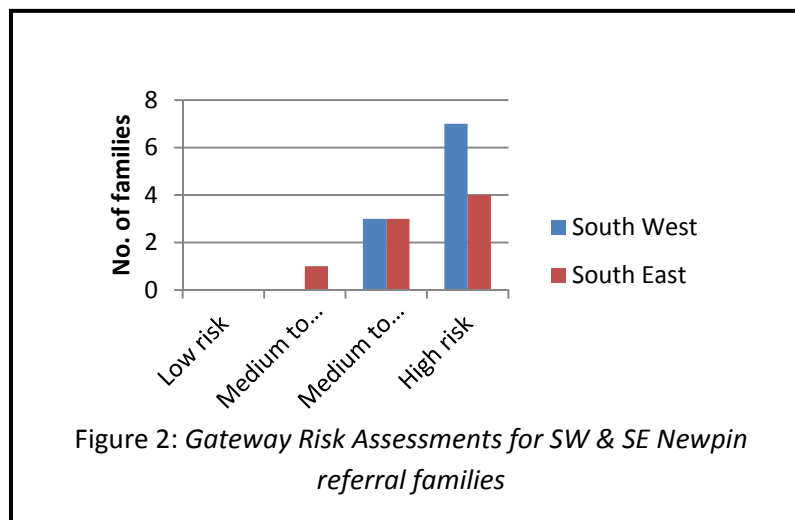
1. Overview of the participants
2. Achievement of Key Performance Indicators
3. Review of program tools

### Overview of Participants

#### Gateway Risk Assessments for SW & SE Newpin families

The SW and SE Gateway Services use different assessment tools for assessing the child protection risks for their families. While the rating scales may differ, the final categories decide if a family is one of the following risks:

- Low risk
- Medium to low risk
- Medium to High risk
- High risk



The SW Gateway referred more families with a high level of child protection risks (70% of referrals were high risk). The SE Gateway Service referred four families (50%) with a high level of child protection risks (see Table 4: Gateway Risk Assessment and SW/SE Newpin families). This difference is a key issue that will be discussed later in this report.

## Number of children for SE & SW Newpin service users

The SE Gateway referral families have larger families (average of 3.6 children per family) and also a greater number of male children. The SW families have smaller families (average of 3 children per family) and are more likely to have a single parent family structure.

		South West	South East
Gender of children	Male	11	26
	Female	15	15
	Unknown	7	2

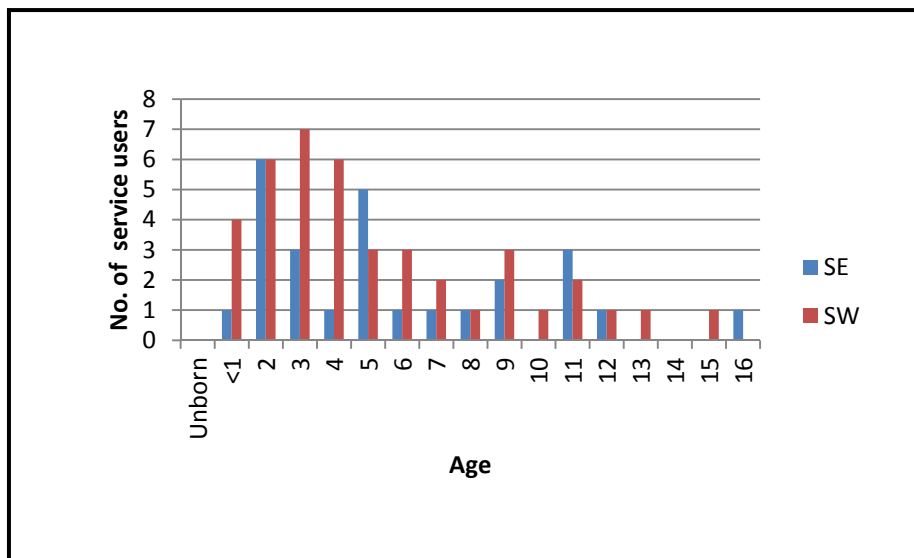


Figure 3: Age range for SE & SW Newpin service users' children

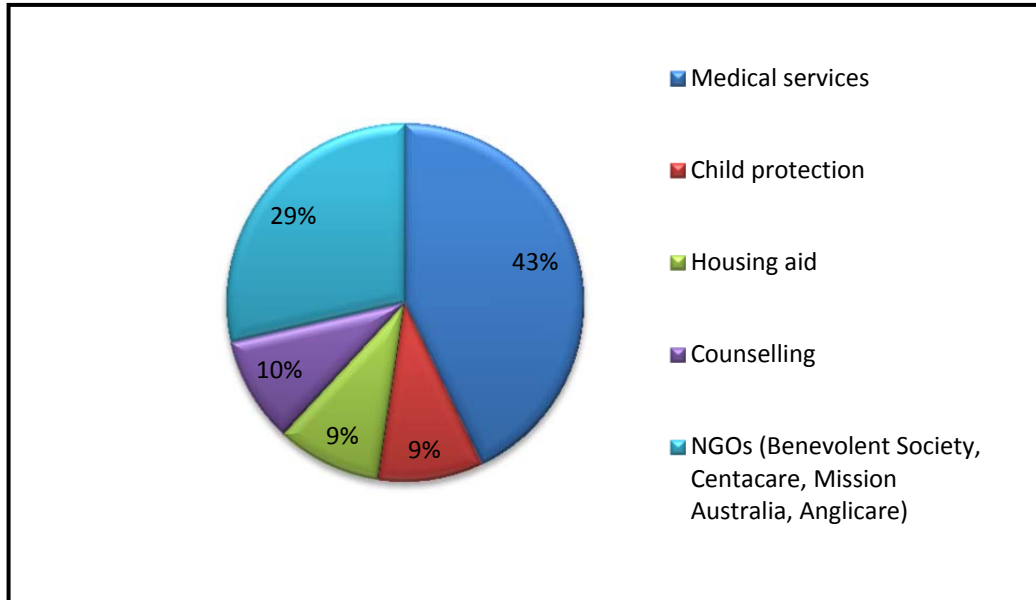


Picture 3: A Newpin service user and baby.

## Agencies involved with Newpin service users

Medical services (Figure 4) are identified as a common support that is accessed regularly by Newpin service users. This is likely to occur as 30% of Newpin service users stated they are also taking anti-depressants. Another potential reason for the higher use of medical services is that one third of Newpin families have a child with a disability.

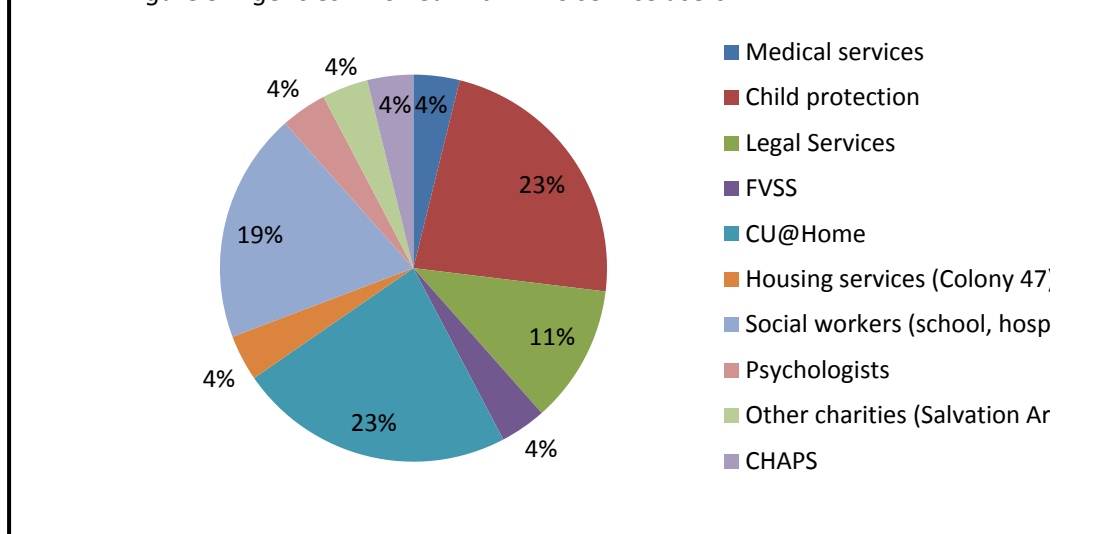
Figure 4: Agencies involved with Newpin service users



## Agencies involved with PYPS service users

CU@home Nurses (23%) and Child Protection (23%) are the most common agencies involved in these young mother's lives. This is followed by social workers (19%) in schools or hospitals and legal services (11%). All of the other organisations listed in Figure 5 are involved with 4% of young mothers.

Figure 5: Agencies involved with PYPS service users



## Reasons for referral to Newpin

All referrals to Newpin come through either the SE or SW Gateway Services. Parenting support and education was the main reason that families were referred to Newpin (54%).

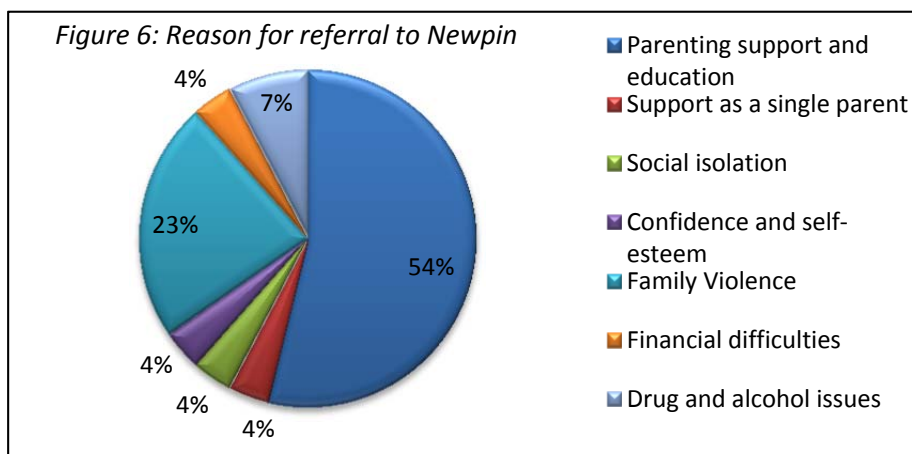
Family violence was also identified as the 2<sup>nd</sup> most significant issue (23%) for what families needed to address at Newpin.

The third highest reason for referral was drug and alcohol issues. While

Newpin is not a drug and alcohol service, these issues are often accompanying indicators of child protection issues and they are also under-disclosed by most families.

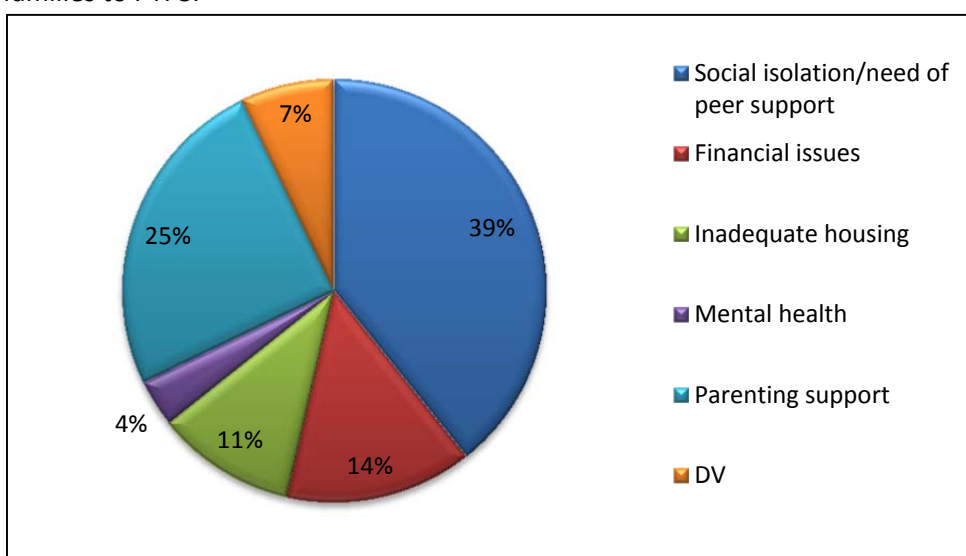
Thirty three percent of service users had past involvement with mental health professionals, 8% were currently involved with mental health professionals and 33% had no involvement with mental health professionals. Twenty five percent of families did not consent to providing this information.

As a program, Newpin needs to respond to all these three issues to ensure children are safe.



## Reasons for referral to PYPS

All referrals to PYPS come through either the SE or SW Gateway Services. Social isolation and the need for peer support (39%) were identified as the main reasons that families were referred to PYPS. Parenting support was the 2<sup>nd</sup> reason (25%) that agencies referred the families to PYPS.



*Figure 7: Reasons for referral to PYPS*

Financial issues (14%) and inadequate housing (11%) experienced by the service users reflect the chaotic and turbulent experiences that many young mothers face. Family violence was also identified as the 5<sup>th</sup> most significant issue (7%) for what families needed to address at PYPS. Figure 7 also identifies mental health issues as another reason for referral to the program.

## Skills and information parents expected to gain from Newpin Outreach Program

When asked during the intake process, parents stated that their primary need was for behavioural and parenting management (61%) followed by emotional support (17%). The other two common needs were conflict resolution (11%) and an improved relationship with their partner (11%).

This is consistent with a family's experience where they are being overwhelmed by the challenge of parenting and are experiencing other stresses like lower financial wellbeing, accommodation challenges and possible domestic violence.

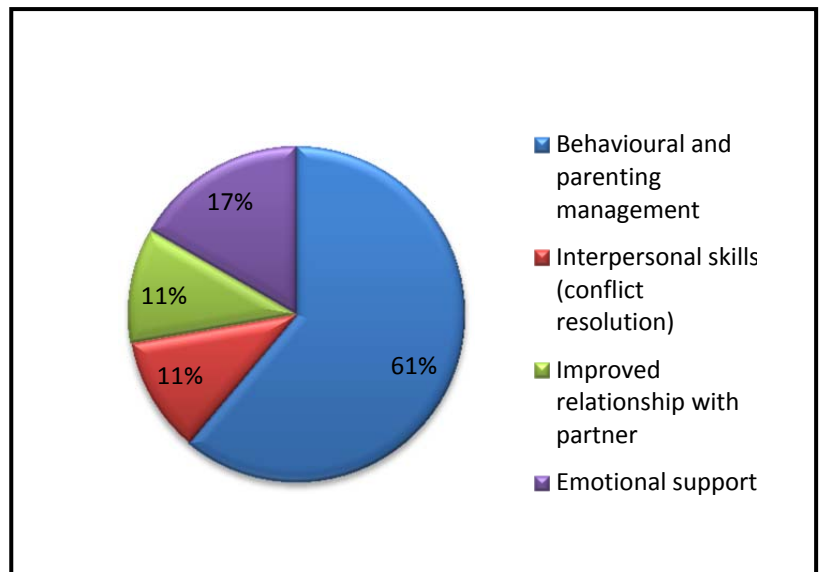


Figure 8: Skills and information parents expected to gain from Newpin

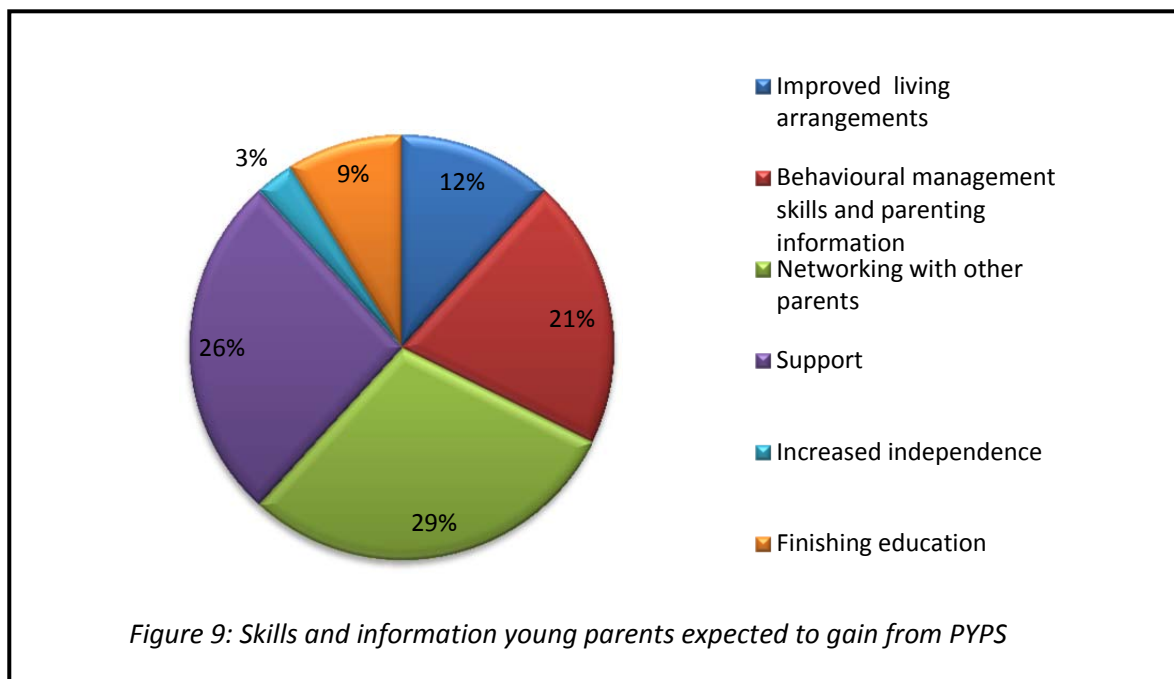


Figure 9: Skills and information young parents expected to gain from PYPS

## Skills and information young parents expected to gain from PYPS

The young mothers identified networking (29%) with other young mothers as their primary purpose for being in the program. This was followed closely by support (26%) and behavioural management skills and parenting information (21%). The need to improve their living arrangements (12%) reflects the inadequate housing that many of them experience.



Young mothers also identified finishing education (9%) and improved independence (3%) as other important goals.

## Achievement of Key Performance Indicators

The key performance indicators in the UnitingCare Tasmania Family Future's contract are:

**a. Access**

- Timeliness of access
- Number of access
- Linked services

**b. Effectiveness - child development**

- Improved development & attainment
- Improved bonding and attachment
- Change in social and emotional competence

**c. Effectiveness - family functioning**

- Reduced family risk factors
- Improved understanding and use of services
- Reduced rate of notification

In 2011, the Newpin Outreach Program and PYPS Program achieved its combined Department of Health & Human Services contract goal by working with at least 50 families in a 12 month period across the SW and SE regions in Hobart.

**d. Program**

- Caseload profile vs. treatment modality
- Integration with other services



Picture 4: A child using the Bear Cards Feelings Chart.

## a. Access

The key performance indicators for Program Access are:

- Number of access – The Newpin outreach and PYPs programs work with at least 21 (+ or – 4) families in each calendar year.
- Timeliness of access – Minimum standard is the family being first seen in <5 working days.
- Linked services - % of families with linked services.

The Newpin Outreach Program achieved its Department of Health & Human Services contract goal for 2011 by working with 23 families in a 12 month period. The key performance indicator was 21plus-or-minus 4 families. Of these families:

- 87% of Newpin service users were mothers and 13% were fathers.
- 44% of SE Newpin service users are single parent families and 66% of families identified that the father was involved with the children.
- 71% of SW Newpin service users are single parent families and 29% identified that the father was involved with the children.

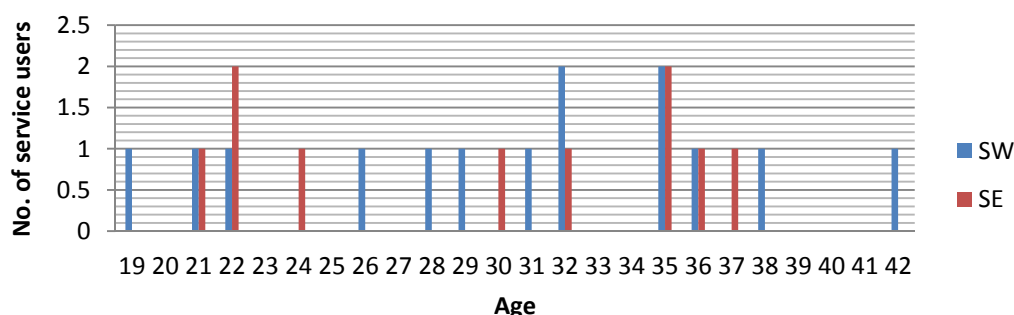


Figure 10: Age distribution for SW and SE Newpin families

Figure 10 highlights the referrals received by the Newpin Outreach Program and the spread of ages for either the SW or SE Gateway Service. The average age for both the SW and SE referrals was 31 years. The SW referral families had a greater number of single parent families (71%) compared to 44% in the SE (see Table 5: Age of SW and SE Newpin Service Users). Both the SW and SE referral families had a similar percentage of children with disabilities (31%).

It was identified that having access to services to help families prepare themselves for the significant challenges they face is vital. An example of this is working with the young mums before the child is born to ensure a strong and stable attachment to the child.

Newpin SE family referrals engaged with the program for longer periods of time (average – 58 weeks) thus reducing the total number of referrals that could be taken in a 12-month period.

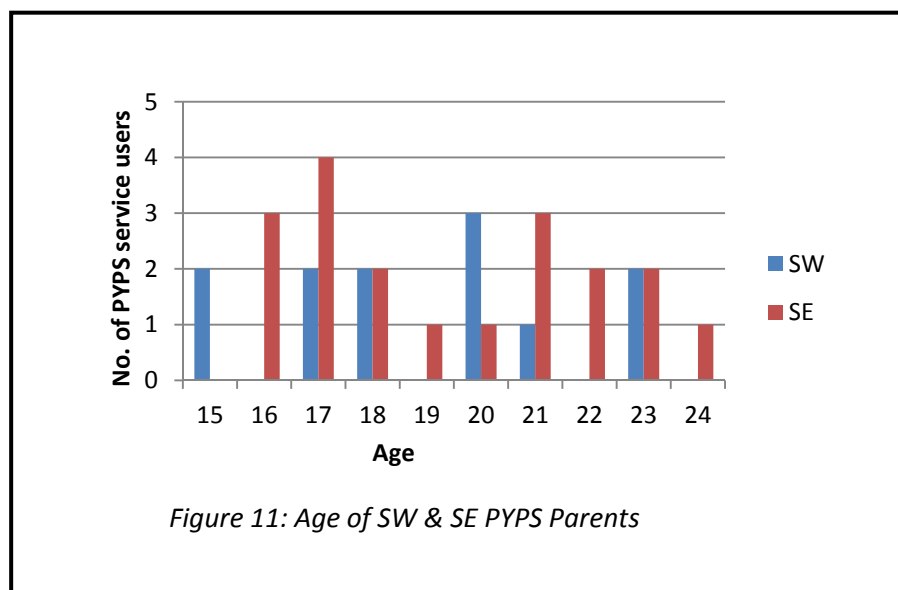
A Newpin staff member reflected:

*“I think Newpin were involved before the reunification happened, so we were able to be there during access visits and help promote that attachment between mum, dad and baby in that period where they did not live together. I think it also gave mum and dad the skills that they needed. It allowed that role modelling while they had the baby. We were able to have lots of discussion around the changes when the baby came home and realistic expectations of what to expect and changes that would occur with the baby. She was taken off them at 4 months and was not reunified until 16 months. We were able to do a play program with the mum and the child which allowed her to see the importance of play. She had never been played with before or sung to. She did not know any songs. Mum and dad also both had extensive criminal backgrounds, they had drug problems, and while at times in the first 6 months they had a couple of incidents where they got charged with criminal activities that held back the reunification. I think the fact Newpin stayed in and kept working with them they could still see their strengths and feel supported in their reunification with their daughter. We did not pullout, we stuck with them throughout that period” – Internal Staff Member.*

### Overview of access for the PYPS Program during 2011

The Pregnancy and Young Parent Support Service (PYPS) is an information and support programs for young parents and young pregnant women under the age of 25. PYPS assists young parents in preparing for the birth of their child and meeting the demands of being a new parent.

In 2011, the PYPS Program and Newpin Outreach Program achieved its combined Department of Health & Human Services contract goal by working with at least 50 families in a 12 month period across the SW and SE regions (PYPS worked with 28 families in a 12 month period). The key performance indicator for PYPS was 21+or- 4 families. In addition to this, five young mothers attended the PYPS Playgroup.



Of these referred families:

- 100% of PYPS service users were mothers.
- 81% of SE PYPS service users are single families and 25% identified that the father was involved with the children.
- 85% of SW PYPS service users are single families and 23% identified that the father was involved with the children.

While the referrals from the SW Gateway have the greatest range of parent ages (15-23), the SE Gateway referrals have a lower average age of 19 years compared to the SW average of 20 years (see Figure 11).

Similar to the Newpin cohort, the SE service area is where the largest number of young mothers are located. The SE family referrals have an average of 1.3 children per family whereas the SW family referrals have an average of 1.08 children per family.

The PYPS Program engaged with families from the South West region for a longer period of time (average of 56 weeks) compared to an average of 31.6 weeks for SE family referrals.

		South West	South East
Number of mothers		13	16
Number of children		14	23
Gender of children	Male	9	4
	Female	4	15
	Unknown gender	1	4

Timeliness of access is calculated from the date the referral is received to the date of the first visit. Using a file audit, 68% of Newpin Outreach or PYPS families were seen within five days of the referral being received. Of the 32% of families that were not seen within the five day period, the following reasons were given:

- Allocated staff member was on holidays
- Staff illness

- Wrong telephone number was provided in the referral sheet
- The first visit had to occur with a child protection worker.

The percentage of linked services was difficult to assess as no baseline is provided. From an audit of the case notes, 76% of Newpin Outreach or PYPS families were referred to three or more other services during their program involvement and 14% of families were not referred. This assessment could not be calculated in 10% of the case files.

Flexibility and accessibility were regularly identified as strengths of the PYPS Program. One external staff member stated:

*“That is where your program shines. It doesn’t matter what work I have been involved in, that is one of the most important factors. Having the time and capacity built into the program. Outreach is really critical as well” – External Staff Member.*

Another external staff member said:

*“There is one family I am aware of at the moment who has a PYPS worker, and I can see that has been a fantastic support for her. She had already been referred to PYPS when I met her, which is good because it would have been the first service I would have picked for her particular situation. It seems as if the worker has just been fantastic assistance for this young mum, she already had two older children and she lived in an isolated area. The worker has been able to connect her with other services and childcare, helped her through a particularly difficult time”.*

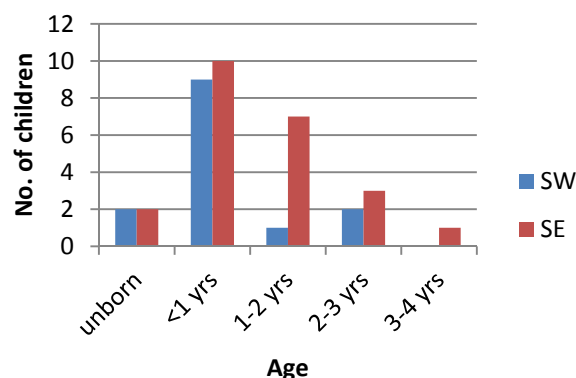


Figure 12: Age range of children in the SW and SE PYPS program

They also added:

*“I think having that emotional support as well, that is the sort of feedback I have picked up from this mum.... Having that worker involved and having that relationship...the worker got involved straight away once she had that baby. Having the opportunity to debrief and share was really important for her” – External Staff Member.*

### Length of participation in Newpin

Using quantitative feedback, the effectiveness of a child protection program can be assessed by the length of time engaged within the program. Ideally families should be involved in the Newpin Outreach Program for at least 52 weeks (Prilleltensky, 2001) for the best outcomes to be achieved with the optimal period being 78 weeks.

There is a difference in the length of time that families from the two regions remain in the Newpin Outreach Program. Referral families from the SE have an average involvement for 58 weeks whereas service users from the SW region are involved in Newpin for an average of 27 weeks.

An independent samples  $t$  test was used to determine whether there was a difference in the amount of time (months) that SW ( $n=13$ ) and SE ( $n=8$ ) Newpin clients spent in the program. The  $t$  test was statistically significant, with the SE group ( $M=13.94$ ,  $SD=7.38$ ) spending more time in the program than the SW group ( $M=6.35$ ,  $SD=4.81$ ),  $t(19)=-2.87$ ,  $\alpha=.010$ . This indicates that Newpin clients from the SE spent more months in the program than the SW group. It is concluded that SE family referrals engage more with the Newpin Program.

The differences between the regions do not necessarily mean that there are consistent differential outcomes between the two. Throughout the time that the evaluation was being conducted, SW Newpin service users encountered significant staff changes and had challenges refilling positions, which may have contributed to adverse engagement outcomes for families. However, the upheaval did alter regional outcomes for the evaluation snapshot. Only 14% (2 families) of the SW referral families remained in Newpin for the recommended period of time, while 55% (5 families) SE referral families remained in Newpin more than 52 weeks.



*Picture 5: A Newpin father building attachment by using a stretch cloth to swing the children.*

### **Length of participation in PYPS**

Providing support services to young parents is a challenging context where engagement is very difficult. Ideally families should be involved in the PYPS Program for at least 52-weeks (Prilleltensky, 2001) for the best outcomes to be achieved, with the optimal period being 78-weeks. Of families involved in the PYPS program between November 2010 and April 2012, 11% reached the optimal period of 78-weeks. Thirty-two percent of families reached 52 weeks of program involvement, and 11 percent were involved for at least 6 months. While 42% completed less than 6-months of the program at least some of this number was made of families who only attended the group session, however we do not have this data available to investigate further.

Potential time differences in engagement between the SW and SE regions were also of interest with the PYPS program. An independent samples t test was used to determine whether there was a difference in the length of time that PYPS clients spent in the SW ( $N=12$ ) and SE ( $N=20$ ) programs. The t test was not statistically significant, with the SW group ( $M=12.18$ ,  $SD=6.10$ ) spending a similar amount of time in the PYPS program as the SE group ( $M=9.47$ ,  $SD=6.81$ ),  $t(30)=1.13$ ,  $\alpha=.27$ . These results indicate that there is no difference in the number of months PYPS clients spend in the SW and SE programs.

#### **Summary for program access during 2011**

- ✓ The Newpin Outreach Program and PYPS Program achieved its combined Department of Health & Human Services contract goal by working with at least 50 families in a 12 month period across the SW and SE regions.
- ✓ Adequate timeliness of access occurred – 68% of Newpin Outreach or PYPS families were seen within five days of the referral being received.
- ✓ A very good level of linked services occurred - 76% of Newpin Outreach or PYPS families were referred to three or more other services during their program involvement.

### **b. Effectiveness - child development**

The key performance indicators for Effectiveness - child development are:

- Improved development & attainment
- Improved bonding and attachment
- Change in social and emotional competence



### Quantitative measures – Parenting Sense of Competency Scale Data

Quantitative and qualitative measures were used to assess the effectiveness of the NEWPIN outreach and PYPS Programs. Use of the Parenting sense of Competency Scale (PSOC) was intended to provide insight into the bonding and attachment of families, as well as increased developmental outcomes. However, the PSOC scale proved to be not a successful measure due to the low sample group and missing data. There were a total of 21 participants, 8 from PYPS and 13 from Newpin, who completed the PSOC on at least one occasion. However the response rate was approximately 41% and only three participants completed the questionnaire on three or more occasions. This posed significant limitations for the data.

An omnibus Friedman's two-way analysis of variance by ranks was performed on all responses from Newpin and PYPS due to the low sample size. The analysis was unable to be conducted on the satisfaction and self-efficacy scales due to insufficient sample size. The test was able to be computed on the interest scale, however it was non-significant. It was concluded that these results could not be reliably used.

There are many potential reasons for why the results are non-significant. Given that the qualitative data obtained when Newpin and PYPS clients were interviewed indicated that they had increased confidence as a result of participating in the program, it seems unlikely that the PYPS and Newpin programs had no measurable impact on parents' satisfaction, self-efficacy and interest in their parenting role.

Firstly, the sample size is very small. There was serious difficulty in collecting data consistently throughout the four periods due to participant drop out and non-engagement. There was also a series of structural overhauls of the organisation and worker departure which made data collection difficult for the UnitingCare workers. With such a small sample size it is unlikely that a significant effect would be found because the nature of change in these programs is small and incremental. The power of the test, as a result, is significantly limited.

Secondly, to the extent of our knowledge there has been little investigation of the validity of the PSOC in measuring parenting satisfaction, efficacy and interest in young parents. Studies assessing the factor structure, reliability and validity of the scale in an Australian sample have had an average age of above 30 years old, with a much higher proportion of tertiary qualifications than the general population and a significantly lower number of single parents than the general population (Rogers & Matthews, 2004; Gilmore & Cuskelly, 2008). Although data was unable to be collected consistently on education level and de-facto status, these characteristics are not representative of the Newpin and PYPS population. PYPS and Newpin clients tend to have transient lives with financial hardship and family instability, which explains why data was so hard to be collected, and why there is variability in the scores. It is a possibility that the PSOC scale is overly influenced by the day-to-day chaos that may have a temporary influence on parenting sense of competence, without detecting changes in underlying self-efficacy.



*Picture 6: A Newpin mother with child.*



Lastly, the design of the study may have contributed to attrition issues. Multiple repeat measures designs are likely to increase the amount of missing data. This may have been increased with the PSOC due to the double barrelled questions, which were removed from the analysis but were answered by the participants.

### Qualitative measures

In 21 interviews external staff identified a number of key themes concerning the Key Performance Indicators. When external staff comments are reviewed 64% of comments identify the programs as being positive or excellent. Six percent of the comments were negative and 29% of the comments recommend changes or concerns.

The Family Futures Program works hard to transform the parenting experience of their caseload. This transformation involves influencing the parent's ideas, impacting on the meaning they attach to being a parent, increasing the positive feelings associated with parenting and practicing actions that care and nurture their children. The SE Gateway Service strongly identified this change in parent's lives resulted in families were less likely to be caught in a 'child protection roundabout' as the family continue to need more child protection interventions. A positive comment identified by external staff members was:

*"A lot of the success stuff is where they have learned the basic parenting stuff and things they thought 'Oh, this is what I was always taught as a kid, or this how I was brought up as a kid', but it really isn't the right thing. We do need to go to appointments with the doctor and the pediatrician. The things there are really important, learning about themselves and how they manage themselves in a stressful situation or they are not feeling the best but the baby is still crying and it has needs. Knowing that they have support, and a big part of that is that they are not judged. Their successes are celebrated along the way and they as people and their skills, the positive reinforcement is regularly there. That is the stuff that is coming back regularly to me. The fact that child protection are not getting calls again, we have even workers saying they don't have any concerns about risks to the child. All that gets communicated to the clients themselves, that we don't have any concerns, these are great goals they have achieved" -*  
External child protection staff member.

Service users also strongly identified the change in their children:

*"The children are a lot more settled and calmer, they are thriving. They get to work with the child development worker and that really helps. I am thrilled about that, they benefit from it and you can see it in the end. You can see the impact that it has on the children".*



*“Learning that I could be the parent I want to be. Your children not having to feel like I did as a child – timid and anxious” - Newpin service user aged 22 years.*

Other service users stated they saw significant differences with their children’s behaviour:

*“With their behaviour and stuff Newpin has shown me that when children act up and argue you need to try to separate the children and give them options. By giving one of the children another task to do they still feel in control. They have shown me different techniques to control their behaviour and understand it more”.*

*“When they are down and stuff they can act up, but there is always a reason behind it. There is something wrong but they don’t know how to express their feelings” - Newpin service user aged 19 years.*

A significant impact on the families referred to the Family Futures Program was the realisation that they could change. This was a powerful insight as it enabled parents to see they are in control of their responses. They no longer felt that their children were out of control or that it was someone else’s fault:

*“The way I speak to the kids and better understanding of my kids. I am closer to my kids now”. She also added... “I have become a lot more patient. I am enjoying being a mum a lot more. I have changed the expectation I had of myself, I now feel that I’m like other mums – ‘normal’” - Newpin service user aged 31 years.*

*“Instead of being overwhelmed Newpin has helped me with strategies around quality individual time with my kids. The important things I have learnt about my children is communication and understanding where they are coming from. The most important thing I have learnt about myself is to keep moving forward, not to give up fight to the end and to improve” - Newpin service user aged 42 years.*

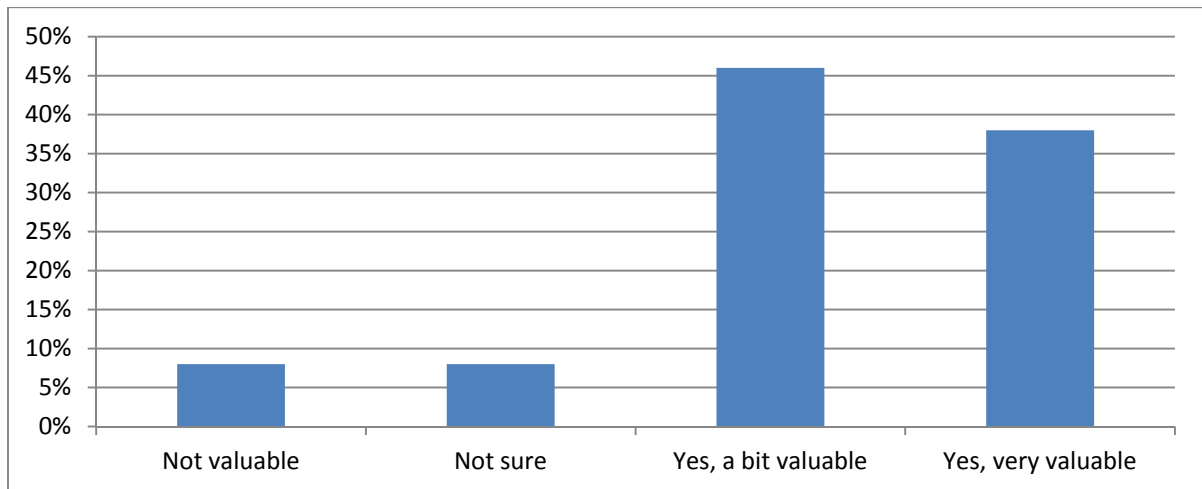
Engaging young parents is often a challenging task. Usually young parents face a lot of significant criticism from their family and the broader community that results in increased isolation and family stress.

Some of the PYPS service users commented on their children’s behaviour:

*“She is getting more confident and doing her own thing instead of clinging onto me. She is gaining independence because she was extremely clingy but now she is getting more confident without me” - PYPS service user aged 22 years.*

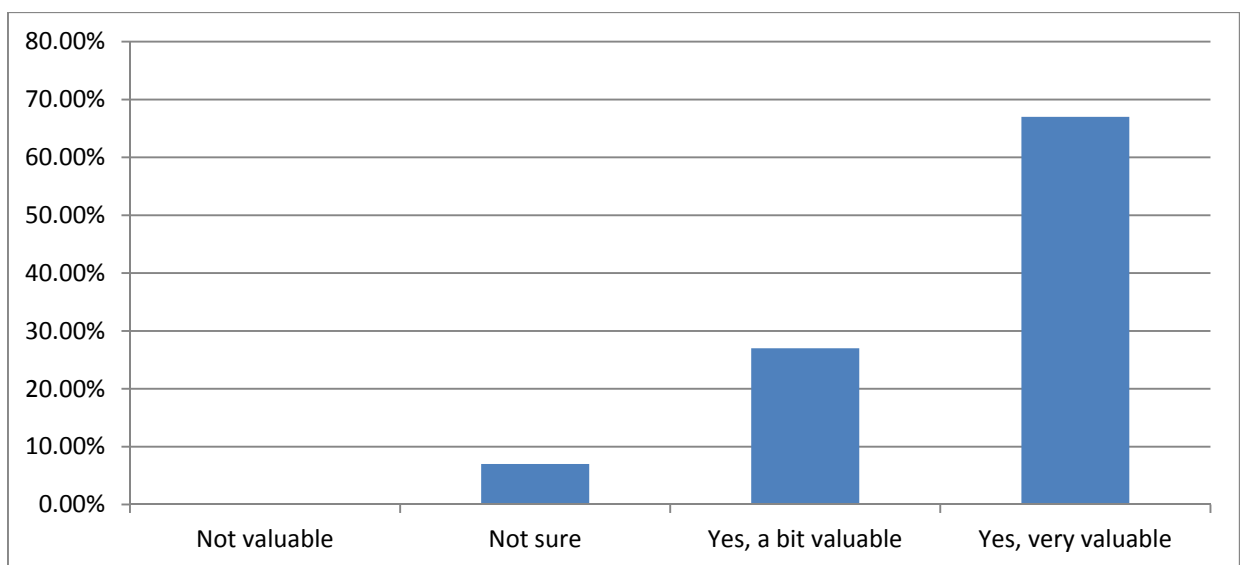
*“I have noticed a lot of language development, some pro-social development and overall better behaviour” - PYPS service user aged 20 years.*

Table 12: Evaluation Results for PYPS Program highlights how parents involved in the PYPS Program improved some of their understanding of their children’s needs (46%) and significantly improved (38%). Parents who found the PYPS program not valuable or were not sure offered reasons such as ‘they had not been referred to the program for parenting advice’ or ‘they only participated in the PYPS group for social support’.



*Figure 13: Parents understanding of their child's development and needs (PYPS Program)*

Figure 14 (Table 13: Evaluation Results for Newpin Outreach Program) highlights parents involved in the Newpin Outreach Program improved some of their understanding of their children's needs (27%) and significantly improved (67%). The responses collected indicated that parents attributed a significant level of change and improvement in their family context.



*Figure 14: Parents understanding of their child's development and needs (Newpin Outreach Program)*

### Summary for program effectiveness in supporting child development during 2011

- ✓ 64% of the comments made by external staff recognised that the Newpin Outreach Program and PYPS Program as being positive or excellent.
- ✓ 46% of parents involved in the PYPS Program recognised that their understanding of their children's needs somewhat improved.
- ✓ 38% of parents involved in the PYPS Program recognised that their understanding of their children's needs somewhat significantly improved.
- ✓ 27% of parents involved in the Newpin Outreach Program recognised that their understanding of their children's needs somewhat improved.
- ✓ 67% of parents involved in the Newpin Outreach Program recognised that their understanding of their children's needs somewhat significantly improved.

### c. Effectiveness - family functioning

The key indicators for improved effectiveness in family functioning are:

- Reduced family risk factors
- Improved understanding and use of services
- Reduced rate of notification

### Protective and risk factors checklist

	<i>M</i>	<i>SD</i>
T1	2.80	.57
T2	3.55	1.11
T3	3.38	.74
T4	4.37	1.83

*Table 1 Mean and standard deviation of PYPS and Newpin Protective factors scores*

Protective and risk factors data was compiled by PYPS and Newpin staff over a period of 12-months. While the initial intention was to observe individual progression over different measurement intervals, this proved to be difficult given the transient nature of the population. It became evident that the most logical way to organise the data was length of time spent in the program rather than in arbitrary time periods. As a result, there was a larger number of participants in T1 ( $N=22$ ), than T2 ( $N=16$ ), T3 ( $N=6$ ) and T4 ( $N=10$ ).

An omnibus Friedman's Two-Way Analysis of Variance by Ranks was performed to determine whether participation in the Family Futures Program improved client's ratings on the Strengths and Protective factors assessment at T1, T2, T3, and T4. This test is used to gauge the overall

effect of the program at every data collection stage. The result of Friedman's test was not significant  $\chi^2 (3, N=6) = 2.60, P = 0.457$ . This result indicates that overall there is no difference in the Protective and Risk factors rating between the time periods.

However, further analysis was merited as past research has suggested the impact of the program upon clients is greatest after 12 months (Prilleltensky, 2001). It was hypothesised that there would be a significant difference between the Strengths and Protective factors of clients from T1 and T4. A Wilcoxon Signed Rank test supported the hypothesis, demonstrating a significant difference between the two groups  $T = 52.00, z = .013$ .

*These results suggest that the PYPS and Newpin Outreach Programs increase the Strengths and Protective factors rating of clients when they participate in the program for at least 12 months.*

**These results suggest that the PYPS and Newpin Outreach Programs increase the Strengths and Protective factors rating of service users when they participate in the program for at least 12 months.**

To ensure that results from one program were not overwhelming the other, PYPS data was removed and the test was conducted again. A Wilcoxon signed rank test indicated that Newpin clients' Strengths and Protective factors ratings were significantly higher in T4 than T1,  $T = 15.00, z = .043$ . There was insufficient data to analyse changes in the PYPS clients separately.

Throughout the evaluation there had been discussions about the differences in service provision between the South West (SW) and South East (SE) areas. An independent-samples Kruskal-Wallis Test was used to compare Newpin service users' Strengths and Protective factor scores at T4 and their region, SE ( $M = 5.36, SD = .62$ ) and SW ( $M = 4.87, SD = .20$ ). The period T4 was chosen to compare the groups as it has been found to be significantly higher than T1. Of 13 cases, 5 were excluded because of missing data (38.5%). The null hypothesis, that Newpin clients' protective factor scores between the SW and SE are the same, was not rejected,  $\chi^2 (1, N = 8) = 1.80, p = .180$ . While there is a significant difference in Protective Factors from T1 to T4, there is no significant difference between the Protective Factor scores of Newpin service users in the SE and SW regions.

Even though the measurement of this strengths assessment is using the staff's perspective it does provide a strong indicator that there has been a significant improvement in family functioning. This result is similar to feedback received from external staff in the SE Gateway region. The feedback from SW Gateway external staff is mixed and is discussed later in this report.

The result is also similar to feedback received from the service users. Seventy-three percent of Newpin Outreach Program service users (see Table 13: Evaluation Results for Newpin Outreach Program) identified that involvement in the program was very valuable for increasing their parenting skills and 87% of parents identified that involvement in the program significantly helped them to better support their child.

Figure 15: (left) Improvement in parenting skills (Newpin Outreach Program)

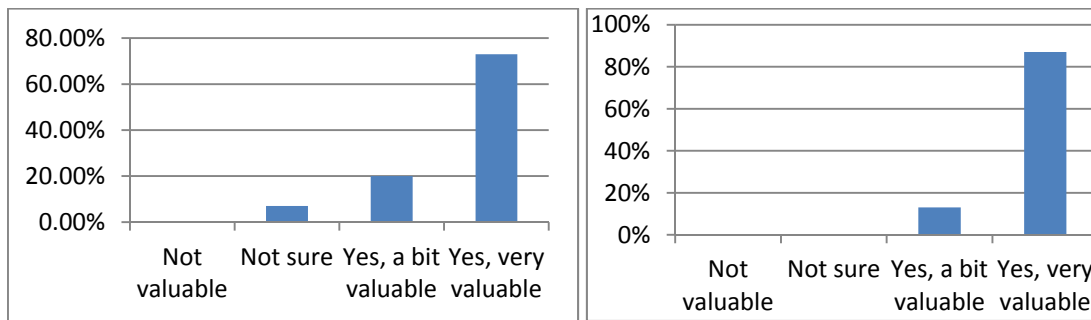


Figure 16: (right) Parent better able to support their child (Newpin Outreach Program)

46% of PYPS service users (see Table 12: Evaluation Results for PYPS Program) identified that involvement in the program was very valuable for increasing their parenting skills and 38% as somewhat valuable. Fifty-four percent of parents identified that involvement in the program significantly helped them to better support their child and 31% of parents identified that it had some impact. This is because PYPS focuses on a wider range of traditional family tasks rather than specialising only on improving attachments between the parent/s and child/ren.

Figure 17: Improvement in parenting skills (PYPS Program)

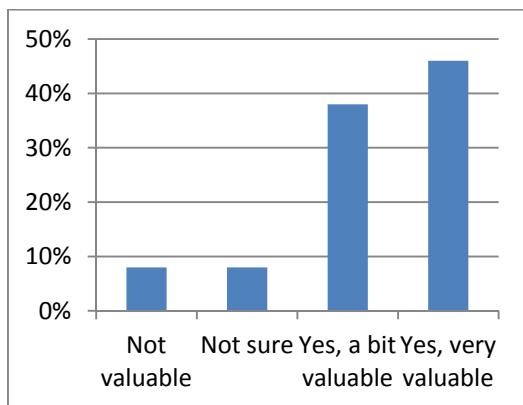
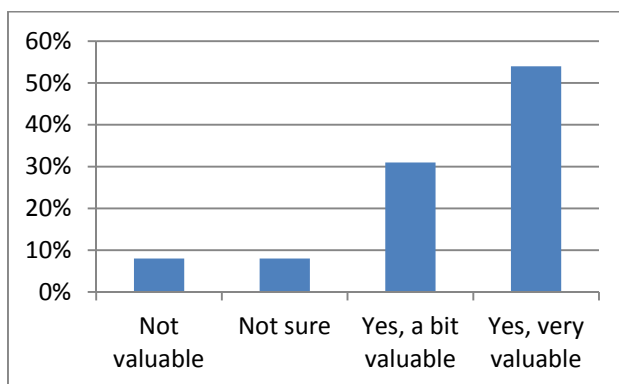


Figure 18: Parent better able to support their child (PYPS)



The difference between the two programs occurs as PYPS is more flexible and responsive to the immediate crises that the young mothers may experience in their life to create greater family stability. This often results in less focus being given to the parent/ child attachment

relationship as the other key service providers (like CU@home nurses) primarily focuses on these needs. The Newpin Outreach Program has a stronger emphasis on working with the parent/child attachment relationship.

As previously identified in this section, 76% of Newpin Outreach or PYPS families were referred to three or more other services during their program involvement. Some of the feedback comments about internal staff referrals to other services were:

*“The only thing left to do was to reconnect her into the community. I walked with her up to the local community centre and now she has reconnected with them. She is now involved in the play group, she is doing parenting courses with them, just general stuff. She is looking into going back to work”* – Internal staff member.

*“I managed to link in with the CU@Home nurse and we both went and visited because mum had talked suicide in the past and there were concerns she needed more people involved. Because mum had a good relationship with the nurse and was happy to have me visit she was happy to see us both”* – Internal staff member.

*“She has gone on to do a cooking course with the food sense program and has proudly asked us to come along”* – Internal staff member.

*“I feel that I spent my time finding out what other services are out there, what they do, and how they can help my clients. So I guess I am using other services more to help my client as well as myself”* – Internal staff member.

#### **Summary for program effectiveness in family functioning during 2011**

- ✓ A Wilcoxon signed rank test indicated that Newpin clients’ Strengths and Protective factors ratings were significantly higher in T4 than T1. There was insufficient data to analyse changes in the PYPS clients separately.
- ✓ 46% of PYPS service users identified that involvement in the program was very valuable for increasing their parenting skills and 38% as somewhat valuable.
- ✓ 54% of PYPS parents identified that involvement in the program significantly helped them to better support their child and 31% of parents identified that it had some impact.
- ✓ 73% of Newpin Outreach Program service users identified that involvement in the program was very valuable for increasing their parenting skills
- ✓ 87% of parents identified that involvement in the program significantly helped them to better support their child.
- ✓ As previously identified in this section, 76% of Newpin Outreach or PYPS families were referred to three or more other services during their program involvement.
- ✓ The reduced rate of notification data could not be obtained from Department of Health and Human Services

#### **d. Program functioning**

This section involves an analysis of the quantitative feedback regarding the programs to determine how the programs balance being relevant to their respective communities as well as providing therapeutic outcomes. It also reflects on how well the programs integrate with other services.

The PYPS Program is recognised by service users, internal and external staff as providing a unique and important service for young parents. They face specific challenges as young parents due to the routine crises they face, and the emotional and cultural turbulence they experience from adolescence and judgmental responses from the broader community. This results in the program being good at engagement, responsive, individually tailored, able to manage crises (such as lack of accommodation and domestic violence issues) and communicate effectively with young people using the latest technology. Some of the strengths of the program are also viewed as its weaknesses:

*"I guess the only other limitation is the age restriction, but that is a good thing because it is for a specific age group. If there is vacancy in the PYPS program and there aren't vacancies in the other programs when we get to allocation meeting and the families coming through are older it gets a bit tricky because PYPS cannot pick them up. But I think it is good to have a specialised agency working with younger parents" - External Staff SW region.*

However some of the service users then criticize that the program does not have enough structure.

*"Probably I would like more structure I suppose.... If the program is changed at the last minute they just cannot go" - PYPS Service User.*

*"The information sessions are not very structured. There are people who talk lots more than others, and that is a bit annoying. I would prefer more structure" - PYPS Service User.*

The weekly playgroup was appreciated by many of the young mothers but it also required a tighter use of structure and lack of transport was regularly identified as a concern.

*"When I first started going they used to pick me up but they don't do that anymore. They don't pick anyone up... I know that is probably a hard thing to ask for. But it would just make it even more accessible for people to attend. I have to catch two busses with one child to get there which is hard enough, but I have a friend with three. It does make it really hard" - PYPS Service User.*

Also the lack of structure at the playgroup can allow for the development of some unhealthy norms and cliques amongst the young mums.

*"I like everything. But there has been a lot of fighting amongst the people, nasty comments and that kind of thing every now and then between group members. That is probably the only bad thing I can think of. But it does make the environment uncomfortable for some people" - PYPS Service User.*



The Newpin Outreach Program received the most discussion about how it balances being relevant to their respective communities as well as providing therapeutic outcomes. External staff in the SE region thought the program was excellent and needed to expand, while external staff in the SW region were more critical of the program.

The SE region thought the Newpin Outreach Program was very well received by families and supported significant change. Their main criticisms were that it needed to expand and its throughput of service users was too slow (as the program expects service users to be engaged for 12-18 months).

*“I would just like to see it expanded. I wouldn’t take it as a criticism, it is positive. If it can expand and have more staff, greater outreach capacity, there would be a lot more referrals coming through” – External Staff member SE region.*

*“Yes. It is hugely in need. There is a huge demand, however the negative is that there is very slow throughput. We have not referred to Newpin for many months now because it has been at zero capacity. In fact, if I go through my allocations folder that could be tracked well and truly. PYPS has had throughput but Newpin hasn’t” – External Staff member SE region.*

*“The limitations are that it would have to be resourced in order to make up for the lack of throughput, the low numbers of families going through to meet the demand” – External Staff member SE region.*

*“I was talking to a mum the other day and they have been with Newpin for about a year and they have just had a new baby and they are hoping that can be continued. They are in this transition when they get home and want to get on their feet with the new baby. The mum was saying it has been great, the kids expect the workers now and look forward to them coming. They get a lot out of it!” - External Staff member.*

The Newpin Outreach Program has significantly changed some family’s lives. One family that had all their children removed over a very long period of time, as well as having a further two generations of child welfare involvement, actually saw the return of their youngest child to their care. The child protection worker stated:

*“CPS have received over 28 (from this family) concerning notifications related to neglect, abuse, parents low functioning, lack of parenting ability or capacity to gain parenting skills, family violence etc. The fact that ‘this youngest child will remain in her mother’s care is due largely to the excellent work of Newpin which has significantly improved ‘their’ capacity to understand child development issues and parent her children effectively as a result of your education and practice with her. The parent speaks very highly of your service, and CPS is very appreciative of the intensive support you have provided to them” - Senior child protection worker.*

Newpin is a program that works at a transformative level. This means that many families and staff members provide ‘glowing reports’ about the significance of the program and what it has helped them to achieve.

*“We have found Newpin to be exceptionally implemented. The reasons we say that is the feedback we are getting back from the clients themselves are that their issues have been dealt with, their issues have been addressed along the way, and clients involved with child protection have gone through the child protection system and have not come back through the Gateway” – External Staff member SE region.*

*“The families feel like they were listened to and that is important for any sort of change. They own the process. From time to time the worker may need to follow up more and prompting but the client owns the process which is helpful. When the client owns the process there is more capacity for change” – External Staff member SE region.*

*“I think they fit really well around that stuff in terms of engaging with the client. It isn’t just about achieving those particular goals, yes there are goals that need of be achieved, but that is second to the families. It is about that flexibility being able to be a part of the family and understanding the family is a part of their extended family and their community. Another thing is that they are really aware of the community that the person lives in. It might be a low socioeconomic one, there may be more violence, or lack of buses or transport they are aware of it and they can work with it. They don’t work with these issues in a condescending way. They get people to think about it themselves and have an input into all of this stuff” – External Staff member.*

*“When Newpin works well, it can work beautifully and brilliantly!” - External staff member.*

87% of Newpin parents stated that the program helped them to better support their child.

The reason that Newpin works more effectively in engaging SE families may be that this area has a more traditional working class culture. This difference is reflected in the other similar areas of Australia where Newpin has worked effectively. One young parent found the Newpin program very responsive:

*“I value their support, and how they help me and the kids. They are always there and they are always a text message away. They are really good” – Newpin service user aged 22 years.*

Eighty-seven percent of Newpin parents (Table 13: Evaluation Results for Newpin Outreach Program) stated that the program helped them to better support their child. Newpin uses an attachment based approach to increase the parent’s ability to value and respond to their children’s needs. A regular process used with the parents is the use of a stretch cloth to swing the children which aims to build attachment and trust between the parent and their children (see pictures 1 and 3). This activity helps to develop the neural pathways and regulate emotions. With this intense focus, the workers primarily work with the parent and the children who are under 5 years of age.

One parent commented that they are now noticing their child more:

*“They are a bit more settled, and generally happier. My (daughter’s) separation anxiety has disappeared almost now. That makes her a happier child. She goes to play-group on Wednesday, and Nanny’s on Sunday, she never used to want to go before. Now she is happy to go, and she wants to go places. She cannot stay with me all the time and just stuff like that” - Newpin service user aged 31 years.*

Another parent changed their perception of themselves as a parent and their children’s needs:

*“With me, I think that I tried to be a teacher all the time rather than a mum, and didn’t have enjoyable play with my children. I have learned not to think of myself as an educator, I sit there and play rather than telling the kids you should be doing this or you should be doing that. Because my child goes to speech and occupational therapy I think I got too much wrapped up in what I should be telling her rather than enjoying the play” - Newpin service user aged 26 years.*

*“Before Newpin, I was probably struggling at 40% and going through bad times. I used to stick to myself. But now everything is much clearer in my mind and soul now. I feel I can do anything. It has really increased my confidence. I think the reason Newpin has brought about that change is just turning up every week. The kids really look forward to them coming, and we go through settling skills and behaviour management, they have taught me how to manage with the 3 and 4 year old”.*

*“Changes I have made- Being a stronger parent – not getting so upset and I now talk to them and not get angry at them. I set boundaries and listen to them more (if I don’t want them to yell, I don’t role model yelling). I show them how I want them to be. I use a serious firm voice. There are now consequences. When the children want their own way I remain calm and stick to my guns” - Newpin service user aged 42 years.*

The Newpin Program works directly with a family’s trauma to create greater stability. One father said the impact Newpin had on his children was:

*“They do a number of things with the kids, because they have been traumatised throughout their life. It is hard to define actually, but they have learned to calm down” - Newpin service user (father) aged 36 years.*

Both Newpin Outreach and PYPS Programs are very time intensive with most staff only working part time. This can make it difficult to ensure that regular reports occur with other service providers. The main criticism of the programs is that there needs to be closer collaboration with other agencies and greater involvement at the senior management level. Since December 2011, UnitingCare Tasmania made some management changes that allowed more senior management involvement and guidance in the program’s development and representation at the Gateway Allocation Meetings. This change occurred in response to the feedback below:

*“There does need to be more collaboration and working closer together” – External Staff member SE region.*

*“There have been a couple of referrals I have made that have ended up going down the same path and didn't end up in a PYPS worker being involved. A couple was referred and it went through Gateway and were allocated a worker. The worker had to contact these two young mums and they weren't able to get in contact with them for various reasons. I found that really difficult, I ended up having long conversations with the same worker and I could see from her perspective that she was trying to call five times a day and she went to a lot of effort to get in contact with these mums. But for some reason these mums didn't want to engage” – External staff member.*

In similar situations as outlined above, most of the external staff suggested that the first meeting could be made in conjunction with them as they had already engaged with the family.

*“It is just that first step, for some mums when the referral is made when they are in that crisis point it is really hard to make that connection. It is kind of a shame that one did not go through in the end. Because it went on for so long and they hadn't heard they assumed the young woman wasn't interested so they had to put them back through the Gateway. That was really frustrating for us because we could see this family needed support and the baby was getting better and able to go home, and ended up going home without that” – External staff member.*

*“I have a couple of examples where Newpin has disengaged with the client and I have discovered afterwards that they have had difficulty even getting through the front door and getting clients to engage. In those circumstances they are able to contact me and do a joint home visit, and they are very reluctant to do a joint home visit with me. I don't think I have ever done a joint home visit with a Newpin or a PYPS worker” - External Staff SW region.*

It was also recommended that it was important to keep the other services involved with the family up to date with any involvement a family has with the Newpin Outreach or PYPS Programs. The CHAPS Program (a child health and parenting service) had concerns they felt they were often not informed about what resulted from a referral being made.

*“We often find out whether they have or have not received the program, but then we have to chase – are you visiting them, when are you visiting them, how often?” External CU@home staff member.*

*“CHAPS have checks from two weeks to three and a half years and the percentage of the population that accesses those checks decrease as the child gets older. Perhaps Newpin are in the middle of that first or second year of the child's life so they make think they don't have links with CHAPS but most people are registered in CHAPS. If Newpin were working with a family and they link them back to CHAPS as a matter of course that could add another layer of support. Newpin would still work with them and that would be fantastic because clearly they are not good at accessing, but it would still give them a way of being sustainable when they leave the Newpin program because they would have accessed another service” External CU@home staff member.*

While there is strong positive feedback for Newpin from many of its service users there are conflicting feedback comments from the organisations, especially between the two Gateway Services. It was in the SW region was where the Newpin Outreach Program received more criticism. This was reflected in shorter length of time that SW region families engaged with the program compared to the SE region referrals.

An analysis of the SW gateway concerns is found in the next section of this report.

## Conclusion

While the Newpin Outreach Program was the focus for many of the concerns, it was recognised that this then affected the perception of the PYPS Program as well.

Considering the above assessments, most of the issues arising in SW Gateway region occurred at a management level rather than the result of the integrity of the Newpin program.

The Newpin Outreach Program is a transformative (therapeutic) program that enables parents to make significant changes that affect the way they view themselves, their children, support services and how they deal with the challenges they face.

Transformative learning involves:

- Becoming more reflective and critical (open to self-examination and new ways of viewing issues).
- Being more open to the perspectives of others.
- Being less defensive and more accepting of new ideas.
- Individuals changing their frame of reference by critically reflecting on their assumptions and beliefs.
- Consciously making and implementing plans that bring about new ways of defining their world.

Mezirow (Mezirow, 1991) described a set of phases that people go through when they experience transformation and those steps are:

- Experience a significant challenge
- Self-reflection and examination
- Critical assessment of assumptions
- Recognise that others have gone through a similar process
- Explore options
- Formulate a plan of action
- Reintegrate into life on the basis of the new perspectives.

Both programs have improved in their integration with other services. Both programs complement other family support and child protection service delivery and it is vital that both programs remain as Gateway Service options.

The evaluation has identified that the poor feedback of the Newpin Outreach Program in the SW region was due to management issues and poor communication between UnitingCare Tasmania and the Gateway Service and other key stakeholders. Newpin's contribution as a transformative program in the children protection system is vital and effective when managed well. This occurs when the process of using the modules for learning follows the family's identified needs rather than something that they are required to do.

### Summary for program functioning during 2011

- ✓ The Newpin Outreach Program is a transformative program that enables parents to make significant changes that affect the way they view themselves, their children, support services and how they deal with the challenges they face.
- ✓ The PYPS Program is recognised by service users, internal and external staff as providing a unique and important service for young parents. This results in the program being good at engagement, responsive, individually tailored, able to manage crises (such as lack of accommodation and domestic violence issues) and communicate effectively with young people using the latest technology.
- ✓ The evaluation has identified that the poor feedback of the Newpin Outreach Program in the SW region was due to management issues and poor communication with the Gateway Service and other key stakeholders.
- ✓ Newpin's contribution as a transformative program in the children protection system is vital and effective when managed well.
- ✓ This occurs when the process of using the modules for learning follows the family's identified needs rather than something that they are required to do.
- ✓ Both The Newpin Outreach and PYPS Programs have improved in their integration with other services. Both programs complement other approaches to providing family support and child protection services and it is vital that both programs remain as options at the Gateway Service and its allocation table.

# Review of program tools

## The Newpin modules

The Newpin modules are a structured set of self-development tools that improve:

- a parent's ability to understand their child's development
- their own communication and conflict resolution skills
- their understanding of what child protection issues involve
- appropriate expectations of themselves and other key relationships.

### Average completion time of the module with different families

SEERS	12 weeks
Our skills as parents	16 weeks
Keeping children safe	12 weeks
Family relationship module	15 weeks
Conflict resolution	10 weeks

The period of time to complete modules varies significantly as family's respond to other crises they may be experiencing.

The modules work best when they utilize the stages of transformative learning (Mezirow, 1991):

- Experience a significant challenge
- Self-reflection and examination
- Critical assessment of assumptions
- Recognise that others have gone through a similar process
- Explore options
- Formulate a plan of action
- Reintegrate into life on the basis of the new perspectives

In a qualitative data analysis (see Appendix – Table 15: Build family engagement vs service user-staff) service users identified the following characteristics as important aspects of their engagement in the program.

- Provide care and support
- Increase pro-social bonding between parent and child
- Provide opportunities for learning

While professionals identified 'provide care and support' as their highest characteristic, the other characteristics (pro-social bonding and opportunities for learning) were less spoken about. A very important and unique feature of the Newpin Outreach Program is the use of a two worker model where the child development worker engages the parents in building closer attachments to their children.

## Overview of the modules

### SEERS MODULE - NEWPIN'S FIVE CORE VALUES

Session 1	Support
Session 2	Empathy
Session 3	Equality
Session 4	Respect
Session 5	Self-determination

These core values are the central cornerstone of the Newpin Outreach Program.

A strong focus in the empathy module is on verbal empathy or “wondering aloud”. Verbalised empathy occurs many times during the early years of childhood, particularly when a caregiver is speaking to a pre-verbal child. “Oh you’re upset because you’re tired and hungry.” “You really want that toy right now don’t you, right now.” This is the process by which children internalise emotional regulation. When these processes do not occur the repercussions of poor emotional regulation continue into adolescence and adulthood. As a result the development of verbalised empathy is critical to helping adolescents learn to manage their emotional reactions.

### OUR SKILLS AS PARENTS MODULE

Session 1	Introduction
Session 2	A person in my own right
Session 3	Exploring cultural attitudes and difference
Session 4	Our growing children
Session 5	My Inner Child
Session 6	Taking things out on our children
Session 7	Communicating with our children
Session 8	Exploring issues of boundaries and discipline
Session 9	Building our children’s sense of self value
Session 10	Valuing ourselves as parents
Session 11	Overview

#### Sample discussion questions

Discuss the emotional, physical and learning/stimulation needs of children in regard to their developmental needs.

- What are the emotional needs of your child/ren?
- Physical needs – needing lots of space to run not being shut inside all day.
- Learning needs – having age appropriate toys available to children
- Social – going to day care, early learning, mixing with other children



## KEEPING CHILDREN SAFE MODULE

Session 1	Risk Assessment
Session 2	Neglect
Session 3	Sexual abuse sexualisation of children
Session 4	Indicators of abuse disclosure of abuse
Session 5	Emotional abuse
Session 6	Effects of domestic violence
Session 7	Preventing emotional abuse
Session 8	Physical abuse
Session 9	Family outing to celebrate the completion of a really hard module

### Sample discussion questions

What does the word 'neglect' mean to the parent?

- Condition that occurs when a parent or guardian fails to provide minimal physical and emotional care for a child or other dependent person.
- Discuss these ideas.
- Handout 2. Is this neglect?

## FAMILY RELATIONSHIPS MODULE

Session 1	Men & relationships
Session 2	Learning & relationships
Session 3	Relationships & change
Session 4	Relationships & change
Session 5	Relationships & communication
Session 7	Relationships & listening
Session 8	Improving relationships
Session 9	Closing session

### Reflective strength questions

What do you want to role model for your child/ren?

What strengths do you have that will allow you to develop these strategies?

What are the strengths you think you might need to develop to ensure this happens for both you and your child/ren.

What are some of the ways you think Newpin might be able to support you to make these changes?

When you have achieved this goal, what will be different for you?

What will be different for your children?

What will others be seeing and saying about you?

## NEWPIN'S CONFLICT RESOLUTION MODULE

Session 1	Conflict
Session 2	Self-awareness
Session 3	Managing anger 1
Session 4	Managing anger 2
Session 5	Managing anger 3
Session 6	Fair fighting
Session 7	Control, influence & acceptance

Service users (see appendix – Table 16: Best practice issues vs service user-staff) identified the following characteristics as the best practice issues in working effectively with them. At least 50% of the respondents referred to the main characteristics as:

- A culture of care – caring, non-judging, non-punitive. All family members feel safe.
- The program acts as a container for the feelings and actions of all members.
- Families own the change process.
- Help with concrete needs.
- Families can express their anger, fear, sadness without feeling judged.

Other important best practice issues that were identified are:

- Specific praise, feedback and encouragement are used regularly.
- Provide support such as transport, childcare for meetings.
- Be honest or encouraging even when the assessment or news is less than positive.
- Learning and practice of social skills and negotiation.
- Clear and concise information, not lengthy or complicated.
- No judging or criticising of parents or children.

These findings strongly support Berry's research into that containment and support are essential requirements for any family support program (Berry, 2007). Best practice programs provide containment for vulnerable service users and families through the development of a culture of care.

### Sample discussion questions

Instead of standing over our children, if we develop an understanding of their inner world, then we can build a positive relationship with them.

Tell me what it would be really like for your children to have a mother/father/parent who likes you?

What is it like for your children when you're –tired, irritated, full of anger and rage, with that look on your face and that fierce energy radiating out of your eyes?

What is it like for your children when you're in a loving space, being caring, playing etc?

What would you prefer if you were a child?

## **Purpose of the modules**

However, in the Newpin process, the modules are a tool rather than an end in itself. One external staff member was concerned:

*“I am finding that there is a high amount of closures where the program has closed due to lack of engagement or where the agency seems to be withdrawing because of the competence of the parents to take on the modules” - External staff member.*

The modules are a tool to deal with the child protection risks rather than an end in itself. It is important for staff to use a longer engagement period if the parent/s seems reluctant to start working with the modules. In a Newpin Centre context, parents may attend the centre for several months before they start attending any of the groups. Ultimately this timing and decision resides with the parent. Also with the Newpin Centre, a parent can just attend the centre and climatise to the process by not directly being part of any of the groups. When they are ready they choose to be part of the Newpin process.

*“It is too much to expect a family to sit down and work with them in a 3-hour chunk. That is just too much of a hit. Yet we have certain things that need to be delivered for families to grasp the concepts, we have to look at redesigning it somehow. So I think that is one of the limitations in how we look at adapting the material in sizable chunks that families can manage in a shorter visit. Having someone in their homes for 3 or 4 hours is just too much” – Internal staff member.*

As trust develops over time, it was identified as important that staff focus on the purpose of their time together and also set some ‘ground rules’ regarding visitors and phone calls.

*“When it is in people’s homes you cannot control the environment. Things like the phone ringing, the TV being on or visitors coming around. When you get to know a family these are things you can talk about to them but initially they are some limitations” – Internal staff member.*

## **Further development of the modules**

At present, each of the modules are written with the parent being referred to in the third person. Overall this depersonalises the learning experience and the process of transformation.

The modules would be improved if they are written as a journal that the service user can keep as a record of change. General open questions could be asked and responses recorded in the journal. However for more personal questions, they could be just discussed.

This would result in the wording of the module questions being more personalised to the transformative process rather than being ‘more removed’ were the modules refer to the parent in the third person.

## PART C: DISCUSSION

### Challenges in developing both programs

Both the PYPS and Newpin Outreach Program are exploring new models for providing early intervention programs for vulnerable families. The evaluation has highlighted a wide variety of issues that are discussed in this section. These issues are:

- Analysis of the evaluation results
- Development of resiliency and mental health needs
- The PYPS Playgroup
- Meaning attribution
- Database issues
- Allocation issues
- Engagement or non-engagement of clients
- Management structure of programs
- Whole family involvement
- Child protection issues
- Length of program
- Demands on staff
- Open days as an opportunity to meet other families
- Cancellations
- Resources challenges
- Involvement of fathers

### Analysis of the evaluation results

This evaluation involved reviewing both the Newpin Outreach Program and the PYPS Program over a 12-month period that analysed their performance during 2011. Like many small research projects involving vulnerable families, this evaluation had its weaknesses:

- Of the 57 families that accessed either program, only 13 Newpin families and 8 PYPS families were actively part of this project.
- Of the families actively involved, the 3-monthly collection of data was only successful 42% of occasions.
- The low amount of collection of data had a negative impact on the use of quantitative measures as there was insufficient amount of data samples.
- Most of the families who families how disengaged early on in the process were not involved in this evaluation.

However this evaluation has many strengths:

- The evaluation focused on the lives of vulnerable families in a child protection context and used a variety of quantitative and qualitative measures to record its impact.
- The best research analysis tools were used to gather the most informed results using SPSS and NVivo computer softwares.

- The evaluation followed the active participants for 18 months of their lives and recorded reflections either using a questionnaire format or phone interview.
- The active evaluation participants had moderate-high levels of satisfaction in either the Newpin Outreach or PYPS Programs.
- A large selection of internal and external staff were interviewed on a 6-monthly basis to gain their honest reflections on the program.
- The report combined the evaluation data with best practice frameworks in early intervention, family support and resilience contexts.
- Service users who gave permission to be part of the evaluation but did disengage early from either program were followed up (50% success rate).

The significant issue that arose in this evaluation was the difference of the experiences between the two Gateway Services and how they viewed the Newpin Outreach Program. Also this evaluation explored how the Newpin Outreach and PYPS Programs can best engage the broadest range of service users to address the family's child protection risks.

As part of this evaluation, the SW Gateway concerns were:

- a) Keeping the case files up to date and proper closure processes followed. Until December 2011 a lot of the case files were not kept up to date with the SW Gateway Service. This made it difficult for the Gateway to know how many families were seen or being seen.

*"There has still been risk when the case has been closed and it hasn't necessarily been notified to child protection or followed up any other way...The standard we ask is that child protection is notified if there still is some risk but that doesn't seem to be happening"* - External Staff SW region.

- b) Families referred through the Gateway often have older children that are not always a key focus of the Newpin Outreach Program. Newpin specialises in working with families with children less than 5 years of age. Until December 2011 a lot of confusion occurred at Allocation Meetings in assessing if a family with older children was relevant referral to the Newpin Outreach Program.

*"I guess the other thing is the focus on the children under 5. A lot of the time the families that have been referred through us have children under 5 but a lot of children over 5 as well. At times we have been told they will also work with the older children as a part of that but it doesn't always seem to happen. The focus is usually on the younger kids and I guess that makes it hard for bigger families and we are tending to refer to other services because we are concerned they might not be necessarily seeing those other kids while another service would be seeing it as a whole family"* - External Staff SW region.

*"At times we have been told that they deal with older children, so of course they can take that case because most of the issues are around the younger children so the older children won't be a concern. But again I harbor concern, and certainly there have been instances of reasonable concern where the older children have slipped through"* - External Staff SW region.

- c) Clients often have multiple complex issues such as domestic violence, mental health and addition issues and at the allocation meeting, the UnitingCare Tasmania staff were questioned if Newpin would handle those client needs. Until December 2011 there was confusion at Allocation Meetings if families who had complex needs were relevant for the Newpin Outreach Program. This occurred as the family was not viewed as able to successfully complete the modules.

*“Things like whether they (the client) had secure accommodation and whether or not there was substance abuse and various types of addiction. Also there was some concern over whether they were mentally stable. I can appreciate how that may impact on the client’s capacity to engage in the module” - External Staff SW region.*

*“But usually there are families coming through with a lot more happening in their lives that working through parenting modules isn’t the most important thing for them at the time because they may be homeless, having financial difficulties etc” - External Staff SW region.*

This issue was directly addressed in December 2011 when UnitingCare Tasmania changed the management structure and had more experienced staff attending the Allocation Meetings.

After December 2011, UnitingCare Tasmania management clarified that the Newpin Outreach Program was especially designed for families with mental health needs and that these referrals were suitable. This occurred due to the negative feedback they received about what families were suitable as referrals.

*“Now, I believe that the Newpin therapeutic model is excellent, that is not what I am arguing. But in terms of families that come through the Gateway they are often in crisis, they are often transient, they are often not settled in accommodation, they may not have a drug and alcohol worker etc. In the South West we were told that because Newpin would adapt their therapeutic model that they would pick up people who needed accommodation and the government said that they would be able to do some of the practical stuff along with the therapeutic model. Yet we had members of UnitingCare saying that we won’t pick up people who weren’t in accommodation, we won’t pick up people who don’t have a drug and alcohol worker. So you can see where the confusion came in. We were told that this was an expectation from government, but we still had UnitingCare Saying that no, we won’t do that” - External Staff SW region.*

- d) Lack of flexibility in how the modules are seen and how the service users were required to complete them in a specific order. Until December 2011, the implementation of the modules with families was more pre-determined. Post December 2011, the use of the modules was more flexible to the specific needs of each family.

*“It is about tailoring the therapeutic response to what a family needs, in particular I must admit being mystified earlier in the process, for a program that is about building self-esteem and the values of the program it seemed surprising that the program would force people to go through areas they were already doing well as opposed to capitalising that. Certainly in that regard it was inconsistent with the allocation table where it is very much about promoting the things a family is doing well, encouraging them in that space, and using that to leverage them in the areas where they are not performing quite so well” - External Staff SW region.*

*“I have come across a couple of families who have initially been reluctant to engage but have had really positive outcomes and enjoyed doing the modules. I guess the structure is that it works for some families, but it is a question whether it is the ones who come through the Gateway with the high risk. I have heard some good stories though” - External Staff SW region.*

Staff have recognised the significance of the change with their comments. They acknowledge they now have more freedom to pick and choose which modules to deliver.

*“I think before workers were a bit confused about the way we needed to deliver them and there was a bit of miscommunication with management on how to deliver modules. I think now we are able to self-manage more which makes it a bit easier and you can be more responsive” - Internal staff member.*

Questions arose about how well a therapeutic model can be utilised at the allocation table in the Gateway Service. The debate about the relevance of a therapeutic program at the allocation table is still ongoing.

*“The fact is, and nobody makes any secrets, that it is a therapeutic model and many clients who come to the allocation table are train wrecks that need to put back together before you need to start any sort of therapeutic model with them... That concerns me too, again being frank, that there only seems to be few instances where a family can be allocated to the Newpin program. Given that the first situation seems to be Newpin will only work with children under 5, which is fine as that is the nature of the program, we find that where there are children that are 7, 10 and 13 and we have a significant amount of clients with 4-5 children those children miss out. The program is not focused on them, though there may be some collateral benefit that goes their way I have heard workers refer to it from UnitingCare as a ripple effect but I am not convinced of the ripple effect and not sure how that reduces risk. Most of the kids coming our way are borderline child protection and therefore risk is a big issue. If you are only focusing on a couple of the children I am not sure how we are managing risk with regards to the other children. - External Staff SW region.*

- e) Tension between the management of risk and use of a therapeutic model.  
The prime responsibility for the Gateway Service allocation table is to manage child protection risk and provide the best program that can work with each family. This was sometimes seen as a less of a priority when the use of a specific therapeutic model is the primary objective.

*“How do we manage risk? If you are in this game, we are dealing with children who are at risk; how do you manage risk? ... Another problem we have experienced is that because of the confusion how the program is engaged, we have sent a family there and within a couple of weeks they will be back at the allocation table or closed through lack of engagement because they were unable to take on the module, or they were not going to have the competence to do the module because of substance abuse issues, homelessness issues or whatever. Wherever that practical support seems to take up a significant proportion of the work that needs to be done there seems to be a closure rate in that area” - External Staff SW region.*

Issue	Assessment
a) Keeping the case files up to date and proper closure processes followed.	Management issue rather than an issue regarding program integrity. This issue was substantially dealt with in December 2011.
b) Families referred through the Gateway often have older children that are not always a key focus of the Newpin Outreach Program.	This is an issue that can be partially managed at the allocation table meetings, however it is a challenge for the Newpin Program staff to ensure that the program is adapted and applied to all family members regardless of age.
c) Clients often have multiple complex issues such as domestic violence, mental health and addition issues and at the allocation meeting, the UnitingCare Tasmania staff questioned if Newpin would handle those client needs.	Confusion at the allocation meetings rather than an issue regarding program integrity. This issue was substantially dealt with in December 2011.
d) Lack of flexibility in how the modules are seen and how they service users were forced to do them in a specific order.	Confusion over the initial implementation of the Newpin model rather than an issue regarding program integrity. This issue was substantially dealt with in December 2011.
e) Tension between the management of risk and use of a therapeutic model.	Confusion over the initial implementation of the Newpin model rather than an issue regarding program integrity. Newpin is a model that manages and responds to risk using existing family strengths. This issue was substantially dealt with in December 2011.

*Table 2: Summary of Gateway concerns*

Overall this evaluation (see Table 2: Summary of Gateway concerns) concludes that the concern about the program is largely based on misunderstandings as program staff attempted to implement a new program in a new context within Australia. The confused messages the



SW Gateway received meant that they were cautious to refer families and had significant questions about the usefulness of a therapeutic program at the allocation table. The management changes in December 2011 have largely addressed many of these concerns, however it will take a longer period to rebuild trust and confidence between the organisations.

Both the Newpin Outreach and PYPS Programs are unique programs that creatively respond to the needs of different vulnerable families. The Newpin Outreach program works best when service users identify the program as an opportunity to grow, develop and improve the strength of their relationship connections.

The PYPS Program currently provides a flexible and tangible support net for young mothers. This is incredibly important for this target group, especially as most of the target group is barely beyond adolescence. However the program could be further developed by working more directly with mental health issues and building resiliency with the young mothers by deepening their perception of what it means to be a young mum. This can be done by creating a life story book that becomes a mother-child record of important developments in their life. It would also be desirable to actively engage more with the partners (when appropriate due to domestic violence issues). Creative tools are currently being developed that enable the young mother to record some of her own journey, what she had learnt about being a young mother and her next direction in life.

It is evident that the Newpin Outreach Program has been of immense value to its service users through the genuine support of the workers and improvement in the parent's relationship with their children.

The Gateway staff were also impressed at the flexibility of PYPS staff in responding to the allocation of a family with complex needs. They said:

*"I have been impressed with the worker because it would be easy where a family is near the deadline of 25 years old to say 'No, they only have a couple of months to go and they will be 26 and we cannot fit them in the program at that point so we don't embark on that journey'. I am impressed by this worker ... she said I think we can cover this in 3-months and we can reassess at the end of that time. I think the flexibility demonstrated on those occasions where it was driven by the best interests of the child and family, I was very impressed by it"* – External staff member.

PYPS staff are now working more purposefully with their families to address the child protection risks they experience. This means that the staff need to receive more training in working with service users who have complex needs while maintaining the contemporary approach required to engage young mums.

Both the Newpin Outreach and PYPS Programs are unique programs that creatively respond to the needs of different vulnerable families.

*‘The workers will need to up skill to deal with the types of clients we will be receiving and they will be slowly but surely forced into becoming more of a family support program rather than a pregnancy support program. The traditional focus of the program will be compromised due to the complex child protection needs they are now dealing with. We have a couple of clients who are suicidal with mental health issues, which isn’t within the scope of the program but because they are Gateway clients the workers have to deal with this. As such it means we need to train the workers and look at future requirements’* – Internal staff member.

It is evident that the Newpin Outreach Program has been of immense value to its service users through the genuine support of the workers and improvement in the parent’s relationship with their children. One parent has enjoyed the program so much as to suggest that it should be mandatory in all schools and hospitals with parents of newborn children.

By building on service users’ parenting skills it is evident that the parents change to become more confident, communicative and in control and less stressed and angry. All service users reported that the Newpin Outreach Program had increased their parenting skills in several areas like maintaining routines, how to deal with tantrums, how to play, and how to be assertive without yelling. The children’s worker is evidently having a huge impact on the way parents interact with their children. One service user reported (at the time of the phone call) that they were coming home from the park with a collection of flowers, sticks and leaves to use in a craft activity later that day.

From the people interviewed it seems as if the workers have a great relationship with the parents. One insightful quote was:

*“I feel comfortable with the workers and enjoy their company. I don’t feel like I am being forced to do the work and they are not there to just monitor me. Even though I am sure I don’t know them very well I trust them. I know I can tell them stuff and they won’t tell other people. The workers are not judgemental. I also trust that she will follow through with what she says she will do”* - Newpin service user aged 31 years.

Families from the SE Gateway Service responded much more favourably with the average length of involvement being 58 weeks. All the Newpin families involved in the evaluation program identified that being part of the Newpin Program had been *very valuable* for their family. One parent said:

*“I have more self-esteem and confidence. I have just been able to think a lot more and in different ways. I am able to see things in different ways. The workers say things to me, like they believe in you they get behind you and support you in ways that you cannot get from other people”* - Newpin service user aged 22 years.

The feedback received highlighted the difference between Family Support Services that work with Gateway referrals as being either responsive or transformative. Responsive programs are commonly available and they work with the immediate child protection issues to create a more stable context. Transformative programs work the immediate child protection needs by using the parent as the key agent for change. Newpin is an example of a transformative program. However this creates professional debate about whether only responsive family support programs should be part of the Gateway process.

Their concern is that if families do not engage with the Newpin model, they are just referred back to the Gateway. This takes a considerable amount of time and the family's interest and willingness to address the child protection issues may be negatively influenced:

*Therapeutic programs like the Newpin Outreach Program need to be part of the child protection spectrum as much as practical assistance approaches to ensure that families move out of the system.*

*"I am finding that there is a high amount of closures where the program has closed due to lack of engagement or where the agency seems to be withdrawing because of the competence of the parents to take on the modules" – External SW Gateway staff member.*

This experience is not consistent across all Newpin referrals. Table 13: Evaluation Results for Newpin Outreach Program highlights the different responses from Newpin families about the impact that the program has had on their family. Seventy five percent of families in the evaluation stated that Newpin had a large positive effect on their family.

100% of Newpin service users responded that the Newpin Program was very valuable for their family valuable.

The reason that Newpin works more effectively in engaging SE families may be that this area has a more traditional working class culture. This difference is reflected in the other similar areas of Australia where Newpin has worked effectively. One young parent found the Newpin program very responsive:

*"I value their support, and how they help me and the kids. They are always there and they are always a text message away. They are really good" - Mother – 22 years old.*

Working in the PYPS and Newpin Outreach Program demands a unique set of staffing skills. PYPS staff need to engage effectively with young people and work in detached community and home based settings. Newpin staff need to have an excellent set of personal and professional skills where they can teach, guide and mentor in equal proportions.

One Newpin staff member described the program as:

*“The Outreach Program delivers the program at home in their space, because the client can then see it operating there in their own real space so it lacks the sanitary elements that can occur in the centre based programs. Mind you, that isn’t a criticism of the centre based programs but it is an important point. I think the program in that delivery has generated very good outcomes for clients because it is personal. It is intensive so you have to work on it. With the child development worker going into the home it is very intensive work practice” – Internal staff member.*

Therapeutic programs like the Newpin Outreach Program need to be part of the child protection spectrum as much as practical assistance approaches to ensure that families move out of the system.

## Development of resiliency and mental health needs

As outlined in the introduction, resiliency is defined by Henderson (2008) as “the capacity to spring back, rebound, successfully adapt in the face of adversity, and develop social and academic competence despite exposure to severe stress... or simply the stress of today’s world” (Henderson, 2008, p. 3).

Increase pro-social bonding	Strengthens interpersonal connections and the development of good social support networks.
Set clear boundaries	The establishment of clear boundaries that are consistent and fair for children or with whom you are working. This allows for community building and some degree of predictability in people’s lives which is important for building stability and trust.
Teach life skills	The development of new life skills that meet the immediate challenges you may face in life allow people to develop better perspectives and problem solving skills. The capacity to address and resolve one’s own problems and challenges is central to fostering autonomy and maintaining resiliency.
Provide care and support	The central cornerstone for the development of resilience is care and support. This includes parent-child attachment as well as broader environments that are essential for learning and growth.
Set & communicate expectations	Involves the establishment and maintaining of expectations of oneself or one’s child that are high yet realistic. Such expectations are excellent motivators and can facilitate effective learning and problem solving.
Provide opportunities	Provides people and children meaning and active participation and ownership of the change process. This raises self-esteem and self-efficacy, promoting autonomy and good problem solving and can have an impact on their world.

Adapted from (Arney&Scott, 2010, p. 58)

The Newpin Outreach Program had a lot of people speaking about the program and its impact on their mental health. In the Appendix, Table 18: Building resiliency vs mental health (Newpin Outreach Program) outlines how the Newpin Outreach Program had the strongest impact on increasing the self-confidence of the service users (28% of respondents made positive comments); the program acts as a container and support for growth (23% of respondents made positive comments); a reduction in concrete need or distress (21% of respondents made positive comments) and respect, recognition and responsiveness (17% of respondents made positive comments). The comment below best captures the impact that the program has had on many parents:

*“The best learning experience has been Newpin has helped me to become myself – more self confident and accepting of who I am and the how to be the best parent I can be. When Newpin first started I loved my kids but hated being a mum. Newpin has helped me to value my kids, to laugh with them and to set boundaries for myself and for them. Instead of being overwhelmed Newpin has helped me with ways to spend quality time with my kids”. - Newpin service user aged 42 years.*

An important feature of the Newpin Outreach Program is that it has a long term impact on many of the families in their mental health and resilience.

Using Henderson’s Resiliency Wheel, the Newpin Outreach Program uses the following blend of resiliency factors (percentage of responses):

- Teach life skills 36%
- Provide care and support 21%
- Increase pro-social bonding 19%
- Provide opportunities 11%
- Set & communicate expectations 9%
- Set clear boundaries 4%

Over the 12-month period of this evaluation, an important feature of the Newpin Outreach Program is that it has a long term impact on many of the families in their mental health and resilience. Service users most engaged with the program when they viewed it as an opportunity to grow, develop and improve the strength of their relationship connections.

The PYPS Program had a smaller number of people referring to the program and the impact it has on their mental health. In the Appendix, Table 17: Building resiliency vs mental health (PYPS Program) outlines how the PYPS Program had equal percentage of respondents identifying its impact as a reduction in concrete need or distress (27% of respondents made positive comments) and the program acts as a container and support for growth (27% of respondents made positive comments). Other responses were increasing the self-confidence of the service users and respect, recognition and responsiveness (each had 23% of respondents make positive comments).

Using Henderson's Resiliency Wheel, the PYPS Program uses the following blend of resiliency factors (percentage of responses):

- Teach life skills 42%
- Provide care and support 23%
- Provide opportunities 19%
- Increase pro-social bonding 15%
- Set & communicate expectations 0%
- Set clear boundaries 0%

The PYPS Program has a strong emphasis on supporting the physical needs and care of the young parents (primarily young mothers). It has significant strengths in supporting young mothers at a turbulent period of their lives and helping them to gain greater stability.

## The PYPS Playgroup

Service users found that support and information from other women in the group was valuable in understanding their children's development and needs and helped them support their children. It was also mentioned that their children benefited significantly from interacting with other children by increasing their confidence and independence. What the women liked most about the PYPS groups was 'social contact, support and ideas about how to do stuff differently'.

*"At the moment, PYPS is the only place I can get out and talk to people because I don't have any contact with any of my old friends anymore. It is a place that I can go to for understanding. Amy is working with me one-on-one at the moment which has been fairly recent [and] has been excellent"* - PYPS service user aged 20 years.

It is important for young mothers to connect to other young mothers and experience some support and mutual aid so that they know they are not alone. Often young mothers feel a tremendous weight of guilt, responsibility, isolation and without support, they struggle to create a safe and stable environment for their children.

*"When you are not sure about stuff you can go and ask the group. It is great to be able to talk to other young mums about their slightly older children and they can give you ideas on how to deal with sleeping and eating. We learn through each other's' experiences and knowledge"* - PYPS service user aged 20 years.

The main negative comments were about the lack of structure in the groups. They recommended that it would improve the program if the groups were held in a more central area at a consistent time. The PYPS program has demonstrated that it is able to change and grow to meet the needs of the young mothers and ensure that the child protection issues are addressed.

*“I think we are more structured now whereas before we weren’t. I think the case plans have made it easier for us as workers because each visit we have something to go back on to work towards the goals and what the client has done to achieve the goal and what I have done to achieve the goal so that we are working together”* - Internal staff member.

Most of the young mothers expressed interest in the groups as long as more structure and transportation was provided. Currently there is a lack of resources for staff time, transport and location for PYPS to provide a regular playgroup.

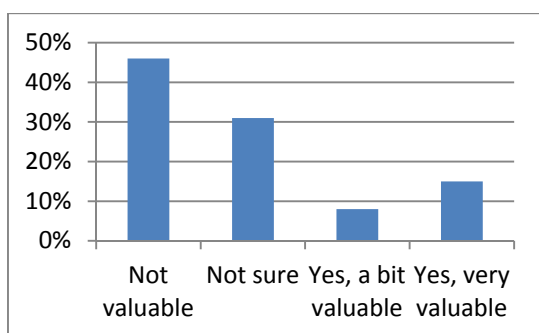
## **Meaning attribution**

The risk of providing intensive home based services is that parents experience the support they receive as ‘something that is done to them’, rather than a change process they are doing for themselves. This often results from the professionals come to their house rather than the person choosing to access support and travel to that location. During 2011, often the language used by internal staff referred to ‘the modules being delivered’ to families. This is problematic as it views the parent more as an ‘empty vessel’ that needs to be topped up with new ideas. Ideally the modules are tools for change that support the achievement of the service user’s purpose.

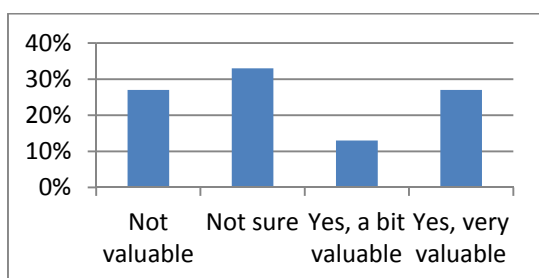
Only 27% of Newpin Outreach Program service users and 15% of PYPS Program service users (see Figures 19 and 20) could identify things that they have learnt from the program that they would use to help their relationship with their child/children over the following week. While the timing and the pressure of providing an immediate answer to this question will impact on how people respond to this question, it does highlight the need for both programs to increase their level of meaning attribution.

Meaning attribution (Yalom, 2005) involves the service user having a clear and strong purpose regarding what they want to gain as well as the connection of their learning activities (modules) to how this learning can be used over the next week. Time pressure and crises that need to be dealt with are factors that reduce meaning attribution. An example of some of the ideas that parents did name regarding how they would apply their learning over the following week are:

- “Have improved the communication between me and the kids”.
- “Turn off TV, quiet area with no distractions for reading stories”.
- “Need to be safe and do well, have a routine and they (the children) need to know what is coming next”.



*Figure 19: Parents identify things they will use to help their relationship with their child/children over the following week (PYPS Program)*



*Figure 20: Parents identify things they will use to help their relationship with their child/children over the following week (Newpin Outreach Program)*

## Database issues

A common concern for both Gateway Services is that they receive limited information back from the Iris database regarding non-alliance programs like Newpin and PYPS. While this is a systemic issue that is beyond the program's ability to influence, it does mean that alternative communication paths need to be used so that the Gateway understands how each program is performing with its families and their impact.

It was reported by both Gateway Services, that they felt that the Iris database information is not accurately kept and that it is unclear if specific cases are open or should have been closed some time ago. From an informal SW Gateway audit of the database results available to them, they identified that 12 Newpin families cases were closed throughout the past 12 months and only one family fully met its goals and 8 families partially achieved its goals. The other families did not engage and the goals were not met.

Since December 2012, the UnitingCare tasmania management have focused more ensuring that Iris accurately reflects the families they are working with. Also it will be advantageous for both programs to hold more open days and present family updates at Allocation Meetings so Gateway staff can appreciate the impact being made.



## Allocation issues

The SW Gateway Service has concerns about what families are best allocated to Newpin. They stated that during 2011, one family referred to Newpin received three different decisions over a period of time regarding their eligibility. Due to this lack of clarity, people often were confused about Newpin and it has negative implications for its future perception, opportunity for referrals and ultimately funding. After December 2011, a clearer set of guidelines were established to clarify the inclusion or exclusion criteria for each program.

## Engagement or non-engagement of clients

The SW Gateway stated that there are too many cases closed due to non-engagement in Newpin and PYPs. It was stated that the Newpin Tasmania Cold Calling Policy (where workers will not drop in to visit families) may be prohibitive to good engagement practice, and actually increase the child protection risks as time is taken to decide that the family did not engage and for them to be referred back to the Gateway referral process.

It was recognised that when a worker leaves the program, many of their cases are closed. The Gateway was concerned about what attempts were taken to re-engage the family with a new worker and if this was only done over the telephone or if face to face attempts were also made.

A different picture exists when you review the feedback from the SE Gateway referrals. Their major criticism is that there are not enough spaces for their families. They stated that the Newpin model is very useful and is in huge demand. When asked what success story comes to mind, they recounted the story of how a young mum has done a complete turnaround with her life since being in Newpin and was currently completing her school at TAFE. The SE gateway staff stated:

*“Yes. Newpin is hugely needed. There is a huge demand, however the negative is that there is very slow throughput. We have not referred to Newpin for many months now because it has been at zero capacity”* – External Gateway staff member.

Many professionals interviewed had a basic understanding of how the Newpin program works with families. External staff who had a personal connection with a Newpin staff had the best understanding of the program. One external staff member who knew some of the Newpin staff said:

*“I am thinking the strengths of Newpin is that its underlying principles in working with the client group are really positive. It is what a lot of families need, they need many really hard, challenging, intensive hours in the home modeling and dealing with their own trauma. This is the background of all the families that come through the Gateway”*  
- External staff member.

## Management structure of programs

The UnitingCare Tasmania management needs to have more direct day to day involvement in the Newpin and PYPS Programs. This is required due to the complexity of the child protection system and the operational issues for both programs. Actions taken in early 2012 indicate that this change has occurred.

## Whole family involvement

The SW Gateway views Newpin as only working with the parent and children under the age of 5-years of age. They have concerns for many of the older children who are equally at risk of child protection issues, but are not being worked directly with. This issue needs to be clarified as many of the Newpin workers talk differently about how they work for whole family involvement:

*“In working with a large family, we worked with the youngest one. The 16 year old daughter was there for a few visits when we were there. She got involved with the play therapy, she did the stretch cloth. Once when the child worker wasn’t there we just did baby lotion and baby powder hand and foot massages with the 2-year old, 16-year old and the mum. It was a really good attachment exercise for the 16-year old and mum. The daughter said after that visit and talking through what trauma did to children and children brains and what it did to her being in and out of the system her whole life had helped her have a bit more understanding why she got angry at times and different relaxation techniques she could use. That helped the mum understand her a little more as well. That was all in 3 or 4 sessions and it has made a massive impact on their relationship” – External Gateway staff member.*

While Newpin program has a strong focus on families with children under the age of 5 years, the program flexibility and staff skills need to translate these same principles to the broader range of children’s ages. This is a pragmatic need as well as a best practice need as the program has to be relevant to the context of larger family units. An example of this adaption in other contexts is how the Newpin Centre in Western Sydney has provided adolescent program as many of the Newpin families with children under the age of 5 years, also had teenagers. If this adaption is not made, it will limit to usefulness of Newpin to many child protection referrals.

## Child protection issues

The SW Gateway expressed concern that Newpin primarily dealt with children under the age of 5-years, where many of their child protection risk factors involved children 5-11 years of age. They emphasised that in referring a family to Newpin, they need to know that all the child protection risks in the family would be addressed. The focus of the intervention needs to be addressing the child protection risks rather than implementing a therapeutic model.

The concern emerged when the child protection issues involved children older than 5-years, as they thought the older children's needs would not be addressed. Also they were concerned that either a) referrals were not accepted; b) cases prematurely closed or c) the family did not engage when the family experienced mental health, substance abuse or homelessness issues. They felt that traditional family support services would be more helpful for these issues rather than the Newpin therapeutic process. This then led to a greater reluctance to refer new cases to Newpin as all Gateway referrals had these complexities.

The challenge for the PYPS program is to ensure that the client they work with is always the mother and the child, rather than only providing support to the mother alone. This tension is also observed in other youth orientated programs, where the young person is primary focus. In the child protection context, the focus needs to be on the care provided to the child by the young mother.

*"For example there was one mother who was suicidal, she had a lot of the emergency staff supporting her, preventing her from harming herself. I asked how the little boy was going with the stuff with his mum, he was 2-years old. And PYPS worker said, well actually I don't ever see him, I only ever see the mum. Well I said that while it was really important she was supporting the young mother, it was also about parenting and what her relationship is with her child. If he is in child care all the time she is not getting to parent. It is important for you to see her parent and encourage her. What has come out of the case reviews is that I bring it back to the child a lot" - Internal staff member.*

In 2012, UnitingCare Tasmania management has focused on improving the communication with the Gateway Services and flexibility of the referrals being accepted by either program.

## **Length of program**

The research on home visitation for at risk families shows that the length of the intervention is a crucial factor in program effectiveness. Prilleltensky et al (2001), in their review of programs, found that in all studies which showed positive outcomes in either verified or proxy measures of abuse and neglect, home visitation was provided for at least one year. The two studies reviewed which found no impact on these measures had duration of three to six months (Siegal, 1980; Barth, 1991). All the programs that provided twenty or more home visits demonstrated positive outcomes on verified rates of abuse or proxy measures. In another review of eight studies, Wolfe et al (1995) found increased effectiveness for intense home visiting (duration of 1-3 years). Similarly, Macleod and Nelson's (2000) review of 23 home visiting services found that for home visiting services which measured child abuse outcomes, positive effects increased with the duration of the service. Conversely, programs that offered 12 or fewer visits had the lowest effects on child abuse.

Both PYPS and Newpin Programs need to work towards maintaining families in their programs for at least 12 months. This indicator needs to be improved with all PYPS referrals. The indicator is easily achieved with the SE Gateway Newpin referrals but it needs to be improved

with the SW Gateway Newpin referrals.

The SE Gateway Service is concerned that there are not enough spots in the Newpin Program for its' referrals, as the average length of time that families are involved is 58 weeks. This restrains the number of families that can access the service, so they recommend that funding for Newpin needed to be increased.

## **Demands on staff**

Working as a staff member in the Newpin Outreach program has unique challenges. It demands a firm integration of the professional and personal self. If either of these aspects is minimised it is likely to lead to less engagement with referrals and the staff member's ability to work with them on self-development issues for a long period of time. Since the Newpin Outreach Program does not allow many opportunities for families to meet with other families, the Newpin staff must play the key role in normalising life experiences and providing other reflections in life and how challenges can be faced.

*"Newpin challenges workers on a personal level as well as a professional level. The work challenges them personally and gets in their heads and that is something we haven't really acknowledged. It will affect some workers more than others. It brings things to the surface because you are working with parents through therapeutic stuff and that awareness when we recruit in the future making sure workers are really grounded in themselves because of what it raises in themselves makes it more difficult and also how they relate to other staff" - Internal staff member.*

Some of the key skill sets that the staff require are:

- Provide help with concrete needs
- Specific praise, feedback and encouragement are used regularly.
- Provide support such as transport, childcare for meetings.
- Be honest or encouraging even when the assessment or news is less than positive.
- Communicate clear and concise information, not lengthy or complicated.
- No judging or criticising of parents or children.
- Model effective practice in their interactions with others.
- Work toward goals with the same sense of urgency as the family.
- Ability for staff to 'look like' family's life experience or relate well to that experience.
- Work well in a two worker model

As a transformative model, the Newpin Outreach Program is best described in terms of the Mutual Aid Model. This is why the Newpin Outreach Program can work just as effectively as the Newpin Centre based approach (as used in Northern Tasmania and in 14 other sites on the Australian mainland) when the following conditions are achieved between the service users and the staff members:

- Sharing life experiences with others.

- Discussing difficult and taboo areas in the service user's life.
- Discovering that others share similar feelings and experiences to breakdown isolation.
- Increasing normalisation by emphasising that service users and professionals can share some similar experiences.
- Offering mutual support and encouragement through understanding other people's feelings.
- Promoting individual problem solving through listening to how others find new solutions to their problems.
- Rehearsing and practicing new ideas and talk about the challenge of implementing them.
- Allowing service users to gain strength through developing a group identity that supports the belief that 'they are not alone' through attending regular events like Open Days.
- Believing in the service user's ability to have a 'creative genius'.
- Integration by the worker of their professional and personal self rather than creating a split.
- Recognising the connection between working with individual problems and wider social change issues.
- Service user's resistance to change is viewed not as the problem but is part of the process for change to occur.

When staff changes occur, it often takes significant period of time for staff to be replaced and a lot of training is required to minimise any gaps in personal or professional skill sets.

## **Open days as an opportunity to meet other families**

The Newpin Outreach Program does not allow for families to regularly meet with other families as they do in the Newpin Centre based programs. Because of this, Open Days are very important opportunities for each program to allow service users to meet each other and have a greater voice by talking about their reflections and life experiences. Service users will also have a formal context to meet other service users.

*"I don't know if you would call it a disadvantage, but parents who work in a centre get the benefit of meeting other parents and the children are working and meeting with other children. When we go into homes they don't have the benefit of that. There used to be a group session, that is something we are working on in establishing again. I think when it happens that will be a huge benefit to the families, networking with other families, the Newpin experience of other families. That is something that we miss out on" – Internal staff member.*

*"Lack of peer support stuff, given the Newpin model that is one of the weaknesses I can see. We are trying to find ways around it now. I think the positives outweigh the negatives at this point in the program" – Internal staff member.*

It is recommended that both the Newpin Outreach and PYPs Programs hold two Open Days every year.

## Cancellations

One of the largest challenges for staff is the cancellation of appointments in the home.

*“If you have a couple of cancellations in a day you have two workers who don’t have much to do. It is different to a one worker model. If you are looking at cost, that is important. There is always a heap to do though. Initially there were limitations around resources, we now have really good access to getting resources. I am sure the child development worker is happy with the range of resources they are able to access. There are other limitations with networking because of the time factor, because it is a structured program you are very aware of, even doing training, you have to cancel home visits in order to do training” - Internal staff member.*

Regular cancellations by the family is likely to be an indication of the non-engagement of the family into the program or an indication that the family is primarily operating on a crisis mode. When this occurs, families may pause working on their journal (modules) and deal with the immediate situation they face. The recommencement of the journal (modules) can be used as an incentive for the parents to shift their focus from purely focusing on a crisis mode to focusing on a survival or thriving mode. These choices underpin important life choices everyone makes in life.

## Resources challenges

The main resources that staff battle to utilize for their service users is access to secure housing and also the challenge of sometimes booking a car for home visits.

*“I find the biggest challenge as I previously mentioned is housing for my clients and the circle of domestic violence and getting the client to understand the cycle of domestic violence. Another challenge would be cars. Having cars available to visit our clients, we share two cars across Newpin and PYPs. So we have six people using two cars. That is a huge challenge. We do have a third vehicle but it broke down on one of the workers at the moment” – Internal staff member.*

*“I am still finding housing a challenge for my clients. I am find there is not enough housing available, even women’s shelters. As recently as today I rang up for a client of mine and she is on a waiting list for women’s shelters so I find that challenging” - Internal staff member.*

The access to cars issue was often a seasonal issue as there were periods where it ceased to be a problem. The staff found booking early and negotiation with the other staff as the easiest way to meet this challenge.

## Involvement of fathers

The Newpin Program has worked effectively with a range of fathers as well. One father commented that the program has been highly valuable for him and his family:

*“100% without a doubt. All throughout Australia Newpin should be mandatory. It has had a huge effect on me because I am a single father with four kids. I used to stress out with every little thing. They come round every Wednesday for an hour and a half every week and the kids love it. You don’t get a book when you have kids. Every single parent and kid is different. I cannot give them enough thanks. They are just gold. It should be mandatory in schools and hospitals before you get out with your kids. I am from the old school values and I bring my kids up with old school values. I have learned a lot and I mean to learn more. They are great. They recognise that different parents and different kids have different needs. It has really helped my stress levels” - Newpin service user (father) aged 36 years.*

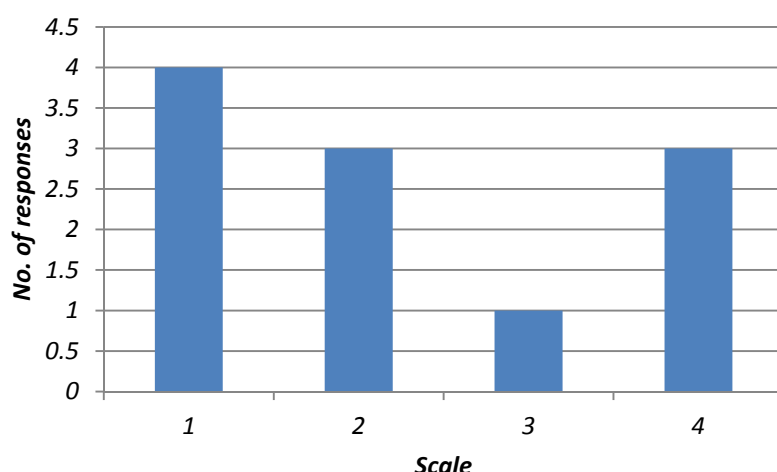


Figure 21: Impact has the Newpin Program had on their partner over the past three months?

However most of the partners are not engaged in the Newpin Outreach of PYPS Programs. Cowan and Cowan (2009) identified four common issues in child protection research:

- Despite recent interest in including fathers, research and services for families still primarily focus on mothers and children.
- Children benefit when non-violent, non-abusive fathers play an active and positive role in their daily lives.
- Family services should make greater efforts to include fathers in their intervention programs.
- Interventions to improve parenting skills should include a focus on improving the quality of the relationship between parents (Cowan, 2009).

Even though Newpin has engaged some of the fathers, especially when they are the primary carer of their children, there is a need to continue to improve this engagement process with more of the men involved in the referred families. Figure 21 highlights that the Newpin Outreach Program only impacted on 25% of the fathers involved in the families. 33% of the mothers stated that the fathers had not been impacted. While this feedback does not account for possible domestic violence issues, it does highlight the importance of integrating the Newpin change process with all family members in the household.

One staff member spoke about the challenge of engaging the whole family:

*“If we only work with a parent and a child in a family the expectations are not going to be as high as when a whole family is involved. When everyone is involved, they expect more of each other, the values are more driven through the whole family, and we can model the Newpin values to the whole family not just one or two people. I think it works, it really does. I have seen it work with a 16 year old girl who was in a family that we worked with”- Internal staff member.*

One Newpin service user reflected on how the program impacted on their partner:

*“He only has really sat in on one, last time, and he is not an open person I guess. He agrees with things. He hasn’t had a bad experience; he just isn’t an emotional person. He agrees with me it is good and that is about it” - Newpin service user.*

A significant level of domestic violence spikes in young parent families after the birth of the first child. Due to this spike, PYPS staff is concerned about the possible impact when you engage male partners:

*“It is really a case by case situation... but there are other times where the father is a family violence perpetrator so they need to support the mother individually... It is not uncommon for a male to be in the picture who is not a biological father. They don’t necessarily take on a fathering role so it is hard to integrate them into the family unit. Then there are other situations in which there is no father at all. But PYPS is pregnant young parent support so our focus is always on the mother and father but reality is that it doesn’t always work out. Staff had a situation where she was working with both father and mother but then they parted ways so she could only work with the mother, but before they parted ways the staff made sure to put in supports for the dad” - Internal staff member.*

The use of gendered language (e.g. we are a program that works with mums, dads and other important care givers in children’s lives) is important to ensure that families and other organisations know that the Newpin outreach and PYPS programs work with fathers.



*“I didn't even know they worked with fathers. It is useful to know because we could possibly try to include some of the fathers”- External staff member.*

It is recommended that both programs review their promotional literature to ensure that gendered language is used and that if partners are not present when the home visit occurs (and domestic violence issues do not exist), within the next few days the staff member actively speaks to the partner over the phone or face-to-face.

## PART D: CONCLUSION

Fifty seven families were referred to either the Newpin Outreach or PYPS Programs between November 2010 and January 2012 with 21 people consenting to be part of the evaluation (37%). A variety of quantitative and qualitative measures were used to assess changes within service users and the impact of the program. The best research analysis tools were used to gather the most informed results using SPSS and NVivo computer software packages. Service users were interviewed every three months and internal and external staff were interviewed every 6-months.

The degree of missing data made the use of some quantitative measures difficult. This means that conclusions about the efficacy of the programs making a significant difference are limited. However, the quantitative and qualitative results do suggest that significant changes being achieved for 45% of the referrals where families that committed themselves to grow, develop and improve their parenting relationships. Thirty percent of the other families made moderate changes.

The evaluation found that both programs met their key performance indicators for:

### **Program access**

- In 2011, the Newpin Outreach Program and PYPS Program achieved its combined Department of Health & Human Services contract goal by working with at least 50 families in a 12-month period across the SW and SE regions of Hobart.
- Service users were linked well to other programs - 76% of Newpin Outreach or PYPS families were referred to three or more other services during their program involvement.
- The families involved with this evaluation had moderate-high levels of satisfaction in either the Newpin Outreach or PYPS Programs.

### **Program effectiveness in supporting child development**

- 64% of the comments made by external staff recognised that the Newpin Outreach Program and PYPS Program as being positive or excellent.
- 46% of parents involved in the PYPS Program recognised that their understanding of their children's needs somewhat improved.

### **Program effectiveness in family functioning**

- A Wilcoxon signed rank test indicated that Newpin clients' Strengths and Protective factors ratings were significantly higher in T4 than T1,  $T=15.00$ ,  $z=.043$ . These results suggest that the PYPS and Newpin Outreach Programs increase the Strengths and Protective factors rating of clients when they participate in the program for at least 12 months.
- Even though the measurement of this strengths assessment is using the staff's perspective it does provide a strong indicator that there has been a significant improvement in family functioning.

- Seventy three percent of Newpin Outreach Program service users identified that involvement in the program was very valuable for increasing their parenting skills.
- Eighty seven percent of parents identified that involvement in the program significantly helped them to better support their child.

### Summary for program functioning during 2011

- The Newpin Outreach Program is a transformative program that enables parents to make significant changes that affect the way they view themselves, their children, support services and how they deal with the challenges they face.
- The PYPS Program is recognised by service users, internal and external staff as providing a unique and important service for young parents. This results in the program being good at engagement, responsive, individually tailored, able to manage crises (such as lack of accommodation and domestic violence issues) and communicate effectively with young people using the latest technology.
- The evaluation has identified that the poor feedback of the Newpin Outreach Program in the SW region was due to management issues and poor communication with the Gateway Service and other key stakeholders.
- Newpin's contribution as a transformative program in the children protection system is vital and effective when managed well.
- Both The Newpin Outreach and PYPS Programs have improved in their integration with other services. Both programs complement other approaches to providing family support and child protection services and it is vital that both programs remain as options at the SE and SW Gateway Services and their allocation tables.

The table below highlights an overview of the analysis that arose in this evaluation. The responses indicate:

✓	Adequately achieved
Partially	Partially achieved with room for improvement
To be developed	Significant room for improvement

*Table 3: Summary of the PYPS and Newpin Outreach Program analysis.*

	Newpin Outreach Program	PYPS Program
<b>Key Performance Indicators (Contract)</b>		
Child development - Change in social and emotional competence.	✓	Partially
Child development, attainment, attachment and emotional competence.	✓	Partially
Reduced family risk factors - protective factors.	✓	Partially
Reduced rate of notification.	n/a	n/a
Improved understanding, use and linked to services.	✓	✓
Timeliness of access.	✓	✓

	Newpin Outreach Program	PYPS Program
<b>Effective practice programs (Prilleltensky)</b>		
Address several ecological levels of wellness.	✓	✓
Work with families in natural settings	✓	✓
Begin at birth or prenatally.	✓	✓
Long-term and intensive	✓	Partially
Flexible, responsive and owned by the local community	✓	✓
Built upon respectful, trusting and empowering relationships between staff and community members.	✓	✓
Sufficient complement of well-trained and competent staff	✓	✓
Based on research and evaluation.	✓	✓
<b>Help parents meet mental health needs</b>		
A reduction in concrete need or distress.	Partially	✓
Respect, recognition and responsiveness.	✓	✓
Staff are available not fazed by family's condition or behaviour.	✓	✓
Increased confidence in self.	✓	✓
	✓	✓
<b>The program acts as a container and support for growth (Berry)</b>		
Build a family engagement environment.	✓	✓
Meet children's and parent's need for protection.	✓	✓
Nurture the development of parents and children.	✓	✓
Support the attachment bonds of parents and children.	✓	Partially
Reduce the need for child placement.	n/a	n/a
Help parents meet mental health needs.	✓	✓
Foster and support father-child and adult-adult relationships for the stability of the children.	To be developed	To be developed
<b>Building of Resilience (Henderson)</b>		
Increase pro-social bonding.	✓	Partially
Set clear boundaries.	✓	✓
Teach life skills.	✓	✓
Provide care and support.	✓	✓
Set & communicate expectations.	✓	✓
Provide opportunities.	✓	Partially
<b>Uses a mutual aid model (Shulman)</b>		
Sharing life experiences with others.	Partially	Partially
Use straight talk to discuss difficult and taboo areas.	✓	Partially
Breakdown isolation by discovering that others share similar feelings and experiences..	✓	Partially
Increase normalisation by emphasising that service users and professionals can share some similar experiences.	✓	✓
Offer mutual support and encouragement through understanding other people's feelings.	✓	Partially
Promote individual problem solving through listening to how others find new solutions to their problems.	✓	✓

	<b>Newpin Outreach Program</b>	<b>PYPS Program</b>
Rehearse and practice new parenting ideas and talk about the challenge of implementing them.	✓	Partially
Allow service user to gain strength through developing a group identity that supports the belief that 'they are not alone'.	Partially	Partially
Uses a strengths based framework.	✓	✓
Assume that service users have the strength to change without being bound by their past experiences.	✓	✓
Integration by the worker of their professional and personal self rather than creating a split.	✓	✓
Recognise the connection between working with individual problems and wider social change issues.	✓	✓
Service user's resistance to change is viewed not as the problem but is part of the process for change to occur.	✓	✓

The Newpin Outreach Program is a transformative (therapeutic) program that enables parents to make significant changes that affect the way they view themselves, their children, support services and how they deal with the challenges they face. The use of a play therapy approach and learning modules provide an innovative opportunity for families to break the cycle of abuse.

It is vital that transformative programs are part of the range of programs offered to families in child protection contexts. The advantage of these programs is that they allow families to flourish and move beyond the 'child protection roundabout' where families move from crisis to crisis. Using the referrals that the Newpin Outreach Program received, 45% of families actively engaged for sufficient time and achieved significant change. This is seen as an adequate and likely success rate for working with moderate to high need child protection families. Thirty percent of the other families made moderate changes.

A developmental challenge for the PYPS Program is to work more deeply with the parent-child relationship by adopting some of the methods that Newpin uses to work with families. This could be easily achieved by creating a life story book for young parents to record their parenting journey and what they are learning about themselves and their child.

Both programs could improve their practice by:

- Increase the peer learning and support by the staff member assisting in normalising the crises that family's experience and explore together other options for change.
- Ensure that the program modules are tools for change rather than used as something that defines the program. Newpin is more defined by a peer learning development change and mutual aid process using the five core values where the modules are tools that assist this opportunity.
- Work more actively with the range of crises that families experience as part of the process and not conclude a family is unsuitable for the program due to their instability.
- Work directly with partners as a resource in a whole-of-family-approach as long as domestic violence issues are addressed is part of the response.

Allowing for one of the service user's to express the last words:

*"I used to say that things were fine,  
that things will fix themselves in time.  
By the time I realised I was wrong,  
all my self-respect had gone.  
A place called Newpin came  
along and by the time  
that they had gone,  
my whole life changed.  
Now I am strong" –*

A Newpin service user aged 31 years

## PART E: RECOMMENDATIONS

### Funding

1. The Newpin Outreach Program is refunded as it is receiving very positive feedback from most of its service users in this evaluation and it is still trialling and developing its unique and transformative way of working with vulnerable communalities.
2. The PYPS Program is refunded as it is still trialling and developing its unique and important way of engaging young parents.
3. Both the PYPS and Newpin programs remain in the Gateway Services network as the best integrated way to ensure that vulnerable children, young people and their families are effectively linked into relevant services. This appears to be the best way to remain funded as an early intervention child protection service in Tasmania.

### Management

4. UnitingCare Tasmania reviews its organisational structure and institutes a Manager position to oversee the Newpin and PYPS Programs. The updated structure for managerial responsibility is highlighted in an organisational flow chart and distributed to staff and key stakeholders.
5. UnitingCare Tasmania encourages the Department of Health and Human Services to integrate the Iris database system further to allow for improved reporting and family case update information between non-alliance programs and the Gateway Services. This will enable Gateway Services to understand how each program is performing with its families and their impact.
6. The Program Manager oversees the information input into the Iris database on a weekly basis to ensure it is up to date and accurate in reporting on the work being achieved in each program.

### Policies and practice

7. Newpin Outreach Program shifts its target group to families with children under the age of 16 years. This would be widely known using all promotional tools – flyers, meetings, modules and the website etc. While many of the primary tools will still focus on parent and young child attachment, the tools will be more easily applied to families have children over the age of 5-years. This whole of family engagement focus will have staffing and resource implications but it is more likely that all the family child protection risk factors are better managed with each referral.

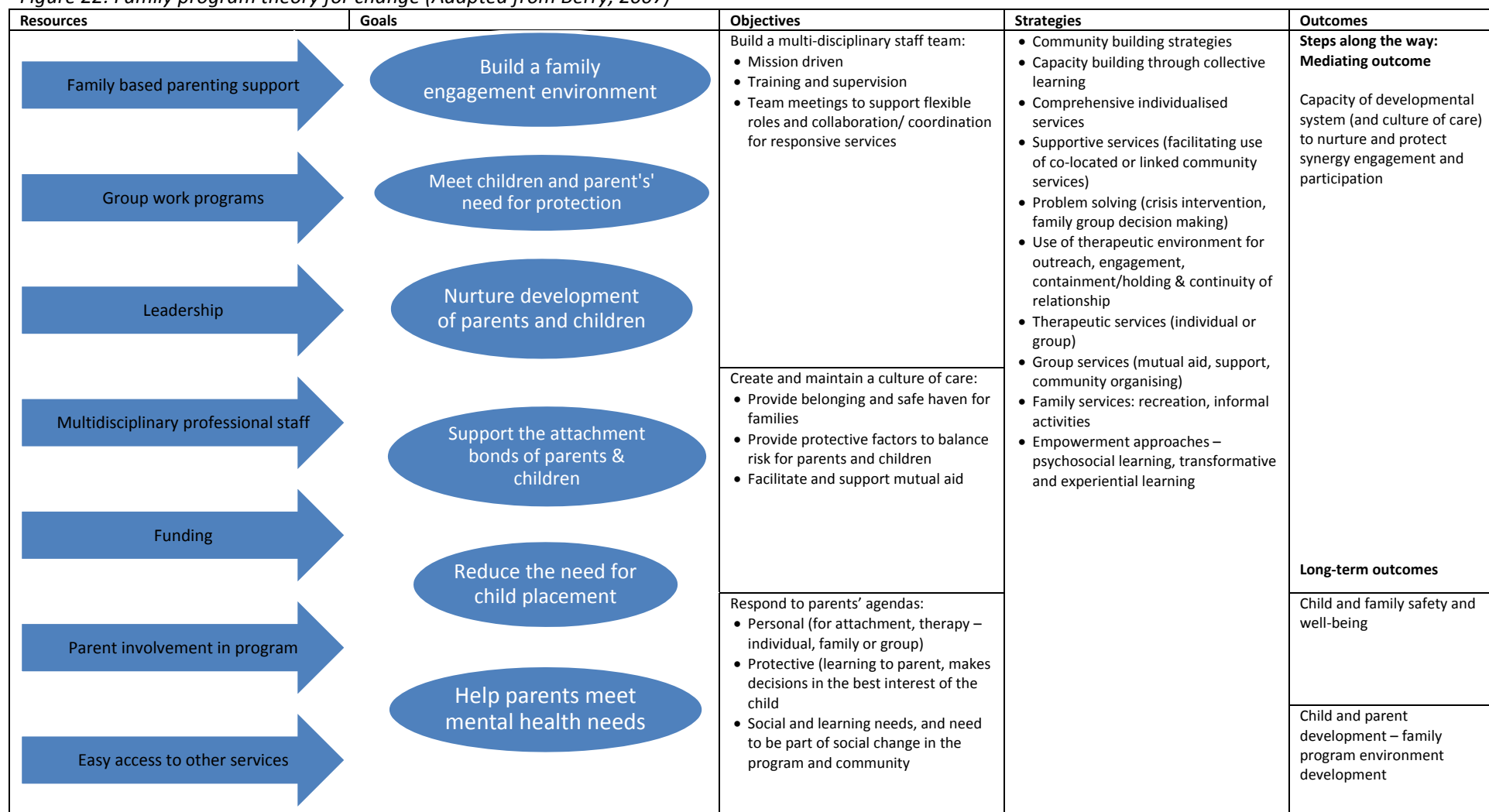
8. The Newpin Program uses a pre-engagement period where a family can be part of Newpin and more traditional family support services are used to build the basic family stability before they move into the more structured Newpin self-development process. This pre-engagement stage may attend to housing, mental health issues, basic routines, domestic violence issues, engagement of the fathers (if relevant) and aim at building stability and rapport with the family and workers. It would allow the staff to fully assess the referral risk indicators and the need for family goals. Newpin would then be seen to address all the child protection risks indicators.
9. New inclusion and exclusion criteria are developed for families to access the Newpin and PYPs Programs. This was completed in early 2012 but it needs to be continually monitored and updated.
10. The UnitingCare Tasmania 'Cold Calling' Policy is reviewed in response to the Gateway feedback. When Newpin Outreach or PYPs staff have concerns about visiting families for the first time as a sole worker, the Gateway Family Support staff may accompany them.
11. An engagement policy is developed that outlines the range of engagement techniques and timeframes used to engage families into each program. The policy also refers to how these engagement techniques are used when staff changes occur. Processes are included that provide a broad range of engagement building tools that allow for face-to face connections as much as possible rather than the use of only telephone calls.
12. The PYPs Program reviews the cases it's being referred by the SE Gateway Service and Newpin Program reviews cases it's being referred by the SW Gateway Service to reflect on factors that stopped families engaging. Staff should write a short 1-page report when any future family does not engage in either program. This report outlines the family issues, the engagement strategies used and the time-frames involved. The Program Manager passes these reports onto the relevant Gateway Service and all staff review the reports every 6 months to identify patterns and reflections on strategies being used. Each program has the goal to reduce the non-engagement with families in each region by 50% in the next 12 months.
13. The PYPs Program continues to develop a greater structure that enables young parents to stay in the PYPs program for at least 12 months with a maximum of 16 months. This is likely to lead to the best child protection outcomes in the long-term. This structure may involve the use of self-development tools, young parents groups and self-development exercises.
14. The PYPs Program re-implements its young parents group work program with increased structure and the purpose of reducing social isolation and developing parenting skills. This is dependent on the achievement of more funding.
15. The Newpin Modules are continually reviewed and seen as a tool for self-development rather than the formal expression of what it means to be in the Newpin Program.

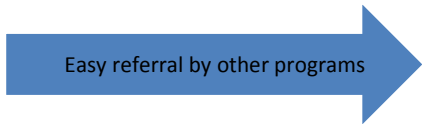


16. The modules are written in a journal format where the service user can ultimately keep it as a record of change. The journal would ask the service user to write or talk about their responses to specific questions.
17. Both programs implement a fathering inclusion policy where staff actively enquire about the involvement of the father except for when domestic violence is occurring. The staff use skills of creating relevance, being a faith builder and being honest/direct with their communication in supporting both parents' role in the child's life. This involves using gendered language of directly referring to the 'mother' and 'father' in documents (letters and promotional materials) rather than the word 'parents'. If the father is in the house but not part of the program, staff regularly attempt to engage him and provide feedback about the program and the difference they notice in their family. If the father is not present, staff attempt to call him within 48 hours of most home visits and provide some feedback about the program and the difference they notice in their family.
18. When crises occur in the family's life, the parents/s may pause working on their journal (modules) and deal with the immediate situation they face. This may take several weeks. The recommencement of the journal (modules) can be used as an incentive for the parents to shift their focus from purely focusing on a crisis mode to focusing on a survival or thriving mode.
19. The Newpin Outreach Program and PYPS Programs hold two separate Open Days in every twelve month period. While these days are staff intensive to organise, they will reap beneficial results in promoting each program and allowing service users to have a greater voice and reflection on the life experiences. Service users will also have a formal context to meet other service users.

# Figures

Figure 22: Family program theory for change (Adapted from Berry, 2007)



				Protect attachment, prevent child placement and aid reunification
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## Tables

**Table 4 Gateway Risk Assessments Scales and SW & SE Newpin referral families**

	Rating scales used by the two Gateway Services		Newpin Referrals received from the two Gateway Services	
	South West Gateway	South East Gateway	South West Gateway	South East Gateway
<b>Low risk</b>	0-10	0-9	0	0
<b>Medium to low risk</b>	10-17	10-15	0	1
<b>Medium to High risk</b>	18-21	16-18	3	3
<b>High risk</b>	22-28	19-24	7	4

**Table 5: Age of SW & SE Newpin Service Users**

South West Newpin	Average Age	STD	Age Range
14 service users	31	5.13	19-42

South East Newpin	Average Age	STD	Age Range
9 service users	31	6.28	21-37

**Table 6: Age of SW & SE Newpin service users**

Age of Newpin Parents	South West	South East
19	1	0
20	0	0
21	1	1
22	1	2
23	0	0
24	0	1
25	0	0
26	1	0
27	0	0
28	1	0
29	1	0
30	0	1
31	1	0
32	2	1
33	0	0
34	0	0
35	2	2
36	1	1
37	0	1
38	1	0
39	0	0
40	0	0
41	0	0
42	1	0

**Table 7: Age of SW & SE PYPs service users**

Age in yrs	South West	South East
15	2	0
16	0	3
17	2	4
18	2	2
19	0	1
20	3	1
21	1	3
22	0	2
23	2	2
24	0	1

**Table 8: Number of children for SE & SW Newpin service users**

<b>Number of families</b>		14	9
<b>Number of children</b>		33	43
		<b>South West</b>	<b>South East</b>
	<b>Unborn</b>	0	0
	<b>&lt;1</b>	1	4
	<b>2</b>	6	6
	<b>3</b>	3	7
	<b>4</b>	1	6
	<b>5</b>	5	3
	<b>6</b>	1	3
	<b>7</b>	1	2
	<b>8</b>	1	1
	<b>9</b>	2	3
	<b>10</b>	0	1
	<b>11</b>	3	2
	<b>12</b>	1	1
	<b>13</b>	0	1
	<b>14</b>	0	0
	<b>15</b>	0	1
	<b>16</b>	1	0
<b>Gender of children</b>	<b>Male</b>	11	26
	<b>Female</b>	15	15
	<b>Unknown</b>	7	2

**Table 9: Number of children for SE & SW PYPs service users**

<b>Number of mothers</b>		13	16
<b>Number of children</b>		14	23
		<b>South West</b>	<b>South East</b>
	<b>unborn</b>	2	2
	<b>&lt;1 yrs</b>	9	10
	<b>1-2 yrs</b>	1	7
	<b>2-3 yrs</b>	2	3
	<b>3-4 yrs</b>	0	1
<b>Gender of children</b>	<b>Male</b>	9	4
	<b>Female</b>	4	15
	<b>Unknown gender</b>	1	4



**Table 10: Parenting Sense of Competency Scale (PYPS service users)**

<b>PYPS</b>	<b>Period</b>	<b>No. of Respondents</b>	<b>Mean</b>	<b>Standard deviation</b>
Satisfaction	T1	5	4.24	.55
	T2	4	4.30	.35
	T3	2	3.80	0
	T4	1	3.80	N/A
Self-Efficacy	T1	5	3.10	.61
	T2	4	4.00	.30
	T3	2	3.75	.35
	T4	1	2.67	N/A
Interest	T1	5	5.10	1.40
	T2	4	5.50	.36
	T3	2	3.92	.59
	T4	1	5.67	N/A

**Table 11: Parenting Sense of Competency Scale (Newpin Outreach Program service users)**

<b>Newpin</b>	<b>Period</b>	<b>No. of Respondents</b>	<b>Mean</b>	<b>Standard deviation</b>
Satisfaction	T1	4	4.15	1.02
	T2	2	4.3	0.71
	T3	6	4.37	0.41
	T4	5	4.16	0.22
Self-Efficacy	T1	4	2.87	1.05
	T2	2	2.42	.59
	T3	6	4.06	1.42
	T4	5	3.57	0.33
Interest	T1	4	5.17	1.00
	T2	4	3.89	.70
	T3	6	5.34	.96
	T4	5	5.53	.87

**Table 12: Evaluation Results for PYPs Program**

PYPs		Course Feedback	Percentage
Overall, how valuable has the program been to you and your family?	Not valuable	0	0
	Not sure	0	0
	<b>Yes, a bit valuable</b>	<b>3</b>	<b>15%</b>
	<b>Yes, very valuable</b>	<b>11</b>	<b>85%</b>
What impact has the program had on you over the past three months?	No impact	2	15%
	Not sure	0	0%
	<b>A bit of an impact</b>	<b>5</b>	<b>38%</b>
	<b>Very large impact</b>	<b>6</b>	<b>46%</b>
What impact has the program had on your partner over the past three months?	Not valuable	10	77%
	Not sure	1	8%
	<b>Yes, a bit valuable</b>	<b>1</b>	<b>8%</b>
	<b>Yes, very valuable</b>	<b>1</b>	<b>8%</b>
Do you think involvement in the program has increased your parenting skills?	Not valuable	1	8%
	Not sure	1	8%
	<b>Yes, a bit valuable</b>	<b>5</b>	<b>38%</b>
	<b>Yes, very valuable</b>	<b>6</b>	<b>46%</b>
Do you think involvement in the program helps you to better support your child?	Not valuable	1	8%
	Not sure	1	8%
	<b>Yes, a bit valuable</b>	<b>4</b>	<b>31%</b>
	<b>Yes, very valuable</b>	<b>7</b>	<b>54%</b>
Can you identify anything you have learnt from the PYPs program you want to try this week to help your relationship with your child/children?	Not valuable	6	46%
	Not sure	4	31%
	<b>Yes, a bit valuable</b>	<b>1</b>	<b>8%</b>
	<b>Yes, very valuable</b>	<b>2</b>	<b>15%</b>
Do you think you understand your child's development and needs better now?	Not valuable	1	8%
	Not sure	1	8%
	<b>Yes, a bit valuable</b>	<b>6</b>	<b>46%</b>
	<b>Yes, very valuable</b>	<b>5</b>	<b>38%</b>

**Table 13: Evaluation Results for Newpin Outreach Program**

Newpin	Course Feedback	Percentage
Overall, how valuable has the program been to you and your family?	Not valuable	0
	Not sure	0
	<b>Yes, a bit valuable</b>	<b>0</b>
	<b>Yes, very valuable</b>	<b>15</b>
What impact has the program had on you over the past three months?	Not valuable	0
	Not sure	1
	<b>Yes, a bit valuable</b>	<b>2</b>
	<b>Yes, very valuable</b>	<b>12</b>
What impact has the program had on your partner over the past three months?	Not valuable	4
	Not sure	3
	<b>Yes, a bit valuable</b>	<b>2</b>
	<b>Yes, very valuable</b>	<b>4</b>
Do you think involvement in the program has increased your parenting skills?	Not valuable	0
	Not sure	1
	<b>Yes, a bit valuable</b>	<b>3</b>
	<b>Yes, very valuable</b>	<b>11</b>
Do you think involvement in the program helps you to better support your child?	Not valuable	0
	Not sure	0
	<b>Yes, a bit valuable</b>	<b>2</b>
	<b>Yes, very valuable</b>	<b>13</b>
Can you identify anything you have learnt from the Newpin program you want to try this week to help your relationship with your child/children?	Not valuable	4
	Not sure	5
	<b>Yes, a bit valuable</b>	<b>2</b>
	<b>Yes, very valuable</b>	<b>4</b>
Do you think you understand your child's development and needs better now?	Not valuable	0
	Not sure	1
	<b>Yes, a bit valuable</b>	<b>4</b>
	<b>Yes, very valuable</b>	<b>10</b>

**Table 14: KPI vs Feedback for External Staff**

	No of people who commented					
	Changes	Concern	Engagement problems	Negative	Positive	Excellence
KPI Child development - Change in social and emotional competence	0	0	0	0	1	1
KPI Child development, attainment, attachment and emotional competence	0	0	0	0	4	6
KPI Improved understanding, use and linked to services	11	8	1	2	8	6
KPI Reduced family risk factors - protective factors	3	7	0	4	12	9
KPI Reduced rate of notification	2	0	0	0	9	6
KPI Timeliness of access	0	0	0	0	3	3

**Table 15: Build family engagement vs service user – staff**

	No of people who commented		
	Service user	Internal Staff	External Staff
Provide care and support	15	10	10
Increase pro-social bonding between parent and child	12	4	4
Provide opportunities for learning	10	2	2
Teach life skills	7	3	2
Set & communicate expectations	5	3	2
Set clear boundaries	4	4	1
Resiliency is supported within service users.	3	3	1
The importance of engagement	2	4	7

**Table 16: Best practice issues vs service user - staff**

	No of people who commented		
	Service users	Internal Staff	External Staff
A culture of care – caring, non-judging, non-punitive. All family members feel safe.	15	9	8
The program acts as a container for the feelings and actions of all members.	10	2	4
Families own the change process.	10	6	1
Help with concrete needs	9	7	2
Families can express their anger, fear, sadness without feeling judged.	9	2	3
Specific praise, feedback and encouragement are used regularly.	7	6	9
Provide support such as transport, childcare for meetings.	6	2	1
Be honest or encouraging even when the assessment or news is less than positive.	6	1	2
Learning and practice of social skills and negotiation.	6	1	4
Clear and concise information, not lengthy or complicated.	5	7	2
No judging or criticising of parents or children.	5	6	4
Engagement is critical to a relationship aimed at learning and practicing new skills and information.	4	6	3
Worker or carer model effective practice in their interactions with others.	3	4	3
Work toward goals with the same sense of urgency as the family.	3	6	4
Include staff and carers that 'look like' families	2	0	2
Have flexible funds for creative solutions.	1	1	2
Two worker model	1	0	1

**Table 17: Building resiliency vs mental health (PYPS Program)**

	A reduction in concrete need or distress.	Increased confidence in self	Respect, recognition and responsiveness.	Staff are available not fazed by family's condition or behaviour.	The program acts as a container and support for growth.	Total number of people who commented	% total
Teach life skills	4	2	2	0	3	11	42%
Provide care and support	1	2	1	0	2	6	23%
Increase pro-social bonding	1	1	1	0	1	4	15%
Provide opportunities	1	1	2	0	1	5	19%
Set & communicate expectations	0	0	0	0	0	0	0%
Set clear boundaries	0	0	0	0	0	0	0%
Total number of people who commented	7	6	6	0	7		
% Total	27%	23%	23%	0%	27%		

**Table 18: Building resiliency vs mental health (Newpin Outreach Program)**

	A reduction in concrete need or distress.	Increased confidence in self	Respect, recognition and responsiveness.	Staff are available not fazed by family's condition or behaviour.	The program acts as a container and support for growth.	Total number of people who commented	% total
Teach life skills	4	3	3	3	4	17	36%
Provide care and support	2	4	1	0	3	10	21%
Increase pro-social bonding	2	3	2	0	2	9	19%
Provide opportunities	2	1	1	0	1	5	11%
Set & communicate expectations	0	1	1	1	1	4	9%
Set clear boundaries	0	1	0	1	0	2	4%
Total number of people who commented	10	13	8	5	11		
% Total	21%	28%	17%	11%	23%		



## Appendix

### Overview of the evaluation tools for the PYPS Program

Evaluation information	Tools of data collection
1. 6-monthly NEWPIN & PYPS Staff development days	See attachment B
2. 6-monthly focus groups <ul style="list-style-type: none"> <li>NEWPIN &amp; PYPS Staff</li> <li>External stakeholders</li> </ul>	Focus group questions See attachment F
3. Follow-up evaluation of PYPS members who leave the program prematurely	PYPS Members' Evaluation Form See attachment E
4. 3-monthly feedback from PYPS Members Collected as a questionnaire format	PYPS Members' Information Form See attachments C,D & E
5. 6-monthly revision of PYPS Database records and Progress Reports	PYPS Databases PYPS Files and Progress Reports
6. 3-monthly assessment of protective family factors and child factors	Assessment completed for each PYPS family every 3-months See attachment G
7. Completion of PYPS Group Work Report	PYPS Group Leader See attachment H
8. Completion of end of group evaluation forms	PYPS end of group evaluation forms collected by the PYPS Group Leader See attachment I

**Table 1** provides more detail about the data to be collected, and about from whom, by whom and how it will be collected.

## Attachment A: PYPS Member Information Form

Region

Name

Date of birth

Address

Postcode

Phone (day)

Mobile

**What ethnic group do you belong to?**

**Number of children**

Please put the first name and surname for each child unless they have the same last name as yourself.

NAME	D.O.B.	M/F	NAME	D.O.B.	M/F

Please try to answer all the following questions by ticking the appropriate boxes.

**Are you...?**

**Are you a single parent?** Yes ☐ No ☐ **Do you have a partner?** Yes ☐ No ☐

**Have you any disabilities?** Yes ☐ No ☐ **Have any of your children special needs?** Yes ☐ No ☐

**If you have a partner, would they like to be part of this evaluation too?** Yes ☐ or No ☐

**If yes, what is your partner's name?**

**My children live with me** ☐ Full time ☐ Part time ☐ No contact

**Who else lives with you?**

☐ Spouse / partner ☐ Parents ☐ Other relatives ☐ Other people

**Are you in counselling or therapy just now?** Yes ☐ No ☐

**Have you ever had counselling or therapy in the past?** Yes ☐ No ☐

**Are you on any medication?** Yes ☐ No ☐

If so, what medications?

**Do you have the support of a Case Worker?**

Yes ☐

No ☐

Name

Office and contact number

**Is any other agency involved with your family?**

(i.e. Social Worker, Family Support, Mental health Services, department of health, Department of Community Services or other ) please give details:

**Name of GP**

**Address**

**Telephone**

**For the person who is referring** (Please let the parent see what you write)

**Reasons for referring/coming to PYPS:**

**What skills and information would you like to gain from the PYPS program?**

**How did you find out about the PYPS program?**

**Primary Worker**

**Contact number** ..... **Email**

**Date commenced in program**

## Attachment B: Member evaluation information & consent form

# Evaluation Information

UnitingCare Tasmania is conducting a significant evaluation of its Family Futures Program. Because it is new, we want to learn from what you think about it. This is so that we can make it as good as we can. Also the outcomes of this feedback can also allow the possibility of providing this program to more families.

### Evaluation

We have contracted an independent evaluator, Andrew King, Joe Fleming and Tara Hunt to help us to improve the program. To do this Andrew and his team will be working with us until about August 2012 and he will need information. So:

- you will be asked to consent regularly completing an evaluation form every three months or being contacted (every three months) by phone to discuss what you have learnt and what you thought of our PYPS program.
- we will, if you agree, give Andrew either copies of your progress forms.

We will also, if you agree, give Andrew the information you gave us, when you joined the PYPS program **except** for your surname and address, which will be blacked out. Andrew will be given this information, including any feedback you provide in the ongoing evaluation questionnaire. This information is only used in the final report: "On average, mothers who attended the program had 2 children. Their average age was 3." He will not use your name in the report.

We will **not** give Andrew any other personal information which identifies what you tell us about yourself, your children or your family during your involvement in the PYPS program.

By August 2012, Andrew is required to write his report which will incorporate your, and others', suggestions on how we could improve our program. This report will also tell us what you and others think has been achieved through the program. We will provide a summary of what Andrew and his team recommends to all those who have assisted with the evaluation.

Your responses are CONFIDENTIAL. *Andrew will not identify which people make which comments in his report - unless you want him to do so or you have given him specific permission to do so. Therefore UnitingCare Tasmania or PYPS will not be able to identify your responses from those of others. So what you will say will not affect your future support from the PYPS Program.*

*We would like you to agree to assist Andrew and his team and their evaluation, so that we can improve what we do. If you are happy to help Andrew with the evaluation, please complete the relevant boxes below.*

**Any questions?** *If you have any questions about the evaluation or any comments, please ring Andrew on 0437 546 560 or email him at [info@groupworksolutions.com.au](mailto:info@groupworksolutions.com.au). Alternatively, you may want to speak directly to your PYPS worker about the evaluation. We want to hear any suggestions you may have, or if you have any worries about the program or evaluation.*



### Willingness to participate in the evaluation

- ☐ I ..... **would like to** participate in the evaluation of this PYPS program.
- ☐ My partner ..... **would/ would not like to** participate in the evaluation of this PYPS program.
- ☐ I am happy to be part of the evaluation **but prefer to complete the written evaluation form** and give it to my Family Future's Worker in a sealed envelope.
- ☐ I am happy to be part of the evaluation **but prefer a regular phone call from Tara or Andrew to talk about the program-** Phone no. ....  
..... If a mobile is being used, what provider do you use.....  
- Best time to call? ☐ Daytime ☐ Evenings ☐ Other: .....
- ☐ I do **not** want to participate in the evaluation. But I will continue to participate in the PYPS program.

### Permission for us to give your sign on information to Andrew and his team (apart from your address)

- ☐ I **give permission** for Andrew to be given my enrolment form, apart from my surname and address.
- ☐ I **give permission** for Andrew to be given my enrolment form, apart from my surname, address and: .....
- ☐ I **give permission** for photos of me and my family to be used as part of the evaluation process.
- ☐ I **give permission** for photos of me and my family to be used in an audio-visual and final report about the PYPS program, knowing that my name, identifying details or any comments I have made **will not be used with the images**.
- ☐ I do **not** give permission for Andrew to be given any of my PYPS member information.

Name: .....

Signature: .....

Date: .....

## Attachment C: PYPS Evaluation Questionnaire

Name:

Date and time:

1. Overall how valuable has the PYPS Program been to you and your family?
  - ☐ Not valuable
  - ☐ Not sure
  - ☐ Yes, a bit valuable
  - ☐ Yes very valuableWhat reason would you give for this response?
2. What impact has the PYPS Program had on you over the past three months?
  - ☐ Little
  - ☐ Not sure
  - ☐ A bit of an impact
  - ☐ Very large impactWhat reason would you give for this response?
3. What impact has the PYPS Program had on your partner over the past three months?
  - ☐ Little
  - ☐ Not sure
  - ☐ A bit of an impact
  - ☐ Very large impactWhat reason would you give for this response?
4. Do you think involvement in the PYPS Program has increased your parenting skills?
  - ☐ No
  - ☐ Not sure
  - ☐ Yes, a bit
  - ☐ Yes, in quite a few waysPlease provide an example?
5. Do you think involvement in the PYPS Program helps you to better support your child?
  - ☐ No
  - ☐ Not sure
  - ☐ Yes, a bit
  - ☐ Yes, in quite a few waysPlease provide an example?
6. Can you identify anything you have learnt from the PYPS Program you want to try this week to help your relationship with your child/children?
  - ☐ No
  - ☐ Not sure
  - ☐ Yes, one strategy
  - ☐ Yes, more than one strategyPlease provide an example?
7. Do you think you understand your child's development and needs better now?
  - ☐ Not at all
  - ☐ Not sure

☐ Yes, a bit

☐ Yes, lots

Please provide an example?

8. Thinking about the PYPS Program, what changes have you noticed about yourself over the past three months?
9. Thinking about the PYPS Program, what changes have you noticed with your child/ren over the past three months?
10. Over the past three months, what do you value most about being part of the PYPS program?
11. Over the past three months, and if you had the opportunity to change anything about the program, what would you change?
12. Over the past three months, what do you like or dislike about the PYPS Groups?

## Attachment D: Focus Group Question Form

UnitingCare Tasmania is conducting an evaluation of its PYPS Program. They have contracted independent evaluators - Andrew King, Joe Fleming and Tara Hunt to complete this process and help improve the program. To do this Andrew and his team will be working with UnitingCare Tasmania until about August 2012 and he will need information.

You have been asked to consent to being part of a six monthly focus group discussion to gain feedback for the PYPS program. One group will be comprised of PYPS and Newpin staff and the other from community members and staff from other organisations.

By August 2012, Andrew is required to write his report which will incorporate your, and others', suggestions on how the PYPS program could be improved. We will provide a summary of what Andrew and his team recommends to all those who have assisted with the evaluation.

Your responses are CONFIDENTIAL. *You will not be identified by name or response in the final report - unless you want the evaluators to do so or you have given him specific permission to do so. Therefore UnitingCare Tasmania or PYPS will not be able to identify your responses from those of others.* Your name and organisation will appear at the front of the report in a list of acknowledgements.

*The discussion will canvass progress and implementation issues as well as progressive evaluation results and suggestions. Sample questions are:*

1. How effective has the PYPS Program implementation been?
2. On a scale of 1 to 6, how effectively does the PYPS Program operate as an outreach model to break the cycle of abuse for family members? Please discuss your reasons?
3. What are the strengths of the PYPS Program?
4. What success story have you heard recently about the PYPS Program?
5. What limitations have you noticed about the PYPS Program?
6. What changes would you recommend for the PYPS Program?

*We would like you to agree to assist Andrew and his team and their evaluation, so that we can improve what we do. If you are happy to help Andrew with the evaluation, please complete the relevant boxes below.*

**Any questions?** *If you have any questions about the evaluation or any comments, please ring Andrew on 0437 546 560 or email him at [info@groupworksolutions.com.au](mailto:info@groupworksolutions.com.au).*



### Willingness to participate in the evaluation

☐ I ..... from  
..... (organisation) **would like to** participate in the evaluation of  
this PYPS program and be part of the Focus Groups.

Name: .....

Signature: .....

Date: .....





## Overview of the evaluation tools for the Newpin Outreach Program

Evaluation information	Tools of data collection
9. 6-monthly Newpin Staff development days	See attachment B
10. 3-monthly feedback from Newpin members Collected by either telephone or survey interview format	Newpin Members' Information Form See attachments C,D & F
11. 6-monthly focus groups <ul style="list-style-type: none"> <li>Newpin Staff</li> <li>External stakeholders</li> </ul>	Focus group questions See attachment G
12. Follow-up evaluation of Newpin members who leave the program prematurely	Newpin Members' Evaluation Form See attachment F
13. 3-monthly photo of Newpin Member and their family	Photo collected by Newpin Staff member See attachment E
14. 6-monthly revision of Newpin Database records and Progress Reports	Newpin Databases Newpin Files and Progress Reports
15. 3-monthly assessment of protective family factors and child factors	Assessment completed for each Newpin family every 3-months See attachment H
16. Completion of Group Work Report	Newpin Group Leader - See attachment I
17. Completion of end of Module Evaluation forms	Newpin end of module evaluation forms collected by the Newpin Worker- See attachment J

**Table 1** provides more detail about the data to be collected, and about from whom, by whom and how it will be collected.

## Attachment F: Newpin Member Information Form

Region

Name

Date of birth

Address

Postcode

Phone (day)

Mobile

**What ethnic group do you belong to?**

**Number of children**

Please put the first name and surname for each child unless they have the same last name as yourself.

NAME	D.O.B.	M/F	NAME	D.O.B.	M/F

Please try to answer all the following questions by ticking the appropriate boxes.

**Are you...?**

**Are you a single parent?** Yes ☐ No ☐

**Do you have a partner?** Yes ☐ No ☐

**Have you any disabilities?** Yes ☐ No ☐

**Have any of your children special needs?** Yes ☐ No ☐

**If you have a partner, would they like to be part of this evaluation to?** Yes ☐ or No ☐

**If yes, what is your partner's name?**

**My children live with me** ☐ Full time ☐ Part time ☐ No contact

**Who else lives with you?**

☐ Spouse / partner ☐ Parents ☐ Other relatives ☐ Other people

**Are you in counselling or therapy just now?** Yes ☐ No ☐

**Have you ever had counselling or therapy in the past?** Yes ☐ No ☐

**Are you on any medication?** Yes ☐ No ☐

If so, what medications?

**Do you have the support of a Case Worker?**

Yes ☐

No ☐

Name

Office and contact number

**Is any other agency involved with your family?**

(i.e. Social Worker, Family Support, Mental health Services, department of health, Department of Community Services or other ) please give details:

**Name of GP**

**Address**

**Telephone**

**For the person who is referring** (Please let the parent see what you write)

**Reasons for referring/coming to NEWPIN AUSTRALIA:**

**What skills and information would you like to gain from this Newpin program?**

**How did you find out about this Newpin program?**

**Primary Worker**

**Contact number** ..... **Email**

**Date commenced in program**

## Attachment G: Member evaluation information & consent form

### Evaluation Information

UnitingCare Tasmania is conducting a significant evaluation of its Family Futures Program. Because it is new, we want to learn from what you think about it. This is so that we can make it as good as we can. Also the outcomes of this feedback can also allow the possibility of providing this program to more families.

We have contracted an independent evaluator, Andrew King, Joe Fleming and Tara Hunt to help us to improve the program. To do this Andrew and his team will be working with us until about August 2012 and he will need information. So:

- you will be asked to consent regularly completing an evaluation form every three months or being contacted (every three months) by phone to discuss what you have learnt and what you thought of our Newpin program.
- we will, if you agree, give Andrew either copies of your progress forms.
- We will take a photo of you and your family (6 photos in total) and it will be used as a tool to evaluate the program. To express our appreciation to you for being part of this evaluation project, we will give back to you at the end of the 18 months, all the photo image, along with a great frame that expresses your involvement in the Newpin journey.

We will also, if you agree, give Andrew the information you gave us, when you joined the Newpin program **except for** your surname and address, which will be blacked out. Andrew will be given this information, if you agree, is used in understand who attends this program. This information is only used in the final report: "On average, mothers who attended the program had 2 children. Their average age was 3." He will not use your name in the report.

We will **not** give Andrew any other personal information which identifies what you tell us about yourself, your children or your family during your involvement in the Newpin program.

By August 2012, Andrew is required to write his report which will incorporate your, and others', suggestions on how we could improve our program. This report will also tell us what you and others think has been achieved through the program. We will provide a summary of what Andrew and his team recommends to all those who have assisted with the evaluation.

Your responses are CONFIDENTIAL. *Andrew will not identify which people make which comments in his report - unless you want him to do so or you have given him specific permission to do so. Therefore UnitingCare Tasmania or Newpin will not be able to identify your responses from those of others. So what you will say will not affect your future support from Newpin.*

*We would like you to agree to assist Andrew and his team and their evaluation, so that we can improve what we do. If you are happy to help Andrew with the evaluation, please complete the relevant boxes below.*

**Any questions?** *If you have any questions about the evaluation or any comments, please ring Andrew on 0437 546 560 or email him at [info@groupworksolutions.com.au](mailto:info@groupworksolutions.com.au). Alternatively, you may want to speak directly to your Newpin worker about the evaluation. We want to hear any suggestions you may have, or if you have any worries about the program or evaluation.*



#### Willingness to participate in the evaluation

- ☐ I ..... **would like to** participate in the evaluation of this *Newpin* program.
- ☐ My partner ..... **would/ would not like to** participate in the evaluation of this *Newpin* program.
- ☐ I am happy to be part of the evaluation **but prefer to complete the written evaluation form** and give it to my Family Future's Worker in a sealed envelope.
- ☐ I am happy to be part of the evaluation **but prefer a regular phone call from Tara or Andrew to talk about the program- Phone no.** ..... If a mobile is being used, what provider do you use.....  
- Best time to call? ☐ Daytime ☐ Evenings ☐ Other: .....
- ☐ I do **not** want to participate in the evaluation. But I will continue to participate in the Newpin program.

#### Permission for us to give your sign on information to Andrew and his team (apart from your address)

- ☐ I **give permission** for Andrew to be given my enrolment form, apart from my surname and address.
- ☐ I **give permission** for Andrew to be given my enrolment form, apart from my surname, address and: .....
- ☐ I **give permission** for photos of me and my family to be used as part of the evaluation process.
- ☐ I **give permission** for photos of me and my family to be used in an audio-visual and final report about the Newpin program, knowing that my name, identifying details or any comments I have made **will not be used with the images**.
- ☐ I do **not** give permission for Andrew to be given any of my Newpin member information.

Name: .....

Signature: .....

Date: .....

## **Attachment H: Photo information**

### ***Note to Newpin staff:***

Newpin staff are asked to take a photo of the Newpin members along with their family, every three months. Photos are best if they are natural and informal. The Newpin member decides how and where it is taken.

The purpose of the photo is:

- Demonstrate the valuable changes that occur over time in the family.
- Create an image that highlights attachment and connection in the family.

How the photos are used:

- The photos will be a tool in the evaluation to assess change.
- Images of the members, who give permission, may be used in an audio-visual resource and/or the evaluation final report of the Newpin program. No name, identifying details or any comments the person has made will be connected to the images.
- As an appreciation to members being part of the evaluation project, at the end of the 18 months, they will receive all the photos in a great frame that expresses your involvement in the Newpin journey.

Newpin members may decline to be part of the photo collection but still like to be part of the evaluation overall.

If you have any questions about the evaluation or any comments, please ring Andrew on 0437 546 560 or email him at [info@groupworksolutions.com.au](mailto:info@groupworksolutions.com.au).

## Attachment I: Newpin Evaluation Form

Name:

Date and time:

13. Overall how valuable has the Newpin Program been to you and your family?

- ☐ Not valuable
- ☐ Not sure
- ☐ Yes, a bit valuable
- ☐ Yes very valuable

What reason would you give for this response?

14. What impact has the Newpin program had on you over the past three months?

- ☐ Little
- ☐ Not sure
- ☐ A bit of an impact
- ☐ Very large impact

What reason would you give for this response?

15. What impact has the Newpin program had on your partner since we last spoke?

- ☐ Little
- ☐ Not sure
- ☐ A bit of an impact
- ☐ Very large impact

What reason would you give for this response?

16. Do you think involvement in the Newpin Program has increased your parenting skills?

- ☐ No
- ☐ Not sure
- ☐ Yes, a bit
- ☐ Yes, in quite a few ways

Please provide an example?

17. Do you think involvement in the Newpin Program helps you to better support your child?

- ☐ No
- ☐ Not sure
- ☐ Yes, a bit
- ☐ Yes, in quite a few ways

Please provide an example?

18. Can you identify anything you have learnt from Newpin you want to try this week to help your relationship with your child/children?

- ☐ No
- ☐ Not sure
- ☐ Yes, one strategy
- ☐ Yes, more than one strategy

Please provide an example?

19. Do you think you understand your child's development and needs better now?

- ☐ Not at all
- ☐ Not sure
- ☐ Yes, a bit
- ☐ Yes, lots

Please provide an example?

20. Thinking about the Newpin program, what changes have you noticed about yourself since we last spoke?

21. Thinking about the Newpin program, what changes have you noticed with your child/ren since over the past three months?

22. Over the past three months, what do you value most about being part of the Newpin program?

23. Over the past three months, and if you had the opportunity to change anything about the program, what would you change?

24. Over the past three months, what do you like or dislike about the Newpin modules?

- ☐ SEERS
- ☐ Ourselves as parents

## Attachment J: Parenting Questionnaire (Used in both programs)

*Please complete this questionnaire thinking only about the child participating in this study.*

1. The problems of taking care of a child are easy to solve once you know how your actions affect your child, an understanding I have acquired.	1 strongly agree	2	3	4	5	6 strongly disagree
2. Even though being a parent could be rewarding, I am frustrated now while my child is at his/her present age.	1 strongly agree	2	3	4	5	6 strongly disagree
3. I go to bed the same way I wake up in the morning, feeling I have not accomplished a whole lot.	1 strongly agree	2	3	4	5	6 strongly disagree
4. I do not know why it is, but sometimes when I'm supposed to be in control, I feel more like the one being manipulated.	1 strongly agree	2	3	4	5	6 strongly disagree
5. My mother/father was better prepared to be a good mother/father than I am.	1 strongly agree	2	3	4	5	6 strongly disagree
6. I would make a fine model for a new mother/father to follow in order to learn how to become a good parent.	1 strongly agree	2	3	4	5	6 strongly disagree
7. Being a parent is manageable, and any problems are easily solved.	1 strongly agree	2	3	4	5	6 strongly disagree
8. A difficult problem in being a parent is not knowing whether you're doing a good job or a bad one.	1 strongly agree	2	3	4	5	6 strongly disagree



9. Sometimes I feel like I'm not getting anything done.	1 strongly agree	2	3	4	5	6 strongly disagree
10. I meet my own personal expectations for expertise in caring for my child.	1 strongly agree	2	3	4	5	6 strongly disagree
11. If anyone can find the answer to what is troubling my child, I am the one.	1 strongly agree	2	3	4	5	6 strongly disagree
12. My talents and interests are in other areas, not in being a parent.	1 strongly agree	2	3	4	5	6 strongly disagree
13. Considering how long I've been a mother/father, I feel thoroughly familiar with this role.	1 strongly agree	2	3	4	5	6 strongly disagree
14. If being a mother/father of a child were only more interesting, I would be motivated to do a better job as a parent.	1 strongly agree	2	3	4	5	6 strongly disagree
15. I honestly believe I have all the skills necessary to be a good mother/father to my child.	1 strongly agree	2	3	4	5	6 strongly disagree
16. Being a parent makes me tense and anxious.	1 strongly agree	2	3	4	5	6 strongly disagree
17. Being a good mother/father is a reward in itself.	1 strongly agree	2	3	4	5	6 strongly disagree

## Attachment K: Focus Group Question Form

UnitingCare Tasmania is conducting an evaluation of its Newpin Program. They have contracted independent evaluators - Andrew King and Tara Hunt to complete this process and help improve the program. To do this Andrew and his team will be working with UnitingCare Tasmania until about August 2012 and he will need information.

You have been asked to consent to being part of a six monthly focus group discussion to gain feedback for the Newpin Outreach program. One group will be comprised of PYPS and Newpin staff and the other from community members and staff from other organisations.

By August 2012, Andrew is required to write his report which will incorporate your, and others', suggestions on how the Newpin Outreach program could be improved. We will provide a summary of what Andrew and his team recommends to all those who have assisted with the evaluation.

Your responses are CONFIDENTIAL. *You will not be identified by name or response in the final report - unless you want the evaluators to do so or you have given him specific permission to do so. Therefore UnitingCare Tasmania or Newpin Outreach will not be able to identify your responses from those of others.* Your name and organisation will appear at the front of the report in a list of acknowledgements.

The discussion will canvass progress and implementation issues as well as progressive evaluation results and suggestions. Sample questions are:

1. How effective has the implementation of the Newpin Outreach Program been?
2. On a scale of 1 to 6, how effectively does the Newpin Outreach Program operate as an outreach model to break the cycle of abuse for family members? Please discuss your reasons?
3. What are the strengths of the Newpin Outreach Program?
4. What success story have you heard recently about the Newpin Outreach Program?
5. What limitations have you noticed about the Newpin Outreach Program?
6. What changes would you recommend for the Newpin Outreach Program?

*We would like you to agree to assist Andrew and his team and their evaluation, so that we can improve what we do. If you are happy to help Andrew with the evaluation, please complete the relevant boxes below.*

**Any questions?** *If you have any questions about the evaluation or any comments, please ring Andrew on 0437 546 560 or email him at [info@groupworksolutions.com.au](mailto:info@groupworksolutions.com.au).*

✂ -----

### Willingness to participate in the evaluation

☐ I ..... from ..... (organisation)  
**would like to** participate in the evaluation of this Newpin Outreach program and be part of the Focus Groups.

Name: .....

Signature: .....

Date: .....

## Attachment L: Protective family factors and child factors

Name of family:

Date:

Newpin staff member:

Every 3-months, Newpin staff select each Newpin family and assess the strength of the protective family factors. These factors are tracked over the length of the project by emailing the form to Andrew King (info@groupworksolutions.com.au).

	1. Low	2. Developing	3. Average low	4. Average high	5A. Significant	6. Very Significant
Adult/s has supportive relationship with other adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult/s has internal locus of control (identify that they have control over situations they face)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child/ren regularly attend childcare or school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children demonstrate appropriate social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child/ren can cope appropriately with stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child/ren has moral beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child/ren has secure attachments to the family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child/ren takes responsibility for chores or required helpfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Empathy is regularly used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optimism regularly is expressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular use of good problem solving techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents maintain a secure and stable family environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strong family norms and morality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strong sense of family harmony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive caring parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular use of positive values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Attachment M: Newpin Group Report

Region

Name of group leader

Dates of group

Location of group

Group topic

Length of group (Hours and number of sessions)

Description of program

### What was the group specialisation?

- ☐ Our skills as Parents Group   ☐ SEERS Newpin Group   ☐ Play group  
☐ Emotional Support Group   ☐ Other

Was childcare provided?   ☐ Yes   ☐ No

Has the attendance list been attached?   ☐ Yes   ☐ No

Have the evaluation forms been attached?   ☐ Yes   ☐ No

**Attachment N: Newpin Module Evaluation Form** – completed at the end of every module for the rest of the evaluation

**Name:**

**Date:**

**Name of module:**

**Number of hours to complete the module:**

**Number of weeks to complete the module:**

**Who was present for most for the module sessions?:**

1. Has the module covered what you expected? *(circle)*

Yes

Partly

No

If you respond partly or no, please state why.....

4. Does the module provide useful parenting information and support? *(circle)*

Yes

Partly

No

5. What topic/ issue has been the most important for you?

4. What topic/ issue has been the least important for you?

5. How did you find the worker/s attitude in delivering this module? *(circle)*

1

2

3

4

5

poor

ok

great

6. How did you find the worker/s knowledge of the module? *(circle)*

1

2

3

4

5

poor

ok

great

7. How did you like the way the worker/s ran the module? *(circle)*

1

2

3

4

5

poor

ok

great

8. Were the module's handouts used *(circle if applicable)*

not enough

ok

very useful

9. What impact will this module have on your family?
10. Any other comments about the module:

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