

**Evaluation of New Street
Adolescent Services**

NSW Kids and Families

FINAL REPORT

March 2014

This report contains 116 pages

Disclaimer

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KPMG have indicated within this report the sources of the information provided. We have not sought to independently verify those sources unless otherwise noted within the report.

The findings in this report are based on a qualitative study with the reported results reflecting a perception of New Street only to the extent of the sample surveyed, being NSW Kids and Families approved representative sample of key informants, New Street management, staff and clients. Any projection to the wider stakeholders or clients is subject to the level of bias in the method of sample selection.

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Executive summary

New Street Services work with young people aged 10-17 years old with a history of confirmed sexually abusive behaviours. The program has offices in four locations, Parramatta, Newcastle, Tamworth, and Dubbo, and the service includes outreach activities. The service is a unique service offering in NSW because of the client group it serves – there is no other service in NSW that exclusively focuses on this cohort who are high need with complex trauma backgrounds¹.

This evaluation examines program fidelity, objectives, outcomes and cost effectiveness of the service. A mixed methods approach includes analysis of program documentation, metrics and costings, as well as interviews with clients, families, workers and key stakeholders in the program.

The evaluation found that over half the clients in New Street services during the evaluation had been involved in sibling sexual abuse²³, the majority of clients were living in some form of out of home care, and the vast majority of clients were male, though there has been a small but consistent number of female clients (between 5-10 percent of clients) in the service.

The evaluation has found that as a result of Keep Them Safe investment in additional services and staff, there have been year on year increases in both the number of overall active cases, as well as the overall number of new cases per year: active cases increased from 29 in 2009, to 116 in 2012. Similarly, new cases per year increased from 13 in 2009, to 53 in 2012. As the services established as a result of KTS are still establishing themselves, these figures are expected to continue to rise.

New Street's approach has been continually adapted in line with developments in research, emerging trends identified through the work, and a deliberate focus on engaging Aboriginal young people and families. Research findings are incorporated into the orientation of new workers, and this process is supported by the Clinical Advisor and Librarian. In an area with few services, a clear evidence based approach positions New Street as a leading provider of services in the field of child sexual abuse.

The Aboriginal focus of the service is evidenced in: rising proportions of Aboriginal clients (there were 14 new Aboriginal cases in 2012 as compared to 2 in 2009), the employment of Aboriginal staff, cultural competency training of staff and cultural competency practices, and the role of the Aboriginal Community Matters Advisory Group in the governance of New Street Services. These positive measures were reflected in the positive feedback on the cultural competency of services given by partnering agencies and clients.

The outreach component of services recognises the limited available transport options and ensures that young people and families in regional and rural areas receive services who

¹ New Street was identified in the Wood Report as a service model that had effective outcomes for an underserved cohort who have high and complex needs.

² Additionally it has been estimated in the literature that at least half of all sexual harm of children is by other children and young people under the age of 18 years. Boyd, C. and Bromfield, L. (2006) "Young People who sexually abuse: key issues", *ACSSA Wrap No.3*, Australian Institute of Family Studies, citing two previous studies; Barbaree, Hanson and Seto 1993 and Becker, Harris and Sales 1993 cited in Burk and Burkhart 2003.

³ Internationally, estimates based on data from the United States of America estimate that 36.5% of sexual offences against minors are committed by other minors. Estimates are based on matters known to police, under reporting and the relative younger ages of children causing harm. See Finkelhor, D., Ombod, R and Chaffin, M. (2009), "Juveniles who commit sex offences against minors", retrieved from <https://www.ncjrs.gov/pdffiles1/ojdp/227763.pdf>.

otherwise would not receive these services. This vital aspect of the service creates challenges for staff in terms of travel time and logistics.

The evaluation found that the New Street Service model incorporates two critical elements: working with the whole family unit and an interagency approach which sustains and supports interventions.

Work with the young person is focused on building self insight and developing personal accountability, reflecting the underlying principles of the program and view that child sexual abuse by this target group is a behavioural issue that can be recognised and addressed. Young people spoke of having a greater understanding of their behaviour and how it affected other people, leading to better relationships and behaviour change. For example, one young person commented:

"I didn't use to care about other people before counselling. I'm starting to now"

New Street has achieved significant outcomes with young people and their families, with impacts for both individuals and the child protection system as a whole. Given the historical and potential future involvement of clients with statutory services, the following findings provide positive indicators that New Street is contributing to reducing further risk of involvement with statutory bodies.

The evaluation found that:

- 78 percent of clients who had completed the program had taken responsibility for their behaviour at some point during the program, with 62 percent of all clients (completed and incomplete cases) having taken responsibility for their behaviour at some point;
- 89 percent of clients who had completed the program had ceased their behaviours by case closure (outcomes were not known for the remaining 11 percent), with a 3 percent rate of recurrence at the three month post closure follow up;
- 87 percent of Aboriginal clients who had completed the program had ceased their behaviours by case closure (outcomes were not known for the remaining 13 percent), with no known recurrence of behaviours at the three month post closure follow up;
- New Street had contributed to overall safety outcomes for young people, with 43 percent of clients that had a safety issue at assessment having had improvements in their safety during the program, and;
- Only 2.4 percent of all clients during the evaluation period had been charged with an offence with some kind during their involvement with New Street.

For young people and their families, New Street provides a necessary and effective response in a subject area that is complex, difficult, and heavily affected by stigma, guilt, and shame. Counsellors with their holistic, engaging approach were the most significant enabler of these outcomes.

Parents, carers and families spoke of their desperation for this kind of service, and the value of the work done by New Street for themselves and their family; their counsellors helped them better cope both personally and with their children, and could see a clear difference for the family with New Street's involvement. For example, one parent commented:

“Without the service they would be in a hole trying to dig themselves out”

Economic evaluation of New Street has pointed to clear benefits of the program for the wider service system. Comparison scenarios were used to determine the potential economic impact of New Street, with a net benefit per person found in favour of New Street in all these scenarios; these scenarios included completing an alternative service, dropping out of New Street, or receiving no service at all. For the 95 program participants in the data collection period, the overall aggregate impact of New Street was estimated to be greater than \$1.6 million across all of these scenarios for both six and ten year periods.

There are still efficiencies to be gained as individual services and sites mature. To further improve the effectiveness of the program, more consistency is necessary at the operational and governance levels of the program; which includes consistency in reporting, data collection, and staffing.

To support the continued effectiveness of the service, a focus on staff retention and development is critical. The subject area that New Street works in requires specialised knowledge, and long term work with young people and families; frequent staff turnover both limits the institutionalisation of knowledge, and has a direct impact on the progress of a family through the program.

A number of recommendations are made to address the issues outlined in the report. Key recommendations are that:

- All clinical staff should require accreditation.
- All services should have access to a Senior Counsellor (including RNS Western)
- Local governance mechanisms should have standard terms of reference
- The disparity in pay between Aboriginal and non-Aboriginal staff undertaking the same role should be further examined and
- Development of further sites in NSW should be examined so there is improved service coverage.

New Street is a critical service in redressing child sexual abuse. The recent growth of the program has allowed New Street to provide services to a wider range of vulnerable young people across NSW who otherwise would not have access to such a specialised service.

Overview of the evaluation

In June 2013, NSW Kids and Families engaged KPMG to evaluate New Street within the context of its expanded capacity as a result of the Keep Them Safe (KTS) Reforms. Previous evaluations had found that New Street was a cost effective service, with sound clinical interventions that resulted in quantifiable benefits to individuals and to government. This evaluation is the first evaluation to consider New Street operating across multiple services and geographies. The evaluation is guided by four main objectives as follows:

- **Objective 1** – To examine the extent to which the New Street program is being implemented as intended, including at sites established since the previous evaluation.
- **Objective 2** – To determine the extent to which the objectives of New Street Services and the Keep Them Safe enhancements are being met.
- **Objective 3** – To determine if New Street Services have contributed to improved outcomes for vulnerable children, young people and their families as intended under Keep Them Safe.
- **Objective 4** – To assess the cost benefit/effectiveness of the New Street Services the child protection system.

The content of the report has been generated through a critical analysis of information derived through a review of New Street’s internal program documentation, client data, administrative data, and stakeholder consultations.

Key findings

The following discussion sets out the key findings of the evaluation with respect to the four overall objectives previously outlined.

To what extent has New Street been implemented as intended, including at sites established since the previous evaluation? What factors have influenced implementation?

Implementation and operation of the program model

The New Street model is comprised of referral, assessment, intensive intervention, case closure, community engagement and inter-agency coordination. In many respects, this program model is operating as intended at pre-existing and new sites.

With respect to referral, local services and professionals are now reported to have a good understanding of the referral processes; the number and sources of referral have increased, as the program has become more established in its various sites.

Assessment was reported to be effectively determining the need for, and appropriateness of, New Street Services for the young person and their family, and establishes the foundation for therapeutic work. However, the process was reported to take longer than the intended six week timeframe in rural sites; as a reflection of the travel requirements / outreach based work, clients are engaged on a fortnightly (rather than weekly) basis, with the result that assessment may take 12 weeks to complete.

During the intensive phase, the intent is that work occurs not only with young people but with their families as well. Individual work with the young person was noted to effectively focus on building insight as to impact of their behaviour, encourage ownership of that behaviour, support the capacity for self-regulation and impulse control, and address the young person's needs from a holistic perspective. Work with family members was also valued, however, due to capacity constraints, not all family members engaged are allocated a counsellor, or have had to share their counsellor, e.g. with an ex-partner.

Community engagement is enabling stronger links with the wider service system, supporting understanding of New Street's role at the local level, supporting knowledge of acceptable sexual behaviour among children and enabling better access to communities. New Street is increasingly sought out for expert consultation and advice, which is indicative of the value placed on its community education efforts.

Interagency collaboration is now occurring with a wide range of local services and agencies. This was noted to enable the complex and of multiple needs of young people and families to be better met.

Variation in implementation

The extent to which New Street is implemented as intended varies significantly across New Street services.

As the first service established, New Street Sydney is well developed, with institutional knowledge reinforced by the overall long tenure of staff. In comparison, Rural New Streets Western and Rural New Street's Hunter New England (HNE) are much newer services, with the Tamworth site in Hunter New England being the only additional site established prior to the KTS Reforms (2008).

The recruitment and retention of staff have had a significant impact on the establishment of sites in these services. While Rural New Street Western has a stable workforce, there is not a Senior Counsellor employed. Staff instability has been a stronger factor effecting the establishment of sites in Hunter New England; historical issues with turnover have meant that the service is still in the process of establishing itself and its processes.

The consistency of program implementation across services has been further complicated through localised governance and the variations that this has meant for staff training, manager delegation, and salary grades. The Clinical Advisor role has been critical in this context to maintain consistency and provide clinical support to staff, particularly for Rural New Streets Western and Hunter New England.

Rate and sources of referral were also noted to be influenced by philosophical differences between New Street and some local agencies, i.e. a preference for a criminal justice approach, rather than the therapeutic approach to sexualised behaviours promoted by New Street.

Service capacity is also a challenge, affecting all sites, but seems to affect the rural sites to a higher degree as a reflection of their outreach requirements.

Opportunities for improvement

To better support the establishment of current and future services, the extent to which the program must be consistent across local health districts (LHDs) should be addressed in service agreements, as differences can affect staff retention, professional development, and the long term quality of clinical intervention.

Variations in staff knowledge and familiarity with the program model are expected given the relatively recent establishment of New Street services aside from New Street Sydney. However the institutional and clinical knowledge at New Street Sydney can be better utilised to assist newer services. Formal cross-mentoring opportunities between services, as well as resource sharing can help embed processes and knowledge at newly established sites, while reducing the burden on the Clinical Advisor. Governance issues will again need to be addressed in order to do this.

To determine the extent to which the objectives of New Street services and the KTS enhancements are being met

Access and participation

The enhancements and additional sites established through KTS have added significantly to the overall reach of the service, particularly in regards to vulnerable young people and families in rural and remote areas. Additional full time equivalent (FTE) staff for existing sites has increased the overall capacity of New Street to see more clients; there has also been an increase in service coverage in rural and remote communities.

As an outcome, KTS investment has had a significant impact on patterns of access and participation:

- There has been a year on year increase in the number of active cases at each New Street site, as a reflection of the KTS investment – there were 67 more active cases in 2012 than in 2009, a 136 per cent increase in capacity.
- Seven times as many new Aboriginal cases entered New Street in 2012 (28 new cases), compared to 2009 (four new cases).

Adapting the model for rural communities

New Street has taken tangible steps to adapt the model to regional and rural areas. This has included a strong emphasis on:

- an outreach-based approach, recognising that the lack of available transport options and/or the time and cost associated with these, may limit access
- community engagement, as a basis to identify local issues and develop tailored approaches to meet local community need.

However, working in regional and rural communities has presented a range of challenges. Outreach based work involves significant travel time and may reduce service capacity; recruitment and retention of appropriately qualified staff has impacted on the continuity of the therapeutic relationship, throughput through the program and again, service capacity; in

some communities there are fewer universal, secondary and specialist services available to support New Street's interventions and promote client outcomes.

Meeting the needs of Aboriginal young people, families and communities

The KTS Action Plan includes a stronger commitment for New Street to better address the needs of Aboriginal children and young people. This recognises the overrepresentation of Aboriginal children and young people in the child protection system, and the tendency for Aboriginal under-representation in prevention, early intervention, secondary and specialist services.

To achieve this intent, there has been an emphasis on the following key strategies:

- Increasing the cultural competence of the New Street service response – through employment of Aboriginal workers, ensuring other staff undertake mandatory cultural competency training and ensuring New Street services are welcoming, inclusive and culturally safe.
- Consistent engagement with Aboriginal Community Controlled Organisations – in rolling out the new services, to seek secondary consultation and advice and provide a more holistic response to Aboriginal children, young people and families.
- Consistent engagement with Aboriginal communities – including undertaking community education to promote awareness of the service.
- Adapting the engagement approaches to meet Aboriginal community needs.

This has resulted in significantly more Aboriginal young people and families accessing New Street Services.

To determine if New Street services have contributed to improved outcomes for vulnerable children, young people and their families as intended under Keep Them Safe

Preliminary analysis of client outcomes suggests that New Street is providing an effective clinical intervention that supports insight and behaviour change:

- Clients are taking greater responsibility for their behaviour as an outcome of program participation. Of the 71 clients who had successfully completed the program (over the 1 January 2010 to 30 June 2013 period), 78 per cent (n=51) accepted responsibility at some point in their working relationship with the service.
- The vast majority of clients who successfully completed the program (89 per cent) had ceased their inappropriate behaviours by case closure. There was also very low rate of recurrence of behaviour (three per cent) at the post closure follow up.
- A similar success rate was achieved with Aboriginal clients, with almost all those who had completed the program having ceased their behaviour by case closure. Importantly, this result was sustained at post closure follow up.
- Safety also improved for many clients accessing New Street.

To assess the cost benefit/effectiveness of the New Street services in the child protection system

Economic evaluation of New Street comprised of a cost benefit analysis of the program to determine its value for money compared to alternative pathways for the client group, and a unit cost analysis of the program. This analysis was based on the 95 clients that had open cases during the data collection period.

The cost benefit analysis concluded there is a net benefit associated with an individual completing New Street compared to other potential pathways, specifically:

- **Compared to completing an alternative service:** there is an estimated net benefit per person completing New Street of \$17,000 over a six year period and \$17,000 over a ten year period;
- **Compared to dropping out of New Street:** there is an estimated net benefit per person completing New Street of \$25,000 over a six year period and \$71,000 over a ten year period; and
- **Compared to no service at all:** there is an estimated net benefit per person completing New Street of \$21,000 over a six year period and \$64,000 over a ten year period.

Considering all 95 clients in aggregate, the impact of the New Street service as a whole was estimated to be greater than \$1.6 million across all scenarios (over both the six and ten year evaluation periods).

The simple average unit cost for providing New Street services to each client was calculated to be \$31,312 per annum, with the following average costs estimated for each service:

- Rural New Street Western: \$40,473.
- Rural New Street Hunter New England: \$28,915.
- New Street Sydney: \$29,834.
- The variation in unit cost per client across services reflects both the complexity of the client's situation, their location, and takes into account the large proportion of time that is not spent with clients. Each of these factors may vary between services.

Summary of evaluation findings

The program is unique in its service offering in NSW. There is no other program that is designed to focus exclusively on the sexually inappropriate behaviour of children and young people. The enhancements to the program through KTS funding has resulted in an increased capacity to address the needs of vulnerable young people and their families, including Aboriginal young people and families, in an area where there are few alternatives.

The recommendations (refer to Section 8) made within this report are designed to support the ongoing development of newly established sites as well as provide support to the overall program.

Further development of the program in this specialised field will support both the achievement of positive outcomes for young people and their families, while also contributing to social benefits and cost savings for government.

Glossary

Term	Definition
Achenbach CBCL	The Achenbach Child Behaviour Checklists include a Youth Self Report, Teacher Report Form, and Parent Report. The checklists are a component of the Achenbach System of Empirically Based Assessment, and identifies a child's behaviour.
Client	For the purposes of the evaluation, the term "client" refers to the young person who has sexually abused and whom New Street is working with.
Jenkin's Goal Attainment	A clinical tool used in assessing the progress of a client towards completion.
J-SOAP II	The Juvenile Sex Offender Assessment Protocol-II is a tool designed for use with boys only, aged 12-18 years of age with a history of sexually abusive or coercive behaviour. It is designed to assist in the systemic review of risk factors relating to sexual and criminal offending.
Modified Gillick assessment	A process used in obtaining consent from participants wherein their free, fully informed consent to participate is confirmed.
Service	Service refers to one of the three New Street services; New Street Sydney, Rural New Street Hunter New England and Rural New Street Western. Service does not refer to the specific office through which a service is delivered from.
Site	Site refers to the specific physical office through which a New Street service is offered from.
The ERASOR	The Estimate of Risk of Adolescent Sexual Offense Recidivism is a clinical tool designed for use with individuals aged 12-18 years old who have previously committed a sexual assault. It assists in the estimation of the risk of sexual recidivism.

Acronyms

Term	Definition
FaCS	NSW Family and Community Services
AMS	Aboriginal Medical Service
ADHC	NSW Department of Ageing, Disability and Home Care
CS	Community Services
JIRT	Joint Investigation Response Team
KTS	Keep Them Safe
LHD	Local Health District
FTE	Full-time equivalent
DoCS	NSW Department of Community Services
DET	NSW Department of Education and Training
HNE	Hunter New England
MoU	Memorandum of Understanding
FRS	Family Referral Service
NGO	Non-government organisation
OOHC	Out of home care
ECAV	Education Centre Against Violence
CALD	Culturally and linguistically diverse

1 Introduction

New Street provides specialised, community based, early intervention to address sexually abusive behaviour displayed by 10-17 year olds. The service has been in operation in NSW since 1998, but received significant additional funding through KTS to enable the expansion of existing services and roll-out to new sites.

In June 2013, NSW Kids and Families engaged KPMG to undertake an evaluation of New Street Services. The evaluation was designed to provide evidence about the implementation of New Street, the value being derived from the KTS investment, outcomes achieved, cost-benefit and recommendations to inform future policy and program development.

1.1 Scope of the evaluation

Specifically, the evaluation covers four objectives:

- **Objective 1** – To examine the extent to which the New Street program is being implemented as intended, including at sites established since the previous evaluation.
- **Objective 2** – To determine the extent to which the objectives of New Street Services and the KTS enhancements are being met.
- **Objective 3** – To determine if New Street Services have contributed to improved outcomes for vulnerable children, young people and their families as intended under KTS.
- **Objective 4** – To assess the cost benefit/effectiveness of the New Street Services within the child protection system.

Each objective contains specific research questions that have been addressed in this report. The research questions have been mapped to the evaluation methods and are provided in Appendix A.

This evaluation report will also contribute to the meta-evaluation of KTS to provide a comprehensive account of the impacts of and interactions between KTS actions.

1.2 Evaluation methods

The following methods informed the evaluation:

- **Reviewing program documentation** to support understanding of the rationale and program model.
- **Stakeholder consultations** were conducted with New Street staff, management, and clients at all New Street sites, including Parramatta, Tamworth, Dubbo, and Newcastle. Consultations were also held with central NSW Health stakeholders and partnering organisations. The focus of these consultations differed by stakeholder group, but broadly explored the client experience of the service, how the service was implemented across different sites, and how New Street is viewed within the wider service system.

- **Client data analysis** to consider the profile of clients accessing New Street sites, and outcomes that have been achieved. Data was collected for all clients that were active at a New Street site from 1 January 2009 to 30 June 2013; this includes clients who were referred before 1 January 2009, and new referrals from 1 January 2010.
- **Economic analysis** based on client data collected, specific service data requested from New Street Services and NSW Kids and Families, literature, and stakeholder consultations. A model was developed that allowed for the costs and benefits of New Street to be examined.

1.3 Addressing the needs of Aboriginal children, young people and families

This report includes an examination of the impact of KTS on Aboriginal families and program outcomes such as accessibility of services for Aboriginal young people and their families, and reduced representation of Aboriginal children and young people in the child protection system.

1.4 Ethical considerations

The additional contextual information that consultation with stakeholders provided made consultations a critical part of the evaluation. This was particularly the case in interviewing clients and their families about their experience with the service.

In organising consultations with stakeholders, priority was given to obtaining Human Research Ethical approval. As New Street operates within a highly sensitive field, in the wider context of child sexual abuse, and the individual interventions that take place, application of ethical approval from governing agencies was a significant part of examining the robustness of the evaluation approach. This approach enabled consideration of any risks of harm to stakeholders that could result from involvement in the evaluation.

Ethical approval for the evaluation was sought from:

- Hunter New England Human Research Ethics Committee; and
- Aboriginal Health and Medical Research Council Ethics Committee

As a requirement of ethics approval from the above two Committees, approval to conduct evaluation activities was also sought from:

- An Aboriginal Medical Service related to each site; and
- The Local Health District responsible for each service.

The ethical protocols adopted in the study included the following:

- informed written consent;
- administration of a modified Gillick assessment; and
- ensuring that a counsellor was available when a young person was interviewed, to allow for debriefing (where required).

1.5 Limitations

The evaluation was limited in its capacity to examine the outcomes for young people in relation to sexual recidivism. The data collection timeframe of 1 January 2010 to 30 June 2013 was established to account for the variations in implementation dates of the different New Street services and sites. As each client is expected to participate in the service for up to two years, for many clients there was not a sufficient period post-completion of New Street, to enable recidivism (sustainability of outcomes) to be assessed.

There are also limitations on the outcomes data that was obtained. The Joint Investigation Response (JIRT) data was only available for the period under review; longer term data and outcome data from interstate is not available. Further, the evaluation did not have access to data from NSW Police or Community Services, therefore further contact with either the criminal or child protection systems could not be cross referenced, further limiting exploration of the impact of the service on recidivism.

1.6 Report structure

The *Evaluation Report* is structured as per the sections outlined below.

Section	Overview
Introduction	This section provides an overview of the project, scope of the evaluation, and limitations of the evaluation.
Context	This section provides an overview of the background, policy environment, and other contextual factors to the evaluation.
Assessing Program Implementation	This section provides an overview of the New Street model and examines the extent to which the model has been consistently implemented across the different New Street services.
Meeting Program Objectives	This section examines whether New Street services have been able to meet the objectives of the program, and the mechanisms that have been put in place to support this.
Outcomes for Young People	This section details the overall outcomes that the service has been able to achieve with young people during the data collection period.
Economic Analysis	This section details the approach taken to examine the costs and benefits of the model, and the findings of the economic analysis undertaken.

Section	Overview
Summary	This section provides a brief summary of the overall findings of the evaluation.
Recommendations	This section provides recommendations based on the findings of the evaluation to support the ongoing provision of New Street Services.
Appendices	The appendices provide additional detail on the methodology of the evaluation, consultations held, and analysis of the cultural appropriateness of New Street Services in regards to working with Aboriginal young people and families.

2 Context

This section provides an overview of the reform context that resulted in the expansion of New Street services, and an overview of the service itself. As a child protection service, New Street is part of the continuum of services available to assist vulnerable young people and their families. Like other services in the sector, recent child protection reforms have had a substantive impact on provision of New Street services.

2.1 Keep Them Safe (KTS)

In 2007, the Hon James Wood AO, QC was commissioned by the NSW Governor to lead a Special Commission of Inquiry (the Inquiry) into child protection services in NSW. The purpose of this Inquiry was to determine the level of change required in the current child protection system in order to meet the increasing level of demand. In November 2008, the Inquiry delivered its findings. These findings took a holistic view of the needs of children, young people and their families, and were founded on the principle that child protection in NSW was to be the collective responsibility of the whole community as well as government.

The Inquiry recommended that a continuum of services should exist. Services for adolescents aged 10-17 years who display sexually abusive behaviours was specifically noted as a necessary service in this continuum (Recommendation 10.4⁴). New Street was discussed in the Wood Report as a service targeting this cohort, and as a service model that should be retained and developed because of the impact on adolescent sexual offenders in avoiding adult sexual offending, and to avoid the criminalisation of young people.⁵

In order to support the implementation of KTS, the Government provided a \$750 million package of funding over five years to provide for services delivered by non-government organisations, the expansion of prevention and early intervention services, increased support for Aboriginal children, young people and their families, and funding to support children and young people entering out of home care (OOHC). For New Street, there have been two primary impacts from the KTS Action Plan and its associated budgetary implications:

- The enhancement of the program through rollout to additional locations and expansion of existing services; and
- A stronger commitment to address the needs of Aboriginal children and young people.

2.2 Introduction to New Street Services

New Street is a child protection service that provides specialised, community based, early intervention. The program is intended to address sexually abusive behaviour displayed by 10 - 17 year olds. A stated aim of New Street is the focus on the safety of all children involved; this

⁴ State of NSW through the Special Commission of Inquiry into Child Protection services in NSW 2008, Report of the Special Commission of Inquiry into Child Protection Services in NSW: Executive summary recommendations, NSW Government: Sydney, accessed 1 May 2013, <http://www.dpc.nsw.gov.au/__data/assets/pdf_file/0008/33794/Executive_Summary_and_Recommendations_-_Special_Commission_of_Inquiry_into_Child_Protection_Services_in_New_South_Wales.pdf>

⁵ Ibid

includes keeping children safe from sexual, physical, emotional and psychological harassment, intrusion or abuse.

2.2.1 Objectives

The objectives of New Street are to:

- 1 Facilitate access to treatment for eligible children and young people with sexually abusive behaviours aged between 10 and 17 years, with priority given to those aged between 10 and 14.
- 2 Support vulnerable families, including Aboriginal families, to provide a safer and nurturing environment for their children as a result of the New Street services.
- 3 Improve the safety, welfare and wellbeing of children and young people, reducing re-offending, and in protecting its adolescent clients from themselves becoming victims of crime and/or of abuse and neglect.
- 4 Provide relevant training to other agencies and organisations about New Street services.

The service has a therapeutic focus and considers the young person in the context of their family and/or carer. It provides direct services to family members/carers to support the therapeutic work being undertaken with the young person, and promote responsible, appropriate behaviours and lifestyles for the young person. Counselling is directed towards the young person taking personal responsibility for their actions, and can be undertaken individually, or in family/conjoint and group sessions.

A program logic was developed by KPMG and is provided in Appendix B.

2.2.2 Establishment of the service

New Street was established by NSW Health in 1998 as part of its comprehensive range of child protection programs. The service sits within a state-wide network of programs known as the New Streets and Cedar Cottage network⁶. The program is one of several child protection programs which report to NSW Kids and Families, while individual services are administered through Local Health Districts (LHDs).

There are currently three New Street services:

- New Street Sydney, located in North Parramatta, which covers the geographical area of the Sydney Greater Metropolitan Area and the Central Coast (approximately 1,806 sq metres) and has a population of around 850,000 people⁷
- Rural New Street Western, located in Dubbo, provides services to the Western region of New South Wales including outreach services to areas where need is identified and resourcing allows; Western NSW is the second most sparsely populated Local Health District in NSW with a population of around 271,468 people⁸, with 9.4 percent of the

⁶ The Cedar Cottage program is in the process of closing, with no new referrals accepted from 1 September 2012.

⁷ ABS 2011.

⁸ Ibid.

population identifying as Aboriginal or Torres Strait Islander, and 16 percent aged between 0 to 14 years; and

- Rural New Street Hunter New England, operating through sites based in Tamworth and Newcastle covers an area of 130,000 square metres inhabited by around 873,741 people⁹. These sites also provide outreach services where there is capacity and resources to do so.

2.2.3 The service model

The New Street service model has evolved over time to incorporate the increasing availability of evidence within the field of child sexual abuse, with a range of clinical tools available to staff to assist in their assessment processes. Intervention with young people and families follows a sequenced therapeutic process with four main stages:

- 1 Referral
- 2 Assessment
- 3 Entry into intensive phase
- 4 Case closure.

The model provides staff with a framework for making decisions, and explaining those decisions to families; it is flexible and works for diverse families because while the model is child focused, it also involves the whole family.

The underlying premise of New Street is that families of young people need to be involved for the service to be effective. New Street's family focus makes the service highly relevant to Aboriginal and Torres Strait Islanders, as well as to individuals of other cultures which place strong emphasis on the importance of family in supporting a young person's physical and emotional health and wellbeing. When young people do not have the support and involvement of their primary carers at the time of referral, this issue is a primary focus during assessment and if unaddressed, may result in their ineligibility to benefit from the service model.

2.2.4 Governance arrangements

New Street is part of an interagency response to child sexual assault and is overseen by an Inter-Departmental Advisory Committee. This Committee comprises of representatives from:

- NSW Kids & Families, NSW Health
- Department of Family and Community Services
- Department of Education and Communities
- Department of Attorney General and Justice, Juvenile Justice
- NSW Police Force
- Sydney Children's Hospital Network

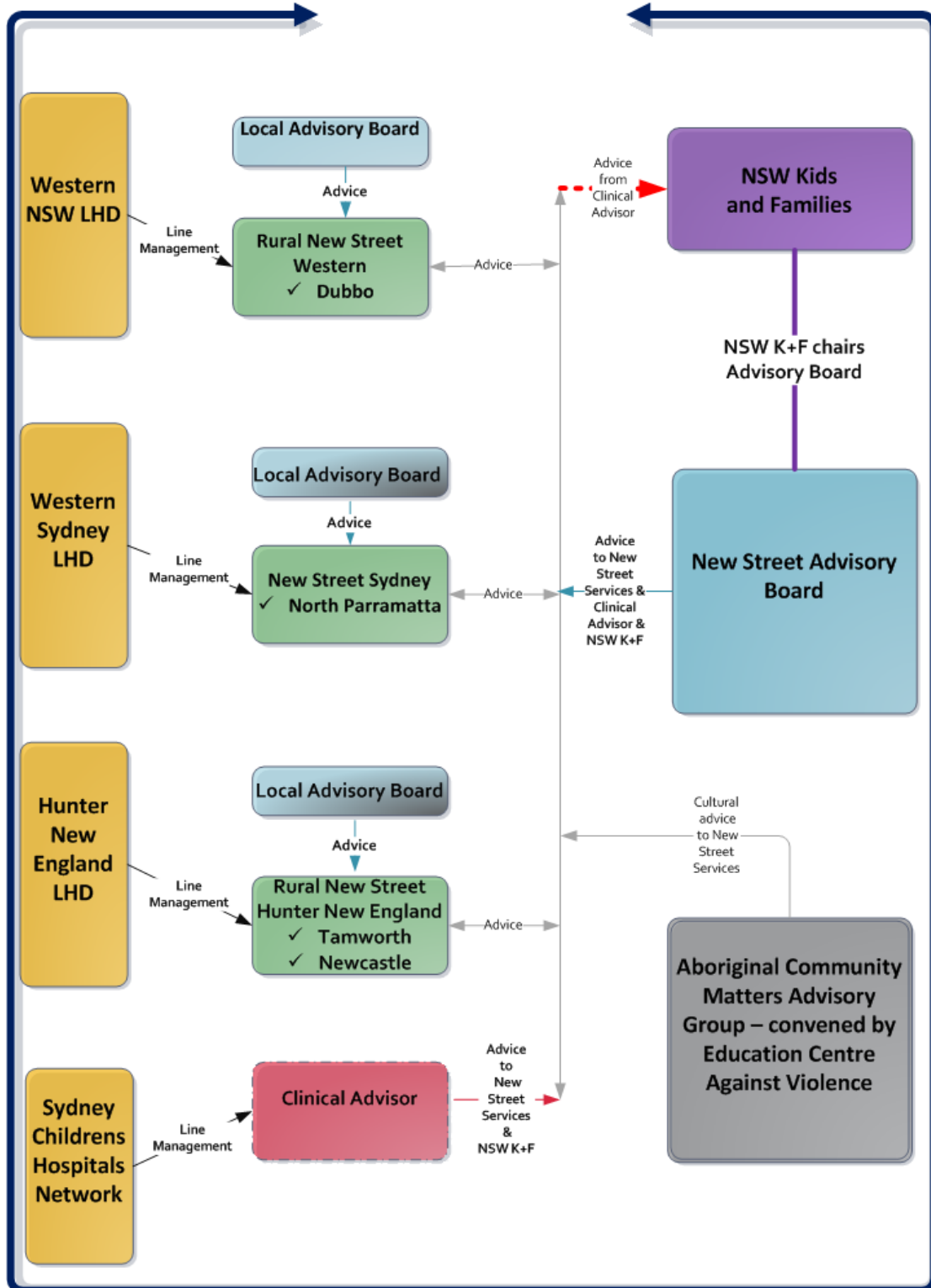
⁹ Ibid.

- Hunter and New England Local Health District (LHD), Western NSW LHD, and Western Sydney LHD
- Community based sexual assault services.

NSW Kids and Families has oversight over the program as a whole, however each New Street service is administered by Local Health Districts (LHDs), with local reference groups also established for each service. Localised administration through LHDs has been a critical factor in the way that services have been implemented to date.

Figure 1: New Street governance and advice structure overview, provides an overview of New Street's governance structure.

Figure 1: New Street governance and advice structure overview



Source: NSW Kids and Families 2013

2.3 The need for New Street

Although children and young people who display inappropriate sexualised behaviours have different backgrounds, offence and risk profiles and treatment needs, research indicates that there are a number of common risk factors associated with these behaviours.¹⁰ For example, a 2010 report by the Australian Crime Commission¹¹ found that children with sexualised behaviours are also likely to have experienced any of the following:

- Experiences of childhood trauma
- Compromised education outcomes
- Adverse socio-economic conditions
- Homelessness or an unstable home-life (including alternate care)
- Intellectual impairment or developmental delays
- Social isolation and/or difficulties engaging with peers at school
- Exposure to drug or alcohol misuse.

As noted by the Australia Crime Commission, the above list demonstrates only some of the challenges and disadvantages that affect many children who display inappropriate sexualised behaviour. This finding is also supported by a review of professional literature by the United States Office of Juvenile Justice and Delinquency Prevention which found that while the causal relationship between 'child maltreatment' and sex offending was complex, there are certain risk factors that are often associated with this behaviour.¹² For example, family factors such as instability, disorganisation, violence, significant deficits in social competence, and poor academic performance are often associated with sexually abusive or problem behaviours.

The inappropriate witnessing of sexual activity and being a victim of sexual abuse are also high risk factors for young people who carry out sexually abusive behaviour.¹³ Research suggests that it is very rare that a child or young person who displays inappropriate sexualised behaviour would not be exhibiting other behavioural issues or indicators of trauma.¹⁴ This supports the importance of integrated services, in addition to specialised therapeutic responses to children and young people with inappropriate sexualised behaviours.

Research also indicates that approximately 30-60 per cent of childhood sexual assault and sexual abuse is perpetrated by other children and young people.¹⁵ While boys commit the vast majority of sexual abuse, there is a growing recognition that girls can also be perpetrators of

¹⁰ Nisbet I., Rombouts, S., & Smallbone S. (2005), *Impacts of programs for adolescents who sexually offend: Literature Review*, <http://www.community.nsw.gov.au/docswr/_assets/main/documents/adolescents_literature_review.pdf>

¹¹ O'Brien., W (2010), *Australia's Response to Sexualised or Sexually Abusive Behaviours in Children and Young People*, Australian Crime Commission.

¹² Richland., S & Welch., C. (2001), *Juveniles who have sexually offended. A Review of the Professional Literature*, United States Office of Juvenile Justice.

¹³ Victorian Department of Health (2010), *Adolescents with sexually abusive behaviours and their families*. Best interests case practice model specialist practice resource.

¹⁴ O'Brien., W (2010), *Australia's Response to Sexualised or Sexually Abusive Behaviours in Children and Young People*, Australian Crime Commission.

¹⁵ Hunter 1999; Weinrott 1996, cited in Victorian Department of Health (2010), *Adolescents with sexually abusive behaviours and their families*. Best interests case practice model specialist practice resource.

sexual abuse as well.¹⁶ Most young people target younger children or peers, and know their victim.

¹⁶ Boyd C., & Bromfield L. (2006), *Practice Brief: Young people who sexually abuse*, Australian Institute of Family Studies – National Child Protection Clearinghouse.

3 Program implementation

The first evaluation objective was to assess the extent to which New Street has been implemented as intended, including at sites established since the previous evaluation.

Implementation fidelity only occurs when a service model can be clearly identified, and when there are clear processes and structures in place to support implementation of the model at different sites (such as a procedure manual, guidelines and protocols, as well as induction and training of new staff).

Implementation fidelity was examined through analysing program documentation as well as through the stakeholder interviews (including staff interviews).

As a basis to assess program implementation, the research questions examined in this section are as follows:

- Has the service been rolled out and implemented as intended, in all sites including those introduced under the KTS reforms?
- Have key program components remained in place since the KTS enhancements?
- To what extent has service capacity been increased as a result of the KTS enhancements to New Street services? What service gaps remain in the provision of New Street services in this State?
- What have been the challenges to implementation?
- What are the learnings and areas for improvement?

3.1 Establishment of New Street

New Street is comprised of three services, covering four sites:

- New Street Sydney operates out of Parramatta;
- Rural New Street Hunter New England operates out of both Tamworth and Newcastle; and
- Rural New Street Western operates out of Dubbo.

New Street Sydney was the first New Street service established and as such, the most fully implemented and mature of the three services and four sites. The establishment of Tamworth followed in 2008. The Newcastle site for Rural New Street Hunter New England, and the Rural New Street Western service were established as a result of the implementation of the KTS Reforms.

The following table shows at a high level, key differences in the operational structure of the individual sites that provide the New Street service. Staffing profiles within this table represent the actual positions staffed at the time of the evaluation, and not unfilled positions.

Table 1: New Street service profile¹⁷

Site	Sydney	Tamworth	Newcastle	Dubbo
Date of establishment	January 1998	September 2008	May 2010	May 2011
Governance body	Western Sydney LHD	Hunter New England LHD	Hunter New England LHD	Western NSW LHD
- Service Manager	1	1	0	1
- Other Workers¹⁸	7.8	3.0	4.0	2.84
- Administrative Staff	1	0.6	0.55	0.63
Total FTE	9.8	4.84	4.34	4.47

Source: KPMG 2013

¹⁷ Information in this table was collected from New Street services by KPMG.

¹⁸ The 'Other Workers' category includes Senior Counsellors, which are present at all services except for in Rural New Street Western (Dubbo).

3.1.1 Operational impact of KTS on New Street

The KTS reforms had two primary impacts on New Street Services:

- Rollout of the program to additional locations as well as enhancement of existing services.
- A stronger commitment to address the needs of Aboriginal children and young people.

Specific enhancements to the program as a result of the KTS Action Plan are outlined in Table 2 below.

Table 2 : Enhancements of New Street under KTS Reforms

Service	Physical location	office	Areas serviced	KTS Impact
New Street Sydney	North Parramatta		Greater Sydney Metropolitan area Central Coast	Enhancement of existing service to include 1.6 new FTE clinical positions and addition of a state-wide Clinical Advisor
Hunter New England Rural New Street	Tamworth Newcastle		Hunter New England LHD	Establishment of new site in Newcastle included funding for an additional Aboriginal position.
Western Rural New Street	Dubbo		Western NSW LHD Greater Western region	New site established which focuses on providing services to Aboriginal children and young people. This included funding for one Aboriginal identified position.

Source: KPMG 2013

There are limited alternatives to New Street Services, and as such, it fulfils a significant role as a specialist provider within the continuum of child protection services. The KTS Reforms have had a substantial impact on the potential capacity of New Street Services to assist vulnerable young people and families. For service delivery, this has meant that:

- There is increased service coverage: newly established sites in Dubbo (consisting of an entirely new service as well) and Newcastle have increased the geographical scope of New Street within NSW. Rural New Street Services are heavily skewed towards the provision of services through outreach, further increasing the accessibility of the service to vulnerable young people and families across the state.
- There is increased service capacity: the addition of newly established sites as well as additional workers at existing sites has increased the capacity of New Street to see more clients, and prevent the escalation of behaviours.
- There is a stronger focus on working with Aboriginal families and communities: the recruitment of Aboriginal Counsellors and an explicit emphasis on engaging Aboriginal families and communities in the service specifications of new sites has supported an overall focus on working with Aboriginal families and communities.

Analysis of the participation data in the following sections sets out the impact of KTS on participation rates.

3.2 Participation in New Street

Client data was collected for the period of 1 January 2009 to 31 July 2013, and included all active cases that were involved with New Street services, as well as additional referrals during that time period.

The table below demonstrates a year on year increase in the number of active cases at each New Street site. The increase was more pronounced from 2010 onwards, as a reflection of the additional KTS investment: there were 67 more active cases in 2012 than in 2009 and a 136 per cent increase in service capacity post-KTS. This suggests that the additional sites and enhancements funded by KTS have allowed substantially more young people and families to access the New Street service.

Table 3: Number of active cases by calendar year

New Street Service	2009	2010	2011	2012	2013 (6 months)
Dubbo			10	30	28
Newcastle		3	9	22	29
Sydney	21	36	40	48	42
Tamworth	8	10	14	16	14
Grand Total	29	49	73	116	113

Source: KPMG 2013

The table below illustrates the number of new cases accepted by New Street over the January 2009 to end June 2013 period. At a state-wide level, there has been a steady increase in the number of new referrals into the program each year post the introduction of the KTS funding. The number of new cases entering the service increased by 300 per cent over the 2009-2012 period, with 40 more 'new cases' entering the service in 2012, than in 2009.

However, this trend was not uniform in all New Street sites: Tamworth and Sydney both had fewer 'new cases' in 2010 and 2011 than in 2013. Given the total number of active cases supported by these sites (see table 3 above) grew over this period, this is likely to reflect a longer case duration (lower throughput) in these sites and capacity changes due to staffing levels impacted by periods of long leave. In the case of HNE, there were reduced staffing numbers and increased vacant positions during this time.

Table 4: Number of new cases by calendar year

Service	2009	2010	2011	2012	2013 (6 months)
Dubbo			10	24	10
Newcastle		3	6	13	8
Sydney	9	17	13	14	10
Tamworth	4	2	7	2	2
Grand Total	13	22	36	53	30

Source: KPMG 2013

3.3 New Street client profile

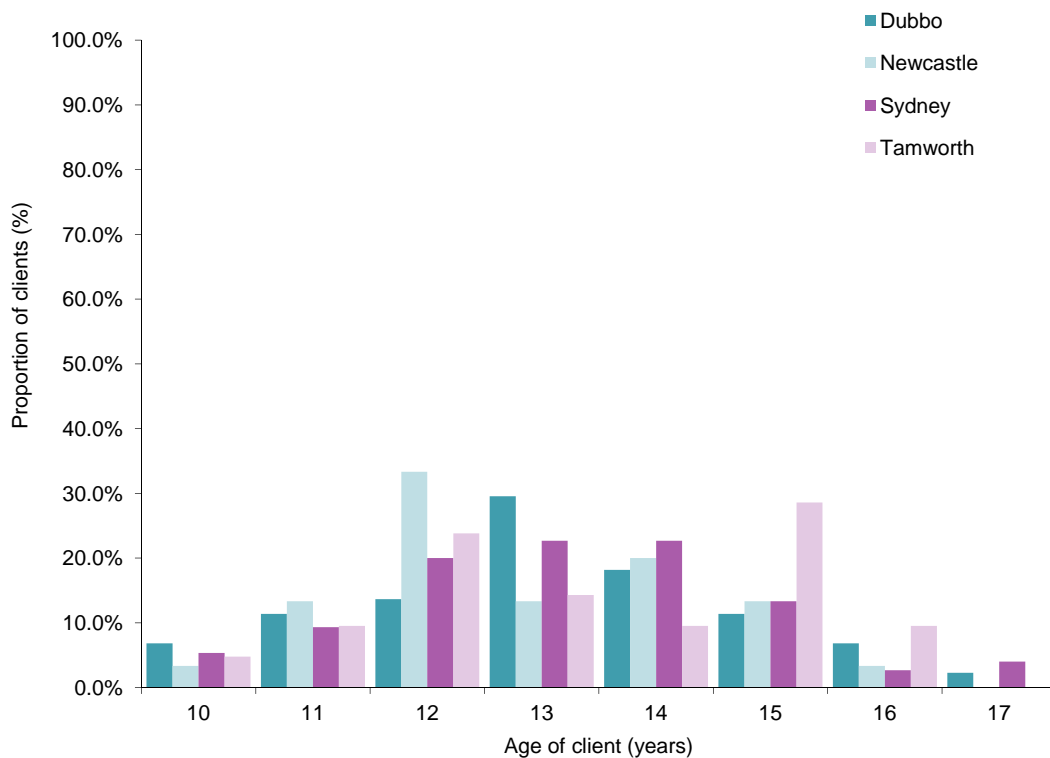
New Street targets young people aged 10-17 years old who have demonstrated substantiated sexually abusive behaviours. Of the clients participating in the program over the period 1 January 2010 to 31 July 2013:

- The vast majority of clients are male (90.6 per cent)
- Around one quarter (25.9 per cent) of clients are Aboriginal
- A very small percentage of clients are from culturally and linguistically diverse (CALD) communities (9 per cent of the total client profile). There were no CALD clients involved with either the Dubbo or Tamworth based New Street sites.

3.3.1 Age

Figure 2 below provides a breakdown of the age profile of the service and shows the volume of 12-14 year olds in the service, which is more pronounced for the New Street Sydney service given their overall higher volume of clients.

Figure 2: Age of New Street clients by site



Source: KPMG 2013

The average age both before and after KTS has hovered between 13 and 14 for individual sites.

Table 5: Average age of client for all active cases by year

Service	2009	2010	2011	2012	2013
Dubbo	N/A	N/A	13	13	13
Newcastle	N/A	15	14	13	13
Sydney	13	13	13	13	13
Tamworth	13	13	13	14	13

Source: KPMG 2013

3.3.2 Gender

The table below shows the gender profile of clients involved with New Street over the January 2010 to 30 June 2013 period. The vast majority of New Street clients are male, with less than 10 per cent of clients supported by New Street each year being female. The proportion of female clients is similar to that noted in the previous evaluation report, prepared in 2006, suggesting that the rate of females participating in the program has not changed over time.

Table 6: Gender of New Street clients

New Street Service	Female	Male	Total
Dubbo	4	40	44
Newcastle	5	25	30
Sydney	6	69	75
Tamworth	1	20	21
Grand Total	16	154	170

Source: KPMG 2013

From 2012 onwards there was a noticeable increase in the number of females involved with the program. However, in proportional terms the number of females supported by the program has remained stable.

Table 7: Gender of New Street clients by year

Service	Gender of client	2009	2010	2011	2012
Dubbo	Female	0	0	0	4
	Male	0	0	10	26
Newcastle	Female	0	0	0	4
	Male	0	3	9	18
Sydney	Female	2	1	4	5
	Male	19	35	36	43
Tamworth	Female	1	1	1	1
	Male	7	9	13	15
Grand Total		29	49	73	116

Source: KPMG 2013

3.3.3 Cultural background

The table below shows the cultural background of New Street clients involved with the program over the January 2010 to June 2013 period. Data collection was focused on identifying clients who were Aboriginal or from a culturally and linguistically diverse background (CALD). Data shows that over a quarter of clients (25.9 per cent) involved with the program during this period identified as Aboriginal, however only 5.3 per cent were from a CALD background.

It should be noted that while the data shows the number of clients that identify as Aboriginal, New Street also provides support to parents, carers, and family members who themselves may be Aboriginal. Conversely, a young person may not identify as Aboriginal but have Aboriginal parents, family members or carers.

Table 8: Cultural background of New Street clients

Service	Aboriginal	CALD	Unknown	Neither	Total
Dubbo	15	0	0	29	44
Newcastle	8	3	0	19	30
Sydney	17	6	0	52	75
Tamworth	4	0	1	16	21
Grand total	44	9	1	116	170

Source: KPMG 2013

3.4 Implementation of the program model

The following section outlines how components of the program model have been implemented. The focus is on each of the aspects of the model:

- referral;
- case management – assessment, intensive intervention and case closure;
- interagency approach; and
- community engagement.

3.4.1 The referral process

Referrals may be made by any person connected to or involved in the care of the child or young person; this includes family members, educators, health practitioners, statutory authorities or other government or non-government service providers.

For a referral to be accepted, the behaviour must have been confirmed by JIRT or Community services, and the young person must not be currently engaged with the juvenile justice system. Where a referral has been made to New Street and an investigation has not yet occurred, New Street will discuss this with the referrer and in some cases initiate this process.

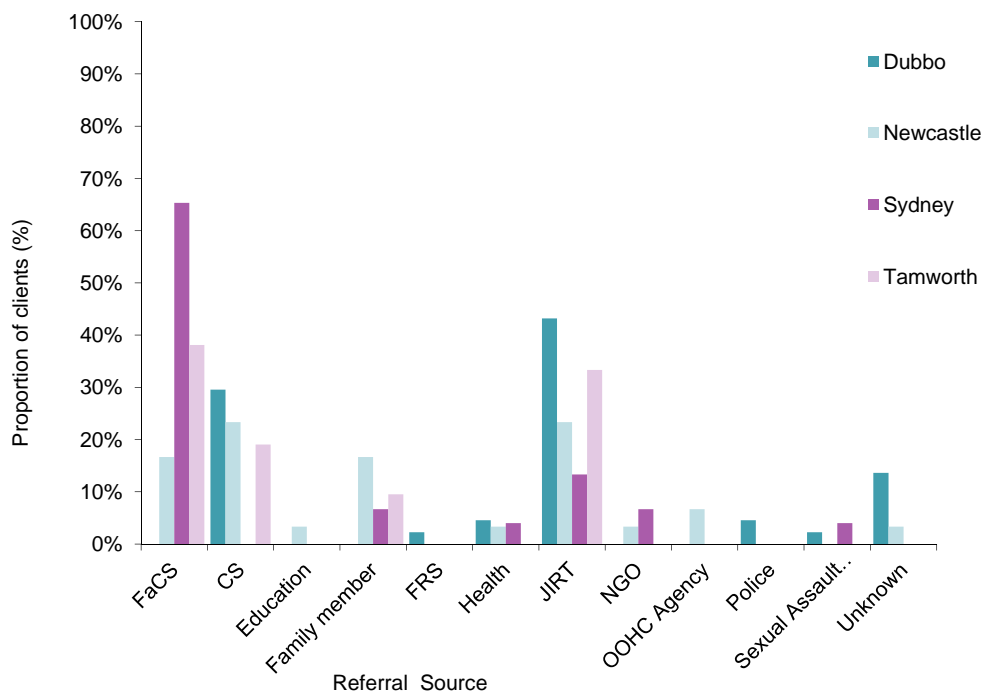
Importantly, Aboriginal workers play a role in facilitating referrals. At each site, an Aboriginal worker undertakes community engagement activities to raise awareness of the service and

promote referrals. Under New Street policy, Aboriginal young people have priority for the service at regional and remote sites.

The referral process is generally implemented as planned, with New Street sites indicating an overall understanding of the referral process by other organisations. There are, however, variations that arise from the level of maturity of the site, whether the service is a rural site or not, and variations that arise from the specific characteristics of referring agencies in different contexts.

The figure below shows the breakdown of referrals to each New Street site by referral source. The largest referral source to New Street is Community Services, followed by JIRT, reflecting the referral requirements for the service.

Figure 3: Number of clients by referral source in each New Street site



Source: KPMG 2013

There are low referral rates by key agencies (JIRT and FACS) at some sites. Part of this can be explained by key philosophical differences in the approach to child sexual abuse between those key agencies and the New Street service in some locations. For example, in Rural New Street Western there is a strong push towards a criminal justice approach by one agency rather than a therapeutic approach.

Further, as there are no formal protocols and memoranda of understandings (MOUs) in place with referring agencies, the referral process is dependent on informal relationships having been established between potential referrers and New Street staff. Both Rural New Street Western and HNE commented that following the services first opening, it took time to establish rapport and credibility with professional referrers; this was particularly

the case in a rural context. However, managers commented that once their credibility was established, referrals started to flow and demand is now perceived to exceed supply.

Given this latter point, the number of cases referred to the service is not an indication of the true need for service. Workers at all sites reported that referring organisations often stop referring cases to New Street when there is the knowledge that New Street has reached capacity and will not be able to accept the referral.

3.4.2 Assessment

When a referral is accepted by a New Street service, the case undergoes a period of assessment. The assessment period:

- Determines the scope of need and services required for the young person and family;
- Determines the appropriateness of New Street in providing those services;
- Assesses safety of all children involved and that appropriate child protection measures are in place;
- Establishes the agreement of interagency partners on their involvement with the intervention plan where relevant;
- Provides time to gather preliminary information;
- Establishes a foundation upon which therapeutic work can be undertaken in later stages; and
- Sets clear expectation on what participation will involve for agencies and individuals, as well as what can be expected from New Street.

The assessment stage is intended to last no more than six weeks, with the outcome being either entry into the intensive phase of therapeutic intervention, an extension to the assessment period, the withdrawal from participation, or closure of the case.

The table below shows the outcomes of the assessment period at different sites during the data collection period.

Table 9: Outcome of the assessment period

Outcome of second case meeting	Dubbo	Newcastle	Sydney	Tamworth	Grand Total
Entry into intensive phase	17	17	64	19	117
Extension to assessment period	1	4	2	0	7
Withdrawal from participation or closure	2	4	6	2	14
Meeting did not occur	24	5	3	0	32
Grand Total	44	30	75	21	170

Source: KPMG 2013

Overall, while assessment is occurring as planned, it is taking longer at rural sites to complete. Rural New Street services see clients on an approximately fortnightly basis as a result of their outreach activities. Therefore the timeliness of rural clients' assessment is impacted, with feedback that the time required for assessment can be up to 12 weeks due to the frequency of visits.

3.4.3 Intensive phase

During the intensive phase, therapeutic work occurs with the intent of developing client insight into the impact of their behaviour on themselves and others. This phase encourages clients to take responsibility for their behaviour, and promotes the development of positive identities and lifestyles. This phase was identified by the evaluation as occurring as intended in many respects.

Therapeutic approach

To facilitate client engagement in the intensive phase, New Street services undertake the following activities: engagement of the whole family; individualised counselling sessions to match the interests and needs of the young person; providing support on an outreach basis; engaging other services involved with the family to support a more holistic and coordinated approach; and seamless service delivery (between different New Street sites) where possible for families that are highly mobile.

The intensive phase is individualised to meet client and family needs, and 'starts where the client is at'. For example, where the young person is still in denial (or not ready to take ownership for their actions) on entering the intensive phase, the emphasis will be on addressing this first. The intensive phase also seeks to build the capacity for self-regulation and impulse control, pro-social environments and ethical engagement in safe relationships.

New Street also seeks to work holistically, addressing other issues in the young person's life which may affect their developmental trajectory and outcomes. Dependent on the young person involved this may include school engagement, social isolation and/or bullying behaviour.

Working with the family entails discussing and exploring issues relating to child sexual abuse, including supporting parental and family understanding of the symptoms of child sexual abuse (especially when there has been a trauma background for the young person) and addressing their concerns and fears particularly relating to other children.

At the end of each session, workers (for the young person and family members) will bring the young person and their family together for a final wrap-up discussion. The intent is that the parties sit and talk as a family, and have the capacity to walk out the door together, following the counselling session.

Intensity of support

The intention is that regular therapeutic intervention occurs during the intensive phase of the New Street program. Clients and their families are supposed to access individual counselling on either a weekly or fortnightly basis, and a group session - involving the client and their

family members – with the same degree of regularity. However, in many cases this does not occur as planned.

Due to capacity constraints at individual sites, not all family members have been allocated an individual counsellor; in some cases family members have shared their counsellor with other parties such as their ex-partner or the young person, for a period of time.

3.4.4 Case closure

Case closure involves the ending of therapeutic intervention, and includes follow up by counsellors post closure.

There is a low rate of case closures occurring due to successful completion of the program at all sites except for Sydney. The following table shows the proportion of cases in the data collection sample that had been closed for each site and the reasons for this.

Table 10: Reasons for case closure

Case status	Dubbo	Newcastle	Sydney	Tamworth	Grand Total
Closed - Completed	0	1	66	4	71
Closed - Charged	3	1	0	0	4
Closed - Moved out of area	8	1	2	2	13
Closed - Declined service	10	3	3	3	19
Closed - Other	6	0	3	0	9
Open	17	24	1	12	54
Grand Total	44	30	75	21	170

Source: KPMG 2013

The low number of completed cases can be attributed to two main factors:

- The relatively recent establishment of sites – while variable, it is expected that clients are involved with the service for approximately two years. Dubbo for example would not have any completed any cases due to its establishment in mid 2011.
- Familiarity with the case closure process – Rural New Street services are less familiar with the case closure process due to the newness of staff, lack of experience with the model, and low rates of completion of the orientation modules.

3.4.5 Community engagement activities

A critical element of the New Street role includes community engagement. Community engagement is not a formalised aspect of service delivery, but rather, has been built up over time at different New Street services.

While not related to specific cases or interventions, this is viewed as a core part of their work. This supports the work of New Street services by:

- Building stronger links with the service system and thereby referral pathways within the system – it cannot be assumed that all professionals and organisations that New Street services are involved with automatically understand or agree with the service or its approach.
- Building understanding within communities and their service systems so that there is a pathway available to people should they come across cases of child sexual abuse.
- Educating the community about acceptable sexual behaviour for children and young people. This is preventative and challenges norms that may already exist in communities in regards to this behaviour.
- Brokering access to communities and building credibility with those communities - this has particularly been the case for Aboriginal workers working with Aboriginal communities.

The value being derived from community engagement efforts are demonstrated through:

- The extent to which New Street is sought out for expert consultation and advice, for example by schools and men's and women's groups.
- Feedback from services providers, about the contribution of education provided by New Street services to staff knowledge and understanding, i.e. a service provider involved with the Hunter New England service indicated that post a New Street education session staff had a far stronger understanding of sexually inappropriate behaviours among young people, the effects of pornography on normalising sexual behaviour, and importantly that New Street exists and that a referral pathway is in place should a young person disclose issues of sexual abuse to them.

New Street staff identified a number of challenges that affect their ability to conduct community engagement. These are:

- Philosophical views about sexual abuse - the ideological approach to young people who sexually harm can differ between services and individual workers; New Street is not always supported by other professionals.
- Access to Aboriginal workers - there are a limited number of Aboriginal workers with competing demands for their time.
- Time for community engagement - community engagement activities are undertaken by counsellors who also conduct direct clinical work with clients and have training commitments; this can be especially challenging in rural areas where travel is a significant factor.

3.4.6 Interagency approach

An important component of the model is the interagency approach to working with young people and their families. Client work throughout the program is underpinned by this approach, with the intent being that access to a continuum of services promotes effective intervention. This recognises that not all of a young person's needs can be addressed solely by New Street.

New Street commented on the importance of interagency approaches to:

- Support clinical interventions outside of New Street through consistent messaging;
- Support the engagement of clients throughout the duration of the program;
- Support the continued engagement of clients with complex and multiple needs, and;
- Holistically address the needs of individual family members.

A wide range of agencies and services were involved in service provision for New Street clients during the data collection period. These include: Ageing Disability and Home Care (ADHC)¹⁹, FaCS²⁰, NSW Department of Education and Training (DET), NSW Juvenile Justice, police, sexual assault services, OOHC services, youth services, job networks, schools, JIRT, mental health services and refuges.

Strong value is being derived from an interagency approach to client work. Firstly, this enables the complex needs of many young people and families to be better met, through a stronger wrap-around approach. This contributes to the ongoing engagement of the young person and their family, and assists with the sustainability of the interventions that New Street provides.

New Street workers also commented that interagency work has influenced how other agencies have approached working with young people and families where child sexual abuse is involved. New Street's presence and credibility in this field has encouraged secondary consultation, advice and a stronger awareness, knowledge and understanding of the issues related to sexualised behaviour.

3.5 Factors that have influenced the implementation of the model

The following section highlights the range of factors that have influenced the implementation and operation of New Street services.

3.5.1 Implementation maturity

There is significant variation in the maturity of sites – this affects the quality of relationships with other service providers, the profile of the service, and how embedded the service is within the local service system. Key issues affecting the development of newly established services are:

- Dubbo is a relatively new service, in operation just over two and a half years. It has had stability in staff but does not have a Senior Counsellor. The lack of a Senior Counsellor has major implications for ongoing staff development. As a newly established service, staff (who may be new to the field) require ongoing support both clinically (client work) and administratively. This is not taking place, and has placed additional stress on the role of the service manager as they have had to provide this support to staff.

¹⁹ ADHC is a division of FaCS, however has been recorded as a separate agency by New Street services.

²⁰ New Street services recorded both FaCS and Community Services in their data; Community Services was included under FaCS.

- There have been issues with the recruitment and retention of staff at Rural New Street Hunter New England. This has meant that the service is still in the process of establishing itself and its processes.

The retention of workers has an impact on the implementation maturity of services. Institutional knowledge, both documented and experienced by workers is built up over time. The orientation of new workers is supported by their exposure to this knowledge. In this respect, it was noted in interviews with New Street staff that the role of the Clinical Advisor was a key part of the supporting program fidelity.

To better support the establishment of services, formal cross-service mentoring opportunities had previously been discussed. Newer services would be mentored by New Street Sydney through secondments and the sharing of resources. In the past, governance issues however prevented these opportunities from materialising.

3.5.2 Governance

A key issue relating to the variation in the implementation of services overall is the devolved governance structure of NSW Health. The way the program is structured within this devolved structure gives each LHD autonomy to choose how the service will be administered in each region.

The administration of New Street Services by different LHDs has led to differences between sites as to:

- Level of staff salaries;
- Availability of training;
- Ability of staff to attend conferences;
- Availability of therapeutic resources (such as puppets, paints and supplies) because of the variation in each site manager's financial delegation.
 - While not discussed in-depth with sites, this is likely to have impacted on the implementation and operation of New Street in the following ways:
- Staff retention – the variability between staff salaries, particularly between Aboriginal and non-Aboriginal workers was raised as a point of contention within the workforce. Differences in salary, as well as difficulties at the local level with discretionary progression are likely to impact on the retention of staff;
- Quality of intervention – New Street works with vulnerable, complex young people and families in a field that requires specialist knowledge. Discrepancies in access to training and professional development opportunities (in what is a specialised field), may in the long term have impacts on the overall quality of interventions. This reflects that not all staff may have the same level of knowledge and capacity to apply contemporary practice approaches; and
- Flexibility of intervention – differences in the autonomy and financial delegation of managers has an impact on the resources immediately available at different sites. The use

of petty cash to fund additional resources used as part of the therapeutic response affects the resources available for counsellors to engage with clients.

3.5.3 Workforce skills, qualifications and training

The skills and qualifications of New Street staff are critical to effect change with young people, enable young people to gain insight into their behaviour and take responsibility, and support better relationships between young people and their families.

New Street has had a strong emphasis on ensuring its staff are appropriately qualified and trained to conduct work with young people and families in this area. However, there are some variations between sites.

Qualifications

Counsellors at New Street sites are all required to have qualifications in either psychology or social work. The majority of psychologists and social workers employed by New Street are also listed as accredited members of the NSW Child Sex Offender Counsellor Accreditation Scheme. This scheme is administered by the Office of the Children's Guardian and is a public register of clinicians qualified to work with children who have sexually abused other children.

Training and development

All staff have access to the same core development opportunities; namely orientation modules, and training provided through Education Centre Against Violence (ECAV). There are differences however in the completion of training and opportunities for professional development between the individual New Street services due to their establishment history, tenure of staff, and individual governance arrangements. For example, feedback from consultations with staff and management indicates that aside from New Street Sydney, there is an overall low completion rate of these modules.

Further, opportunities to take part in professional development outside of the current training framework are highly dependent on the individual governance structures that each service is subject to. As New Street services are administrated through individual LHD structures, this also affects the approval for staff to attend additional training and conferences, as well as the reimbursement of those costs.

Aboriginal workforce skills and development

Aboriginal staff are not required to have qualifications in social work and psychology, though are supported in undertaking further study and gaining qualifications as part of their employment at New Street. Aboriginal staff noted that there were differences however in the way that support for further study was provided between sites, and that not all Aboriginal workers were fully aware of their entitlements in this regard. Given that the New Street program supports the recruited Aboriginal staff in the undertaking of further qualifications, differences in the administration of support in this regard may inhibit workforce development, and present an issue of equity for staff.

Consultations with NSW Health staff identified that most Aboriginal workers complete training through the NSW Health ECAV, which results in the attainment of a Certificate IV in Aboriginal

Family Health (Family Violence, Sexual Assault & Child Protection). Feedback indicated that the pursuit of qualifications through ECAV for Aboriginal workers was an important qualification pathway, as it addressed issues of identity and trauma for both Aboriginal workers and clients that are not widely addressed in organisations more generally.²¹ It was noted that generally, managers may not realise that Aboriginal workers may initially have difficulties due to how historical issues have impacted them; the training done through ECAV was noted to better prepare Aboriginal workers because it addresses these issues.

The skills and qualifications of the workforce are demonstrated through the role of New Street staff in running programs, and providing training to other organisations. Consultations highlighted that New Street staff at the Sydney service had historically provided training to Community Services workers as part of their orientation, and currently provide training to OOH providers in the subject area of child sexual abuse.

Stakeholders also noted the transition for some Aboriginal workers from undertaking study, to providing training, undertaking research, and presenting at conferences. For example Aboriginal workers deliver the Strong Aboriginal Men (SAM) and Strong Aboriginal Women (SAW) programs in communities in NSW, while two Aboriginal Counsellors had presented recent research findings in the field at a conference during the course of the evaluation. This demonstrates the value of the Aboriginal workers not only to the program undertaking study, but more broadly.

3.5.4 Staff retention

Staff retention has impacted both positively and negatively on the implementation of the model.

Where turnover has been more apparent, this has impacted on the overall capacity of some sites and their ability to provide consistent therapeutic interventions. For example, manager and worker feedback in HNE suggested that some families in this site had had up to four different counsellors as a result of staff turnover. This impacted on the continuity of the therapeutic relationship and ability to effect change. This has also, as a by-product, contributed to reduced throughput of cases, with some clients remaining in the service for longer durations to reflect the time required to re-establish the client-counsellor relationship, so that case plan goals may be met.

Conversely, a stable workforce (such as that experienced at New Street Sydney) has been a strong enabling factor. The benefits of a long held and stable workforce have been:

- The development of institutional knowledge – staff that have been involved with the service over a long period of time have a working knowledge of the model, experience in providing therapeutic interventions to a range of young people and families, and are able to support newer staff, and;
- Continuity of service – as there is less change in counsellors and more consistent intervention. Anecdotal feedback from New Street Sydney pointed to young people re-

²¹ An evaluation of the Certificate was conducted by Write On Consulting in 2010. It found that the Certificate was held in high regard by participants, and was taught with high quality materials and instructors.

engaging with the service at key milestones of their life, and their ability to re-engage with their original counsellor.

3.5.5 Service capacity

Services commented on the overall lack of capacity to keep pace with demand for the service. Contributing factors were identified as:

- Better relationships within other local services and professionals, which has encouraged referrals;
- Staffing at individual sites, where staff turnover or leave can have significant impacts on the overall caseload capacity of the site; and
- Travel for outreach circuits, which decreases the overall capacity of individual workers to take on more clients.

As noted in the section on referrals, workers at all sites reported that referring organisations often suspend referral to New Street Services. This is due to their (sometimes inaccurate) perception that New Street is at capacity and would not be able to accept the referral.

Service capacity is also affected by the duration of cases and the long term nature of support. The average completion time for cases that have successfully gone through the program is 734 days (approximately two years). Very few clients have yet to successfully complete the program at Rural New Street HNE, while no clients have completed at the Rural New Street Western service (which is not surprising given the short time frame since the site commenced).

The table below shows the minimum, average, and maximum time frame in days for clients who have successfully completed the New Street program. This table does not include Dubbo as no clients had completed the program at the site during the data collection period.

Table 11: Minimum, average and maximum times taken for a New Street Service case to be completed by a client

Time taken for a completed case (days)	Newcastle	Sydney	Tamworth	Overall
Minimum	933	47	778	47
Average	1028	695	1023	734
Maximum	1220	1842	1163	1842

Source: KPMG 2013

3.5.6 Capacity of the model to meet the diversity of client needs

The model was perceived as effective by all New Street stakeholders. Particular reference was made to the program's sound basis in the evidence and the individualised, holistic approach, which it is seen to facilitate.

However, a number of factors limit the capacity of the model to achieve its objectives:

- Client and family capacity – capacity to build understanding and support behavioural change with those with an intellectual disability or significant mental health issues is more limited;
- Client engagement – as a voluntary service, engagement of clients, their families, and additional agencies is critical in supporting the young person achieve outcomes over what could be an approximately two year program. Some clients and families are not yet ready and willing to engage at the point of referral to New Street Services. Therapeutic Treatment Orders exist as an option in CS legislation and if used, clients would be mandated to participate; and
- The applicability of the model with CALD clients – the services do not have a wealth of prior experience with CALD families, and so the applicability of the model has yet to be tested on larger scale.

Moving forward, suggestions were made in favour of incorporating occupational therapy into the model. This reflects current practice in the United States where these skills assist with the sensory re-integration of people following complex trauma. In addition, a stronger focus in the model on working with young people with intellectual disability through an internal capacity to diagnose would allow for a greater individualisation of therapeutic delivery.

3.5.7 Challenges of working within the wider service system

The subject matter which is central to New Street Services - sexually inappropriate behaviours - can elicit strong views, that influence the perception of the service, its purpose, and both the staff and clients involved. There can be real risks for the service, clients and their carers for this reason.

While New Street is viewed favourably within the wider service system, there can be challenges where the approach taken by the New Street service is philosophically different to that adopted by statutory services. Feedback from New Street staff indicates that these differences can have direct impacts on the engagement and clinical work conducted with clients.

The service is not highly visible within communities as workers are discreet. This is particularly an issue in rural communities where there is a small population, many intersecting relationships, and privacy and confidentiality can be challenged. Services rely on purposeful relationship building rather than the distribution of wider promotional material to increase awareness of the service.

3.6 Key considerations in implementing future services

Questions of implementation largely affect the more recently established services of Rural New Street Western and Rural New Street HNE. The challenges in implementing New Street's model across multiple services have primarily related to:

- Localised administration of individual services and the differences that this can create;

- The lead time required to establish the service within the local service network and properly orient staff, and
- The retention of staff.

The key factor that will affect the implementation of any additional services reflects how the service is administered at the local level. While localisation of the service will be necessary to meet the needs of individual communities, the extent to which administrative and operational elements of New Street are required to be standardised across services and LHDs will need to be articulated. Particular attention should be paid to:

- Service agreements and the extent to which these agreements are standardised across services and LHDS;
- Establishment processes and the extent to which the Clinical Advisor, other senior staff and NSW Kids and Families are involved in order to maintain consistency across the program;
- The level of clinical supervision that will be required from the Clinical Advisor or other senior New Street staff to help new workers acclimatise to the work and embed processes; and
- Ensuring orientation modules reflect current practice and are consistently completed by new workers.

4 New Street objectives

The second evaluation objective was to assess whether New Street's program objectives are being met. Effectiveness is considered at the individual New Street service level and the New Street program as a whole.

The research questions examined in this section include:

- Is the New Street service delivery model effective in a rural/regional setting?
- Are New Street services meeting the needs of local Aboriginal young people and their families?
- How effective are the two support roles in the service - (the role of Clinical Advisor, Sydney Children's Hospital Network and the role of Librarian) and are there opportunities for these roles to be strengthened?
- Are there any aspects of the New Street service delivery model that could be improved?
- What data is collected by each service and could data collection be improved to measure service activity and program effectiveness?

4.1 Implementation of New Street in different geographical contexts

Overall, the evaluation noted that services had been adapted effectively for regional and rural areas. Key factors influencing the implementation of the New Street in rural and regional areas were:

- The geographical spread of clients and their ability to access New Street;
- The emphasis on engaging communities;
- Workforce recruitment and retention; and
- Small communities and service systems.

4.1.1 Outreach

Emphasis on an outreach-based approach is the most significant way that Rural New Street services have facilitated service access. An outreach based approach means that clinical services are actively provided by counsellors to clients in locations other than New Street's base site in that area – clients who participate through outreach receive the same services as those who participate in New Street onsite.

This is reported to have made a significant difference to families in regional and rural locations. Many families would not receive a service through purely centre based service provision due to the lack of available transport options in rural areas and/or the associated travel costs. The proportional differences between sites in whether services are provided on site or on an outreach basis can be seen in the table below. The rural and regional sites undertake significantly more outreach, as would be expected.

Table 12: Number and proportion of clients seen on site, via outreach or not seen in each New Street service and overall

Is the client seen on site, or by outreach?	Dubbo	Newcastle	Sydney	Tamworth	Grand Total
On site	11	18	59	8	96
Outreach	21	11	12	13	57
Not seen	12	1	4	0	18
Grand Total	44	30	75	21	170

Source: KPMG 2013

Rural New Street services have a much larger and more resource intensive volume of outreach activity in comparison to the metropolitan service. Rural New Street Western for example provides clinical outreach to 11 locations (such as Dunedoo, Mudgee and Forbes), with a regular outreach circuit that covers 1100 kilometres. There are resourcing implications because of this due to the travel time involved, staff time not utilised for clinical delivery, the number of staff required, and the impact on overall capacity as the opportunity cost of travel time is the clinical work that could be undertaken with additional cases. To mitigate this, Rural New Street Western at the time of the evaluation was exploring the possibility of using the Royal Flying Doctor's Service to cut down on travel time.

There are notable differences between sites in terms of how outreach visits are provided. Rural New Street Western has developed a set schedule of circuits based on its current client profile, including a set schedule for staff who conduct circuits in set pairs. In contrast, Rural New Street HNE does not have a set schedule of outreach circuits for staff. This was reported to create inefficiencies as staff travel in two cars and it can be difficult to coordinate common available times; and although not seen as common practice, one family reported that they had to negotiate separately with both workers if they needed to reschedule an appointment.

While there are resourcing implications for New Street services in providing outreach services, there are also significant resource implications for families. Sessions held through clinical outreach are held at NSW Health locations; home visiting services are not provided. As such, there is some level of travel required by families, and the equivalent expenditure of time and cost (i.e. petrol).

Even while providing services through clinical outreach, families may have to travel many kilometres each way to reach a New Street service provided by outreach. For Rural new Street Western, most families aren't seen within the towns being visits, have round trips of between 40-100kms to the health centre where sessions take place. One family has a round trip of 250kms. If outreach was not conducted, distances would become so prohibitive for families that they would not be able to engage with services.

Outreach also decreases the impact that regular counselling has on a young person's schooling. It is often parents who travel into the towns that young people are already studying in. As such, students miss out on only part of a day. If they were to travel to where the New Street service is based, students would miss at least a whole day of school per week, which over the course of the program would have a large cumulative effect.

There have also been challenges associated with working in rural and remote locations. Service systems in rural and remote areas (where outreach takes place) may lack additional services that would normally be available to support New Street's clinical interventions. The northern areas of the HNE LHD for example lack sexual assault services, which is reported to impact on New Street's ability to intervene due to a lack of support in addressing the needs of other siblings or young people who have been harmed.²²

Discretion is necessary generally when working with vulnerable young people and families (particularly with this subject matter), and is compounded when clients are part of small communities. To support privacy and confidentiality, Rural New Street services are provided in unmarked, discreet locations when onsite, with counsellors also seeing clients at locations where they feel most comfortable. The ability of New Street services to protect client confidentiality has an impact on therapeutic interventions; supporting client safety is likely to support the ongoing engagement of young people and families with the service.

4.1.2 Engaging communities

Community engagement was seen as a key way for Rural New Street services to build relationships with communities, particularly Aboriginal communities and services in order to facilitate strong referral pathways into the service. Given the spread of communities, and the very different kinds of communities that New Street catchments contain, community engagement was seen as a necessary means of building credibility and trust. Community development activities also aimed to raise awareness of sexually appropriate and inappropriate behaviours, as well as provide education on other factors that impact on the wellbeing of young people.

In rural settings, community engagement has allowed for the identification of local issues that impact on young people in the area and for customised approaches to meet community need. Due to the size of Rural New Street catchments, community development activities while seen as effective, were not able to occur in all areas. It was noted that in small teams where capacity is limited, there was a tension between community work and client work.

4.1.3 Workforce recruitment and retention

As noted in section 3 of the report, workforce recruitment and retention has impacted on the general implementation of the New Street Services across sites. For rural areas, it can be more difficult to recruit local, appropriately qualified staff. Local staff would be preferred due to knowledge of local service systems and communities.

The management structure of Rural New Street HNE has allowed for staffing issues to be addressed through inter-office arrangements; during the evaluation a counsellor from Tamworth was holding cases from both Tamworth and Newcastle.

However, as Rural New Street teams are smaller than the New Street Sydney team, the loss of staff through leave or attrition has a much larger impact on the overall capacity of the site to engage with the community or with clients.

²² Hunter New England LHD, 2013, Quarterly report for period: Mar2013 – Jun 2013, unpublished.

Challenges with workforce recruitment and retention in regional areas are not unique to New Street however these issues still have an impact on the effective delivery of services in rural areas.

4.2 What has been introduced to better address Aboriginal needs

The KTS Action Plan includes a stronger commitment for New Street to better address the needs of Aboriginal children and young people. This recognizes the overrepresentation of Aboriginal children and young people in the child protection system, and the tendency for Aboriginal under-representation in prevention, early intervention, secondary and specialist services. This emphasis recognises the challenges associated with case management of Aboriginal clients; these cases involve multiple complexities and forms of disadvantage which include challenges in transport, finances and a lack of supports and services.

To achieve a stronger commitment to Aboriginal children and young people, there has been an emphasis on the following key strategies:

- Increasing the cultural competence of the New Street service response – through employment of Aboriginal workers, ensuring Non- Aboriginal staff undertake mandatory cultural competency training and ensuring New Street services are welcoming, inclusive and culturally safe.
- Consistent engagement with Aboriginal Community Controlled Organisations – (where appropriate) in rolling out the new services, to seek secondary consultation and advice and provide a more holistic response to Aboriginal children, young people and families.
- Consistent engagement with Aboriginal communities – including undertaking community education to promote awareness of the service.
- Adapting the engagement approaches to meet Aboriginal community needs.

4.2.1 Cultural competence

The recruitment of Aboriginal staff is a key means by which New Street has sought to improve the cultural competency of its service provision with at least one Aboriginal worker now employed at each New Street site.

The value of these efforts was strongly emphasised by all Aboriginal Elders and experts consulted during the evaluation. These workers were perceived to be of fundamental importance in promoting cultural understanding and ensuring that the program is able to engage effectively and appropriately with Aboriginal families.

However, there are a number of challenges associated with developing and maintaining an Aboriginal workforce:

- Attracting and retaining Aboriginal staff members is a challenge for New Street, in particular Rural New Street. In remote and regional locations there is a limited population base from which to draw workers in general. Key stakeholders also stated that this

challenge is exacerbated by the nature of the work which New Street undertakes and the associated stigma (real or perceived).

- For the worker's own wellbeing, it is preferable that Aboriginal staff are not the 'sole voice' of an organisation. While working through Aboriginal workers to engage Aboriginal communities may engender community trust and commitment, this may place undue pressure on the Aboriginal workers themselves. At the same time the responsibility for building the cultural competency of the broader New Street workforce may be vested in this individual. This reportedly leads to difficulties in retaining skilled and committed staff and may lead difficulties in recruiting new staff.

Other key means of supporting cultural competence include the mandatory training for staff. New Street currently requires that all non-Aboriginal staff, including non-client facing staff such as the librarian and administrative staff, undertake a 3-day ECAV training and assessment. The program provides participants with an Aboriginal world view, focuses on cultural safety, and is underpinned by competencies. As a follow-up at regular intervals, a one-day 'refresher' cultural competency training course is offered. Staff consulted in a focus group (Sydney NS) commented that cultural competency is an ongoing journey, and that the service is much further ahead in this respect than when the service was first established.

As an outcome of the training and ongoing engagement with Aboriginal workers and communities, management at the Sydney and Rural New Street sites reported being open to feedback from Aboriginal staff members. In addition, staff have reportedly developed awareness of cultural differences in the meaning of family, necessary to build trust and ongoing relationships.

Finally, in line with good practice, New Street provides clients identifying as Aboriginal, with the choice of either an Aboriginal or non-Aboriginal worker, effectively enabling the family's preferences to be taken into account. This recognises that situations may arise where clients know or are related to an Aboriginal worker. They may feel shame or be restricted through kinship rules in discussing personal problems with them. Fear that the worker will breach confidentiality with the local community may be another concern.

Aboriginal Elders stated that the presence of Aboriginal staff, in tandem with the cultural competency training for non-Aboriginal staff, were fundamental to ensuring that the program is both accessible and appropriate for Aboriginal young people and their families

4.2.2 Consistent engagement with Aboriginal Community Controlled Organisations

New Street engages a range of Aboriginal organisations and agencies to ensure their services are culturally appropriate. These organisations and agencies included:

- Aboriginal Community Matters Advisory Group (ACMAG)
- The Aboriginal Child, Family and Community Care State Secretariat (ABSEC)
- Koori Agency
- Aboriginal Children's Services

ACMAG meetings coincide with the bi-monthly Aboriginal staff meeting. There was feedback that New Street is viewed favourably by representatives of ACMAG. Involvement with ACMAG provides New Street with a means through which to gain regular advice on matters relating to their cultural approach, as well as a means through which Aboriginal staff members can raise concerns.

Rural New Street services have formed partnerships with Aboriginal Children's Services. Aboriginal Children's Services provides OOHC; work is being done to strengthen relationships with two other Aboriginal Children's Services. Partnerships will allow for more consultation between the services, as well as a stronger referral pathway for Aboriginal young people in OOHC.

4.2.3 Consistent engagement with Aboriginal communities

Engagement with Aboriginal communities is an important component of service delivery for New Street, particularly in regional and remote locations where higher concentrations of Aboriginal people reside. Consultation with Rural New Street staff and other stakeholders revealed that a considerable effort is put into this aspect of service delivery.

There is an effort at all New Street sites to collaborate, network with, and conduct site visits to Aboriginal services in the area in order to build and strengthen relationships. Aboriginal Elders commented that 'Rural New Street asks what the community wants rather than telling them what they need. They take a consultative approach rather than a bureaucratic approach.'

Direct involvement with communities includes the delivery of Strong Aboriginal Men and Strong Aboriginal Women programs, Love Bites training in schools, supporting community activities, and involvement with the National Aborigines and Islanders Day Observance Committee (NAIDOC). The services spend time in communities building relationships, engaging in consultation and take the time with both young people and older people. One Elder reported that, without developing relationships and trust, 'work will not get far in Aboriginal communities.'

Community engagement is undertaken to make communities aware of the service, although this has shifted towards educating service providers and communities themselves about appropriate sexual behaviour. At Rural New Street HNE, a key focus of community engagement is providing positive activities for young people, in conjunction with the communities and other agencies. This strongly compliments work done within these communities that raises awareness of the Rural New Street HNE service.

4.2.4 Adapting the engagement approaches to meet Aboriginal community needs

New Street uses a number of key approaches to better meet the needs of Aboriginal communities including outreach, the use of more flexible/responsive intervention approaches, engaging the extended family and developing a welcoming environment.

Outreach is provided to Aboriginal families to further facilitate access to services at each of the Rural New Street sites. External stakeholders who work with families involved with Rural New Street services commented on the importance of outreach services, noting that: "it is difficult

for families to pack up and move. . . and sending someone outside of the community doesn't work ... eventually they have to come back to community, and [New Street] can teach them to manage their behaviour." Note: Limitations with respect to outreach are discussed in more detail in section 3.

In terms of the intervention approach adopted, New Street was perceived to offer "respectful engagement" which is flexible and capable of meeting the needs of Aboriginal young people. For example, New Street staff reportedly change meeting locations by request to best suit the needs of the individual and family. A common and practical example provided in the Rural New Street context was moving the session to an outdoor area which, for some Aboriginal people, may be perceived as more comfortable and less confined. Further, while sessions are scheduled for a set amount of time, these are often extended to meet the needs of the individual. Additional time (beyond the prescribed time) is allowed so as not to rush individuals and families through the process.

Other examples relate to sensitive engagement of parents and carers: rather than being spoken down to, parents and carers were being engaged in a two-way dialogue and empowered to improve their life situation.

Finally, several stakeholders commented that the Rural New Street sites are welcoming for Aboriginal young people and families. Each of the Rural New Street sites have Aboriginal pictures and paintings hung throughout and literature is in plain English to assist those who speak a first language other than English or who have low literacy. The use of unmarked houses was also identified as useful in reducing the stigma associated with service access.

4.2.5 Challenges

Despite this there are a number of remaining challenges to supporting access and participation of Aboriginal young people and families.

Some stakeholders reported that services such as New Street weren't welcome in Aboriginal communities. One Elder commented that there must be "willingness of the community to report, and then to have services like New Street come in and work."

Disclosure and acceptance can reportedly still be challenging – hence the emphasis placed by Rural New Street on community engagement. Engagement serves to raise awareness about the service itself and also the positive stories that can emerge from involvement with the service where a need is clearly present.

4.3 Contribution to access, participation and outcomes for Aboriginal children, young people and families

The following section outlines how the approach to providing culturally appropriate services by New Street has contributed to improved access and participation.

4.3.1 Aboriginal participation rates

The KTS Reforms have had an impact on the overall engagement of Aboriginal families and the accessibility of the service. Seven times as many new Aboriginal cases entered New Street in 2012 (14 new clients), compared to 2009 (two new cases). This is attributed to the overall increase in geographic coverage of New Street services and added capacity, in conjunction with specific funding for Aboriginal workers.

Table 13: Number of new Aboriginal cases per calendar year

Service	2009	2010	2011	2012	2013
Dubbo			5	8	2
Newcastle			3	3	2
Sydney	2	3	3	3	3
Tamworth			4		
Grand Total	2	3	15	14	7

Source: KPMG 2013

As illustrated in the table below, Aboriginal participation in the service has also increased as a proportion of all new active cases: Aboriginal cases reflected 15 per cent of all new cases in 2009, but by 2012 this has grown to 26 per cent of all new cases. Again, this is attributed to the overall increase in geographic coverage of New Street services and added capacity, in conjunction with specific funding for Aboriginal workers.

Table 14: Proportion of new Aboriginal cases to total number of cases per calendar year

Service	2009	2010	2011	2012	2013
Dubbo	N/A	N/A	50%	33%	20%
Newcastle	0%	0%	50%	23%	25%
Sydney	22%	18%	23%	21%	30%
Tamworth	0%	0%	57%	0%	0%
Grand Total	15%	14%	42%	26%	23%

Source: KPMG 2013

4.3.2 Performance against service agreement targets

Rural New Street's service agreements with each rural LHD specifies a target that a minimum of 50 per cent of activity will involve Aboriginal children, young people, families and communities. This service specification was created to ensure a sustained focus on vulnerable Aboriginal young people and families and includes both client work and community work.

In their first year of operations all three rural New Street sites met the minimum fifty per cent target outlined in each service agreement. However, this achievement has not been repeated since 2011, with a decrease in the proportion of Aboriginal clients since 2011.

Several factors may explain this:

- Capacity of the site to accept referrals - when Aboriginal young people are referred, there is not necessarily a vacancy in the program relating, in part to the extended program duration; and
- This figure does not account for time spent undertaking community engagement - this is understood to be significant component of work for each of the Rural New Street sites. This factor may further limit the capacity of New Street to accept new referrals.

While access to services has improved and referrals of Aboriginal young people are being made, there are improvements that can be made to ensure further access to services. Community engagement efforts are considered to be appropriate and are welcomed by communities, which is likely to facilitate further participation.

4.4 Effectiveness of support roles

The Clinical Advisor and Librarian roles are designed to provide support to all New Street services and staff. The impact of their roles was explored in interviews with New Street staff.

4.4.1 The role of the clinical Advisor

The Clinical Advisor role was created as a result of the KTS Reforms, with coverage of both New Street Services and the Pre-Trial Diversion of Offenders Program (Cedar Cottage). The role provides clinical advice to “ensure that these child protection services effectively respond to the needs of children”.²³ The role is an advisory role only, with no line management functions. Only one Clinical Advisor role exists, and is administered through the Sydney Children’s Hospitals Network.

The Clinical Advisor was found to conduct work at three main levels:

- Providing local clinical supervision– the Clinical Advisor provides clinical support to individual staff and advice with respect to individual cases. This assists new staff to implement the therapeutic approach and allows for the identification of areas where staff require ongoing support, such as the case closure process.
- Supporting consistency across services – the Clinical Advisor works with New Street services, managers and LHDs to develop and review policies and procedures. The consistency of the program model is heavily supported by the Clinical Advisor, particularly at more newly established sites. An important point to note is that while the Clinical Advisor can identify and provide advice on inconsistencies in the operation of New Street services, they can only provide advice, and do not have the authority to directly action that advice.

²³ NSW Health May 2010, Position description: Clinical Advisor.

- Providing advice, training, and advocating to NSW Health and the wider sector – the overarching purview of the position and leading, specialised knowledge of the incumbent, allows for a clear identification of emerging trends, the capacity to address those trends in New Street’s approach, and the communication of those trends to the NSW Health and the wider sector. This was the case for example when New Street began seeing a small but increasing number of female clients who had sexually abused. In addition, the Clinical Advisor acts as a resource to the wider sector themselves, with external organisations actively seeking out the Clinical Advisor for case consultation purposes, and the conduct of education, training and presentations to the sector more broadly.

The role itself is heavily linked to the current position holder, and New Street’s historical evolution. The incumbent was the former Director of New Street and Cedar Cottage, and played significant roles in their creation and the development of their models. As such, the criticality of the role in supporting consistency across sites, providing advice to NSW Health, and informing the response to sexual offences by young people was linked first and foremost to the incumbent, rather than the role itself.

The role was seen as critical to the effective implementation and quality of New Street’s intervention by all stakeholders consulted, particularly given the growth it has seen in recent years through KTS funding. However, a number of opportunities for improvement were noted.

- The capacity of the role is impacted by a lack of administrative support: administrative support would help focus the time of the Clinical Advisor on activities that would improve the New Street and overall sector response to young people who have sexually abused.
- Focus of the role: as noted above, the role has a dual focus on working with individual cases and working more broadly across the service. It was suggested that the Clinical Advisor role could focus more on the latter, as a basis to increase the role’s reach and value. In particular, New Street staff understood that a critical aspect of the role was to advocate for better responses and resources through providing policy advice and interacting with the wider sector. While the Clinical Advisor is instrumental in ensuring all current and future services implement the model as intended, individual clinical supervision was seen as something that could be provided by more senior New Street staff.

4.4.2 The Role of the Librarian

The Librarian provides support to all New Street services and staff by making current and emerging research in the field available to staff. The purpose of the role is to “assist the Library team in providing a high quality comprehensive paediatric library service”.²⁴ For New Street operationally, the role consists of consolidating existing research materials into an Endnote database, keeping the database up to date with current research, and conducting custom searches for staff.

The Librarian position was vacant during the evaluation, however had been filled for some time prior to the evaluation. Consultations with New Street staff pointed to the importance that the role has played in supporting quality practice.

²⁴ The Sydney Children’s Hospitals Network, Position Description

Prior to this position, evidence informing New Street’s model had been collected by the Clinical Advisor position throughout their role in New Street, with individual New Street sites also having the capacity to collect their own information. A significant accomplishment of the Librarian was cataloguing this information, making this accessible to staff through an Endnote database, and building upon the information already collected. The development of the Endnote database itself marks the evolution of the service’s evidence model; New Street was initially formed on the basis of the Clinical Advisor’s knowledge, and the work of Alan Jenkins in South Australia. The database makes available the evidence that has been collected since then to refine and inform the model.

The Endnote database is regularly utilised; it provides support to all New Street staff and keeps them abreast of current research within a field that is continually developing. It was also seen to supplement the orientation modules that staff are required to complete. As cases are complex, and access to the Clinical Advisor is not always possible, the database provides an accessible tool to access currently available evidence for reference.

The value of the Librarian as a supporting resource for New Street staff undertaking further qualifications, research, or preparing for conferences was recognised. The Librarian is available to support staff through conducting custom searches and preparing research for them. This supports the continued professional development of staff in the field.

The Librarian role was seen as a necessary support role that was valued by all New Street staff and management through their role in cataloguing and making available, research in the field. Feedback from New Street staff and management highlighted that while this may not be within the purview of the Librarian’s role, a primary research capability attached to New Street would better utilise the information that New Street generates, and would contribute to the development of knowledge in the field.

4.5 Data and monitoring

The table below outlines the type of data that is known to be collected by New Street services.

Table 15: Information collected by New Street services

Descriptive	Outputs	Outcomes
<ul style="list-style-type: none"> Personal and demographic information is collected. JIRT referrals contain information on reports to the helpline, family background, and other agencies involved. Enquiry logs record information on consultations with other 	<ul style="list-style-type: none"> Data is collected on referrals, referral sources, and locations of referrals. Cases relative to their stage within the program (ie assessment, intensive, completed). Community engagement and education activities. Interagency work. 	<ul style="list-style-type: none"> Statistics on closed cases. There is not a set of standard clinical tools used consistently across the individual sites; variances are expected in the individual types of outcomes data collected by New Street services.

Descriptive	Outputs	Outcomes
agencies about possible referrals, and the content of other general enquiries to the service.	<ul style="list-style-type: none"> • Training and professional development activities. 	

Source: KPMG 2013

However, there is no consistent approach in terms of the manner in which this data is collected and recorded. Individual services record information and store data in a range of hardcopy and electronic formats. There is no standardised information record that exists across services.

There is also no one consistent assessment framework applied by New Street, rather sites vary in terms of the number and range of clinical tools applied. This variation (see the table below) affects how outcomes are measured and, therefore, recorded.

Table 16: Tools used for assessment by individual site

Tools used for assessment	Dubbo	Newcastle	Sydney	Tamworth
J-SOAP	✓	✓	✓	✓
Achenbach	✓	×	✓	×
ERASOR	×	✓	✓	✓
VOS	×	×	✓	×
FOS	×	×	✓	×
Jenkin's Goal attainment	✓	×	×	×

Source: KPMG 2013

Currently a lack of consistency in information collection and recording locations limits the capacity to assess the program's contribution to client outcomes.

Inconsistencies in data collection have emerged as New Street has expanded. A database and data recording system was developed with the establishment of New Street Sydney, however ongoing expansion of New Street and data collection requirements have challenged an ageing system that was not developed for multiple sites.

It is understood that a new data collection system is planned to be implemented across New Street sites some time in 2014. This system should enable the collection of consistent information about client characteristics, service activities, duration and intensity of service provision, demand, risk and protective factors and outcomes achieved against domains known to influence the sustainability of change. The collection of this information through a fully implemented and standardised format will support New Street services in demonstrating their impact, and support the Clinical Advisor in their broader role of identifying trends and providing advice to NSW Health.

5 Child protection outcomes

The third evaluation objective was to assess the contribution of New Street in improving the outcomes of vulnerable young people and their families.

To assess how New Street has contributed to achieving outcomes, data was collected from each New Street service for the period of 1 January 2010 to 30 June 2013. As stated earlier in this report, there are limitations with the data set in that data was not cross referenced with Police or FaCS data sets. The research questions that were addressed were:

- Are vulnerable families, including Aboriginal families, better supported to provide a safe and nurturing environment for their children and young people as a result of the New Street Services?
- Is the New Street program effective at each site in improving the safety, welfare and wellbeing of children and young people, reducing re-offending, and in protecting its adolescent clients from themselves becoming victims of crime and/or of abuse and neglect?
- Is New Street reducing risks of escalation of vulnerable children and young people entering the statutory child protection system and the justice system?

5.1 Client experience of the service

Interviews with young people, particularly parents and carers indicated strong level of overall engagement with the program.

New Street was often referred to as a much needed and essential service by parents and carers. Several parents commented that they were so grateful that the young person was participating in New Street as without its support, they were fearful of what would become of the young person.

Parents and carers made significant efforts to ensure that the young person attended the service, e.g. One parent, in a rural setting spoke of the petrol cost incurred in the two hour drive to the service, accepting that it was just a part of ensuring the wellbeing of their child.

The desperation of families and the importance of the service also came through in their hopes for what the service would achieve for the young person. Families were clearly hopeful that New Street would result in positive behavioural change.

“This is their chance – if they don’t learn here then the next stop won’t be as good” - Mother

Consultations with young people, parents and carers pointed towards the relationships with their counsellors as the most significant factor in influencing outcomes. Young people were noted to be engaging with the service, primarily due to the manner in which their counsellors interacted with them. Some young people even spoke of actively looking forward to future sessions.

Table 17: The importance of relationships with counsellors to clients

Party	Relationship with counsellor						
	Strongly agree	Agree	Strongly Disagree	Disagree	Not Sure	Not Applicable	No Answer
Young Person	11	6			1		1
family member/carer	14	1			1		

Source: KPMG 2013

This reflected the nature of the sessions themselves. Interviews with young people revealed that counsellors were flexible and creative in the way that they engaged young people with the service. Adopting a child/young person-centred approach, sessions are individually tailored to suit the needs and interests of the young people. For example:

- counselling sessions could be held in a counselling room or in a private outside space;
- there is a focus on building trust through age appropriate activities such as playing chess, telling jokes, or providing toys and arts supplies that can be used during sessions;
- young people could talk with the counsellor about their life situation, challenges and issues that were troubling overall, rather than just individual incidents, and;
- communication styles could vary from direct and straight forward, to scenario based and indirect.

This tailored approach which recognised the young person’s needs and preferences was critical to supporting continued engagement with the service, and to enabling trust to be built over time. Children and young people also suggested that this had influenced their thinking and behaviour:

“I didn’t use to care about other people before counselling. I’m starting to now”-
Young person

Parents and carers also held strong views on the importance of their counsellors, and the value of their relationships with those counsellors. For many parents and carers, their individual counselling sessions provided an opportunity to debrief about their own feelings about the presenting issues, as well as seek assistance on other issues that were affecting them.

“My counsellor understands where I’m coming from; they’re straight forward and don’t use counsellor talk”- Parent

Where clients were unhappy with New Street, this related to the waiting times to gain access to services, or not feeling listened to by their counsellors. Feedback on these issues was not common across the services, but does highlight the importance of efficient processes in such a highly emotive and complex area, as well as the importance of the individual work that counsellors undertake.

Feedback from clients and their carers on aspects of the service that could be improved related to:

- The built environment – physical aspects of New Street sites were the most common aspects that clients and carers identified for improvement. These included signage, ‘depressing’ colours or appearance of the buildings. Staff noted the inappropriateness of bars on the windows in one of the interview rooms in Dubbo.
- Inefficient processes –including the lack of central point of contact for outreach services conducted by the Rural New Street HNE sites and a need for services to commence in a timelier manner.

Overall however, young people and families could attribute some level of difference in their lives to New Street, and recognised the value of the service.

“Without the service they would be in a hole trying to dig themselves out” –
Parent

5.2 Achieving client outcomes

New Street’s impact on their clients and the achievement of outcomes was examined in two main areas:

- the re-occurrence of presenting inappropriate behaviours at both closure and post closure follow up, and;
- the impact of the program on the client’s overall safety.

The ability of the evaluation to examine sexual recidivism is limited due to the overall brevity of the time period within which data was collected. Post closure follow up occurs approximately 3 months after closure, and provided an additional point in time to examine the occurrence of inappropriate behaviours.

The overall safety of the client was examined to recognise that there is not always a clear delineation between young person being a victim and offender. Additionally, New Street considers the safety of both clients and victim’s in their approach.

5.2.1 Client accountability

Client insight into their behaviour and willingness to be accountable for that behaviour is one of the first areas where change is sought by New Street. Client accountability has a significant impact on the achievement of long term, sustainable outcomes – it supports a willingness to engage with interventions.

Client data was collected on ‘whether young people took responsibility for their behaviour’ and ‘the stage of case management at which this occurred’. This is set out in the table below.

Table 18: Point at which clients took responsibility for their behaviour for successfully completed cases only

When the did the client take responsibility for their behaviour?	Dubbo	Newcastle	Sydney	Tamworth	Grand Total
By assessment	N/A	1	29	1	31
By the 6 month follow up	N/A		16	1	17
By case closure	N/A		6	1	7
This has not occurred yet	N/A		4		4
Unknown	N/A		11	1	12
Grand Total	N/A	1	66	4	71

Source: KPMG 2013

Overall, New Street has contributed to clients taking responsibility for their behaviour.

Of the 71 clients who had successfully completed the program, 78 per cent (n=51) accepted responsibility at some point in their working relationship with New Street: 44 per cent (n=31) had taken responsibility for their behaviour by assessment, a further 24 per cent (n=17) by the six month case review and a final 10 per cent by case closure. Additionally, six per cent (n=5) of completed cases were recorded as not yet having taken responsibility for their behaviour. It was unknown when or if a further 17 per cent (n=12) of cases had taken responsibility for their behaviour.

The table below shows the point at which client responsibility occurred for all cases that had closed; this includes both cases that were successfully completed and cases that were closed before completion.

Table 19: Point at which clients took responsibility for their behaviour by the status of cases

When the did the client take responsibility for their behaviour	Closed - Completed program	Closed - Client charged	Closed - Client moved out of area	Closed - Declined service	Closed – Other	Grand Total
By assessment	31	1	6	6	2	46
By the 6 month follow up	17					17
By case closure	7			1		8
N/A				1		1
This has not occurred yet	4	2	3	6	4	19
Unknown	12	1	4	5	3	25
Grand Total	71	4	13	19	9	116

Source: KPMG 2013

Considering all 116 clients that had had some level of involvement with New Street, 62 per cent had accepted responsibility for their behaviour at some point in the case management process: 40 per cent (n=46) had taken responsibility by assessment, 15 per cent (n=17) by the six month case review, and seven per cent by case closure (n=8). Where clients had not completed the program, there was still some level of personal insight and accountability that had been gained.

5.3 Re-occurrence of inappropriate behaviour

There are early indications to suggest that New Street has been successful at supporting behaviour change for those who complete the program.

The vast majority of those who successfully completed the program during the data collection period (89 per cent) had ceased their inappropriate behaviours by case closure; outcomes were unknown for the remaining 11 per cent.

Table 20: Number and proportion of New Street clients by status of inappropriate behaviours of client at case closure

Status at case closure	Dubbo	Newcastle	Sydney	Tamworth	Grand Total
Ceased	N/A	1	59	3	63
Unknown	N/A		7	1	8
Grand Total	N/A	1	66	4	71

Source: KPMG 2013

Further, there is a very low rate of recurrence of behaviour at the post closure follow up: three months post the program, only two clients out of 71 (three per cent) are reported to have engaged in sexually inappropriate behaviours.

Table 21: Number and proportion of New Street clients by status of inappropriate behaviours of client at post closure follow up

Status at follow-up	Dubbo	Newcastle	Sydney	Tamworth	Grand Total
Ceased	N/A	0	59	0	59
Re-occurred	N/A	0	2	0	2
Unknown	N/A	1	5	4	10
Grand Total	N/A	1	66	4	71

Source: KPMG 2013

The literature suggests that a follow-up period of between two - six years may be required to assess the sustainability of the New Street intervention. However, these preliminary findings are promising.

Outcomes being achieved by Aboriginal young people and their families

Out of the 44 Aboriginal clients involved with the program during the data collection period (1 January 2010 – 30 June 2013), 15 clients had successfully completed the program. Among the majority (12 of the 15), inappropriate behaviours had ceased at case closure and did not reappear at post closure follow up. This is set out in the table below.

Table 22: Number and proportion of New Street Aboriginal clients by status of inappropriate behaviours of client at case closure

Status at case closure	Dubbo	Newcastle	Sydney	Tamworth	Grand Total
Ceased	N/A	N/A	13	N/A	13
Unknown	N/A	N/A	2	N/A	2
Grand Total	N/A	N/A	15	N/A	15

Source: KPMG 2013

5.3.1 Safety outcomes

Young people who are clients at New Street, may themselves face issues of safety, abuse, neglect, and risk. As a service within the child protection system, New Street considers both the safety of the young person who has sexually abused, and their victim(s). To that end, data was also collected as to whether New Street had contributed to the overall safety of the client.

As set out in the table below, there were 69 clients reported to ‘have a safety issue at assessment’ for whom a New Street ‘safety outcome’ was known. Of these 69 clients, 43 per cent showed improvements in safety during the program, 40 per cent showed no change and 18 per cent showed a reduction in safety.

As this data includes both open and closed cases, it likely underestimates the potential degree of change. This reflects that improvements in safety outcomes are more likely to be apparent among clients that have completed the program.

Table 23: Safety of the client since assessment for New Street Service clients

Safety of the client at closure	Dubbo	Newcastle	Sydney	Tamworth	Grand Total
Decreased since assessment	4	1	5	2	12
Increased since assessment	1	1	24	4	30
N/A	0	0	28	0	28
Stayed the same as assessment	9	4	12	2	27
Unknown	30	24	6	13	73
Grand Total	44	30	75	21	170

Source: KPMG 2013

5.3.2 Reducing the risk of involvement with statutory services

New Street clients have all been involved with statutory services to some degree, as sexually abusive behaviour is required to be confirmed by either Community Services or JIRT. Further involvement with statutory service would entail further progression of the young person into the child protection or justice systems.

There was limited scope within the evaluation to examine the extent to which a client’s journey after involvement with New Street involved the justice system or statutory services. The evaluation did not include a longitudinal focus on individual clients and client data was not matched with data sets from NSW Police or Community Services.

The extent to which New Street mitigates further client involvement with statutory services cannot be fully examined without longitudinal data analysis across the Juvenile Justice, Police and Community Services datasets. However, the indicators below show that New Street should be reducing the risk of future involvement in the justice system and statutory services:

- As noted earlier in this report, New Street is clearly contributing to client accountability for their behaviour, a reduction of sexually inappropriate behaviours and an improvement in the overall safety of clients.
- Only a very small quantum of clients were charged during the data collection period: considering the 170 young people involved with New Street, only four were charged with an offence of some kind. This represents 2.4 per cent of the data set.
- Few clients re-referred to New Street during the data collection period: considering the 170 young people involved with New Street, only six had additional referrals made to New Street either during their time in the service, or post closure. This represents 3.5 per cent of the data set.

5.4 Other impacts for young people and their families

Stakeholder consultations reported on additional benefits of New Street for young people and their families that are not readily identifiable in the data that was collected.

Key themes on what these benefits have been are outlined in the table below.

Table 24: Benefits of New Street for young people and their families

Benefit	Description
For young people	
Insight into their behaviour	Young people have developed, or are developing, an understanding of their behaviour and their impacts on their behaviour on others.
Changing behaviours	Young people are developing emotional and behavioural control; they are better able to manage their behaviours through therapeutic interventions that address their overall wellbeing.
Access to intervention	Young people are engaging with New Street and receiving therapeutic intervention for sexually harmful behaviours, as well as for other issues related to their

Benefit	Description
	safety and wellbeing.
For families	
Better relationships	The use of a whole family approach is contributing to shared understanding between family members, better family relationships and improved family functioning.
Restoration	Underlying the engagement for some families was restoration. New Street has assisted in restoration through the therapeutic interventions provided to the whole family.
Better ability to cope and thus support children	Parents / carers have their own counsellor and have used these sessions to debrief and learn how to better cope with their family's situation and better manage the child's behaviour (where required).

Source: KPMG 2013

Overall, qualitative information collected through the evaluation suggests New Street has made a clear impact on the lives of young people and their families. This is reflected in the following sections.

5.4.1 Young people

The most significant impact for young people, as noted by both themselves and their families, related to them developing a better understanding of their behaviour. Consistent with an objective of the program, young people were developing an understanding of their behaviour and how this affected other people; they had more empathy for other people and were taking responsibility for their behaviour.

"Things are better. I'm aware of my sister's feelings. We don't fight 100% of the time anymore, just fight 50%" – Young person

Most young people also cited benefits related to personal development, or better relationships. Counselling sessions allowed young people to talk to their counsellors about a range of issues directly and indirectly related to their sexually harmful behaviours, which helped in development in areas such as self esteem and anger management. Better relationships have been reported, most likely due to developing a better understanding of their relationships with other people, working towards changes in their own behaviour, and the overall work done with the family.

"I feel stronger and have better relationships" – Young person

Family members also noted the benefits emerging from the holistic approach of New Street counsellors, for example working with schools to put in place additional educational support for the young person at the school, or working with health practitioners to address a young person's medication.

"The changes in have been unbelievable. She needed help, was screaming and everything but has settled right down. She is no longer on medication and doesn't flare up when chastised anymore. We get on better now." – Mother

5.4.2 Families

New Street was also beneficial for parents, carers and families.

Parents and carers themselves had their own feelings of guilt, shame or stress. Direct involvement with New Street, particularly through having their own counsellor, supported the capacity to cope and better manage situations outside of counselling sessions. Parents and carers used the sessions to talk not just about the young person and their situation, but also about issues that affected themselves, in effect debriefing with their counsellors. This helped with both their own emotional and social wellbeing, but also the overall family's functioning; one parent for example reported that these sessions helped them unload and without it, they would 'bottle up and explode'.

"There is no stigma, we can solve it, there's tools – it's an enormous relief" - Mother

Relationships between clients and their families had also improved through New Street. Young people and their families were supported at an emotional and practical level to develop different behaviours, and address situations differently. Some families commented on the increased quality of their familial relationships that had resulted from work with New Street.

"Home is much calmer. There's less fighting – I take myself away and do my own thing. Sometimes dad steps in if there's going to be a fight. At the end of the day we watch something on TV together" – Young person.

One reason that families gave for engaging with New Street was the possibility of restoration. It was noted by other organisations interviewed that New Street had contributed to this possibility for families. Work with the young person to be accountable, accept therapy, and work with the whole family in committing to the safety and wellbeing of both the victim and young person had been key contributing factors. While restoration was not considered as an outcome specifically, interviews noted that these outcomes had been seen by partner organisations.

"We have even seen outcomes where reunification is possible and the offending person resides back in home, which would have been thought impossible without the intervention of New Street." – Partner organisation

"You should clone the services – it's money well spent. It's absolutely marvellous, and we could not be more grateful; we got the help and support we needed and it wasn't punitive" – Mother

"I would refer anyone in a similar situation to the service" - Mother

5.5 Overall impact of New Street

Preliminary analysis of client outcomes suggests that New Street is providing an effective clinical intervention that supports insight and behaviour change:

- Clients are taking greater responsibility for their behaviour as an outcome of program participation. Of the 71 clients who had successfully completed the program (over the 1 January 2010 to 30 June 2013 period), 78 per cent (n=51) accepted responsibility at some point in their working relationship with the service.
- The vast majority of clients who successfully completed the program (89 per cent) had ceased their inappropriate behaviours by case closure. There was also very low rate of recurrence of behaviour (three per cent) at the post closure follow up.
- A similar success rate was achieved with Aboriginal clients, with almost all those who had completed the program having ceased their behaviour by case closure. Importantly, this result was sustained at post closure follow up.
- Safety also improved for many clients accessing New Street.

6 Cost benefit / effectiveness

The economic evaluation is comprised of two parts:

- a cost benefit analysis of the program to determine its value-for-money compared to alternative pathways for young people aged 10-17 years who are displaying sexually harmful behaviour.
- a unit cost analysis of the program, considering factors such as client complexity and location on the unit cost of the program

This analysis represents an update and expansion of previous work (summarised below).

6.1 Previous evaluation work

In 2005, a cost benefit analysis was completed for the New Street program. This study found the benefits related to the victim costs and costs of incarceration for a client, which are avoided due to successful completion of the New Street program, resulted in an average net benefit of \$88,632 per client over a six year follow-up period.

The same study calculated the unit cost of the program as being \$27,010 per client (based on a weighted average of high needs and intense high needs clients in the program).

More recently, in 2006 an evaluation of the New Street program was performed by Laing, Mikulsky and Kennaugh. The evaluation tracked the outcomes experienced by 100 young people (comprised of program completers, program referral only and program drop-outs) over a six year follow-up period in terms of criminal offending and safety outcomes.²⁵ The evaluation found that program completers fared the best and program drop-outs fared the worst across all outcome measures.

6.2 Purpose of the economic evaluation

Economic evaluation is a method to understand and comparatively assess the advantages (the benefits) and disadvantages (the costs) of a program.

Costs and benefits are quantified over a selected period of time and then brought back to today's dollars using an appropriate discount rate. From this, the net benefit (i.e. benefits less costs) is determined or alternatively a benefit/cost ratio calculated, which indicates the benefits generated per dollar of cost.

The calculations of net benefit are replicated for realistic alternatives to the program, which enables a comparison of how the program performs in relation to these alternatives.

One of the important considerations is the attribution of costs and benefits to New Street, which requires establishment of a counterfactual. For example, currently there are 95 participants receiving the service. *But if they were not in the program, how many of these participants would be receiving a similar service elsewhere, or would not be receiving any*

²⁵ Criminal offending outcomes related to a young person receiving a criminal charge or being the subject of a police report, including for sexual reoffending behaviour. Safety outcomes related to a young person themselves being a victim of crime or being the subject of a report by the Department of Community Services.

service at all? This question is addressed by establishing a counterfactual - the scenario which would have most likely happened to the participants if they did not participate in the New Street program.

Details of the approach for the 2013 cost benefit analysis, including the counterfactual, of New Street follow.

6.3 Approach to the economic evaluation

The economic evaluation is based on the 95 clients and their families/carers who are currently participating in the New Street program.

As a starting point, ‘success’ for a young person who has displayed sexually harmful behaviour was defined, and likely alternative scenarios to participation and completion of the New Street program were identified.

Based on this preliminary work, the evaluation was then completed through the following steps:

- Identification of the **likelihood** of each of these scenarios achieving success for the young person;
- the **benefits and costs** attached to each of the scenarios were quantified, to determine the overall net benefit for each scenario;
- the **expected net benefit** of each scenario was calculated, based on the above two results; and
- a **comparison of the expected net benefits** between New Street and the other scenarios -- which will indicate the net impact of the program.

A high level representation of this approach is shown in the table below,

Table 25: Overview of the process for the economic evaluation

	Scenario	Likelihood of outcomes A	Benefits B	Costs C	Net benefit D = B - C	Expected net benefit A * D
Young person displays sexually harmful behaviour and...	Completes New Street	Positive outcome				
		Negative outcome				
	Completes alternative service	Positive outcome				
		Negative outcome				
	New Street drop-out	Positive outcome				
		Negative outcome				
No service at all	Positive outcome					
	Negative outcome					

Source: KPMG.

The economic evaluation was informed by a range of sources:

- a literature review of evaluations and studies on the effectiveness of sexual reoffending programs, with a particular focus on adolescent sexual reoffending
- New Street site data
- the evaluation in 2006 of New Street by Laing, Mikulsky and Kennaugh
- stakeholder consultations undertaken as part of this evaluation project, with young people who are participating in the program, workers, service managers and key partners working with New Street in the communities
- advice from practitioners and experts on adolescent sexual offending on the Project Working Group and Steering Committee
- publicly available data and documents, such as from the Australian Bureau of Statistics (ABS), Productivity Commission (PC) and Reserve Bank of Australia (RBA).

6.4 Profile of the scenarios

Once a young person has displayed sexually harmful behaviour, they may broadly fall into four scenarios:

- ‘Completes New Street’ -- referred into, and completes the New Street program
- ‘Completes alternative service’ -- enters an alternative service
- ‘New Street drop-out’ -- referred into and commences the New Street program but declines progressing further and withdraws from the program
- ‘No service at all’ -- does not make any contact with, or enter, any service.

Under each of these scenarios, ‘success’ relates to positive outcomes being achieved for a young person. For the purposes of this analysis, **the definition of positive outcome is that a young person has not sexually reoffended during post-participation in the program**; a negative outcome is where a young person sexually reoffends.

A profile of the scenarios and the likelihood of a positive / negative outcome for a young person under each scenario are described below.

6.4.1 Completes New Street

A young person can be referred into New Street by any person, including their school and family, with JIRT or Community Services required to confirm whether sexually harmful behaviour has taken place. New Street receives the referral and considers the suitability of the program for that individual before accepting them into the program.

Following receiving and accepting a referral, New Street enters an assessment phase with the young person and their family/carers. As participation in the program is voluntary, there is a possibility this process may result in a decision that a young person and their family/carers will not proceed with the service, and/or will engage with another provider.

If a young person and their family/carers agree to participate in the service and other pre-conditions are in place, there is a move into the intensive phase where the service is provided to the young person and their family/carers.

An analysis of client outcomes data provided by the sites indicates that out of the 170 young people who were receiving the service from 1 January 2010 to 30 June 2013, only three young people have since reoffended. That is, less than two per cent of participants sexually reoffended.

Therefore, the likelihood of achieving positive and negative outcomes for a young person who completes New Street program is:

- positive outcome – 98.24 per cent
- negative outcome – 1.76 per cent.

6.4.2 Completes alternative service

Where New Street is unavailable, a young person may enter an alternative service which may include psychology or psychiatry. The issue however, is that an alternative service is often not available or affordable for young people and their family/carers especially in regional and rural locations, making it highly unlikely that a young person would receive a service to help address sexually harmful behaviour. As the section on 'Costs' confirms, the cost of an alternative service - if the proxy of psychology sessions is used - is around 30 per cent higher than the services provided through New Street. The private cost borne by a young person and their family/carers is much higher, as New Street is provided free of charge while there is a portion of psychology fees that are not covered by Medicare.

In the absence of robust data, it has been assumed that if in the event a young person does enter an alternative service, the likelihood of achieving positive and negative outcomes is the same as for participants of the New Street program. That is:

- positive outcome – 98.24 per cent
- negative outcome – 1.76 per cent.

This assumption is deliberately conservative, as attendance at a private psychologist or psychiatrist is not directly comparable to participation by the young person and their family / extended family in New Street. New Street is likely to have a higher success rate as it is a specialised service which not only involves counselling sessions, but case review, case conferences with interagency partners, advocacy and case management. This is considered to be especially the case for Aboriginal families and families in rural areas where other services are not as readily available.

6.4.3 New Street drop-out

A drop-out is considered to be a young person who declines the service after entering the intensive phase or extended assessment phase. It is expected that program drop-outs present a range of highly complex needs and circumstances which influence their attitude toward receiving a service, and that this cohort are the most challenging to counsel. As a result, the

likelihood of a program drop-out achieving positive outcomes is expected to be the lowest out of the four scenarios. However, based on the literature, the likelihood of achieving positive outcomes for a drop-out is not significantly less than a young person who is not referred into any service at all (the scenario discussed below).²⁶ The likelihood of achieving positive and negative outcomes are:

- positive outcome - 79 per cent
- negative outcome - 21 per cent.

6.4.4 No service at all

The fourth scenario, where a young person is not referred into any service at all, is the most likely scenario if they do not enter New Street. In this situation, a young person does not receive any service and their sexually harmful behaviour is not addressed.

Based on the literature, the likelihood of achieving positive and negative outcomes are:

- positive outcome - 80 per cent
- negative outcome - 20 per cent.²⁷

6.5 Benefits and costs evaluated

Based on consultation with the Steering Committee, the following costs and benefits were identified. Extensive data collection was undertaken to gather information on these costs and benefits.

6.5.1 Benefits

New Street utilises a child-focused model to work with a young person to address the whole range of issues in their life, not just the sexually harmful behaviour. Issues can include past trauma, school, social isolation and bullying.

Depending on the needs of young person and family/carers, the service also aims to include the family/carers in the process (for example, at the Dubbo and Sydney sites there are two workers assigned to each client, one to work with a young person and the other to work with the family/carers). At the conclusion of the counselling session, both workers will bring the young person and the family/carer together for a wrap-up to sit and talk as a family, and ensure that the family is fine to leave the session together).

The workers provide support to the family/carers to discuss issues relating to child sexual abuse and give them a better understanding, and address their concerns and fears particularly relating to any other children in the living arrangement. One of the aims is to promote a stable placement for the young person.

²⁶ Literature which was used include the 2006 evaluation of New Street and Lambie 2007

²⁷ Literature include: 2006 evaluation of New Street, Fortune and Lambie 2006, Lambie 2007, Reitzell and Carbonell 2006, Nathan, Wilson & Hillman 2003, and Worling, Littlejohn, Bookalam 2010.

By supporting a young person to discuss their issues, being non judgmental, and encouraging a young person to think about their future, New Street can not only help address sexually harmful behaviour but also stabilise a young person's life.

New Street also undertakes significant community development, including in Aboriginal communities, to raise awareness of child sexual abuse (for example, 11 per cent of the total time of workers is spent on community development activities). It is expected that as communities become increasingly comfortable and capable of identifying and self-reporting sexual abuse, they grow a capacity to respond and promote healthy and safe relationships in the community.

While there are a range of indirect benefits derived from the work of New Street, such as community development, the analysis has taken a narrower approach for the purposes of conservatism when not enough information is yet known.

The benefits considered include:

- the **expected earnings** that are conferred from higher levels of education, as a result of a greater proportion of young people being able to complete high school and enter further study (university or vocational).
- **avoided health costs**, which reflect the range of health and mental health issues experienced by a young person, especially as a result of previous trauma, if not counselled.
- **avoided costs of crime**. This is because a young person, if their range of personal issues is not effectively addressed, may sexually reoffend and commit other crimes. There is literature indicating the types of crime that are linked with sexual offending/reoffending. Crimes with the most marked elevation among child sexual assault cases compared with the general population were sexual offences, violent offences, drug offences and theft.²⁸ The costs of crime include police costs in responding to an incident, lifetime victim costs and medical costs, and lost productivity for the offender.
- **avoided child protection costs**. A significant number of participants are in care arrangements, including foster care, kinship care, residential care and high cost residential care. It is understood that a proportion of these participants have been removed from their family or caring arrangements as a result of displaying sexually harmful behaviour. Therefore, if sexually harmful behaviour can be addressed, the costs associated with caring arrangements can also be avoided.

6.5.2 Costs

The costs which have been captured in the economic evaluation that offset the above benefits include:

- **program costs**. These relate to the costs of participation in New Street for one young person, or the cost of receiving a similar level of service from an alternative program or service.

²⁸ Ogloff, Cutajar, Mann and Mullen 2012

- **education costs** which will be incurred from completion of each year of school, and the costs of post-school qualification.

6.6 Expected net benefit per person

The table below summarises the expected net benefit derived from a young person’s participation in New Street compared to each alternative scenario. Results are presented for both a six year and ten year assessment period.

Table 26: Expected net benefit per person (compared to completing New Street)

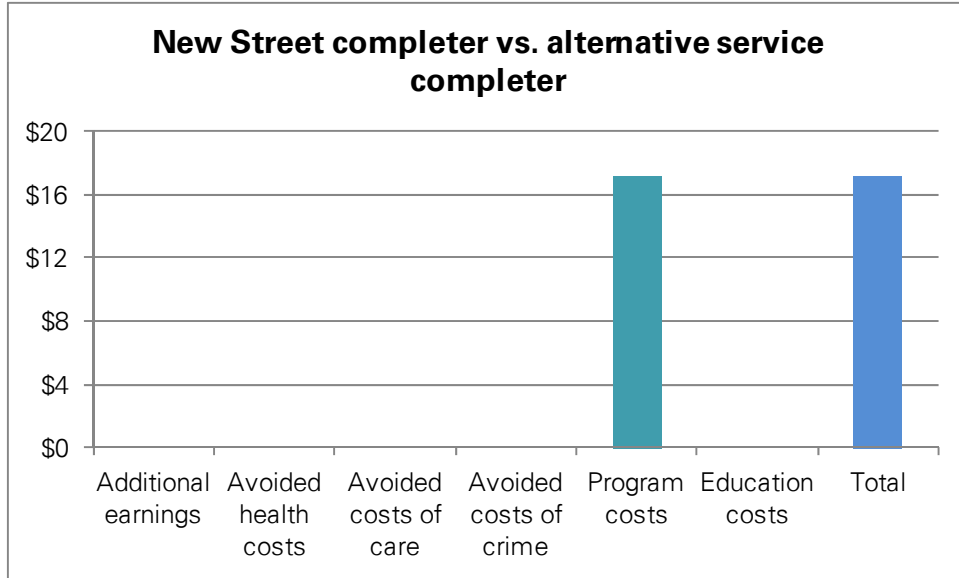
Comparison scenario	Six year period	Ten year period
Completes alternative service	\$17,000	\$17,000
New Street drop out	\$25,000	\$71,000
No service at all	\$21,000	\$64,000

Source: KPMG

As shown by Table 26, there is a significant net benefit attached to the completion of New Street compared to all alternative scenarios. However, the underlying reasons for this result vary by scenario. Specifically, the benefit of New Street compared to the completion of an alternative service reflects the additional costs incurred under alternative pathways, while the difference between New Street and no service at all reflects a reduction in costs of crime, additional earnings, improved health outcomes and reduced costs of care.

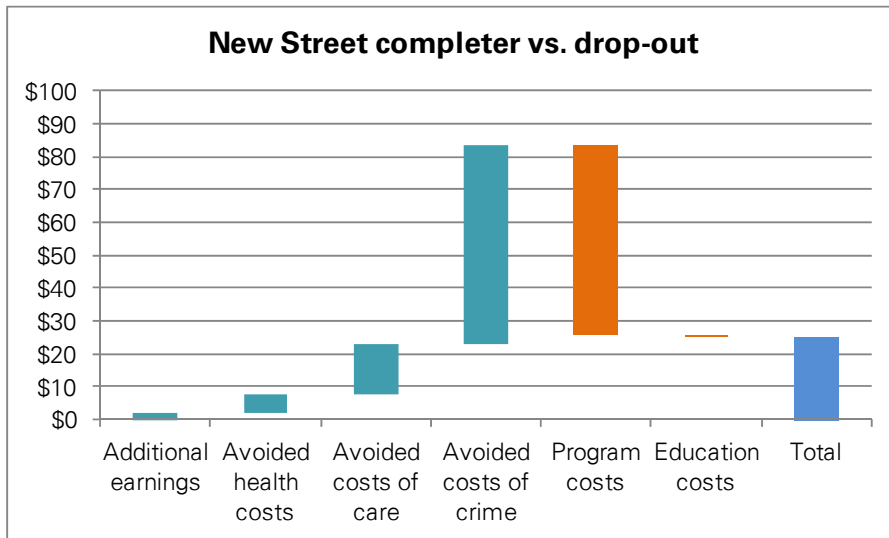
The contribution of each cost and benefit to this overall result is summarised below. Note that the charts sum the benefits, before subtracting any costs, to result in the ‘total’ figure.

Figure 4: The net benefit/(cost) of New Street compared to other scenarios, six year period



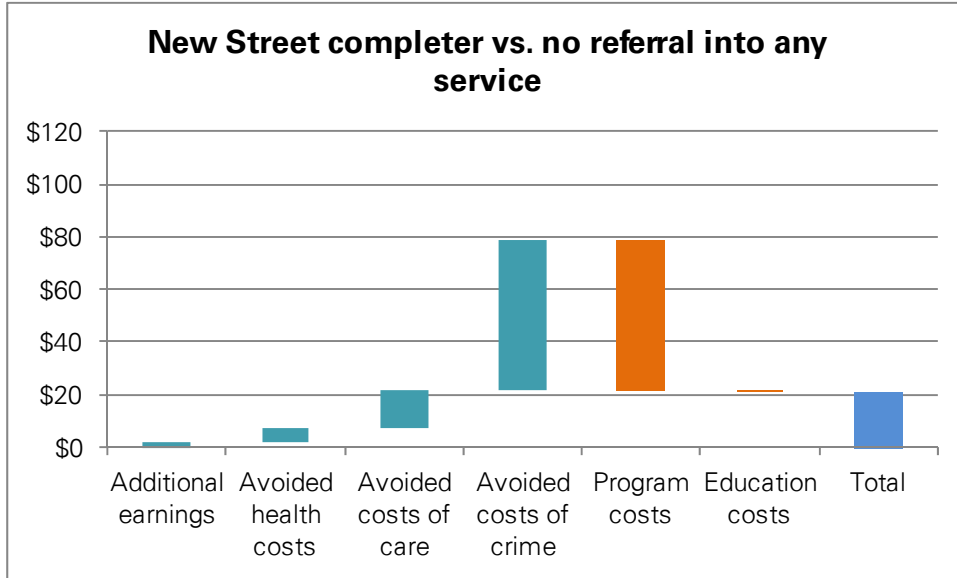
Source: KPMG

Figure 5: The net benefit/(cost) of New Street compared to other scenarios, six year period



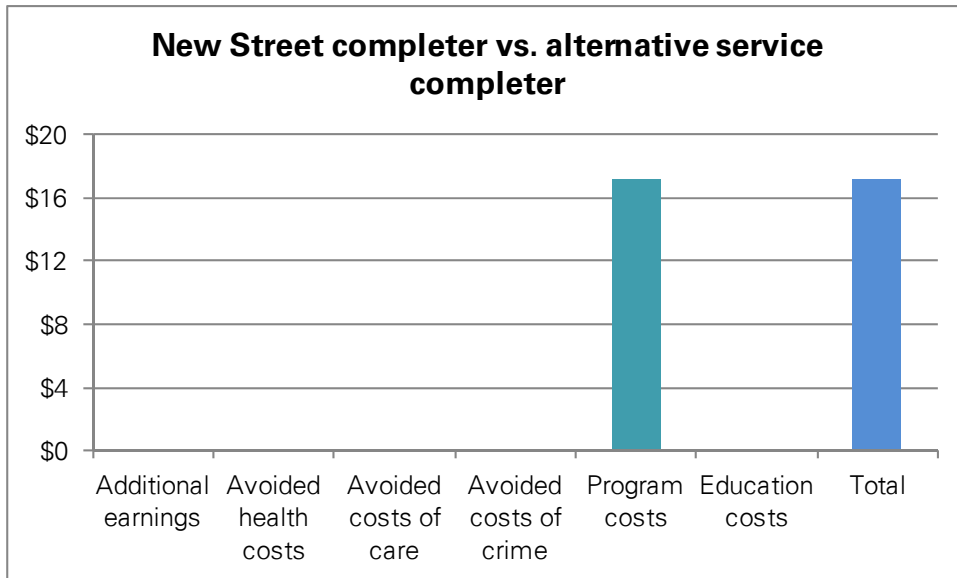
Source: KPMG

Figure 6: The net benefit/(cost) of New Street compared to other scenarios, six year period



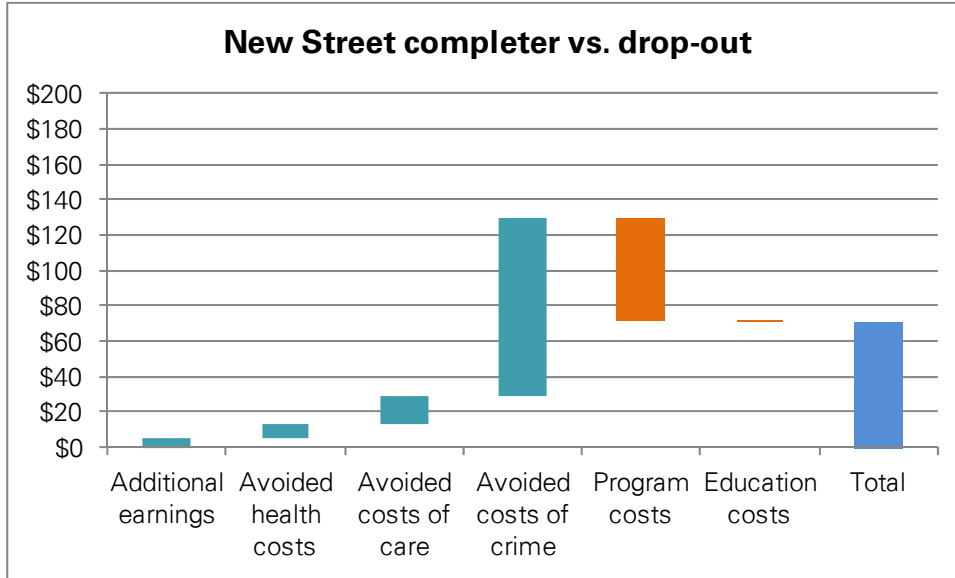
Source: KPMG

Figure 7: The net benefit/(cost) of New Street compared to other scenarios, ten year period



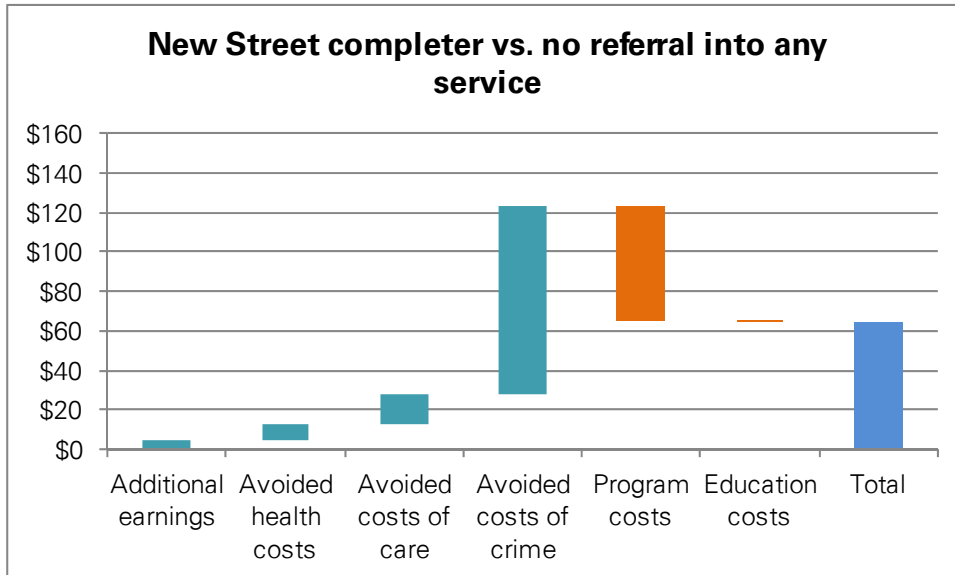
Source: KPMG

Figure 8: The net benefit/(cost) of New Street compared to other scenarios, ten year period



Source: KPMG

Figure 9: The net benefit/(cost) of New Street compared to other scenarios, ten year period



Source: KPMG

Note: Program costs and education costs exist for the analysis over the ten year period, but do not appear due to their small magnitude compared to other items.

The charts indicate that the net benefit of New Street compared to an alternative service is a cost saving, as the alternative service is more expensive.

6.7 Overall impact of New Street

This section presents the aggregate impact of the New Street program (all 95 participants) compared to the alternative scenarios. The analysis is based on a real discount rate of seven per cent, with the sensitivity of the results tested by re-calculating the impact with discount rates of four and 10 per cent in line with NSW Treasury guidelines (NSW Treasury, 2007).

The performance of New Street at a program level against the other scenarios, under the different discount rates, is shown in Table 27.

Table 27: Impact of New Street

Six year period			
	Completes an alternative service	Drops out from New Street	Is not referred to any service
4 per cent discount rate	\$1.7m	\$2.3m	\$1.9m
7 per cent discount rate	\$1.6m	\$2.4m	\$2.0m
10 per cent discount rate	\$1.6m	\$2.4m	\$2.0m
Ten year period			
	Completes an alternative service	Drops out from New Street	Is not referred to any service
4 per cent discount rate	\$1.7m	\$6.9m	\$6.2m
7 per cent discount rate	\$1.6m	\$6.8m	\$6.1m
10 per cent discount rate	\$1.6m	\$6.7m	\$6.1m

Source: KPMG calculations.

Under all discount rates and for both a six and ten year period, there is a positive overall impact estimated for New Street compared to other scenarios. This finding is strongest when comparing New Street participants to program drop outs and those not referred to any service. While the result for the scenario where individuals access an alternative service is comparable, the additional cost of alternative services mean the net impact remains in the order of \$1.6 million regardless of the discount rate used.

6.8 New Street unit costs

The simple average unit cost of providing New Street services to each client is \$31,312 per annum. The simple average hides the variation in unit cost across geographical regions, the types of clients serviced and the type of activities undertaken.

Across the state, the simple average cost varies from \$28,834 per client in Hunter-New England to \$40,473 in Dubbo. The Dubbo site has the smallest number of clients (partly due to the travel involved), and therefore has to spread its cost across a smaller base of clients.

Table 28: Average cost per client, by site

Site	Clients (no.)	Unit cost per client (\$)¹
Dubbo	17	\$40,473
Hunter-New England	44	\$28,915
Sydney	34	\$29,834
Total	95	\$31,312

Note: 1. 2013 prices.

Source: KPMG calculations.

The type of client is also an important consideration when considering the cost per client. New Street provides services to clients with varying degrees of need and complexity. The unit cost by client type is based on the amount of time spent with each client type, and the number of clients (by client type) at each site. This shows that the cost is generally higher for clients with complex needs, and generally higher for Aboriginal clients (see Table 29).

Table 29: Average cost per client, by client type and site

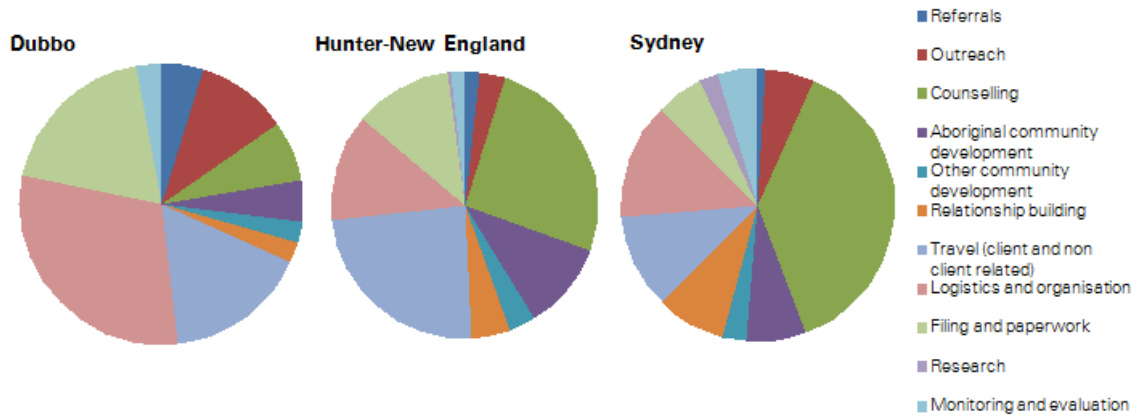
Site	High and complex needs (non Aboriginal)	High and complex needs (Aboriginal)	Other (non Aboriginal)	Other (Aboriginal)
Dubbo	36,859	40,955	46,416	24,573
Hunter-New England	88,505	58,082	21,056	36,263
Sydney	31,289	37,662	25,108	31,134
Average	45,926	46,092	22,528	29,695

Source: NSW Kids and Families, KPMG calculations.

The unit cost per client reflects both the complexity of the client's situation, their location, and takes into account a large proportion of time that is not spent with clients. New Street also performs community development activities in a range of locations and communities, for which there are no recorded clients. Different sites also have different degrees of 'office work' such as logistics and organisations and filing and paperwork. Some sites also have larger amounts of travel. For example, the comparatively higher cost recorded in Dubbo for 'Other (non Aboriginal)' clients reflects the location of these clients outside Dubbo, with almost two thirds of the 68 hours per fortnight allocated to these clients spent travelling.

In Dubbo, the single largest component of time is spent on logistics and organisation (30%), which reflects a greater proportion of the 4.47 FTE of the service being administration or management based. This compares to only 13-14 per cent in Hunter-New England and Sydney. Conversely, Sydney spends the largest component of time counselling clients (38 per cent), while staff at the Hunter-New England site spend the largest component of time travelling (26 per cent).

Figure 10: Distribution of time spent on different activities



Source: NSW Kids and Families, KPMG calculations.

The variation in activities across sites reflects both the different characteristics of the sites as well as the different degree of maturation. The Sydney site was established in 1998 and has the lowest per client cost, whereas the site with the highest per client cost was most recently established (Dubbo, 2011).

7.1 Value for money from KTS investment

This section provides an indicative estimate of the benefits derived from the KTS funding contribution to the New Street Program, which included investment in both new and existing sites.

Table 30 below presents the estimated additional costs and caseload attributable to the KTS investment. Due to data limitations, the additional services provided through the investment in existing sites at Hunter-New England and Sydney has been approximated, with funding estimated based on the unit costs identified above.

Table 30: Estimated KTS investment in New Street

Site	KTS funded clients	Unit cost per client (\$)	KTS investment
Dubbo*	17	\$40,473	\$0.7m
Hunter-New England	30**	\$28,915	\$0.9m
Sydney	15***	\$29,834	\$0.5m
Total	62	\$31,312	\$2.1m

Source: KPMG calculations

Note: * Dubbo site services Western NSW (hence higher unit cost) ** Estimated based on proportion of caseload at Newcastle site (fully funded by KTS); *** Estimated based on increase in caseload between 2009 and 2010 calendar years.

The table below summarises the net impact of this investment compared to the other scenarios considered in the cost benefit analysis.

Table 31: Net impact of KTS investment in New Street

Six year period			
	Completes an alternative service	Drops out from New Street	Is not referred to any service
4 per cent discount rate	\$1.1m	\$1.5m	\$1.2m
7 per cent discount rate	\$1.0m	\$1.6m	\$1.3m
10 per cent discount rate	\$1.0m	\$1.6m	\$1.3m
Ten year period			
	Completes an alternative service	Drops out from New Street	Is not referred to any service
4 per cent discount rate	\$1.1m	\$4.5m	\$4.0m
7 per cent discount rate	\$1.0m	\$4.4m	\$4.0m
10 per cent discount rate	\$1.0m	\$4.4m	\$4.0m

Source: KPMG calculations

Under all discount rates and for both a six and ten year period, there is a positive overall impact estimated from the KTS investment in the New Street program. Similar to the overall analysis, this finding is strongest when comparing New Street participants to program drop outs and those not referred to any service.

8 Summary of findings

Consistent with previous evaluation findings, the evaluation has found that New Street positively contributes to the outcome of vulnerable young people and their families in the child protection system. It does this through:

- Using an evidence based model to holistically address the needs of the young person and their family; developing a young person's insight into their sexually inappropriate behaviours in order to acknowledge, take responsibility and cease such behaviour.
- Using an interagency approach to support client engagement throughout the program, as well as identify and address additional issues that impact on the young person and their family.
- Working with the child in the context of their family and living arrangements to better support clinical intervention, and the safety of the young person.

The efficacy of the service is highlighted in the results of the economic analysis. Findings from the economic analysis indicate that the overall impact of New Street in comparison to all the alternative scenarios considered over both six and ten year periods, is in the order of at least \$1.6 million dollars.

While overall an effective service, New Street has faced challenges in the implementation of additional services. These challenges relate to:

- Differences at the service level as a result of localised governance arrangements.
- Staff turnover at Rural New Street Hunter New England, affecting client throughput and the establishment of the service in the area.
- Client throughput at Rural New Street services.
- Workforce development, in particular the recruitment and retention of Aboriginal staff.

As one of the only services that works across NSW with young people aged 10-17 that have displayed sexually inappropriate behaviours, New Street plays a significant role within the continuum of services in the child protection system. Individual client outcomes can have exponential impacts with the reduction of sexual abuse as the young person matures, with significant cost savings to both the Government and the individual.

9 Recommendations

To further support the ongoing establishment of current New Street services, as well as to assist the establishment of future services, the following recommendations are made.

9.1 Consistent program implementation

Staff development

- Work towards orientation modules being completed by all staff within a set timeframe to ensure that there is consistency in service provision across services.
- All clinical staff should be required to be accredited.
- All services should have access to a Senior Counsellor; RNS Western should be provided with the necessary funds to employ a Senior Counsellor as this will assist in the implementation of the service model through the support provided to staff. It will also facilitate more consistency across services.
- Culturally competent training for both Aboriginal and non-Aboriginal workers should continue to be delivered through ECAV so that all staff have a common reference point. For new workers, additional cultural competence training required for their development should be delivered through ECAV.
- Leverage the maturity and knowledge of established sites to assist the development of newer sites. This could be undertaken through formal secondment opportunities during orientation, case discussions, and sharing resources, templates and processes such as the use of a staff time matrix (rather than caseload matrix).

Governance

- As part of providing the same level of service across different geographical areas in NSW, mandate the implementation of the program model as part of the service agreement when new sites are established.
- Local governance mechanisms should have standard terms of reference so that there is consistency in the way that services are monitored.
- Develop a standard remuneration model for the service that is applied across all LHDs, and a standard approach to training and development of staff and access to further education.

9.2 Meeting program objectives

Build on the strongly established service model:

- Orientation modules should continue to be updated to reflect current practice and known areas of focus. It is understood that updating and revising module content is underway, with content regarding working with Aboriginal families and communities planned to be led by New Street's Aboriginal workforce.

- The role of community engagement in the program needs to be specified in the service model and the program logic. The activities that are preventive in nature need to be acknowledged and recognised as such, and articulated within the service model.

Recruitment and retention of Aboriginal staff

- The recruitment, support and retention of Aboriginal workers within the program should be further considered.
- It can be culturally isolating for Aboriginal persons to be the sole Aboriginal person working at each New Street site. It is recommended that an additional Aboriginal worker is employed at each site and that a targeted campaign is again conducted to recruit male Aboriginal workers.
- If cultural knowledge and experience is valued by the service and is a pre-requisite for employment, then this knowledge should be appropriately recognised and rewarded via remuneration. The disparity in pay between Aboriginal and non-Aboriginal staff undertaking the same role should be further examined.
- There is a need to further clarify the role of Aboriginal workers regarding the balance between casework versus community or preventive work.

Strengthen support roles

- The Clinical Advisor role needs to be reduced in scope so that there is progressively reduced clinical burden on the role and increased focus to the role. As the role is highly dependent on the individual in the role, succession planning needs to be undertaken. This would be an opportunity for other experienced workers within the New Street network to consider other roles.
- The establishment of a research role should be considered to utilise the existing data collected by New Street, and support the development of the model in areas where there is limited research currently available. Areas of future research could include: longitudinal studies on the client journey throughout, and post involvement with New Street, examining the sustainability of sexual recidivism and well being outcomes; the applicability of clinical intervention with varying levels of intellectual disability; the adaptability of the model with CALD families, and; how work in this field affects staff.

Service coverage

- At HNE some efficiencies could be gained by developing set pairs of counsellors for circuits and workers travelling together in one car.
- Although some efficiencies can be made at some services within existing services (such as those referred to above), overall, service coverage cannot be expanded within existing resources.
- Further research needs to be undertaken to consider the true demand for service and to determine where further sites should be located. This could be undertaken through developing a demand model to specify geographical locations of vulnerable populations as well as considering where current referrals are located.

- Locations requiring increased coverage were identified by staff and were:
 - An additional site in Bourke to cover Bourke, Brewarrina and Cobar;
 - An additional site in Orange;
 - An additional site covering Taree / the Lower Mid North Coast;
 - An additional metropolitan site in Campbelltown, Liverpool, Bankstown, Fairfield, or the CBD;
 - The cluster areas of South West and North Sydney for CALD families.
- The built environment was highlighted as a point of engagement by young people and families; adjustments at each office should be considered (such as removal of bars from windows) to further develop appropriate therapeutic spaces.

9.3 Achieving outcomes vulnerable young people and their families

Service coverage and throughput

- A number of cases were unable to be completed because clients moved out of the service's serviceable area; consideration should be given to where additional sites should be established, or how current sites can provide wider coverage to improve the rate of completion.
- Support should be provided to Rural New Streets Western and HNE to embed the closure process for clients when this is considered clinically appropriate. Regular six monthly case reviews also need to be embedded in practice and regularly carried out.

Reporting

- Include therapeutic outcomes in reporting requirements; while New Street services report quarterly to NSW Kids and Families, reports are currently descriptive of activities per service and site and do not report on outcomes.
- With the development and roll out of the new data collection tool – consider developing processes so that consistent data definitions are used and adopted across sites, and data quality is monitored. This data can be used to assist services in their individual reviews, as well as the Clinical Advisor in broader advocacy work.

Formalise Interagency partnerships

- Standardise the referral process by developing MOUs between NSW Health, NSW Police, Community Services, and New Street services so that referrals are not dependent on individual relationships or philosophical positions.
- The establishment of formal agreements with other OOHC providers would broaden the scope of young people that New Street currently works with.

Continuity of service

- New Street has consistently been shown to provide effective interventions for young people who have displayed sexually inappropriate behaviours; the continued funding and expansion of New Street will assist these young people in the future.

Appendix A. Evaluation methodology

This section provides an outline of the methodological approach taken by KPMG in undertaking the evaluation. The evaluation comprised of three core components:

- **Process evaluation** that aimed to investigate the extent to which New Street has been implemented as intended.
- **Outcomes evaluation** that aimed to investigate the extent to which New Street has contributed to the achievement of improved outcomes for vulnerable young people and their families.
- **Economic evaluation** that aimed to assess the overall costs and benefits of the service.

A.1 Document review

Internal program documentation was requested from NSW Kids and Families and individual New Street services. This documentation provided KPMG with the information necessary to understand the program logic of the service, and identify areas where further information could be sought from stakeholders.

A.2 Stakeholder consultation

Consultations were a core aspect of the evaluation, as they provided an avenue to validate data that was collected from New Street Services. Consultations also enabled the identification of issues that would not otherwise have been formally recorded or documented by New Street.

Consultations were held with:

- Clients, including young people and their families.

Up to five clients and their families were interviewed at each site. Clients were randomly chosen using a numerical sequence. Where there was a concern about the impact of the evaluation process on the client, these clients were excluded. The overall profile of clients that were interviewed and the reasons for exclusions are given in Appendix CD, Stakeholders Consulted. Both the young person and the family member had to consent to being interviewed to be included in the evaluation. Interviews were carried out by an evaluator. An Aboriginal evaluator was also available to interview Aboriginal young people.

- New Street staff and management;

Interviews were held with staff and management at each individual New Street site. Focus groups were held with staff, and separate interviews were held individually with management. Newcastle and Tamworth are part of the same New Street service (Rural New Street HNE), and has a single management structure; focus groups were held with staff at each individual site, with one interview being held with management responsible for both sites.

Aboriginal New Street staff were consulted with through two processes; staff focus groups at each individual site, and an additional focus group specifically with Aboriginal staff.

- Organisations that work with individual New Street services

Interviews were held with organisations that work with individual New Street sites. The purpose of these interviews was to gain an understanding of how New Street sites fit within their local service systems, and what the perception of the service and its purpose was in different areas.

KPMG received contact lists from managers for each New Street site. At least three interviews were held with organisations for each site, with JIRT and Community Services having priority. Additional organisations were selected on a locational basis after consultation with the relevant New Street manager. Effort was made to include Aboriginal stakeholders and community based organisations in this process.

- Central stakeholders within NSW Health

Interviews were held with stakeholders within NSW Health in order to gain an understanding of how New Street as a whole has developed, and how it was perceived within the wider service system.

A.3 Client data analysis

The following de-identified client data collected by each New Street site were analysed:

- Demographic information
- Client journey information
- Referral information
- Outcomes information

The data were used to undertake analysis on the service coverage and outcomes of New Street. Client data also informed the development of the economic model that was used in the evaluation.

The expansion of the New Street service sites has introduced variation in both the timeframes that each New Street site's data covers, and the actual data storage method used. Data that were considered for analysis comprised of data for clients who were in receipt of a New Street service from 1 January 2010 to 30 June 2013.

A.4 Economic analysis

An economic model was developed to identify the overall costs and benefits of New Street. This model was informed by:

- Client data that was collected from New Street services covering 1 January 2010 to 30 July 2013;
- Specific service data collected from New Street services and NSW Kids and Families

- Interviews with New Street staff, management, and central stakeholders;
- Additional research undertaken to support the assumptions used in the model.

A.5 Assessing cultural competency of service delivery

The cultural competency of the New Street service can be assessed against three different aspects of the program:²⁹

- 1 the specific service model design and how the service operates in practice for Aboriginal young people and families;
- 2 development and initiation of the program at the policy level; and
- 3 the work of the program in the broader community regarding community engagement and preventive work (developing healthy relationships).

The following aspects, at a minimum, are expected to be present in accordance with good practice service delivery:

- service is inclusive and respects all ethnic backgrounds and religions and provides training to help carers understand different cultural backgrounds. This includes questioning if a child or family identifies as Aboriginal or Torres Strait Islander;
- services are relevant to individual and family needs, and are flexible and adaptive to accommodate a family's changing situation;
- the individual and their family are provided the choice of an Aboriginal or mainstream service;
- advice is sought in consultation with Aboriginal agencies;
- joint case management and other work is undertaken in collaboration with Aboriginal stakeholders, Aboriginal agencies and/or community-based organisations. Workers are familiar with practice guidelines that require them to liaise with Aboriginal stakeholders in cases involving Aboriginal children and young people;
- time and effort are dedicated to building relationships within Aboriginal communities and with Aboriginal organisations; and
- Referral protocols are established and applied.

A.6 Research questions

The following table shows the research questions as provided in the initial Request for Quote mapped to the evaluation methods. The order of research questions may differ in the body of the report for structural reasons.

²⁹ Appendices E, F and G provide further detail on the information that was collected in regards to the cultural competency of New Street.

Table A- 1 Relationship between evaluation questions and method

Evaluation question	DOCUMENT REVIEW	CONSULTATIONS	ASSESSMENT OF DATA PROCESSES	CLIENT DATA ANALYSIS	COST BENEFIT ANALYSIS
Objective 1					
Are the New Street services assisting in meeting the support needs of young people and families most in need?		✓		✓	
Are New Street services accessible and culturally appropriate for local Aboriginal young people and their families?	✓	✓		✓	
Are the New Street services providing service coverage and equitable access across their whole catchments? What (if any) are barriers to potential clients accessing services (eg. transport) What strategies could improve service access among the target group?		✓		✓	
What, if any, are the main barriers to implementing the services as planned and have there been any unintended consequences?	✓	✓			
Objective 2					
What data are collected by each service in relation to demography of clients, services offered and provided, and key outcomes (reoffending/recidivism, victimisation and its nature)? Could data collection be improved to measure service activity and program effectiveness?		✓	✓		
Do the processes of confirming sexually harmful behaviour and providing a coordinated interagency response lead to improvement in the safety of children and young people including clients of the New Street services?		✓		✓	
Is the New Street service delivery model effective in a rural/regional setting?		✓		✓	

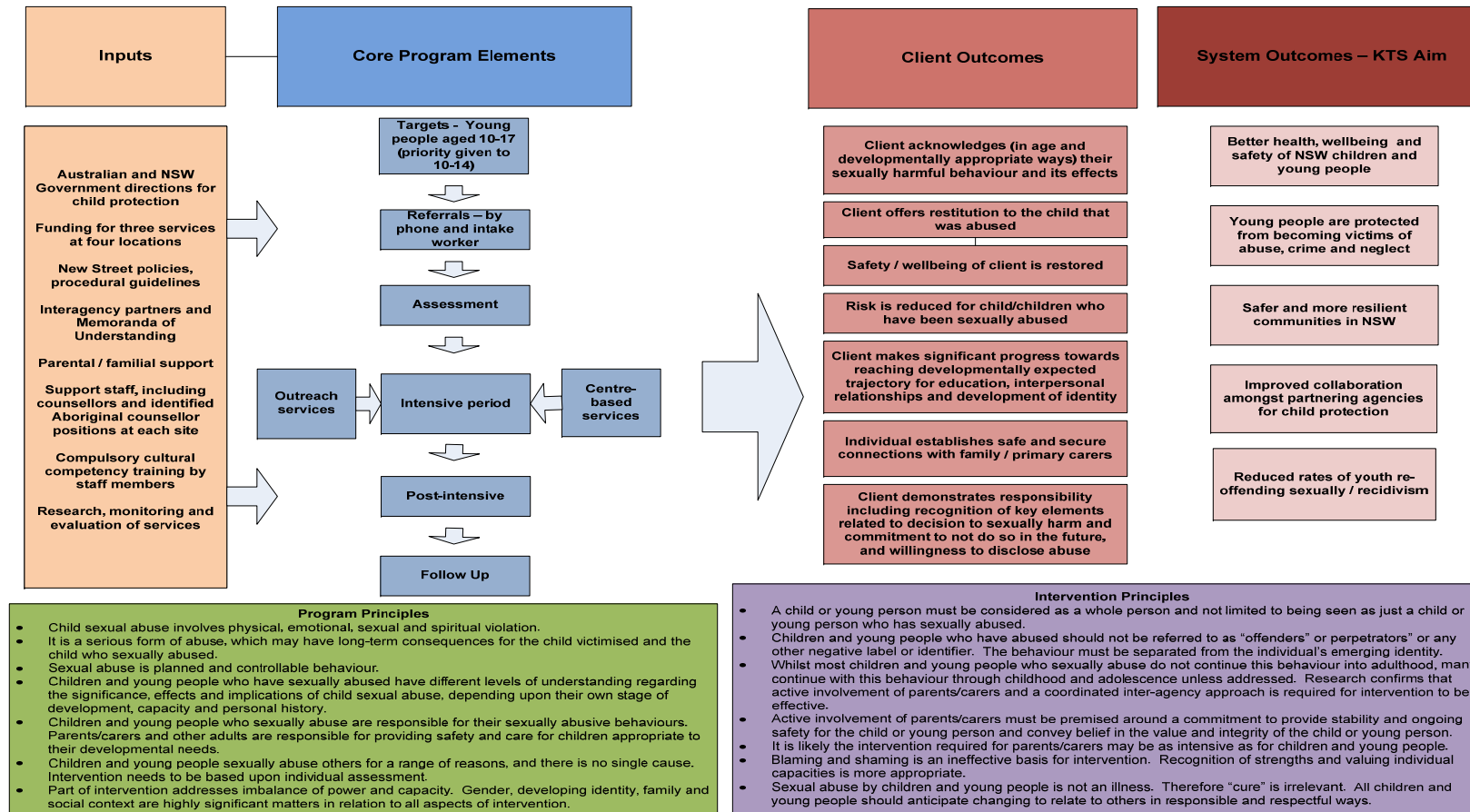
Evaluation question	DOCUMENT REVIEW	CONSULTATIONS	ASSESSMENT OF DATA PROCESSES	CLIENT DATA ANALYSIS	COST BENEFIT ANALYSIS
Are New Street services meeting the needs of local Aboriginal young people and their families?		✓		✓	
Is there any evidence that New Street is reducing sexual recidivism and victimisation of clients?		✓		✓	
How effective is the role of Clinical Advisor, Sydney Children’s Hospital Network in supporting New Street services and are there opportunities for this role to be strengthened?	✓	✓			
How effective has the role of Librarian been in supporting New Street services and are there opportunities for this role to be strengthened?	✓	✓			
To what extent has service capacity been increased as a result of the Keep Them Safe enhancements to New Street services? What service gaps remain in the provision of New Street services in this State?		✓		✓	
Are there any aspects of the New Street service delivery model that could be improved?	✓	✓	✓	✓	✓
Objective 3					
Are vulnerable families, including Aboriginal families, better supported to provide a safe and nurturing environment for their children and young people as a result of the New Street Services?		✓		✓	
Is the New Street program effective at each site in improving the safety, welfare and wellbeing of children and young people, reducing re-offending, and in protecting its adolescent clients from themselves becoming victims of crime and/or of abuse and neglect?		✓		✓	
Is New Street reducing risks of escalation of vulnerable children and young people entering the		✓		✓	

Evaluation question	DOCUMENT REVIEW	CONSULTATIONS	ASSESSMENT OF DATA PROCESSES	CLIENT DATA ANALYSIS	COST BENEFIT ANALYSIS
statutory child protection system and the justice system?					
Objective 4					
What is the current unit cost of New Street services (with distinction between activity such as service promotion, community development, case numbers, and consideration of variables such as complexity of client need, geographical location, cultural competence and length of operation)?	✓	✓			✓
Are the previously identified economic costs and benefits of New Street still relevant?	✓			✓	✓
What further costs and benefits (if any) are now evident?	✓	✓		✓	✓

Source: KPMG 2013

Appendix B. New Street Services program logic

Figure B-1: Program logic for the New Street program



Source: KPMG 2013

Appendix C. Key assumptions of the economic model

Table C- 1: Key assumptions of the economic model

Category	Description	Source
General assumptions		
Discount rate	A discount rate 7 per cent was used to determine the present value of future amounts. Sensitivity of the results was tested by using discount rates of 4 and 10 per cent.	NSW Treasury, 2007
Average CPI	The average CPI over the past ten years was used to proxy the average inflation of prices in coming years. The relevant CPI was used to inflate values from earlier studies and work.	ABS cat. no. 6401.0 Consumer Price Index, Australia, September 2013
Wage indexation	The average wage price index over the past ten years was used to proxy the increase in wages in coming years.	ABS cat. no. 6345.0 Wage Price Index, Australia, September 2013
Foreign exchange rates	Once values in previous international studies were brought to today's dollar terms, the average monthly exchange rate for the past year was used to bring the value into Australian dollars.	RBA, F11 Exchange Rates - Monthly Series
Program costs		
New Street	Average unit cost of New Street is \$31,312 per annum.	New Street site data
Alternative service	Average unit cost of private sessions with a psychologist, as the proxy for an alternative service, is \$40,706 per annum.	KPMG advice
Education costs		
Proportion of participants completing high school	All young people will attend high school up until 17 years, which is the minimum mandatory school leaving age in NSW. In terms of year 12 completion, it is understood that program participants who are <u>not</u> living with family, relatives or friends (i.e. 52% of total participants) are the ones who may complete year 12 as a result of receiving counselling under New Street or a similar service. Out of these participants, 91% will complete year 12 -- in line with the state average rate.	Expert advice from the Project Working Group and Steering Committee; ABS cat. no. 6227.0 Education and Work, Australia, May 2012 - Table 8
Proportion of participants	Building on the proportion of participants (52% of total participants) who	ABS cat. no. 6227.0 Education and Work,

Category	Description	Source
attaining post-school qualification	may complete high school as a result of New Street or a similar service, the proportion of 20-24 year olds in NSW with a post-school qualification (48.7%) was then applied to estimate the proportion of participants who may attain post school qualification as a result of New Street or a similar service. A breakdown can be established between the types of post-school qualification; 45% will enter university while 54% will enter vocational study -- in line with the state average rate.	Australia, May 2012 - Table 9
Average annual costs of post-school qualification per student	Cost of high school is \$17,303; cost of three-year university degree is \$16,625; 12-month vocational qualification is \$12,667.	KPMG calculations based on: Australian Curriculum, Assessment and Reporting Authority (ACARA) 2010, National Report on Schooling in Australia - Table 51; Department of Education, Employment and Workplace Relations, 2011, 'Higher education teaching and learning costs', prepared by Deloitte Access Economics, August; Independent Economics 2013, 'Cost-benefit analysis and returns from additional investment in Vocational Education and Training', prepared for TAFE Directors Australia.
<i>Employment and income</i>		
Proportion of participants gaining employment	It is understood that program participants who are <u>not</u> living with family, relatives or friends (i.e. 52% of total participants) are the ones who may go on to seek and obtain employment as a result of receiving counselling under New Street or a similar service.	Expert advice from the Project Working Group and Steering Committee; ABS cat. no. 6227.0 Education and Work, Australia, May 2012 - Table 8
Annual income (where highest educational attainment is year 12 or below)	Median annual incomes were used for the following age groups: \$11,350 for 15-19 year olds, \$18,160 for 20-24 year olds and \$52,338 for 25-29 year olds and \$44,733.	ABS cat. No. 6278.0 Education and Training Experience, 2009; ABS cat. no. 6310.0 Employee Earnings, Benefits and Trade Union Membership, Australia, August 2012
Marginal return of post-	Returns of 0.45 and 0.17 were used to increase annual income for those	Leigh A, 2008 'Returns to Education in

Category	Description	Source
school qualifications to income	with higher education (university and vocational, respectively).	Australia', Economic Papers, vol. 27, issue 3, pp. 233–249, September.
Health costs		
Proportion of participants experiencing improved health	All participants are expected to experience a range of health and mental health issues especially as a result of previous trauma, if not counselled.	Expert advice from the Project Working Group and Steering Committee; ABS cat. no. 6227.0 Education and Work, Australia, May 2012 - Table 8
Avoided cost of healthcare	The average annual health expenditure per person in NSW of \$5,797 was applied.	Productivity Commission 2013, 'Report on government services', Table EA.5
Child protection costs		
Proportion of participants with reduced entry/contact with the child protection system	A proportion of participants have been removed from their family or previous caring arrangements as a result of displaying sexually harmful behaviour. It is understood that 14% of total participants could be restored to their family/relatives/friends and leave the child protection system, if successfully counselled under New Street or a similar service.	Practice advice from New Street
Avoided cost of child protection	A weighted average cost of care, based on out-of-home-care, foster care/kinship care, residential care and high cost residential care of \$137,407 was applied.	KPMG advice
Costs of crime		
Proportion of participants with reduced offending	All participants may sexually abuse and undertake other offences, if not successfully counselled by New Street or a similar service.	Expert advice from the Project Working Group and Steering Committee; ABS cat. no. 6227.0 Education and Work, Australia, May 2012 - Table 8
Types of criminal offences	Charges with the most marked elevation among child sexual assault cases compared with the general population were sexual offences, violent offences, drug offences and theft.	Ogloff Cutajar Mann and Mullen 2012
Avoided cost of sexual abuse	Victim costs of \$359,114 which includes reduced lifetime earnings, and police cost per incident of \$1,620. It is assumed there could be four victims over a six year period (or seven victims over a ten year period).	NAESV, Edwards 2005, Baldry 2012

Category	Description	Source
Avoided cost of assault	Victim costs of youth violence of \$24,026 and police cost of an incident of \$1,620. It is assumed there is one violent incident each year.	World Health Organisation 2004, Baldry 2012
Avoided cost of drug crime	Cost of drug crime of \$5,454 is comprised of hospitalisations due to drug use \$3,410 and treatment cost (a proxy was the daily cost of community based residential mental health care services of \$326, applied for three days. It is assumed there is one drug offence occurring on a fortnightly basis.	Rollings 2008, Baldry 2012
Avoided cost of theft	The weighted average cost of burglary, robbery, theft from a vehicle, shop theft and other theft, were applied - totalling \$2,822 per incident. The police cost of an incident of \$1,620 was also included. It is assumed there is one theft occurring on a monthly basis.	Rollings 2008, Baldry 2012

Source: KPMG 2013

Appendix D. Stakeholders consulted

The following table provides an overview of the stakeholders consulted throughout the evaluation. Individuals and organisations have not been identified by name to avoid the linking of any individual cases to particular persons or organisations.

Table D- 21 New Street staff consulted during the evaluation

Site	Staff	Management
Parramatta	8	1
Dubbo	2	1
Tamworth	3	1 (sites are overseen by one manager)
Newcastle	2	
Aboriginal Counsellors	5	NA

Source: KPMG 2013

Table D- 2: New Street clients consulted during the evaluation

Site	Males	Females	Aboriginal	Total interviews
Parramatta	5	0	0	5
Dubbo	5	0	1	5
Tamworth	3	0	1	3
Newcastle	4	1	2	5

Source: KPMG 2013

Table D-3: Reasons for client exclusion in the evaluation

Site	Reason for exclusion of clients from random sample	Total number of client(s) excluded
Dubbo (Rural New Street Western)	Client charged	1
Tamworth	Client declined (1) Client unable to attend (3)	4
Newcastle	Client declined (6)	6
Sydney	Client declined (1) FaCS declined (1) Unable to contact in time (1)	3

Source: KPMG 2013

Table D-5: Partnering organisations consulted during the evaluation

Service	Stakeholder group	Type of organisation
New Street Sydney	Partner organisation	Education
	Partner organisation	Youth
Rural New Street Western	Partner organisation	Health
	Partner organisation	Out of home care
	Partner organisation	Sexual assault service
	Partner organisation	JIRT
Rural New Street Hunter New England	Partner organisation	Youth
	Partner organisation	FaCS
	Partner organisation	Disability
	Partner organisation	JIRT

Source: KPMG 2013

Appendix E. Cultural competency in NSW

NSW has a range of documents guiding interaction with Aboriginal people in service settings. Specifically NSW Health offers a policy framework on cultural competency for all individuals working for the NSW Ministry of Health, Local Health Districts and other NSW Health Organisations to ensure that all staff are culturally competent and empowered to deliver more respectful, responsive and culturally sensitive services for Aboriginal people, their families and communities.³⁰

This policy framework sets mandatory requirements for staff to develop an understanding and respect for Aboriginal people, and proposes a change to the platform of service delivery to generate improved outcomes for Aboriginal people. To achieve this, each level of staff – from leadership to administrative and support staff – are required to undertake a combination of e-learning (online), local and generic content (face to face) training which provides general knowledge and strategies for working with Aboriginal people. This framework is monitored to ensure that implementation and progress are being achieved across each of the outcomes areas.

The following table outlines the objectives of ‘Respecting the Difference’ Aboriginal culture training framework.

Table E-1: Objectives and target audiences for NSW Health ‘Respecting the Difference’ cultural training

Training component	Objectives	Target audience
E-learning (2 hours)	<ul style="list-style-type: none"> Recognise the need to improve Aboriginal health and understand how healthcare workers can contribute to ‘Closing the Gap’ Recognise the positive influence that greater appreciation for cultural values, beliefs and practices can have upon healthcare provision and health outcomes for Aboriginal people. Understand that past interactions influence an Aboriginal person’s willingness to access healthcare 	<p>Leadership groups</p> <p>Program and service managers</p> <p>Frontline staff</p> <p>All other service staff</p>

³⁰ NSW Health, 2011 Policy Directive, ‘Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health.’

Training component	Objectives	Target audience
	<p>services.</p> <ul style="list-style-type: none"> • Develop an awareness of Aboriginal concepts of health and wellbeing. • Recognise that NSW Health’s Aboriginal staff bring a unique set of skills to the workforce that can assist in improving Aboriginal health outcomes. 	
<p>Generic subject content (2 hours)</p> <p>Local content (4 hours)</p>	<ul style="list-style-type: none"> • Appreciate the impact that racism and discrimination has upon Aboriginal people’s experience of healthcare. • Understand and overcome the potential causes for miscommunication. • Understand and demonstrate sensitivity to contemporary Aboriginal culture and issues. • Describe local Aboriginal community demographics, including health status. • Recognise the need for equity, sensitivity and accessibility of healthcare services to the Aboriginal community. • Comprehensively understand local Aboriginal health programs and staff. • Comprehensively understand local Aboriginal 	<p>Leadership groups</p> <p>Program and service managers</p> <p>Frontline staff</p> <p>All other service staff</p>

Training component	Objectives	Target audience
	community Services (health and other). <ul style="list-style-type: none"> • Appreciate the role and wisdom of local Elders. • Understand responsibilities in relation to relevant Aboriginal health policies and procedures. 	

Source: NSW Health, 2011 Policy Directive, 'Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health, adapted by KPMG 2013

Appendix F. Qualitative data on New Street’s cultural competency

The cultural competency of New Street Services was explored primarily through consultations with all stakeholders. The information collected was in turn guided by the research questions underpinning the evaluation. The following table provides an overview of qualitative information collected throughout the evaluation in regards to New Street’s cultural competency.

Table A-F-1: Qualitative data from consultation regarding cultural competency at each New Street site

F.1.1.1	Element of cultural competency /proficiency by New Street site	F.1.1.2	North Parramatta	F.1.1.3	Dubbo (Rural New Street Western)	F.1.1.4	Tamworth/Newcastle (Rural New Street Hunter/New England)	F.1.1.5	Supporting evidence (interviews, focus groups, documents)
F.1.1.6	<i>Cultural appropriateness of services, staff training</i>								
F.1.1.7	Are staff and management provided cultural competency training on a regular basis?	F.1.1.8	Mandatory 3-day ECAV training and assessment (conducted by 2 Aboriginal staff members) + 1 day refresher training; informal consultation and assistance from Aboriginal workers	F.1.1.10	Staff are exposed to training, but no comment on regularity	F.1.1.12	50% of staff have done ECAV training (3-day); also HNE online training (cultural respect)	F.1.1.13	Consultation with program coordinator, external partners
		F.1.1.9	ECAV orientation	F.1.1.11				F.1.1.14	
								F.1.1.15	<i>*Note: As per New street policy, all non-</i>

F.1.1.1	Element of cultural competency /proficiency by New Street site	F.1.1.2	North Parramatta	F.1.1.3	Dubbo (Rural New Street Western)	F.1.1.4	Tamworth/Newcastle (Rural New Street Hunter/New England)	F.1.1.5	Supporting evidence (interviews, focus groups, documents)
			modules require updating around Aboriginal cultural competency						<i>Aboriginal identifying staff are required to undertake cultural competency training.</i>
F.1.1.16	Are family and Elders encouraged to be involved in therapy/ intervention (where the young person in the program identifies as Aboriginal)?	F.1.1.17	Service tries to include the extended family as much as possible	F.1.1.19	Service tries to include the extended family as much as possible	F.1.1.20	Family /carers are involved in the service, reportedly happy with engagement	F.1.1.23	Consultation with program coordinator , external partners and program staff
		F.1.1.18	Aboriginal staff work directly with family or support non-Aboriginal staff to work with family			F.1.1.21			
						F.1.1.22	Elders' involvement and approval is actively sought in the regional/rural sites		

F.1.1.1	Element of cultural competency /proficiency by New Street site	F.1.1.2	North Parramatta	F.1.1.3	Dubbo (Rural New Street Western)	F.1.1.4	Tamworth/Newcastle (Rural New Street Hunter/New England)	F.1.1.5	Supporting evidence (interviews, focus groups, documents)
<i>F.1.1.24 Program Fidelity</i>									
F.1.1.25	Are New Street sites meeting the 50% target of engaging with Aboriginal families and communities?	F.1.1.26	N/A – this target does not apply to this site; however, engagement has increased from 5-6% in 2005-6 to 25% currently	F.1.1.27	Currently 6 of 18 families are Aboriginal and 35% of Aboriginal young people referred out of total referrals. Additionally, the site undertakes substantial work in the community.	F.1.1.28	Lack of capacity is a significant problem at the Newcastle site, which impacts this aspect	F.1.1.29	Consultation with program coordinator
F.1.1.30	Has New Street facilitated Aboriginal families to access support services?	Aboriginal partners assist with maintaining links to Aboriginal service providers and community groups to facilitate referrals		F.1.1.31	Aboriginal worker is engaged in the communities to assist with facilitating referrals	F.1.1.35	All staff involved in community engagement, attend NAIDOC activities, go to targeted communities, and give resources to	F.1.1.38	Consultation with program coordinator, site staff and external stakeholder
				F.1.1.32	The site is				

F.1.1.1	Element of cultural competency /proficiency by New Street site	F.1.1.2	North Parramatta	F.1.1.3	Dubbo (Rural New Street Western)	F.1.1.4	Tamworth/Newcastle (Rural New Street Hunter/New England)	F.1.1.5	Supporting evidence (interviews, focus groups, documents)
					welcoming, in an unmarked house and has Aboriginal pictures and paintings		communities in high need of the service		s
				F.1.1.33	Literature is in plain English	F.1.1.36	Site is unmarked house and has Aboriginal pictures and paintings		
				F.1.1.34	Outreach provided to Aboriginal families to further facilitate access	F.1.1.37	Outreach workers visit families to facilitate access to the service		
F.1.1.39	Has New Street assisted with the development of a skilled Aboriginal workforce including a minimum of one designated	F.1.1.40	One Aboriginal staff member (male) (this position was converted into an Aboriginal identified	F.1.1.44	One Aboriginal staff member; this role is designed to assist all NS staff to understand the importance of family and family	F.1.1.48	One Aboriginal counsellor at each site (Tamworth, Newcastle). Active recruitment of Aboriginal staff (Newcastle JIRT)	F.1.1.51	Consultation with program coordinator

F.1.1.1	Element of cultural competency /proficiency by New Street site	F.1.1.2	North Parramatta	F.1.1.3	Dubbo (Rural New Street Western)	F.1.1.4	Tamworth/Newcastle (Rural New Street Hunter/New England)	F.1.1.5	Supporting evidence (interviews, focus groups, documents)
	Aboriginal position at each site?		position)		acceptance, being respectful and focussing on family.		but identified need for male Aboriginal staff (Newcastle)		
		F.1.1.41	Recruitment of Aboriginal staff members is prioritised but thus far unsuccessful in recruiting a second Aboriginal male staff member	F.1.1.45	Training every 2 months to build capacity of Aboriginal workforce	F.1.1.49	Bi-monthly Aboriginal staff support meetings		
		F.1.1.42	Bi-monthly Aboriginal staff support meetings	F.1.1.46	Bi-monthly Aboriginal staff support meetings	F.1.1.50			
		F.1.1.43	Aboriginal workers encouraged to attend additional training with goal of achieving recognised	F.1.1.47					

F.1.1.1	Element of cultural competency /proficiency by New Street site	F.1.1.2	North Parramatta	F.1.1.3	Dubbo (Rural New Street Western)	F.1.1.4	Tamworth/Newcastle (Rural New Street Hunter/New England)	F.1.1.5	Supporting evidence (interviews, focus groups, documents)
qualifications									
F.1.1.52	Are New Street services accessible and culturally appropriate for local Aboriginal young people and their families?	F.1.1.54	In progress – staff and management very open to feedback and have developed awareness of cultural differences in the meaning of family, necessary to build trust and ongoing relationships	F.1.1.55	Workers take their lead from Aboriginal families about what feels comfortable for the family	F.1.1.58	Most staff reported to have strong community connections; although certain individuals in the past have had difficulties communicating due to uncertainty as to how to deal with Aboriginal children	F.1.1.59	Consultation with program coordinator
F.1.1.53	Do they provide a culturally competent service?			F.1.1.56	Families have reported feeling “a strong sense of connection” with Aboriginal worker			F.1.1.60	Consultation with Aboriginal worker
				F.1.1.57	Aboriginal worker has resources from Aboriginal trauma training			F.1.1.61	
F.1.1.62 <i>Outcomes</i>									

F.1.1.1	Element of cultural competency /proficiency by New Street site	F.1.1.2	North Parramatta	F.1.1.3	Dubbo (Rural New Street Western)	F.1.1.4	Tamworth/Newcastle (Rural New Street Hunter/New England)	F.1.1.5	Supporting evidence (interviews, focus groups, documents)
F.1.1.63	Are Aboriginal individuals, families and communities being engaged?	F.1.1.64	NS deliver SAM and SAW programs and have developed a positive reputation within Aboriginal communities	F.1.1.65	One Aboriginal worker at Rural New Street has worked extensively with local organisations and community groups to ensure that communities are engaged, and to connect and work with Elders in the communities in which they operate	F.1.1.67	Staff attend NAIDOC activities, go to targeted communities, and give resources to communities in high need of the service	F.1.1.69	Consultation with program coordinator
						F.1.1.68	Training provided to Aboriginal organisations	F.1.1.70	Consultation with Aboriginal New Street workers
				F.1.1.66	Anecdotal reports of staff working hard to engage key community			F.1.1.71	

F.1.1.1	Element of cultural competency /proficiency by New Street site	F.1.1.2	North Parramatta	F.1.1.3	Dubbo (Rural New Street Western)	F.1.1.4	Tamworth/Newcastle (Rural New Street Hunter/New England)	F.1.1.5	Supporting evidence (interviews, focus groups, documents)
members									
F.1.1.72	Do referrals involve Aboriginal families?	F.1.1.73	Not specified	F.1.1.74	Aboriginal young people have priority as per New Street policy. Their target age group is 10-14 but if they are referred to an Aboriginal young person who is 15 years old, the Aboriginal young person would receive priority.	F.1.1.75	Mixed reviews from families /carers regarding satisfaction with engagement	F.1.1.76	Consultation with program coordinator
								F.1.1.77	
F.1.1.78	Are the New Street services meeting the needs of local Aboriginal young people and their	F.1.1.79	Not specified	F.1.1.80	Aboriginal young people reportedly do well on the program	F.1.1.83	Aboriginal young people reportedly do well on the program	F.1.1.86	Consultation with program coordinator , staff at
				F.1.1.81	Staff reported	F.1.1.84	Workers for		

F.1.1.1	Element of cultural competency /proficiency by New Street site	F.1.1.2	North Parramatta	F.1.1.3	Dubbo (Rural New Street Western)	F.1.1.4	Tamworth/Newcastle (Rural New Street Hunter/New England)	F.1.1.5	Supporting evidence (interviews, focus groups, documents)
	families?			F.1.1.82	that they adapt to the particular cultural needs of the young person The team is open to feedback and adapting their ways to suit the needs of the family and open to admitting fault where they make a mistake	F.1.1.85	Aboriginal young people may not be Aboriginal, but Aboriginal worker complements service with advice on cultural issues Families not making referrals due to inadequate staffing/capacity, especially after work hours (Newcastle)	F.1.1.87	sites and external stakeholders
F.1.1.88	Are vulnerable families, including Aboriginal families, better supported to provide a safe and nurturing	F.1.1.89	Aboriginal staff are available to work with families	F.1.1.92	Aboriginal staff are available to work with families	F.1.1.95	Aboriginal staff are available to work with families	F.1.1.98	Consultation with program coordinator
		F.1.1.90	Extended family is involved where	F.1.1.93	Extended family is involved where	F.1.1.96	Extended family is involved where	F.1.1.99	Consultation

F.1.1.1 Element of cultural competency /proficiency by New Street site	F.1.1.2 North Parramatta	F.1.1.3 Dubbo (Rural New Street Western)	F.1.1.4 Tamworth/Newcastle (Rural New Street Hunter/New England)	F.1.1.5 Supporting evidence (interviews, focus groups, documents)
environment for their children and young people as a result of the New Street services?	possible F.1.1.91	possible F.1.1.94 Staff noted that it is critical to involve the fathers / carers who are most influential in child’s life in order to stabilise home environment	possible F.1.1.97 Setting up mentoring program – working with Elders who will run the program in the Christmas holidays	n with Aboriginal New Street workers
Is the New Street service delivery model effective in a rural/regional setting?	N/a – urban location, and not an outreach service	Geography is a major challenge with implications for: - numbers of clients able to be in the program -logistics -impact on staff (fatigue and long distances)	Can be effective but challenged by low throughput Transport in Newcastle is an issue (as it is not an outreach service and there is very limited public transport options) Cost of private transport is	Consultation with external stakeholders and staff members

F.1.1.1	Element of cultural competency /proficiency by New Street site	F.1.1.2	North Parramatta	F.1.1.3	Dubbo (Rural New Street Western)	F.1.1.4	Tamworth/Newcastle (Rural New Street Hunter/New England)	F.1.1.5	Supporting evidence (interviews, focus groups, documents)
					- workforce availability	prohibitive			

Source: KPMG 2013

Appendix G. Aboriginal Health Impact Statement

The process of policy development is discussed in the following section which examines the Aboriginal Health impact Statement.

Aboriginal Health Impact Statement and Guidelines (the Statement)

The purpose of the Aboriginal Health Impact Statement and Guidelines (the Statement) is to ensure the needs and interests of Aboriginal people are embedded into the development, implementation and evaluation of all NSW Health initiatives. The concept of the Statement comprises two elements:

- 1) A declaration as to whether or not the specific initiative will impact on the health of Aboriginal people; and
- 2) A checklist detailing how the needs and interests of Aboriginal people have been elicited and incorporated where appropriate.

The questions, outlined below, will be explored through consultation with NSW Department of Kids & Families, with external stakeholders, with New Street management and staff, and with services users (as appropriate).

Analysis of Aboriginal impact for New Street services

The following table has been adapted from the NSW Health Aboriginal Impact Statement. It provides an analysis of the New Street sites based on the consultation with a range of internal and external stakeholders.

Table AG-1: Analysis of Aboriginal impact of New Street services (adapted from NSW Health Aboriginal Impact Statement).

Question	Assessment (Y/N or n/a)	Stakeholder consulted	Comments
Has there been appropriate representation of Aboriginal stakeholders in the development of the policy, program or strategy?	Some evidence	Aboriginal New Street staff	One Aboriginal worker at Rural New Street has worked extensively with local organisations and community groups to ensure that communities are engaged, and to connect and work with Elders in the communities in which they operate.
Have Aboriginal stakeholders been involved from the early stages of policy, program or strategy development?	Unknown	Aboriginal Elder	Aboriginal communities had a depth involvement in expanding New Street service to Dubbo.

Question	Assessment (Y/N or n/a)	Stakeholder consulted	Comments
Have consultation/negotiation processes occurred with Aboriginal stakeholders?	Strong evidence	Program coordinators Program staff Ext. stakeholders	Staff members engage extensively with a range of communities, especially those in high need of services, at the HNE and Dubbo sites.
Have these processes been effective?	Some evidence	Aboriginal New Street staff	Consultation has resulted in positive relationships and referrals to the service.
Have links been made with relevant existing mainstream and/or Aboriginal-specific policies, programs and/or strategies?	Strong evidence	Aboriginal New Street staff	<p>Formal connection with SAM (and SAW) programs at a number of sites.</p> <p>ECAV assisted with the development of New Street orientation modules.</p> <p>ECAV provides compulsory training for non-Aboriginal staff, and specialised training offered to Aboriginal staff.</p> <p>Koori Interagency, ANZATSA, ACMAG, local advisory groups including Education Centre Against Violence reviews cultural safety and competence policies and practice.</p> <p>Aboriginal Family Strategy was used to develop NS workforce development strategy for Aboriginal Staff.</p>
Does the policy, program or strategy clearly identify the effects it will have on Aboriginal (health) outcomes and (health) services?	Some evidence	New Street staff	<p>Clear therapeutic service model has been developed which is evidence based.</p> <p>Cultural competency is a key focus, indicating the</p>

Question	Assessment (Y/N or n/a)	Stakeholder consulted	Comments
			cultural safety and wellbeing for staff and clients is important.
Have these effects been adequately addressed in the policy, program or strategy?	No evidence	Staff, program coordinators	This could be more clearly outlined in policies, with objectives and targets. This is currently not the case.
Are the identified effects on Aboriginal outcomes and services sufficiently different for Aboriginal people (compared to the general population) to warrant the development of a separate policy, program or strategy?	No evidence		There appears to be a solid understanding at the sites of the importance of 'getting it right' with respect to cultural competency, but it isn't necessarily evenly practiced across sites. However, the program is flexible enough to be able to be adapted for each Aboriginal young person
Will implementation of the policy, program or strategy be supported by an adequate allocation of resources specifically for its Aboriginal (health) aspects?	Unknown		<p>There are a minimum of one Aboriginal staff member per site. However, it is difficult for an Aboriginal staff member to be the only Aboriginal person at a site. There is also only one Aboriginal male in the service.</p> <p>Program coordinator at HNE noted that he would like to have more Aboriginal staff on board.</p>

Source: KPMG 2013