

# Evaluation of the Permanency Support Program

Major findings and recommendations





# Overview of presentation

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- ➔ **2: Overview of evaluation methods (Slides 8 – 13)**
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# 1: Introducing the PSP Evaluation

# Overview of the evaluation team



Specialist expertise in using evaluation, evidence, and implementation in practice and policy to improve outcomes in child and family services



Understanding of the NSW system, processes and data, including challenges and opportunities, borne from multiple projects with FACS/DCJ



Global networks and strong track record in child welfare evidence generation, translation and implementation



Implementation evaluation  
Dr Vanessa Rose and Chloe Jacob



Outcome evaluation  
Professor Aron Shlonsky, Jessica Roberts and Lisa Hodgkin



Economic evaluation  
Professor Guyonne Kalb and Jordy Meekes



Evaluation with Aboriginal families and communities  
Lena Etuk and Rochelle Braff

# PSP evaluation overview (2019-2022)



Used a methodology which assessed the effectiveness and cost-benefit of PSP while understanding the context for implementation



Analysed the effectiveness of PSP by creating matched control groups to compare children who received PSP with those who did not using routinely collected administrative data



Analysed implementation enablers and challenges among NGO PSP caseworkers, NGO providers, and DCJ and explored what casework and services were delivered through PSP




Analysed the cost-benefit of PSP using data from the effectiveness evaluation and NSW Treasury cost-benefit analysis (CBA) guidelines



Analysed the impact of PSP on Aboriginal families, communities and ACCOs using administrative data and a case study approach

# The evaluation benefited from deep sector knowledge and experience of PSP



## We are grateful to:

- NSW Aboriginal Reference Group, the then DCJ Aboriginal Outcomes Team, ACCOs and Aboriginal communities
- PSP Independent Advisory Group, including the Association of Children's Welfare Agencies (ACWA) and NSW Child, Family and Community Peak Aboriginal Corporation (AbSec)
- PSP service providers who participated in the Advisory Group, focus groups and case file review
- DCJ representatives, including staff from Child and Family programs and FACSIAR



**Ethics approval for the PSP evaluation was granted by the Aboriginal Health & Medical Research Council (AH&MRC) and Monash and Melbourne universities**



# Part 2: Overview of evaluation methods





# How did we evaluate the implementation of PSP?

**We used a mix of approaches to examine PSP casework and services, and enablers and barriers to PSP delivery:**

- Focus groups and interviews with NGO PSP service providers focused on early implementation (16 NGOs including 3 ACCOs)
- Standardized survey with NGO PSP service provider staff focused on organizational capacity for implementation at early implementation (181 respondents across 38 NGOs)
- Focus groups (2) and interviews (3) with DCJ central office and District representatives including Permanency Support Coordinators focused on mid-late implementation (9 staff)
- Case file review focused on implementation as it related to the casework undertaken with the child and parent and/or carer (74 case files selected in collaboration with 5 volunteer partner NGOs including 2 ACCOs, 2 statewide providers and 1 NGO who worked with complexity)



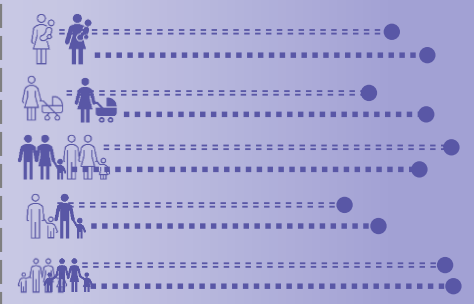
**Implementation of PSP focused on the PSP model, the context in which implementation occurred and the broader child protection system**

# We examined predictors of positive and negative outcomes related to children’s safety, permanency, stability, and wellbeing using three different cohorts

PSP commences (Oct 1, 2018)

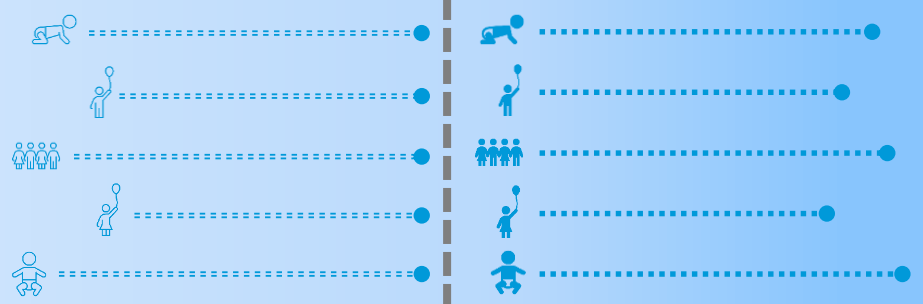
## Family Preservation cohort

Households who received a family preservation package matched to a comparison group of households who were eligible for the package but did not receive it



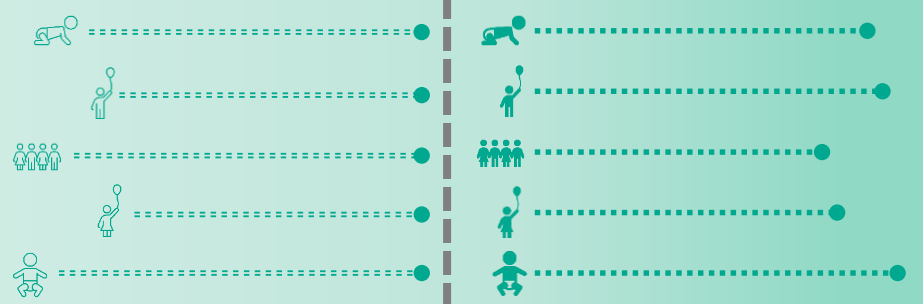
## Entry/Re-entry cohort

Children who entered a new episode of foster or kinship care matched to a historical comparison group with similar characteristics



## Ongoing care cohort

Children who were already in foster or kinship care and held a PSP package matched to a historical comparison group with similar characteristics



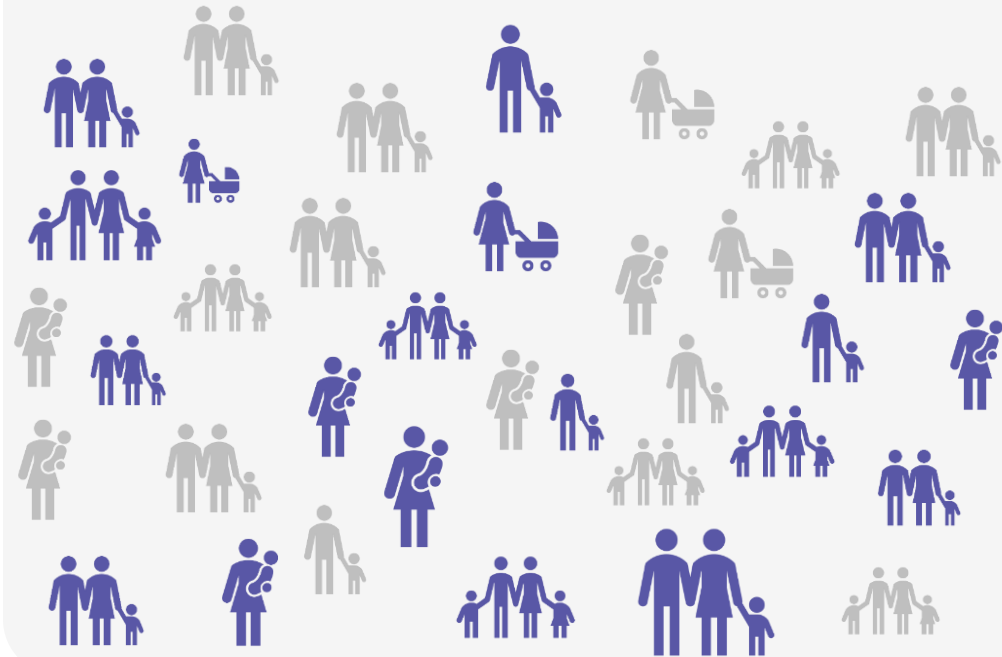
Key: Received PSP Comparison group

# Using administrative data we compared outcomes for those who received PSP compared to a similar (statistically matched) group of children and families that did not...

People in this box receive PSP



People in this box did not receive PSP, those in purple were identified as being similar to those who received PSP and served as our comparison group



Administrative data included available ChildStory data and data extracts from housing/ homelessness, youth justice, educations and PSP-related data collected by agencies and compiled by DCJ



# How did we evaluate the cost-benefit of PSP?

We used PSP payments data from various DCJ sources (including some provider data) to compute the costs of the same children within the 3 PSP effectiveness cohorts in considering:

- The current policy environment for NGOs after PSP was introduced: that is, reflecting the NGO-PSP environment only
- A base case scenario of no change in the service provision for children in NGO care: that is, the NGO-Pre-PSP environment reflecting the costs and benefits if the pre-PSP type of service provision would have continued



**We used NSW Treasury CBA guidelines and FACSIAR's benefits guide to calculate the Benefit Cost Ratios. Benefits include health, education and employment-related benefits and wellbeing**



# How did we evaluate the experience of PSP for Aboriginal children, parents, carers and communities?

**We used a qualitative case study approach to provide a multi-directional view of PSP**

- Three case study locations were identified in partnership with DCJ and informed by data, the DCJ Aboriginal Reference Group and the then DCJ Aboriginal Outcomes Team
- All three sites were based in regional areas; in two sites the PSP service provider was an ACCO
- Focus groups and interviews were conducted with Aboriginal parents, Aboriginal children, Aboriginal carers, non-Aboriginal carers, Case workers/managers and community members
- There were 45 participants across case study sites (Site A: 13 participants; Site B: 16 participants; Site C: 16 participants)



**Permission to undertake the evaluation was sought from ACCOs located in the selected communities and interview discussion guides were informed by Aboriginal Research Consultants and Aboriginal stakeholders at case study sites**

# Part 3: Major evaluation findings





# PSP did not substantially improve children's safety permanency, stability and wellbeing

The findings of the evaluation contribute to understanding whether the four main goals of PSP were achieved:

- **Fewer entries into care:** the evaluation shows PSP was not effective in reducing entries into care
- **Shorter time in care:** the evaluation shows PSP had an impact on reducing time to restoration and adoption only for the Ongoing care cohort. This impact was small in magnitude considering the low baseline for restorations and adoptions prior to PSP
- **Better care experience:** There is limited knowledge due to the lack of systematic recording of what services each CYP receives through PSP package funding
- **Address the over-representation of Aboriginal children in the care system:** Overall, PSP did not affect Aboriginal children differently than non-Aboriginal children

# While PSP providers achieved practice change, significant design and implementation challenges remain



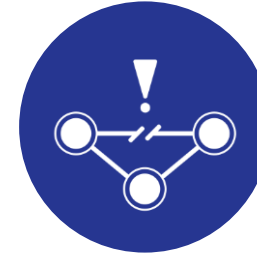
**PSP led to positive changes in casework practice, but this did not lead to permanency goals being achieved within 2 years**

Permanency goal achievement was influenced by complexity related to the needs of children and families in planning, CFDU bottlenecks, administration requirements and court delays



**PSP enabled service flexibility to meet children's needs, yet tensions exist with service accessibility and standardised care**

Inequities in permanency outcomes can be created by differences in service accessibility across the state combined with service gaps for specialist trauma intervention



**Implementation support for PSP has been variable and this has influenced provider's capacity to deliver PSP**

Implementation was influenced by delays and challenges with the PSP service model and support systems (e.g. ChildStory) and initial overestimation of the capacity of providers to deliver PSP

# There is little evidence PSP substantially improved children's safety, permanency, stability and wellbeing



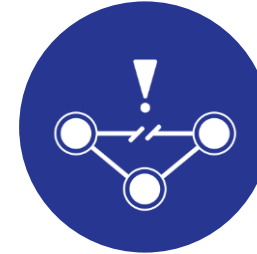
## PSP did not demonstrate a sizeable positive impact on children

Most results showed PSP did not have a significant impact on positive outcomes for children who received PSP packages compared to children in the control group. Positive results, where they existed, tended to be of small magnitude



## Children's history and background with child protection influenced outcomes more than PSP

For most children, the length of time PSP services were provided was only a small part of their overall time in care, making it difficult to affect the types of meaningful change the reform was designed to deliver



## PSP packages were overwhelmingly directed at the 'back end' of the system

Most PSP packages were provided to children in ongoing care. The limited number of Family Preservation packages available meant only a tiny number of those eligible for this service, actually received it

**PSP Family Preservation Cohort – households who received a family preservation package matched to households who were eligible but did not receive**

Outcome	Effect	Description
New ROSH	●	PSP did not have an impact on reducing the time to next ROSH for children receiving PSP family preservation
Enter OOHC	●	PSP did not have an impact on reducing the time to enter OOHC for children receiving PSP family preservation

**Entry / Re-entry Cohort – entered a new episode of care, October 2018 – December 2020, matched to a historical comparison group**

Outcome	Effect	Description
Restoration	●	PSP did not have an effect on the time to restoration for the entry/re-entry cohort
Placement changes	●	Children in the entry/re-entry cohort receiving PSP were around 54% less likely to have a placement change in the first 125 days after entering OOHC, but the effect is not sustained over time

**Ongoing Cohort – in foster or kinship care at October 2018 matched to a historical comparison group**

Outcome	Effect	Description
New ROSH	●	PSP did not have an impact in reducing the time to next ROSH for the ongoing care cohort
Re - enter ROSH	●	PSP did not have an impact in reducing the time to subsequent entries to OOHC for the ongoing care cohort
Restoration	●	Children in the ongoing care cohort receiving PSP were around 1.35 times more likely to exit to restoration than those who did not receive PSP packages
Adoption	●	Adoption was unlikely. Children in the ongoing care cohort receiving PSP were around 1.63 times more likely to be adopted than those who did not receive PSP packages.
Placement changes	●	Children in the ongoing care cohort receiving PSP were around 1.24 times more likely to have a placement change prior to the COVID-19 response than those who did not receive PSP packages
Move schools	●	PSP did not have an impact in reducing moves between schools for the ongoing care cohort
Present to SHS	●	PSP did not have an impact in reducing the time to request for housing to SHS after leaving OOHC for the ongoing care cohort
Criminal offences	●	Children receiving PSP packages were around 29% less likely to be charged with a criminal offence sooner than the historical comparison group (but historical trends may account for these differences)
HSC completion	●	PSP did not have an impact in the time until obtaining a HSC for the ongoing care cohort

● No Effect   ● Positive Effect   ● Positive Effect (with caveats)   ● Negative Effect

# Did Aboriginal children and families fare similarly to non-Aboriginal children and families?

## Outcomes with no difference

### Family preservation

- non-ROSH
- ROSH
- new entry to care

### Ongoing and entry/reentry

- Exit to restoration
- Placement changes

### Ongoing only

- Housing services post age 18

## Negative outcomes

### Ongoing only

- New ROSH post restoration  
(HR: 1.81, 95% CI: [1.39, 2.35],  $p < 0.001$ )
- Placement change  
(HR: 1.45, 95% CI: [1.32, 1.59],  $p < 0.001$ )
- Youth justice offence  
(HR: 1.50, 95% CI: [1.24, 1.82],  $p < 0.001$ )
- School move  
(HR: 1.29, 95% CI: [1.19, 1.4],  $p < 0.001$ )
- HSC completion  
(OR: 0.52, 95% CI: [0.36, 0.76],  $p = 0.001$ )



In more than half of outcomes measured, Aboriginal and non-Aboriginal children fared about the same as non-Aboriginal children. Where differences were present, these were only in the Ongoing Care cohort and had a small to moderate effect size.

# The costs of PSP were much larger than the benefits calculated so far



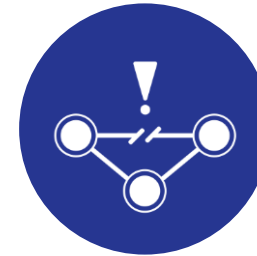
**PSP is not economically sustainable, and costs outweigh benefits**

The costs of the PSP funding and operational model are substantial. The average costs far outweigh the benefits for all cohorts (i.e., family preservation, children who entered or re-entered care or children already in ongoing care)



**There is a lack of data on how PSP funding is spent or what services are delivered**

We are unable to systematically track services and supports delivered, how much specific services cost, and determine which services matter most for children's safety, permanency and wellbeing



**PSP has increased the funding directed towards Aboriginal children, although costs still outweigh benefits**

The larger increase in funds for Aboriginal children who entered or re-entered care, appears mostly due to the relatively low expenditure for this cohort before PSP was introduced





# PSP is more expensive than what was delivered prior, without improvement in outcomes

## Summary

- The incremental cost of PSP per child over the study period was \$50,548 per child in the Ongoing Care cohort, and 15,153 per child in the Entry cohort
- The costs per family receiving PSP Family Preservation services was \$57,462 per family
- For Aboriginal children, the difference in average costs between pre and post PSP services increased to \$52,818 and \$25,717 for the Ongoing Care and Entry cohort respectively

## Benefit-Cost Ratio (BCR)

- Entry / Re-entry cohort: 0.086
- Ongoing Care cohort: 0.132 for children in foster care and 0.065 for children in kinship care
- Family Preservation: 0

# Overall, PSP did not affect Aboriginal children differently from non-Aboriginal children



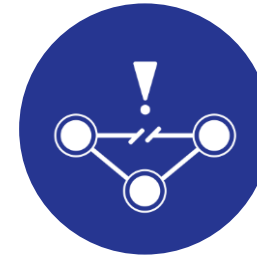
**Aboriginal children achieved similar outcomes through PSP as non-Aboriginal children**

While PSP did not result in worse outcomes for Aboriginal children, this means PSP packages did not make much of a difference for anybody



**Aboriginal children, parents, carers, and community stakeholders had a limited understanding of PSP**

This suggests a need for better communication of PSP to address the historical legacy of child removal policies, promote the value of PSP caseworkers and their role in restoration, and attract more Aboriginal carers



**Aboriginal children, parents, carers, and community stakeholders were largely positive about services received, although deficiencies still exist**

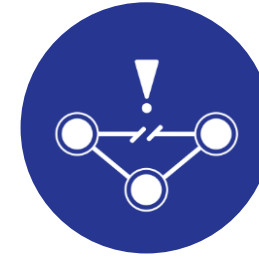
Children, parents and carers' satisfaction was reduced when they perceived casework staff provided a standardised rather than tailored response to their needs

# From the very beginning, PSP was constrained by design, implementation and system challenges



## **PSP design, implementation, capacity and system constraints inhibited the achievement of permanency outcomes**

Incompatibilities between PSP package structures and the casework required to achieve permanency, capacity and capability differences across PSP providers, poor role clarity between DCJ and providers, and inconsistent coordination and decision-making from DCJ hampered PSP implementation



## **The payment structure within Program Level Agreements did not effectively incentivise the achievement of positive outcomes**

There was no direct financial reward for achieving positive outcomes under the current PSP package payment system. The set funding model did not address the different levels of resources needed to support children to achieve permanency, depending on their circumstances

# Part 4: Recommendations

# PSP should be substantially overhauled, and specific components of the reform discontinued



Significant design and implementation challenges



Failure to demonstrate a sizeable positive impact on children



Substantial costs of the funding and operational model



This work should be undertaken with providers and partners to implement recommendations that will lead to positive, transformative change for children



# Shift focus from administrative processes to children's needs and outcomes

## Measure needs and outcomes, not just compliance to administrative processes:

- PSP packages are currently a focus of activity rather than a means to an end
- Case plan reviews are an opportunity to conduct wellbeing assessments and implement services
- **Example action:** DCJ, NGOs and ACCOs review wellbeing assessments, develop tailored instruments and trial them as part of routine reviews

## What success looks like

- Routine wellbeing assessments inform needs and drive evidence-informed quality practice to improve children's outcomes





# Facilitate performance of service providers to achieve children's outcomes

## Support the PSP workforce to implement evidence-informed practices, programs and services:

- It is one thing to know what works and how to implement it, and quite another to develop a workforce that can do it in the context of system challenges
- **Example action:** DCJ, NGOs and ACCOs tailor and support quality implementation of evidence-informed practices, programs or services to improve outcomes of a specific high-needs cohort

## What success looks like

- Specialist practice and implementation support enables consistent delivery of evidence-informed practice tailored to children's needs



# Incentivise providers to achieve children's outcomes

**Review the PSP incentive structure, operating model and external system factors to incentivise outcomes:**

- Incentives best emerge from models and processes in operation and should be developed in concert with systems (where implementation barriers can be removed)
- **Example action:** DCJ, NGOs and ACCOs implement a program or service to build relational stability, and measure and improve outcomes using audit and feedback

## What success looks like

- Incentives and strategies designed to facilitate continuous service improvement are embedded in the system



# Grow and embed system mechanisms to minimize waste

## De-implement services that do not work to prevent waste and improve outcomes:

- Continuing to invest in services that do not deliver is detrimental to children and wastes limited resources
- Failure to effectively address impediments to implementation results in an inefficient system
- **Example action:** DCJ, NGOs and ACCOs de-implement non-performing DCJ services using a structured, planned process

## What success looks like

- Services are data-driven, evidence-informed and well-implemented; services without these features are de-implemented



# Invest in the front end of the system and across the care continuum

**‘Re-balance’ the system through sustained investment to keep children with families:**

- Political will has not resulted in a more balanced system in the face of known challenges such as high demand
- **Example action:** DCJ, NGOs and ACCOs review ‘what works’ in family preservation, tailor innovation to context, provide specialist implementation support and measure outcomes for children and families

## What success looks like

- The *right* services are delivered at the *right* time to the *right* children and families in the *right* way

# For more information please contact:

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