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#352 - The Implementation and Impact of NSW Permanency Support Program: A Real-World Hybrid Type I Evaluation

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Objectives/aims

The NSW Permanency Support Program (PSP) is one of the largest child protection and out-of-home care (OOHC) service reforms to be implemented in NSW. Implemented in 2018 and built on several inquiries and previous reforms, it was designed to provide 'personalised, targeted support' for children and families using personalised support packages, build capacity among OOHC providers to deliver the program, and establish new protocols for practice focused more closely on permanency. PSP was specifically designed to achieve three core objectives:

1. Fewer entries into care: by keeping children at home, and minimising entries and re-entries into care.
2. Shorter time in care: by increasing the number of children either being restored to their families or finding other permanent homes, including guardianship arrangements or adoptions.
3. Better care experience: by investing in higher quality services and providing more targeted and evidence-informed support to address individual needs.

A later objective of PSP was to address the over-representation of Aboriginal children in the care system.

The aim of the evaluation was to develop high-quality evidence on the reach, effectiveness and economic benefit of PSP and consider how the reform was being implemented and maintained. The evaluation was limited to child protection / OOHC

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where primary case management was the responsibility of PSP service providers for family preservation and OOHC services. Therapeutic, temporary and alternative care arrangements were out of scope.

Methods

We used a 'Type I' effectiveness-implementation hybrid design (Curran et al, 2012), with an integrated, dual focus on assessing the effectiveness of PSP (including cost benefit) as the primary aim and obtaining a better understanding of the context for implementation, including factors that may have helped or hindered change, as a secondary aim.

Effectiveness was evaluated through three separate cohort studies using statistically matched controls generated through Propensity Score Matching (PSM). All data were obtained from DCJ's content management system.

- PSP Family preservation cohort (N=686): households reported for a child maltreatment concern that were assessed as high or very high risk who received a PSP Family Preservation package were matched with a contemporaneous control group who did not receive PSP.
- Entry/Re-entry cohort (N=1,067): children entering a new episode of care either for the first time ever or after having a previous stay in care who received a PSP package were matched, including by age, with a historical sample of children who did not receive PSP.
- Ongoing care cohort (N=12,356): children already in OOHC care when PSP began were matched, including by age, with a historical sample of children who did not receive PSP.

Outcomes for Family Preservation included new reports of child maltreatment concern, substantiated reports, and entry to care. Outcomes for entry/reentry and ongoing care included restoration, restoration breakdown, guardianship, adoption, high school completion, youth justice involvement, and homelessness after leaving care at age 18. All analyses used Cox Proportional Hazards regression that included a range of demographic and service level characteristics in the models. Economic modelling was based on these cohorts as well, factoring in differences in cost and changes in outcomes pre and post PSP implementation.

Implementation was assessed using case record reviews (n=74) to thematically code the use of PSP processes, associated casework and service delivery practices at PSP agencies, specifically focusing on identifying barriers and facilitators of implementation at each phase of PSP service delivery. In addition, a PSP service provider survey was administered to identify barriers and facilitators in inner settings domains including the organisational setting, culture, learning climate, leadership

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engagement, and available resources. Where possible, data were triangulated across information sources to complement related research questions, validate or deepen findings.

Main findings

Implementation:

- PSP led to changes in casework practice, but this did not lead to permanency goals being achieved within two years
- PSP enabled flexibility in service provision to address needs and context, although tensions exist with service accessibility and standardised care
- Implementation support for PSP has been variable, and this has influenced service provider's capacity to deliver PSP services
- PSP packages were overwhelmingly directed toward the 'back-end' of the system (i.e. OOHC), at least in part because 'front end' packages (i.e. family preservation) were limited

Effectiveness:

There is little evidence that receipt of a PSP package substantially improved children's safety, permanency, stability, and wellbeing. Where there were effects (both positive and negative), these were small and relatively negligible.

Cost effectiveness:

Because there was little to no effect, the costs of PSP are much larger than the benefits calculated so far. That said, the evaluation only tracked children and families for 2.75 years and other benefits may accrue in later years.