April 2023 \\

Evaluation of the Permanency Support Program

Final Report

For the NSW Department of Communities and Justice

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Suggested citation

Rose V, Jacob C, Roberts J, Hodgkin L, Shlonsky A, Kalb G, Meekes J, Etuk L & Braaf R. 2023. Evaluation of the Permanency Support Program: Final Report, Centre for Evidence and Implementation, Sydney.

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- Understand the evidence base
- Develop methods and processes to put the evidence into practice
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The Melbourne Institute is a research-only, academic department in the Faculty of Business and Economics at the University of Melbourne with over 58 years of experience informing and shaping economic and social policy. The Melbourne Institute is home to more than 50 economic researchers that are supported by survey methodologists and data scientists. Their work is recognised internationally by both academic and policy communities. From its inception, researchers have been engaged in understanding poverty and disadvantage from a range of perspectives. This work has been in partnership with other organisations such as the Brotherhood of St. Laurence, as a node of the ARC-funded Centre of Excellence for Children and Families over the Life Course, and a range of commonwealth and state government departments.

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The Cultural and Indigenous Research Centre Australia (CIRCA) was established in 2000 and is an industry leader in research and evaluation with Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse (CALD) communities. We are a team of academically trained applied social scientists with cultural expertise - our research methods are rigorous, insightful, and culturally nuanced.

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Monash University, the largest university in Australia, is ranked in the world's top 100 and is a member of the prestigious Group of Eight Australian universities. It is widely recognised as one of the most international universities globally. The School of Primary and Allied Health Care is part the Faculty of Medicine, Nursing and Health Sciences, one of the world's top health education institutions. Professor Aron Shlonsky, Head of Department – Social Work, leads a team of analysts and methodologists who specialise in applied social research. We have expertise in experimental and quasi-experimental design; systematic reviews; policy analysis; measuring and accounting for implementation processes and outcomes; large scale data analytics; and the design and use of administrative, survey, and interview data in research.

The following work undertaken by the Evaluation Consortium is independent and impartial.

Acknowledgement of Country

We acknowledge the Traditional Custodians of the lands on which this evaluation was undertaken and pay our respects to Elders past and present.

Executive Summary

This report presents findings from a three-year evaluation of the Permanency Support Program (PSP).[1] PSP is a service reform developed by the Department of Communities and Justice (DCJ) designed to give every child and young person a loving home for life, whether that be with parents, extended family, or kin, or through guardianship or open adoption for non-Aboriginal children.[2] Implementation of PSP began in October 2017.

The Evaluation Team recognises there are numerous structural challenges to reforming the NSW child protection system, many of these common to other jurisdictions. These include the fact that service system resourcing – practiced within a context of significant latent and unmet demand – is weighted toward acute, intensive, and expensive services. There is limited resourcing to effectively intervene early, and ideally at a child's first presentation to a service, and this has significant unintended consequences for children and families. These consequences loom large for Aboriginal children and families in the context of the structural inequalities they experience, their over-representation in the system, and Australian state and federal governments' role in the stolen generations. We are cognisant of these challenges, and of the independent reviews of the child protection system undertaken over the past decade in NSW. They inform key evaluation findings and practical recommendations for DCJ to improve design and delivery of permanency support.

In this report, the Evaluation Team — the Centre for Evidence and Implementation, the Cultural and Indigenous Research Centre Australia, the Melbourne Institute, and Monash University — present and describe the evidence suggesting that, while there has been a service shift toward permanency and some limited improvement in outcomes, PSP experienced significant implementation challenges and failed to demonstrate the larger positive impact on children that DCJ intended through this reform effort. This overall finding of limited impact must be interpreted within the scope of this evaluation – a

[1] ChildStory data used in the evaluation covers a period of 2.75 years.
[2] More information on PSP can be found in the following link: https://www.facs.nsw.gov.au/families/permanency-support-program (last accessed 28 October 2022)

relatively short-term evaluation undertaken between 2019 and 2022 focused on the effectiveness of PSP packages delivered by non-government providers of PSP primarily geared toward improving children's safety and permanency. We were unable to assess children's health and some wellbeing outcomes, for example, including those related to cultural and spiritual identity and social functioning.

This is a large report – appropriate for an evaluation of a significant whole-of-system reform with over 50 discrete evaluation questions. Rather than list findings question by question, we present findings by report section, integrated across all methods used in the evaluation (i.e., quasi-experimental design, cost-benefit analysis, case reviews, focus groups and interviews with DCJ and PSP providers, PSP provider surveys and participants in three Aboriginal case study sites). Given Aboriginal children and families' over-representation in the child protection and out-of-home care (OOHC) system, we also include a separate section summarising how Aboriginal children, families and communities experienced PSP and the impact of PSP on Aboriginal children's safety, permanency, and wellbeing outcomes.

Following is a summary of PSP, our evaluation methods, key findings and overarching recommendations emerging from this work.

The Permanency Support Program

PSP is the one of the most significant child protection and out-of-home care (OOHC) service reforms implemented by the NSW government for decades. Starting in October 2017,[3] PSP was designed to embed the permanent placement principles into practice to improve safety and wellbeing outcomes for children. PSP was designed to achieve three core objectives:

- Fewer entries into care: by keeping children and families together at home.
- Shorter time in care: by increasing the number of children returning home to their families or finding other permanent homes for them, including guardianship arrangements or adoptions.
- Better care experience: by investing in higher quality services and providing more targeted and evidence-informed support to address children's individual needs.

An additional objective of PSP, which was added later, was to address the over-representation of Aboriginal children in the care system.

In this program, caseworkers employed by funded, non-government PSP service providers work with those who love and care for a child (including parents, extended families, guardians and carers) to identify the best permanency goal for a child and achieve this goal within two-years. The importance of permanency for child development is well-established, and is based on theories of attachment, child development and the formation of cultural identity. There are four dimensions of permanency, however, which is important in understanding the PSP reform and its potential impact:

- Relational permanency: a child has the experience of having positive, loving, trusting and nurturing relationships with significant others, including parents, siblings, friends, family and carers.

[3] PSP packages, the major focus of this evaluation, were not initiated until July 1st 2018.

- Physical permanency: a child has stable living arrangements (i.e., placement stability) and is connected to their community.
- Cultural permanency: a child maintains a meaningful connection to culture through taking part in cultural practices, connecting with family and community, and valuing connection to Country.
- Legal permanency: a child lives with at least one parent or primary caregiver who has legal responsibility for them.[4] [5]

In practice, PSP represents a complex reform program comprised of numerous adjustments to the delivery of OOHC functions and services including changes to roles and responsibilities of system stakeholders, changes to legislation, changes to case management policy and most significantly, changes to the service provider funding model. PSP introduced a shift from placement-based funding (i.e., bed per night payments) to a service-based funding model for children in OOHC. This innovation saw PSP service providers receive funding based on the services provided to children in OOHC, and further, have the flexibility to pool funds to pay for services and other supports where it is most needed.

This is the crux of PSP – it is a package-based funding system tailored to individual children, designed to enable the delivery of services that foster permanency by two-years and improve safety and wellbeing outcomes for children.

Evaluation design

We used a 'Type I' effectiveness-implementation hybrid design with an integrated, dual focus on assessing the effectiveness of PSP (including cost benefit analysis) and better understanding the context for implementation, including factors that may have helped or hindered change.[6] This approach, developed to facilitate the transfer of evidence from evaluation into policy, yields essential insights for DCJ in future decision-making about permanency support for vulnerable children. The primary emphasis of the evaluation was on the effectiveness, cost-benefit profile and sustainability of PSP. Assessment of implementation (e.g., services delivered through PSP and barriers and enablers to this delivery) and reach (e.g., characteristics of children who received PSP packages) was critical to understanding PSP service context and operation.

The evaluation includes a specific focus on the experiences and perceptions of Aboriginal families, workers and communities and the impact of PSP service delivery on outcomes for this group. We engaged with peak bodies (e.g., AbSec), reference groups (e.g., the Aboriginal Reference Group), and Aboriginal Community-Controlled Organisations (ACCOs) at different points throughout the evaluation. ACCOs are reflected in PSP service provider focus groups, surveys, and case reviews - and we worked with ACCOs to refine the design of the methodology for data collection and the discussion guides at each case study site. Aboriginal Research Consultants conducted all but two interviews in case study sites with Aboriginal parents and carers, non-Aboriginal carers, case workers/managers and community stakeholders. We paired appropriate Aboriginal researchers with research participants to ensure cultural safety.

[4] In NSW, legal permanency can be achieved through preserving a family with at least one parent, restoring a child or young person to at least one of their parents, placing a child with kin, relative or a carer under a guardianship order or adoption.

[5] Adoption is not an acceptable outcome for Aboriginal children and should only be considered where long-term care is not possible.

[6] A Type I design involves testing effects of a 'clinical' intervention on relevant outcomes while observing and gathering information on implementation. See Curran et al. (2012).

We adopted a pragmatic approach to the evaluation of PSP by balancing the available budget, resources, and program information with a rigorous methodology. There are some important limitations to our approach, which should be kept in mind while reading the findings of our evaluation. These include limitations related to data quality and availability, which sometimes required us to rely more heavily on insights from qualitative data. Thus, some findings should be viewed as exploratory (clearly marked throughout the report). We would have liked more follow-up time to test a broader set of wellbeing outcomes and whether some positive outcomes related to PSP may have been achieved later in time - particularly during children's key developmental transitions. However, this was not possible within the timing of this engagement. These limitations, we hope, will be the focus of a longer-term evaluation commissioned by DCJ.

Key findings

PSP implementation

Our evaluation of PSP implementation was concerned with understanding what children received through PSP, and what enablers and barriers helped or hindered PSP service delivery. The three key findings for PSP implementation are informed by the perspective of PSP providers, DCJ and Aboriginal people who have engaged with the NSW child protection and OOHC system, ChildStory administrative data and explored across a sample of children's case notes with different characteristics.

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

PSP successfully embedded permanency planning and practice across the OOHC system. This was evidenced both in changes to caseworker's 'mindset' and a range of operational changes made by PSP service providers to deliver PSP, including recruiting specialist PSP staff, developing site-specific case management templates and forms which embedded permanency planning principles, and establishing local PSP implementation teams. These changes were enabled by a supportive environment and culture within PSP service providers and DCJ Permanency Coordinators who acted as 'change managers', supporting PSP service providers to address early implementation challenges and adapt to new ways of working.

These changes, coupled with increased funding, did not however result in an increase in the proportion of children achieving permanency goals within two years, irrespective of the type of permanency goal. The delivery of services and casework to achieve permanency was influenced by several factors. These factors included child and family characteristics and complexity, the degree of autonomy displayed by parents and carers, the amount of preliminary permanency planning to be completed, challenges with accessing appropriate genealogy information, bottlenecks with Child and Family District Units (CFDU), and administration for legal work and court delays. We note some factors are beyond the control of PSP service providers. Court processes in particular influenced goal attainment. This is most pronounced in a permanency goal of restoration for children entering care, where from the Court's perspective, permanency casework begins when a Final Order is made – which can be between 9-months to 18-months into a child's care experience in PSP. We observed in the case notes that restoration goals required significant casework and family support from PSP service providers.

Children who achieved permanency within two-years tended to have 'cases' that did not require a lot of preliminary permanency planning and casework, had legal requirements that could be completed quickly, and had a high level of support from PSP service providers who had sufficient access to the right expertise and resources to meet the needs of the children, family members and carers. We noted many PSP service providers, and

particularly those that were larger with more capacity, began planning before the permanency goal was assigned and engaged in parallel planning – that is, planning for more than one case plan goal in the event the original goal was unsuccessful. This suggests that even in those cases where a permanency goal for a child was recorded as achieved within the two-year timeframe, this may not reflect the real cumulative time.

PSP enabled flexibility in service provision to address needs and context, although tensions exist with service accessibility and standardised care

The PSP funding model provides flexibility for PSP service providers to determine what practices and services will best meet the needs of the children, families, and carers. This is 'best-practice' design - services delivered to meet individual need and context are equitable by definition (if they are received, effective and culturally acceptable). The case review gave us insights into what services were organised and delivered to children, families, and carers through PSP, including health care, dental care, disability care, educational support, training, legal, housing, drug and alcohol, parenting support, domestic and family violence support, childcare, respite care, and any other social and community services. PSP service providers can choose to source and implement evidence-based programs and evidence-informed practices, although this is not prescribed by DCJ and we found little evidence of their use.

We observed difficulties with child, family, and carer access to external services, especially among PSP service providers who did not deliver health, behavioural or parenting services themselves (these were often smaller providers with minimal in-house service infrastructure). The services which appeared least able to meet demand, due to availability, were those targeting complex needs and behaviours and specialising in trauma. These specialist psychological interventions included play therapy, specialised trauma informed therapies (e.g., Eye Movement Desensitisation and Reprocessing)[7], interventions addressing inappropriate sexual behaviours and interventions for victims of sexual violence. While caseworkers were diligent in working to overcome accessibility challenges, this resulted in negative experiences for children and families through longer service wait times, issues with geographical accessibility, and referral to 'proxy' services that did not align to level of need or the severity of safety risks. This was especially the case when PSP service providers were seeking services to address inappropriate sexual behaviours and serious criminal and violent behaviours. Limitations to service availability and accessibility, matched to need, result in inequitable outcomes for children and families, particularly when these interventions are critical in addressing violence, sexual abuse, and trauma.

Flexibility was also applied to the way DCJ Districts implemented PSP. Districts developed individualised PSP implementation plans matched to their local context, and this led to different models and approaches to PSP (such as maintaining a pool of carers to be able to provide emergency placements more quickly and effectively), which in turn, influenced the way Permanency Coordinators worked and where they sat in the system. Across districts, Permanency Coordinators sat under operational managers, manager of client services, within the commissioning team, or under the supervision of Community Services Directors. This also meant there was little consistency in PSP across NSW, and a child and family living in one District could receive very different care in another, for example. Effective implementation adapts services to context but, in the absence of outcome monitoring, or consistency over the practice areas in focus, it can also inadvertently lead to different standards of PSP service delivery across Districts. In the case of poor service accessibility, it can embed existing inequities into permanency outcomes because poor service accessibility is not evenly distributed across the State (e.g., urban versus rural/remote).

[7] Eye Movement Desensitisation and Reprocessing, often referred to as EMDR, is a structured psychotherapy technique to address trauma.

This suggests there needs to be a better balance between designing PSP for flexibility – allowing Districts and service providers to draw on their unique strengths – and ensuring effective, accessible, standardised services are available for the children and families that need them.

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

Quality implementation of novel services takes dedicated time and resourcing. DCJ invested early in several implementation strategies, including implementation planning for PSP both centrally and in Districts, the formation of District-level implementation teams and dedicated resourcing through funds to Districts and the establishment of the PC role to support PSP service providers in achieving children's permanency goals. Despite this planning, PSP service providers experienced significant implementation challenges on initial roll-out of the reform. To put this in context, all innovations experience implementation challenges and that is why implementation teams are a critical mechanism for implementation – they monitor implementation and design strategies to address barriers to service delivery. PSP faced three significant challenges to implementation that interacted to create tensions initially between PSP service providers and DCJ:

a) Delays in the formalisation and communication of the PSP service model and PC role to both DCJ Districts and PSP service providers

b) Problems with DCJ systems not connected to PSP but necessary for PSP success, notably ChildStory, which PSP service providers struggled to access for client case management and payment, and

c) Overestimation of the capacity and capability of PSP service providers to deliver PSP and undertake the casework required to achieve permanency goals.

This last challenge could have been avoided by undertaking implementation readiness assessments with PSP service providers prior to initiating service delivery and using this data to tailor specialised implementation support. Instead, it sparked tension within DCJ about how much to intervene to support PSP service providers who were funded for delivery but still developing capabilities – a tension that was also experienced at the PC level.

DCJ introduced the PSP Learning Hub, and the underpinning PSP Sector Workforce Development and Training Strategy, in response to PSP service provider capability training needs. Within Districts, this enabling practice infrastructure, combined with PSP program maturity and consolidation of PC roles, was seen to characterise a period where real progress in PSP implementation was being made. This progress has been threatened with the removal of dedicated implementation support funding and consequent disbandment of implementation teams. Implementation is not a one-off event but an ongoing process, and even well-defined, evidenced, highly prescriptive programs can take between two to four years before achieving sustainability and business-as-usual operation. PSP might be expected to take even more time given the complexity of the program, and it is not clear within Districts how PCs will be able to take forward implementation support without access to the supportive infrastructure that existed previously. This is particularly important given that PSP is in the phase of implementation requiring ongoing monitoring of implementation and the adjustment of implementation strategies to support PSP service providers to deliver and maintain high quality PSP casework and services.

PSP reach

Our evaluation of PSP Reach focused on which children and families received PSP packages compared to those who did not, and the extent to which specialist packages were used among those who were likely to be eligible. The key finding for PSP Reach is informed by analysis of ChildStory administrative data, supplemented with insights from the qualitative case reviews and focus groups with PSP service providers.

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

Packages for family preservation appeared to reach the right population of households (i.e., high risk following face-to-face assessments for Risk of Significant Harm), but only a tiny proportion of the eligible population received a PSP Family Preservation package. This appears due to the limited number of packages available – 380 packages in total – and potentially issues related to low-uptake or poor visibility of these packages (provided at the discretion of DCJ) compared with the other demand-driven PSP packages. Most PSP packages initiated over the evaluation period were provided to children in ongoing care who had generally been in care for long periods of time. Although over ninety-five percent of children who were entering OOHC and received PSP packages initially received restoration case plan packages, few in that cohort eventually received restoration support packages during the evaluation period, and the number receiving restoration case plan packages clearly decreased over time. Together, these findings likely reflect the low restoration rate observed and a shift in permanency goals towards long term care. Overall, the reach of PSP packages indicate that the focus of the PSP program has, to date, been on the 'back end' of the child protection and OOHC system, as it has focused on supporting children already in the system (some of whom had been in the system for many years) rather than at the 'front end' (or middle in the case of restoration), to help children remain at home and prevent them from entering the system in the first place.

PSP effectiveness

There is little evidence that receipt of a PSP package substantially improved children's safety, permanency, stability, and wellbeing

We measured the effectiveness of PSP by examining predictors of positive and negative outcomes related to children's safety, permanency, stability, and wellbeing[8] associated with different PSP packages while children were in different stages of the child protection / out-of-home care system. We achieved this using three different cohorts with statistically matched comparison groups using administrative data contained in ChildStory, extracts from housing / homelessness, youth justice and education, as well as PSP-related data collected by agencies and compiled by DCJ:

- 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[9] of foster or kinship care matched to a historical comparison group with similar characteristics, and
- Ongoing Care cohort - children who were already in foster or kinship care[10] and held a PSP package matched to a historical comparison group with similar characteristics.

In summary, most results (presented in Figure ES.1) were not statistically significant - meaning outcomes were no different for children who received PSP packages compared

[8] Wellbeing outcomes were limited to those where data was available and complete.
[9] Between 1st October 2018 and 31st December 2020
[10] On 1st October 2018

with their matched controls. The exceptions (i.e., where outcomes had improved or declined for PSP package recipients compared to their matched controls) tended to have small effects sizes. These included:

- Children in the Entry/Re-entry cohort who received a PSP package initially had greater placement stability than the matched historical comparison group. However, this difference only lasted four months at which point the PSP package group did no better than the historical comparison group.
- Children in the Ongoing Care cohort who received a PSP package had slightly less placement stability than the matched historical comparison group (i.e., the PSP group had a higher probability of changing caregiver than the historical comparison group).
- Children in the Ongoing Care cohort were rarely returned home to live with their parent(s), but those receiving a PSP package had a slightly higher likelihood of returning home.
- Open adoption occurs very infrequently, and those receiving PSP packages were more likely to be adopted.
- Children in the Ongoing Care cohort receiving a PSP package were less likely to be charged with a criminal offence, however this finding is extremely tentative as it is also reflective of broader state and national trends toward decreases in youth criminal offences and we were unable to account for this in our analysis.[11]

[11] Australian Institute of Health and Welfare 2021. Youth detention population in Australia 2020. Cat. no. JUV 135. Canberra: AIHW (https://www.youthjustice.dcj.nsw.gov.au/Pages/youth-justice/about/statistics_custody.aspx)

Figure ES.1 Forest plot comparing those that received PSP packages relative to a comparison group that did not.

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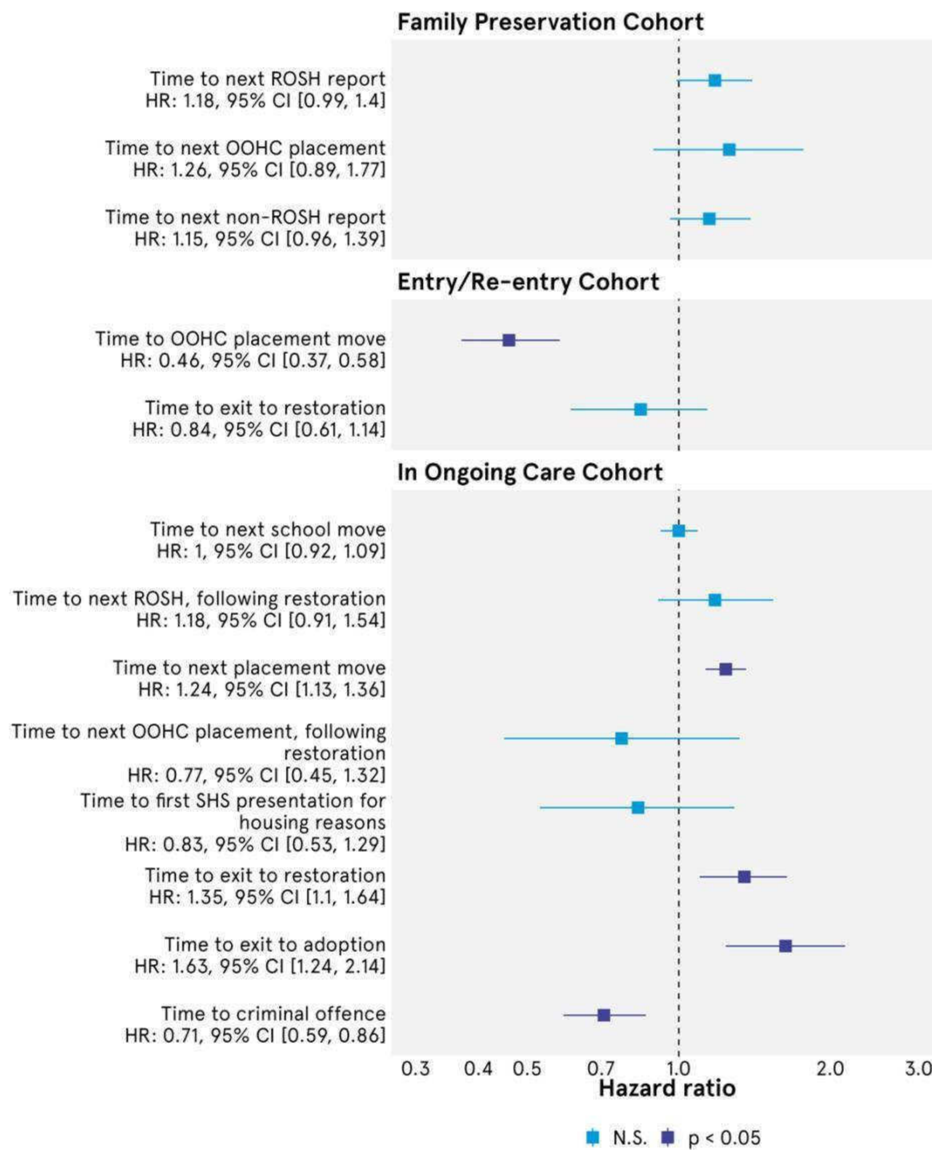

Reading the PSP summary of results forest plot

A forest plot is a way of visualizing statistical data. The above forest plot presents the results of all the comparative outcomes analysed using cox regression models in the three cohorts of this evaluation. The outcome measured (each in their own statistical model) is listed down the left-hand side. The depiction on the right-hand side shows the difference between those

families/children that received PSP packages compared to their matched control group for that particular outcome.[12]

The results provided in this figure are the hazard ratio (HR) and confidence intervals (CI) generated by each model.[13] The vertical dashed line in the figure represents an HR of 1.0 and if the confidence interval includes 1.0 (i.e., the horizontal blue line crosses the vertical dashed one), then there is no statistically significant difference between those receiving PSP packages and their statistically matched control.

Significant findings to the left of the vertical line mean that the PSP package group is less likely to experience that particular outcome than the comparison group over the course of the evaluation. Significant findings to the right of the vertical line mean that the PSP package group is more likely to experience that particular outcome than the comparison group. The further away the centre of the blue horizontal line is from the dashed vertical line, the stronger the effect as long as no part of the blue line crosses the dashed vertical line in the middle.

Children's background and history of interaction with the child protection system mattered more to outcomes than PSP

The receipt of PSP packages did not appear to play as strong a role in determining children's safety, permanency, stability or wellbeing as immutable characteristics, such as the demographic background of the child and their history of interaction with the child protection system. These were far better predictors of outcomes than was receipt of PSP. Demographic and historical factors can strongly influence the trajectory of children through the various stages of the OOHC system, particularly the proportion of time children spent in their current episode of care. The challenge for DCJ through PSP is that, in most cases, the length of time PSP services were provided was only a small part of children's overall time in care, making it difficult to affect the types of meaningful change the reform was designed to deliver. It was unlikely that PSP packages could overcome both the serious issues facing children who have been maltreated and the potentially negative effects of spending long periods of time in OOHC, especially given the relatively short length of time PSP had been in operation and the observed implementation challenges PSP faced.

PSP economic analysis

The economic evaluation consists of a cost-benefit analysis comparing the value of benefits and costs associated with the implementation of PSP measured over the 2.75 years of the evaluation observation period. The potential benefits include both benefits to the government in the form of cost savings and (social) benefits to children, families and communities (e.g., improved health outcomes and quality of life). The cost savings to government are estimated based on the PSP effectiveness results so far. The value of the social benefits associated with PSP were largely excluded due to the limited outcome data

[12] All comparison models used in this evaluation control for a range of demographic, historical and service factors that are detailed in the body of the report and the appendices.
[13] For a detailed description on hazard ratios and confidence intervals, see the chapter on Effectiveness later in this report.

available across wellbeing, health, education, safety and non-legal permanency outcomes. Improvements in these latter outcomes may lead to further benefits to the government.

The following two key findings are informed by the CBA and supplementary data from focus groups with PSP service providers and DCJ.

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

Using the estimated costs and benefits calculated for the evaluation, we found that the costs of PSP are much larger than the benefits of PSP so far, given its relatively modest impacts for just a few selected outcomes. This leads to benefits-costs ratios (BCRs) that are all well under one (the breakeven point), ranging between 0.065 and 0.139. With no significant benefits estimated for Family Preservation, its Benefit to Cost Ratio (BCR) is 0. This indicates that the average costs far outweigh the average benefits for all cohorts evaluated in this report. The difference in average costs between pre- and post PSP services is $50,548 per child for the observation window of 2.75 years in the Ongoing Care cohort, and $15,153 per child for the observation window of 2.75 years in the Entry / Re-entry cohort.

However, these BCR values need to be interpreted with caution given the period of observation was relatively short and several potentially important outcomes on health, wellbeing and education could not be included in the benefits calculated in this report. For instance, the limited information we had on education was affected by the COVID pandemic which meant the NAPLAN testing did not go ahead in the years that were crucial to this evaluation. Furthermore, available education outcomes on high school completion may have been negatively affected by the pandemic, and any negative impacts are likely to have been the largest for the most disadvantaged groups in society including children in OOHC.

Education, health and wellbeing outcomes are relevant in their own right, but in addition they are also likely to feed into future outcomes. For example, a child that is healthy and happy is more likely to do well at school, complete Year 12 and continue in further education. Improved education outcomes are known to lead to better life outcomes well into the future. The estimated benefits associated with improvements in education can lead to substantial benefits over a lifetime. Achieving such improvements for a large proportion of children could lead to substantial savings to the NSW Government, and much better future life outcomes for children leaving OOHC.

The short amount of time since PSP was introduced may mean that concrete improvements in education, Youth Justice outcomes and physical health are forthcoming, however these have not yet materialised or could not yet be assessed with the available data.

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

There is a lack of detailed data on how PSP funding was used to support children's permanency across all permanency goals or what services were delivered to achieve these goals – including whether any of these services were evidence-informed and therefore likely to have a positive impact on children or families. This lack of available data, and mechanisms for collection, means DCJ and PSP providers 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.

Further implementation considerations

Achieving sustainability in complex systems requires an ongoing process of monitoring, adaptation and improvement to find an optimal fit between PSP, PSP service providers, DCJ and the wider system. The two key findings for PSP sustainability are informed by all components of the evaluation including the findings and recommendations from earlier reviews and reforms of NSW's child protection and OOHC system, the objectives and mechanisms which underpin PSP's design and implementation, and all evaluation findings.

PSP design, implementation, capacity and system constraints inhibit the achievement of permanency outcomes

PSP is a complex reform implemented within a complex system. In such an environment, it is unsurprising that implementation has proven challenging and elements of the design of PSP have been found wanting. These challenges – some of which were unintended impacts of PSP delivery - played a role in the reform's inability to substantially improve children's safety, permanency, and wellbeing outcomes, and were manifest in the design and implementation of PSP packages, capacity constraints and casework to achieve permanency including coordination with DCJ.

We observed, in the case reviews, considerable variability in permanency planning, casework and support work required according to the complexity of the case, resulting from, for example, the completeness of family history, the completion of legal processes and court documents, and differences in opinion on the most appropriate permanency goal across stakeholders. There were incompatibilities between PSP package structures and the casework required to achieve permanency, such as the more extensive casework required for:

- Family finding and consultation for Aboriginal children in permanency planning (Case plan goal packages), Kinship care (Baseline packages), and cultural planning (Specialist packages), and
- Facilitating relational permanency for siblings (4+Sibling package), a practice critical to positive outcomes.

Further, we observed the Child Needs Assessment (CAT) score poorly discriminated level of need, resulting in insufficient funding flexibility for PSP service providers to undertake the casework and deliver the services required to address a child's needs level.[14] While PSP enabled casework and service delivery to be supported by 'pooled PSP package funds', we did not find clear evidence from PSP service providers that 'pooling' of funds occurred.

There were differences across PSP service providers which may have contributed to permanency outcomes not being achieved, such as in organisational:

- Capacity and capability relating to organisational size and the ability to provide health and behavioural services 'in-house'
- Expertise with elements of permanency planning and outcomes such as guardianship and adoption, or intensive care approaches (i.e., for children and families with complex needs), and

[14] This observation is based on Child Needs Package level, case information and the case notes stored by PSP service providers for the cases reviewed in the case review, not a discrete assessment of the CAT tool.

- Expertise in cultural safety and partnership with Aboriginal children and families (i.e., provided by ACCOs).

We observed differences in the prioritisation of legal permanency as a goal across children, in the main because children had a case plan goal of long-term care (including as a temporary goal before further planning) and caseworkers focused on other permanency elements not as readily observable in the 'PSP reporting system' (i.e., relational, physical, and cultural permanency). Even in cases that were progressing towards permanency, we observed frequent and significant delays resulting from DCJ capacity constraints (e.g., lack of case management oversight and permanency support), poor clarity over roles and responsibilities between DCJ and PSP service providers, and inconsistent coordination and decision-making from DCJ. This included inconsistency in the allocation of packages across children with similar characteristics compounded by poor practices in recording and updating package allocation information in ChildStory.

The payment structure within Program Level agreements do not effectively incentivise the achievement of positive outcomes

We considered the evidence collected across all components of the evaluation to assess whether PSP service providers appeared to be responding to the incentives set out in the Program Level Agreements, if positive outcomes were sufficiently rewarded (or penalised) by the fee schedule, and whether the incentives in place appeared sufficient to incentivise early intervention, family preservation, or supporting exits from the system through family restoration, guardianship and adoption.

We found PSP service providers did not appear to be operating in line with Program Level Agreements in the following ways:

- PSP service providers did not accept referrals or provide the placement vacancies they were funded and contracted to provide - creating inefficiencies in the system and resulting in additional children in alternative non-foster care arrangements - and DCJ did not operationalise contract abatements for not providing placements in line with contracted service agreements.
- There is an insufficient pool of carers across the state and DCJ districts have reported finding it harder to match carers to children.

There is no direct financial reward for achieving positive outcomes under the current PSP package payment system:

- The fact that packages are paid for two years neither rewards or penalises the achievement of permanency outcomes.
- The two-year timeframe had mixed impacts on outcomes depending on case complexity and alignment with permanency.
- Successful guardianship arrangements result in PSP service providers no longer receiving funding for the placement, and
- Although priced to reflect differing effort, PSP package-based funding does not adequately address the substantial and observable differences in the resources and effort required to achieve permanency, wellbeing, and safety outcomes across different cases.

We also note that the fee schedule was not designed to incentivise activities toward the achievement of any other positive outcomes, such as improved education or health outcomes.

Our findings suggest that PSP was unable to focus resources and efforts toward early intervention and exits from OOHC:

- There was a low number of PSP Family Preservation packages allocated, compared with the number of families who were eligible, potentially resulting from limited package numbers, low uptake, and limited visibility.
- PSP Family Preservation packages were allocated on a discretionary basis by DCJ while other PSP packages are demand driven, and
- Exits from OOHC were not designed to 'translate' into cost savings that can be allocated toward front-end investments in prevention in systems while there was still significant unmet need at the back-end.

We note incentive structures can also be influenced by, for example, operational changes and implementation challenges (e.g., increases in administrative processes and learning new processes and practices).

Impact of PSP on Aboriginal children, families, and communities

While the impact of PSP on Aboriginal children, families and communities is considered across all sections in the report, we present the key findings here separately so they may be easily examined for future action. The four key findings focused on Aboriginal children, families and communities are informed by all components of the evaluation including the findings and recommendations from earlier reviews and reforms of NSW's child protection and OOHC system, the objectives and mechanisms which underpin PSP's design and implementation, and all evaluation findings.

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

Most of the Aboriginal children, parents, carers, and some community stakeholders who were interviewed across the three case study sites were unaware of or had a limited understanding of PSP and its differences from previous programs or reforms introduced for Aboriginal people. This suggests a need for better communication of the reform to, for example, promote the program as seeking to address the historical legacy of child removal policies, promote the value of PSP caseworkers as a support worker who can assist families and children with family preservation or restoration, and to attract more Aboriginal carers. It also raises the possibility that some case study participants related their experiences with the child protection and OOHC system in general, and perhaps historically, rather than their experiences with PSP specifically.

While Aboriginal children, parent, carers, and community stakeholders were largely positive about services received, deficiencies still exist

Across the three Aboriginal case study sites, most parents, carers and community members were positive about the services they received from their PSP service provider and gave examples of how caseworkers met their needs. Parents and carers at all three sites expressed greater satisfaction with services received when contact with case workers was consistent (in person and by phone and email), when they felt listened to and supported, and where parents had good communication with workers when their child is

in OOHC. The satisfaction of children, parents and carers was reduced when they perceived that casework staff were providing a standardised rather than tailored response to their needs.

Most children, parents, carers and community members interviewed in the three Aboriginal case study sites indicated that PSP services supported their cultural safety to some degree. This included activities such as: learning Aboriginal cultural history and language; participating in cultural events; accessing an Aboriginal mentor; attending a cultural camp; and developing a cultural plan. All of the 39 cases reviewed involving Aboriginal children had a cultural plan in place, although several of the cultural plans reviewed would not be considered current because they were older than 12 months. Many activities appeared not to be updated regularly. A small number of the cases with cultural plans did not receive the Cultural Plan (Aboriginal) packages. The information and activities included in the cultural plan and across casework practice were observed to vary substantially across the cases reviewed. We noted that the ACCOs participating in the case review embedded cultural support practices across most of their interactions with children, family members and carers, and had notable expertise in delivering culturally safe casework and services and fostering trusted relationships with Aboriginal children and family members.

Data from the three Aboriginal case study sites found that participants interviewed considered the Aboriginal placement principles and reform components of PSP to be acceptable, appropriate and effective - when they were in place. Children, parents and carers reported that practices still exist, either current or in the recent past, that do not align with the Aboriginal Child Principles. These included: children not being placed with family members who could be carers; placements changing without informing children beforehand; non-Aboriginal OOHC services receiving government funds to make care arrangements for Aboriginal children; and insufficient numbers of Aboriginal Case Workers to guide Aboriginal families and support them through the OOHC system.

Overall, PSP did not affect Aboriginal children differently than non-Aboriginal children

Across most of our statistical models, Aboriginal children were no more or less likely to experience safety, permanency or wellbeing outcomes than non-Aboriginal children. That is, once we controlled for a host of demographic, historical and service level characteristics, the likelihood that Aboriginal children would experience more adverse outcomes than non-Aboriginal children was no longer present. This does not mean that Aboriginal children do not experience worse outcomes than non-Aboriginal children – it just means that the structural factors driving service level differences in the child protection response (i.e., poverty, poor housing, substance misuse, domestic violence) are likely being accounted for in our models. Moreover, this finding of no difference extended to PSP. After controlling for numerous demographic, case-level and service level characteristics, we found that Aboriginal children achieved similar outcomes through PSP as non-Aboriginal children. In other words, PSP packages did not make much of a difference for anybody. On the positive side, it did not appear to result in worse outcomes for Aboriginal children.

PSP has increased the funding directed towards Aboriginal children

The costs of PSP currently outweigh the benefits so far for Aboriginal children. The difference in average costs between pre- and post PSP services increases to $52,818 and $25,717 for the Ongoing Care and Entry / Re-entry cohort respectively. The larger increase for the Aboriginal Entry / Re-entry cohort appears mostly due to the relatively low expenditure for this cohort before PSP was introduced.

Introduction of Cultural Plan (Aboriginal) and Aboriginal Foster Care baseline packages has increased the funding directed towards Aboriginal children.

2. Recommendations

While there has been a service shift toward permanency, and some improvement in outcomes through PSP, we conclude **PSP has not resulted in the positive, transformative change envisaged for children at the beginning of the reform effort**. We acknowledge the efforts of PSP service providers, and their DCJ district partners, in building capacity for permanency support but the significant implementation challenges experienced, failure to demonstrate a sizeable positive impact on children, and the substantial costs of the funding and operational model suggest that **the design of PSP should be substantially overhauled and specific components of the reform discontinued**. The opportunity cost of continuing to implement PSP in its current form is likely to prevent NSW from investing in more effective reform.

We have made five overarching recommendations to improve DCJ's provision of permanency support to children in improving children's wellbeing, permanency and safety outcomes, as well as specific recommendations that address issues of service design and system support including incentives. These recommendations are closely related to the hypothesised mechanisms of change, and underlying assumptions, which guided the design of PSP.

Implementing new reforms and practices in the child protection and OOHC system, such as PSP, requires multiple changes in individual and collective behaviour within service providers, DCJ and supporting services. This is much broader than financial mechanisms, and requires an understanding of, and action on, the 'sources of behaviour' – that is, capability (i.e., do PSP service providers have sufficient knowledge and skill to deliver PSP services?), opportunity (i.e., are PSP service providers able to use this capacity to deliver PSP services in practice?), and motivation (i.e., are PSP service providers being properly incentivised to achieve the positive outcomes being targeted?). In short, PSP service providers, Permanency Coordinators and DCJ Districts cannot undertake high quality permanency casework, and deliver effective services, if they consistently experience challenges to implementation that impede behaviour change. Most importantly, children

and families cannot benefit from what they do not receive. It is with this frame of reference that we propose the recommendations below.

Principles for service system re-design

A fundamental principle for the implementation of these recommendations is that DCJ and the NSW Government reduce resource waste by, where possible, implementing the recommendations of reviews into the NSW child protection and OOHC care system relevant to PSP, and drawing on promising tools and processes piloted within DCJ, Their Futures Matter and the sector that have not yet been widely adopted. The following principles apply to all permanency service design and system support recommendations. That is, design and support to implement should:

- Be grounded in effective practice that specifically address what children and families need
- Be informed by the preferences and values of children and families
- Occur in collaboration between DCJ, PSP service providers, and key sector organisations
- Be integrated within a continuum of care for children, young people, and families
- Be rigorously pilot tested, and further adapted, before scaling up, and
- Deliver culturally appropriate services, which is particularly important for Aboriginal families and children if we are to restore their faith in the system and its decision-making.

How to read and interpret recommendations

We have organised the recommendations below into two sections. The first section presents overarching recommendations arising from the evaluation findings and what we know to be necessary conditions for system change, including a statement capturing what success looks like if this recommendation is implemented well. These recommendations focus on good system design and functioning that, if implemented well, will make a difference to children's outcomes over time.

The second section presents targeted recommendations, related to the above, but organised according to sphere of influence within the child protection system. We understand recommendations are not always taken up by departments because implementation is challenging, especially if it requires the integration of external systems. This is related, at least in part, to poor clarity about what needs to happen at which point in the system. We organise recommendations into three categories using an ecological framework for implementation within complex, dynamic systems adapted from international colleagues in implementation science[15]:

- recommended changes to the PSP model (i.e., model components, casework practice staff, outcomes)
- recommended changes to the context in which PSP is delivered (i.e., the practice setting, workforce development, information systems), and

[15] Chambers, D.A., Glasgow, R.E. & Stange, K.C. (2013). The dynamic sustainability framework: addressing the paradox of sustainment amid ongoing change. *Implementation Science*, 8: 117.

- recommended changes to the broader ecological system within which PSP service providers exist and operate (i.e., other practice settings, policy, market forces).

Effective service reform is achieved through a process of continuous 'fit' between these three elements. For example, PSP may introduce a new package to address a gap in sibling relational permanency; targeted providers are supported to specialise in this area, implement the change and deliver relational permanency services to siblings based on best practice evidence; and DCJ provides governance and resourcing for implementation of the sibling relational permanency policy including performance monitoring and improvement. A change to one element of the system (e.g., a Premier's Priority sets a focus in one area of the system or on a specific practice) will require adaptations elsewhere in the system to support effective practice and optimal outcomes for children. This is a simple example, representing only a single action within the PSP reform, but it provides an example of the different actions required by different actors at different levels of the system.

Before making any changes to PSP based on the recommendations we strongly suggest these are carefully planned and carried out by DCJ using sound implementation principles and quality infrastructure. Service and system reform failures are socially and economically costly. Further, implementing these recommendations will lead to changes (large and small) that affect DCJ Districts, PSP service providers, and children and families in the way they deliver and receive services – and this needs to be managed carefully. These types of changes, and the impacts they can have, often receive little attention. Given the scale of these recommendations, we acknowledge that action will likely be broken into smaller parts and/or phased across the system (e.g., a focus on new design in family preservation or a trial of performance monitoring and improvement with as a small number of providers). Therefore, it is critical to invest time and expertise in understanding both how these smaller changes and their implementation effect the larger system so that actions work toward system change rather than remaining isolated initiatives that, at best, make marginal improvements when far more is needed.

Overarching recommendations

We have made five overarching recommendations.

Recommendation 1: Shift PSP from a focus on administrative processes to a focus on practice and child wellbeing, safety, and permanency outcomes

What success looks like: Routine wellbeing assessments inform needs, drive evidence-informed, high-quality practice that improve the most important outcomes in the lives of children and young people.

PSP packages and administrative processes are only as good as their ability to create an enabling environment for effective practice and service intervention to occur. At present, the packages are the focus of activity rather than a means to an end. For example, case plan goal reviews are an opportunity not only to review permanency goals, but to proactively conduct wellbeing assessments, and put into place services to meet children's needs. An enabling environment can be achieved by more clearly articulating what the desired outcomes would look like for children and families, working backward to identify practices and services that have a high likelihood of reaching those outcomes, and then creating administrative processes and incentives that support their implementation. This shift is, in many ways, underway at DCJ - but it needs to focus more clearly on accurately measuring actual outcomes and not on compliance with administrative processes. This requires building on, and learning from, existing DCJ work such as the Quality Assurance Framework for Out-Of-Home Care, the in-development PSP Data Roadmap, the PSP

Learning Hub, and the Targeted Earlier Intervention measurement platform which evaluates meaningful outcomes for individual children and families as well as provider performance in achieving them.

Recommendation 2: Facilitate the performance of PSP service providers to achieve children's wellbeing, safety, and permanency outcomes

What success looks like: Specialist practice and implementation support enables consistent delivery of evidence-informed practice tailored to children's needs.

We observed substantial variations in the capacity of PSP providers and districts to deliver high quality services and associated outcomes during the initial implementation of PSP. This raises equity concerns that children, families and carers may receive a different quality of PSP service delivery depending on which provider they are engaged with and where they live. We do not see this as being largely driven by poor performance of PSP providers. Rather, we see this as performance differences resulting from capacity and opportunity constraints (or implementation challenges that impede PSP delivery). Major impediments to quality PSP delivery include service gaps, access to evidence on what practices and services work and how to implement them in their service context, and process and system challenges.

It is one thing to know what works and how to implement it, and quite another to develop a workforce that can do it. The success of this recommendation is dependent on not only a new wave of effective services and core components to improve children's outcomes but a workforce that can quickly adopt and adapt these well.

Recommendation 3: Review the full incentive structure which emerges from the PSP funding model, PSP operating model and external system factors to incentivise the achievement of wellbeing, safety, and permanency outcomes

What success looks like: Incentives and strategies designed to facilitate continuous service improvement are embedded in the system.

A substantial gap in PSP's design is that incentives were only considered from the perspective of funding.[16] This evaluation demonstrated that incentives were highly influenced by, for example, organisational and operational structures and external factors that often arose as implementation challenges. Incentives cannot be developed independently of systems, or they risk – as we saw in this evaluation – misalignment with the behaviours they are intended to influence (e.g., the misalignment between the work required to complete family finding and the package remuneration). Instead, incentives best emerge from models and processes in operation, which are then tested locally and at higher levels of the system. The targeted recommendations below must also be considered in concert with the other recommendations that support PSP service provider capacity building and the removal of implementation barriers to effective PSP service delivery.

[16] We note these incentives were not fully operationalised. Abatements, for example, were not implemented, which in effect enabled PSP service providers to continue to be remunerated for outcomes they did not achieve.

Recommendation 4: Grow and embed system mechanisms to reduce waste

What success looks like: Services are data-driven, evidence-informed and well-implemented; services without these features are de-implemented.

Continuing to invest in services that do not deliver is not only detrimental to children and families, it wastes limited resources and takes funds away from more effective programs and implementation efforts. Further, failure to effectively address impediments to service implementation results in an inefficient system with poor role clarity and potential inequalities in delivery – and these undermine incentive-based reform efforts. PSP service providers, and the Permanency Coordinators and Districts that support them, will be unable to effectively respond to incentives if implementation barriers at the operations and system level continue to impede the work of achieving children's permanency. Implementation efforts are well worth the investment. Evidence suggests a novel service implemented well can be more effective in improving outcomes than an 'evidence-based' program implemented poorly.[17] Effective infrastructure to support implementation is critical to the success of the PSP reform and can be achieved through building on DCJ initiatives such as the PSP Learning Hub, PSP Data Roadmap, District implementation teams and permanency coordinators, and accessible data systems.

There has historically been little focus on the de-implementation of services that do not work. Like implementation, de-implementation is a considered and structured process – involving removing, replacing, reducing, or restricting the delivery of an inappropriate (i.e., not the most effective or cost-effective to provide or no longer necessary) or ineffective intervention.[18] Rarely practiced, de-implementation minimises harm, prevents waste, builds public trust, and ultimately improves outcomes.[19] If the NSW Government decides to change the PSP funding and operational model and alter delivery based on the findings and recommendations in this report, we strongly suggest de-implementation practices and processes are put into place to ease the transition.

Recommendation 5: Shift investment toward the 'front end' of the system and across the care continuum

What success looks like: The *right* services are delivered at the *right* time to the *right* children and families in the *right* way.

Despite regular calls to shift the balance of investment from the back end of the child and family services system (i.e., acute intervention and care) to the front end (early intervention), little meaningful change has been achieved in practice. This is not for a lack of political will within and across governments and responsible departments. Rather, the level of investment required to 'rebalance' the system – in the face of known challenges such as high demand for child protection services (including unmet demand) - requires significant and sustained strategic investment. A successful child and family services system delivers the right services (i.e., evidence-informed, and effective services to address need) at the right time (i.e., in response to a problem as it first emerges) to the right people (i.e., those in the most need who can benefit most) in the right way (i.e.,

[17] Lipsey, M.W. (2009). The primary factors that characterize effective interventions with juvenile offenders: a meta-analytic overview. *Victims and Offenders, 4*: 124-147.

[18] McKay, V, R., Morshed, A. B., Brownson, R.C., Proctor, E.K. & Prusaczyk, B. (2018). Letting go: conceptualizing intervention de-implementation in public health and social science settings. *American Journal of Community Psychology, 62*: 189-202.

[19] Norton, W.E. & Chambers, D.A. (2020). Unpacking the complexities of de-implementing inappropriate health interventions. *Implementation Science, 15*(2).

tailored to people's needs, preferences and values). This means not just a focus on the ends of the system but on the entire continuum of care.

Targeted recommendations

Recommended changes to the PSP model

We have made six recommendations related to influencing the PSP model, including targeted funding packages to address identified gaps in permanency care, implementing an evidence-informed practice framework that can be applied flexibly to meet need, a framework to measure child and family outcomes at the practice-level, and developing a new model for family preservation. We recommend DCJ:

- Review and address the misalignment between the amount of casework required to achieve permanency and the funding provided by PSP packages (see for example, the discrepancies identified in the funding available, and casework practised for Family Finding and use of the 4+ Siblings package). This will require a recalculation of the range of time required to perform this casework and a reconsideration of the amount compliance-driven administrative reporting.
- Override the default low needs package for entries into care if a child has a previous and recent Child Assessment Tool (CAT) score in the system. Children entering care were initially given a lower Child's Needs package than their most recent CAT score suggested. Over time, children were generally moved to higher child's needs packages. The same pattern held for children already in care. This suggests that allocating children a needs package based on the CAT score in the system will be a more accurate and will better facilitate the casework and services required to improve children's outcomes.
- Create new packages which incentivise casework and permanency planning in areas of best evidence for children's wellbeing, such as keeping siblings together to foster relational permanency. This could be achieved through a 'complex family package' that increases in value according to the number of siblings in a family (even if not living together) and appropriately resources service providers to work with the entire family across providers. Given many siblings are already dispersed across providers, there would need to be a mechanism to transfer children to the one provider (and the work that has occurred in achieving permanency) and potentially compensate other providers for their time. Alternatively, trialling shared packages between providers for the sibling services delivery could also be considered.
- Implement a PSP practice framework that is evidence-informed, client-centred, flexible, and tailored to context. DCJ is currently developing a PSP Practice Framework and we recommend this framework integrate research and evidence for effective practice, practice theory, experiential knowledge, and ethical principles into a guide that enables caseworkers to flexibly apply effective practices[20] in their everyday work. Workforce development and implementation support will be required to ensure the framework and practices are implemented to a high-quality. Implementation is not a point in time activity; ongoing infrastructure and support will be critical to success.

[20] Effective practices are practice elements found within a broad range of programs and interventions that are effective in enabling change and can be applied flexibly to meet need (e.g., building family communication skills). They are common building blocks of programs that have been shown to work to bring about better outcomes. For more information, please see this video: https://www.ceiglobal.org/work-and-insights/animation-how-can-practice-elements-help-you-build-better-evidence-informed

- Implement a 'practice-level' PSP outcomes framework that describes reliable and valid ways to holistically measure child safety, permanency, and wellbeing at the individual and family levels. Current NSW state outcomes frameworks, while well-intended, are too high-level to assess individual need and to monitor progress to outcomes that are tailored to those needs. This more detailed framework would describe specific, meaningful outcomes for individual children and their families, and how to measure them. For instance, a framework should go beyond measuring whether a child was reunified and identify specific tools that assess concerning parenting practices and reliably and validly assess their improvement over time.

- Develop and test an evidence-informed model for family preservation and restoration (given the current model is ineffective). Model design should be based on current best evidence for effective practice, families' preferences and values and sector expertise. Aboriginal families must be involved in the design and testing of a model for use by ACCOs and NGOs, as many Aboriginal children continue to receive permanency support services from NGOs. If this recommendation is implemented, a companion process of de-implementation of the current family preservation model (including DCJ components such as the broadcasting system) must be undertaken to ensure the workforce is clear on role in service delivery.

Recommended changes to the context in which PSP is delivered

We have made three recommendations related to influencing the context in which PSP is delivered focused on undertaking sector-wide workforce development, monitoring outcomes that contribute to practice improvement and supporting PSP provider access to practice elements and effective practices and programs. We recommend DCJ:

- Undertake sector-wide workforce development with implementation support (e.g., training plus coaching using data on performance) to enable PSP service providers to understand, select and effectively implement practice elements tailored to NSW's unique contexts. This includes the development of tailored, culturally appropriate practices with Aboriginal Community Controlled Organisations. Based on the Victorian Government's experience, we expect this recommendation, if implemented well, to foster gains in outcomes, particularly in the areas of family preservation and restoration.

- Enable quality by monitoring outcomes that contribute to practice improvement. Specifically, implementation (including whether the right population is being reached, what service is being delivered, and the quality of the service) and child wellbeing, safety and permanency outcomes. This should be done across the sector (including PSP service providers and districts) so performance can be improved through high quality audit and feedback. Audit and Feedback is a specific implementation strategy, similar to Continuous Quality Improvement (CQI), that facilitates the effectiveness of services, and children's outcomes, through a data-driven feedback cycle.[21] – but the data have to include the right population and information for it to be effective.

- Make available and incentivise the use of high-quality evidence advisory systems (e.g., locally adapted What Works systems or through investment in an expanded PSP Learning Hub) and the effective practices contained within them to improve children's outcomes. Without motivation, support, and a universally accessible system, these are likely to be underutilised, so substantial investment and incentives are crucial.

[21] This process – of monitoring outcomes, reporting outcomes back to service providers and caseworkers, identifying areas for improvement, and enacting plans – could be facilitated by local implementation teams working in partnership with PSP service providers, Permanency Coordinators and districts.

Recommended changes to the broader ecological system within which PSP service providers exist and operate

We have made five recommendations related to influencing the broader system in which PSP is delivered focused on resourcing and embedding implementation infrastructure across the permanency support system, implementing a system to monitor provider and system performance, addressing system gaps, investing in system-wide data to drive improvement and investing in system change. We recommend DCJ:

- Embed implementation infrastructure by maintaining discrete funding for PSP implementation teams at the district level and establishing an implementation team at the DCJ PSP central office level. It is critical staff at both team levels possess specialist implementation support skills,[22] to ensure teams can plan, implement, monitor and address local and systemic barriers to effective service delivery. As a first step, using the implementation challenges identified in this report (i.e., clarity of DCJ and PSP service provider roles, legal reporting and court issues, DCJ delays in authorisation of case plan goals) implementation teams could map delivery, operation and system challenges (including those that are related to foundational casework as well as permanency support) and devise, implement and monitor strategies to address them. Effective implementation teams make good use of constrained resourcing and can be used to plan new services and components of services, and to oversee the de-implementation of ineffective services or components of services.
- Implement a performance monitoring system that uses children's wellbeing outcomes (as described above), as well as more standard systems outcomes (e.g., new ROSH reports, OOHC placements, permanency outcomes), to routinely report on the range of outcomes as a whole and by District. Strong consideration should be given to a transparent reporting system that goes well beyond the yearly AIHW report such as the California Child Welfare Indicators Project (https://ccwip.berkeley.edu/). This system could then be used to benchmark current performance and develop easily understood and meaningful metrics; create incentives to reward improved performance; initiate mandatory program improvement plans to guide needed changes among low performing providers; and develop detailed, tested plans for avoiding perverse incentives that maintain children in long-term care.
- Work with NSW central government and line agencies such as the Ministry of Health/NSW Health to address PSP service gaps across NSW identified in this evaluation related to the availability of specialist psychological services for sexual abuse, violence and trauma. Other service gaps should also be addressed, in partnership with NSW Health, the Department of Education, and functions within DCJ (e.g., housing) to facilitate children's outcomes in the areas of health (e.g., mental health services, alcohol and other drug (AOD) treatment), housing (e.g., including for victims of domestic violence who have children), and education (e.g., high quality educational enrichment programs).
- Invest in, and facilitate the collection and integration of, high-quality data at the PSP service provider and system levels using ChildStory and the Human Services Data Set to enable monitoring and evaluation of specific services provided and outcomes achieved at the child level. A Minimum Dataset (MDS) at the service-level should be established for PSP which systematically collects data on child wellbeing and the type, timing, duration, and frequency of services referred to and whether these were provided and by whom. Combined with reliable and valid assessment measures that are either standard (or can be standardised across providers), this asset will enable DCJ to properly evaluate, and invest in, what works for whom and at what time rather

[22] Albers, B. et al. (2020). Implementation support skills: findings from a systematic integrative review. *Research on Social Work Practice, 31*, https://doi.org/10.1177/1049731520967419

than relying solely on non-specific, low-quality administrative data that is unsuited to delivering a reform of this complexity.

- Establish an appropriate governance mechanism responsible for systemic change in permanency support presented through these recommendations and oversees planning, implementation and monitoring, including phasing of action, to ensure action is aligned and drives outcomes. For example, the practice framework implementation strategy must be linked to workforce development and the outcomes framework to ensure permanency support functions as an effective system grounded in continuous quality improvement.
- Scope big-picture system reform by drawing on local and international experts in the field of child protection and permanency support and learning from other jurisdictions across Australia and globally. Three examples of this kind of action include investigating the:
    - Models, funding and infrastructure involved in shifting focus from legal permanency to relational permanency and cultural permanency to improve children's outcomes.
    - applicability of policy mechanisms such as the Victorian Government's Early Intervention Investment Framework, which funds projects that prevent entry into the system, to the NSW child and family services context.
    - the development of a child and family services 'continuum of care' policy framework, akin to a 'stepped care' model in mental health, comprising a hierarchy of interventions, from the least to the most intensive, which can be matched to the needs of children's and families.