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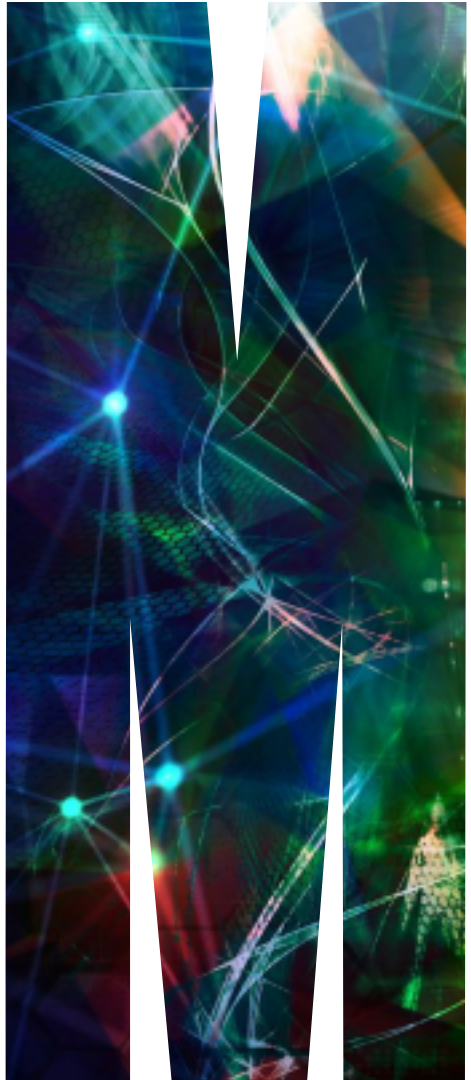
Reunifying Children in Out-of-Home Care

Did NSW's Permanency Support Program affect restorations?

Dr Jessica Roberts, Dr Lisa Hodgkin, Prof Aron Shlonsky

9th September 2026

Monash University recognises that its Australian campuses are located on the unceded lands of the people of the Kulin nations, and we pay our respects to their Elders, past and present.



Across Australia, in 2017-2018…

~31,800 children had been in long-term out-of-home care for more than 2 years

159,000 children (aged 0–17) received child protection services

The rate of Aboriginal and Torres Strait Islander children receiving child protection services was **8x** the rate for non-Indigenous children

AIHW Child Protection Australia report 2017-18

Permanency Support Program (PSP)

Whole of child protection system reform implemented in 2018:

- Designed to provide 'personalised, targeted support' for children and families, by
  - Personalised support packages
  - Capacity among OOHC providers
  - New protocols for practice

Core goals of PSP:

- Fewer entries into care
- Shorter time in care
- Better care experience
- Address the over-representation of Aboriginal children

Evaluation of PSP

Research conducted in collaboration with:

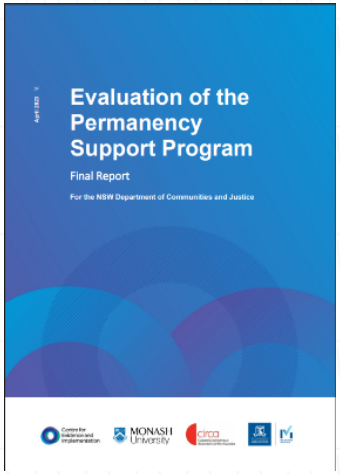
Funded by the NSW Department of Communities and Justice (DCJ)

Focused on Foster Care, Kinship Care and Family Preservation and assessed:

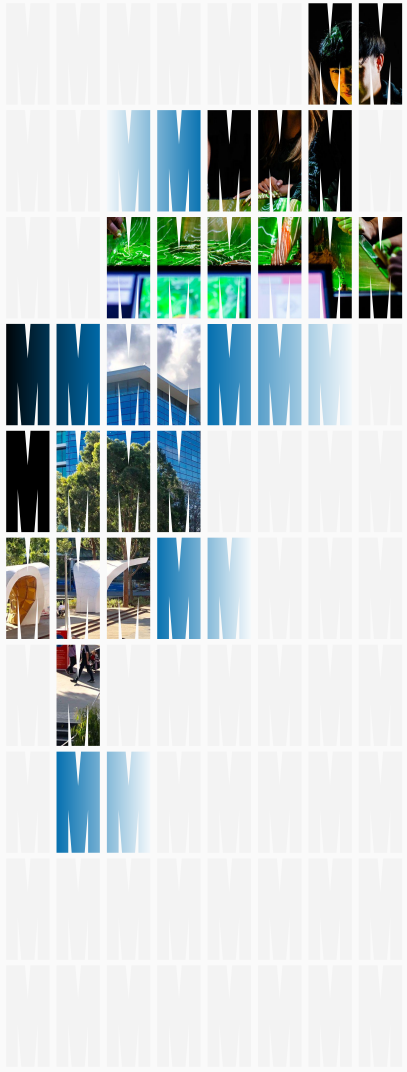
1. *Outcome Evaluation:*
   If the intended safety, permanency and well-being outcomes have improved for children, young people and families, to inform future policy decisions

2. *Process Evaluation:* How the outcomes are achieved for clients

3. *Economic Evaluation:* If it represents value for money compared to service delivery prior to PSP



Did PSP improve the likelihood that children in OOHC would be restored to their families?

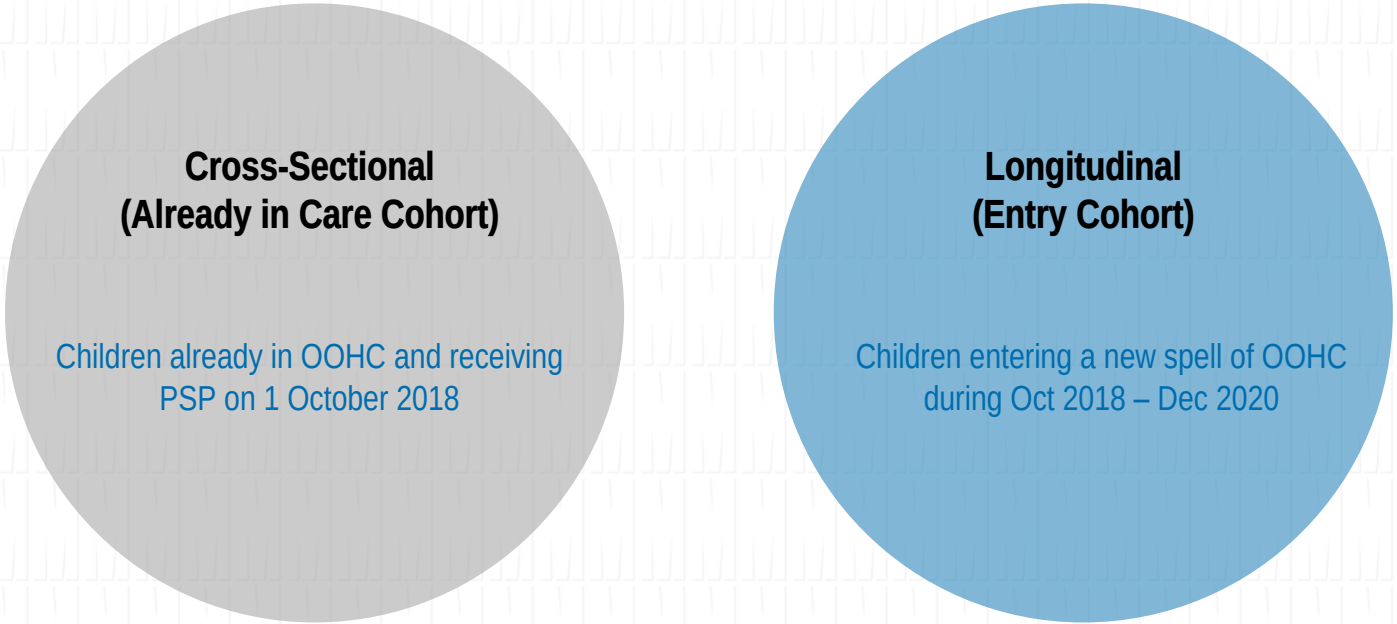



Restoration / Reunification

Return of children to their parents from OOHC

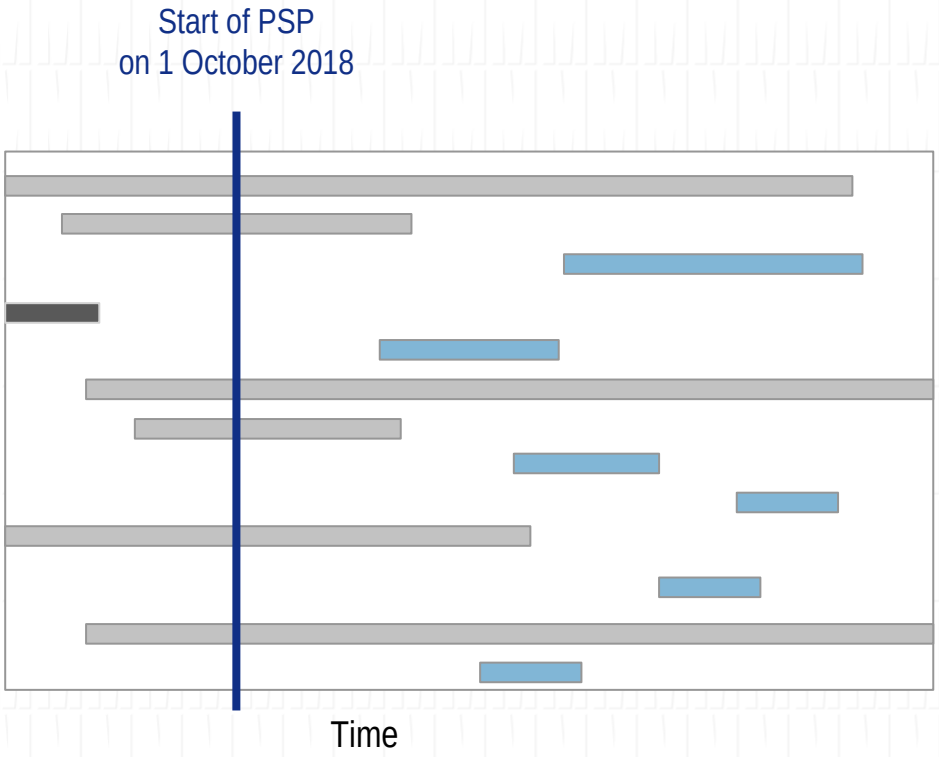
- Restoration (reunification) is the first permanency preference for children in OOHC
- Lack of permanency → poorer educational, attachment, and psychological outcomes
- The longer children remain in care, the harder restoration becomes
- Concerns about demands on the system, given the shortage of foster carers + high numbers of children in OOHC

Study design



Using both approaches allows a wider, more comprehensive understanding of outcomes across different populations

Who are the children that received PSP?



Cross-Sectional
(Already in Care Cohort)

Longitudinal
(Entry Cohort)

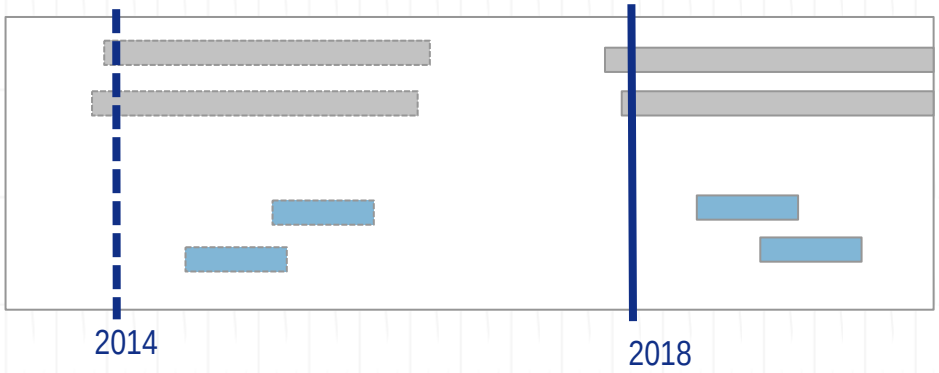
Methods

Data

- ChildStory (NSW DCJ): OOHC, child protection & risk assessment records

Comparison Groups

- PSP rolled out state-wide simultaneously – no concurrent comparison possible
- Propensity Score Matching (PSM) to historical control groups (2014–2016)
- 1:1 matching on characteristics and histories



Differences between cohorts



Variable	Already in care (n=12,353)	Entry cohort (n=1,063)
Aboriginal status	35.5%	37.6%
Female	46.3%	47.1%
Mean age (years)	9.20	3.24
In Kinship care	21.0%	10.7%
Prior spell in OOHC	18.2%	11.5%
Mean length of care at study start	5.77 years	–

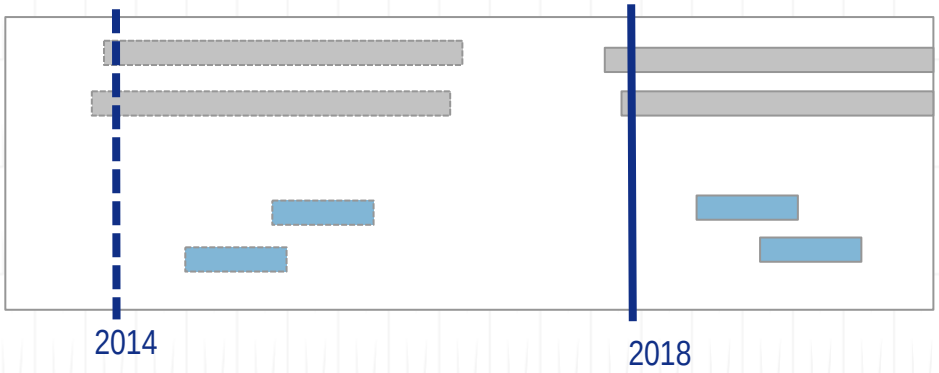
Children in the Entry cohort were much younger and less complex than those already in long-term care.

These populations need to be analysed separately.

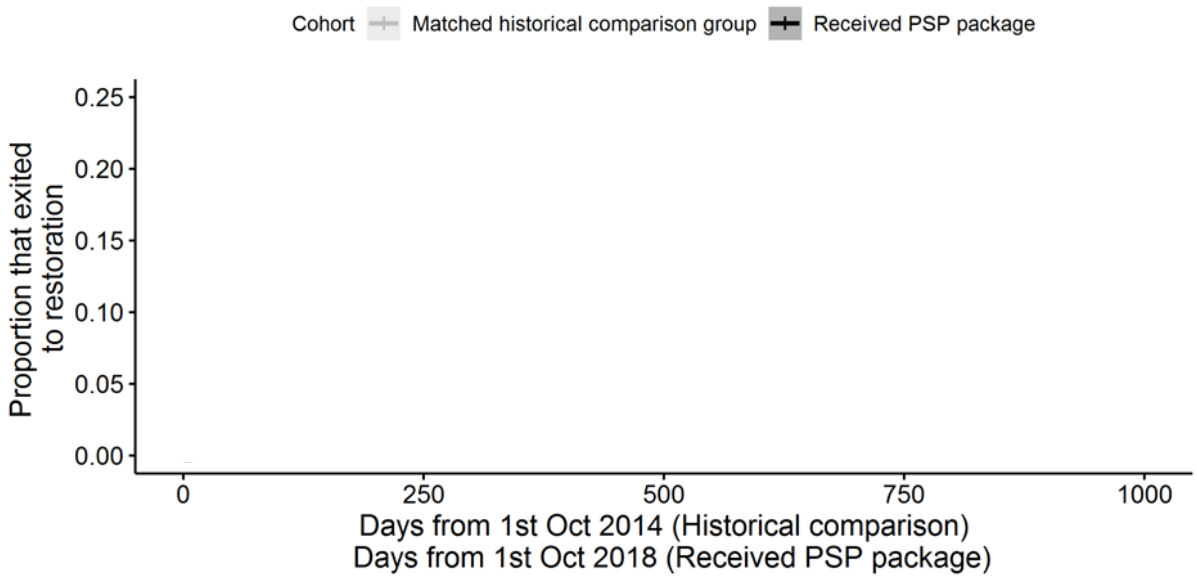
Methods

Statistical Analysis

- Outcome: time to restoration
- Kaplan-Meier curves (unadjusted)
- Cox Proportional Hazards Regression
  - *age, sex, Aboriginal status, kinship care, ROSH history*
- Interaction term:
  - *Aboriginal status × PSP tested but not significant in models*
- Sensitivity analysis for COVID-19 influence



Already in care cohort



2.0% PSP children restored within 12 months vs 1.5% comparison

p = 0.0078 p-value, significant but small absolute difference

HR 1.35 Adjusted Hazard Ratio 95% CI: [1.10, 1.64]

p = 0.004 p-value, significant but small absolute difference

Already in care cohort

Variable	Hazard Ratio	95% confidence intervals	P-value
Received a PSP package	1.35	1.10 - 1.64	**0.004**
Female	0.98	0.81 - 1.20	0.866
Aboriginal status	1.09	0.89 - 1.34	0.400
<5 years old	2.55	2.05 - 3.16	**<0.001**
Spent more than half of life in current OOHC spell	0.24	0.19- 0.29	**<0.001**
Prior ROSH for sexual abuse	0.84	0.68 - 1.04	0.114
In Kinship care	0.52	0.37 - 0.71	**<0.001**

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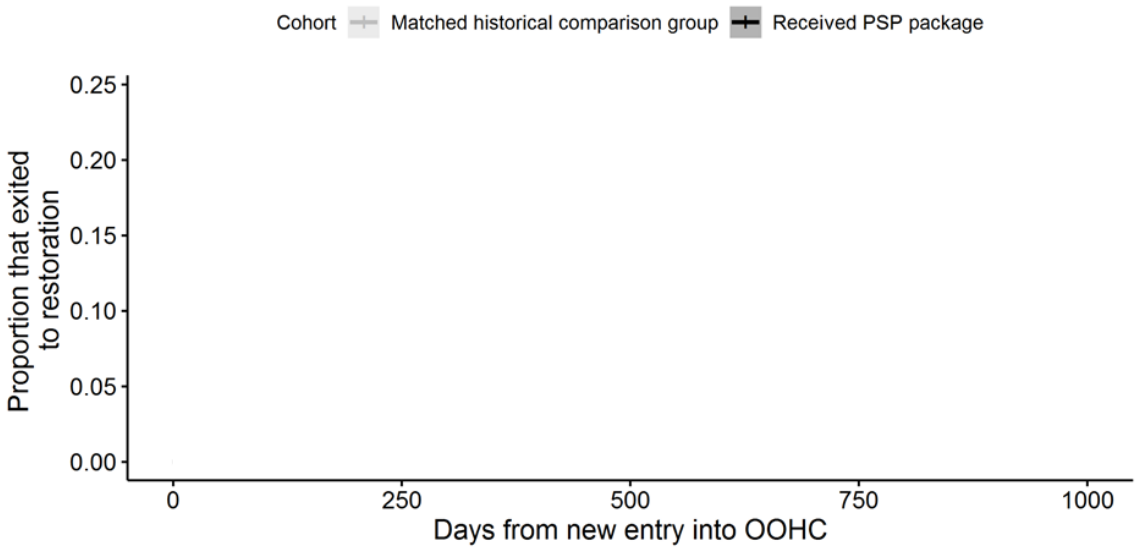
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Entry cohort



10.1% PSP children: Restoration within 12 months

p = 0.082 p-value Not significant

HR 0.84 Adjusted Hazard Ratio 95% CI: [0.61, 1.14]

p = 0.262 p-value Not significant

Entry cohort

Variable	Hazard Ratio	95% confidence intervals	P-value
Received a PSP package	0.84	0.61 - 1.14	0.262
Female	0.82	0.60 - 1.12	0.205
Aboriginal status	0.89	0.64 - 1.24	0.488
<6 months old	0.32	0.21 - 0.50	**<0.001**
Prior ROSH for sexual abuse	0.60	0.39 - 0.92	**0.018**
Prior ROSH for physical abuse	0.63	0.45 - 0.87	**0.005**
Prior ROSH for neglect	0.51	0.33 - 0.78	**0.002**
In Kinship care	0.30	0.13 - 0.67	**0.004**
Carer/Parent with substance abuse issue	0.54	0.39 - 0.74	**<0.001**

10.1%

PSP children:
Restoration within
12 months

p = 0.082

p-value
Not significant

HR 0.84

Adjusted Hazard Ratio
95% CI: [0.61, 1.14]

p = 0.262

p-value
Not significant

Cross-Sectional (Already in Care Cohort)

PSP slightly increased restoration for children already in long-term care — but the effect was small and restoration remained rare

2.0%	PSP children restored within 12 months
HR 1.35	Adjusted Hazard Ratio 95% CI: [1.10, 1.64]
p = 0.004	p-value, significant but small absolute difference

Longitudinal (Entry Cohort)

PSP had no discernible effect on restoration for children entering care

10.1%	PSP children restored within 12 months
HR 0.84	Adjusted Hazard Ratio 95% CI: [0.61, 1.14]
p = 0.262	p-value Not significant

Did PSP improve the likelihood that children in OOHC would be restored to their families?

In Summary

- We did not find evidence that PSP markedly increased the likelihood of restoration
- Both sampled subpopulations showed consistently low restoration rates, which have not substantially improved with the introduction of PSP over time.
- Effective services focusing on increasing restoration and supporting permanency are needed to decrease the number of children in OOHC.
- In OOHC studies, only considering cross-sectional samples will over-represent children in long-term care and potentially obscure different outcomes for new entries to care.

Questions?

I would like to acknowledge my co-authors on the evaluation:

- Professor Guyonne Kalb
- Assistant Professor Jordy Meekes
- Chloe Jacob
- Dr Vanessa Rose,
- Lena Etuk
- Rochelle Braf
- Professor Aron Shlonsky

Article citation

Roberts, J., Hodgkin, L., Kalb, G., Meekes, J., Jacob, C., Rose, V., Etuk, L., & Shlonsky, A. (2025). Reunifying children in out-of-home care: Does NSW's Permanency Support Program affect restorations? Australian Social Work.

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