

**SUBMISSION TO THE DEPARTMENT OF SOCIAL SERVICES
ON PROPOSED REFORMS TO CHILD AND FAMILY SERVICES –
INTEGRATION OF EVIDENCE-BASED PARENTING SUPPORTS**

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Message Up Front

We welcome the proposed reform to streamline child and family services into one integrated national program to achieve the following outcomes:

1. Parents and caregivers are empowered to raise healthy, resilient children; and
2. Children are supported to grow into healthy, resilient adults.

We commend the Australian Government for its emphasis on evidence-informed practice, incorporating research, professional expertise, and lived experience into service design and delivery.

PAFRA represents 75+ leading Australian researchers in evidence-based parenting supports (EBPS). In this submission, we outline why EBPS must be embedded across the three proposed streams of service delivery:

1. National Programs & Information Services
2. Prevention & Early Intervention
3. Intensive Family Supports

Parents and carers are the most significant influence in a child's life. When families are well supported, children thrive at home, in school, and in their communities. Parenting shapes children's emotional, behavioural, social, and physical development, and strengthening parenting practices is one of the most powerful population-level levers available for improving child outcomes (Doyle et al., 2023).

Extensive evidence summarised by PAFRA shows that EBPS deliver measurable improvements in children's emotional and behavioural functioning, health, academic skills, parent wellbeing, and family safety – including substantial reductions in maltreatment and violence. These supports are highly effective and cost-efficient. They help children reach their potential, strengthen parent-child relationships, reduce family stress, and prevent serious problems before they escalate. Economic analyses show returns of up to seven dollars for every dollar invested, through reduced health, education, and child protection costs.

The Department of Social Services (DSS) proposed reforms provide an ideal opportunity to make effective parenting support available to all families by embedding EBPS across all three service streams. This submission sets out evidence-informed recommendations to achieve that goal.

“Supporting parents is one of the smartest investments we can make - because when parents are supported, children do well, families are stronger, and communities thrive (ARACY, 2008.”

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Introduction

The Parenting and Family Research Alliance (PAFRA; www.pafra.org) is a national alliance of Australia's leading parenting and family science researchers, advocating for increased access to evidence-based parenting supports (EBPS). PAFRA brings together program developers and researchers from 19 Australian universities and research centres to provide a unified, evidence-informed voice to government, practitioners, and the community (Sanders, et al., in press).

Supporting parents is one of the most effective ways to promote children's healthy development and wellbeing. Embedding EBPS into universal service platforms—such as maternal and child health, early childhood education and care, schools, and community hubs—strengthens outcomes for all families and provides timely, accessible pathways to targeted help where needed.

Parenting programs are highly efficacious and cost-effective across diverse populations and settings. Systematic reviews and meta-analyses consistently demonstrate their effectiveness in preventing maltreatment, improving behavioural and emotional adjustment, and reducing parental stress, depression, and anxiety (Doyle et al., 2023). EBPS also reduce social inequities by offering scalable supports across diverse communities, including families experiencing socioeconomic disadvantage, cultural and linguistic diversity, and disability (Sanders et al., in press; Doyle et al., 2023).

This submission responds to the DSS Discussion Paper *A new approach to programs for families and children* by synthesising the evidence base, highlighting best practice, and outlining policy implications aligned with the three proposed service levels:

1. National Programs & Information Services,
2. Prevention & Early Intervention, and
3. Intensive Family Supports.

Parenting supports are central to DSS's outcomes: empowering parents to raise healthy, resilient children and supporting children to grow into healthy, resilient adults. Investing in EBPS is one of the most effective policy levers available to ensure all children in Australia have the opportunity to thrive.

In this submission, EBPS refers to interventions that strengthen parenting skills, parent–child relationships, and family wellbeing—including parenting programs, parent-mediated supports, and broader parenting resources. We draw on high-quality reviews and evidence from large-scale implementation of EBPS.

Response to the Three Service Areas proposed by DSS

Parents and caregivers are the most significant influence in their children's emotional, behavioural, social, and developmental trajectories. Decades of robust research consistently demonstrate that evidence-based parenting supports (EBPS) improve child wellbeing, strengthen family functioning, and prevent costly downstream problems—including mental

illness, behaviour disorders, maltreatment, family violence, and educational disengagement (Doyle et al., 2023). Yet access to these supports remains uneven, inequitable and fragmented across Australia's service landscape.

This submission outlines evidence-based recommendations for integrating EBPS within each service area and highlights system enablers essential for success, drawing on the research evidence and policy recommendations summarised by the Parenting and Family Research Alliance (PAFRA).

1. National Programs and Information Services

1.1 Broad-reach, universal resources for all families

Broad-reach platforms – designed to be universally available with minimal eligibility restrictions – can ensure that all families, regardless of location, cultural background, or service engagement history, can access high-quality guidance that supports family functioning and promotes children's social, emotional, and developmental wellbeing (e.g., Green & Oberklaid, 2014; Opie et al., 2024). By offering consistent, trustworthy expert information across a large geographical footprint, national programs help normalise help-seeking, strengthen parental confidence, and provide early support long before challenges escalate. When grounded in evidence-based parenting principles and linked to more intensive interventions where needed, these universal resources can play a critical role in reducing disparities and supporting families to thrive.

1.2 The role of EBPS

This stream creates the foundation for reaching all types of families in Australia. When parenting support is universally available through trusted everyday services, with few restrictions on who can access it, stigma is reduced and support becomes normalised. Parents are more likely to seek help early, before challenges escalate. Importantly, population-level benefits arise even when only a proportion of families participate directly: universal parenting support can shift community norms and strengthen the broader environment in which children are raised (Doyle et al., 2023). These universal touchpoints enable early identification of developmental or behavioural issues and create pathways to more targeted support when needed.

1.3 What can be integrated at a national level?

1.3.1 National parenting information campaigns

A national, evidence-aligned communication strategy can promote simple, high-impact parenting messages, such as the value of emotional coaching, positive interactions, and consistent routines. Public campaigns can increase awareness, normalise parenting support, reduce stigma, and encourage families to engage with programs and services when needed. This approach aligns with this submission's call for routine parenting support embedded into everyday services, rather than optional or crisis-driven interventions.

1.3.2 Government-curated digital parenting platforms

Digital platforms can do more than provide information; they can deliver parenting programs and support immediately when needed. A high-quality digital "front door" could offer:

- Practical evidence-based parenting advice and resources
- Screening and decision tools
- Skill-building programs (e.g., parent skill modules, online courses)
- Links to locally available programs
- Pathways to more targeted support when needed, including guidance for families of children with developmental concerns

Digital EBPS – including online versions of Triple P, parent–child interaction therapy (PCIT), Partners in Parenting, or Tuning in to Kids – have demonstrated strong reach and effectiveness, particularly for rural families or those who face barriers to attending services in person (Doyle et al., 2023). Emerging digital approaches can also deliver brief, personalised support tailored to each family’s needs, flexible enough to fit around daily routines, and reaching parents when they need support. Supported online treatment and structured short-course therapy are highlighted as particularly effective and scalable evidence-based solutions to strengthen family wellbeing and deliver long-term social and economic gains (Productivity Commission, 2020). Online EBPS deliver measurable economic benefits, including reduced healthcare costs for children and increased parental productivity, as improved child wellbeing reduces time lost to managing behavioural or emotional issues (Productivity Commission, 2020)

1.3.3 National workforce guidance and practice frameworks

Embedding EBPS principles into child health guidelines, educational frameworks, disability and early childhood policy, and service accreditation standards would ensure families receive consistent, evidence-informed support regardless of where they live. Delivering parenting support at scale requires a skilled, well-supported workforce, robust national competency frameworks for family engagement and developmental support, sustained investment in training, and cross-sector partnerships that promote co-location and outreach models (Moller et al., 2024; Sanders et al., 2023). The Productivity Commission (2020) highlighted the need for early intervention in infant and child mental health – achieving this at national scale requires aligning workforce development and funding with evidence-based practice requirements. Embedding parenting support competencies into pre-service education for health, education and community service professionals would build long-term workforce capacity.

EBPS should not be confined to a single discipline or service delivery sector. Substantial evidence shows that practitioners from diverse disciplines – psychology, nursing, social work, medicine and allied health – can all play a role in supporting parents. However, practitioners from different sectors need greater access to high-quality, culturally informed active skills training programs. When such support is provided, professional training programs produce similar impacts on practitioner confidence, skills and satisfaction (Ma et al., 2023). Cross-sector, multidisciplinary involvement in delivering EBPS builds greater collective efficacy and agency at a local level (Lonne et al., 2019; Russ et al., 2024).

1.3.4 Universal soft-entry points

Providing light-touch, accessible and scalable parenting support at the universal level reduces stigma, normalises early help-seeking, and creates pathways to more targeted services when needed – a principle known as ‘proportionate universalism’ (universal

services with additional support scaled to need), and minimal sufficiency' (providing the least intrusive level of support necessary), as highlighted by Doyle et al. (2023). Services families already use and trust offer ideal opportunities to embed parenting support, including within:

- Maternal and Child Health (MCH) visits
- Playgroups and parenting groups
- Early childhood education and care settings
- Schools
- Online parent communities
- Faith-based community centres

Families who may not access traditional health services, including those from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander families, and parents in complex or higher-risk contexts particularly benefit from these familiar community-based settings where early detection and support can occur naturally.

1.4 Impact at this level

Embedding EBPS within national programs and information services establishes a consistent baseline of support for all Australian families. Universal access normalises parenting help-seeking, strengthens parental knowledge and confidence, and promotes community awareness that parenting support is a strength rather than a response to crisis. With trusted, evidence-based guidance available wherever families live and however they choose to access services, emerging developmental or behavioural concerns can be identified and addressed earlier, resulting in better outcomes for children and reduced escalation of problems over time.

At a system level, national delivery of EBPS supports greater equity and reduces fragmentation by ensuring families receive consistent, high-quality information regardless of jurisdiction or service pathway. Universal soft-entry points and digital front-doors create scalable pathways into more targeted supports when needed, reducing demand on high-cost tertiary services. This approach helps close service gaps for rural, remote, and culturally diverse communities, enabling earlier intervention and supporting a more coherent, prevention-focused child and family service system nationwide.

2. Prevention and Early Intervention

2.1 Evidence-informed supports that strengthen families, promote development, and prevent escalation

Evidence-informed parenting supports play a vital role in strengthening family relationships and promoting children's social, emotional, and behavioural development and can demonstrably alter the trajectory of families with emerging concerns by targeting specific risk and protective factors. Multiple large-scale meta-analyses and systematic reviews consistently demonstrate that early parenting interventions improve child cognitive, language, motor, and socio-emotional development, as well as parenting knowledge, practices, and parent-child interactions across diverse settings and populations, with reductions in behaviour problems and improvements in attachment security particularly pronounced for at-risk families (Havighurst et al., 2020; Jeong et al., 2021; Jugovac et al., 2022; Li, Peng & Li, 2021). When parents and caregivers are equipped with evidence-based

strategies to respond to children’s emotional and developmental needs, family functioning improves, healthy development is promoted, and risks for later mental health, educational, and social difficulties are substantially reduced.

2.2 Why EBPS are critical in this service area

EBPS are essential in child and family service systems because they directly address modifiable and transdiagnostic family factors that underpin multiple pathways to poor outcomes. High-quality programs consistently demonstrate effectiveness in improving parenting capacity, enhancing parent–child relationships, and reducing behavioural and emotional problems in children. In the context of proposed reforms, integrating EBPS provides a scalable, cost-effective mechanism to shift the system toward prevention, reducing both the human and economic costs associated with crisis responses, out-of-home care, and multi-agency involvement (Sanders et al 2022; Calderone et al, 2025 ; Havighurst et al 2020;).

Most children with developmental, emotional or behavioural concerns are first identified in the early years, and timely parenting supports can significantly improve outcomes while reducing the need for specialist services (WHO et al., 2018; Han et al., 2025; Barlow et al., 2010; Furlong et al., 2012; Sanders et al., 2014). Similarly, Doyle et al. (2023) show EBPS produce consistent benefits across emotional, behavioural, cognitive, and physical health outcomes for children, while also improving parent wellbeing and reducing maltreatment risk. Meta-analyses highlight that prevention programs are most effective when they enhance parental confidence, whereas tertiary-level treatment programs require a broader focus on mental health, social support, and child wellbeing (Australian Institute of Family Studies (AIFS), 2025). Hence, early childhood investment can be a highly cost-effective public health strategy, as early experiences profoundly shape lifelong health, wellbeing, and development (Moore & Oberklaid, 2022) reducing the long-term burden of poor health and social problems. Investing in EBPS provides scalable, preventive approaches that deliver sustained health and economic benefits across the lifespan (Moore & Oberklaid, 2022).

EBPS are therefore central to effective early intervention, as they consistently:

- Improve emotional regulation and behaviour in children
- Reduce parental stress, depression, and anxiety
- Strengthen parent–child relationships
- Promote school readiness and social competence
- Prevent escalation to statutory or tertiary services.

2.3 How EBPS can be embedded in Prevention & Early Intervention Services

2.3.1 Early childhood education and care (ECEC) settings

ECEC settings are ideally positioned to provide universal, non-stigmatising access to parenting support. Embedding EBPS into everyday ECEC educator practices creates consistent, developmentally attuned approaches across home and early learning environments and fosters a sense of community. ECEC and EBPS partnerships require and benefit from workforce training, ongoing coaching, and the integration of emotion-focused and relational strategies within curriculum frameworks such as the *Early Years Learning Framework*. ECEC services are ideal for delivering both universal and targeted EBPS (WHO et al., 2018; National Child & Family Hubs Network, 2024), making them mainstream early

years platforms that serve as accessible early identification and support points. EBPS in ECEC settings can:

- Deliver accessible light-touch and low-barrier programs to parents
- Implement centre-wide emotional competence programs (e.g., Tuning in to Kids in Early Education services; Case, 2025; Havighurst et al., 2022) that improve classroom climate and child behaviour across settings
- Provide co-designed workshops for parents of children with emotional, behavioural, or developmental challenges

A highly successful communications campaign that reduced stigma and normalised participation in online parenting programs was implemented as part of the Department of Health, Disability and Ageing Parent Education and Support Program (2025). A similar co-designed public health campaign promoting EBPS in ECEC settings is strongly recommended to increase public acceptance, akin to the widespread acceptance of prenatal care (Australian Government Department of Health, 2022).

2.3.2 Health and community services as early intervention hubs

Health, maternal and child health, and community service hubs offer trusted access points where families already seek advice. By integrating EBPS into routine contacts (such as well-child checks, nurse visits, GP consultations, or community centre programs), enables services to respond early to emerging concerns and provide seamless referral pathways to more structured supports. This model leverages existing infrastructure and multidisciplinary teams to provide coordinated, place-based prevention that aligns with national and state reform directions. Maternal and Child Health, GPs, allied health, and family services can:

- Deliver brief EBPS as part of routine appointments
- Refer families to structured parenting programs based on identified needs
- Integrate EBPS into assessment pathways for developmental concerns

Evidence shows that parent-mediated interventions – where parents are trained to support the child’s therapeutic goals – are highly effective for children with developmental delays, autism, or communication challenges (Doyle et al., 2023). Because health care systems reach most families, they are an effective platform to offer EBPS that build caregiver skills rather than requiring costly infrastructure, making them highly adaptable and scalable. Integrating early stimulation and parenting programs into routine visits minimises additional infrastructure costs while maximising reach and impact (Australian Institute of Family Studies, 2023). However, fragmented investment and inequitable funding patterns currently prevent proven programs from scaling nationally (e.g., sustained nurse home visiting and Child and Family Hubs), and long-term, prevention-focused systemic funding is needed to deliver sustainable population-level benefits and position Australia as a leader in child wellbeing.

2.3.3 Targeted small-group programs

Targeted small-group EBPS deliver focused support for families experiencing specific developmental, behavioural, or relational concerns and remain essential for families with complex needs (AIFS, Strawa, 2025). These programs are highly effective in enhancing parenting skills, reducing child emotional and behavioural difficulties, and strengthening parent–child connection. Delivered within schools and early childhood services, health

services, community centres/hubs, playgroups or online platforms, small-group formats foster peer connection, normalise help-seeking, and enable facilitators to tailor content to local needs while maintaining fidelity to evidence-based methods.

Families with emerging concerns benefit from structured EBPS. Costs vary by intensity and delivery mode: high-intensity coaching requires greater investment, while online modules and group sessions offer cost-effective options, particularly for rural and remote families (AIFS, Strawa, 2025). These targeted small groups improve engagement, reduce stigma, and provide early help before needs intensify.

2.3.4 Culturally adapted and co-designed supports

Culturally adapted and co-designed EBPS ensure relevance and safety for Aboriginal and Torres Strait Islander families, culturally and linguistically diverse communities (CALD), and families experiencing intergenerational trauma or systemic disadvantage. Co-design processes, led by community partners and grounded in cultural knowledge, enable programs to maintain core evidence-based components while aligning delivery with community values, parenting practices, and worldviews (Reid et al., 2022; Lowitja Institute, 2020). Co-design is particularly important when programs are designed to work with:

- Aboriginal and Torres Strait Islander families
- CALD communities
- Refugee and newly arrived migrant families
- Families of children with disability
- LGBTQIA+ parents
- Parents with intellectual disability
- Rural and remote families
- Families facing higher levels of vulnerability and/or complex needs, such as those experiencing trauma or social disadvantage

Culturally adapted EBPS strengthen prevention by improving engagement. Increasingly, programs show stronger engagement and outcomes, especially when delivered by trusted community members or through community-controlled organisations (Lowitja Institute, 2020). However, systemic barriers - including licensing costs, administrative burden, and low funding for Aboriginal Community Controlled Organisations - limit equitable access and cultural responsiveness. Addressing these challenges aligns with *Closing the Gap* commitments and strengthens EBPS implementation (AIFS, 2024). Culturally adapted and co-designed EBPS approaches enhance trust, uptake, and sustained outcomes to support the broader reform goals of self-determination and community-led service design.

2.4 Impact at this level

Embedding EBPS across prevention and early intervention settings yields population-level benefits, including improvements in children's socio-emotional development, reduced behavioural difficulties, enhanced family functioning, reduced rates of child maltreatment, and strengthened caregiver confidence. When implemented at scale, EBPS provide the foundation for a more integrated, developmentally informed, and outcomes-driven child and family service system. Integrating EBPS in Prevention & Early Intervention in settings

like ECEC, health and community services, small-group programs, and culturally adapted systems will:

- Prevent escalation to child protection
- Enhance developmental and school readiness outcomes
- Work across diverse cultural and social groups
- Reduce service fragmentation
- Improve parental mental health
- Help families navigate developmental concerns early

At the system level, this approach decreases the demand for high-cost tertiary services, reduces escalation to child protection, and promotes more equitable outcomes for families facing structural barriers.

There is growing recognition that investing in EBPS delivers exceptional value for families and society. This reflects a best-practice model in preventing and reducing child maltreatment by integrating EBPS (AIFS, 2025). Victorian Government modelling shows that preventive universal services are significantly more cost-effective and that every dollar spent on helping a child thrive before school age can generate up to \$17 in benefits over four decades (Centre for Community Child Health, 2018). Policies must prioritise integrated, long-term funding and workforce capability that embed EBPS as a core component of prevention and early intervention services to provide high-quality, sustainable support to families when concerns first emerge.

3. Intensive Family Supports

3.1 Wrap-around, integrated services for families with complex needs or at risk of child protection involvement

3.1.1 The case for embedding EBPS in Intensive Family Supports

Despite extensive evidence that improving parenting is one of the most effective strategies for preventing children's mental health conditions and maltreatment, only 1% of Australia's mental health budget is allocated to prevention (Mental Health Australia, 2025). Fragmented systems and short-term investment continue to limit access to supports proven to change trajectories for families experiencing multiple and complex challenges.

The Australian Child Maltreatment Study has demonstrated the significant burden of mental health conditions and health risk behaviours such as suicide, self-harm, and obesity associated with child maltreatment (Scott et al., 2023; Lawrence et al., 2023). The most rigorous and comprehensive analysis conducted to date has shown the annual national economic cost of child maltreatment exceeds \$45 billion, comprising \$21.6 billion in lost productivity, and \$24.1 billion in additional health service use (Le et al., 2025). This estimate is consistent with broader findings from the Productivity Commission about the national cost of mental health problems, and other analysis of the burden of disease attributable to child maltreatment (Grummitt et al., 2024). Population-based trials - including one conducted in Australia - show that blended evidence-based parenting support systems, offering both light-touch and intensive interventions, reduce hospitalisations, substantiated

maltreatment, and out-of-home care placements at a community level (Prinz et al., 2009; Sanders et al., 2025).

Parenting programs target modifiable risk factors that shape lifelong outcomes. Strengthening emotional regulation, communication, and positive discipline reduces risks of anxiety, depression, and conduct problems while fostering secure attachment and stable family environments (AIFS, 2023). Evidence demonstrates that even in highly complex circumstances—such as exposure to violence, parental mental illness, disability, homelessness, or substance use - EBPS consistently lead to significant improvements in parenting behaviour, child functioning, parental mental health, and family safety. Programs integrating EBPS with case management and child welfare responses reduce child abuse potential and out-of-home care placements (Doyle et al., 2023).

Early delivery of effective EBPS for high-risk families offers the most effective way to break intergenerational cycles of child maltreatment and disadvantage. A large body of evidence has demonstrated that exposure to significant maltreatment in childhood increases the risk of intergenerational transmission, associated adverse health outcomes, and out of home care involvement (e.g., Alink et al., 2019; Armfield et al., 2021; Assink et al 2018; Gnanamanickam et al., 2024; Green et al., 2025; Madigan et al., 2019; Moog et al., 2023; Savage et al., 2019). This makes EBPS central to a prevention-focused and economically sustainable service system (National Mental Health Commission, 2023).

3.2 How EBPS can be embedded in intensive services

3.2.1 Integrated team models

EBPS should be a standard component of multidisciplinary teams working with high-risk families, including:

- Infant, child and adolescent mental health services
- Child protection
- Domestic and family violence services
- Child protection or legal services
- Out-of-home care/foster care support services
- Specialist disability services
- Intensive family preservation services
- Drug and alcohol programs
- Perinatal mental health
- Housing and homelessness services

Parenting practitioners can work alongside case managers, psychologists, disability supports, and allied health professionals to support consistent strategies across home and service environments.

3.2.2 Home-based, flexible delivery

Many families requiring intensive support face significant barriers to accessing centre-based services, including transport difficulties, safety concerns, disabilities, or mistrust of formal systems. For these For families unable to attend services, home visiting or telehealth EBPS:

- Reduce barriers
- Increase engagement
- Allow coaching during real-life routines

- Can be modified to address safety concerns or crises

High-intensity home-based EBPS have strong evidence for reducing maltreatment, improving parenting, and enhancing family safety. Strategic investment must consider program type (prevention vs treatment), target population, and delivery mode—including home visits, group sessions, and digital platforms (AIFS, 2025). Aligning funding with these principles will enable scalable EBPS that reduce maltreatment risk and align with national frameworks such as Safe & Supported: The National Framework for Protecting Australia's Children (AIFS, 2025).

3.2.3 Tailored programs for parents with intellectual disability, trauma, or complex needs

Parents with intellectual disability benefit substantially from EBPS when programs are simplified, scaffolded, and paired with practical supports (Doyle et al., 2023). Similarly, EBPS adapted for families experiencing trauma or violence can reduce harsh parenting, increase protective parenting skills, and support safety planning. To maximise impact, funding should support qualified practitioners, program fidelity, and robust evaluation mechanisms.

3.2.4 Collaboration with Aboriginal Community Controlled Organisations (ACCOs)

ACCOs are essential for providing culturally safe, holistic supports for families with multiple needs. Embedding EBPS within ACCOs - co-designed and delivered by Aboriginal practitioners - builds trust, improves engagement, and ensures cultural continuity.

3.2.5 Clear funding and referral pathways

Significant confusion persists around whether EBPS are considered “fundable” supports, especially under the NDIS. Clear referral criteria, joint protocols, and system navigation tools are essential for ensuring high-needs families can access parenting supports without bureaucratic barriers.

3.3 Impact at this level

Embedding EBPS within intensive family support services reduces intergenerational harm and improves outcomes for families at greatest risk. A coordinated approach ensures families receive integrated and consistent parenting support, improving children's safety, emotional regulation, and developmental outcomes while stabilising family environments. By strengthening parental confidence and capability, EBPS support families to remain safely together, reducing reliance on tertiary mental health and statutory child protection systems.

System-wide adoption of EBPS in intensive services delivers measurable population benefits, including fewer out-of-home care placements, reduced child protection involvement, and greater alignment with therapeutic goals for children with disability or developmental delays. Sustained implementation reduces service fragmentation, ensures continuity of care, and contributes to a more efficient and effective social service system that prioritises prevention, long-term wellbeing, and family resilience.

Prioritising Investment in Evidence-Based Parenting Supports

PAFRA advocates for sustained investment to embed EBPS as a core component of future funded services. EBPS have long been central to DSS-funded programs and remain among the most effective and cost-efficient strategies for improving child and family wellbeing (Centre for Community Child Health, 2018; Fox et al., 2015; Thomas & Zimmer-Gembeck, 2007). DSS invests approximately \$199 million annually in early intervention through Communities for Children Facilitating Partners, Children and Parenting Support, and Family Mental Health Support Services, with at least 50% directed to EBPS such as Triple P and Tuning in to Kids (DSS, 2024). These programs consistently deliver strong benefit–cost ratios (3.6–16.38), measurable social and economic returns (Access Economics, 2010; Daly, Barrett & Williams, 2019; DSS, 2024), and significantly reduce maltreatment risk and future service demand (Doyle et al., 2023; Strawa, 2025).

Investment priorities must continue to support nationally scalable EBPS while also incorporating complementary relational models—ensuring integration rather than substitution (DSS, 2024). The *Every Family Project* (Sanders et al., 2025) demonstrates the system-wide benefits of a coordinated multilevel Triple P approach, with linked administrative data showing a 25% reduction in substantiated maltreatment in intervention communities versus a 3% increase under services-as-usual. Future policy and commissioning should maintain sustained, systemic investment to scale proven EBPS alongside community-driven and culturally responsive approaches, strengthening parental capacity, reducing fragmentation, and delivering long-term benefits for families and communities (Parenting Research Centre, 2018).

Working Together to Deliver Evidence-Based Parenting Supports

PAFRA members support efforts to move toward funding models linked to outcome evidence combined with local needs analysis, cost-benefit evaluation, and fidelity monitoring to guide commissioning of EBPS. Core program content of EBPS focuses on improving parenting practices, strengthening parent–child relationships, and fostering emotional regulation, alongside building life skills and social support networks. Integrating EBPS with engagement strategies—such as home visits, flexible curricula, and practical supports—enhances accessibility and cultural responsiveness. Processes like case management, referrals, and ongoing evaluation further strengthen outcomes.

Connected, co-located, and integrated services

The *Better Systems, Better Chances* report (Fox et al., 2015) calls for whole-of-system change through cross-sector partnerships and shared principles, reducing fragmentation and enabling coordinated investment. Co-location and integration models demonstrate how joint governance and collaborative leadership improve service alignment and family engagement, creating conditions for EBPS to thrive. Embedding EBPS within universal systems provides a proactive, equitable approach to strengthening parenting practices and child wellbeing (Parenting Research Centre, 2022).

PAFRA RESPONSE TO PROPOSED REFORMS TO CHILD AND FAMILY SERVICES

The proposed service changes should adopt a public health approach that blends universal and targeted EBPS, integrates funding streams, and commits to long-term sustainability. Combining lower-cost delivery models with workforce development and culturally responsive adaptation will maximise reach, ensure accessibility, and broaden non-stigmatising pathways for families across diverse local contexts (Strawa, 2025).

Improving family wellbeing

Improving family wellbeing requires prioritising EBPS that combine skill-building, emotional support, and tailored delivery, ensuring prevention and treatment strategies address distinct needs and remain robust, accessible, and responsive (Strawa, 2025). Preventing childhood maltreatment alone could reduce suicide attempts by 41%, self-harm by 39%, and around one-quarter of anxiety and depression cases (Grummitt et al., 2024), underscoring the urgency of upstream interventions that protect children and strengthen families. This approach aligns with The National Framework for Protecting Australia's Children and reinforces the need for systemic investment in qualified practitioners, program fidelity, and rigorous evaluation.

Measuring Outcomes

Uniform Quality Criteria

PAFRA supports the proposed streamlining of funding and reporting frameworks in order to maximise continuity, efficiency and reliability of supports for families. There is strong data to support that funding decisions for child and family services must be grounded in rigorous evidence to ensure resources are directed toward interventions that achieve meaningful outcomes (Fox et al., 2015; Wellbeing and Prevention Coalition, 2022). PAFRA advocates that a consistent definition of what constitutes *evidence-based* should be made clear and that funded programs should meet quantifiable criteria of being evidence-based in their history of measured benefits in the community.

Uniform quality criteria would provide:

- **Community confidence:** Families can have confidence they are accessing tried and true supports.
- **Accountability:** Clear criteria prevent funding drift toward untested interventions.
- **Impact:** Programs meeting these standards consistently show return on investment with family benefits outweighing costs.
- **Equity:** Demonstrated program suitability for delivery to SEIFA and AEDC priority communities with greatest need and measurable progress toward *Closing the Gap* commitments.

Evidence-based programs meet all of the following:

- **Empirical Support:** At least one peer-reviewed randomised controlled trial (RCT) or high-quality quasi-experimental study demonstrating significant positive outcomes for child or family wellbeing.
- **Replication:** Evidence of effectiveness across multiple settings or populations.
- **Manualised Delivery:** Structured curriculum or protocol to ensure fidelity.
- **Qualified Workforce:** Delivered by trained practitioners with relevant credentials.
- **Fidelity Monitoring:** Systems in place to track adherence to program model.

- **Outcome Measurement:** Use of validated tools and follow-up assessments (minimum 6 months post-intervention).

Multi-Domain Framework for Shared Service Measurement

A collective impact approach with shared measurement systems is a powerful enabler for scaling EBPS across Australia. Initiatives such as *Pathways to Prevention* and *Every Family* show that community-driven models combining evidence-based programs with shared metrics deliver strong social and economic returns (Fox et al., 2025; Homel et al., 2006). Linking Data Exchange (DEX) outcomes with SEIFA and AEDC data helps align resources to local needs, strengthens fidelity monitoring, and supports collaborative commissioning, continuous communication, and accountability (Fox et al., 2015). A shared outcomes framework should become standard practice in child and family services to drive accountability, encourage learning, and support scalable implementation.

Common measurement domains for shared evaluation:

- Indicators of program outcomes across multiple domains, including individual, family, community and social systems (Moore & Oberklaid, 2022).
- Core proximal domains measuring parenting practices, parent–child relationship quality, parental confidence, and parental mental health (Strawa, 2025; Moore & Oberklaid, 2022).
- Use of reliable, validated tools and observation coding (Temcheff et al., 2018).
- Monitoring of program fidelity through adherence to manuals, practitioner qualifications, attendance, and engagement strategies (Strawa, 2025).
- Follow-up data collected 6–12 months post-service to capture both immediate and sustained changes, including “sleeper effects” (van der Put et al., 2018).
- Combined use of quantitative, qualitative, and observational data to capture effects.
- Incorporation of cost-benefit analysis in data evaluation (Fox et al., 2015).
- Use of data collection methods that are culturally safe for First Nations people and culturally and racially marginalised people, with adaptation and inclusion strategies.

A Coherent System with Parenting at the Centre

Integrating evidence-based parenting supports across all three service areas will create a unified, efficient, and equitable child and family service system. Universal access through national platforms builds awareness and reduces stigma; targeted early intervention supports families before issues escalate; and intensive, tailored EBPS within wrap-around services deliver improved outcomes for families experiencing the greatest adversity.

The key final messages are:

- Parenting supports are among the most effective levers available to improve child wellbeing, prevent mental health difficulties, reduce maltreatment risk, and strengthen family functioning across the population.
- Embedding them systematically across the service system will bring Australia closer to a future where every family receives the support they need - and every child has the opportunity to thrive.

Recommendations

Australia has developed some of the world's most extensively studied and widely disseminated parenting interventions, yet implementation remains inconsistent across jurisdictions and service systems. Parenting programs and supports must be treated as core social infrastructure - embedded across health, education, disability, and community services - rather than optional or short-term. Recent population-level evidence highlights the scale of opportunity: the *Every Family 2* trial demonstrated medium-to-large reductions in child maltreatment substantiations and notifications in socially disadvantaged communities receiving system-wide Triple P (Sanders et al., 2025). To achieve similar population-level gains nationwide, EBPS must be integrated across all three proposed service streams

1. Make parenting support core national infrastructure.

EBPS should form a foundational prevention and early intervention platform across all service systems. Parenting support is the single most important modifiable factor influencing children's mental health, wellbeing, and life outcomes. This requires sustained implementation infrastructure, including organisational support, structured supervision, and ongoing practitioner development (Ma et al., 2023). Practitioners are more likely to maintain program delivery when they are confident, trained, and supported—reinforcing the need for nationally coordinated implementation supports.

2. Build and retain a skilled, accredited national workforce.

Commonwealth investment should support recruitment, training, accreditation, cultural competence, supervision, and long-term retention for parenting practitioners. Workforce development must prioritise First Nations families, CALD communities, and families of children with disability or developmental concerns.

3. Promote equity through co-design and proportionate universalism.

Parenting supports must be co-designed with families—including Aboriginal and Torres Strait Islander communities, CALD families, parents of children with disability or neurodiversity, LGBTQIA+ parents, and parents with intellectual disability—and delivered universally. Evidence shows the strongest maltreatment reductions occur in communities experiencing greater adversity (Sanders et al., 2025). Providing universal access with additional intensity where needs are higher is both equitable and empirically supported.

4. Align with global best practice and build on Australian evidence.

Implementation should draw from WHO and international frameworks while leveraging Australia's strong EBPS evidence base (e.g., Triple P, Tuning in to Kids, ParentWorks-Spectrum, PCIT, COS, Parents Under Pressure). Clear conflict-of-interest frameworks (Sanders et al., 2020) will strengthen transparency, integrity, and public trust in national reforms.

5. Build coordinated and navigable systems of care.

Families require integrated - not fragmented - services. Shared governance, interagency protocols, co-location, and streamlined referral pathways will reduce duplication, limit referral fatigue, and ensure continuity of care across service systems.

6. Embed national monitoring, evaluation, and data systems.

A national outcomes and implementation framework, aligned with RE-AIM, should be established from the outset. Linked datasets, shared measurement, and regular public reporting - including a national Parenting and Family Wellbeing Survey - will support accountability and population-level evaluation.

7. Secure long-term sustainability, governance, and family voice.

Multi-year funding is essential to stabilise the workforce, maintain fidelity, and enable continuous improvement. Governance mechanisms should embed lived experience in design, delivery, and review.

8. Prioritise early intervention to reduce downstream costs.

Well-implemented EBPS significantly reduce spending on tertiary health, child protection, and youth justice services. Although the early years provide the highest return, parents benefit from continued support throughout key developmental periods (including adolescence). Every 1,000 days of childhood warrants proactive investment.

9. Expand digital and hybrid delivery to reach all families.

Ongoing investment in digital and blended EBPS will improve access for rural, remote, and mobile families and support a flexible workforce. The Department of Health, Disability and Ageing Parenting Education and Support Initiative has already reached more than 600,000 families, demonstrating the scalability and impact of well-designed digital supports. Expansion should include a broader suite of evidence-based programs.

10. Support culturally led, community-controlled delivery.

Resource ACCOs and other community-controlled organisations to adapt and deliver EBPS in culturally grounded ways. Evaluation partnerships should ensure strong, culturally valid outcomes.

11. Strengthen partnerships with schools, primary health care, and early childhood services.

Embedding EBPS within systems families already trust creates universal entry points, reducing stigma and enabling earlier identification and referral.

12. Implement a national media campaign to normalise help-seeking about parenting.

A coordinated campaign can reduce stigma, build parenting confidence, and make seeking support a recognised family strength - on par with routine child health and development checks.

13. Establish a dedicated national research and innovation funding stream for parenting and family support.

Australia invests less than 0.25% of NHMRC/ARC funding in parenting intervention research (Havighurst et al., 2022), despite parenting being central to children's outcomes. Dedicated research investment is required to sustain program effectiveness, support innovation, and scale culturally led models.

Commonwealth funding mechanisms - such as the MRFF 2025 Childhood Mental Health Research Grant - offer opportunities to support large-scale implementation research aligned with policy reform priorities. Funding should be ring-fenced to strengthen EBPS delivery, scale-up, and sustainability.

Together, these recommendations will enable Australia to build a world-leading, equitable system of parenting support that improves outcomes for children and families across the nation.

Conclusion

The proposed DSS reforms offer a critical opportunity to build a coherent, outcomes-focused child and family service system with parenting at the centre. Evidence is clear that parenting supports are among the most powerful, modifiable levers for improving children's mental health, development, and safety, and for reducing demand on high-cost tertiary systems. When EBPS are embedded across universal, prevention/early intervention, and intensive service streams, families receive the right support, at the right time, in the places they already trust.

To achieve this, parenting supports must be treated as core social infrastructure rather than optional add-ons. This requires joined-up government: aligned policy and funding across health, education, disability, child protection, and community services; shared outcomes frameworks and data systems; and commissioning that prioritises programs with demonstrated efficacy, fidelity, and cost-effectiveness. EBPS should be delivered through a skilled, culturally competent workforce, with co-design and community leadership - particularly through Aboriginal Community Controlled Organisations and other community-controlled services - ensuring relevance, safety, and equity.

With sustained investment in EBPS, integrated across the three proposed service streams and supported by national implementation and evaluation frameworks, Australia can move from fragmented, crisis-driven responses to a genuinely preventive, family-centred system. This reform will help ensure that parents and caregivers are empowered to raise healthy, resilient children, and that every child in Australia has the opportunity to thrive.

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