



Submission: A new approach to programs for families and children – Discussion Paper.

Introduction

The Centre for Community Child Health (CCCH), thanks the Department of Social Services for the opportunity to provide input into the discussion paper for 'A new approach to programs for families and children.' The Department is to be commended for the work undertaken to date to improve the current program in response to the changing needs of children and families and the feedback from services and sectors.

We welcome the increased focus of on prevention and early intervention support for children aged 0-5 years as part of the initiative, noting this is in response to the evidence that the first 2000 days of a child's life are crucial for children's health, development, learning and wellbeing now and into the future (as outlined in the DSS Evidence Summary). Utilising the proportionate universal approach, via the three Streams of the program's design, also presents the opportunity to strengthen the child and family service response and to build equity into the system – ensuring all families receive support, whilst providing tailored and more intensive supports to families who stand to benefit the most.¹

We provide five recommendations that may contribute towards the delivery of Families and Children (FaC) Activity Program that is responsive to the diverse needs of children and families:

Recommendation 1: Recognise the importance of core care conditions for children and families and integrate FaC responses across other Commonwealth Department services.

The core care conditions in which children and families live have a considerable impact on the capacity of families to nurture children.² In recognition of this evidence, we strongly recommend a focus on improving the core care conditions in which families raise children, moving away from a focus on individual family confidence and skills, set out in the current vision. To recognise the core care conditions, an alternative vision might be "All children and young people are supported by strong families who have the conditions to

¹ Marmot M, Atkinson T, Bell J, et al. *Fair society, healthy lives: the Marmot Review. A strategic review of health inequalities in England post-2010*. London: Marmot Review, 2010. <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf>

² Moore, T.G. (2024). Core Care Conditions for Children and Families: Implications for policy and practice. CCCH Working Paper No. 6. Parkville, Victoria: Centre for Community Child Health, Murdoch Children's Research Institute. <https://doi.org/10.25374/MCRI.26065597>



nurture them.” This would strengthen the alignment of the program’s vision with Outcomes 1 and 2 of the program structure (pg 3 discussion paper) and the four priority areas.

There is also the opportunity for the FaC Activity Program reforms to integrate with other services delivered by the Department of Social Services. These include housing, financial security and social supports, that improve the core conditions (also known as the social determinants) impacting the health and resilience of children and families. This would enable greater access to support by families and children that stand to benefit the most.

Thriving Kids is another opportunity to develop seamless entry points for children with developmental delay or concerns and their families, to receive timely, evidence-informed supports provided via the FaC Activity Program.

Recommendation 2: Improve outcomes for Aboriginal and Torres Strait Islander children and families by continuing to build capacity and capability of the ACCO sector.

We strongly support the Government’s commitment to prioritise funding for the Aboriginal and Torres Strait Islander community-controlled sector, as part of this program. It is crucial the program enables self-determination of Aboriginal and Torres Strait Islander communities by enabling flexible, long-term and sustained funding; provides workforce capability and capacity uplift and embeds data sovereignty from the outset, including co-design of monitoring and evaluation indicators and outcomes.

Recommendation 3: Develop national guardrails that enable localised, place-based, quality solutions that respond to community need via:

3.1: Leveraging Australia’s 470+ Child and Family Hubs to provide place-based, integrated supports.

The local contexts in which children and families live, learn and grow matter to children’s outcomes. Place based, local approaches empower communities and services to design responses that reflect the needs of children and families.³ This initiative can provide a national framework with clear guardrails to ensure local solutions meet the needs of children and families. These mechanisms should include leveraging the national network of 470+ Child and Family Hubs ([National Child and Family Hubs Network](https://www.rch.org.au/uploadedFiles/Main/Content/ccch/Policy_Brief_23_-_place_based_approaches_final_web2.pdf)) as key local delivery points for integrated, tiered levels of support. Hubs provide equitable access to health, education, and social services; offer parent supports; and foster community connections. Hubs adapt to local needs while sharing a common goal delivering high-quality, tiered, integrated care for children and families.

³ Centre for Community Child Health (2011) Policy Brief - Place-based approaches to supporting children and families. Issue 23. https://www.rch.org.au/uploadedFiles/Main/Content/ccch/Policy_Brief_23_-_place_based_approaches_final_web2.pdf



3.2 Develop national data framework that supports community needs assessments and drives quality improvement at the local level but clear direction to improving outcomes and reducing inequities.

This program should be underpinned by a consistent national data framework that includes consistent definitions of lead indicators for service quality, quantity, and participation, alongside impact and outcome measures. Lead indicators are essential to enable data-driven decision making to make inequities visible and guide action. Clear, consistent definition and indicators developed in consultation with priority groups is also needed to ensure this initiative can identify need and monitor reach, participation, equity and progress.

System-wide delivery requires services to be equipped with the tools and capabilities to collect and act on these data routinely. Evidence from [Restacking the Odds](#) shows that lead indicators are critical for reducing inequities and enabling real-time, evidence-informed action thereby strengthening local solutions.⁴ At the government level, it enables monitoring of equity, outcomes, and system performance, while fostering collaboration across services through shared goals and language. Embedding this framework within local partnerships, as well as part of the commissioning approach, would support more seamless supports for families, facilitate data access for better decision making, delivering greater impact and outcomes.

We also suggest consideration be given to service and support demands within a community as part of the programs assessment of community need. The recently released Emerging Minds report⁵ demonstrates the potential value of mapping community risk factors and workforce availability to identify community need. Emerging Minds used data sources like those identified in the Discussion Paper including - SEIFA, AEDC, ABS Census data and prevalence of child mental health conditions along with workforce availability to identify geographics regions with highest needs across Australia. It provides a potential starting point for further consideration for identifying community need as part of the program.

3.3 Use GenV – Data and evidence platform to test service and policy implementation

[GenV](#) is a new Australian research asset, uniquely designed to test new services/policy implementation, as well as observe. It consists of children and their parents (124,000 in total), reflecting the population diversity of Australia (except remote Indigenous communities). GenV also has consent to combine GenV data with existing administrative and service data, adding value to the government's investment in linked data assets. This ready made research asset is both cost efficient and quicker to test/evaluate meaning quicker translation of evidence, across the system, at scale. GenV's inclusive cohort also means that changes made in findings using GenV are relevant to kids in Australia. Current government data infrastructure, eg National Disability Data Asset (NDDA) and Person Level Integrated Data Asset (PLIDA)

⁴ Molloy, C., Perini, N., Harrop, C. *et al.* Evidence-based Lead Indicators to Drive Equitable Early Years Services: Findings from the Restacking the Odds Study. *Child Ind Res* **18**, 789–823 (2025). <https://doi.org/10.1007/s12187-025-10215-z>

⁵ Goodyear, M., Taylor, E., Marsh, C., Scharling-Gamba, K., Mclean, S., Burn, M., & Morgan, B. (2024). Scoping child mental health workforce capability: Final report. Emerging Minds. [Final-report_Scoping-child-mental-health-workforce-capability_Part1-compressed.pdf](#)



cannot adequately evaluate policy without the individual outcome data and testing platform from Australia's cohorts.

GenV is Australia's only inclusive consented longitudinal cohort, with more than 800 parents who identify as First Nations and more than 7,000 families who primary spoken language at home is not English. Evidence based decisions that don't include the voices and information from children who identify as First Nations and migrant and refugee backgrounds risk baking in inequity when evidence is not inclusive. GenV provides a platform for monitoring and evaluating the impact of FaC program responses for all children and families.

Recommendation 4: Fund the full cost of integration and partnership development that enable services to work together to meet family needs.

The service sector acknowledges that not one service can act alone in supporting children and families.⁶ Research shows that child and family services are most effective when services are well connected, integrated and provide seamless supports for children and families. The 'glue' is the vital ingredient that ensures families can access the right supports when they need them, providing a seamless and collaborative transition through mainstream and tiered services and supports. Glue strengthens service delivery across three key domains: internal integration, external partnerships, and family engagement and outreach.⁷

Investment in sustained funding for the glue, as part of this program, would enhance support for families, leveraging existing platforms for greater impact.⁸ While flexibility is needed to reflect local context, a national integration framework, developed as part of this program, could guide how the glue is defined, measured, and funded consistently. This framework could build on existing knowledge around the core components of the glue and enable continuous improvement through data collection, evaluation, and shared learning to refine future funding models and drive system reform.

⁶ Centre for Community Child Health and democracyCo (2024) A Roadmap for Change. A prevention system for child mental health and wellbeing in Victoria. Murdoch Children's Research Institute /The Royal Children's Hospital, Australia. <https://doi.org/10.25374/MCRI.26047039>

⁷ National Child & Family Hubs Network (2025), The 'glue': Enabling connected, quality services and supports for children and families.

⁸ Social Ventures Australia (2025). From vision to viability: Funding requirements for effective Early Childhood Hubs – Summary brief. [Brief-Funding-requirements-for-effective-Early-Childhood-Hubs-1.pdf](#)



Recommendation 5: Enabling the workforce to empower families.

Families play a vital role in supporting their child's health and development. Providing funding flexibility so multiple, evidence-informed offerings⁹ can be provided in response to the diverse needs of families and communities should be part of the program. This would allow for the delivery of evidence-informed advice and information, digital navigation supports, playgroups, structured family programs, and peer support networks, as examples of initiatives that ensures parents can access a range of supports that meet their needs.

The program funding should also enable workforce and service capacity and capability uplift, so services and the workforce are equipped to provide these offerings and respond to the range of parent concerns and family needs with timely, evidence-based, relational practice approaches that deliver safe, trusted, seamless, and inclusive support. [The National Best Practice Framework for Early Childhood Intervention](#) provides information and resources to support understanding about what best practice in early childhood intervention looks like. We suggest this Framework be used to guide evidence-informed responses by practitioners, services and policy makers to guide workforce and service capacity and capability uplift to meet the needs of children and families.

Restacking the Odds finds evidence-based parenting programs, when delivered with fidelity, are an effective opportunity to support parents,¹⁰ and when combined with other early years services have the potential to reduce inequities for children.¹¹ For the potential benefits of these programs to be realised, service providers must be supported with sufficient funding to deliver programs in line with quality guidance, in formats that reach the families they are designed to support, and provide with the right capability to collect, analyse and use lead indicator data (see recommendation 4.2) for routine continuous improvement.

Place-based initiatives have used Restacking the Odds quantity indicators to identify that parenting programs were needed locally, and to support advocacy to increase provision.¹² Restacking the Odds partners report that access to routine lead indicator data, and the capability to use through regular planning have directly empowered staff to make program changes in real time that improve participation and quality of delivery. Further, research found¹³ that flexible scheduling, access to childminding,

⁹ Centre for Community Child Health (2017). Using Evidence in Policy and Programs Policy Brief Number 27. Murdoch Children's Research Institute/The Royal Children's Hospital, Parkville, Victoria. <https://doi.org/10.25374/MCRI.5633410>

¹⁰ Molloy, C, Macmillan, C, Harrop, C, Perini, N and Goldfeld, S (2019) *Parenting programs for child behavioural problems* https://www.rsto.org.au/media/54obeqc1/restacking-the-odds_pp_communication-summary.pdf

¹¹ Molloy, C., O'Connor, M., Guo, S., Lin, C., Harrop, C., Perini, N., & Goldfeld, S. (2019). Potential of 'stacking' early childhood interventions to reduce inequities in learning outcomes. *J Epidemiol Community Health*, 73(12), 1078-1086.

¹² https://www.rsto.org.au/media/mnuopr1z/2306_rsto_in-action_scenario02.pdf

¹³ Molloy, C, Beatson, R, Fehlberg, Z., Macmillan, C, Harrop, C, Perini, N, & Goldfeld, S (2025). *Participation in parenting programs: A mixed methods study of barriers and facilitators experienced by families in three Australian communities*. *Children & Youth Services Review*, 179, <https://doi.org/10.1016/j.childyouth.2025.108610>



information on program effectiveness and on relevance to families' needs enabled better participation by parents.

Relating to Stream 1 - National programs and information services: the FaC Activity Program can build on existing national, digital platforms that act as trusted, universal entry point for families. This includes the [Raising Children's Network](#), a digital front door, to many families seeking evidence-based information and support.

About the Centre for Community Child Health

For over 30 years, the Centre for Community Child Health (CCCH) has worked collaboratively with families, communities, practitioners, organisations and decision makers for sustainable and equitable improvements in children's health, development and wellbeing. Our purpose is to see every child thrive and our mission is to achieve real-life improvements in children's health, development and wellbeing within a generation. CCCH is part of the world-class Melbourne Children's Campus that unites clinical care, research and education. We are a research group of the Murdoch Children's Research Institute (MCRI), a clinical department of The Royal Children's Hospital, and an affiliate of the University of Melbourne's Department of Paediatrics.