

**Submission
No 71**

**INQUIRY INTO FOUNDATIONAL AND DISABILITY
SUPPORTS AVAILABLE FOR CHILDREN AND YOUNG
PEOPLE IN NEW SOUTH WALES**

Organisation: Triple P International

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TRIPLE P – POSITIVE PARENTING PROGRAM[®]

Submission to the Select Committee on Foundational and Disability Supports Available for Children and Young People in New South Wales



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SUBMISSION TO THE SELECT COMMITTEE ON FOUNDATIONAL AND DISABILITY SUPPORTS AVAILABLE FOR CHILDREN AND YOUNG PEOPLE IN NEW SOUTH WALES

Triple P International Pty Ltd (TPI) welcomes the opportunity to provide this submission to the Select Committee on Foundational and Disability Supports Available for Children and Young People in New South Wales (NSW). The Triple P — Positive Parenting Program® (Triple P), developed at The University of Queensland, is one of the most effective and well-known family and parenting support programs in the world. TPI holds the exclusive license to disseminate Triple P worldwide.

Currently, the Australian Government through the Department of Health, Disability and Ageing provides accessible, universal support to parents and carers of children Australia through the Parenting Education and Support Program (PESP). This world-first PESP initiative provides free access to Triple P's suite of online parenting programs for all families across Australia with children aged under 12 years. More than half a million families in Australia have accessed support through this initiative since it began in 2022. Included within this suite of proven programs is Stepping Stones Triple P Online, designed for families with children with disability and developmental delays and other additional needs, accessed by over 17,000 families (including 4,800+ in NSW) to date. With Australian Government funding confirmed to at least June 2028, TPI recommends that the NSW Government leverage this investment to support its own provision of evidence-based, foundational supports to families with developmental concerns including those with children diagnosed and undiagnosed with autism.

For this submission, the term 'parents' refers to parents and other caregivers. TPI would be happy to appear before the committee to address any part of this submission or provide further information or support to the inquiry.

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SUBMISSION OVERVIEW

The Triple P — Positive Parenting Program® (Triple P) is one of the most effective and well-known family and parenting support programs in the world. Triple P's range of programs give parents and families simple, practical strategies to build strong, healthy relationships, confidently respond to children's behaviour and prevent problems from happening.

Drawing on more than four decades of rigorous global research and implementation, TPI's submission highlights the central role that high-quality, evidence-based parenting support can play in improving developmental, behavioural and wellbeing outcomes for children — particularly those with disability, developmental delay or emerging developmental concerns.

This submission outlines the Australian Government's Parenting Education and Support Program (PESP), a first of its kind national initiative that provides free online access to Triple P to families of children aged under 12. Since its launch in 2022, more than half a million families — including more than 190,000 in NSW — have accessed Triple P programs, with over 17,000 families (including 4,800+ in NSW) using Stepping Stones Triple P Online, designed specifically for children with disability or developmental delay. With federal funding secured until at least June 2028, NSW has a significant opportunity to leverage this investment at minimal cost, particularly to ensure equitable and early access to proven supports for families across metropolitan, regional, rural and remote areas.

A key concern outlined in the submission is the widespread difficulty faced by families seeking a diagnosis for their child.

Many experience long waitlists, insufficient access to evidence-based information and support, and high levels of stress. Families of children and adolescents with disability report high rates mental and physical health issues¹, insufficient access to necessary support services², high stress around parenting³, and increased use of dysfunctional parenting practices⁴. Children and adolescents are also at increased risk for experiencing multiple adverse childhood experiences (ACEs), with the most common factors being related to household dysfunction, poverty, and peer issues^{5,6}, and are over-represented in out-of-home care⁷.

Australian parents face significant challenges during the process of getting a diagnosis for their child, including a lack of evidence-based information and support whilst on long waitlists. Current pathways to foundational supports are often slow, fragmented, or structured around a diagnostic threshold, meaning that children with developmental concerns — particularly in the crucial first three years — may miss opportunities for early intervention.

Many children with developmental delays are not identified until they begin school, despite strong evidence that early support improves developmental and life outcomes. Australian Early Development Census data shows that in 2024 only half of Australia's children are developmentally on track by the time they start school⁸.

TPI suggests that **offering supports based on functional needs rather than diagnosis** would reduce pressure on diagnostic pathways while still ensuring families access timely, appropriate assistance.

Stepping Stones Triple P Online is positioned as an especially powerful **universal early intervention tool**. Its accessibility, flexibility and proven effectiveness make it an ideal first line of support for families concerned about their child's development. As an online resource, it can be used complementarily with practitioner-delivered supports and is particularly well-suited for families experiencing long diagnostic waitlists or living in regions with limited specialist services.

Workforce capability is also identified as a critical factor. A skilled workforce will be fundamental to the success of a response to foundational and disability supports for children and families. This can be achieved by ensuring funding for professional development is available across all sectors with which families engage, including primary care, allied health and educational settings. A multidisciplinary workforce—including early childhood educators, school staff, general practitioners, allied health professionals, and family support workers—requires targeted, sustained professional development to identify developmental issues, engage sensitively with families, and deliver or refer to evidence-based interventions.

Triple P includes a suite of evidence-based programs designed to support families, from light-touch parenting support to intensive interventions for varying challenges, including targeted support for families of children with developmental disability or delay (Stepping Stones Triple P). **Stepping Stones Triple P is more than just parenting advice.** Stepping Stones Triple P is a suite of interventions of increasing intensity, **developed and rigorously evaluated by a team of clinical psychologists specifically designed to support parents of children with development disabilities or delay.** More than 11,000 practitioners across 35 countries have been trained to deliver Stepping Stones, providing support to over 75,000 families worldwide.

TPI suggests Stepping Stones Triple P online and practitioner-delivered programs are well suited for integration into a stepped care model, in which lower-intensity supports are accessible universally, with more intensive options available when needed.

Providing professionals with training in evidence-based parenting support not only strengthens developmental identification and early intervention pathways but also equips the workforce to deliver neuro-affirming, culturally responsive care.

In regional and remote communities—where specialist support may be limited—upskilling local educators, health and family support workers can help close service gaps and ensure more equitable access to foundational supports.

Raising communitywide awareness and normalising participation in parenting support, are critical to reducing stigma, and ensuring families know that support is available—free, online, and accessible. **Parent-facing** information should be disseminated through early years' service touchpoints such as maternity wards, antenatal services, maternal and child health, general practice, early childhood education and care (ECEC) settings, and schools. **Practitioner-facing** campaigns are equally important to increase warm referrals to Triple P Online and provide the opportunity for service model innovation – using digital engagement in hybrid service delivery.

RECOMMENDATIONS

As summarised above, this submission makes several key recommendations for consideration of the Select Committee on Foundational and Disability Supports available for children and young people in NSW:

1. Ensure equity of access through a proportionate universalism approach, combining universal screening and culturally responsive services with targeted, higher-intensity interventions for families with greater needs.
2. Invest in multidisciplinary professional development to strengthen developmental identification, parental engagement, collaborative practice and neuro-affirming care across primary health, allied health, education and family support sectors, including practitioner delivered Stepping Stones Triple P for high needs families.
3. Reduce delays in early intervention by offering services based on functional needs rather than waiting for diagnostic confirmation. Programs such as Stepping Stones Triple P Online provide immediate, evidence-based support for families with identified or suspected developmental concerns.
4. Promote Stepping Stones Triple P Online statewide as a universally accessible, flexible early intervention resource available free to all families in NSW with children under 12.
5. Increase community and practitioner awareness, ensuring both families and service providers are equipped to identify developmental concerns early and make warm referrals to Triple P Online.

RESPONSE TO TERMS OF REFERENCE

- A. THE ROLE OF SUCH SERVICES AND SUPPORTS ON A CHILD'S OVERALL DEVELOPMENT, HEALTH AND WELLBEING
- B. THE TYPES OF SERVICES AND SUPPORTS AVAILABLE AND MEASURES TO IMPROVE EFFECTIVENESS, AVAILABILITY AND ACCESS OF SUCH SERVICES AND SUPPORTS IN METROPOLITAN, REGIONAL, RURAL AND REMOTE NEW SOUTH WALES, INCLUDING MEDICAL, COMMUNITY-NURSING, ALLIED HEALTH SERVICES, NDIS SERVICES AND OTHER SERVICE DELIVERY MODELS

WHY PARENTING SUPPORT SERVICES MATTER IN A CHILD'S OVERALL DEVELOPMENT, HEALTH AND WELL-BEING

Parents are the most influential teachers and role models for their children— and it is within the context of the family that children develop. Quality parenting is crucial to optimising a child's development, health, wellbeing and indeed early childhood, adolescent and lifetime outcomes. Early supports, such as evidence-based parenting programs, assist families and guide them to address child socioemotional and developmental concerns. These programs are vital to improving outcomes for both children and their families.

Children and adolescents with disability report high rates of comorbid mental and physical health issues¹ and insufficient access to necessary support services². Parents and carers commonly identify high stress around parenting³, high levels of depression and anxiety⁹, low relationship satisfaction¹⁰, and increased use of dysfunctional parenting practices⁴.

Children and adolescents with developmental disability are at increased risk for experiencing multiple adverse childhood experiences (ACEs), with the most common factors being related to household dysfunction, poverty, and peer issues (including parental separation, parental mental health challenges and substance misuse, bullying, neglect)^{5,6}, and are over-represented in out-of-home care⁷.

Many vulnerable families share common risk factors that disrupt parenting capacity, including limited ability to self-regulate their own behaviour and emotions, as well as low self-efficacy. Poor self-regulation and low self-efficacy are associated with increased use of dysfunctional and coercive parenting practices, with these factors all having negative impacts to child social, emotional and behavioural development¹¹.

Parenting programs like Triple P help develop parents' capacity for self-regulation, and in turn children's capacity for self-regulation, by teaching strategies that promote parental self-efficacy, self-management, personal agency, and problem-solving skills^{12,13}. Building a parent's ability to self-regulate decreases parental stress and depression, as well as children's vulnerability to emotional and behavioural problems¹⁴. Higher parental self-efficacy is associated with lower parent distress, better coping and lower levels of stress, enabling parents to more effectively balance their parenting demands with their own wellbeing^{15,16}.

Research with Australian parents accessing the specialist services for their neurodivergent children suggests that parenting skills and parent wellbeing should be priorities for support¹⁷.

Parents identify needing support to better understand their child's behavioural cues, model self-regulation, engage in co-regulation, develop their child independence, respond effectively to their child's behaviour and strengthen their parent-child relationship¹⁷.

Evidence-based parenting interventions equip carers with valuable skills, tools and strategies to better understand and respond to their child's needs¹⁸. These can help parents to negotiate the challenges and complexities of raising a child with development disability or delay more adeptly.

Parent access to support and resources should not depend on identification of level of support need or formal diagnosis. Universal, trusted support and resources should be promoted and available to families at any point the parent has concerns.

TYPES OF FAMILY SUPPORTS AVAILABLE IN AUSTRALIA AND THE GAP TRIPLE P ADDRESSES IN THE LANDSCAPE

In Australia, families of children with developmental disability access a range of multi-disciplinary supports across healthcare and educational settings, including primary care professionals, speech and language therapy, occupational therapy, social skills training, developmental approaches and tailored educational supports¹⁹.

A high proportion of families accessing publicly funded services for a child's assessment and diagnosis report that behavioural therapists and psychologists are their most desired, but inaccessible, child supports — due to long waitlists, high cost and limited knowledge of available supports²⁰. **Half of these parents also identified a preference for parenting support if it were available, with only 7% of parents having been able to access parenting support previously²⁰.**

Triple P includes a suite of evidence-based programs designed to support families, from light-touch parenting support to intensive interventions for varying challenges, including targeted support for families of children with developmental disability or delay (Stepping Stones Triple P). **Stepping Stones Triple P is more than just parenting advice.** Stepping Stones Triple P is a suite of interventions of increasing intensity, **developed and rigorously evaluated by a team of clinical psychologists specifically designed to support parents of children with development disabilities or delay.** More than 11,000 practitioners across 35 countries have been trained to deliver Stepping Stones, providing support to over 75,000 families worldwide.

C. THE ROLE OF DIAGNOSTIC SERVICES, EXISTING GAPS AND BARRIERS, AND MEASURES TO IMPROVE EFFECTIVENESS, AVAILABILITY AND ACCESS OF SUCH SERVICES

D. GAPS AND BARRIERS TO ACCESSING EARLY CHILDHOOD INTERVENTION AND THEIR IMPACT ON A CHILD'S OVERALL DEVELOPMENT, HEALTH AND WELLBEING, AS WELL AS ON THEIR FAMILY OR CARERS AND OTHER GOVERNMENT SERVICES AND SYSTEMS

OFFERING SUPPORT BASED ON FUNCTIONAL NEEDS RATHER THAN AWAITING DIAGNOSIS IS EARLY INTERVENTION

Current or traditional pathways for accessing Foundational Supports may be slow or miss the opportunity for early intervention. Developmental screening and support for children at risk of developmental delay are most effective in the first three years of life^{21,22}.

However, many children with developmental delay or additional needs are not identified before beginning school, missing important opportunities for early intervention. Understanding the barriers to screening and intervention to increase access and improve referral pathways represents an important step towards offering more responsive and timely services to children with developmental delay and their families.

Parents commonly identify developmental concerns when their child is around two to three years of age, however the average age of diagnosis for children with developmental disability or delay is between five to seven years old²³⁻²⁵. Families accessing both publicly and privately funded developmental and diagnostic services wait on average two to three years for diagnosis²³⁻²⁵.

The 2024 Australian Early Development Census National Report reported that 1 in 5 Australian children started school with undiagnosed health and development needs, an increase from 1 in 10 in 2009⁸. Given these noted delays in obtaining a diagnosis, it is imperative that health and community services are strengthened to provide parents and families with practical and meaningful guidance on best practice parenting approaches. Helping parents build effective parenting skills increases their understanding of their developing child's unique needs and supports them to successfully navigate challenging parenting experiences. This ultimately promotes their child's positive development.

The strength of parenting programs is that they can be made easy to access and delivered in flexible ways. This empowers parents within their role and provides an opportunity to pro-actively and positively impact their child's development, irrespective of whether a formal diagnosis can be obtained.

Parenting supports provide opportunities for parents to develop their knowledge and confidence to exhibit effective parenting responses to parenting challenges and build a safe and trusting relationship with their children. When developmental delays are detected later in a child's life or go undetected, children can experience behavioural, emotional, and social problems, learning difficulties and functional impairment²⁶.

Among families accessing services through the Children's Hospital Westmead in Sydney, less than half (46.6%) of children had received assessment by aged five — despite 80% of parents having concerns about their child's development at that age²³.

Families engaged with allied health supports for their child are more likely to have identified developmental concerns and accessed diagnostic assessment at a younger age and were more likely to access diagnostic assessment overall²⁰.

One Australian study found that children whose parents had accessed support services in early childhood were 1.9 times more likely to receive a diagnostic assessment by 5 years old⁸.

Australian parents face significant challenges during the process of getting a diagnosis for their child, including a lack of evidence-based information and support whilst on long waitlists²⁷.

Research suggests that **approaches to care should use a clinical staging approach, where supports are provided on functional needs without the need for diagnosis, reducing pressures to provide diagnosis while still delivering appropriate services²⁵.**

E. OPPORTUNITIES TO INCREASE ENGAGEMENT ACROSS SECTORS AND IMPROVED COLLABORATION ACROSS BOTH GOVERNMENT AND NON-GOVERNMENT SERVICES, INCLUDING ABORIGINAL COMMUNITY CONTROLLED ORGANISATIONS, EARLY LEARNING SERVICES, EDUCATIONAL SETTINGS AND HEALTH SERVICES

INCREASING COLLABORATION WITH AND REACH IN CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES

Children from First Nations, culturally and linguistically diverse, low income, and rural backgrounds are all at increased risk of developmental vulnerability at school entry⁸. Children in very remote areas and from low-socio-economic backgrounds are twice as likely to be developmentally vulnerable than children in urban or high-income families²⁸.

Children from culturally and linguistically diverse backgrounds are less likely to engage in multidisciplinary therapy at the time of assessment and more likely to be diagnosed with developmental disability, developmental delay or intellectual disability²⁹. Families are less likely to receive multidisciplinary early support and more likely to need help to secure funding for services²⁹. Research with diverse families highlights significant barriers to accessing support, including limited awareness of available services, language barriers, stigma around disability and help-seeking, and lack of options for culturally specific care^{30,31}.

Parents report feeling like they lack control over the supports they receive and often rely on informal referrals within their communities to find appropriate services. Despite high levels of stigma, families are often proactive in seeking supports, reporting preferences for goal-oriented, intensive behavioural early interventions and additional supports for parent stress and wellbeing^{30,31}.

Vulnerable families such as those with low-income and living in rural areas are often limited in what they can access due to time, cost, transportation, and lack of social resources³². Research indicates that when parenting programs target under-served populations, outcomes are substantial and positive³³.

INCREASING ENGAGEMENT ACROSS SECTORS

From a public health perspective, integrating parenting programs into primary care services provides an important opportunity to offer parenting support as a part of a stepped care strategy – engaging parents with varying support needs in a brief, low-level intervention with the option to refer to more intensive auxiliary treatment when required – proportional universalism.

Universally available online parenting support can increase ease of access to key foundational supports. Thin markets, or barriers to available services, can adversely impact the prospects of children with developmental delay because families' are unable to obtain timely access to help. Broad public promotion of existing supports through public health campaigns, communication with practitioners in universal services and social media can both empower parents to develop new skills using accessible evidence-based strategies and reduce waitlists for services through provision of direct support. Consistent referral and promotion of existing, evidence-based programs like Stepping Stones Triple P online provide support in thin markets and reduces barriers to access.

A study based on a Victorian cohort of children identified several barriers that impede early developmental screening and interventions. These include:

- Lack of available appointments.
- Time restraints to apply screening tests.
- Low knowledge and confidence using screening tools.
- Long wait times for referrals.
- Language and cultural differences³⁴.

These barriers were also reflected in a pilot study to implement Parents' Evaluation of Development Status (PEDS) screening tool in general practice (GP) in Victoria³⁵. When interviewed, GPs identified time restraints as the most common barrier³⁵.

Key issues identified in the Review of Health Services for Children, Young People and Families Within the New South Wales (NSW) Health System³⁶ included concern over waiting times for assessment and intervention for children with behaviour disorders, waiting times for developmental screening, and a shortage of allied health staff across local health departments. Online, self-help programs can empower parents to use evidence-based strategies to respond appropriately to behaviours. Program engagement also provides a framework to gather observational information to guide conversations with specialists once families have secured an appointment.

General practitioners and other health professionals play an important role in identifying developmental disorders such as autism, yet their knowledge and confidence in providing this support varies widely across settings^{37,38}.

One survey with Australian parents of autistic children found that they typically sought professional advice when their child was around 29 months of age, most commonly raising concerns with a general practitioner, paediatrician, or child health nurse³⁹. Common responses to parental concerns included referrals to other professionals, acknowledgment of parental concerns, or to "wait and see" or "not to worry" about their child's development³⁹.

Professional response significantly predicted wait time for diagnosis, with referral at first professional contact predicting earlier diagnosis and being advised to "wait and see" significantly delaying diagnosis³⁹. Delays in identification and diagnosis are linked to heightened parental stress, and considerable delays in the provision of early supports, which have the potential to produce less-than-optimal child outcomes⁴⁰.

Concerningly, a survey of Australian practitioners showed over half of practitioners reported preferring a "wait and watch" approach rather than diagnosis for children under three years old, despite parent concerns⁴¹. Practitioners also reported reluctance to diagnose due to stigma, inability to see children earlier due to wait lists, and perceived limitations of assessment and diagnostic tools⁴¹.

CONSISTENT WORKFORCE APPROACHES ACROSS SECTORS HELPS TO IMPROVE OUTCOMES

A skilled workforce is essential to delivering effective foundational and disability supports for children and families. A skilled workforce delivers support services that are accessible and culturally safe for all families and provided in everyday settings - homes, schools, and communities. Ensuring a sufficient supply of well trained and well supported staff is essential.

This can be achieved by ensuring funding for professional development is available across sectors. Noting families with complex needs may engage with multiple services systems, such as early childhood education and care, justice, child

protection, health, housing and homelessness, and education – professional development should be made available to practitioners and family support teams across sectors.

Systemic barriers across multiple service systems can contribute to high practitioner stress, low confidence working with families and poor staff retention. **Strengthening practitioner autism-specific knowledge, confidence and competence using screening tools, and referral pathways could help to bring about improved early identification practices and multi-disciplinary care for families.**

Partnerships with community organisations, like Aboriginal Community Controlled Organisations will help to build solutions that are responsive to the needs of their community (including options for flexible delivery and early intervention). Community-led responses can enable the removal of systematic barriers to multidisciplinary collaboration.

Practitioners trained to deliver Triple P's evidence-based parenting support can be from a range of professions including nurses, health support workers, teachers and teaching support staff (e.g. chaplains), family support practitioners, social workers, counsellors and psychologists, many of whom are tasked with engaging families through common community access points like schools and universal health services.

A recently published large-scale evaluation⁴² examined changes in practitioner self-efficacy following participation in a Triple P professional development course. The study included a multidisciplinary sample of health, education and welfare practitioners (N=37,235) from 30 countries.

Practitioners of all disciplines reported significant improvements in their consultation skills self-efficacy, with improvements being the largest among allied professionals and medical personnel. Positive impacts to self-efficacy were also reported by practitioners who completed video-based training and accreditation⁴².

These results show that investing in workforce training and accreditation significantly helps practitioners to more confidently provide support to families as part of their routine service delivery.

Participation in parenting support training can also help to foster important and viable support networks for practitioners across sectors in rural areas, who may be at risk of isolation and detachment that could be detrimental to their motivation and longevity in their professional role.

TPI recommends the establishment of a centralised funding pool for practitioners to access professional development and upskilling in evidence-based interventions to effectively respond to adaptive and maladaptive behaviours arising from developmental delay and neurodivergence.

A lead government organisation would hold funds that are accessible for non-government and other government agencies, to support evidence-based professional development in programs like Triple P. Such a model exists in Queensland and can be readily replicated in other jurisdictions. Family support teams self-select the most appropriate Triple P training (low to high intensity; individual or group delivery) to respond to the presenting needs of their clients. This centralised approach to professional development would **increase the supply of high-quality behaviour support practitioners who can respond to and prevent escalation of behaviours of concern presenting in universal services.**

F. OTHER GOVERNMENT OR BEST PRACTICE CHILD DEVELOPMENT AND EARLY CHILDHOOD INTERVENTION SERVICE MODELS AND PROGRAMS OPERATING OUTSIDE OF NEW SOUTH WALES

NATIONAL HEALTH AND MEDICAL RESEARCH COUNCIL (NHMRC) STUDY SHOWS THAT STATEWIDE DELIVERY OF STEPPING STONES TRIPLE P IS EFFECTIVE

Successful delivery of evidence-based parenting programs at scale has been previously demonstrated within an Australian context. A National Health and Medical Research Council (NHMRC) funded grant supported a **large-scale rollout of Stepping Stones Triple P** in Queensland, New South Wales and Victoria (Australia), from 2012 to 2017⁴³.

Stepping Stones was chosen in part due to its strong evidence-base and flexibility, offering varied options for delivery (from a universal communications strategy to destigmatise engagement with parenting support programs and light-touch, large-scale seminars, through to more intensive group-based and one-to-one delivery of multi-week programs).

This project provided professional development to practitioners working with children with developmental disabilities, with the full suite of Stepping Stones programs being offered to parents of children with developmental disabilities aged from 2 to 12 years, at no cost to the family.

The first step of this NHMRC study involved surveying over 1400 parents and 2500 practitioners, revealing high levels of mental health challenges, isolation, financial hardship and stress for parents. Responses indicated that their child's emotional and behavioural difficulties were their biggest challenge in parenting.

Nearly 3000 parents participated in a Stepping Stones program, with most participants being referred to Stepping Stones by a trusted practitioner, including teachers, early child workers, health professionals or disability support worker.

The evaluation found that parents who participated in a Stepping Stones program reported significant improvements in their stress level, quality of their parenting, and their child's behaviour. These improvements were maintained 12 months following program completion.

Other benefits of this community rollout included:

- Participation in Stepping Stones Triple P helped families financially as they took less time off work.
- Organisations and professionals adopted the program enthusiastically.
- High demand for professional development, with more applications for training than available places. Those trained under the project came from education, early intervention, disability services and private practice.

There was a relatively high level of parent participation—approximately 38% of the population targeted—compared with the 10% of parents who have been shown to access expert help through usual clinical sources.

OUTCOMES FROM PRACTITIONER DELIVERED STEPPING STONES TRIPLE P

Practitioner-delivered Stepping Stones programs have been evaluated with families of children with a range of disabilities (e.g., autism, developmental delay, intellectual disabilities, cerebral palsy) and high levels of behaviour challenges.

Studies evaluating Stepping Stones Triple P have demonstrated significant benefits for both parents and children across varying program intensities (e.g. Primary Care, Standard, Group, Triple P Online with Stepping Stones)⁴⁴, including:

- Reduction in child emotional and/or behavioural problems⁴⁵⁻⁴⁸
- Reduction in the use of dysfunctional parenting practices⁴⁵⁻⁴⁸
- Reduction in conflict between parents⁴⁵⁻⁴⁸
- Improved parental confidence and satisfaction^{46,48,49}
- Reduction in parent stress^{46,47}
- Improvement in the quality of family relationships^{46,50}
- Change in parental attributions of child behaviour⁵¹.

STEPPING STONES TRIPLE P ONLINE UPTAKE AND OUTCOMES

Through Australian Government funding under the PESP, the online variant of Stepping Stones Triple P has been available direct to parents to access free 24/7 since 17 December 2024. Now one year later (as of 4 January 2026), 17,032 parents and carers across Australia have registered for Stepping Stones Triple P Online. Of these registrations, 4,816 reside in NSW.

Demographic data from participants show that a high proportion of vulnerable or at-risk families are registering for program access, compared to their relative population proportion. Families identifying as First Nations are represented at a rate above that observed in the general population (8.7% of all participants, compared to around 3.8% of population). There are also representative rates of parents and carers identifying as LGBTQIA+ (6.0%) and sole parents (19.7%), and high participation by holders of a Health Care Card, a proxy measure of low income (42%). The distribution of parents and carers from metro, regional and remote areas is reflective of population statistics.

Parents and carers accessing Stepping Stones Triple P Online nominate their child's condition or diagnosis at registration. The most common was Attention Deficit/Hyperactivity Disorder, representing 50.6% of all registrations, followed by Autism Spectrum Disorder (41.2%). Some parents indicated their child was not yet diagnosed or that they were waitlisted. Just under 43% of all registrations nominated two or more conditions or diagnoses.

On registration to this online program, parents tended to rate their confidence at low levels. After completing the first two modules, parent and carer confidence improved significantly. Parents not only improved their confidence regarding their child's learning and development and responding to challenging behaviours, but they also felt more confident in their family's ability to adjust and cope with stress. They reported that all three of these issues were significantly less challenging and less difficult than they were at registration.

Feedback from parents and carers in open comments highlighted several recurring themes. These include parents feeling calmer and more confident, having learned new parenting strategies, as well as enhanced communication, improved child behaviour and reductions in stress for both parents and children.

Given the quality of support provided early in life has a direct impact on the amount of care and support a person with developmental disabilities will require in adolescence and adulthood, programs like Stepping Stones Triple P provide significant benefits to participating families while also reducing burden of care costs for governments.

Some comments from parents using Stepping Stones Triple P Online:

First Nations kinship carer of 4-year-old child, Autism Spectrum Disorder, Attention Deficit/Hyperactivity Disorder, Global Development Delay, and Fetal Alcohol Syndrome

“Not letting the behaviours take over the household. Using the plan to reflect and help was great.”

Parent of 7-year-old child, Autism Spectrum Disorder, Global Developmental Delay, Speech and Communication Disorder and Sensory Disorder

“Getting down to his level and explaining what I want done and the consequences for not listening. Continue with the plan using all the skills I've learnt.”

G. WORKFORCE ISSUES IN THE CHILD DEVELOPMENT AND EARLY CHILDHOOD INTERVENTION SECTORS, INCLUDING WORKFORCE DEMAND AND THE AVAILABILITY, QUALITY AND CAPACITY OF EXISTING WORKERS

Early childhood educators and centre directors play a critical role in supporting healthy childhood development. Department of Communities and Justice (DCJ) consultations with practitioners in the field acknowledged upskilling is required for early childhood educators, school staff, GPs and family support workers to identify children's developmental needs and have challenging conversations with parents when they need to raise concerns about developmental delays.

The transition from early education and care services to schools is a critically important time to gather and share information about a child's development and learning support needs. Children's needs constantly evolve. Ongoing upskilling of educators, parents and support teams allows for timely, responsive and flexible intervention.

Practitioners working in early years services, such as educators and allied health professionals, play a vital role in developing foundational skills, including communication, emotional and behavioural regulation and self-care, and in guiding parents through tailored transition planning⁵².

Research suggests that additional resources and training are needed to support educators to implement inclusive strategies and assist families, particularly those from culturally and linguistically diverse backgrounds⁵². The DCJ consultations also noted that in rural and remote areas early education, family support and other locally based practitioners can be upskilled in the absence of specialists.

The Positive Early Childhood Education (PECE) Program is a professional learning program aligned with the Triple P – Positive Parenting Program®. The PECE Program, developed at The University of Queensland, supports early childhood educators to build their confidence, competence, and communication skills, as well as develop self-care skills to support improved occupational well-being. This approach ultimately promotes children's academic development, social competence and self-control, and enhances educator/child relationships as well as communication with colleagues and parents.

PECE is available nation-wide on a fee-for-service basis, and implemented in early education services predominantly in Victoria, Western Australia and Queensland.

In Victoria and South Australia, TPI is available to the preschool sector through its evidence-based menus. The suite of Triple P programs enables early childhood educators to select programs based on levels of experience and population needs. Outcomes enable educators to support children and families as developmental needs arise and supports children to be developmentally on-track by the time they start school.

The PECE program provides practical skills for working with children, supporting routines and positive behaviour for learning.

Outcomes for children:

- Improvements in overall strengths and difficulties, including conduct, hyperactivity/ inattention, and prosocial behaviour
- Less disruptive behaviour towards adults

Outcomes for educators:

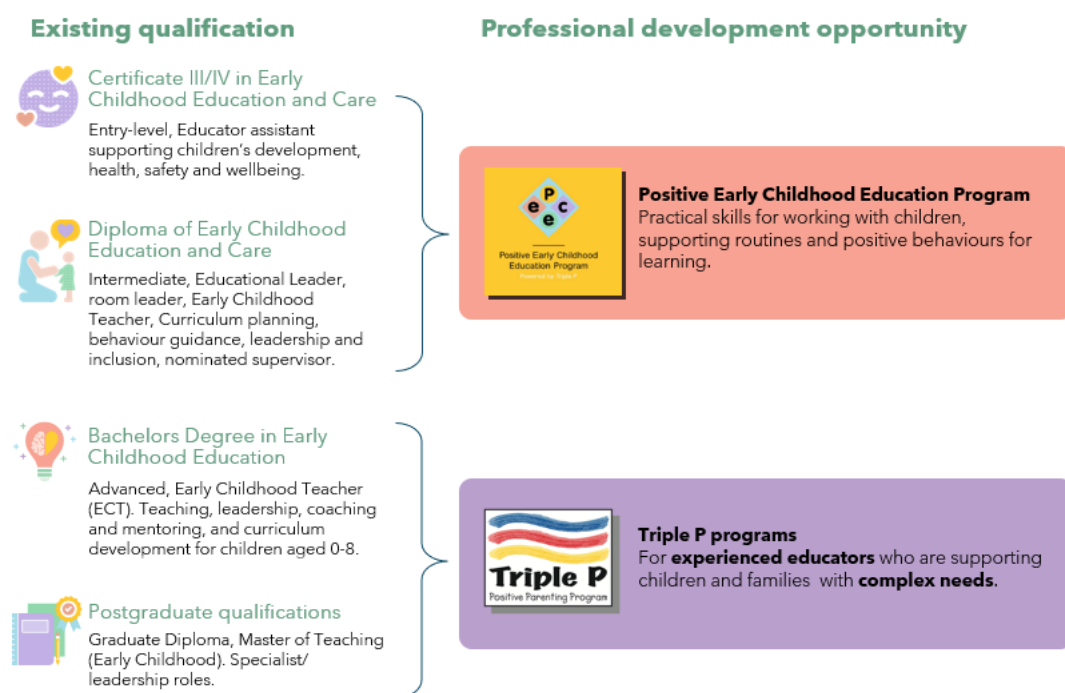
- Increased workplace satisfaction
- Reduced workplace stress
- Increased team communication and support
- Feeling more prepared to meet children's needs and challenging behaviour
- Increased confidence in behaviour management
- Improvement in educator practices

For experienced educators who are supporting children and families with complex needs, it is recommended that in addition to PECE, they also upskill in the delivery of practitioner-delivered Triple P programs such as Stepping Stones Triple P.

Triple P can help experienced educators work with children and families to:

- support neurodivergent children and children with additional needs
- respond effectively to **challenging behaviours** and **dysregulation**
- develop **pro-social skills** and **communication**
- respond to **anxiety** and **worry** in children and
- develop strategies to support **learning outcomes** and **school readiness**.

The model for workforce development in the ECEC sector is as follows:



PECE IN THE WHEATBELT REGION, WESTERN AUSTRALIA

TPI was contracted in 2020 by the Department of Education in WA to pilot the PECE Program with early childhood educators and KindiLink. KindiLink is a free, play-based early learning program for Aboriginal and Torres Strait Islander three-year-olds and their parents/carers designed to boost school readiness by developing social, emotional, and cognitive skills through engaging activities and strong home-school partnerships. It is typically led by teachers and Aboriginal and Islander Education Officers.

All training participants described how much more confident they felt to use the strategies after completing the PECE online modules. Comments from participants included:

- Excellent refresher for experienced teachers.
- It's things we do on a regular basis, but this brings it to the front of mind, and I am consciously doing it and aware of how powerful the modelling for parents is.
- I feel more confident talking to parents about strategies and it's good to have common language for the strategies between my co-educator and other Kindilink centres.

Subsequently, professional development in the PECE Program was made available in the WA Wheatbelt Region from October 2023 to December 2023 and available to educators working with children in kindergarten up to Year 2. A total of 62 registered educators participated in the PECE Program, with 56 educators (90.3%) completing the online program.

Following training, educators reported significant improvements in:

- Confidence in responding to eight challenging child behaviours.
- Reduction in perceptions that that educating and caring for children is demanding and stressful.
- Enhanced self-efficacy in educators' ability to respond to disruptive behaviour, encourage children to follow classroom expectations and rules, establish a positive learning environment with each group of children, make expectations clear about prosocial behaviour, and establish routines to keep activities running smoothly.
- Self-efficacy in being able to approach colleagues when wanting to discuss problems at work.

I. ANY OTHER RELATED MATTER

ESTABLISH A CLEAR AND CONSISTENT COMMUNICATIONS STRATEGY

Raising awareness of the availability of support at a population level is crucial to normalising and destigmatising participation in such programs. A national communications campaign, created by TPI as part of the PESP, has centred around the judgement-free normalisation of accessing parenting programs. The campaign has shown recall with 48% of parents nationally, including with diverse and remote groups.

June 2024 market research showed the campaign has decreased negative stigma associated with parenting programs since the campaign began in early 2023. Parents agree that parenting programs **are designed 'for all families', not just those experiencing challenges.** The proliferation of this message can help parents to feel more comfortable in reaching out for help with key parenting issues or concerns.

Enhancing parents' willingness to engage in help seeking behaviour can be crucial to alleviating the potentially isolating impact of experiencing difficulties in one's parenting journey. Normalising reaching out for help can also support parents to feel more empowered and capable of effectively addressing parenting issues as they emerge. This also combats stigma, which may negatively impact parents' self-perception and mental health.

Communications strategies should be adaptable, to speak to the diversity which exists across the NSW parenting population. Ongoing consultations should be conducted with key stakeholder groups representing vulnerable and at-risk groups to ensure that the reach of core communications is widespread amongst all sectors of NSW society, including First Nations families, LGBTQIA+ families, and culturally and linguistically diverse communities.

Practitioner-facing campaigns are equally important to increase warm referrals to Triple P Online and provide the opportunity for service model innovation – using digital engagement in hybrid service delivery.

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