Submission for the Thriving Kids Initiative

3rd October 2025

Thriving Newborns and Infants - focusing on the provision of *early* responses through evidence-based Early Childhood Intervention and system collaboration.

Submission by: Early Education (EarlyEd) Inc
Website: https://www.earlyed.com.au/

EarlyEd
Early intervention for children with disability

INTRODUCTION

The Thriving Kids initiative provides a unique opportunity to address the specific needs of Australia's youngest children – newborns and infants. (Infants in this paper are defined as a child up to around about 1 year of age). The Thriving Kids service provision design needs to be different for newborns and infants to that for older children because newborns and infants

- aren't accessing the community services that older children are e.g. early childhood education/school, where they can receive support,
- their parents and family are their key support system and
- parents and families are facing significant life changes as they adapt to being a new family unit.

If we can ensure that newborns and infants are thriving, and families of these newborns and infants are as resilient and capable as possible, then there will be thriving toddlers, preschoolers and school children in the future.

This submission is an opportunity to offer solutions that address the

- loss of local service collaboration and connection, and coordinated community solutions for newborns and infants and their parents and families when they need early childhood intervention support in their first year of life,
- delays newborns and infants, their parent and families now face accessing early childhood intervention,
- impacts on the quality of services delivered to children and their families, and
- the reduction in equitable, accessible, timely advice, contact, support and resources.

These challenges developed rapidly with the roll out of the NDIS over 10 years ago and have not been able to be resolved.

This submission will particularly address two Terms of Reference: *https://www.aph.gov.au/Parliamentary_Business/Committees/House/Health_Aged_Care_and_Disability/ThrivingKidsinitiative/Terms_of_Reference*

Examine evidence-based information and resources that could assist parents identify if their child has mild to moderate development delay and support parents to provide support to these children.
Identify mechanisms that would allow a seamless transition through mainstream systems for all children with mild to moderate support needs.

The submission will focus on Thriving Kids initiative solutions that lead to:

- **Newborns and infants, at high risk of developmental delay, and their families being linked into local early childhood intervention and support services.**
- **Holistic collaboration, coordination of supports and early services for newborns and infants, and their families.**

BACKGROUND

The current delay in referrals of newborns and infants who have

- received an early diagnosis that may suggest an impact on their future development,
- had experiences in special care nurseries (SCN) in hospital settings and
- Neonatal Intensive Care (NICU)

to community early childhood intervention (ECI) funded NDIS services has led to missed vital windows of opportunity to promote a child's development and support families to have the capability to identify and address developmental concerns early and access relevant specialist supports.

This is despite evidence and knowledge already identified.

- Unequivocal evidence of added stress and risks of depression for both mothers and fathers, on top of the recognised stresses of being a new parent, especially if there are added medical concerns or vulnerabilities experienced by the families,
- International findings that supported transitions to home from NICU, have
  - positive outcomes in the areas of parental well-being without negative impact on baby's health, and
  - that early childhood intervention during the early years including a focus on infant-parent bonding has a positive effect on parental stress and wellbeing and on the cognition of preterm infants,
- A consistent number of babies are being born every year, in Australia, needing special care with higher rates in some communities.
  -"In 2023, almost 1 in 5 (18%) babies required admission to SCN or NICU. … Babies were more likely to require admission if they were a twin (62%), were born pre-term (78%), were First Nations (26%), or were of low birthweight (76%)." https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies/contents/baby-outcomes/admission-to-a-special-care-nursery-or-neonatal,
- - and (3%) of babies were born with a congenital anomaly .https://www.aihw.gov.au/reports/mothers-babies/congenital-anomalies-in-australia/contents/how-many-babies-have-a-congenital-anomaly
- A review synthesised that early supported transfer home interventions may improve and could have cost-saving implications for healthcare services (may save up to eight thousand pound per infant compared to usual NICU care), REF: 9
- The newly released 'National Best Practice Framework for Early Childhood Intervention' indicates that the four universal principles for "all aspects of ECI services and supports for children with developmental concerns, delay or disability are rights-based relationship-based, strengths-based and ecologically-based." Ref: 12

Early childhood intervention service provision is currently not able to support transitioning home after premature birth, NICU stays, after early diagnosis of disability or identification of developmental delay risk. If services for infants are available

- they are not likely to be delivered during the early days of home life,
- not ongoing,
- offered using a medical outpatient approach rather than a social model of support for the child and family in the family's home and everyday environments and

- may only be available or limited once eligibility requirements are met e.g. NDIS funding, Medicare.

There is

- little collaboration between the health and early childhood intervention services – referrals not reaching early childhood intervention through from Neonatal Intensive Care Units, paediatricians and maternal and early childhood nurses and
- lack of transparency about the types of supports newborns / infants and their families are being provided while in NICU so that services can build on a family's knowledge and capabilities.

SOLUTIONS

Birth is the one time when people (newborns, mothers, fathers and families) do make contact with, and make use of government services. This means the community has a unique opportunity to establish relationships with and support parent/s and their child, particularly when a newborn or infant needs additional care. Service systems are needed that maintain these connections and continue to meet families' changing needs especially when we know a child is at risk of delays. Service systems that "keep in touch" are preferrable to services that wait for families to initiate coming back into supports systems, when developmental concerns arise.

Maternal health supports services are not the same in any jurisdiction, are often time based and may not be provided by the same practitioner each visit. There is a lack of information about how hospitals and maternal health services continue to support infants who have needed extra care after leaving hospital.

Creating Thriving Kids solutions that lead to evidence-based support of all newborns and infants identified or at risk of developmental delay or disability, will not only result in better outcomes for children across all developmental domains, but will also

- improve supports for families
- reduce the need and time for a child and family to be involved in early childhood intervention services, and
- lead to innovative programs of support.

RECOMMENDATIONS:

Bridging to Home - Targeted Thriving Kids Collaborative Home-based Supports

Establish Bridging to Home teams

Eligibility: All newborns and infants born prematurely, who have experienced challenging births and neonatal experiences, involved with Neonatal Intensive Care or given and early diagnosis of disability or developmental delay.

Model: Bridging to Home is a service provided by a hospital, maternal health and early childhood intervention collaborative team in regions.

Families and infants are met by an early childhood intervention practitioner, offered early childhood intervention support, advice and resources, prior to leaving hospital and then followed up when at home along with a member of the maternal health team.

The early childhood intervention practitioner continues support as families need it until there are no longer concerns, they access other Thriving Kids services or NDIS.

Funding: Covers a Team Around the Child approach for the child and families which includes:

- collaboration with relevant Health Department / Hospital teams,
- a specialist mobile, community based Early Childhood Intervention Allied Health Team including professionals such as Occupational Therapists, Speech Pathologists, Physiotherapists, Early Childhood Educators, Dieticians, Social Workers and Psychologists not attached to a hospital,
- service coordination undertaken using a Key Worker model.

Families will be supported by the Bridging to Home team to link into the community in ways that meet their needs i.e. to community mainstream playgroups, toy libraries, peer support groups, library story times, and ECI specific programs e.g. MyTime, supported ECI playgroups.

Evidence:

- "Baby Bridge" approaches resulted in more infants born ≤30 weeks receiving early therapy services an average of 85 days earlier than historical controls. Ref 7:
  - Findings suggest that early supported transfer home interventions may reduce hospital stay of babies (born before 37 weeks gestation) by up to 10 days (compared to routine NICU care), without increasing hospital readmission rates, worsening parental well-being, or impacting on infant weight gain or breastfeeding.
  - The review synthesised that early supported transfer home interventions may improve infant-parent bonding and could have cost-saving implications for healthcare services.
- A synthesis of evidence suggests that components of education, home visits, takeaway information, telephone support, education sessions and programme management are needed for early supported transfer to home interventions. Ref: 10

Universal Screening for preterm children

- Support for universal screening of young babies and infants born prematurely. Newborns and infants until they are no longer risk for developmental concern, delay or disability are not monitored effectively." REF:10

Health and early childhood intervention coordination structures

- A Bridging to Home approach needs the creation of system structures that would lead not just to referral pathways for families, but shared roles and collaborations across government departments and community services that would result in innovative, evidence-based practices and outcome measurement for children who have had early supports as newborns and infants.

Reintroduce a program similar to the Early Childhood Intervention Coordination Program

The Early Childhood Intervention Coordination Program:

In 1991 the NSW Department of Aging Disability and Home Care commissioned the roll out of the Early Childhood Intervention Coordination Program "to recommend ways to improve the

planning, co-ordination and delivery of early intervention services for children with a diagnosed disability in NSW. Following its review in 1997 by David McRae, the project was granted program status and was implemented across the State with funding from DET, NSW Health and DADAHC." Ref: 1, 2, 3

By 2002, there was a network of 73 local committees in 16 local planning areas across the State and coordinated early childhood intervention services for children with a disability or developmental delay, and involved representatives from health, therapy, schools, early childhood education and support services working together with families". Each committee would develop strategies to support coordination of services in each local area and was funded to manage the committee and deliver local programs.

Area committees would meet with representatives of the Management Committee and the Early Childhood Intervention Coordinator. Area Committees consisted of representatives of participating government agencies and NGO's and local network committees. Families also had representation on the area committees. It was designed to support consistency and equity across the local area, build effective interdepartmental and NGO partnerships, respond to local needs, facilitate family-centred practices, improve coordination of services to give families ease of access and support cost effective planning and provision of services. Ref: 4

This initiative had a significant impact on connecting local providers and government agencies because it improved communication between families, service providers and policy makers to enable coordination of early childhood intervention services. It shared resources and knowledge and was able to capacity build services and keep each other informed.

REFERENCES

Early Childhood Intervention Coordination Project:

1. McRae, David & New South Wales. Ageing and Disability Department (1998). *The Early Intervention Coordination Project in New South Wales: an evaluation*. NSW Ageing and Disability Department, Sydney
https://trove.nla.gov.au/work/27937561 (not publicly available)

2. Roth, Lenny & NSW PARLIAMENTARY LIBRARY RESEARCH SERVICE (2007). *Government Policy and Services to Support and Include People with Disabilities, Briefing Paper* No 1/07
ISSN 1325-5142 ISBN 978 0 7313 1816 2
https://www.parliament.nsw.gov.au/researchpapers/Documents/government-policy-and-services-to-support-and-in/Policy%20and%20Services%20for%20People%20with%20Disabilities.pdf

"Early childhood intervention coordination program DADHC is the lead agency of the Early Childhood Intervention Coordination (ECICP) Program, which aims to "provide coordinated early childhood intervention services for children with a disability or developmental delay, through involving people from health, therapy, education and support services working together with families".167
The program's main initiative has been "the establishment of a network of committees throughout the state that aim to facilitate communication between families, service providers

and policy makers to enable coordination of early childhood intervention services".”168
Page 49

3. New South Wales Parliamentary Library cataloguing-in-publication data: New South Wales. Parliament. Legislative Council. *Standing Committee on Social Issues Foundations for learning: A new vision for New South Wales / Standing Committee on Social Issues.* [Sydney, N.S.W.] :The Committee, 2002. – 83 p. ; 30 cm. (Issues Paper 4, March 2002) (Parliamentary paper ; no. 9) Chair: Jan Burnswoods 12 March 2002". ISBN 0731397533 https://www.parliament.nsw.gov.au/lcdocs/inquiries/2327/Early%20Intervention%20Issues%20Paper.PDF

"9.20 The Early Childhood Intervention Coordination Project (ECICP) was commissioned in 1991 to recommend ways to improve the planning, co-ordination and delivery of early intervention services for children with a diagnosed disability in NSW. Following its review in 1997 by David McRae, the project was granted program status and was implemented across the State with funding from DET, NSW Health and DADAHC. At present, the program operates in 73 local committees in 16 local planning areas across the State.197
9.21 The 1997 McRae review was generally very favourable.198 Judging by the evidence to our inquiry, the program continues to generate considerable benefits for children with disabilities and developmental delay and their families.
Witnesses suggested it should be extended or duplicated to cater for children with learning difficulties:

> *While it…has a target group that is different from the one to which we are referring, the process and the actual program itself are some things worth looking at.199*
> *The Early Childhood Intervention Co-ordination Program has a philosophical way of bringing those people together…We have the basis there and I believe we could do something with it—with some teeth and funds."*

"9.24 The ECICP appears to have had a very positive impact on the co-ordination of early childhood intervention services in NSW. This or a similar program could provide very real benefits to children with learning problems. However, the duplication or extension of the program to children with learning difficulties would require a significant injection of funds to allow existing early intervention services to extend their reach. P92"

4. Johnston, F Christine, 2003 Early Intervention Practices Around the World, Formal and informal networks Chapter 13 The sky's the limit ISBN (Print)1557666458
https://researchers.westernsydney.edu.au/en/publications/formal-and-informal-networks

Newborns and Infants:

5. New South Wales. Parliament. Legislative Assembly. Committee on Community Services. *Support for new parents and babies in New South Wales* / Legislative Assembly, Committee on Community Services [Sydney, N.S.W.]: the Committee, 2018. (Report no. 2/56 Committee on Community Services)" November 2018".
Chair: Mr Kevin Conolly MP ISBN 9781921012785
1.Parents—Services for—New South Wales.
2.Infant health services—New South Wales.
3.Newborn infants—Care—New South Wales.
4.Newborn infants—Health and hygiene—New South Wales.
https://www.parliament.nsw.gov.au/ladocs/submissions/59215/submission%2033.pdf

Summary p47

The National Disability Insurance Scheme (NDIS) has caused gaps and delays in early intervention for babies and children with disability. Services for babies with disability need to be reviewed. A whole of government approach is needed to ensure continuity of care.

Finding 6

The transition to the National Disability Insurance Scheme has created gaps and delays in early intervention services for babies and children with disability….

Recommendation 24

That the NSW Government reviews services for babies and children with developmental delay and disability, to address gaps and improve referrals for support.

4.34 Rapid assessment and referral of babies and young children with disability is important as early intervention can have a significant impact on their long-term outcomes. It can improve their health overall, and reduce the cost of long-term support:

… The earlier you intervene, the higher likelihood you have of improved physical, mental, emotional health for both the child and family. If we can get the mechanisms right for early intervention it will save huge and enormous costs to community and families as children move through the spectrum of early childhood development and beyond.191

4.35 Early intervention services for children were previously provided through the NSW Department of Disability, Ageing and Home Care. Under the NDIS, services for children up to six are provided through the Early Childhood Early Intervention Pathway. Under the Pathway, parents who are concerned about their child's development are connected to an early childhood partner by the National Disability Insurance Agency. The partner supports the parents and gives them information to help them decide what support their child needs. They also help the family to access services in their community, access the NDIS and develop a plan for the child.192

4.36 Children needing support fall into two groups – those with a disability diagnosed at birth, and those with an emerging disability that becomes apparent after birth through developmental delay. We heard that for the first group, getting support under the NDIS is a priority. Children in the second group need assessment and identification of their developmental delay so they can be referred to an early childhood partner.193

4.37 Inquiry participants told us that the transition to the NDIS has led to gaps and long waiting times to access services for children with a developmental delay or disability. The NSW Child and Family Health Nurses Association submitted that 'there are children placed on waiting lists that are not actively being seen, assessed or referred on for treatment'.194

4.38 We heard that referrals to the NDIS are vital for children diagnosed at birth. Ms Kerry Dominish, an Early Childhood Intervention Australia (ECIA) board member, told us that referrals have dropped and there are long waiting lists for children to access the NDIS during the transition process. She stressed the need for hospital NDIS liaison staff to promptly refer children through the NDIS pathway:

In all hospitals, we have NDIS liaison staff and we feel that it should be really important for those staff to immediately look at referring that child into a NDIS pathway and connecting them up with a service that the family chooses. That service is then able to commence and build a relationship for their ongoing requirements over time. … At the moment we have an absolute decrease in referrals — we do not know where the babies have gone. There are very long waiting lists for the babies to get their NDIS packages, and in the meantime they are actually not getting any services. This gap has turned up because of the roll out of NDIS. They are an identified cohort that we can support to get that early referral going. We know that if we can get that referral happening it will decrease the impact of disability and decrease the likelihood of vulnerable family situations eventuating. ...195

4.39 Identification of children with developmental delay is also being affected. Previously these children were identified through early childhood intervention services provided by the Department of Ageing, Disability and Home Care. We heard that because state services 'are not there anymore, that identification process is falling down'.196

To fill these gaps, ECIA suggested more funding to train child and family health nurses, and collaboration between early childhood partners and maternal nurses to ensure rapid assessment and referral of children.197 Workforce training is discussed in detail in the next chapter.

4.41 ECIA also called for an integrated, whole of government approach that would coordinate disability policy and programs, negotiate with the Commonwealth and link agencies such as FACS and NSW Health. A whole of government approach could also address waiting lists and gaps in services, particularly for families that need extra support in Indigenous and CALD communities.198

4.42 We recognise that some of the issues we heard about may improve once the NDIS's early intervention pathway is fully operational. However, we agree that there is a need for a whole of government approach to early childhood intervention for children with disability.

6. *Support For New Parents and Babies in New South Wales* - Submission No 33
Organisation: Early Childhood Intervention Australia NSW/ACT
Name: Mrs Margie O'Tarpey
Position: CEO
Date Received: 17 November 2017
https://www.parliament.nsw.gov.au/ladocs/submissions/59215/submission%2033.pdf

Issues:

1. *Adequacy of current services and structures for new parents, especially those who need extra support, to provide a safe and nurturing environment for their babies*
   - Universal early identification of delays in development and/or disabilities and access to timely, comprehensive services for new parents and babies.
   - Following identification, we emphasise the need for a rapid coordinated response from an ECEI Provider, heath services, and community services particularly family support services. Coordinated joint service delivery is particularly important when supporting families in complex situations such as domestic violence and homelessness as well as families that have children with delays in development and disabilities.
   - Where concerns are present ECI services work together with Community Health, Mental Health and Child Protection services but are not able to provide funded services that are outside the child's NDIS plan.
2. *Changes to current services and structures that could improve physical health, mental health and child protection outcomes*
   - Support the child and family through a coordinated multi-agency approach which works across traditional silos between health services, family support/child protection services, community services and early childhood intervention services.
3. *Specific areas of disadvantage or challenge in relation to health outcomes for babies*
   Recommend that premature babies be tracked and monitored for delays in development in order to put into effect a joint multi-agency response which includes ECEI Providers as they are often picked up late .
4. *Models of support provided in other jurisdictions to support new parents and promote the health of babies*

- *drop-in centre provides wrap around services for children and parents including allied health, paediatrics and social work.*
- *outreach supports that meet the new parents and their baby in the community or in the home; in order to encourage inclusion and opportunity for natural learning from community members.*
- *supported structured playgroups/ ECI services also deliver parenting groups and classes for new parents and parents of children with developmental delays and disabilities. H*

- *Proving difficult to fund such groups with NDIS plan funded supports.*

5. *Opportunities for new and emerging technology to enhance support for new parents and babies.*
   - Telehealth connecting with families accompanied by to face-to-face appointments.

Recommendation 1 - We recommend establishing a Taskforce headed up by NSW Government on the most effective way to identify families with complex needs that require a joint multi-agency response, especially children at risk of significant harm.

Recommendation 2 - We recommend additional funding for Child & Maternal Health Services as well as Child Development Services and Community Health Services that provide physical health and mental health services for all children including those children that do not meet NDIS access requirements as well as those that have a NDIS plan.

Recommendation 3 - We recommend that premature babies be tracked and monitored for delays in development in order to put into effect a joint multi-agency response which includes Early Childhood Intervention Providers.

7. Pineda R, Heiny E, Nellis P, Smith J, McGrath JM, Collins M, et al. (2020) *The Baby Bridge program: A sustainable program that can improve therapy service delivery for preterm infants following NICU discharge.* PLoS ONE 15(5): e0233411. https://doi.org/10.1371/journal. pone.0233411

8. Pineda, R., Heiny, E., Roussin, J., Nellis, P., Bogan, K., & Smith, J. (2020). *Implementation of the Baby Bridge Program Reduces Timing Between NICU Discharge and Therapy Activation*. Journal of Early Intervention, 42(3), 275-296. https://doi.org/10.1177/1053815119900241 (Original work published 2020)

9. Ferreira RC, Alves CRL, Guimarães MAP, Menezes KKP, Magalhães LC. *Effects of early interventions focused on the family in the development of children born preterm and/or at social risk: a meta-analysis.* J Pediatr (Rio J). 2020 Jan-Feb;96(1):20-38. doi: 10.1016/j.jped.2019.05.002. Epub 2019 Jun 27. PMID: 31254528; PMCID: PMC9432118.

10. Morgan N, Ibiwoye OH, Argent C, Hill J, Hamer O. *Effectiveness of neonatal early supported transfer to home interventions: implications for practise.* Pract Midwife. 2023 May 1;26(5):8-13. doi: 10.55975/FZHP6510. PMID: 39493579; PMCID: PMC7616767.

Best Practice in Early Childhood Intervention:

11. Imms, C., Moore T., Bull, K., Gavidia-Payne, S., Lami, F., Wilson, M., Allen, L. & Knight S. (2024). *Review of best practice in early childhood intervention: Desktop review full report.* The University of Melbourne, funded by and provided to the Commonwealth of Australia's Department of Social Services. https://www.preci.org.au/wp-content/uploads/2024/12/ECI-TAP-Deliverable-1-Desktop-Review-Full-Report-V1.0_Nov2024.pdf

12. Moore T., Imms, C., Luscombe, D., SNAICC authors, Bonyhady, B, Dimmock, K., Deane, K, D'Aprano, A., & Kakoschke-Moore, S. (2025). *National Best Practice Framework for Early Childhood Intervention.* The University of Melbourne. Commissioned by the Commonwealth of Australia's Department of Social Services. https://www.health.gov.au/resources/collections/national-best-practice-framework-for-early-childhood-intervention?language=en

National Disability Insurance Scheme:

13. Commonwealth of Australia, Department of the Prime Minister and Cabinet. *Working together to deliver the NDIS - Independent Review into the National Disability Insurance Scheme: Final Report*. October 2023. ISBN 978-1-925365-35-1 (print), ISBN 978-1-925365-34-4 (online)

Written by:
Kerry Dominish
Chief Executive of
Early Education (EarlyEd) Inc.
www:earlyed.com.au

Organisation description:

Early Education (EarlyEd) Inc.
EarlyEd is

- an early childhood intervention service for children 0-16 years and
- not-for-profit, community-based organisation and charity
- operating across Northern and Western Sydney and Nepean Areas for over 45 years
- focussed on supporting community inclusion and connection for all children, of all abilities, through family centered evidence-based services, especially those at risk of delay or disability, harm and social exclusion.

EarlyEd has been a registered provider of National Disability Insurance Scheme services, in Early Childhood Supports since it rolled out in 2017.

Team:
EarlyEd has a team of Educators, Occupational Therapists, Speech Pathologists, Physiotherapists, Specialist Behaviour Practitioners, Social Workers and Therapy Assistants delivering Key Worker and early childhood services in each child's environments where the live, work and play.

EarlyEd's Vision: Children of all abilities, thrive with their families in inclusive communities.
Goals: EarlyEd strives to:

- Provide the best possible, evidence based early childhood intervention services for children with disabilities, and their families, as early as possible in a child's life in order to enable their maximum participation in the life of their community.
- Advocate for and empower parents and local educational and community services to create and deliver inclusive programs, services and environments for children of all abilities and all cultures.

EarlyEd is particularly committed to the needs of families of infants and toddlers and finding ways to support their timely access to the services they need.

For over 45 years it has been recognised for its commitment to finding ways that meet each community's needs and to support all children to have equity of access to opportunities to learn, play and be safe and nurtured.

Early Childhood Intervention practices: Since its start EarlyEd has been committed to incorporating the recognised evidenced based approaches for services to young children and their families across all disciplines and in early childhood intervention. The principles of best practices in early childhood intervention underpin our philosophy and approach in all we do. EarlyEd uses a Key Worker model and creates a Team Around Each Child.