



**Carers Tasmania Submission to the
Australian Government's Early Years Strategy Discussion
Paper**

April 2023



About Carers Tasmania

Carers Tasmania is the Peak Body representing the more than 80,000 informal carers (hereafter carers) in the state.

Carers Tasmania's vision is for an Australia that values and supports carers.

Our mission is to work to improve the health, wellbeing, resilience and financial security of carers and to ensure that caring is a shared responsibility of family, community, and government.

Our values drive everything we think, say, and do.

- **Carers first** – we listen to what carers need, commit to their desired action plan, and deliver results that matter most to carers
- **Care in all we do** – we care for our work, about each other, about Tasmania's family and friend carers, and the bigger world we all share
- **Integrity always** – we are transparent, act ethically, own when things don't go to plan and do what we say we will
- **Quality every time** – we don't accept 'good enough' because carers deserve our very best every time
- **Speed that matters** – we are agile and don't put off what can be done today

These values represent how we engage with and serve carers, how we work with each other, and our commitment to the broader community. Carers Tasmania encourages partnership with governments and health and community sectors to enhance service provision and improve conditions for family or friend carers through policy development, research and advocacy.

We acknowledge the traditional owners of the lands and waters upon which we work, live, and sustain ourselves. This land was never ceded, and we acknowledge that the Tasmanian Aboriginal people are its continuing custodians. We pay our respects to Elders past and present.

We acknowledge and support people of all genders, sexualities, cultural beliefs, and abilities and understand that carers in Tasmania, whilst sharing the common theme of caring for a family member or friend, are diverse individuals with varying beliefs, experiences, and identities. We value and respect the diversity of carers, their lived and living experiences, and recognise that carers are the experts in their own lives.

Carers Tasmania has offices in Moonah, Launceston and Burnie.

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1. Background

Carers Tasmania is the Peak Body representing the more than 80,000 informal carers within the state.

A carer is a person who provides unpaid care and support to a family member, or friend, with disability, mental ill health, a chronic or life-limiting condition, alcohol or other drug dependence, or who are frail or aged. A carer may also be a kinship carer of a child under the age of 18. Carers are predominantly family members, but may also be friends, neighbours, or colleagues. Informal carers are not to be confused with paid support workers who are often called 'carers', with the difference being that support workers are fully employed and remunerated with all the benefits of employment. On the contrary, informal carers perform their caring duties without remuneration, other than minimal carer payments and allowances from the Australian Government.

In addition to representing carers through the Peak Body activities, Carers Tasmania provides support to carers living in Tasmania through its service delivery arm, Care2Serve. The Commonwealth Carer Gateway program is delivered through Care2Serve, as are other supports and services, such as the Tasmanian Government's Home and Community Care program.

The Carer Gateway program provides a range of services and supports for carers which are designed to build resilience, increase wellbeing, improve quality of life, and sustain carers to effectively continue their caring roles. The available supports include the provision of information, advice and referrals, holistic identification of carer strengths and needs through a carer support planning process, professional counselling, peer support, and coaching which aims to support carers in achieving specific goals.

Care2Serve, through the Carer Gateway, has capacity to fund certain instances of planned, practical support services such as in-home respite, personal care, domestic assistance, and meal preparation. Care2Serve may also fund items such as laptops to assist carers who are studying or trying to enter the workforce. Care2Serve also coordinates the provision of emergency support during instances where a carer may be unable to provide the care that they usually do, resulting from unexpected illness or injury of the carer.

2. Introduction

Carers Tasmania welcomes the opportunity to provide a response to the Early Years Strategy (the Strategy) Discussion Paper.¹ We recognise that this Strategy will be fundamental in creating positive, life-long impacts for people as they progress from early childhood throughout the rest of their life. The early years are a crucial time to address the social determinants of health (SDH) to ensure that children, their families, and carers have what they need to not only survive, but to thrive. The wellbeing of Australia's children is, and must continue to be, a shared priority area across governments, community, and services.

As Carers Australia highlights in many of their policy submissions,² we must recognise that being a carer for a child or young person is distinct from 'parenting', for example, the *Commonwealth Carer Recognition Act 2010*³ states:

"To avoid doubt, an individual is not a carer merely because he or she is the spouse, de facto partner, parent, child or other relative of an individual, or is the guardian of an individual; or lives with an individual who requires care".

Many carers are parents, however, they have increased care responsibilities due to the additional support required by their child because of their health or disability. Being a parent who is a carer adds further stress, social isolation, physical and emotional requirements, and can impact parental health, employment, and finances. Research has shown that the birth or diagnosis of a child with disability can be a contributing factor toward family poverty.⁴

Often, policy and accompanying strategies refer to parents and carers, but don't actually consider what carers truly require, which can be very different to parents of children without disability or additional needs. A stronger focus on the recognition of carers, and what they actually need, must be taken in this Strategy. This will help ensure there is adequate support for all parents of young children, but also specific and targeted support for parents who are also in a caring role for their children. This will have significant flow-on effects to the wellbeing of their children.

To highlight some of the effects on parents who are carers, we refer to the results of the *2022 Carer Wellbeing Survey*. The survey found that between 2021 and 2022, for those caring for a child or grandchild, wellbeing was markedly poor.⁵ Furthermore, 72.6% of respondents caring for a child or grandchild reported that during COVID, they had reduced access to support and services for those they cared for.

Three major advocacy pillars of the Carers Australia Network of State and Territory organisations include:

- Economic security of carers
- Health and wellbeing of carers
- Carer recognition, representation, and inclusion

Addressing these pillars, through the development of a National Carer Strategy, consistent Commonwealth Carer Recognition Legislation, and improved financial and practical support for carers, will benefit all carers, but also carers of children in the early years. Better-

¹ <https://engage.dss.gov.au/wp-content/uploads/2023/02/early-years-strategy-discussion-paper.pdf>

² https://www.carersaustralia.com.au/wp-content/uploads/2023/03/Carers-Australia_Response-to-Inquiry-into-School-Refusal_March-2023.pdf

³ Carer Recognition Act 2021. <https://www.legislation.gov.au/Details/C2010A00123>

⁴ <https://www.aihw.gov.au/getmedia/a792fd34-61db-4f62-91f8-9aa8e41f8207/cda.pdf.aspx?inline=true>

⁵ [2022-CWS-Full-Report_221010_FINAL.pdf](#)

supported parent carers who are recognised and have access to resources (practical, emotional, and financial), will mean that children have a better chance of thriving.

The Australian Bureau of Statistics (ABS) found that in 2018 7.7% (or 357,000) children aged 0–14 in Australia were estimated to have some form of disability.⁶ These findings are similar to those found in 2015,⁷ however, the prevalence of disability varied according to age and sex. The most common disability types for children have been reported as intellectual and sensory/speech.⁸ Tasmania has the highest rate of children and young people with disability when compared to the national average.⁹ Given this, Carers Tasmania felt it was crucial to provide a Tasmanian-based response to this Strategy.

Children's development and learning in the early years is integral to building their wellbeing and their future life, but it is important to highlight that learning begins far before a child first attends childcare or school. For most children, the home is the first and major influence on language and cognitive development.^{10, 11}

If parents don't have access to the resources they need to support their child, this can have significant impacts on early childhood development. Parents must have access to financial resources, health information, literacy and numeracy skills, navigation and advocacy skills, appropriate housing, food, and social and emotional support. For parents who are carers for a child with disability or additional health needs, the extent of the resources, skills, and information they require may increase. For example, they may require specific and complex information and skills relevant to the particular disability or health needs of their child.

We have provided our response most specifically through the carer lens and we highlight that it must be considered along with evidence about the specific needs of other diverse and marginalised groups. We also stress the importance of utilising frameworks and the evidence base that is already in existence, as opposed to reinventing the wheel.

The Early Years Strategy must keep in mind the intersectionality of the social determinants of health (SDH) and outline ways to work in partnership with health, education, disability, housing, and other community supports.

This Strategy must also acknowledge pathways to ensure that children continue to be well supported, during, and after the transition period of turning five years of age.

⁶ ABS 2019a. Disability, Ageing, and Carers, Australia: summary of findings, 2018. ABS cat. no. 4430.0. Canberra: ABS

⁷ ABS 2017. Disability, Ageing and Carers, Australia: summary of findings, 2015. ABS cat. no. 4430.0. Canberra: ABS

⁸ <https://www.aihw.gov.au/getmedia/6af928d6-692e-4449-b915-cf2ca946982f/aihw-cws-69-print-report.pdf.aspx?inline=true>

⁹ <https://www.childcomm.tas.gov.au/wp-content/uploads/2016/07/CCYP-Health-and-Wellbeing-Report-Part12.pdf>

¹⁰ Yu M & Daraganova G 2015. Children's early home learning environment and learning outcomes in the early years of school. In The Longitudinal Study of Australian Children Annual statistical report, 63–81. Melbourne: Australian Institute of Family Studies.

¹¹ Council on Early Childhood 2014. Policy statement: literacy promotion: an essential component of primary care pediatric practice. *Pediatrics* 134(2):404–409.

3. Response to discussion paper questions

Q 1: Structure of the Strategy

Carers Tasmania supports the proposed Strategy as it is outlined in the Discussion Paper.

Q 2: National vision for Australia's youngest children

We highlight the vision from the 2009 Council of Australian Government's COAG:

*"All children have the best start in life to create a better future for themselves and for the nation."*¹²

Another vision that is outlined in the *Nest Action Agenda* is that:

*"All young people are loved and safe, have material basics, are healthy, are learning and participating and have a positive sense of identity and culture.' This vision applies to all Australian children and youth, regardless of age, gender, ability, ethnicity, race and socioeconomic status."*¹³

The vision must be clear, have a sense of direction, and be inclusive of all children. The Strategy vision could draw from these two visions as they are clear and address the overarching aim of the Strategy. It is also of great importance that the vision is one that will carry over into the lives of children after the early-year period.

Q 3 & 4: Proposed priority areas and outcomes

The discussion paper poses questions about recommended priority areas and outcomes for the Strategy and we suggest that these be informed by evidence-based frameworks that are already in existence, such as the *Nest Domains*,¹⁴ the *Early Years Learning Framework*,¹⁵ and *The National Action Plan for the Health of Children and Young People*.¹⁶

The *Nest Domains* are evidence-based and were developed through consultation, comprising of six wellbeing domains for children including:

- Feeling valued, loved, and safe
- Access to material basics
- Being healthy
- Learning
- Participating
- Positive sense of self and culture¹⁷

The *Nest Domains* have provided a basis for the *Tasmanian Child and Youth Wellbeing Strategy*.¹⁸ Furthermore, the *Nest Action Agenda* outlines the following priorities:

- Improving early childhood learning and development
- Improving the educational performance of young Australians
- Improving the physical health of young Australians

¹² https://www.startingblocks.gov.au/media/1104/national_ecd_strategy.pdf

¹³ https://www.aracy.org.au/publications-resources/command/download_file/id/329/filename/Second_edition_The_Nest_action_agenda.pdf

¹⁴ <https://www.aracy.org.au/documents/item/700>

¹⁵ [https://www.acecqa.gov.au/sites/default/files/2018-](https://www.acecqa.gov.au/sites/default/files/2018-02/belonging_being_and_becoming_the_early_years_learning_framework_for_australia.pdf)

[02/belonging_being_and_becoming_the_early_years_learning_framework_for_australia.pdf](https://www.acecqa.gov.au/sites/default/files/2018-02/belonging_being_and_becoming_the_early_years_learning_framework_for_australia.pdf)

¹⁶ <https://www.health.gov.au/sites/default/files/documents/2021/04/national-action-plan-for-the-health-of-children-and-young-people-2020-2030-national-action-plan-for-the-health-of-children-and-young-people-2020-2030.pdf>

¹⁷ <https://www.aracy.org.au/documents/item/700>

¹⁸ https://hdp-au-prod-app-tas-shapewellbeing-files.s3.ap-southeast-2.amazonaws.com/1716/7643/0269/210301_Child_and_Youth_Wellbeing_Strategy_2021_wcag.pdf

- Improving the social and emotional wellbeing of young Australians
- Promoting the participation of young Australians
- Reducing disadvantage arising from income disparity¹⁹

These priorities should be considered for inclusion in the new Strategy.

The *Early Years Learning Framework (EYLF)* aims to guide educators of children from birth through to five years old to provide children with opportunities, maximise their potential, and develop strong foundations for future learning.²⁰ The Framework also supports the *United Nations Convention on the Rights of the Child (UNCRC)*,²¹ and incorporates the theme of *belonging, being and becoming*. It is crucial, that the Early Years Strategy aligns with the EYLF and supports effective implementation of this within schools and other educational activities.

The following outcomes from the *National Early Childhood Development Strategy* should also be considered:

- Children are born and remain healthy
- Children's environments are nurturing, culturally appropriate and safe
- Children have the knowledge and skills for life and learning
- Children benefit from better social inclusion and reduced disadvantage, especially Indigenous children
- Children are engaged in and benefiting from educational opportunities.
- Families are confident and have the capabilities to support their children's development
- Quality early childhood development services that support the workforce participation choices of families²²

The outcomes and priority areas must address the Social Determinants of Health (SDH), including:

- Income and social protection
- Education
- Unemployment and job insecurity
- Working life conditions
- Food insecurity
- Housing, basic amenities, and the environment
- Early childhood development
- Social inclusion and non-discrimination
- Structural conflict
- Access to affordable health services of decent quality

A focus must be taken on how to best implement protective factors that might mitigate or remove the impact of the SDH when considering the outcomes and priority areas. Whilst some of these factors might not appear to be relevant in the context of a young child, such as employment, they do have an impact on the parent or carer and this has a flow-on effect to the wellbeing of the child.

¹⁹ https://www.aracy.org.au/publications-resources/command/download_file/id/329/filename/Second_edition_The_Nest_action_agenda.pdf

²⁰ https://www.acecqa.gov.au/sites/default/files/2018-02/belonging_being_and_becoming_the_early_years_learning_framework_for_australia.pdf

²¹ <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>

²² https://www.startingblocks.gov.au/media/1104/national_ecd_strategy.pdf

Many of these already existing frameworks overlap and share common outcome areas and priorities that could be combined and consolidated. Whilst these can be used for young children more broadly, we strongly recommend that they be considered in addition to more specific items that are relevant for carers supporting a child with disability or additional health needs. Our suggestions on specific priority areas and outcomes are outlined below.

<p style="text-align: center;">Priority area:</p> <p style="text-align: center;">More access for parents and carers to education, information, and support, both pre-and post-birth</p> <p style="text-align: center;">Outcome:</p> <p style="text-align: center;">Parents have better access to the information, skill development, and resources they need to support their child</p>

This could include increased free or low-cost community programs aimed at increasing literacies: general, health and digital, as well as parenting programs that are accessible (especially for marginalised groups and those in lower socio-economic areas). These must be delivered in non-judgemental ways. There is also a need for increased, accessible and specific training for parents who have a child with disability or additional health needs, that will equip them with the skills and information they need, (e.g. training on specific disabilities, medication management, and advocacy skills).

It must also include appropriate referral and information from the pre-natal period through to childhood. For example, when expecting mothers receive results indicating that they may give birth to a child with disability, or when professionals such as specialists or child health nurses raise their concerns about a baby or child. Greater collaboration and connection must occur to support and equip parents as early as possible, with the information, skills, and resources they need.

It is important to highlight that during the COVID-19 period in Tasmania, there were significant delays for access to Child Health and Parenting Service (CHaPS) appointments due to some CHaPS employees being temporarily reassigned to assist with the rollout of COVID vaccinations.²³ Whilst this was a measure put in place by the Tasmanian Government to assist with the pandemic, strategies to prevent disruptions to important services such as this in the future must be discussed and implemented at a federal level. It is also important to note that whilst CHaPS staff in Tasmania were redeployed to their roles, there is still a staff shortage within this service, particularly in the North-West of Tasmania.

Services such as CHaPs provide an important opportunity for parents and carers to discuss the development of their child and any concerns that may be arising. This is also an important opportunity to recognise parents who are carers and facilitate a referral to carer support. These sessions provide an opportunity to share information about free or low-cost parenting programs.

The Commonwealth could support states to fund more targeted parenting programs that are available in accessible formats. For example, in Tasmania there is free online access to the Triple P Parenting Program,²⁴ however, programs provided by other services, especially those around managing anxiety, behavioural concerns, and the needs of children who are neurodiverse often come at a cost.

²³ https://www.premier.tas.gov.au/site_resources_2015/additional_releases/child_health_and_parenting_service_to_resume

²⁴ <https://www.triplep-parenting.net.au/vic-en/free-parenting-courses/triple-p-online-under-12/#au-parents-register-now>

Targeted strategies must be implemented that aim to empower parents who are carers to maximise the health development of their children. This could include supporting carers to access and participate in training specific to their needs, for example, things like peg feeding, first aid, mental health first aid, wound care, and medication management.

<p>Priority area:</p> <p>Improve access to diagnosis of disability and health conditions</p> <p>Outcome:</p> <p>There is more timely and equitable access to diagnosis</p>
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For children to be able to access disability support, especially that provided under the NDIS or Early Connections (previously known as ECEI), children are required to obtain specific diagnostic reports or reports of developmental delay.

Affordability of diagnosis must be addressed as it is often a barrier to obtaining diagnosis. Some families simply cannot wait to have an assessment completed by public services due to the nature of the needs and behaviours of their child. Some private assessments cost upwards of \$1,000 (some are several thousand dollars), and not all of these assessments are eligible for any Medicare rebate.

Being able to see a specialist such as a paediatrician or psychologist in the state of residence is almost impossible in some parts of Australia, with travelling to the mainland from Tasmania becoming more of a common occurrence. The majority of psychologists and paediatricians have their books closed to new clients.

For the few specialists who are accepting new patients, the wait times are huge, regardless of whether the appointment is private or public. This means that a lot of children are missing out on early intervention supports. We recommend that a targeted approach to the expansion of diagnostic services is taken to ensure that people are receiving diagnoses in each state, in a timely manner.

<p>Priority area:</p> <p>More awareness and support to access early intervention</p> <p>Outcome:</p> <p>More children have access to the early intervention support that might assist them</p>
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If children are unable to access their specialist, they may not be referred or informed about accessing Early Connections or other support. The table below shows the number of children in each state who were accessing or awaiting access to Early Connections as of December 2022.²⁵

	Tas	NSW	ACT	QLD	VIC	NT	SA	WA
Accessing	183	5,047	199	4,259	3,177	98	977	974
Awaiting access	6	39	0	38	173	2	68	21

Table 1: Number of children accessing and awaiting Early Connections as of 31 December 2022

²⁵ <https://www.ndis.gov.au/about-us/publications/quarterly-reports>

After observing the data, for the states such as Tasmania, the ACT, and the NT, it appears that there are very small numbers of children accessing or awaiting access to Early Connections, and it poses the question, is there enough information about this service out there and support to enable people to access it?

Acknowledging the fact that not all people with disability will need to access Early Connections or the NDIS, in 2015, 7.6% of Tasmanian children aged between 0-4, and 12.1% of Tasmanian children between the ages of 5 and 14 had a reported disability.²⁶ These rates are higher than the national average, however, when considering these statistics, there are incredibly low rates of participation in NDIS Early Connections in comparison.

Priority area:

Increase the recognition and identification of carers

Outcome:

More carers are referred and able to access support relevant to their needs and those of their child

Many parents do not identify or realise that they are a carer despite providing care for a child with disability or other additional health needs.

It must also be highlighted in this section that there are 9,300 young carers in Tasmania, and an estimated 235,000 across Australia. A proportion of these will be parents aged 25 or under who are caring for a child with disability. The needs of this group might differ to the needs of younger parents who do not have children with disability. There is also a small number of young carers who are under the age of 5, who in some way undertake a proportion of caring responsibilities.

Routine identification of carers, and in this context, particularly carers of children with disability, must occur across all education, disability, and health settings. This must be followed by prompt provision of information and referral to support. A National Carer Strategy along with updated and consistent Carer Recognition Legislation must be implemented as a means to facilitating this. The development of a National Carers Strategy was a commitment by the current Government and is eagerly awaited. We encourage the government to deliver on this commitment, along with updated Carer Recognition Legislation in consultation and collaboration with Carers Australia and the Network of State and Territory Organisations, community, and most importantly carers or people with previous lived experience as a carer.

Despite ongoing engagement and advocacy attempts, carers in Tasmania are often not recognised and referred for support. As an example, as of December 2022, there were 12,819 active NDIS participants and 183 children accessing Early Connections in Tasmania. In the duration between the beginning of Carer Gateway on April 6, 2020, and 31 December 2022, records show that Care2Serve have only received approximately 75 referrals from the two Tasmanian NDIS partners.

There are a number of support types and services available for carers to access across Australia, which are primarily delivered through the National Carer Gateway Program. This program, however, does have guidelines and limitations on what it is able to provide for

²⁶ Australian Bureau of Statistics, ABS publication 4430.0 – Disability, Aging and Carers, Australia: Summary of Findings, 2015136

carers. We encourage other government services to consider how they can also support carers with practical things like ensuring they are able to take a break to look after their own wellbeing.

For carers of young children, having accessible childcare available with employees who are skilled in supporting children with disability is one solution. This can also be facilitated through Early Connections plans, however, carers are often told that their support request is something that is considered a 'normal' parental responsibility. More empathy, understanding, and a commitment to support the enormous and important role that carers take on is required across all governments, government-funded services, and the community. This must be modelled from the top down.

Priority area:

Ensure equitable access to support regardless of NDIS status

Outcome:

Children have access to the services and supports they need regardless of whether they qualify for the NDIS or not

For children with disability or additional needs that do not meet the access criteria for NDIS or Early Connections, there should be subsidised cost, particularly for services that are also not covered by health or Medicare. For example, children with ADHD but no other disability do not meet NDIS/Early Connection access, which means they aren't able to access some subsidised support such as behavioural therapy. This form of support is not able to be accessed under the Better Access Initiative.

It must also be highlighted that there are young children with disability living in Australia who are not eligible for the NDIS due to not yet being an Australian citizen or permanent resident. This group of children and their parents and carers are an extremely vulnerable cohort due to limitations around what support they can access, and being from CALD communities, they are an already marginalised population. A strengthened approach, led by the Commonwealth to collaborate equitably with all states, must be taken to ensure that people in this situation are supported equally no matter which state they live in and are able to access the supports they need.

Priority area:

Equitable access to education and more support for teachers

Outcome:

All children with disability are supported effectively to participate in education in a safe and respectful way that meets their needs, regardless of their location

Despite inclusion policies and procedures, many children with disability or other additional needs are not supported effectively at school. They are often not provided with the right learning support or adjustments and find it difficult to navigate the school system. As a result, they may be sent home often or suspended.

For example, almost 9,000 instances of suspension were reported in Tasmanian schools last year, which included more than 60 children in prep and eight children in kindergarten.²⁷

²⁷ https://edition.pagesuite.com/popovers/dynamic_article_popover.aspx?artguid=6fb70fe3-6227-4878-a1cd-b6c47526392a

Furthermore, these numbers include suspensions for 881 (or 11.1%) percent of students with disability.²⁸

Teachers must be supported with additional training and practical resources on supporting students with additional learning needs and managing challenging behaviours. All schools must be provided with adequate funding for support staff as required. There are many parents and carers who end-up home-schooling their children due to a lack of support at school. National guidelines on best practice partnerships between educational institutions and NDIS services should be on the agenda, as currently the decision allowing NDIS services to attend a child's school is decided by each school principal.

There must be more governance from the Commonwealth education department, to hold states accountable to provide effective and equitable support to children with disability in schools. As per the *Convention on the Rights of the Child*, Article 28 states that "All children deserve a right to education."²⁹ Further, Article 24 in the *Convention on the Rights of Persons with Disabilities* highlights "State parties recognise the right of people with disability to education."³⁰

Priority area:

Consider the health and wellbeing of parents who are carers of children with disability or additional health needs

Outcome:

Parents and carers of children with disability or additional health needs have their own health needs met, so they can continue caring

It is crucial that there is better support to enable and empower parents who are carers to be look after their own health, which is separate from and just as important as that of their child. Evidence shows that parents who are carers of a child with disability or additional health needs have poorer wellbeing outcomes and higher psychological stress compared to parents who are not caring for a child with disability.³¹ These carers must be able to access respite when required in a form that is suitable for their needs, so that they can practice self-care and look after their own wellbeing. They must also have access to the financial resources to enable them to afford their own GP and other health-related appointments, as often their money is spent mostly on their child.

For carers who are employed, they also may not want to or have the ability to take additional time off work for health-related appointments or when they are unwell if they regularly need to use their entitlements to care for their child. Workplaces must be considerate not only of flexible working needs due to caring responsibilities, but they also need to be cognisant that carers also need their own personal leave for themselves too.

Place-based services in the community can sometimes assist in reducing barriers to access, for example, breast screen bus, drop-in sessions for hearing tests, as some of these services are free or low cost and are delivered in the local community. Community clinics and outreach at community centres are often an option that people find it easy to utilise.

²⁸ <https://taslabor.com/too-many-students-with-a-disability-being-suspended/#:~:text=This%20follows%20the%202021%20school,they%20can%20reach%20their%20potential>

²⁹ <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>

³⁰ <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities>

³¹ <https://aifs.gov.au/resources/short-articles/service-use-and-health-outcomes-among-parents-children-or-partner>

Priority area:

Strengthen the workforces in health, education and childcare, community, and disability support

Outcome:

Children, especially those with disability or additional health needs, are better supported in health, education, and the community

There must be a more consistent approach between the Commonwealth and states to address workforce shortages. The Care Workforce Labour Market Study by the National Skills Commission projected a shortfall of approximately 100,000 workers across the aged, disability and mental health care sectors by 2027-28, and increasing to 212,000 by 2050.³² Both national and state and territory peak bodies are calling for this national and significant issue to be addressed.

There must be a targeted approach to employ and retain staff in these areas, with a strong focus on keeping them supported and educated in their roles. This will improve access to diagnosis and support for children with disability and additional health care needs.

Carers often report that there is limited access to childcare that meets the needs of children with disability, particularly for those with more complex needs. This results in carers not utilising childcare and instead missing out on employment or study opportunities. We recommend that a focus is taken on increasing the capacity of early learning and other childcare providers to better understand and support children with disability. A stronger focus on inclusion across all early childhood and childcare programs must be taken.

Priority area:

Address and implement strategies that will make a difference in reducing the cost of living

Outcome:

Children have access to the things they need to live a safe and healthy life

It is fundamental that the cost of living for parents and carers is made a priority. There must be better financial support for vulnerable families, specifically carers.

The Carers Australia Network of State and Territory organisations commissioned *The Caring Costs Us Report*³³, which investigated the income and superannuation losses experienced by carers in Australia. The report, using 2021 subsidy rates, identified significant losses, on average of \$392,500 in lifetime earnings by age 67 and \$175,000 in superannuation by age 67. The report found that some carers are impacted significantly more than this.

Furthermore, the report found that the income support rate for carers was only equivalent to 27.8% of average weekly earnings for singles and 21% of income for couples.³⁴ The report proposed some options for the Commonwealth Government to consider, including increasing the rate of the carer allowance and introducing a superannuation guarantee on the carer payment.

³² <https://www.nationalskillscommission.gov.au/sites/default/files/2022-10/Care%20Workforce%20Labour%20Market%20Study.pdf>

³³ <https://www.carersaustralia.com.au/wp-content/uploads/2022/04/Final-Economic-impact-income-and-retirement-Evaluate-Report-March-2022.pdf>

³⁴ Ibid.

Many parents report finding it difficult to access the carer payment or allowance due to the eligibility guidelines for young children with disability, with some of their responsibilities deemed as 'normal parental responsibility' for the age of the child, and not taking into account that the child also has disability.

There is also a national push for childcare options to be more affordable, as the cost of childcare is a barrier for many people.

<p style="text-align: center;">Priority area:</p> <p style="text-align: center;">Implement a consistent approach to supporting kinship carers across Australia</p> <p style="text-align: center;">Outcome:</p> <p style="text-align: center;">Children who are in informal kinship care arrangements are supported and so are their informal carers</p>

Carers Tasmania believes that a focus must be taken on understanding and supporting the estimated 100,000 children³⁵ who are in informal kinship care arrangements in Australia. In addition, we believe that the upcoming National Carer Strategy and an updated nationally consistent Carer Recognition Act are opportunities to better recognise and support the carers and children in these situations, acknowledging that there are a number of reasons as to why people may choose an informal arrangement over formal arrangements. The recently enacted *Carer Recognition Act 2023* (Tas)³⁶ acknowledges and recognises informal kinship carers. 2021 legislation from the Australian Capital Territory³⁷ recognises both foster carers and kinship carers, and the *Carers (Recognition) Act 2008* (Qld)³⁸ recognises grandparent carers, however, the Commonwealth legislation and the remaining states and territories do not.

Q 5: How can the Commonwealth improve outcomes for children and particularly those who are vulnerable and/or disadvantaged?

There are a multitude of things that the Commonwealth could do to improve outcomes for children, especially those who are born or raised in vulnerable and/or disadvantaged circumstances. Most of these relate to implementing strategies that target the social determinants of health and also the priority areas we have previously detailed. In addition, the experiences and needs specifically outlined from other marginalised communities, such as those in the LGBTIQ+ community, and those who identify as CALD or First Nations, must be considered.

Q 6: How can the Commonwealth improve coordination and collaboration in developing policies for children and families?

We emphasise the importance of collaboration between the Commonwealth, state departments and services, community services, and peak bodies, to improve coordination and collaboration in developing policies for children and families, however, we highlight the need for a strengthened and clear engagement approach around co-design on policies. Co-design must include direct feedback from children and their families, but also specifically carers who are parents. Co-design and consultation that only hears the voice and

³⁵ Kiraly, M. (2018). Editorial: Australian Children in Kinship Care—Hidden in Plain Sight? *Developing Practice*, 51(Kinship Care Special Issue 1), 2-9

³⁶ <https://www.legislation.tas.gov.au/view/html/asmade/act-2023-001>

³⁷ <https://www.legislation.act.gov.au/a/2021-34>

³⁸ <https://www.legislation.qld.gov.au/view/pdf/asmade/act-2008-070>

experience of children, families, and carers through other mechanisms such as peak bodies is not authentic co-design.

There must be a greater focus on multi-agency collaboration and strengthened integration between Commonwealth, state departments and services, communities, and children, their families, and carers. Siloed services are a common occurrence within and between the Commonwealth and states, but to achieve effective outcomes for children, improving governance processes from the top-down can facilitate better coordination and collaboration.

We suggest that an oversight and working group that includes both national and state representatives is enacted to drive the progress and monitoring of specific actions. This must include both Commonwealth and state representatives from education and early childcare, health, disability, housing, NDIA and Early Connection Partners, peak body representatives, Children and Young People Commissioners, as well as families and carers. The strategy must outline how actions will be monitored, how achievements will be measured, and how accountability will be upheld.

Q 7: Strategy principles

First and foremost, the underlying principles of the Strategy must align with the *United Nations Conventions on the Rights of the Child*³⁹ and the *Convention on the Rights of Persons with Disabilities*. This will acknowledge the basic rights of all children and young people, but also place greater emphasis on protecting and supporting particularly vulnerable groups of children such as those with disability.

Carers Tasmania notes that the child and family approach that is highlighted in the discussion paper is important, however, there must be an explicit focus on the needs of families and carers, and the importance of recognising carers and including them as integral partners in care planning.

The importance of lived experience by children with disability and additional needs must be recognised and valued, as well as that of their parents and carers. This experience must help guide and monitor the priorities and progress on actions.

Principles must show a clear commitment to addressing the social determinants of health as addressing these will address many of the barriers that children, their families, and carers face in accessing what they need.

Equity and access should be a guiding principle. Children, their families, and carers should not miss out on support because of factors such as affordability, disability or health concerns, their location, their culture, their gender, or any other diverse or contributing factor.

The principles must take an inclusive approach that specifically recognise, value, and aim to meet the needs of diverse and marginalised groups such as people who identify as LGBTIQ+, people from culturally and linguistically diverse communities, and people who identify as Aboriginal or Torres Strait Islander.

The principles must show a clear commitment to work with and understand the needs of parents and other family members, but it also must acknowledge that the role of a carer is different to the role of a parent to children without disability or additional health needs.

³⁹ <https://www.unicef.org/media/56661/file>

The principles must commit to collaboration with states and communities to best understand and address the needs of people in specific locations. This must be followed by support to ensure that services are delivered across all locations and that outcomes are measured.

Q 8. Gaps in existing frameworks and other evidence to be considered in the Strategy

As previously highlighted, it is integral that the *Convention on the Rights of Children* and the *Convention on the Rights of Children with Disability* are clearly embedded throughout the Strategy. We also believe that consideration should be taken on the *National Principles for Child Safe Organisations*.⁴⁰

Carers Tasmania believes that *The Carer Recognition Act 2010* (Cth)⁴¹ be referenced in the Strategy, also noting that there are further state-and territory-based legislations in place for carers. In addition, evidence such as the *National Carer Surveys*⁴² and *Carer Wellbeing Surveys*⁴³ should be considered, along with reports, research, and submissions from the National Network of State and Territory Carer Associations. These documents provide in-depth research and insight into the needs and experiences of carers across Australia, including carers of children with disability or additional health needs.

The development of a National Carer Strategy and a strengthened and inclusive Commonwealth Carer Recognition Legislation is crucial to be delivered upon and to be considered alongside the Early Years Strategy. This will guide and strengthen the identification of carers, recognition, and referral to support.

Importantly, we recommend that the findings of the *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability*⁴⁴ should help drive the Strategy, along with the findings of the *Royal Commission into Institutional Responses to Child Sexual Abuse*.⁴⁵

There are also numerous other inquiries that are relevant to consider when developing this Strategy. These include the findings of:

- *The Select Committee on Work and Care*⁴⁶
- *The Senate Inquiry into the National Trend of School Refusal and Related Matters*⁴⁷
- National Autism Strategy⁴⁸
- Senate Inquiry into ADHD⁴⁹
- *Productivity Commission Inquiry into Early Childhood Education and Care*⁵⁰, and
- Findings of the NDIS Review⁵¹

Consideration must be taken on providing clear pathways for support that will continue on after the early years. Carers already report a siloed approach to accessing services, and periods of age transition can be quite difficult.

⁴⁰ https://childsafe.humanrights.gov.au/sites/default/files/2019-02/National_Principles_for_Child_Safe_Organisations2019.pdf

⁴¹ <https://www.legislation.gov.au/Details/C2010A00123>

⁴² <https://www.carersnsw.org.au/about-us/our-research/carers-survey>

⁴³ <https://www.carersaustralia.com.au/carers-wellbeing-survey/>

⁴⁴ <https://disability.royalcommission.gov.au/>

⁴⁵ https://www.childabuseroyalcommission.gov.au/sites/default/files/final_report_-_recommendations.pdf

⁴⁶

https://parlinfo.aph.gov.au/parlInfo/download/committees/reportsen/024994/toc_pdf/FinalReport.pdf;fileType=application%2Fpdf

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https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Education_and_Employment/SchoolRefusal/Submissions

⁴⁸ <https://www.dss.gov.au/disability-and-carers/national-autism-strategy>

⁴⁹ https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/ADHD

⁵⁰ <https://www.pc.gov.au/inquiries/current/childhood#issues>

⁵¹ <https://www.ndisreview.gov.au/about>