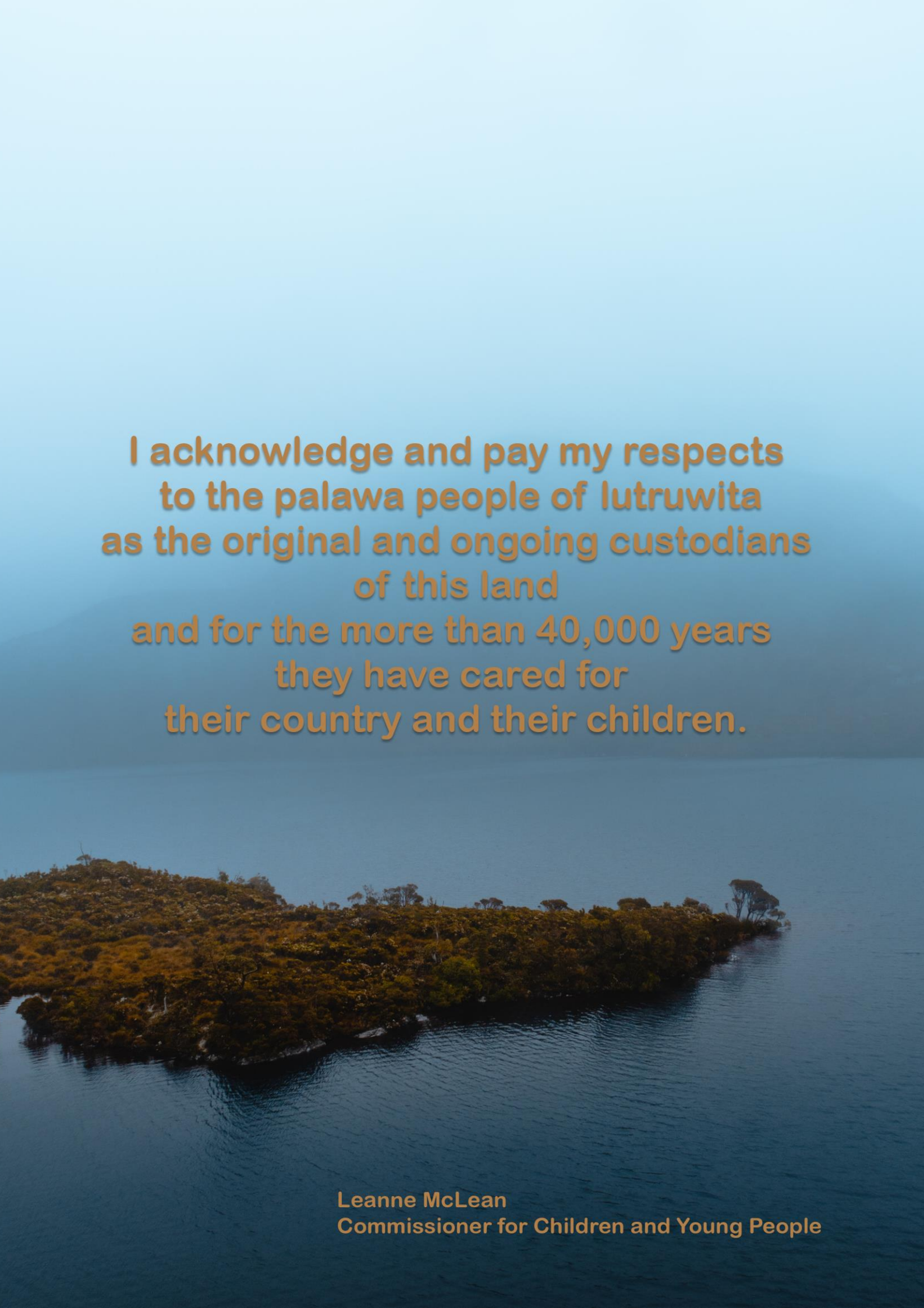




Investing in the Wellbeing of Tasmania's Children and Young People

Our future prosperity largely depends on
our ability to ensure the wellbeing of the next generation of Tasmanians

An aerial photograph of a small, elongated island covered in dense green vegetation, surrounded by a calm blue body of water. The background shows a hazy, mountainous landscape under a clear sky.

**I acknowledge and pay my respects
to the palawa people of lutruwita
as the original and ongoing custodians
of this land
and for the more than 40,000 years
they have cared for
their country and their children.**

**Leanne McLean
Commissioner for Children and Young People**



Commissioner for Children and Young People (Tas) 2020,
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Young People*, Hobart

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2020

The Commissioner for Children and Young People takes responsibility for any errors or discrepancies between the data sources and the data presented in this report. Should you have any concerns regarding the data presented, please contact the Commissioner for Children and Young People. Data presented in this report and related material may be subject to caveats, which can be viewed in the source material.

Acknowledgements

Thank you to the children and young people of Tasmania whose thoughts and ideas have helped to shape this report. As experts in your own lives, your views are of paramount importance to the future of Tasmania.

Thank you to the Commissioner for Children and Young People Expert Advisory Council on Wellbeing: Professor David Adams; Professor Rufus Black; Professor John Burgess; Kym Goodes; and Professor Maggie Walter. Your wisdom, expertise, support, and guidance have significantly helped to inform this report and I look forward to further collaborations in future.

Thank you to the dedicated staff of the Commissioner for Children and Young People, whose hard work and unwavering commitment to the children and young people of Tasmania are truly exceptional.

Leanne McLean
Commissioner for Children and Young People Tasmania

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1. Foreword



The *Commissioner for Children and Young People Act 2016* requires that, as Commissioner for Children and Young People, I promote, monitor and review the wellbeing of Tasmanian children and young people generally.

Wellbeing is when people feel happy, healthy, capable and engaged and able to have a good life. At its most basic, it is the quality of people's lives. In its *Tasmanian Child and Youth Wellbeing Framework*, the Tasmanian Government has cleverly defined what wellbeing is for our children and young people, a definition that I wholeheartedly support:

“Wellbeing is the state where a child or young person feels loved and safe; has access to material basics; has their physical, mental and emotional health needs met; is learning and participating; and has a positive sense of culture and identity.”

Whilst I've been Commissioner, I've had the pleasure of speaking to many Tasmanian children and young people, including through the newly established Commissioner for Children and Young People (CCYP) Ambassador Program. I've also been on a listening tour of Tasmania speaking with children and young people, as well as their carers, key supporters and service providers out in Tasmanian communities. The messages I'm hearing are loud and clear, and are indeed supported by the publicly available data on children's wellbeing: we must do better at promoting and improving the wellbeing of all of our children and young people, not only because by doing so we are promoting the enjoyment by them of their human rights, but because we owe it to them to support them to grow to be happy, healthy, productive adults so that Tasmania can prosper into the future.

Young people have highlighted to me their concerns on a range of topics. These include education and their future opportunities, their safety, their access to basic services and supports, their mental health and the bullying they experience in many aspects of their lives, and their ability to participate in their communities and society, including being engaged in discussions and decisions about their futures.

Each of these issues relates directly to their wellbeing and are, not surprisingly, directly related to the six domains of wellbeing that the Tasmanian Government has defined. Young people have also highlighted to me the sometimes overwhelming impact that climate change is having and will have on their wellbeing.

This paper proposes improving the wellbeing of our children by bringing it to the centre of government policy and decision making through the establishment of a whole-of-government strategy to promote and improve the wellbeing of Tasmanian children and young people. I'm suggesting a new way forward, where we think differently and invest differently, measuring our progress along the way. This is not something Tasmania has done before – yet it is needed. Despite significant focus and investment over several decades, there remain long-standing factors, often influenced by intergenerational poverty and trauma, poor health and low educational outcomes and now climate change, which affect children's wellbeing now and will continue to do so, unless we prioritise improvement and act accordingly.

By refocusing our collective efforts towards promoting and improving the wellbeing of our children, including by creating a shared vision, agreeing on what and how we will improve, investing earlier and smarter and by cleverly measuring our progress, we can make a difference in the lives of Tasmanian children and young people. Not only will this benefit our entire community, it will demonstrate a commitment to realise their fundamental rights – including to the highest attainable standard of health, to education, to 'have a say', to be free from violence and abuse, to celebrate and enjoy cultural identity and to an adequate standard of living – guaranteed to children and young people by the United Nations *Convention on the Rights of the Child*. In my view, this is the necessary foundational step to achieving the Tasmanian Government's vision of sharing opportunity and prosperity more equitably amongst all Tasmanians.

Leanne McLean
Commissioner for Children and Young People

2. Executive Summary



The purpose of this report is to:

- explain why the wellbeing of Tasmanian children and young people matters;
- explore how Tasmania is travelling in improving the wellbeing outcomes of children and young people;
- recommend a way forward for Tasmania; and
- highlight current critical opportunities to strategically invest in improving the wellbeing of children and young people in Tasmania.

The future prosperity of our state by any measure, be it social, economic, or environmental, depends on us enabling all Tasmanian children and young people to have a good life, to grow up healthy and safe, and to learn and to participate.

Despite our best efforts over time, many wellbeing outcomes of children and young people in Tasmania have remained stagnant or worsened. For example:

- Measures included in the Australian Early Development Census show that the developmental vulnerabilities of Tasmanian children have remained unchanged since 2012.
- There has been a 37 per cent increase in the number of children and young people in out-of-home care in Tasmania since 2011.
- The current youth unemployment rate for 15 to 24-year olds (2019) is 14 per cent and has not changed since 2012.
- The percentage of children and young people (0 to 24-year olds) who report having a mental or behavioural condition has increased from 10.6 per cent in 2012 to 18.8 per cent in 2018.

- The percentage of children meeting all 21 markers on the Kindergarten Development Check has declined year on year since 2013, from 74.5 per cent in 2013 to 67.8 per cent in 2018.
- The percentage of 15 to 24-year-old school leavers fully engaging in education, training and employment is 48.1 per cent in 2019, compared to 74.6 per cent in 2015. Therefore, significant numbers of Tasmanian young people are not participating.
- Twenty-nine per cent of government school students have reported they frequently worry about things at home and at school (with 38 per cent of students in year 10 having reported that they frequently worry about things), and 19 per cent of senior students (Years 10 to 12) have negative feelings about the future.¹
- Tasmania has only met one of the *Closing the Gap* targets which provides a national framework for measuring progress in achieving equality in the health and wellbeing outcomes of Aboriginal and Torres Strait Islander people.²

There are a number of reasons why our efforts to improve the wellbeing of children and young people have been hampered:

- Despite having an agreed definition of children and young people's wellbeing in Tasmania, we do not have an overall vision or whole-of-government strategy for promoting and improving the wellbeing of all Tasmanian children and young people.

¹ These results are from the recent *Department of Education Student Wellbeing Survey* which was implemented for the first time in 2019; therefore, there is no historical data to compare these figures.

² Commonwealth of Australia, Department of the Prime Minister and Cabinet. (2019). *Closing the Gap Report 2019*. <https://ctgreport.niaa.gov.au/sites/default/files/ctg-report-20193872.pdf?a=1>

- The lack of a strategy significantly hinders efforts to collaborate and coordinate service delivery and achieve cross-agency buy-in to achieve shared outcomes. In addition, it means we do not have agreement about how we will measure wellbeing outcomes at the population level or through place-based data. This in turn makes it difficult to determine whether investments in services and supports that can affect the wellbeing of our children and young people are actually making a difference.
- Our service system for supporting children, young people and their families is fragmented across federal, state and local government; within and between government departments; and across age groups and target groups – a situation I describe as ‘fragmentation of effort’.
- Despite there being significant, long standing international evidence supporting early intervention and investment in services and supports that promote children’s wellbeing – including through primary, universally accessible programs and supports – Tasmania’s health and human services systems remain largely geared towards later, tertiary, crisis-driven intervention.

Therefore, I am recommending the following actions to address these identified issues.

Wellbeing Strategy

I recommend that:

1. **Tasmania develops and implements a long-term, cross-partisan, evidence-informed strategy for promoting and improving the wellbeing of children and young people in Tasmania that:**
 - a. **is built on the domains of the *Tasmanian Child and Youth Wellbeing Framework*;**
 - b. **addresses fragmentation of effort;**
 - c. **has benchmarks, baselines, outcomes and indicators that are agreed to by government, non-government partners, and**

communities, inclusive of Aboriginal communities, and which can clearly demonstrate that what we are doing is working and inform future action; and

- d. **is the responsibility of the Cabinet of the day.**
2. **The data required to measure and monitor progress against the strategy and inform future action should be simple, concise, population and place-based and made publicly available.**
 3. **While the strategy in Recommendation 1 is under development, the Tasmanian Government should immediately focus on and invest in two critical areas:**
 - a. **strengthening supports in the first 1,000 days of children’s lives; and**
 - b. **reducing fragmentation of effort in service delivery.**

First 1,000 Days

I recommend that:

4. **Striving to achieve the very best experience for all children in their first 1,000 days should be a cross-partisan, mainstream undertaking in Tasmania and a key priority for all relevant government agencies.**
5. **Interventions in the first 1,000 days should take an evidence-based, holistic, integrated and inclusive approach, and be delivered both universally and proportionate to need.**

3. What is wellbeing for children and young people?



Wellbeing is when people feel happy, healthy, capable and engaged and able to have a good life. At its most basic, it is the quality of people's lives. Wellbeing is made up of several key ingredients all of which are interconnected and interrelated.

A child or young person's wellbeing is influenced by everything around them and the different experiences and needs they have at different times in their lives. This includes their individual circumstances, the support they get from their family and community, and the services that support them.³ For example, in the early years, secure, predictable and loving attachments with caregivers are foundational to the development of good wellbeing for life.

A child or young person's life experiences and the environment they grow up in both have a significant influence on positive development and wellbeing. We now know that even in the prenatal environment the foetus is actively responding to changes in their environment, which influences their future health and wellbeing.⁴ Research informed by the views of children and young people has found that children's happiness and subjective wellbeing is not greatly influenced, for example, by how big their house is, how affluent the neighbourhood is, or their household income but by direct experiences and interactions with family, friends and neighbours within those environments.⁵ One of the clear messages I hear from CCYP Ambassadors is that climate change is significantly affecting their wellbeing and they are worried about their future and that of their children and grandchildren.

This view of children and young people as being influenced by their surroundings is consistent with the ecological model of development, which recognises that families, communities and broader society all contribute to a child's sense of wellbeing.⁶

Research suggests that strong and supportive relationships with family and friends tend to reinforce and contribute to children and young people's sense of positive wellbeing, with experiences such as bullying, exclusion and conflict having the opposite effect.⁷

It is encouraging that the Tasmanian Government has built on these concepts in its *Tasmanian Child and Youth Wellbeing Framework* (the Framework), an initiative under the *Strong Families - Safe Kids Implementation Plan 2016–2020*.

The development of the Framework was inspired by *The Nest*, a national, evidence-based initiative on child and youth wellbeing developed by the Australian Research Alliance for Children and Youth (ARACY). The Framework's primary aim is to ensure that everyone providing services to children and young people across government, non-government organisations and the private sector, as well as in the broader community, has a strong, common understanding of child and youth wellbeing.

“One major issue is climate change. I do not want to be handed such a big problem. It should not fall upon the people of the future's shoulders; it should fall on those of the present. If that means we must finish it, that's okay, but this should not all be up to the next generation.”

CCYP Ambassador 2019

³ Scottish Government. (2018). *Getting it Right for Every Child, Understanding wellbeing*. <https://www.gov.scot/publications/getting-right-child-understanding-wellbeing-leaflet/pages/1/>

⁴ Moore, T.G., Arefadib, N., Deery, A., & West, S. (2017). *The First Thousand Days: An Evidence Paper*. Parkville, Victoria, Centre for Community Child Health, Murdoch Children's Research Institute. <https://www.rch.org.au/uploadedFiles/Main/Content/ccchdev/CCCH-The-First-Thousand-Days-An-Evidence-Paper-September-2017.pdf>

⁵ Berry Street. (2017). *What makes a good childhood?* Melbourne, Berry Street Childhood Institute.

<https://learning.berrystreet.org.au/sites/default/files/2018-05/What-makes-a-good-childhood.pdf>

⁶ Bronfenbrenner, U. (1979). *The ecology of human development*, Harvard University Press.

⁷ Boyden, J. and Mann, G. (2005). Children's risk, resilience and coping in extreme situations. In Michael Unger (Ed.), *Handbook for working with children and youth: Pathways to resilience across cultures and contexts* (pp. 3-25). Sage.

The definition of child and youth wellbeing in the *Tasmanian Child and Youth Wellbeing Framework* is:


“The state where a child or young person feels loved and safe; has access to material basics; has their physical, mental and emotional health needs met; is learning and participating; and has a positive sense of culture and identity.”

This definition is based on six domains:

- Being Loved and Safe
- Having Material Basics
- Being Healthy
- Learning
- Participating
- Having a Positive Sense of Culture and Identity.

In the past decade, defining and measuring wellbeing has become a priority for governments, particularly as traditional measures of economic and social progress, such as Gross Domestic Product, have struggled to take account of individual lived experience. In some jurisdictions, wellbeing measures at the population level have included specific definitions and measures for the wellbeing of children and young people. Appendix 1 outlines some of the initiatives implemented internationally and nationally.



A photograph of a child blowing bubbles in a park. The child is wearing a blue patterned jacket and is blowing a stream of bubbles. The bubbles are large and colorful, reflecting the light. In the background, other people are visible, but they are out of focus. The overall scene is bright and cheerful.

4. Why does the wellbeing of children and young people matter?

There are two main reasons why the wellbeing of Tasmania's children and young people matters. Firstly, there is a moral argument to invest in the wellbeing of Tasmania's children and young people and to realise the rights guaranteed to them by the United Nations *Convention on the Rights of the Child* (the Convention), and secondly the wellbeing of our children is foundational to the future prosperity of our community.

4.1 Children's rights and wellbeing

The Convention sets out the inherent rights of all children – every child and young person has rights. Although children's rights and children's wellbeing are two distinct concepts they are intrinsically linked. The implementation of the Convention is a mechanism through which wellbeing can be achieved. Where a child's rights have been respected, protected and fulfilled, their wellbeing should improve.⁸

The full version of the Convention can be found [here](#). Tasmania's journey towards improving children's wellbeing will also ensure that every child has their rights fulfilled.

4.2 A prosperous future for all Tasmanians

Put simply, good wellbeing means 'a good life', which includes relative happiness, being healthy, being and feeling safe and protected from harm, having material basics, having a say, and participating in community and culture.

The wellbeing of Tasmania's children and young people matters because the future prosperity of any society against any measure, be it social, economic, or environmental, is largely dependent on our ability to foster good wellbeing for the next generation. By investing in children and young people's wellbeing now, there is a greater chance that their wellbeing as adults will be better. An excellent measure of how a community is doing is whether children and young people's wellbeing is improving because if it is not, it is hard to argue that life overall in that community is getting better.⁹

Tasmania had the fastest growing economy in the country in 2018–2019, and since 2013 Tasmania's economy has grown year on year. However, the recently released *Tasmania Report 2019* has outlined that Tasmania still has structural challenges, such as an ageing population, weak health and education outcomes, and an economy where regional areas are at risk of being left behind major centres like Hobart and Launceston.¹⁰ There is no doubt that these challenges influence the wellbeing of our children and young people, and without new and different action to address these challenges this disparity between economic growth and individual and community wellbeing will continue to grow.

International evidence has recognised that social inequities in the conditions in which people are born, grow, live and work have a fundamental influence on their health, wellbeing, quality and length of life – the so-called 'social determinants of health'.¹¹ These social inequities are being experienced in communities all over Tasmania. By addressing these inequities, we will fundamentally drive improvements in the wellbeing of children now and in the future. Our future economic performance is dependent upon the wellbeing, participation and productivity of the next generation, so investing in the wellbeing of children and young people today is an investment in Tasmania's future.

⁸ Scottish Government. (2019). *Introducing Child Rights and Wellbeing Impact Assessment* <https://www.zerotolerance.org.uk/resources/Introducing-Child-Rights-and-Wellbeing-Impact-Assessments.pdf>

⁹ Eckersley, R. (2008), *Never better – or getting worse? The health and wellbeing of young Australians*, Australia, 21. https://www.richardeckersley.com.au/attachments/A21_youth_health_wellbeing.pdf

¹⁰ Richardson, C. (2019). *Tasmania Report 2019*, Tasmanian Chamber of Commerce and Industry, Hobart.

<http://www.tcci.com.au/getattachment/Services/Policies-Research/Tasmania-Report/TCCI-Tasmania-Report-2019.pdf.aspx>

¹¹ Social determinants of health - The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries (World Health Organisation. (2020). *Social Determinants of Health*, <https://www.who.int/social-determinants/sdh-definition/en>)

The wellbeing of children and young people affects their immediate quality of life and how happy and productive they are today, but also shapes the future wellbeing of the population as a whole and this impacts everyone.¹² For example, the root of many attitudes, behaviours, and even illnesses, which largely shape or effect the wellbeing of adults, have their origins in childhood, adolescence and early adulthood. And unfortunately, the circumstances in which children are born determine their exposure to environments which either promote or compromise their development and wellbeing.¹³

Recent research points to the importance of intervening early to shape the capabilities that promote wellbeing across the life-course, with the foundations of children and young people's success as adults laid down early in life. Investing early in the life of a child to improve their wellbeing can have significant long-term effects including reducing inequity and improving overall economic performance. Evidence-based early intervention programmes have been shown to result in improved wellbeing outcomes for children and young people including:

- improved mental health and wellbeing for both children and parents;
- prevention of child maltreatment and abuse;
- reduction in the number of the children in out-of-home care;
- prevention of future criminal, antisocial and violent behaviour;
- enhancement of school achievement and employment;
- prevention of substance abuse; and
- prevention of obesity and promotion of healthy physical development.¹⁴

We all have a responsibility to ensure that Tasmanian children and young people are provided with every opportunity to develop and reach their potential. This will occur if we work together, towards a common set of goals, supported by early and smart investments in programs that are proven to work.

4.3 The link between poverty and wellbeing

Living in poverty is associated with poor wellbeing outcomes; for children, the impacts of living in poverty can affect their health, development and wellbeing before they are born and throughout their lives. When poverty is entrenched, it can lead to poorer physical and mental health, social exclusion and stigma, poorer housing conditions and housing stability, and poorer educational and employment outcomes, which can all directly affect immediate and long-term wellbeing.

“I think there could be more help for kids who are struggling, who have a disability, or kids who have only just arrived in Tasmania.”

CCYP Ambassador 2019

¹² Australian Institute of Health and Welfare. (2011). *Young Australians: their health and wellbeing 2011*. Cat. no. PHE 140 Canberra, AIHW.

<https://www.aihw.gov.au/getmedia/14eed34e-2e0f-441d-88cb-ef376196f587/12750.pdf.aspx?inline=true>

¹³ Moore, T. G., McDonald, M., Carlon, L., & O'Rourke, K. (2015). Early childhood development and the social

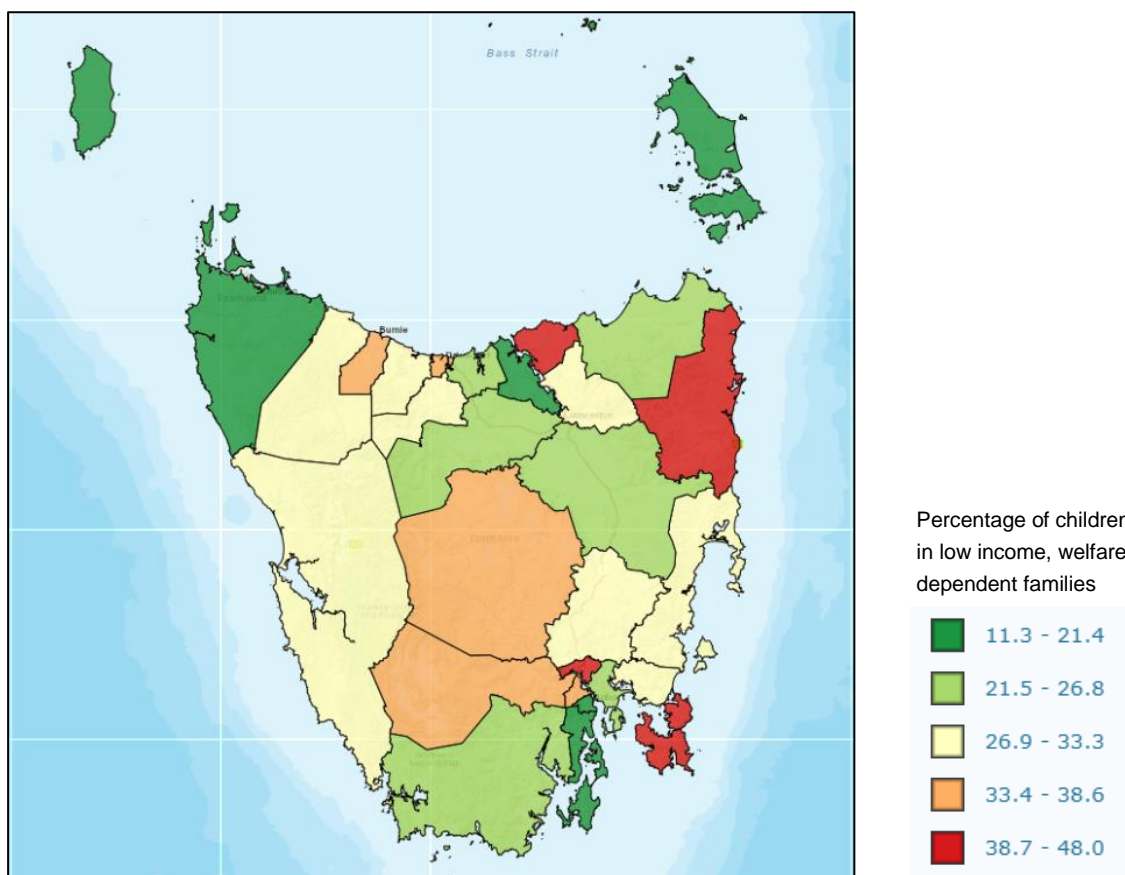
determinants of health inequities, *Health Promotion International*, 30(s2), ii102-ii115.

¹⁴ For more information, see the Early Intervention Foundation Guidebook (<https://guidebook.eif.org.uk/>), which provides information about early intervention programmes that have been evaluated and shown to improve outcomes for children and young people.

Data released in 2018 by the Australian Council of Social Services (ACOSS) and the University of New South Wales has revealed that 23 per cent of Tasmanians are living in poverty, including 15.8 per cent of children aged under 15.^{15,16} The below map (Figure 1), published in the Social Health Atlas of Australia, shows the percentage of children in low-income, welfare-dependent families in Tasmania (2017) by Local Government Area. In the map, the percentages have been grouped into ranges, for example, the red areas show the Local Government Areas with higher

percentages of children in low-income, welfare-dependent families (between 38.7 per cent and 48 per cent). Some specific examples include 48 per cent of all children living in the George Town Local Government Area are from low-income, welfare-dependent families, 23 per cent of all children living in the Northern Midlands Local Government Area are from low-income, welfare-dependent families, and 11 per cent of all children living in the Hobart Local Government Area are from low-income, welfare-dependent families.

Figure 1: Percentage of children in low income, welfare dependent families by Local Government Area¹⁷



¹⁵ Davidson, P., Saunders, P., Bradbury, B. and Wong, M. (2018), *Poverty in Australia, 2018*. ACOSS/UNSW Poverty and Inequality Partnership Report No. 2, Sydney, ACOSS. https://www.acoss.org.au/wp-content/uploads/2018/10/ACOSS_Poverty-in-Australia-Report_Web-Final.pdf

¹⁶ The definition of poverty used by TasCOSS is in line with international standards, which is when a household's disposable (after tax) income falls below a level considered inadequate to achieve an acceptable standard of living. The benchmark for the adequacy of household incomes is set by comparing them with

middle or median incomes and calculating how many people fall below a benchmark set at 50 or 60 per cent of the median. TasCOSS uses 60 per cent of the median which is the appropriate level for wealthy countries (<https://www.tascoss.org.au/120000-tasmanians-live-in-poverty/>)

¹⁷ Public Health Information Development Unit. (2020). Social Health Atlas of Australia: Tasmania Local Government Areas (2016 ASGS). Sydney, PHIDU. <http://phidu.torrens.edu.au/current/maps/sha-aust/lga-single-map/tas/atlas.html>

By focusing on what children and young people need to have for a good life and providing the conditions for all Tasmanian children to be loved and safe, have access to material basics, have their physical, mental and emotional needs met, learn and participate and have a positive sense of culture and identity, we will inevitably create a society where fewer children are living in poverty. By the same token, by reducing the number of children living in poverty we will be taking action to improve their wellbeing. As can be seen in Figure 1, the conditions under which children are raised can vary from place to place. It is therefore important that any actions to improve the wellbeing of children and young people include place-based initiatives that are designed and led within communities.

“One thing that could be changed to improve Tasmania as a better place for young people is the amount of support services around the state – especially in more remote and rural places.”

CCYP Ambassador 2019



5. How are children and young people in Tasmania going?



The *Strong Families – Safe Kids Implementation Plan* includes a commitment to ensuring agencies contribute to the wellbeing of children, underpinned by outcomes-based reporting across government. Although the measures and indicator framework for outcomes-based reporting on wellbeing aligned to the Framework have not been finalised by the Tasmanian Government, some, albeit limited, information about the wellbeing of Tasmanian children and young people can be drawn together from a range of state and federal reports.

The table in section 5.1 brings together a snapshot of 29 indicators of children and young people’s wellbeing in Tasmania, aligned to the domains of the Framework. These indicators have not been endorsed by the Tasmanian Government but were selected by me as they align with the Australian Institute of Health and Welfare (AIHW) Children’s Headline Indicators and can be aligned with the domains of the Framework. Further, indicators have been selected to align as best as possible with the broad, developmental and strengths-based approach adopted by the Framework. Consequently, many of the indicators which provide information on the performance of our child safety system have not been included in the table below. These types of indicators nevertheless remain central to the quality, safety and accountability of the systems and services provided for children and young people and their families.

It is important to note that not all the values in the following table are ones which the Tasmanian Government has direct control over changing. As is described later in this paper, it is my view that we require a more comprehensive approach to measuring the wellbeing of Tasmanian children and young people which includes, but is not limited to, indicators and measures that the government can directly influence.



“Feeling safe is something everyone should feel. Not being safe is bad because you feel sad and depressed.”

CCYP Ambassador 2019

5.1 Snapshot of Tasmanian child and youth wellbeing data¹⁸

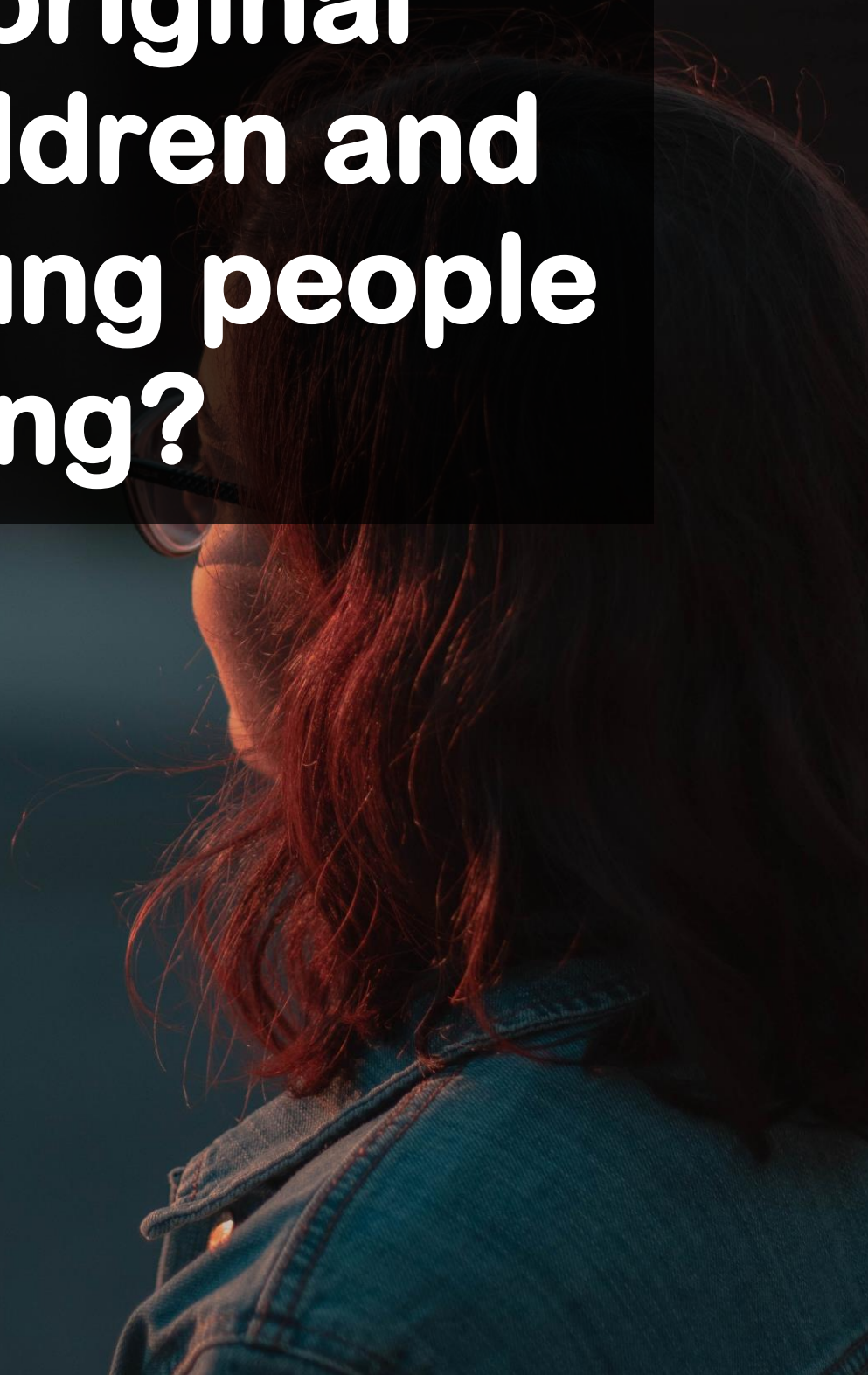
Domain	Indicator	Current Year	Value	Indicative Change ¹⁹
Being loved and safe	Rate of children aged 0-17 who were the subject of a child protection substantiation (per 1,000)	2017-18	6.3	Favourable decrease
	Percentage of young people who feel that they can go to their parents for help with important issues	2019	76.4	No change
	Percentage of young people that feel that their families get along well (excellent, very good and good)	2019	76.9	Unfavourable decrease
	Percentage of children and young people that feel 'very concerned' or 'extremely concerned' about their personal safety	2019	16.5	Unfavourable increase
	Number of children in out-of-home care	2019	1,326	Unfavourable increase
Having material basics	Number of children aged 0-18 experiencing homelessness	2016	374	Favourable decrease
	Percentage of children under 15 living in poverty	2018	15.8	Unfavourable increase
	Average real equivalised household income for households with dependent children aged 0–14 years in the second and third income deciles (\$ per week)	2015-16	537.87	Favourable increase
	Proportion of children aged 0-14 years living in households with housing stress (households that spend more than 30% of their income on housing costs)	2016	18.7	Favourable decrease
	Youth unemployment rate (15 to 24 year olds) – average over the calendar year	2019	14	No change
Being Healthy	Percentage of live babies born with low birth weight	2017	8.3	No change
	Percentage of children classified as developmentally vulnerable on two or more domains of the AEDC	2018	10.7	No change

¹⁸ References for the source material can be located in Appendix 2.

¹⁹ This column assesses the changing patterns of the indicator over time. It does not, however, claim to make a statement about the statistical significance of the change over time, as many of the indicators do not have a time series by which to calculate this accurately. The full data tables on which this table is based are available in Appendix 2 so that data can also be further interpreted by the reader.

	Percentage of children developmentally on track against the AEDC physical health marker	2018	78.5	No change
	Percentage of children and young people that report having a mental or behavioural condition (0 to 24 years)	2017-18	18.8	Unfavourable increase
	Percentage of women breastfeeding (including partially) at maternal discharge	2017	85.6	No change
	Percentage of women smoking during pregnancy	2017	14.5	Favourable decrease
Learning	Percentage of children and young people expressing high levels of confidence (extremely or very high) in achieving their study or work goals	2019	46.6	No change
	Percentage of 15 to 24-year old school leavers fully engaged in education, training and / or employment	2019	48.1	Unfavourable decrease
	Percentage of children meeting all 21 markers on the KDC	2018/2019	67.8	Unfavourable decrease
	Percentage of children classified as developmentally on track against the language and cognitive skills (school-based) domain of the AEDC	2018	80.6	No change
	Percentage of children assessed as having 'Highly Developed Strengths' in the AEDC Multiple Strength Indicator	2018	59.1	No change
Participating	Percentage of children who are 'on track' against the communication skills measure of the AEDC	2018	80.9	No change
	Percentage of young people participating in sporting activities	2019	75	Favourable Increase
	Percentage of young people participating in arts, cultural or music activities	2019	45.9	No change
	Percentage of young people who feel they can have a say on important issues with their family (all or some of the time)	2019	88.4	NA
	Percentage of young people who feel they can have a say on important issues at school/TAFE/university (all or some of the time)	2019	75.1	NA
Having a positive sense of culture and identity	Percentage of children and young people who feel a high degree of school belonging	2019	38	NA
	Percentage of children and young people who feel to a high degree that they belong to a social group	2019	50	NA
	Percentage of young people who have experienced unfair treatment or discrimination	2016	25.6	NA

**6. How are
Tasmanian
Aboriginal
children and
young people
going?**



While many Tasmanian Aboriginal children and young people enjoy good health and wellbeing, overall, as a group, Tasmanian Aboriginal people are more likely to experience poorer health and wellbeing than the general population. Tasmanian Aboriginal people survived invasion. However, with this survival came the loss of land and the loss of freedom of cultural practice and traditional lifestyle, which has led to marginalisation in mainstream Australian society and the perpetuation of intergenerational trauma. These factors continue to affect the social, economic, physical and psychological health and wellbeing of all Tasmanian Aboriginal people, including children and young people.²⁰ For example, Tasmanian Aboriginal children and young people are over-represented in child protection and out-of-home care services, and in the youth justice system, compared to non-Aboriginal children and young people.²¹ The causes of this are complex and are linked to a range of issues including past government policies (e.g., forced child removal), intergenerational trauma, the legacy of colonisation, over-policing, social exclusion, loss of connection to country, poverty, cultural differences in child-rearing and family structure, and discrimination.²²

Locating comprehensive publicly available data on the wellbeing of Tasmanian Aboriginal children and young people is difficult. In addition, in Australia there is an inherent lack of ownership of data by Indigenous Australians, and the data that exists is not able to build a comprehensive, nuanced narrative of Indigenous communities and cultures without rating the progress of Indigenous Australians in comparison to non-Indigenous Australians.^{23, 24}

It is important that Tasmanian Aboriginal people have a say in how we measure the wellbeing of Tasmanian Aboriginal children and young people, which may mean the inclusion of specific indicators for Tasmanian Aboriginal children and young people. The source of data that does exist to measure the wellbeing of Aboriginal people is currently through the achievement of the *Closing the Gap* targets. However, this way of measuring progress does not provide a comprehensive picture of how Tasmanian Aboriginal children and young people are going.

The seven *Closing the Gap* targets provide a national framework for measuring progress in achieving equality in the health and wellbeing outcomes of Aboriginal people. As four of the seven targets were due to expire in 2018, the Australian Government is now working with Aboriginal and Torres Strait Islander people and state and territory governments to develop the *Closing the Gap Refresh*. This is a new framework which builds on the original *Closing the Gap* targets and represents a continued commitment in effort and accountability from all governments for a further ten years. More information on the *Closing the Gap Refresh* is in Appendix 1. Outlined below is a summary of progress against the seven targets in Tasmania, and the associated table in section 6.1 shows the achievement of targets in Tasmania and nationally. Appendix 3 provides more detail on these targets and associated measures both nationally and in Tasmania.

²⁰ Department of Health (2018). Aboriginal Health. Government of Tasmania. www.dhhs.tas.gov.au/publichealth/healthy_communities/aboriginal_health

²¹ Steering Committee for the Review of Government Service Provision. (2020). *Report on Government Services 2020*, Part F, Chapter 16, Child Protection, Table 16A.2; Steering Committee for the Review of Government Service Provision. (2020). *Report on Government Services 2020*, Part F, Chapter 17, Youth Justice, Table 17A.5

²² Australian Institute of Family Studies. (2020). *Child Protection and Aboriginal and Torres Strait Islander Children*, CFCA Resource Sheet. <https://aifs.gov.au/cfca/publications/child-protection-and-aboriginal-and-torres-strait-islander-children>

²³ Maïam nayri Wingara Indigenous Data Sovereignty Network and the Australian Indigenous Governance Institute. (2018). *Indigenous Data Sovereignty: Data for Governance: Governance of Data, Briefing Paper*: 2018. <https://static1.squarespace.com/static/5b3043afb40b9d20411f3512/t/5b70e7742b6a28f3a0e14683/1534125946810/Indigenous+Data+Sovereignty+Summary+June+2018+Briefing+Paper.pdf>

²⁴ The terms 'Indigenous' and 'non-Indigenous' are used in this section to be consistent with that of the source material.

Close the life expectancy gap by 2031

Tasmania: Due to poor identification, low numbers and significant under-recording of Tasmanian Aboriginal status within administrative data collections, it is difficult to report accurate life expectancy.²⁵

Halve the gap in mortality rates for Indigenous children under five by 2018

Tasmania: Due to poor identification, low numbers and significant under-recording of Tasmanian Aboriginal status within administrative data collections, it is difficult to report accurate child mortality rates.²⁶

Ensure 95 per cent of Indigenous four-year olds are enrolled in early childhood education by 2025

Tasmania: In 2017, 93 per cent of Indigenous four-year olds were enrolled in early childhood education, so this target is not on track.²⁷ However, 99 per cent of Indigenous four-year olds enrolled in preschool are attending.²⁸

Close the gap in school attendance by the end of 2018

Tasmania: The target to close the gap in school attendance by 2018 is not on track for Tasmania. In 2018, the school attendance rate for Indigenous students was 87.8 per cent compared to 91.7 for non-Indigenous students.²⁹

Halve the gap for Indigenous students in reading, writing and numeracy by 2018

Tasmania: Tasmania is on track to halve the gap in the share of Indigenous children at or above the national minimum standards in reading and numeracy by 2018. Tasmania is on track to achieve 6 of the 8 reading and numeracy outcomes across the four year levels

(Years 3, 5, 7 and 9).³⁰ A state or territory is considered on track if more than half of the eight National Assessment Program – Literacy and Numeracy (NAPLAN) areas (Years 3, 5, 7, and 9 reading and numeracy) are on track.

Halve the gap for Indigenous people aged 20-24 in Year 12 attainment or equivalent attainment rates by 2020

Tasmania: The target to close the gap in Year 12 attainment or equivalent by 2020 is not on track, but very close to being on track, as Tasmania was just below its target. In 2016, 65.6 per cent of Indigenous 20-24-year olds achieved Year 12 attainment or equivalent, compared to 80.7 per cent of non-Indigenous 20-24 year olds.³¹

Halve the gap in employment outcomes between Indigenous and non-Indigenous Australians by 2018.

Tasmania: The target to halve the gap in employment outcomes between Indigenous and non-Indigenous Tasmanians by 2018 is not on track. In 2016, only 54.2 per cent of Indigenous working age (15 to 64 years) Australians were employed, compared to 69 per cent of non-Indigenous Australians.³²

²⁵ Primary Health Tasmania. (n.d.). *Needs Assessment Report 1 July 2019 – 30 June 2022*. <https://www.primaryhealthtas.com.au/wp-content/uploads/2019/07/Needs-Assessment-Report-1-July-2019-30-June-2022-1.pdf>

²⁶ Ibid.

²⁷ Steering Committee for the Review of Government Service Provision. (2018). *National Agreement performance information 2017–18: National Indigenous Reform Agreement*, Canberra, Productivity Commission, Table NIRA 10.1.

²⁸ Ibid, Table NIRA 10.2.

²⁹ Ibid, Table NIRA 13.1.

³⁰ Australian Curriculum, Assessment and Reporting Authority. (2018). *NAPLAN Results*. Findings based on use of NAPLAN Results at <https://reports.acara.edu.au/Home/Results>

³¹ Steering Committee for the Review of Government Service Provision. (2018). *National Agreement performance information 2016–2017: National Indigenous Reform Agreement*, Canberra, Productivity Commission, Table NIRA 12.1.

³² Ibid, Table NIRA 14.1.

6.1 Progress against Closing the Gap Targets³³

	Target	Tasmania	Australia
Life expectancy	Close the life expectancy gap within a generation by 2031	Insufficient data	Not on track
Child mortality	Halve the gap in mortality rates for Indigenous children under five by 2018	Insufficient data	Not on track
Early childhood education	Ensure 95 per cent of Indigenous four-year olds enrolled in early childhood education by 2025	Not on track	On track
School attendance	Close the gap in school attendance by the end of 2018	Not on track	Not on track
Reading and numeracy	Halve the gap for Indigenous students in reading, writing and numeracy by 2018	On track	Not on track
Year 12 or equivalent attainment	Halve the gap for Indigenous people aged 20-24 in Year 12 attainment or equivalent attainment rates by 2020	Not on track	On track
Employment	Halve the gap in employment outcomes between Indigenous and non-Indigenous Australians by 2018.	Not on track	Not on track

³³ Commonwealth of Australia, Department of the Prime Minister and Cabinet. (2019). *Closing the Gap Report 2019*.

<https://ctgreport.niaa.gov.au/sites/default/files/ctg-report-20193872.pdf?a=1>

7. The Challenges



This paper is calling for Tasmania to do more to invest in and improve the wellbeing of Tasmania's children and young people, because:

- Under the United Nations *Convention on the Rights of the Child*, the Tasmanian Government is obliged to take action to ensure that all Tasmanian children and young people have a good life.
- The wellbeing of children and young people matters as it is crucial to delivering a prosperous future for all Tasmanians.
- There have been improvements in some areas, however, despite significant effort, many wellbeing outcomes of children and young people in Tasmania have remained stagnant or worsened.

In addition to the above, we have two additional challenges which are hindering our efforts to improve the wellbeing of children and young people in Tasmania: a lack of data that can truly measure our investments in wellbeing; and the fragmentation of our service system.

7.1 Does our current data really tell us what we need to know to track and improve the wellbeing of Tasmanian children?

The snapshots in sections 5 and 6 provide us with information about how some key indicators are travelling in relation to the wellbeing of Tasmanian children and young people. However, this information doesn't give us a good enough picture of wellbeing, and more importantly, it doesn't show us whether the things we are doing as a state, such as investments in service delivery in areas of health, education and community services, are making a difference. This is for several reasons:

- Trends in some of these indicators cannot be gauged as some were only measured once or were measured regularly in the past but then ceased to be collected.

- Indicators measuring the views of children and young people only capture a small cohort of children and young people (for example 15 to 19-year olds) which are not randomly sampled (for example, Mission Australia Youth Survey³⁴), so are not necessarily representative of the views of children and young people across the state.
- Many of the measures show no change, and of the ones that have changed favourably, the changes are small.

On this final point, if the measures aren't demonstrating significant improvements in children's wellbeing, this could be for a number of reasons, including that:

- these may not be the right indicators for measuring the impact of our investments and are therefore decoupled from the investments we are making;
- we may be investing in the right areas, but our interventions may not be enough to 'turn the dial'; or
- that we may not be investing in the right areas and our focus needs to change.

Further, even though we have an excellent definition of child and youth wellbeing, Tasmania has no overarching whole-of-government strategy to improve the wellbeing of all our children and young people, and no effective system to measure it. For example, we don't currently have the capability to gather and utilise existing government administrative data to measure and track indicators which would: a) paint a meaningful snapshot of the wellbeing of Tasmanian children and young people; and b) tell us whether our investments in programs and services aimed at improving the wellbeing of our children are working. This makes it difficult to see the link between what we are putting in (the inputs), what is happening as a result (the outputs) and the short-term and long-term changes (the outcomes)

³⁴ Carlisle E., Fildes, J., Hall, S., Perrens, B., Perdriau, A., and Plummer, J. (2019). *Youth Survey Report 2019*, Sydney, NSW, Mission Australia.

<https://www.missionaustralia.com.au/publications/youth-survey>

7.2 Fragmentation of effort

We also need to address what can be termed the 'fragmentation of effort', where advocacy, public policy and services are unconnected and poorly coordinated, and operate in narrow programmatic silos.

Fragmentation can occur vertically – that is, between federal, state and local government. For example, the provision of mental health services in Tasmania is vertically fragmented, with the Federal Government funding some parts of the system such as headspace and the Primary Health Network, and the Tasmanian Government funding other parts of the system such as Child and Adolescent Mental Health Services (CAMHS).

Fragmentation can also occur horizontally – that is, between and within government departments. In Tasmania, services for and to support children and their families are split for example, between the Department of Communities Tasmania, the Department of Education and the Department of Health, all of which have different ways of working. Finally, these services can also be fragmented by age (birth to three, preschool, school age) and/or have different target groups or areas of focus (child protection, family support, single parents, children with additional needs, family violence). Fragmentation also occurs between government and non-government services providing outsourced services.³⁵ In Tasmania, the non-government sector plays a significant role in the delivery of human services.

This fragmentation causes inefficiencies, with resources being spent across separate departments and agencies for similar programs and services. This creates duplication and can lead to a lack of coordination and collaboration, with no sense of working towards a broader set of common goals or outcomes.

More importantly, for families trying to access services for their child, it can also mean navigating a system across different agencies and levels of government, and across the public and private spheres. When services don't integrate their systems and data, it can mean families have contact with several different providers and have an increasing number of referrals without getting the support they need. Fixing fragmentation of effort therefore requires a focus not just on *what* is delivered and to *whom*, but *how* and *when* services and programs are delivered to get the best outcome for the child and family.

³⁵ Oberklaid, F. (2017, May). Achieving sustained, integrated policy focus on children's health and development [Paper presentation]. Child Aware Approaches, Brisbane, QLD.

**8. How could we
do things
differently?**



In Tasmania we are already ahead of the game as we have defined children and young people's wellbeing in the Framework. With the signing in August 2019 of the *Tasmania Statement: Working Together for the Health and Wellbeing of Tasmanians* by the Hon Will Hodgman MP, the then Premier, and the Hon Jeremy Rockliff, Minister for Mental Health and Wellbeing, we also have a broad authorising environment for a greater focus on health and wellbeing. We now have an opportunity to capitalise on this early work by driving forward evidence-based actions to improve children and young people's wellbeing in a strategic and coordinated way, informed by data which measures our progress and shows us where we need to take further action.

8.1 A vision and whole-of-government strategy for wellbeing

Our greatest need in Tasmania is to have an overarching vision and whole-of-government strategy to promote and improve the wellbeing of our children and young people, that government and non-government stakeholders are committed to achieving, and which can be clearly linked with current or planned government strategies, policies, investments and place-based initiatives. These linkages are required so we can tie planned investments in children and young people's wellbeing to the achievement of outcomes, and with the appropriate indicators we will be able to track whether these investments are truly making a positive difference in the lives of children and young people in Tasmania.

In acknowledgment of the crucial importance of our children's wellbeing to our future prosperity, responsibility for improving wellbeing outcomes for Tasmania's children and young people should sit with the Cabinet of the day. Given the breadth of policies, programs and services which have the potential to affect the wellbeing of our children and young people, active engagement by central agencies and, to an extent, the Premier of the day, will also be necessary to create the right environment to ensure the success of the strategy.

Development of the wellbeing strategy should be informed by consultations with a wide range of government and non-government stakeholders, including children and young people. It is important that it is a long-term strategy (at least 10 years), agreed to by all political parties, with the Government of the day setting their particular priorities for achievement under each of the outcomes. This should include publicly reporting spending and progress across departments and all levels of government and on how this investment is having a positive impact and improving wellbeing outcomes for children and young people in Tasmania. Consideration could be given to the inclusion of legislation as an element of the strategy as this is one way of embedding accountability. This legislation could, for example, contain long-term goals and targets and require government to regularly report on progress. Further, this could include a requirement that a children's wellbeing impact assessment be completed for all major policies and legislation, so that impacts on children's wellbeing can be identified and addressed. This has been done in a number of jurisdictions including New Zealand and Wales; see Appendix 1 for more details.

8.2 Communities leading change

Data measuring the impact of our investments on children's wellbeing will be one of the key drivers for a change in approach. We need to accelerate the development of data and other evidence to assist government to make wise, targeted and impactful investment decisions. Data should also be available and accessible to policy makers, researchers and the wider community. Data on the wellbeing outcomes of children and young people in Tasmania should be at the population level as well as place-based, so that communities can track and monitor their own progress on achieving wellbeing outcomes. This kind of approach will enable collaboration across all levels of government and communities to help focus interventions and drive change at a local level. The establishment of Child and Family Centres in communities identified through the *Kids Come First* dataset is an example of how data has influenced place-based approaches.

Recently, the Premier of Tasmania, Peter Gutwein acknowledged that more needs to be done so that *all* Tasmanians have the opportunity they deserve to improve their lives regardless of their background, geographic location or circumstances.³⁶ Given the wide variance in social and economic conditions across Tasmanian communities, place-based approaches tailored to and driven by those communities are essential to delivering wellbeing outcomes. Social and physical environments unique to a particular community contribute to a feeling of connection and support, which is essential to individual and community wellbeing. Conversely, social isolation can be a risk factor for both children's development and the functioning of the family.³⁷ Places are also where services are located and delivered, and where, when and how these services are delivered affects the wellbeing outcomes for people living in that place.

It is therefore recommended that:

- 1. Tasmania develops and implements a long-term, cross-partisan, evidence-informed strategy for promoting and improving the wellbeing of children and young people in Tasmania that:**
 - a. is built on the domains of the *Tasmanian Child and Youth Wellbeing Framework*;**
 - b. addresses fragmentation of effort;**
 - c. has benchmarks, baselines, outcomes and indicators that are agreed to by government, non-government partners and communities, inclusive of Aboriginal communities, and which can clearly demonstrate that what we are doing is working and inform future action; and**

- d. is the responsibility of the Cabinet of the day.**

- 2. The data required to measure and monitor progress against the strategy and inform future action should be simple, concise, population-level and place-based and made publicly available.**
- 3. While the strategy in Recommendation 1 is under development, the Tasmanian Government should immediately focus on and invest in two critical areas:**
 - a. strengthening supports in the first 1,000 days of children's lives; and**
 - b. reducing fragmentation of effort in service delivery.**

³⁶ Hon Peter Gutwein MP, Premier of Tasmania. (2020, 20 January) *Premier's Speech*. http://www.premier.tas.gov.au/releases/premiers_speech2

³⁷ Moore, T.G., McHugh-Dillon, H., Bull, K., Fry, R., Laidlaw, B., & West, S. (2014). *The evidence: what we know about place-based approaches to support*

children's wellbeing. Parkville, Victoria, Murdoch Children's Research Institute and The Royal Children's Hospital Centre for Community Child Health.

https://www.rch.org.au/uploadedFiles/Main/Content/ccch/CCCH_Collaborate_for_Children_Report_The_Evidence_Nov2014.pdf

9. Critical actions that could be taken now



9.1 Investing earlier including in the first 1,000 days

In addition to the need to build a better overall system for tracking and improving children's wellbeing outcomes in Tasmania, we need to simultaneously invest where we can get the greatest impact – and that is to invest early in a child's life. Investing early in a child's life, especially before problems become entrenched, and harder and more expensive to resolve, has been shown to reduce the numbers of children needing crisis and late intervention responses (for example, child protection, youth justice, mental health treatment and youth unemployment services). This in turn results in savings to federal and state budgets, as well as improvements in the health and wellbeing of not just our children but of our community as a whole.

Whilst in this paper I am advocating for earlier intervention and investment generally, one particularly effective immediate action that could arguably have the largest return on investment for the wellbeing of future generations of Tasmanians is to invest more in the first 1,000 days of a child's life.

The first 1,000 days refers to the earliest stage of human development, from conception to the end of a child's second year of life.³⁸ This period is when the developing foetus and infant are at their most vulnerable to exposures and experiences, and we now know that these experiences will not only shape their development during this critical time, but will impact on their future health, wellbeing, learning and development outcomes.³⁹ Therefore, focussing our initial investment on initiatives aimed at protecting and improving the wellbeing of our children during these first 1,000 days is one important way we can take action

now to intervene early to promote long term positive wellbeing outcomes – and get 'the most bang for our buck'. We are also taking concrete action to ensure that our children and young people:

- have the opportunity to enjoy the highest attainable standard of health, a right guaranteed to them by Article 24 of the *Convention on the Rights of the Child*; and
- are protected from violence, abuse and neglect, and other adverse experiences, a right guaranteed by Article 19 of the *Convention on the Rights of the Child*, an issue discussed further below.

Some arguments in favour of the approach I am suggesting are explored in more detail below.

9.1.1 Cost of late intervention and investment

The Early Intervention Foundation, The Front Project, CoLab at the Telethon Kids Institute and the Minderoo Foundation recently released a report which found that "the cost to government of late intervention in Australia is \$15.2bn each year".⁴⁰ Responding early and providing evidence-based supports to children and young people can prevent or reduce the severity of difficulties that children and young people experience, which will in turn reduce the demand for high-intensity and crisis interventions throughout their lifetime.⁴¹ There will always be a need for resources dedicated to late intervention, as inevitably, some children and young people will need additional support during challenging periods in their lives.⁴² However, as we can see in the data presented in Appendix 2, the number of Tasmanian children and young people reaching crisis point is increasing (or at the very least remaining static). Recent data released by the Productivity Commission Report on Government Services

³⁸ Strong Foundations collaboration. (2019). *The first thousand days: A case for investment*. PricewaterhouseCoopers. <https://www.aracy.org.au/documents/item/608>

³⁹ Ibid.

⁴⁰ Teager, W., Fox, S., and Stafford, N. (2019). *How Australia can invest early and return more: A new look at the \$15b cost and opportunity*. Early

Intervention Foundation, The Front Project and CoLab at the Telethon Kids Institute, Australia. <https://colab.telethonkids.org.au/siteassets/media-docs---colab/coli/full-report-how-australia-can-invest-in-children-and-return-more---final.pdf>

⁴¹ Ibid.

⁴² Ibid.

2020 shows an increase of around 20 per cent in funding for out-of-home care services and intensive family support services, but only a 5 per cent increase in early family support services between 2017-18 and 2018-19.⁴³ This highlights the need for us to have a greater focus on earlier intervention and addressing problems and issues before they become entrenched, so that we can prevent issues from escalating and respond effectively when issues arise.

9.1.2 Minimising adverse experiences

Article 19 of the *Convention on the Rights of the Child* places an obligation on states to:

*take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.*⁴⁴

In addition, it requires protective measures to be put in place including social programmes and other forms of prevention. The UN Committee on the Rights of the Child in its General Comment No 13 (2011) in relation to Article 19 elaborates by outlining the importance of primary prevention and how it offers the greatest return on investment in the long term. It also recommends supports be put in place for families and communities which include:

- pre- and post-natal services, home visitation programmes, quality early-

childhood development programmes, and income-generation programmes for disadvantaged groups;

- providing respite programmes and family support centres for families facing especially difficult circumstances; and
- strengthening the links between mental health services, substance abuse treatment and child protection services.

9.1.3 Child development and the social determinants of health

Recent research into the biological processes and environmental characteristics which shape child development in the first 1,000 days have revealed how critical this period is in determining future health and wellbeing. Recent studies have found a number of biological processes are accelerated during this period of life including neuroplasticity where structures and functions in the brain adapt and respond to external experiences as they mature, which can enhance or be detrimental to both psychological and physical development in the long-term.⁴⁵

The developing brain of the foetus and the infant during this period is also at its most vulnerable to external exposures and experiences, good or otherwise.⁴⁶ These experiences are influenced by the social, economic and environmental conditions (e.g., socioeconomic status; educational attainment; employment status; poverty; geographic location) into which children are born and grow, otherwise known as the social determinants of health. The effects of these conditions start during the first 1,000 days. By way of example, a prolonged experience of poverty in the first 1,000 days has been found to significantly impact health and wellbeing over the entire

⁴³ Steering Committee for the Review of Government Service Provision. (2020). *Report on Government Services 2020*, Productivity Commission, Canberra, Part F, Chapter 16, Child Protection, Table 16A.7.

⁴⁴ United Nations *Convention on the Rights of the Child*, opened for signature 20 November 1989, 1577 UNTS 3, 12 (entered into force 2 September 1990) Article 19.

⁴⁵ Moore, T.G., Arefadib, N., Deery, A., & West, S. (2017). *The First Thousand Days: An Evidence Paper*. Parkville, Victoria, Centre for Community Child Health, Murdoch Children's Research Institute.

<https://www.rch.org.au/uploadedFiles/Main/Content/ccchdev/CCCH-The-First-Thousand-Days-An-Evidence-Paper-September-2017.pdf>

⁴⁶ Ibid.

lifespan, increasing the likelihood of developmental delays and increased psychological distress.⁴⁷ The social determinants of health were fundamental in influencing Sir Michael Marmot's review of health inequalities in the United Kingdom (*Fair Society, Healthy Lives*⁴⁸), which found a social gradient to health, where health inequalities result from social inequalities. This has been clearly demonstrated in the Social Health Atlas of Australia data recently released by Torrens University which shows that your wealth and where you live directly impacts on how long you live – with people living in the Gagebrook-Bridgewater area having a life expectancy 20 years lower than people living in New Town.⁴⁹

In addition to the social determinants of health, there are the unique characteristics of the child, family, community and environment which are also critical to development in the first 1,000 days. Some examples of these characteristics which influence child development during this period are:

- Child – temperament
- Parent and family – parent-child attachment and parenting style; exposure to trauma, abuse, neglect and family violence
- Community – availability of social supports for parent and child; community safety
- Environment – housing and homelessness; access to green space; exposure to environmental toxins and air pollution; access to nutritious food.⁵⁰

As outlined, the first 1,000 days is a precious opportunity to give all children the best start in life and lay the foundations for healthy, happy and prosperous lives. It is important to note that

not all changes that occur in the 1,000 days are permanent, but we know that as children grow it becomes increasingly difficult for them to compensate for those negative experiences and environments, particularly if they are cumulative.

The focus on the first 1,000 days should not downplay the importance of intervention at other stages of a child's life – interventions after the age of two years and throughout childhood and adolescence can redress issues that may have occurred during the early years of a child's life.

9.2 Getting smarter about how we deliver services

The need to reduce fragmentation of effort has been discussed previously. We need to deliver services in a way which promotes 'joined-up care' so that we can respond in a coordinated way to address all of the needs of an individual holistically and break down the silos of delivering agencies (for example, health, education, social services). In Tasmania, the only way we are going to achieve lasting improvements in the health and wellbeing of our children and young people is to transform the way in which we deliver services – incremental improvements around the edges will not achieve these long-term and lasting changes. This approach is consistent with the recently released Budget Priorities Statement from TasCOSS, which calls for "a proven model of wrap-around, connected health and social care" to meet the health and wellbeing needs of all Tasmanians.⁵¹

This concept is particularly important when considering any new interventions to promote wellbeing during the first 1,000 days. Evidence has shown that the most effective way to

⁴⁷ Ibid.

⁴⁸ Marmot, M. (2010). *Fair society, healthy lives: The Marmot Review - Strategic Review of Health Inequalities in England post-2010*. The Marmot Review. <https://www.parliament.uk/documents/fair-society-healthy-lives-full-report.pdf>

⁴⁹ Public Health Information Development Unit. (2020). *Social Health Atlas of Australia: Tasmania Population Health Areas (2016 ASGS)*. Sydney, PHIDU. Sydney.

<http://phidu.torrens.edu.au/current/maps/sha-aust/pha-single-map/tas/atlas.html>

⁵⁰ Ibid.

⁵¹ Tasmanian Council for Social Services. (2020). *Preventing hospitalisations in Tasmania 2020/2021 – TasCOSS Budget Priorities Statement*.

TasCOSS. <https://www.tascoss.org.au/2020-2021-tascoss-budget-priorities-statement-preventing-hospitalisations-in-tasmania/>

improve outcomes for all children and to reduce inequalities between children is through an evidence-based, holistic, integrated and inclusive approach, which is delivered universally and proportionate to need.⁵² Several examples are outlined below:

9.2.1 Integrated and holistic interventions which focus on the whole child

Children and their families need access to a complex system of specialised supports and services during the first 1,000 days – from primary health care, midwifery, child health services, mental health services, childcare, education, and social services. To promote a holistic approach that focuses on the whole child, rather than on specific aspects of their wellbeing, these services could be co-located in accessible locations. This will lead to a better experience and outcomes for the child and their family by breaking down the barriers between services.

Service connection, cooperation and integration should also result in a more streamlined continuum of care for children and their families, from conception through to antenatal care, maternal and child health, early childhood, and family services.⁵³ One way of achieving these outcomes – especially a reduction in fragmentation of service delivery – might be through the establishment of community-led child development and wellbeing centres. The location and operation of these hubs could be community-led, with the community empowered to drive services and initiatives in response to their own wellbeing needs (through access to place-based data).

9.2.2 Universal and targeted service provision

The concept of ‘proportionate universalism’ describes an approach to reducing health inequities through a balance of universal and targeted services, whereby targeted services are delivered in proportion to the level of need.⁵⁴

Both elements of ‘proportionate universalism’ are relevant to the design and provision of services and supports during the first 1,000 days. All parents, children and families need a level of support during this critical period of growth and development, however, for those parents, families and children with greater and more complex needs, targeted services should be provided before and during the first 1,000 days.

Sustained nurse home visiting programs, embedded in the universal system but with the capacity to provide more intensive supports for those families requiring it, are an example of this service type. The *right@home* program – which was piloted in Tasmania but is no longer operating – is an example of such a sustained nurse home visiting program, embedded in the universal system, capable of providing additional supports to those families requiring it during the first 1,000 days, from pregnancy or early postnatal engagement to when the child is two years of age. The purpose of programs such as this is to provide a universal assessment of and support for parent-baby interaction and attachment, and advice to parents on how to provide a safe and supportive home environment for their child.

Universal programs are then coupled with more intensive investment in parents, children and families with greater or more complex needs from before birth. These intensive support services could include periods of

⁵² House of Commons Health and Social Care Committee. (2019). *First 1,000 days of life – Thirteenth Report of Session 2017-19*. United Kingdom. <https://publications.parliament.uk/pa/cm201719/cms/elect/cmhealth/1496/1496.pdf>

⁵³ Strong Foundations collaboration. (2019). *The first thousand days: A case for investment*.

PricewaterhouseCoopers. <https://www.aracy.org.au/documents/item/608>

⁵⁴ Marmot, M. (2010). *Fair society, healthy lives: The Marmot Review - Strategic Review of Health Inequalities in England post-2010*. The Marmot Review. <https://www.parliament.uk/documents/fair-society-healthy-lives-full-report.pdf>

residential/inpatient support in multidisciplinary parenting centres or through sustained supports within the home to assist families with complex parenting issues, or other related issues (e.g., drug and alcohol, family violence).

It is therefore recommended that:

- 4. Striving to achieve the very best experience for all children in their first 1,000 days should be a cross-partisan, mainstream undertaking in Tasmania and a key priority for all relevant government agencies.**
- 5. Interventions in the first 1,000 days should take an evidence-based, holistic, integrated and inclusive approach, and be delivered both universally and proportionate to need.**

10. Conclusion



This paper suggests a new way forward in the way we think about and approach improving the wellbeing of Tasmanian children and young people. In my view, a new approach is needed because despite significant focus and investment over several decades, there remain long standing factors, often influenced by intergenerational poverty and trauma, poor health and low educational outcomes and now climate change, which are impacting on the wellbeing of our children and young people now, and will continue to do so, unless we work together differently.

I hope the issues that I have highlighted and the recommendations I have made contribute to our collective efforts to promote and improve the wellbeing of Tasmania's children and young people.



11. Appendices



Appendix 1: International and national policy context

International context

Organisation for Economic Cooperation and Development (OECD)

One of the priority areas of the Organisation for Economic Cooperation and Development's (OECD) Better Life Initiative is measuring wellbeing and progress. This was based upon recommendations made in 2009 by the Commission on the Measurement of Economic Performance and Social Progress, which raised concerns about the adequacy of current measures of economic performance to provide a sufficiently detailed picture of the living conditions that people experience.

The [Better Life Index](#) was developed by the OECD to meet the challenge of measuring wellbeing internationally. The Better Life Index website can compare wellbeing across countries, based on 11 topics the OECD has identified as essential in the areas of material living conditions and quality of life (Housing; Income; Jobs; Community; Education; Environment; Civic Engagement; Health; Life Satisfaction; Safety and Work-Life Balance). The OECD Regional Wellbeing website also allows comparisons between communities across 361 OECD regions.

New Zealand – Living Standards Framework and Child and Youth Wellbeing Strategy

Living Standards Framework

The New Zealand Treasury developed the Living Standards Framework (LSF) to enhance the quality of its advice about lifting broad living standards.

The LSF builds on more than 30 years of New Zealand and international research and evidence on wellbeing, including a range of public feedback and domestic and international expert advice. The approach allows for international comparison, as it is drawn from the approach used in the OECD's *How's Life?* initiative.

The LSF is a framework on intergenerational wellbeing spanning a broad range of economic, social and environmental outcome domains at a high level. To support the implementation of the LSF, there is a dashboard which is a structured database of indicators that provide an integrated system for measuring wellbeing outcomes. Together, the LSF and its Dashboard aim to provide a balanced and comprehensive view of wellbeing outcomes suitable for use in the Treasury's policy advice processes. The LSF Dashboard can be viewed [here](#).

Child and Youth Wellbeing Strategy

The purpose of the *Child Poverty Reduction Act 2018* (NZ) (which received Royal Assent on 20 December 2018) is "to help achieve a significant and sustained reduction in child poverty in New Zealand by provisions that encourage a focus on child poverty reduction, facilitate political accountability against published targets, and require transparent reporting on levels of child poverty"(s3).

The Act sets measures for child poverty and requires successive governments to set targets for reducing child poverty. In related changes, amendments to the *Children's Act 2014* (NZ) in December 2018 require successive governments to adopt a strategy (at least once every three years) to address improving the wellbeing of all children, with a particular focus on those with greater needs, and reducing child poverty or mitigating the impacts of poverty and of socioeconomic disadvantage experienced by children. The strategy must set out the outcomes the government is seeking and indicate whether these can be measured, and if so, how they will be measured. The government must also set out the policies it intends to implement to achieve those outcomes and report annually on progress in achieving these outcomes.

The strategy is intended to help New Zealand meet its international obligations relating to children, including those in the *United Nations Convention on the Rights of a Child* and the *United Nations Convention on the Rights of Persons with Disabilities*.

The Department of Prime Minister and Cabinet led cross-agency work to develop the first Child and Youth Wellbeing Strategy, with direction and input from people and groups across New Zealand. In 2018 the New Zealand Cabinet agreed on a proposed outcomes framework for the initial Strategy as a basis for public engagement. This included extensive engagement with children and young people. Full analysis of the submissions, survey responses and feedback from the engagement was completed and a report on the feedback from children and young people is available [here](#).

The Child and Youth Wellbeing Strategy was launched on the 29th of August 2019 and is available [here](#). The vision of the strategy is that “New Zealand is the best place in the world for children and young people.”

The Strategy sets out six high-level and interconnected wellbeing outcomes, that reflect what children and young people said was important to them. These outcomes signpost the social, economic and environmental factors needed for child and youth wellbeing. The six outcomes are:

- Children and young people are loved, safe and nurtured
- Children and young people have what they need
- Children and young people are happy and healthy
- Children and young people are learning and developing
- Children and young people are accepted, respected and connected
- Children and young people are involved and empowered.

Scotland – Getting It Right For Every Child

Getting It Right For Every Child (GIRFEC) is Scotland’s children’s policy framework to improve children’s wellbeing and focuses on early intervention, universal service provision and multiagency coordination across agencies.⁵⁵ The policy framework is characterised by a holistic, child-centred perspective, with the concept of child wellbeing at its core. GIRFEC is central to all government policies which support children, young people and their families and is delivered through services and people who work with families.⁵⁶

In 2014, the *Children and Young People (Scotland) Act 2014* was passed by the Scottish Parliament, which covers the policy areas of GIRFEC (as well as other policy areas related to children such as kinship care and preschool education) and puts a definition of wellbeing into law.⁵⁷

The GIRFEC approach “supports children and young people so that they can grow up feeling loved, safe and respected and can realise their full potential”. The GIRFEC definition of wellbeing is comprised of eight indicators: safe; healthy; achieving; nurtured; active; respected; responsible; and included.

⁵⁵ Coles, E., Cheyne, H., Rankin, J., & Daniel, B. (2016). Getting It Right for Every Child: A National Policy Framework to Promote Children’s Well-being in Scotland, United Kingdom, *Milbank Quarterly*, 94(2), pp 334-65.

⁵⁶ Scottish Government. (n.d.). *Getting it Right for Every Child*. <https://www.gov.scot/policies/girfec/>

⁵⁷ *Children and Young People (Scotland) Act 2014* pt 18, s96(2).

Wales – The Wellbeing of Future Generations (Wales) Act 2015

The aim of the *Wellbeing of Future Generations (Wales) Act 2015* is to improve the social, economic, environmental and cultural wellbeing of Wales. The broad scope of the Act demonstrates a clear intention to provide a framework for the way public services operate and deliver their services to improve the quality of life of current and future generations. There are seven goals and the Act makes it clear that the 44 listed public bodies must work to achieve all of the goals (not just one or two).

Goal	Description of the Goal
A prosperous Wales	An innovative, productive and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change); and which develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing decent work.
A resilient Wales	A nation which maintains and enhances a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience and the capacity to adapt to change (for example climate change).
A healthier Wales	A society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.
A more equal Wales	A society that enables people to fulfil their potential no matter what their background or circumstances (including their socioeconomic background and circumstances).
A Wales of cohesive communities	Attractive, viable, safe and well-connected communities.
A Wales of vibrant culture and thriving Welsh language	A society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, and sports and recreation.
A globally responsible Wales	A nation which, when doing anything to improve the economic, social, environmental and cultural well-being of Wales, takes account of whether doing such a thing may make a positive contribution to global well-being.

The Auditor General for Wales may carry out examinations of the public bodies listed in the Act to access "...the extent to which a body has acted in accordance with the sustainable development principle when; a. Setting well-being objectives, and b. Taking steps to meet those objectives".⁵⁸

Wales has also established a Future Generations Commissioner for Wales whose role is to act as a guardian for the interests of future generations in Wales, and to support the public bodies listed in the Act to work towards achieving the wellbeing goals.

United Kingdom – The First 1,000 Days

Over the past decade in the United Kingdom, there have been a number of key drivers behind refocusing efforts on the wellbeing of children in the first 1,000 days (conception to age 2). Some of these drivers include Sir Michael Marmot's review of health inequalities in 2010, the cross-party 1001 Critical Days Manifesto in 2013, and the Building Great Britons report by All-Party Parliamentary Group for Conception to Age 2 in 2015.

The All-Party Parliamentary Group sees members of all political parties in the UK joining forces to recognise the importance of acting early to enhance the wellbeing outcomes of children. This has led to reforms in the health sector such as *National Maternity Review: Better Births* which commits to the continuity of carer for women throughout their antenatal care, birth and postnatal care, and increased investments in postnatal and perinatal mental health care.

Australian Policy Context

National Framework for Protecting Australia's Children 2009-2020

The *National Framework for Protecting Australia's Children 2009-2020* (National Framework) was endorsed by the Council of Australian Governments (COAG) in April 2009, and provides an ambitious, long-term approach to ensuring the safety and wellbeing of Australia's children and aims to deliver a substantial and sustained reduction in levels of child abuse and neglect over time. The National Framework commits Australian governments to taking a public health approach to protecting children.

Strategy 1 of the Third Action Plan (2015-2018) was early intervention with a focus on the early years, particularly the first 1,000 days. Key actions under this Strategy included increasing awareness of the importance of child development and parenting, improved access to family support services particularly for expectant, new and vulnerable parents where alcohol and other drug, mental health and domestic and family violence issues combine, and implementing joined up responses for families and young children. Priority Area 2 of the Fourth Action Plan (2018-2020) is to improve prevention and early intervention through joint service planning and investment.

The new National Framework is currently being consulted on and will begin in 2021.

⁵⁸ *Wellbeing of Future Generations (Wales) Act 2015*, Part 2, s15(1).

Productivity Commission

[What Works Reviews](#) complement the performance reporting in the [Report on Government Services](#) (RoGS) by reviewing current global evidence on what works (or does not) to achieve particular outcomes for government services.⁵⁹

The aim is to improve the wellbeing of all Australians through providing decision makers with high quality information on what works to address existing social policy needs.

The focus of one of the *What Works Reviews* initiated by the Productivity Commission is on what is known about systems that enable a public health approach to protecting children. The focus of the project is on the effectiveness of systems-level change, rather than evaluating the effectiveness of individual programs or interventions. A consultation paper on the project was released for public comment in February 2019.

Closing the Gap Refresh

In 2008, COAG agreed to work together to close the gap in life outcomes of Aboriginal and Torres Strait Islander people and other Australians. The National Indigenous Reform Agreement (NIRA) was a formal agreement committing governments to work together to achieve the proposed targets.

In 2016, as some of the *Closing the Gap* targets were coming to an end and little progress had been made, COAG decided to refresh the approach to *Closing the Gap*. At the December 2018 COAG meeting it was agreed that Aboriginal and Torres Strait Islander people should have increased ownership and share in decision making on a refreshed *Closing the Gap*. As a result, the Coalition of Peaks was established which is made up of nearly 40 members of national, state and territory Aboriginal and Torres Strait Islander peak bodies.

In March 2019, the Partnership Agreement between COAG and the Coalition of Peaks came into effect which outlines how governments and the Coalition will work together over the next ten years on *Closing the Gap*. The new National Agreement (replacing the NIRA) will continue to have targets, however the main focus for the next ten years will be three priority areas:

- Priority Action Area 1 is to develop and strengthen structures to ensure the full involvement of Aboriginal and Torres Strait Islander people in shared decision making at the national, state, local and regional level and embedding their ownership, responsibility and expertise to close the gap.
- Priority Action Area 2 is to build the formal Aboriginal and Torres Strait Islander community-controlled service sectors to deliver closing the gap services and programs in agreed priority areas.
- Priority Action Area 3 is to ensure mainstream government agencies and institutions that deliver services and programs to Aboriginal and Torres Strait Islander people undertake systemic and structural transformation to contribute to *Closing the Gap*.⁶⁰

At the time of writing, the new National Agreement is expected to be approved at the COAG meeting in March 2020.

⁵⁹ Productivity Commission (n.d.). What works reviews. <https://www.pc.gov.au/research/ongoing/report-on-government-services/what-works>

⁶⁰ Coalition of Aboriginal and Torres Strait Islander Peak Organisations. (2019). *A new way of working*:

Talking about what's needed to close the gap in life outcomes between Aboriginal and Torres Strait Islander people and other Australians. <https://www.naccho.org.au/wp-content/uploads/FINAL-discussion-booklet-a-new-way-of-working-09.09.pdf>

Mayi Kuwayu: the National Study of Aboriginal and Torres Strait Islander Wellbeing⁶¹

The *Mayi Kuwayu National Study of Aboriginal and Torres Strait Islander Wellbeing* has been created by and for Aboriginal and Torres Strait Islander people. The aim of the longitudinal study is to explore what culture means to Aboriginal and Torres Strait Islander people and how culture affects the health and wellbeing outcomes of Aboriginal and Torres Strait Islander people.



⁶¹ Mayi Kuwayu. (2020). *Mayi Kuwayu National Study of Aboriginal and Torres Strait Islander*

Wellbeing. Australian National University.
<https://mkstudy.com.au/>

Appendix 2: Detailed snapshot of Tasmanian child and youth wellbeing data

Domain	Indicator	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Being loved and safe	Rate of children aged 0-17 who were the subject of a child protection substantiation (per 1,000) ¹					6.2	7.3	7.0	6.7	6.3	
	Percentage of young people who feel that they can go to their parents for help with important issues ²						77.2	75.4	78.9	78	76.4
	Percentage of young people that feel that their families get along well (excellent, very good and good) ³						75.9	78.8	80.7	81.2	76.9
	Percentage of children and young people that feel 'very concerned' or 'extremely concerned' about their personal safety ⁴						9.8	16.1	14.6	14.8	16.5
	Number of children in out-of-home care ⁵		966	1009	1067	1054	1061	1150	1205	1272	1326 ⁶
Having material basics	Number of children aged 0-18 experiencing homelessness ⁷		409					374			
	Percentage of children under 15 living in poverty ⁸							14.7		15.8	
	Average real equivalised household income for households with dependent children aged 0–14 years in the second and third income deciles (\$ per week) ⁹	507.19		527.74		514.64		537.87			
	Proportion of children aged 0-14 years living in households with housing stress (households that spend more than 30% of their income on housing costs) ¹⁰		22.4					18.7			
	Youth unemployment rate (15 to 24 year olds) – average over the calendar year ¹¹						15.3	16.1	13.7	15.1	14

Domain	Indicator	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Being Healthy	Percentage of live babies born with low birth weight ¹²				7.6	8.2	8.3	8.9	8.3		
	Percentage of children classified as developmentally vulnerable on two or more domains of the AEDC ¹³			10.1			10.7			10.7	
	Percentage of children developmentally on track against the AEDC physical health marker ¹⁴			77.8			78.1			78.5	
	Percentage of children and young people that report having a mental or behavioural condition (0 to 24 years) ¹⁵			10.6			16.8			18.8	
	Percentage of women breastfeeding (including partially) at maternal discharge ¹⁶				83.7	83.9	84.6	84.3	85.6		
	Percentage of women smoking during pregnancy ¹⁷		18.4	18.2	16.7	16.3	15.2	14.2	14.5		
Learning	Percentage of children and young people expressing high levels of confidence (extremely or very high) in achieving their study or work goals ¹⁸						47.2		40	46.8	46.6
	Percentage of 15 to 24 year old school leavers fully engaged in education, training and / or employment ¹⁹					78.6	74.6	42.9	51.9	73.6	48.1
	Percentage of children meeting all 21 markers on the KDC ²⁰				74.5	74.1	72.6	71.4	69.7	67.8	
	Percentage of children classified as developmentally on track against the language and cognitive skills (school-based) domain of the AEDC ²¹			80.5			82.4			80.6	
	Percentage of children assessed as having 'Highly Developed Strengths' in the AEDC Multiple Strength Indicator ²²						59.7			59.1	

Domain	Indicator	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Participating	Percentage of children who are 'on track' against the communication skills measure of the AEDC ²³			77.8			79.8			80.9	
	Percentage of young people participating in sporting activities ²⁴							72	80.2	66.5	75
	Percentage of young people participating in arts, cultural or music activities ²⁵							48.1	56.5	38.7	45.9
	Percentage of young people who feel they can have a say on important issues with their family (all or some of the time) ²⁶										88.4
	Percentage of young people who feel they can have a say on important issues at school/TAFE/university (all or some of the time) ²⁷										75.1
Having a positive sense of culture and identity	Percentage of children and young people who feel a high degree of school belonging ²⁸										38
	Percentage of children and young people who feel to a high degree that they belong to a social group ²⁹										50
	Percentage of young people who have experienced unfair treatment or discrimination ³⁰							25.6			

Appendix 3: Progress against the Closing the Gap targets – Australia and Tasmania

Closing the Gap Target	Australia				Tasmania			
	Target Met	Current Year	Value		Target Met	Current Year	Value	
			Indigenous	Non-Indigenous			Indigenous	Non-Indigenous
Close the life expectancy gap within a generation by 2031³¹	Not on track	2015-2017	71.6 (males) 75.6 (females)	80.2 (males) 83.4 (females)	Due to poor identification, low numbers and significant under-recording of Tasmanian Aboriginal status within administrative data collections, it is difficult to report accurate life expectancy.			
Halve the gap in mortality rates for Indigenous children under five by 2018³²	Not on track	2017	164.4 deaths per 100,000	68.1 deaths per 100,000	Due to poor identification, low numbers and significant under-recording of Tasmanian Aboriginal status within administrative data collections, it is difficult to report accurate child mortality rates.			
- Age standardised per cent of women who gave birth and attended at least one antenatal visit in the first trimester by Indigenous status ³³	N/A	2016	61.5	67.3	N/A	2016	85.1	88.3
- Percentage of women smoking during pregnancy by Indigenous status	N/A	2016	43 ³⁴	12 ³⁵	N/A	2013	41.3 ³⁶	17.8 ³⁷
- Percentage of live babies born with low birth weight by Indigenous status ³⁸	N/A	2016	10.2	4.8	N/A	2016	10.2 ³⁹	6.2
- Percentage of Indigenous five-year-olds fully immunised (compared to all children)	N/A	2019	97.05 ⁴⁰	94.82 ⁴¹ (all children)	N/A	2019	97.01 ⁴²	95.91 ⁴³ (all children)
Ensure 95 per cent of Indigenous four-year olds	On track	2017	95.1	89.9	Not on track	2017	93.1	100.8

enrolled in early childhood education by 2025⁴⁴								
- Percentage of children attending (≥ one hour) a preschool program in state-specific year before full-time schooling ⁴⁵	N/A	2017	92.8	96.0	N/A	2017	99.5	98.6
Close the gap in school attendance by the end of 2018⁴⁶	Not on track	2018	82.3	92.5	Not on track	2018	87.8	91.7
Halve the gap for Indigenous students in reading, writing and numeracy by 2018⁴⁷	Not on track	2018			On track	2018		
- Percentage of Year 3 Indigenous students at or above the National Minimum Standard for reading		2018	82.0	96.6		2018	89.0	94.5
- Percentage of Year 5 Indigenous students at or above the National Minimum Standard for reading		2018	77.2	96.0		2018	86.8	93.2
- Percentage of Year 7 Indigenous students at or above the National Minimum Standard for reading		2018	75.6	95.4		2018	86.3	93.1
- Percentage of Year 9 Indigenous students at or above the National Minimum Standard for reading		2018	73.9	94.6		2018	81.2	92.9
- Percentage of Year 3 Indigenous students at or above the National Minimum Standard for numeracy		2018	83.1	96.7		2018	92.3	96.5

- Percentage of Year 5 Indigenous students at or above the National Minimum Standard for numeracy		2018	81.4	96.7		2018	91.5	95.5
- Percentage of Year 7 Indigenous students at or above the National Minimum Standard for numeracy		2018	82.1	96.4		2018	92.2	95.4
- Percentage of Year 9 Indigenous students at or above the National Minimum Standard for numeracy		2018	83.0	96.3		2018	89.9	95.9
Halve the gap for Indigenous people aged 20-24 in Year 12 attainment or equivalent attainment rates by 2020⁴⁸	On track	2016	65.3	89.1	Not on track ⁶²	2016	65.6	80.7
Halve the gap in employment outcomes between Indigenous and non-Indigenous Australians by 2018⁴⁹	Not on track	2016	46.6	71.8	Not on track	2016	54.2	69.0

⁶² Tasmania was below its trajectory points for this indicator. However was very close to achieving the target (within 1 percentage point).

End Notes to Appendices 2 and 3

¹ Australian Institute of Health and Welfare. (2019). *Child Protection Australia 2017-18*, Child Welfare Series No. 70, Table S17.

² Carlisle E., Fildes, J., Hall, S., Perrens, B., Perdriau, A., & Plummer, J. (2019). *Youth Survey Report 2019*, Sydney, NSW, Mission Australia, Figure 8.7; Carlisle, E., Fildes, J., Hall, S., Hicking, V., Perrens, B. & Plummer, J. (2018). *Youth Survey Report 2018*, Mission Australia, Figure 8.7; Bullock A., Cave, L., Fildes, J., Hall, S. & Plummer, J. (2017). *Mission Australia's 2017 Youth Survey Report*, Sydney, NSW, Mission Australia, Figure 8.6; Bailey, V., Baker, A-M., Cave, L., Fildes, J., Perrens, B., Plummer, J. & Wearing, A. (2016). *Mission Australia's 2016 Youth Survey Report*, Sydney, NSW, Mission Australia, Figure 8.5; Cave, L., Fildes, J., Luckett, G. & Wearing, A. (2015). *Mission Australia's 2015 Youth Survey Report*, Sydney, NSW, Mission Australia, Figure 8.6.

³ Carlisle E., Fildes, J., Hall, S., Perrens, B., Perdriau, A., & Plummer, J. (2019). *Youth Survey Report 2019*, Sydney, NSW: Mission Australia, Figure 8.8; Carlisle, E., Fildes, J., Hall, S., Hicking, V., Perrens, B. & Plummer, J. (2018) *Youth Survey Report 2018*, Mission Australia, Figure 8.8; Bullock A., Cave, L., Fildes, J., Hall, S. & Plummer, J. (2017), *Mission Australia's 2017 Youth Survey Report*, Mission Australia, Figure 8.7; Bailey, V., Baker, A-M., Cave, L., Fildes, J., Perrens, B., Plummer, J. & Wearing, A. (2016). *Mission Australia's 2016 Youth Survey Report*, Mission Australia, Figure 8.6; Cave, L., Fildes, J., Luckett, G. & Wearing, A. (2015). *Mission Australia's 2015 Youth Survey Report*, Mission Australia, Figure 8.7.

⁴ Carlisle E., Fildes, J., Hall, S., Perrens, B., Perdriau, A., & Plummer, J. (2019). *Youth Survey Report 2019*, Sydney, NSW: Mission Australia, Figure 8.5; Carlisle, E., Fildes, J., Hall, S., Hicking, V., Perrens, B. & Plummer, J. (2018) *Youth Survey Report 2018*, Mission Australia, Figure 8.6; Bullock A., Cave, L., Fildes, J., Hall, S. & Plummer, J. (2017). *Mission Australia's 2017 Youth Survey Report*, Mission Australia, Figure 8.5; Bailey, V., Baker, A-M., Cave, L., Fildes, J., Perrens, B., Plummer, J. & Wearing, A. (2016). *Mission Australia's 2016 Youth Survey Report*, Mission Australia, Figure 8.4; Cave, L., Fildes, J., Luckett, G. & Wearing, A. (2015). *Mission Australia's 2015 Youth Survey Report*, Mission Australia, Figure 8.5.

⁵ Australian Institute of Health and Welfare. (2019). *Child Protection Australia 2017-18*, Child Welfare Series No. 70, Table S55; Australian Institute of Health and Welfare. (2016). *Child Protection Australia 2014-15*, Child Welfare Series No. 63, Table 5.7.

⁶ Tasmanian Government, (2020) *Human Services Statistics: Human services dashboard*, 10 January. https://www.dhhs.tas.gov.au/humanservicesstats/human_services_dashboard.

⁷ Australian Bureau of Statistics. (2018). *Census of Population and Housing: Estimating Homelessness, 2016*, Table 1.3 State and Territory of Usual Residence, Number of homeless persons, by selected characteristics, 2001, 2006, 2011 and 2016, Excel spreadsheet, cat. no. 2049.0. <https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/2049.02016?OpenDocument>

⁸ Davidson, P., Saunders, P., Bradbury, B. & Wong, M. (2018), *Poverty in Australia, 2018*. ACOSS/UNSW Poverty and Inequality Partnership Report No. 2, Sydney, ACOSS https://www.acoss.org.au/wp-content/uploads/2018/10/ACOSS_Poverty-in-Australia-Report_Web-Final.pdf; Miranti, R., Brown, L. Li, J., Tanton, R., Vidyattama, Y., Tuli, S. & Rowe, P. (2018) *Child Social Exclusion, Poverty and Disadvantage in Australia* NATSEM at the Institute for Governance and Policy Analysis, University of Canberra and Uniting Care Australia.

⁹ Australian Institute of Health and Welfare. (2018). Children's Headline Indicators: Data visualisations 2018 - Family Economic Situation. <https://www.aihw.gov.au/reports/children-youth/childrens-headline-indicators/contents/16-family-economic-situation>

¹⁰ Australian Institute of Health and Welfare. (2018). Children's Headline Indicators: Data visualisations 2018 - Housing Stress. <https://www.aihw.gov.au/reports/children-youth/childrens-headline-indicators/contents/16-family-economic-situation>

¹¹ Australian Bureau of Statistics. (2019). *Labour Force, Australia, Detailed – Electronic Delivery, Nov 2019*, Table 03. Labour force status for 15-24 year olds by Age, Educational attendance (full-time) and Sex and by State, Territory and Educational attendance (full-time) - Data 2, Excel spreadsheet, cat. no. 6291.0. <https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/6291.0.55.001Nov%202019?OpenDocument>

¹² Council of Obstetric & Paediatric Mortality & Morbidity. (2019). *Annual Report 2017*. Hobart, COPMM. https://www.dhhs.tas.gov.au/data/assets/pdf_file/0011/386858/COPMM_2017_Annual_Report_-_accessible.pdf

¹³ Australian Early Development Census 2012, 2015, 2018, *AEDC Data Explorer*. Findings based on use of AEDC Data Explore, <https://www.aedc.gov.au/data/data-explorer>

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