



**Australian Muslim Women's  
Centre for Human Rights**  
*Equality without Exception*

# Submission into the Early Years Strategy

Australian Muslim Women's Centre for Human Rights

## **About The AMWCHR**

This submission has been developed by the Australian Muslim Women’s Centre for Human Rights (AMWCHR). The AMWCHR is an organisation of Muslim women leading change to advance the rights and status of Muslim women in Australia.

We bring over 30 years of experience in providing one-to-one support to Muslim women, young women and children, developing and delivering community education and capacity-building programs to raise awareness and shift prevailing attitudes. We also work as advocates - researching, publishing, informing policy decisions and reform initiatives as well as offering training and consultation to increase sector capacity to recognise and respond to the needs of Muslim women and families.

As one of the leading voices for Muslim women’s rights in Australia, we challenge the most immediate and pertinent issues Muslim women, young women, and children face every day. We promote Muslim women’s right to self-determination, recognising the inherent agency that already exists, bringing issues of inequality and disadvantage to light.

AMWCHR works with individuals, the community, partner organisations and government to advocate for equality within the Australian context. This submission is designed to inform the creation of an intersectional Early Years Strategy which is inclusive of the needs of Muslim children and the individuals, families, and communities who support and care for them.

## **Acknowledgement of Country**

This submission recognises that gender, race, and religion intersect to create multiple forms of discrimination and violence against Muslim women, particularly in a context of growing Islamophobia. It also recognises that preventing prejudice in all forms is bound to the struggles of Aboriginal and Torres Strait Islander communities. Before we can successfully tackle issues within our communities, we must address the ongoing impacts of colonisation, systemic racism, and discrimination in all its forms in this country.

AMWCHR acknowledges the Aboriginal and Torres Strait Islander peoples of this nation. We acknowledge the Traditional Custodians of the lands our organisation is located on and where we conduct our work. We pay our respects to ancestors and Elders, past and present. AMWCHR is committed to honouring Aboriginal and Torres Strait Islander peoples’ unique cultural and spiritual relationships to the land, waters, and seas and their rich contribution to society.



## Executive Summary

The Australian Muslim Women's Centre for Human Rights (AMWCHR) thanks the Department of Social Services for this opportunity to provide input into a federal Early Years Strategy (**Strategy**). As an organisation working with Muslim parents, young people, and children, this is a Strategy which has the potential to impact all areas of the work we do at AMWCHR, just as it will impact all families in Muslim communities – both directly and indirectly.

As with all our submissions at AMWCHR, this content and our responses to the Discussion Paper questions are derived from internal consultations with staff members and their extensive experience working with, servicing, and supporting clients from diverse backgrounds with a range of experiences of living as Muslim women in Australia, and as parents raising the next generation of Muslim Australians. Our staff members are reflective of this diversity, with a wide range of ethnic backgrounds and migration experiences.

Our focus is on how the Strategy can better reflect the needs of Muslim children and families in Australia. However, we believe that doing so will have extensive benefits for all Australian society. Many of our recommendations within this submission apply to children experiencing disadvantage and discrimination broadly, though Muslim children and families also face unique challenges which require addressing. The following points are our primary and overarching recommendations for the Strategy, its focus, objectives, and defining principles:

1. The Strategy should first and foremost outline how the Commonwealth, alongside States and Territories, will ensure that Australian children and those who care for them have their basic needs met. AMWCHR recommends this be done through increasing:
  - income support payments such as JobSeeker and parenting payments;
  - rental assistance payments;
  - public, social, and affordable housing;
  - childcare subsidies and rebates; and
  - access to the above for people on visa sub-classes which are currently restricted from social supports.
2. The Strategy should utilise a strengths-based approach to reflect the many different ways that families and communities nurture and raise their children, and seek to leverage these strengths to improve overall outcomes.
3. The Strategy must be intersectional. This should be done through developing an anti-racist and anti-discriminatory lens and agenda to dismantle the structural barriers which cause the existing demographic outcomes for children. In particular, the Strategy should seek to rectify discrimination within healthcare, education, and family services.

## Introduction

This submission comes at a prescient time considering our overarching focus throughout this document being the fulfilment of children's basic needs. A week before this Submission was due, the federal government's own Economic Inclusion Advisory Committee released their report investigating the adequacy of income support and rent assistance, as well as barriers preventing Australians from participating in the economy. The Committee recommended that, as a first priority, the Government commit to a 'substantial' increase in the base rates of the JobSeeker payment and related working-age payments, as well as the rate of Commonwealth rent assistance (Evans, 2023). Despite these recommendations, the Government is yet to commit to implementing an increase in these supports in the upcoming budget, nor has it committed to increasing payments for single parents. AMWCHR is concerned that without such an increase, many children and families in our communities will continue to live with income, housing, and food insecurity, particularly considering the ongoing housing crisis in Australia.

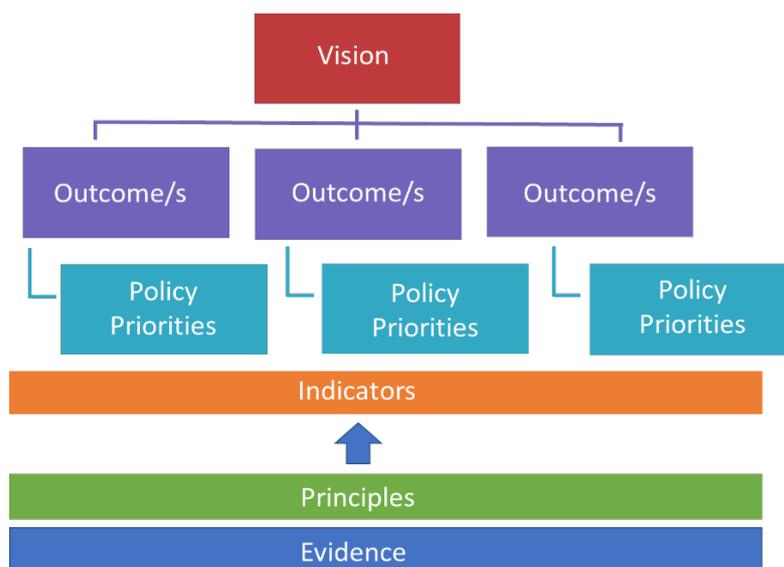
One quarter of Muslim children in Australia are living in poverty (Hassan, 2015). This is a staggering figure, and far higher than the already alarming child poverty rate of the broader population, which sits at 16.5% (Davidson, Bradbury, & Wong, 2023). No child in Australia should be deprived of their basic needs, and evidently, Muslim children are at a distinct additional disadvantage when it comes to having these needs met. Muslim families are experiencing barriers to equitable income, housing, maternal and child healthcare services, and access to quality education, and this inequality can be seen within all the metrics by which we measure outcomes for child development. This disparity in outcomes stem from the structural inequality and discrimination which is embedded within Australian systems, services, and institutions. The impacts of this inequality and discrimination begin before children's births and continue into childhood, placing Muslim children on a life trajectory drastically different to their peers. It is therefore imperative that the Strategy centres and addresses the immediate needs of children and families who are living in or are at risk of living in poverty, while also breaking down the systemic issues which cause and perpetuate this inequality in the first place.

Despite these structural disadvantages that Muslim children and parents face, Muslim families have much to offer in demonstrating parenting strengths and promoting their children's wellbeing and development. Diverse parenting styles and lived experiences, connection to culture, and strong family and community support systems are all things which should be reflected and celebrated throughout the Strategy. Through focussing on and bolstering the many strengths that Muslim families already have, in tandem with filling gaps in need and capacity, Muslim children will be supported to reach their full potential, free from harm, discrimination or prejudice.

## Question 1: Do you have any comments on the proposed structure of the Strategy?

The proposed structure of the Early Years Strategy is set out in the Discussion Paper as follows:

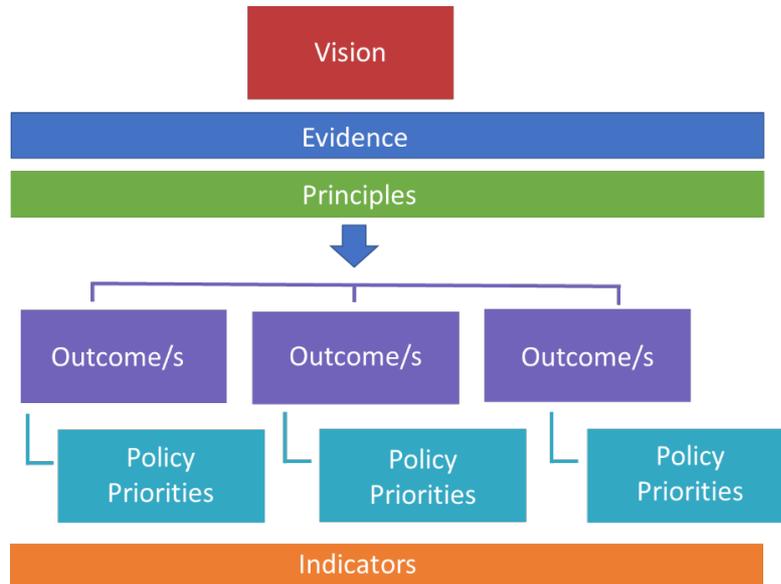
- **Vision** – to set out an overarching and aspirational statement for the Strategy
- **Outcomes** – to establish the short and long term intended changes when the Strategy is implemented
- **Policy Priorities** – the focus areas under the Strategy that are considered most likely to have a positive effect on outcomes
- **Indicators** – measures that show if progress is being made towards reaching the planned outcomes
- **Principles** – the rules and guidelines for setting the direction and making decisions under the Strategy
- **Evidence** – evaluated and tested information to support the direction of the Strategy



We propose some changes to this structure to forefront evidence-based principles through which to frame the outcomes and policy directions:

- **Vision** – to set out an overarching and aspirational statement for the Strategy
- **Evidence** – Existing evidence gained through examination of the literature and a robust consultation process, to ground and inform the Strategy.
- **Principles** – The values and propositions which guide all elements of the Strategy
- **Outcomes** – The short and long term intended changes which will occur when the Strategy is implemented.
- **Policy Priorities** – the focus areas under the Strategy that are considered most likely to have a positive effect on outcomes.

- **Indicators** – measures that show if progress is being made towards reaching the planned outcomes.



### Question 2: What vision should our nation have for Australia’s youngest children?

*That all children in Australia be afforded the opportunity to reach their potential, to live free from harm, and to be nurtured in safe, loving, and caring environments that prioritise their wellbeing.*

*That families of children be supported in meaningful and relevant ways to have the necessary resources, supports, and capacity to provide the intrinsic needs to support children’s development, wellbeing, and safety.*

### Question 3: What mix of outcomes are the most important to include in the Strategy?

As with all the work we do at AMWCHR, we believe that the Strategy should utilise a strengths-based approach to the development of outcomes. As the Discussion Paper notes, ‘The Strategy does not seek to identify one right way to raise and support a child, instead it seeks to ensure that each family and community has what it needs to undertake this vital task’ (p.7). We support this framing and messaging, and hope to see it reflected strongly throughout the document and indeed within the resulting policies and programs underpinned by the Strategy.

Currently in Australia, Muslim children and the people who care for them are being left behind due to the inadequacy of and barriers to government and non-government supports, structural racism and discrimination, and compounding individual circumstances (Bedar, Bottriell, & Akbarzadeh, 2020; AMWCHR, 2022; Hassan, 2018). These issues should be recognised and addressed within the Strategy, as any strategy which seeks to improve outcomes for children necessitates addressing and eliminating inequality. Despite these barriers, we see Muslim families and communities demonstrate

resilience, strength and connection, and have a wealth of knowledge, perspectives, and experiences to bring to this Strategy. This knowledge should be reflected within the Strategy outcomes. We believe that the following outcomes are a strengths-based reflection of the ways in which Muslim communities' parent and support their children, as well as an indication of the positive changes the Strategy should aim to implement:

#### *Short-Term Outcomes*

- Social support systems providing financial and material support to families is increased and strengthened to enhance accessibility.
- Gaps and shortcomings of current support systems for parents and children are identified through increased data gathering and exploration.
- Diverse parenting styles and needs are recognised, represented and celebrated.
- Parents are aware of their own as well as their children's healthcare and development needs.
- Cultural capacity gaps of government and non-government services (e.g., healthcare, social services, schools) are identified and rectified.
- Increased secure and long-term investment in multicultural community-based services to support delivery of parenting and child programs to meet diverse community needs.

#### *Medium-Term Outcomes*

- Children's and parents' basic needs are met, including access to secure and stable housing, food security, education, health, and maternal services.
- Dynamic and individualised support given to families to address healthcare and development needs.
- Collaborative wrap-around systems to support parents and children are developed and serving communities.
- Children and the people who care for them have strong community ties and participate in social activities.

#### *Long-Term Outcomes*

- Children have a positive sense of identity, self, and connection to culture and community.
- Demographic gaps in health, education, and income are closed.
- Services are well equipped, representative and adequately trained to respond to needs of diverse communities.
- Children and the people who care for them are safe, healthy, and happy.

## **Question 4: What specific areas/policy priorities should be included in the Strategy and why?**

### *Basic needs*

We believe that the foremost priority when creating a Strategy which seeks to improving outcomes for children is clear: all Australian children and those who care for them should have their basic needs met and should be supported by the Commonwealth to do so.

A high number of clients who access AMWCHR services are doing so for support with fulfilling their basic needs related to food, housing, and parenting responsibilities. This is an area that the federal Government holds responsibility over, and ensuring that all Australian children, at the very least, have their basic needs met is well within the Government's capabilities. Services such as ours are intended to be complementary. Instead, we are supporting families to make ends meet through what little financial and material aid we have on offer. Without an increase in social support payments including Jobseeker and rent assistance, affordable housing, accessible services and resources, and changes to Australia's visa systems and associated visa restrictions, many Australian children face the risk of becoming trapped in a cycle of poverty and entrenched disadvantage.

For single parents, achieving financial security is even more difficult. For many of our clients who become single parents due to family violence, separation due to migration or displacement, or for other reasons, the current payment system for these mothers has been decreasing despite the increasing cost of living. Currently, parents whose children are over the age of eight are moved off the single parent payment and onto JobSeeker, which is paid at a lower rate. For Muslim migrant and refugee mothers, family violence victim-survivors, and those experiencing hardship, this reduction in income from an already low rate is forcing families into poverty. Rather than acknowledging that single parents are not unemployed, but are performing parenting work, the Federal Government is placing upon these women the burden of strict requirements such as time-consuming employment searches that come along with receiving the JobSeeker payment. For Muslim migrant and refugee women as well as family violence victim-survivors, spending hours per day seeking employment in the context of recovery from migration, displacement, trauma, and family violence is unrealistic and unethical. This is further compounded for many migrant and refugee women who may have limited language literacy, digital literacy and little to no formal education, who then go out to the work force and often experience horrific racism and Islamophobic response to job applications and often having to work in unsafe environments. AMWCHR believes, at the very least, that single parents should remain on the single parents' payment until their last child turns 16, as was the case until the Gillard Labor Government implemented the above changes in 2012 (Kirk, 2012). Furthermore, that tailored programs to support education and capacity building should be invested in, prior to parenting payments ceasing, to support entry or re-entry into civic, economic and social life.

In addition to implementing increases to financial support programs, the Commonwealth must prioritise addressing the national housing crisis if they wish to facilitate equity for Australian children and the people who care for them. In our work at AMWCHR, access to housing is one of the key barriers our clients face, especially those experiencing family violence or who have recently arrived in Australia on humanitarian visas. Increasing the supply of all types of housing – crisis housing,

transitional housing, public housing, and long-term housing – through supporting and incentivising states to invest in housing schemes is something which needs to be done in the immediate term if we are to see the effects within the next generation. As Australia’s population increases without the housing shortage being addressed, too many young Australians will grow up in insecure housing, or with a large proportion of their family’s income spent on keeping a roof over their heads.

In rural, regional, and outer metropolitan areas, accessing basic needs and services which supply those needs can be even more challenging. In recent years, more migrant, refugee, and Muslim families have settled in rural, regional, and outer metropolitan areas. While many migrants will enjoy full and rich lives in regional Australia, adequately resourcing and preparing these areas to service diverse communities is paramount. AMWCHR is concerned that this preparation and focus on equipping regional areas is not being done, leaving Muslim families with limited access to services related to housing, groceries, transport, healthcare, settlement, and family violence support. This service gap places these individuals and their children at risk of housing and food insecurity, family violence, isolation, and physical and mental health issues, which can become entrenched and severely impact children’s early childhood and development.

In addition to the above factors impacting Muslim families’ access to basic needs is Australia’s restrictive visa system and regulations that push families further into poverty. Many people currently on bridging visas, family-sponsored visas, or temporary protection visas do not have access to settlement support, Centrelink, Medicare, and in some cases are not permitted to seek paid employment. Without access to work, education, Centrelink, and Medicare, tens of thousands of people, including children, are effectively in a holding pattern where they are neither supported nor permitted to support themselves. These restrictions place children and their families at high risk of poverty, housing insecurity or homelessness, and physical and mental health issues. The Strategy should therefore include policy priorities which explicitly seek to support children and families who are experiencing insecurity related to visa restrictions.

### *Addressing racism and discrimination across services*

The issue of racism and discrimination impacting Muslim children and other diverse communities’ access to, and experiences of, services related to healthcare, education, social support, and more, is severe. Racism and discrimination have direct impacts on Muslim children’s development – for example, through disengagement from unsafe schooling environments, misdiagnosis or dismissing of concerns in a healthcare setting, or visa restrictions which infringe on rights and prohibit access to services. Racism, Islamophobia, and discrimination exist across Australian society and every policy priority and resulting initiative stemming from the Early Years Strategy must therefore be implemented with proactive measures for addressing this inequity.

One example of structural and individual discrimination within services that we frequently come across in our work at AMWCHR is related to child protective services (CPS) and their interactions with Muslim children and families. In just the last six months, AMWCHR’s specialist family violence services have received 15 highly complex cases that have required tireless advocacy and robust practice to support mothers’ parenting capacity in the face of limited supports and often adversarial dynamics with child protection. Through our experience with these and other cases, we have become acutely aware of the many systemic barriers which expose Muslim women and children to a

greater level of risk of child protection interventions including child removal. In many cases, when clients come into contact with child protection and the courts system, racism, discrimination, and stereotyping is common, interpreting services are not offered, and translated materials including those related to their cases are non-existent (AMWCHR, 2017). Service practitioners including child protection workers and lawyers often do not have the cultural competency to understand the client's position, and struggle to adopt a socio-cultural lens to their work (O'Leary et al., 2019). This can flow on to how service providers and lawyers interpret cases. A number of compounding factors including trauma, displacement, insecure visa status, financial insecurity, a lack of established community networks, cultural stigma, and a lack of understanding and access to support services contribute to migrant Muslim women's understanding of child protection interventions and their subsequent capacity to adequately respond to CPS concerns. There is a high level of pressure for mothers to build their parenting capacity in an Australian context in a short period of time and yet little to no support for them to do so.

Child protection interventions are a severe example of how racism and discrimination can drastically impact children's development, wellbeing, and life trajectories. However, these patterns are pervasive and present across every service that Muslim children and their carers engage with. Another notable example that arises consistently within the work we do at AMWCHR is racism and discrimination in the schooling and educational environment. An anti-racism program and associated research project that our organisation conducted in Victorian schools in 2022 showed that Muslim children, from the earliest years of schooling, are frequently exposed to instances of racism and Islamophobia which can leave them and their families ostracised and disengaged from the school environment (AMWCHR, 2023). Children from disadvantaged backgrounds are already developmentally vulnerable when beginning their schooling (Collier et al., 2020), and the additional impacts of structural and interpersonal racism and Islamophobia inhibits Muslim children's ability to access quality and inclusive education and the associated benefits.

These experiences of discrimination have life-long impacts related to identity development, belonging, and physical and mental health (Younus & Mian, 2019; Iner, Mason, & Smith, 2023; Abdi, Saif, Mohammad, et al., 2019). Reducing racism and discrimination across Australian systems and services will therefore have a strong impact on closing demographic outcome gaps. A strategy which aims to guide policies towards the holistic wellbeing of Australian children must seek to implement proactive programs which build cultural literacy and capacity across services, and must do so with an intersectional and anti-racist lens and agenda.

### *Maternal and child healthcare services*

Healthcare for mothers and children is another key priority which should be reflected within the Strategy. Namely, the provision of equitable, accessible, and in-language antenatal, postnatal, neonatal, and paediatric physical and mental healthcare for all mothers and children.

Australian Muslim women have more children than Australian women as a whole (Hassan, 2018). What this means is that Muslim mothers and families are in greater need of maternal and child healthcare services, though in practice, Muslim women experience barriers to care as well as diminished quality of care.

Muslim mothers at different stages of settlement will have different experiences and priorities when engaging with healthcare services for themselves and their children. Muslim parents have reported to our caseworkers that when accessing healthcare services for their children, they face judgement, discrimination, and dismissal of concerns and questions. This was particularly notable during the COVID pandemic, where some parents were concerned about the safety and efficacy of vaccines and public health measures. These interactions will inform the levels of engagement going forward for Muslim families, where a trust deficit and/or negative experiences potentially keep Muslim families out of the health care and early childhood systems. Where parents are coming from environments where public trust in systems and institutions are low, providing a safe and judgement-free space for asking questions is critical not only to quell any concerns, but also to ensure that parents have given informed consent to any healthcare procedure their child undergoes.

Informed consent is a human right, and the central aspect to the provision of ethical healthcare services. However, too often, Muslim mothers and children are not given this right due to the lack of in-language healthcare providers, the aforementioned reluctance to provide detailed information to patients, and in some cases, deliberate obfuscation. In the context of pregnancy and birth, a lack of in-language healthcare providers precludes patients from providing consent in cases of birth interventions and healthcare, which can increase the likelihood of birth trauma, postnatal depression, and even PTSD (Reed, Sharman & Inglis, 2017; Hollander et al., 2017). The impacts of insufficient and in some cases traumatic experiences of the healthcare system can impede women's ability to care for new-borns and young children. These are experiences which can have drastic and long-term impacts on new parents, and subsequently their children. Providing trauma-informed, culturally and linguistically appropriate healthcare to expectant mothers is paramount to support them in their preparedness for parenting and their long-term physical and mental health.

Another key issue which has been identified by AMWCHR staff members as prevalent within Australian Muslim communities is issues surrounding the diagnosis and treatment of children with disability or developmental delays. This issue, again, comes back to a lack of accessible, affordable, and in-language supports for parents and their children. This is especially true when attempting to access specialist healthcare services through the public system. Long wait lists, high costs, complex administrative procedures, and a scarcity of services can mean that children from families who are unable to access private healthcare services face extensive delays in healthcare interventions for children with disability. Families who have limited knowledge of the NDIS system and their rights within it can be taken advantage of by services who are unwilling or unable to offer the supports these families require. The addition of misconceptions and stigma surrounding some disabilities within some families and communities can further impede children's access to healthcare and delay interventions. These delays impact children's development and trajectories for their whole lives. Muslim families require an increase in available services, in tandem with services which have the cultural competency and language skills to mitigate concerns, answer questions, and encourage engagement and receptiveness to interventions where stigmas exist.

The Strategy should emphasise the need for a more culturally competent and accessible healthcare system, where diverse hiring practices are incentivised, and parents are able to access supports quickly and early.

### *Access to early childhood care and education*

Participation and engagement in early years learning can be a gateway to the forming of strong community connections, developing important life skills, and accessing a broad range of services which set children on a trajectory towards health and success. Unfortunately, Muslim children and their families face a number of barriers in accessing early years care and education including prohibitive costs, language barriers, service gaps, racism, and discrimination. AMWCHR views these barriers as priority policy issues to be included and addressed in the Strategy.

In 2020, The Grattan Institute released their report into the economic and social impacts of high childcare costs for Australian families, and in particular, Australian women. This report argued that the Commonwealth Government should increase the Child Care Subsidy to reach 95 per cent of the cost of childcare for low-income households, gradually tapering for families depending on income, with a result of 60 per cent of families paying less than \$20 per child per day of care (Wood, Griffiths & Emsile, 2020). The justification for doing so is high from both an economic and social perspective. With affordable childcare, Australian mothers have more choices, face less of the unpaid labour burden, and are more likely to experience financial independence (Wood, Griffiths & Emsile, 2020). Spending on childcare also precludes this money from being used elsewhere, such as on basic needs. Affordable childcare also means that children are more likely to reap the benefits of said care, which can include benefits to their social skills, language skills, and relationship building. For Culturally and Linguistically Diverse children and children from disadvantaged backgrounds, early childhood education can have substantial beneficial effects on overall development and educational success (Archambault, Cote, & Raynault, 2019; VCOSS, 2019). Unfortunately, children from disadvantaged backgrounds are underrepresented in paid childcare programs due to barriers to participation including cost, lack of language-appropriate services, awareness of services, and a lack of culturally sensitive services (Archambault, Cote, & Raynault, 2019). For AMWCHR clients, these issues are prevalent when it comes to access to early childhood care and education, leaving children disengaged from the system and parents unable to make active and free choices surrounding the care and education of their children.

Ultimately, improving access to high-quality, low-cost, and culturally/linguistically appropriate childcare creates more options for parents, removes financial pressures, and allows them to make choices which are appropriate for their own families' needs. This requires policies which address all of these barriers through holistic initiatives which work to:

- increase the supply of early childhood care and education to fill service gaps;
- increase workers' cultural capacity;
- increase employment and incentives for multilingual care workers and educators;
- decrease costs to families; and
- bolster engagement from parents who may face reservations about out of home childcare and schooling, and who have faced ostracism from the system and learning process.

### *Parenting support and programs*

Muslim parents in Australia, and particularly those who have recently arrived in Australia as migrants or refugees, are often ostracised from, or lack awareness of, parental support and programs. Many local council-based programs, for example, do not provide in-language support for parents who

speak languages other than English. Instead, similar programs are provided by organisations such as AMWCHR through our DSS-funded Children and Parenting Support (CAPS) programs. What our staff have noted, however, is that many of the parents in our programs are not receiving the wrap-around support required when in the early period of parenting, and the lack of local in-language and accessible support groups leaves Muslim parents and their children prone to isolation, loneliness, and poor mental health. It can also mean that parents remain unfamiliar with cultural norms around parenting in an Australian context, what supports are available, and how to access these supports for themselves and/or their children. It is also important to emphasise that parenting programs and services should not cater solely – or even predominantly – to women and mothers. Fathers require increased engagement to prepare parents equally for the responsibilities of parenthood and any transitions to parenting in a new cultural context. In this way, some of the gendered pressure that comes alongside being a mother may be relieved through encouraging and educating men to take on more active roles as parents. Again, for Muslim communities, this requires parenting support which is available in multiple languages and from facilitators/practitioners who have a strong understanding of the cultural context in which Muslim fathers are seeking this support and carrying-out their parental duties.

### *Family violence*

Violence against women and children has significant short-term and long-term effects on victim-survivors' physical and mental health and well-being. In addition, the profound impacts of violence against women and children ripple out across families, communities and society as a whole.

For children who have experienced and/or witnessed physical or sexual violence, these experiences can impact them for the rest of their lives through poorer health; mental health issues such as depressive and anxiety disorders; early pregnancy loss; alcohol use disorders; economic insecurity; reduced capacity to study; and poorer language skills (Santaularia et al., 2014; Potter, Morris, Hegarty, et al., 2021; Brown, Gartland, Woolhouse et al., 2015; Conway, Cook, Cahir, et al., 2021).

People who have experienced abuse, and particularly those who have experienced child sexual assault, are also at high risk of revictimisation over their lifetime (Papalia, Mann, & Ogloff, 2021). For children who have experienced sexual abuse, early support, monitoring, and intervention is key to facilitate long-term recovery and prevent revictimisation. In addition, those who are caring for children in family violence situations require similar support and interventions to ensure that parents and families are able to access safe and secure home environments for the benefit of children who have a right to a safe home, as well as their parents, who may have had their parenting capacity and ability diminished through the abuse they experienced.

Prioritising family violence policies in the Strategy will bring focus to the ways in which family violence impacts children and the people who care for them. This is especially important for women and children from culturally diverse, migrant, and refugee backgrounds who face specific and additional challenges when experiencing family violence. These include things such as visa-related abuse and visa restrictions, cultural and linguistic barriers to support, Islamophobia and racism, and social isolation. These experiences can compound and exacerbate the impacts of family violence on children and parents, and require specific and intensive focus when creating a strategy to ensure that Australian children of all backgrounds experience safe, healthy, and happy lives. In a practical

sense, this requires strategies for increasing the capacity of family support services to provide child-centred and trauma-informed preventative and early intervention support to families, before their situations progress to the point where they are trapped both within the cycle of violence as well as within the courts, police, and child protection systems.

### **Question 5: What could the Commonwealth do to improve outcomes for children—particularly those who are born or raised in more vulnerable and/or disadvantaged circumstances?**

As has been mentioned above, the foremost priority when improving outcomes for all children, and specifically those from disadvantaged backgrounds, is catering to families' material and financial needs. In Australia, Muslim families are more likely to be living below the poverty line than the population as whole (Hassan, 2018), and the social safety net on offer for these families is woefully inadequate to support them in meeting their very basic needs. This impacts children, their development, and their quality of life in myriad ways, as parents facing insecurity can be left in a position where they are unable to respond to their children's and their own needs, and even more so for those requiring additional support due to things such as disability, trauma, mental health issues, and more.

Our overarching priority which we hope to see reflected throughout the Early Years Strategy is for the Commonwealth to do everything in its power to ensure that families can access safe, stable, and affordable housing, food, healthcare, and clothing. This is the very minimum that families require to ensure that children are growing up in an environment where their potentials are not diminished. And yet, one in six Australian children are living in poverty (Davidson, Bradbury, Wong, 2023). The recent COVID Pandemic income support payments - which were higher than current income support payments - correlated with a 57% decrease in poverty for households relying on Newstart/Jobseeker or Parenting Payments (Davidson, Bradbury, Wong, 2023). This statistic, which is reflective of the consequence of implementing broad income support measures, demonstrates that the Commonwealth can substantially reduce poverty through increasing social benefit schemes. With additional targeted supplements to cover essential costs above and beyond basic income support – such as healthcare costs, rent assistance, and bill relief – children in Australia will have their base needs met.

For our community, this need is urgent. Due to the nature of our work, we see situations where Muslim children are experiencing great levels of disadvantage due to their basic needs not being met. These are children and mothers from family violence situations, and refugee and migrant families, some of whom are not eligible for any kind of social support due to visa sub-class restrictions. The inadequate level of government support for these families' places children at high risk of physical and mental health issues, homelessness, and intervention by child protective services.

We believe the solution for improving outcomes for children from all disadvantaged backgrounds is clear: provide tailored and tiered levels of income support, based on need, which allows all families

to afford adequate housing, food, energy, and healthcare. All else related to children's developmental needs flows on from this base. By addressing gaps in basic needs, the Government will open up capacity of families to shift their focus from immediate security and provision to fulfilling more extrinsic needs to support themselves and their children.

### **Question 6: What areas do you think the Commonwealth could focus on to improve coordination and collaboration in developing policies for children and families?**

Strategies for improving outcomes for Australian children on all measures requires robust collaboration between not only different Commonwealth departments, but also across all levels of government – federal, state/territory, and local. Many of the biggest issues impacting development and quality of life of Australian children and their parents occur under the purview of different government levels – e.g., income support and social services being under the control of federal government, healthcare and education being under state government, and parenting programs and maternal health services being run via local councils. The Strategy should look to clearly outlining how this collaboration and coordination will occur, particularly in light of the division of powers, to ensure that services are not being siloed across departments, states, and local government areas.

To do so, the Strategy should look to:

- Exist as a collaborative framework which state and local governments provide input on and commit to.
- Building referral pathways and information sharing systems across services to facilitate early intervention across the board for issues relating to mental and physical health, disability, child safety, and family violence.
- Diversified and secure funding schemes for a range of organisations servicing multicultural communities in parenting support, child and maternal healthcare, mental health, and family violence.

One example that the Strategy might look to when outlining ways to improve collaboration and coordination across states, governments, and services are the recent reforms in Victoria's family violence sector through the implementation of the Multi-Agency Risk Assessment and Management (MARAM) Framework. This Framework is an example of how sectors have engaged in reform to improve collaboration, information sharing, and communication, and is a system that can be replicated and integrated in other sectors related to child development. There is currently a strong opportunity to enable this coordination and collaboration due to consistent party leadership across state and federal governments, and the Commonwealth should take advantage of this opportunity to undertake radical change.

## Question 7: What principles should be included in the Strategy?

The AMWCHR suggests that the below principles be included in the Strategy and underpinned by the following commitments:

### *Equity and Intersectionality*

- The Strategy acknowledges how Australia's systems cause and perpetuate inequality, discrimination, and marginalisation.
- The Strategy's priorities and objectives are set out with an intersectional lens to ensure they're dismantling rather than cementing inequality.
- The Strategy highlights the need to target and prioritise communities and areas experiencing the highest disadvantage.

### *Closing the Gap*

- The Strategy recognises the strength and resilience of First Nations children, parents, and communities as well as the specific ways in which Australian systems perpetuate their inequality.
- The Strategy endorses the creation of a separate Strategy for First Nations children, created by First Nations communities and organisations.
- The Strategy incorporates policy priorities, principles, and objectives of the First Nations Strategy throughout this Early Years Strategy.

### *Strengths-Based*

- The Strategy recognises and values varying parenting styles which may differ from western approaches to parenting.

### *Coordination and Collaboration*

- The Strategy emphasises a commitment to consultation with diverse communities.
- The Strategy emphasises funding diverse community organisations to deliver holistic and dynamic support to families in need.

## Question 8: Are there gaps in existing frameworks or other research or evidence that need to be considered for the development of the Strategy?

When it comes to our work with Muslim children and their families, the data with which we work is often preliminary research, or gathered through our many years working with and from within Muslim communities. Significant evidence gaps exist which should be filled with community-led research, from organisations such as ours, to inform an effective strategy to improve outcomes for

Muslim children. In particular, through research focussing on systemic disadvantage of Muslim families within the legal system, healthcare, and education, and targeting by police, the courts, and child protection.

One key area which our organisation is attempting to address is experiences and impacts of Muslim families' interactions with Child Protective Services. To date, no research has been done on the impacts and experiences of child removal for Muslim communities in Australia. Given the diversity of Muslim communities, the complexity of child welfare, and the lifelong impacts that forced removal can have on children and parents, this is a topic which is in urgent need of investigation (O'Leary et al., 2019). Without such research, it is impossible to identify service and capacity gaps and build effective interventions to support Muslim families who are in contact with CPS and associated legal system, establish referral pathways, maintain family safety, and ultimately provide improved outcomes for Muslim children and those who care for them.

In addition to the need for research investigating systemic disadvantage within child protective systems, the Strategy requires an evidence base which includes research on Muslim communities' experiences of the healthcare system with a focus on neonatal and postnatal care including childbirth and birth-related trauma, and paediatric care. Currently, no research exists on this topic in Australia. One systematic review of research on Muslim women's experiences of maternity services in the UK, however, showed that Muslim mothers experience a wide range of individual and structural discrimination during their interactions with maternity services. Language barriers, a lack of cultural and religious accommodation, and explicit racism are common experiences (Firdous, Darwin, & Hassan, 2020). These issues also mean that healthcare services are not fulfilling their responsibility to ensure their patients are provided with clear information for them to give informed consent (Firdous, Darwin, & Hassan, 2020).

One of the biggest issues when it comes to accessing evidence and research within our work is the lack of disaggregated data with which we have to work. This is an issue which arises consistently across virtually every topic – from healthcare, to education, to policing, and more. This is sometimes an issue of accessibility – i.e., government departments not disclosing this information – or existence – i.e., government agencies failing to collect this data. Without data related to different cohorts' experiences and outcomes in all areas, it is impossible to execute a Strategy which fills service gaps and targets those most in need. And without sharing disaggregated data that government agencies already have on hand, there is no transparency in government processes, services, and initiatives.

To ensure that the Strategy is being formulated and implemented on the basis of a strong evidence base, AMWCHR recommends that the Commonwealth invest in robust data collection and sharing which captures experiences and outcomes of diverse cohorts.

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