

Early Years Strategy

Australian Multiple Birth Association

Consultation Response 2023

INTRODUCTION

Families who experience a multiple birth face significantly greater challenges than parents of singletons. These challenges are not well understood given the lack of longitudinal research exploring the issue. It is critical to acknowledge that parents raising multiples report encountering many unique and significant challenges not evident when raising singletons.

Multiple births place significant financial pressures on families, given the high costs of raising children and the challenge of incurring many child-specific costs concurrently, rather than with some term of delay. The situation may also necessitate greater time committed to child rearing and consequently may reduce the time available for gainful work and time for recreation. Many families also report significant physical exhaustion, particularly mothers who may be recovering from childbirth.

This often coincides with less sleep as child rearing duties are multiplied often resulting in significant sleep deprivation, further impacting the family's capacity to engage in their gainful employment activities. Families observe a decline in income after the birth of multiples, placing greater strain on the family unit. Families that are not able to access significant familial supports or social supports from friends, may feel isolated and may have limited capacity to return to work.

Premature birth is a significant risk factor associated with multiples, and parents of multiples may experience unique challenges related to preterm birth when compared to parents of singletons. Twins and higher-order multiples are at an increased risk for preterm birth compared to singletons, with nearly 60% of twins and almost all higher-order multiples born before 37 weeks gestation.

In addition to these challenges, women who have multiple births and their babies, are at an increased risk of certain conditions including preeclampsia, anaemia, gestational diabetes, post-partum haemorrhage, pre-term birth, low birthweight, twin-twin transfusion syndrome, respiratory distress syndrome, apnea, feeding difficulties, anxiety, depression, post-traumatic stress disorder (PTSD), developmental delays and death. Premature babies who survive are at risk of a range of mild to severe disabilities, including breathing difficulties, hearing impairment, visual impairment, developmental delay and learning difficulties.

The challenges of complex care coordination (impacting various aspects of daily care, including accessing childcare services, scheduling appointments, and coordinating support services) frequently have a significant impact on parents of multiples, who may experience

higher levels of stress, anxiety, and depression compared to parents of singletons. Parents of multiples are more likely to experience financial and logistical challenges associated with caring for multiple infants, as well as higher levels of stress and social isolation. Mothers of multiples experienced higher levels of depression and anxiety compared to mothers of singletons.

Accessing childcare services for multiples can be particularly challenging, as many traditional childcare providers are not equipped to care for multiple infants at once. This can limit parents' options for childcare and may require them to seek out specialised providers, which can be more expensive and less available.

Feeding multiples can present unique challenges related to establishing and maintaining successful breastfeeding and solid feeding routines. Breastfeeding multiples can be particularly challenging, as infants may have different feeding schedules and needs, and mothers may struggle to produce enough milk to meet the demands of multiple infants. Mothers of multiples have a lower breastfeeding rate compared to mothers of singletons, and are more likely to discontinue breastfeeding earlier than mothers of singletons. Mothers of multiples may require additional support, such as lactation consultants experienced in feeding multiples and breastfeeding support groups, to establish and maintain a successful breastfeeding routine.

It is crucial to consider both the pre-birth and downstream costs associated with multiple births. The clinical risks associated with preterm birth and other complications not only impact the physical and emotional wellbeing of the parents and children, but also impose a significant burden on healthcare systems and society as a whole. Furthermore, the additional costs associated with childcare, education, and other expenses for raising multiple children can be substantial and often underestimated.

Therefore, it is imperative to provide greater support and resources for parents of multiples to help alleviate the economic burden associated with raising multiple children. This could include increased access to affordable childcare, educational programs, financial assistance for families with multiples, and services specifically tailored to this cohort. Services could be provided through existing channels such as the Australian Multiple Birth Association (AMBA).

By acknowledging the economic consequences of multiple births and providing adequate support, we can ensure that all families, regardless of the number of children, have access to the resources and support they need to thrive, not just survive.

For these reasons, AMBA is committed to seeing our at risk cohort's needs represented in the new Early Years Strategy (Strategy).

About AMBA

AMBA is Australia's leading charity for supporting families with twins, triplets and more. Formed as a volunteer organisation in 1974, AMBA is the only national charity in Australia focused on improving the lives of multiples and their families. It is run entirely by a dedicated

team of volunteers at both a local and national level, who all have the lived experience of being parents of multiples.

QUESTIONS and RESPONSES

1. Do you have any comments on the proposed structure of the Strategy?

AMBA predominantly supports the proposed structure of the Strategy. We believe the structure will improve visibility of the key outcomes we all aspire to achieve for the children of Australia and ensure all stakeholders have a shared understanding of the priorities and success indicators. We agree that it is best to develop this Strategy from the top down, as indicators cannot be established before priorities, actions before Strategy.

However, AMBA believes the structure of the Strategy should include special consideration for the outcomes specific to minority groups. Policy priorities should consider how minority groups, although small in number, require specific treatment in order to improve their outcomes. This may mean that the level of Government funding attributed to these areas is increased.

Funding should support the improvement of the evidence base for minority cohorts, which will underpin the Government's approach to supporting these groups through the appropriate development of policy.

2. What vision should our nation have for Australia's youngest children?

The vision for our nation should be to coordinate, collaborate and strive to create better outcomes for children, their parents, and their communities. Parents and communities should be supported and empowered to provide safe, caring, and nurturing experiences and environments for ALL children. This will be done by creating, using and sharing evidence and knowledge gained from research on all areas of parenting, families and children, and using this evidence to inform Government policy.

When considering Australia's children, a 'no child left behind' approach should be adopted. The Strategy should aim to develop an input-based framework, with outcomes-based accountability. Under this approach, the children within minority groups that are under-served, under-supported, and that require extra consideration (and their parents, and the services and communities that surround and support them) receive the required amount of consideration and funding. This means that going the extra mile for the few (minority cohorts) is required in order to achieve better outcomes for ALL children, not just the majority.

3. What mix of outcomes are the most important to include in the Strategy?

It is important to ensure that the Strategy is inclusive of different families and minority cohorts, and their needs. AMBA has identified that multiple birth families and their children experience disparity in how they are supported by Government policy, which includes limited access to quality and appropriate health care, financial support, and inclusion in consideration of future policy change overall. The nature of multiple birth health issues

versus singleton birth health is well documented, but as multiple births only make up approximately 2-3% of all births it is an easily overlooked cohort.

Australian Government policy overlooks the multiple birth community. The challenges faced by the multiple birth community are not well understood by the broader community, and therefore this cohort does not receive the level of consideration that is required to ensure they are adequately supported.

Government policy is usually formed on a concern for personal health and research that benefits the individual. Repositioning in how Government policy is developed is required to ensure it reflects a broader perspective. A perspective that considers minorities such as the multiple birth community and the unique suite of challenges this cohort faces. Government policy change should commit to understanding and acting on the full array of factors that affect health and wellbeing across the entire community, not just the 'general public'.

AMBA believes that the Commonwealth's current approach to public policy has deepened the inequality experienced by multiple birth families and their children in Australia.

AMBA encourages the Commonwealth to strive to incorporate new thinking in their approach to developing the Strategy. AMBA would like to see new and innovative research, new ways of working with data, and the effective evaluation of outcomes.

AMBA believes it is the Commonwealth's responsibility to seek to fully understand the experiences of ALL children, especially those that are particularly disadvantaged, and consider the policies that are in place that exacerbate their disadvantage and the inequality they experience. When considering Australian multiple birth families and their children, this can include a suite of challenges and disadvantages faced by the cohort, each exacerbating the negative impacts of the others. This is particularly true of those children that are also representatives of other minority groups such as those living with disability (or their parents), parents who are also carers, refugee status, migrants, economically and/or socially disadvantaged – all of which are already denied their fair share of appropriate support and consideration in Government policy.

4. What specific areas/policy priorities should be included in the Strategy and why?

AMBA believes that the following areas should be included in the Strategy:

- Measures that consider improving on gender equality. This includes providing the other parent (non-primary carer or father) with more opportunities to be included in the early care of their children. This could be achieved by allowing the parental leave to be accessed by both parents in equal amounts and at the same time if required.
- Parental leave reform that considers the real costs and challenges for families in supporting children.
- Financial supports for parents as they are currently not suitable for all cohorts, which leaves some groups disadvantaged.
- Financial support that is accessible for community and advocacy groups, such as AMBA, that are dedicated to supporting minority cohorts.

- Breastfeeding and infant nutrition support.
- Additional mental health support for high-risk parent cohorts, including parents of multiples.
- More accessible health interventions for disadvantaged cohorts (e.g. speech pathology, and occupational therapy).
- Affordable and accessible early childhood education, including in-home care.

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?

Families with multiples face a greater set of challenges compared to those with singletons. These challenges have long lasting effects on the children and their parents. The Commonwealth needs to ensure that all vulnerable children and their families are provided with increased support and resources to access the priorities in the Strategy.

These challenges include significant financial pressures due to the additional costs associated with having multiples and the challenge of incurring many child-specific costs concurrently. There is a greater time commitment to child-rearing and a reduced amount of time available for gainful work and recreation. Many multiple-birth families report physical exhaustion, particularly mothers who may be recovering from childbirth, resulting in significant sleep deprivation, further impacting the family's capacity to engage in their gainful employment activities. Families observe a decline in income after the birth of multiples, placing greater strain on the family unit, particularly for those without significant familial or social supports.

Meeting the developmental needs of a multiple birth is also more challenging due to potential birth complications and the frequency of premature birth. There is less time relatively to dedicate to developmental activities with each child, which has the potential to hinder their progress. This delay in development is only compounded when families face difficulties accessing supportive playgroups and quality early childcare education. There is also often significant energy dedicated to coordination and logistics, given that existing children often have school, child-care, co-curricular and extra-curricular activities. Mothers of twins experience both greater stress levels and lower levels of support than comparable mothers of singletons. Elevated levels of stress that place undue burdens on the mothers (and fathers) of multiple children and their family units have the potential for significant psychological harm.

In Australia, there is little financial and welfare support afforded to multiple birth families, despite modest payments for higher order births (i.e. triplets or more, excluding twin births). Additionally, the program of supports within Australia has not kept pace with the standards and conventions of other advanced economies, with Australia ranking near last in terms of the level of support afforded to mothers after the birth of multiples.

Investing in a better approach for Australian families with multiples

Given the inadequate program of supports in place, we recommend a program of supports that better reflects the needs of families with multiples. Supports must reflect the significant challenges faced by families with multiples and the timing of financial shocks that impact the family unit. Noting the significant additional incremental and differential costs associated with

having multiples at the time of admission and thereafter, supports must align with the magnitude and timing of the major incremental and differential costs that present as a major financial shock.

The collective investment required to improve the lives of families with multiples is modest. This cost would also be offset as the improved wellbeing outcomes would lead to reduced health issues and subsequent hospital admissions. To implement all of the noted recommendations the collective investment would equate to \$172.7 million annually.¹

The recommended supports are discussed in more detail in the following pages and are summarised below in Table 2.

2 - Summary of recommendations

Recommendation 1	Multiple Birth Grant	\$68,012,500.00
Recommendation 2	In Home Support	\$39,522,960.00
Recommendation 3	Premature Baby Leave	\$16,279,533.75
Recommendation 4	Extra Parental Leave	\$29,158,044,.00
Recommendation 5	Extension of Multiple Birth Allowance ²	\$19,759,103.00
Total Investment		\$173,732,140.75

Recommendation 1

Multiple birth grant: A provision of a multiple birth grant(s) that exceeds the level of the Newborn Payment

The current Newborn payment is materially inadequate and does not address even 5% of the differential costs incurred by parents of multiples in year 1 on average. A new payment program should be initiated to address the elevated costs and to ensure that families are not left destitute. We propose a comprehensive grant provided to all families to accommodate the elevated care, medical, and incidental costs of multiples.

The multiple birth grant is a grant provided for each multiple within a multiple birth, to accommodate the elevated costs associated with the term prior to birth, prenatal allied health expenditures excluded from Medicare, admissions costs, and the elevated costs caused by many costs being incurred concurrently. The grant would be paid in two parts. Instalment 1 would occur two months prior to the anticipated delivery date, with the second payment

¹ Note that this is the total cost in year one. Recommendation 5 will require an annual investment of \$140 million annually from year seven (see the [Multiples Matters Report](#) for more information).

² This is the program cost for year one. The eventual annual cost will equate to a multiple of seven, in year seven of the program. The size of investment needed would be smaller with the implementation of the Multiples Grant; with the allowance commencing after year one and for a shorter duration, depending on the quantum of the Multiples Grant extended. For more information go to the [Multiples Matters Report](#).

available after the birth event. The recommended level of support is \$15,000, given PerCapita’s costs estimates noting the exclusion of household adjustment costs, costs broadly covered by Medicare and automotive vehicle upgrade costs.

For each Higher Order Multiple (HOM) beyond the first twin, families should be provided with a further \$15,000, provided as a further \$10,000 non-discretionary grant (Part A) (to accommodate additional incremental and differential costs associated with the third child) and an additional \$5000 grant to accommodate costs incurred due to necessary household or automotive vehicle adjustments to accommodate their HOM, where such grants would be subject to application (Part B).

Table 1 - Multiple Birth Grant benefits for Twins and HOM

Multiples Benefit	Benefit Amount
Benefit for the additional child (twin)	\$15,000
Benefit for the additional children (each child after twins)	\$10,000 (+ \$5,000)

Note: Families with twins are entitled to receive \$15,000, while families with triples are entitled to a further \$10,000, and an additional \$5000, subject to eligibility. For example, families with triplets would receive \$25,000 and a further \$5000 subject to eligibility. Families with quadruplets (noting a frequency of 4 per year historically), would be entitled to \$35,000, and a further \$10,000 subject to eligibility.

The program of supports provides an additional \$15,000 for the birth of a twin. In the case of triplets the family would receive \$25,000 (\$15,000 + \$10,000) in non-discretionary funding to accommodate additional medical, wellbeing, food, additional forgone employment due to prematurity and general elevated household expenditures. A further \$5,000 would be available via application subject to evidenced need pertaining to elevated medical expenditure, additional housing adjustment expenditure, additional automotive vehicle expenditure, and or additional care costs. So, families with triplets would be afforded a minimum of \$25,000, and up to \$30,000 subject to availability.³

This would entitle each HOM to up to an additional \$15,000 in total. The frequency of payments equating to \$30,000 or more would be modest with less than 69 triplet or HOM births in Australia (between 3-4 triplet or higher order births).

The total investment associated with the program of support based on forecasted birth rates for 2023 equates to \$68,012,500.

Recommendation 2

In-home support network for multiple birth families

Currently there is a national In Home Care program, which is a flexible form of early childhood education and care where an educator provides care in the child’s home. It is restricted to families who can’t access other forms of care. However the criteria is restrictive,

³ The proposed grant program (Multiples Grant) includes an apportionment/cost assignment based on the average term of pre-maturity, calculated at the minimum wage level. The grant value could be adjusted slightly should the government enact a premature baby leave provision.

despite allowing this flexible form of childcare for families with “complex needs”, this does not include multiple birth families.

Multiple birth families need access to early education, carers, nannies and/or housekeepers. It is recommended that the criteria of the In Home Care program be amended to include multiple birth families.

In addition to this, States and Territories should assist families with access to home help services such as cleaning, cooking, and laundry, which are typically performed in the home. This benefit should not be means-tested and should mirror New Zealand’s offering, and should be available to citizens or permanent residents who have given birth to twins, adopted twins, and have another child under the age of five years old, or have given birth to or adopted triplets or higher order multiples.

Families with twins should be entitled to 240 hours of home help, to be used within 12 months. Families who have given birth to or adopted triplets or more should be entitled to 1560 hours, to be used within 24 months. The benefit should be granted from the date of the birth of the babies if they are born at home, or from the date of their discharge from the hospital.

The total investment associated with this recommendation is \$39,522,960.

Recommendation 3

Premature baby leave

In addition to parents of multiples not being afforded any additional term of paid parental leave, mothers usually deliver children earlier than parents of singletons. Children are frequently in SCU or NICU for significant terms, generally greater than singletons. This means that parents often need additional time to render appropriate care and support to their multiples, but when accounting for the average term of prematurity, parents of multiples are generally afforded less supported leave time on average, from the anticipated birth date to care for their children. It is critical that the term of paid parental leave be extended to account for any term of prematurity. This affords parents sufficient and appropriate time to care for their infants.

The total investment associated with this recommendation equates to \$16,279,533.75.

Recommendation 4

Extra parental leave for parents of multiples

Parents of multiples need additional time to care for their infants, and this is supported by the extensive research exploring the time needed to care for multiples. Extending the term of maternity leave by 8 weeks for each additional multiple gives parents the necessary time to invest in each child, in supporting their developmental progress and affording them the care that is needed during these critical early stages. The shift would align total leave provisions with the more advanced OECD economies, and acknowledge the significant evidence base outlining the significantly increased time required to care for multiples rather than singletons.

Paternity leave should be extended to 8 weeks for each HOM to accommodate the needs of caring for HOM, noting the need for 26 hours of care on average daily required for triplets. The term of paternity leave should be able to be taken concurrently to address the elevated needs of twins and other HOM.

The investment necessary to extend this benefit to families is \$29,158,044.00.

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

It is evident that State and Territory Governments are an important delivery function of health and welfare services for children, their families and the communities that they live in and are supported by (including the organisations that aim to support them). Therefore, in order to achieve the best outcomes for children it is paramount that the Commonwealth lead coordination and collaboration with the States and Territories.

A wonderful example of how the Commonwealth has achieved this is in the development of Australia's Disability Strategy (ADS). Stakeholder engagement on the ADS demonstrated the Commonwealth's ability to adopt new ways of thinking and working.

We would also encourage the Commonwealth to better utilise the existing resources and expertise of community organisations such as AMBA, who represent the voice of the people. Organisations such as ours, should not only be consulted during the collaboration phase but also in the implementation phase of the Strategy. AMBA is best placed to provide expert advice on the development of the Strategy, and how it can support multiple birth children, as AMBA's board and member network are people with lived-experience of multiple births and understand the gamut of challenges that come with it.

It is a privilege and a unique benefit that AMBA is run by people with lived experience, as it enables us to support from a place of unique insight and awareness, and differentiates our organisation and our expertise from other types of support services and stakeholders. The expertise we have in supporting the design of policy is uniquely informed by life altering events and challenges that only multiple birth families have experienced.

AMBA would be prepared to engage in consultation on the design and implementation of the Strategy at all levels of Government - national, state and locally. AMBA's structure, which includes hundreds of volunteers, is capable of supporting close, consistent and committed engagement at a national level. AMBA also has the capacity to be involved at a State and Territory level with state representative committees, and also on a local grass-roots level with our volunteer network who are engaged in advocacy and support work across hundreds of local communities in Australia.

7. What principles should be included in the Strategy?

AMBA has provided a list below that is in line with the United Nation's various guiding principles that aim to safeguard the rights and wellbeing of children.

Principle 1: Rights-based approach

Vulnerable cohorts must be given the additional support required to access the stipulated outcomes in the Strategy.

Principle 2: Best interests of the child

The best interest of the child should be the primary consideration in all endeavours, ahead of budget, previous election promises, and should be considered ahead of budgets allocated to other Government portfolios.

Principle 3: Accountability

The Commonwealth should hold itself accountable to the poor health outcomes experienced by Australia's children.

Principle 4: Awareness and participation in decision-making

Principle 5: Family unity

AMBA advocates to support the parents of multiples as they are the direct carers of their own children. A healthy and well supported parent will be able to better support their child/ren. Parents should feel informed, supported, educated, confident and positive about caring for their child/ren - this leads to the best outcomes for their children.

Principle 6: Protection, safety and security

Principle 7: Access to education, health care and social services

Access to important services and support is crucial in ensuring the wellbeing of children. AMBA recognises that parents of multiples are lacking adequate and quality opportunities for childcare such as in-home support and placements in childcare services.

Principle 8: Non-discrimination

AMBA has an obligation to advocate for multiple birth children and their families. We do this to ensure that this cohort achieves the best outcomes possible. AMBA believes that the Commonwealth has an obligation to provide equality of opportunities among children – every child, ALL children – without discrimination of any kind, irrespective of the child's type of birth, health, family structure, parents/guardian, race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, poverty, disability, birth or other status.

Principle 9: Nationality

In addition to the United Nations' guiding principles, AMBA also advocates for:

A family centred approach

AMBA wants to see policies put in place that provide parents with the capacity to adequately care for their children.

Prevention over Intervention

By providing parents and children with adequate resources and support, we can prevent many issues from manifesting. By investing in the program of supports outlined in the [Multiple Matters report](#), we would see improved health outcomes for families, lessening the burden on an already exhausted system. Putting the appropriate level of engagement and resources into the design of the Strategy will provide cost saving in the way of less intervention in the future.

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

AMBA advocates for children from a multiple birth and their parents, to be officially recognised as a disadvantaged cohort due to the many additional challenges they face.

Please consider the [Multiples Matter: Investigating The Support Needs Of Multiple Birth Families](#), a recent research report developed by [PerCapita](#) which outlines the unique challenges multiple birth families face and recommendations for increased support. Commonwealth funding should be provided to further research and better understand the identified gaps and the challenges being faced by multiple birth children and their families.

AMBA also believes that the Commonwealth could better utilise resources by supporting existing organisations, such as AMBA, to expand their capacity to provide services to disadvantaged cohorts. Within the framework, we would advocate for the inclusion of partnerships with key organisations, including AMBA, to deliver on the Strategy.

More information

[AMBA Website](#)

Multiples Matter: Investigating The Support Needs Of Multiple Birth Families

- [Executive Summary of the report](#)
- [FULL REPORT](#)