



Select Committee on Covid-19

Corrected oral evidence: The long-term impact of the pandemic on parents and families

Tuesday 20 April 2021

9.45 am

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Members present: Baroness Lane-Fox of Soho (The Chair); Lord Alderdice; Baroness Benjamin; Baroness Chisholm of Owlpen; Lord Duncan of Springbank; Lord Elder; Lord Hain; Lord Harris of Haringey; Baroness Jay of Paddington; Baroness Morgan of Cotes; Baroness Young of Hornsey.

Evidence Session No. 1

Virtual Proceeding

Questions 1 - 23

Witnesses

I: Jabeer Butt, Chief Executive, Race Equality Foundation; Sally Hogg, Head of Policy and Campaigning, Parent-Infant Foundation; David Holmes, Chief Executive, Family Action; Jane Williams, CEO Founder, The Magpie Project.

Examination of witnesses

Jabeer Butt, Sally Hogg, David Holmes and Jane Williams.

Q1 **The Chair:** Good morning, and welcome to the House of Lords Select Committee on the long-term implications of Covid-19. Welcome to all our witnesses. Thank you very much for joining us today. Unfortunately, Jaine Stannard is not able to be with us, but we are thrilled that you are.

I am Martha and I am the Chair of the Select Committee. As you will be aware, we are doing a relatively short but very important inquiry into the impact of the pandemic on families and parents. We urge you to try as much as possible to help us in our aim to look at the long-term implications, with some many families clearly struggling and so much still so heightened for people at the moment. We appreciate that it is sometimes hard to think about what the two to five-year horizon might look like, but that is our role, so we appreciate your help in trying to keep focused on that longer-term view in your answers to the questions.

I need to remind everybody that we are being broadcast. If people would like to speak, come off mute or wave at me. I will keep an eye on everybody. If you are not speaking, please stay on mute, because it helps for recording purposes.

I would like to go around and make sure everybody has put a name to the face with all our witnesses. So please wave and say where you come from when I call your name please. Jabeer Butt, can you introduce yourself?

Jabeer Butt: Hello, everyone. I am chief executive of the Race Equality Foundation.

Sally Hogg: I am head of policy and campaigning at the Parent-Infant Foundation and I co-ordinate the First 1001 Days Movement, which is a campaigning alliance of around 200 charities.

David Holmes: Hello, everyone. I am chief executive of Family Action and chair of Children England.

Jane Williams: Hello, thank you for having me. I am the founder of a charity called the Magpie Project, which works with children under five.

Q2 **The Chair:** Thank you very much indeed, all of you. We have some questions for you. I reiterate that we are looking at the long-term implications of the pandemic. We are not looking so much at the current situation and doing a retro on what has happened. We are trying to think about policy suggestions and areas where the Government can intervene in order to make sure we have the most successful longer-term future. Pinning your answers to that timeframe would be immensely helpful.

I would like to start with a very broad question, going around each of you in turn. What have you seen as the main effects of the pandemic on the work that you have done with families you work with, and what do you think the long-term impact might be?

Jabeer Butt: As you know, the Race Equality Foundation is behind a programme called Strengthening Families, Strengthening Communities, which is a parent education programme often run in urban settings, reaching black, Asian and minority ethnic communities but also many other communities experiencing deprivation. We have had an opportunity to engage with families directly through that programme. We are also a research agency. We very recently published a briefing on the impact of the pandemic on black, Asian and minority ethnic families, as well as one on employment.

It is important to start by saying that perhaps for some families the pandemic has been a source of some positive change. There has clearly been an opportunity for some fathers to spend more time with their children and the wider family, and I think we will see some positive impact of that over time. However, it is also clear that inequality has impacted that experience, and that inequality will have a longer-term impact. We know, for example, that higher unemployment rates and the likelihood of being in insecure employment have had a detrimental impact on black, Asian and minority ethnic families, increasing the stress that they have experienced in that time.

Worryingly, we have also seen a loss of some of the support structures that would have been in place to help families. I have mentioned our Strengthening Families, Strengthening Communities programme. In 2019, something like 230 programmes were delivered, reaching about 2,500 families in that period. In 2020, that dropped to around 98 programmes, and we suspect that, once we get the final details, a number of those will be shown not to have completed. That loss of support is significant, because it has meant that families have found themselves having to rely on their own resources.

At the same time, the closure particularly of schools has meant that families have had to spend more time in closed environments. As we know, particularly in urban settings that has meant black, Asian and minority ethnic communities and other communities experiencing deprivation spending more time in enclosed spaces and less time outside in safe play areas. This has all had an impact on the development of children and young people and of parents themselves.

We often think that we are all born capable of parenting, but we know that it is a skill that we develop over time. The more stressful the situation, the less likely we are able to parent in a manner that is responsive rather than reactive. We worry about the longer-term impact of this, from simple things like teaching your children how to share toys, which is fundamental to their future, to more complex things like assessing risk and helping your children to understand what solutions they might be able to implement in responding to risk.

We fear that these challenges will have a longer-term impact. We worry that, once we are clearer about the mental and emotional impact of Covid-19, we will have to take a very big step in addressing those challenges.

Q3 **The Chair:** Thank you. As a quick supplementary, and I would appreciate a brief answer, we have heard consistently, in other work we have been doing, about the lack of data and research particularly on the black community and the impact on these groups. Is that something that you are finding?

Jabeer Butt: That is certainly a worry. The reality is that a number of studies have been funded in the last few months that we think will be significant in addressing those, not least a study that has been carried out by Manchester University. In general, work has tended to be a bit better in the last 12 months than it has been in the past.

The Chair: That is interesting, thank you. Could we move to David?

David Holmes: Thank you very much. It is good to join you all this morning. My reflection at the beginning is that the pandemic has affected families differently. It is a shared experience, but the way people have coped and responded to the pandemic differs. When we look ahead to the future, we need to make sure that we are providing services and support that accommodate that difference and recognise it.

Key to that is having as much of a focus on societal recovery as we do on economic recovery. It is very striking in our own survey of 4,000 parents that people's responses to being asked how they have experienced the pandemic to date are very different. As Jabeer was saying, some people have coped quite well. They have found that their relationships with their children have got better and their relationships with their partners have improved, but we also have a significant number of families who are talking about relationships that have got worse. Many are talking about financial difficulties that they are experiencing and which they expect to continue. Unless we have a family policy that recognises that difference and the need to provide broad support, we are just storing up problems for the future.

Family Action has some 200 services across England and Wales, so in all parts of the country we are seeing how families are coping. It is interesting that in some of our services, such as our core family support service, we have seen a tripling of referrals. In other services, if anything we have seen a reduction in referrals coming in. That may well be because people are so isolated that they do not have the ordinary access to those referral routes that would mean they could come to see us.

Again, thinking ahead to the long term, how much undiscovered need is there at the moment that we will have to deal with in the future? We should be anticipating the need for more early intervention and preventive services in the future if we are to stop the problems that have built under the pandemic and the inequalities that have widened and are getting worse.

A couple of practical examples. Our FamilyLine service, which is our helpline for families, has seen a 200% increase in calls during the pandemic, which underlines the extent of need. Before the pandemic

began we had eight FOOD Clubs, which are our version of foodbanks. We now have more than 80, and that has been in a year, so we have also found ourselves very much meeting basic needs during this period. That need to support families to build resilience will only increase. We must have a focus on making sure that everybody gets through this together rather than assuming that everybody's experience is the same.

The Chair: Thank you. I can see Sally nodding in agreement. Sally, would you like to add your comments?

Sally Hogg: Thank you very much. It is great to be here today to bring a specific focus on the youngest children, because very often we have seen that they have been forgotten in a lot of the discourse on Covid and Covid recovery, so I am grateful that you have invited me here to bring their specific needs and their families' needs into focus.

We know that the period from conception to two years old, the first 1,001 days, is a really important period in babies' development. It is a rapid period of development, and an important transition period for families too, when they are becoming parents, often for the first time, and making those social networks and forming relationships with their babies. We know it is a period when babies are particularly susceptible to their environment and where that early development is laying foundations for a lot of later outcomes. Whether it is nutrition, language or mental health, what happens in the first 1,001 days is setting the foundations and the trajectories for things later on, so it is a really important period.

During the pandemic, we have seen, as David and Jabeer have both said, a real inequality in experience but we have also seen an increase in stress and adversity for families. Some of that has happened to all families. There have been increases in domestic violence, in poverty, in parental mental health problems, but there have also been particular issues for families in the first 1,001 days— experiences like women giving birth without the support of their partners, not having support from family and friends and professional services at a time when families would usually have a particular intensity of support. So there is a perfect storm of increased pressure on families and the withdrawal of services. For example, in 60% of areas of the country we saw health visitors being redeployed, sometimes by as much as 50%. So there is an increase in stress on families and a decrease in services.

We did a couple of pieces of research last year. One, with families, showed that nearly 70% of parents were worried about the impact that Covid was having on their baby or toddler. The other, with professionals, showed that showed that 98% of professionals working with the nought to twos reported an impact in parental stress, depression and anxiety that was impacting parenting, and 80% said that the babies they had worked with had seen increased exposure to domestic abuse or child abuse and neglect.

The figures published by the Department for Education on serious incidents of neglect, abuse and deaths of babies showed a 30% increase

in April and September 2020 compared to the year before, so there are serious impacts. But, as David said, we are only seeing the tip of the iceberg at the moment, particularly with the nought to twos. These are often very invisible families. They are families that often, with the closure of children centres and the reduction of health visiting services even prior to the pandemic, do not have a lot of contact with public services or have long gaps between contacts.

Babies are not going back to school. They are not going back to baby and toddler groups. They are still often not seeing families, so these children can often be invisible. The families that most need support and where babies are most at risk are probably more likely to be invisible to services.

A lot of health visiting services are still working remotely and doing checks with families by video, where we know that babies are invisible. We are concerned about families where there is increased adversity and where they are not getting the support they need. Problems are escalating and sowing the seeds for more serious problems in the future if the support is not there. We know that early intervention is so important, yet those opportunities for early intervention are being missed at a moment when they are needed most.

In terms of long-term impacts, we are worried about the impact that this will have on babies and their families, and we are worried that that will not be picked up until much later. There is a gap in the contact with families where babies do not get any health visiting checks between nine and 12 months and two and a half years. Some of those checks have not been happening because of the pandemic, so there are potentially years before these babies are seen by professionals or before they start childcare or start school, and we cannot wait that long to pick up any problems in emotional well-being, social well-being, physical development. There needs to be a push to make sure that we understand what is going on and intervening early where there are problems.

We are also concerned about the long-term impact on services. We know that, for many very understandable reasons, services were cut back or stopped. Over the last year they went to virtual contacts, and we are worried that that will become business as usual and that we will not see services returning to face-to-face support.

Obviously there are some benefits to digital or blended offers, but babies can be invisible if parents are only talked to through a phone call or onscreen, and opportunities for important relationships between families and professionals that allow more than just a superficial conversation and a real understanding of need and a connection that enables those families to talk about the issues they are experiencing and to reach out for support can be lost through virtual contacts.

We are worried that this is seen as a way of making services more efficient and that it is mainstreamed quickly and services do not go back to business as usual before we understand the impact that it has had.

There is a long-term impact both on the children and on the services that support them.

The Chair: Thank you very much, Sally. It is heartbreaking to think of those tiny children. Thank you for speaking so eloquently about the babies.

Jane Williams: Thank you very much for letting me represent the voices of our mums and children. Eighty per cent of our mums have no recourse to public funds. They are migrants. Welfare benefits that have created a safety net for other families are not applicable to our families. They are the very marginalised families that Sally is speaking about.

Our mums and our families were already in crisis, destitute, marginalised. During Covid and lockdown, this just got worse. Our mums were locked down with two children in just one room with a shared bathroom and kitchen, sometimes the size of a parking space. One of my mums told me that she upended the cot that her child was sleeping in so that she could have some floor space for her child to crawl on. The effects that we have been seeing of this lockdown, I agree with Sally, will be seen only once we start coming out of lockdown.

I will talk about some of the effects. Some 70% of our mums are worried about their own anxiety and low mood, 50% are worried about the missed nursery and childcare, 30% think that lockdown has had an effect on their child's emotional health, and a worrying 15% think that it has had an effect on their child's physical development. What we are seeing as children come out of lockdown and see us again is a delay in their physical development, such as walking, because they have had no space to play or crawl in their housing. We have seen some of our children hospitalised because of poor housing, with respiratory problems because of mould and damp in the rooms they have been locked down into.

We have seen an increase in domestic incidents. The real worry about that is that we have only seen the tip of the iceberg. Those things will come out. Now that things have started to open up, we will see that things have happened in lockdown. One of the main points of our project is to keep eyes on very vulnerable children, and that has been really difficult during lockdown.

We have seen a lot of services, as Sally mentioned, disappearing behind what is effectively a paywall, because our mums do not have access to data; they cannot afford to top up their phone. The services they are relying on to help them have disappeared behind phone and digital paywalls, so they have not been in touch with the health visitors or able to continue their counselling for their own trauma. A lot of our mums have been trafficked or have been abused, and that has affected their mental health. In turn, the worry is the effect on the child, because these adults are the main protective factor for these very young babies who we have not seen.

Poor housing has been a massive issue for mums. It is one thing being locked down into a house with a garden and plenty of rooms, but, as I said, some of our mums have been locked down literally into a room the size of a parking space, with no floor space for their baby to crawl in. Mums have been telling us that their babies have been learning to walk on the bed. I do not know what that does. Maybe Sally knows about hips and core strength and muscles. It cannot be good. Then there is digital poverty, with already marginalised people being further marginalised. Our mothers have especially missed the children's centres because of closure. These are lifelines for our mothers. Health visitors are also real lifelines.

There have been some good things about Covid. The Covid crisis response, which was a public health response, solved some of the pre-existing issues of our families. In Newham at least, some of the families under a certain type of support were rehoused into self-contained accommodation from shared accommodation. In Newham again—Newham did a great job—they were put on to the at-risk register so they were then delivered food and so on. They were already struggling for food and for resources, so this solved a problem that existed pre-Covid.

Also, there was a sudden understanding of what no recourse to public funds was doing in a place like Newham, when we started to see queues of around 700 outside foodbanks, and work disappeared for international students who had been relying on it but then had nothing. There was an awareness of these families, which was wonderful. Newham did a deep dive into "no recourse to public funds". It set up a welfare alliance and a food alliance. It also worked well with the third sector, the church sector, civil society. It understood that it could not reach these very vulnerable families on its own, so it came to people in the community and said, "Can you help us reach them?" That was absolutely wonderful. The concern is that business as usual was awful before Covid for these families and we do not want to go back to business as usual. We do not want people to forget about the plight of these very vulnerable young children.

There is no national register for under-fives. Only health visitors have a view. Some of our mums were moved from accommodation to accommodation four or five times, even during lockdown, which means that every time they cross a borough border they get lost to services. Every serious case review of awful things that have happened to children is about children falling between the nets, when somebody had one part of the picture and another person had another part of the picture.

My concern is that, as Sally said, we may not see the effects of the poor mental health and physical deprivation of these very young children until they reach school or get caught up in the criminal justice system at 16, in their teens, or until they are adults and have heart disease or diabetes based on very poor nutrition in childhood. This is a very long-term picture. Given that, it would be great to flood the area with early help, a children's centre on every corner.

The Chair: I will stop you there. We will come to mitigation later. That is a very helpful foundational setting piece. Thank you very much.

Q4 **Baroness Young of Hornsey:** Thank you to all our witnesses for their insights on this. It highlights what an important area this is.

I have a couple of questions. I will try to blend them into as short a time as possible. The first is about mental health and the extent to which parents' and children's mental health has been impacted by the pandemic and its fallout. Clearly you have all indicated something along these lines.

I want to do a bit more of a deep dive into that and the long-term implications. Could I ask those of you who feel you have the expertise and research also to respond to a question that springs from that subject, which is about what has been happening with looked-after children, children in the care system? I declare an interest as a chair of an advisory board on a piece of academic research on young people in care and transitioning out of care during the pandemic.

David, could you talk us through what happens with regard to looked-after children, especially with reference mental health? I would then like to hear more about that from the other witnesses. Given that we know or can guess what the long-term implications will be, how do we mitigate that situation over the next five years or so?

David Holmes: Could I begin with the specific question about looked-after children and then go to the broader mental health issues? One of the things that Family Action did in response to the pandemic was to set up a new service called Listening Works, because we were so worried about very isolated care leavers and how they were coping in the context of the pandemic. We were aware that this was a group of young people who we already had some service provision for but who were 18-plus, or maybe a little bit older than that. They were often living in quite poor accommodation and were socially very isolated. They did not have the networks and structures around them that would give other people support and they were in the middle of a pandemic, like everybody else.

We were extremely worried about them, so we set up Listening Works, which is an out-of-hours helpline that is free to access. It is open from 6 pm until midnight, seven days a week. We did that last May, and nearly a year on we are seeing increasing volumes of calls to that helpline as it has got better known. The calls are long, 45 minutes on average, with people needing emotional support—somebody to talk to who is not part of the system but who they can offload to and talk about their isolation and all the things that are going through their head and all the problems they have.

It is a good example of how the needs of that group cannot be sorted out easily and quickly. It is an ongoing need and it is a good example of the specific impact of the pandemic on a group of people. The fact that it has gone on for a long time is, if anything, increasing the level of need. It is good to have these responsive services. It is a good-value service. We provide it from charitable resources. It is staffed by volunteers but has professional supervisors so that we can pick up any risk areas and manage them well. You are right to highlight looked-after children,

particularly care leavers, as very vulnerable in the context of this pandemic.

I will broaden my comments to talk a bit about mental health and well-being. I mentioned that we surveyed 4,000 parents to ask them about their experiences of the pandemic. It is a nationally representative survey. What came from that was that fully 40% of parents who responded said that their mental health and well-being was worse than a year ago.

It is important to focus on that, because we must not think of this pandemic as something that has affected only the most vulnerable families. Of course families who were vulnerable before the pandemic are in a worse position now. Jane and Sally have both spoken very eloquently about that, but this is an issue for the whole of society. We need to think of it as a whole-society issue rather than just an issue for the most vulnerable.

Sally Hogg: I would like to talk about mental health, and first about the mental health of babies. People are used to talking about children and young people's mental health, and we do not talk as much about babies' mental health, yet we know that babies' early mental health, social and emotional well-being and development are foundational. There is a lot of research that shows that early relationships, the attachment that babies are forming with their parent, are predictive of later mental health and a whole range of other physical, social, emotional and educational outcomes. It is a critical point for the development of mental health in the early years.

What matters is parents or caregivers being able to provide their babies with sensitive, responsive care. That is foundational. We know that when parents are facing increased stress and adversity and mental health problems, it becomes more difficult for them to give their babies the care that they need and which is critical for babies' mental health, so we are worried about the impact that this is having on babies' emotional well-being and development.

As a society generally and with public services, we are not very well geared up to understanding early signs of distress in babies and to responding to those. Health visitors, who are very skilled at doing that, are not seeing these babies, and we are worried that it may be storing up behaviour problems when these children are three or four and at preschool, or later mental health diagnoses that we could nip in the bud now if we were seeing these children and able to assess need and if there was specialist support.

The charity I work for, the Parent-Infant Foundation, supports specialist parent-infant mental health services and relationship support. Those teams are led by mental health professionals, but they provide relationship support because that is what infant mental health is. It is about the quality of a relationship. There are only 40 of those teams across the UK. Pre-pandemic, this issue already existed.

We know that 42% of CAMHS services across the UK do not take referrals for the under-twos. Again, there is this picture of increased need and lack of the support that could deal with that. We anticipate that without that early support later on we will see more of these problems when children get to preschool or school. We know that good support can nip these problems in the bud and can help with early emotional distress in babies and stop them manifesting into later, more significant problems. We are failing these babies if we do not give them the support that they need.

One of the factors that impacts on early relationships, but not the only one, is parents' own mental health. We know that mental health problems among parents, male and female, have increased during the pandemic. We have seen, because of the increased adversity, birth trauma, the lack of social supports and an increase in perinatal mental health problems among parents. We have also seen, because of the lack of support, some of the more serious issues not being picked up and getting support quickly. An increase in perinatal mental health problems, which is difficult for the parents, will have an impact on their babies.

Q5 **Baroness Young of Hornsey:** Thank you very much. Jabeer, you mentioned, in response to Martha, gaps in evidence and data. Could you say something about Gypsy Roma and Traveller communities, because they often get left off the list, as well as address more broadly the whole mental health issue?

Jabeer Butt: I am happy to. In terms of Gypsy Roma and Traveller communities, one of the challenges we have faced for a number of years is that many of the datasets that we have do not identify those communities separately, so it is difficult to understand the impact that any changes in well-being have had. Unfortunately, that has continued during the pandemic. Anybody who has tried to look at vaccination rates, for example, will have struggled to identify whether we are reaching those communities and whether they are being protected at the same rate as other communities are.

That also comes through to our understanding of family experiences. Organisations such as Family, Friends and Travellers in Leeds, GATE, and the Traveller Movement have done amazing things in identifying some of the challenges and trying to find ways of responding to them, but we do not have systemic information. However, it must be clear that those communities have suffered in similar or worse ways than other minority communities have done, not least because of some of the challenges that have been imposed with lockdown and the challenge that poses to people's ability to have their ways of life.

Going beyond that, and coming to your original question, maternal mental health is a key issue for minority communities. We have known for some time that Caribbean mothers, for example, have higher rates of mental health problems. We have also known that the response to it has been comparatively poor and that they do not seem to have the access to support that other communities do. That means that those problems persist over a longer period.

The evidence is that the inequitable way in which the pandemic has had an impact has meant that those stresses have multiplied over time at the same time as the support that we might have wanted to have in place has declined. Sally has already pointed out that the redeployment of health visitors has been key, but so has the withdrawal of other forms of support such as parenting programmes, which has meant that some of the support that these communities might otherwise have received is not there. It is a real worry as to the longer-term impact.

I would also add the impact on teenagers. We have seen for some time that there are problems in accessing child and adolescent mental health services. I fear that the evidence from the last 12 months is that, for teenagers in particular, that problem has not only persisted but perhaps grown. I fear that when that is combined with all the challenges in the education system and its lockdown, we will see a generation who have had their education but also their mental well-being impacted. We do need to understand that to respond to it effectively in the coming years.

Baroness Young of Hornsey: Thank you very much. Jane, do you have anything to add to that briefly?

Jane Williams: I want to amplify what Sally has said. At least 70% of our mums are describing low mood, anxiety and depression. As the main caregiver for these children, and in a lot of cases during the Covid lockdown the only caregiver, that is absolutely crucial. The still face experiment online is an incredible psychological experiment where a mother does not react to her child. The child becomes incredibly distressed incredibly quickly. When you are worried, when you are anxious, you detach and then there is literally no interaction. The attachment between a mother and a child is absolutely crucial for that child's well-being and for the formation of brain chemistry that takes them into adulthood. It is not just distress in the moment; it can last for years and it can be a risk factor for all sorts of things into adulthood.

I agree with David that this is an issue across the board, but, in terms of inequality, if we design systems for the majority they will not reach the margins and the marginalised families. I would urge people in the recovery to design systems that will reach these very marginalised families. They will automatically then reach the majority. But if we design for the majority, it will not reach these families because of their lack of connections, digital access and social connection and because they are very itinerant. That is an addendum.

Q6 **Baroness Benjamin:** Hello, everyone. It is good to hear from all of you. Thank you for shining a light on these large issues and concerns. Childhood lasts a lifetime, so we need to get things off on the right foot from as early as possible. That is why this session is so important.

I would like to cover violence and abuse. It has been widely documented that domestic violence has risen during the pandemic and that the victims have been both women and children. There have been reports that children are being groomed and abused online. Barnardo's child

sexual abuse services—I declare an interest as a vice-president of Barnardo's—found that a third of the children they support were first groomed over the internet. Perpetrators are befriending children on apps or chat forums. The Internet Watch Foundation has taken down a record number of child-abuse images during the lockdown, a huge increase from 2019.

Can I ask all of you what signs are you seeing of increasing domestic abuse and child safeguarding issues where victims are stuck at home with perpetrators? What long-term effects will this have on the child, and what needs to be done to protect women and children, especially online? Finally, do you have any evidence of the increased pattern of children abusing other children? I will start off with Sally, because you touched on it earlier.

Sally Hogg: Yes, it is a real concern for us. A survey we did of professionals working with the nought to twos said that 80% of them reported increases in domestic abuse or child abuse in the families they work with. The particular concern for babies, as we have said before, is that it is a formative period. Being exposed to adversity and stress, both in the womb and as a young baby, can have a real impact on emotional, social and physiological development. That exposure to early stress has a long-term impact on how babies' brains and bodies develop.

Obviously, pre-mobile children are particularly likely to be exposed during lockdown to abusive situations in the family, because whereas an older child might go their room and shut their door or stay away, the baby is unable to remove themselves and so is particularly exposed to a situation that is having an impact on them and their development. We are really concerned about that and about child safeguarding.

As I said, serious incident data of cases of abuse and neglect comes out every six months. There were over 100 incidents of serious neglect and abuse of under-ones between April and September last year. That is a 50% increase on the six months before, or a 30% increase on the same six months the year before that. Whatever measure you are using, it is a significant change. Again, this is at a time when those babies are more likely to be invisible to services, because we think that there is probably more going on behind closed doors that we do not know about. It is a huge concern for us, and we know that it will have an impact on children's development if they do not get the support that they need.

We need to think creatively about how we make sure that we understand what is happening in families and can identify the families who need support. That is about getting health visiting services back up and running, seeing families face to face and catching up on families they have not seen because of the lockdown. It is about good use of third-sector services and local family support services, whether it is children centres or services like Home-Start—whoever it is in the local area who is able to build trusting relationships, get eyes on families, and understand where there are issues and escalate those.

We have seen some fantastic examples over the lockdown of local areas that have tried to understand what is happening for vulnerable families through partnerships between statutory and voluntary sector services, for example making sure that foodbank deliveries go to the house and are delivered by volunteers who stop and talk to the family and try to understand what is going on. But it is such a postcode lottery, as it was before the pandemic. There are local areas that have invested in services for families in the earliest years of life and there are those that have cut them.

Sadly, those inequalities seem to have been exacerbated over the pandemic. The areas that already had strategic priority and local leadership for services for the nought to twos galvanised their support during the pandemic. Those where services were already depleted and where leadership was weak did not have the resources to think creatively about how to reach families. We need to get services everywhere up to the standard of the best so that we identify families and then make sure that the specialist support that they need is there for whatever the roots causes of the problem are, such as domestic abuse. That specialist support might also be the early relationship support that families need, mental health support and tackling drivers like poor housing and poverty, which we know increase the likelihood of those problems emerging.

Jabeer Butt: As you know, in the reporting of child sexual abuse in particular but of abuse as a whole, there are long-standing issues of lower rates of reporting from black, Asian and minority ethnic communities, in part because of lack of trust in the agencies that address it but also in part for lack of knowledge of the agencies that people need to report to. I fear that that pattern has continued into the pandemic.

However, I suspect the real challenge has been the response to abuse and neglect. The evidence of the women's organisations that have been addressing issues due to domestic abuse is that they have struggled to respond due to the various restrictions imposed by lockdown, in part because the move to digital solutions does not seem to work for minority communities. In part also, that distance means that it is more difficult to engage with communities that are isolated or in minority numbers. I suspect that once we start to emerge from lockdown we will see not necessarily an explosion but certainly a revealing of much more abuse that has taken place and a failure to be able to respond.

Part of the background also must be that many black, Asian and minority ethnic-led organisations dealing with domestic abuse have had a number of struggles, particularly financial struggles, over the last five or six years. I fear that has also weakened their ability to respond. If we will start addressing some of these challenges, we will have to think seriously about how we ensure that the infrastructure is there to support the people experiencing that abuse and that they are able to be supported in an effective manner.

Baroness Benjamin: What about abuse online?

Jabeer Butt: That is a real worry. We have seen, and work done by Natural England has seen, that minority children in particular are less likely to use open spaces in that period. While it has been true of all children, it is particularly true of minority children. They have replaced that with greater access to digital interaction. The worry obviously is that that creates a greater opportunity for those people who are using the digital solution to groom young people, to have access to them. When we start to look at this evidence, I suspect there will be real worries about minority communities and whether the pandemic has seen an increase. However, we will need to tread carefully here and not get caught up in a conclusion that suggests that it is an issue only for those communities. The reality is that it will impact across many communities.

David Holmes: It is important for me to say that our FamilyLine service is a general parenting advice and support service. During the pandemic we have received more than 170 calls to that helpline that are specifically about domestic violence and abuse. That is a significant number of calls to a more general parenting and family support helpline, so much so that we have needed to add specialist domestic violence and abuse capacity to it to make sure that we are managing those calls safely, because we recognise that it might be the one opportunity to help somebody experiencing domestic violence and abuse, and we need to do that well. That is the first thing I wanted to highlight.

You asked a broader question about safeguarding and child protection. Across all our family support services, interestingly over the last year we have not seen a sharp spike in safeguarding cases. Perhaps that is not so surprising, because it has been so much more difficult to do in-person work. My suspicion is that, as we see more families face to face in the months ahead, more of those issues will come out.

We have seen a surge, though, in children in need. We are picking up those slightly lower-level concerns, but I am sure that the safeguarding issues will follow. We have seen a consistent level of safeguarding concerns continuing throughout the pandemic, even though there has been reduced in-person work.

Q7 **Baroness Benjamin:** Finally, Jane, you are talking about the younger babies. Somebody from Mind told me that they are finding more evidence of children abusing other children. Have you come across that with young babies at all?

Jane Williams: We have not been able to do much group work at all over the past year. We see two types of emotional and mental distress in our young babies since before lockdown. The first is what we call frozen babies—babies who are very quiet and do not often react to loud noises or stresses. Their mums and other people, even sometimes professionals, say, “Oh, that’s a really good baby”. We know that they have stopped reacting, but their cortisol levels are still very, very high and they are still very, very stressed, but because of a poor attachment they have not been responded to when they cry, when they ask for help, so they do not do that any more.

The other is very angry and overactive, combative young toddlers. However, because the children are so young I would not necessarily call any of that abuse. They are all under three. Obviously if that kind of behaviour is not addressed through great modelling and parenting programmes and so on, it could become problematic.

In terms of domestic abuse, if our mothers who are migrants have to flee domestic violence, they risk becoming destitute. They risk their immigration status if they are on a spousal visa and they risk becoming homeless. With people we work alongside, such as the London Black Women's Project, we have often struggled to find refuge places for people with no recourse to public funds. I would also echo the point about generic domestic violence services often not being trusted by people. They would prefer by and for services.

With child safeguarding generally, what is interesting is that a lot of the hardship that we see with our children—I sometimes categorise it even as neglect: not enough to eat, not enough clothes, ill-fitting shoes, hospitalisation due to respiratory diseases, bites from cockroaches, mice, bedbugs—is systemic and is imposed on these families by the hostile environment. It is interesting that there are hardships that come through the main carer but also that a lot of our children are struggling just with severe destitution, which I would see as a safeguarding issue.

Q8 **Baroness Benjamin:** Can I have a one-word answer from all of you to this question? Do you think that a Cabinet-level Minister for Children would help to co-ordinate all the issues that we have discussed today to improve the lives of children and families? Yes or no?

Sally Hogg: Yes, all children from pregnancy upwards.

Jabeer Butt: Perhaps, Baroness Benjamin, a Cabinet-level Minister for Inequality.

Jane Williams: I would say yes, as long as it involves all children and bears in mind the structural inequalities that some children face.

David Holmes: Yes, but ideally their remit would be children and families.

Q9 **The Chair:** I would like to jump in here and ask about children going into care, because I am not sure that we have covered it enough. Perhaps David and Sally can answer this question. Can you give your comments or any numbers you may have on the children who have gone into care as a result of this, or who you feel might do so, over the next two to five-year timeframe that we are looking at? David and Sally, this question is specifically about care, or anyone else who might have anything to add on this.

Sally Hogg: I do not have any data specifically on children going into care. We have seen a mixed pattern over the last year of referrals into the care system. There are periods when we know that there are problems but the system is not seeing referrals, and then peaks of

referrals and worries about the ability of services to provide families with support and the ability to understand what is going on to make decisions about the care system.

We know that there is a lack of support generally in pregnancy for families and parents and therefore an inability to understand and make a judgment about the removal of families at birth based on real knowledge of what is going on in the family and support for that family. That was pre-pandemic. I do not have any data specifically about the care system and the pandemic.

The Chair: No problem, thank you. David or Jabeer, do either of you want to add anything?

David Holmes: I do not have specific data, but I make the general point that as we emerge from the pandemic and have a better understanding of what is going on in families, we can either expect to see increases in the number of children going into care or a real need for intensive family support to stop that eventuality happening.

Jabeer Butt: The trajectory in relation to children being taken into care is that it has been on the rise since 2009-10, and there is very little evidence that that has changed during the pandemic. As with David, we would echo the worry that once we start doing more intensive work we may find that the figure starts to rise again dramatically. The reality is that we have cut many of the things that might have supported families to stay together. Unfortunately, we are paying the cost by taking more and more children into care, and they are paying the cost of that because that care is rarely as good as it could be if families were helped to stay together.

Q10 **Lord Harris of Haringey:** I want to follow up specifically on the point about children being taken into care. Do you have any information about the availability of placements or appropriate placements? I am assuming, and it is an assumption, that the consequence of the last year has been that certain sorts of placements are much more difficult to set up. Clearly that could have a very detrimental effect on the children who are taken into care.

Sally Hogg: I do not know, I am afraid. I suggest that an organisation such as the LGA or the ADCS might have that sort of data about the availability of placements and could provide that.

David Holmes: Just because a lot of my prior experience is in working with looked-after children, I can say that there has always been pressure on the availability of placements and on suitable placements that meet children's needs and are within close geographical distance of where those children need to be placed. I am sure the pandemic can only have increased pressure on placement supply, not least because most children live in foster care, and foster carers across the country have also experienced this pandemic, just like everybody else. It is an area of concern, and pressure on that system can only have increased.

Q11 **Baroness Jay of Paddington:** Thanks again, everybody, for really fascinating input. This is another area where there might not be a lot of very important and analytic evidence, but there is certainly a lot of anecdotal evidence that during the pandemic in separated families there have been a lot of challenges to family court orders on parental access. Is any research being done in that area, and is there any evidence, for example, on emergency court applications on parental access? It seems to me—just, as I say, from anecdotal evidence—that this may well lead to a different attitude towards some parental access orders. Do any of you have any observations on this whole area? Perhaps we could start with David.

David Holmes: Thank you, Baroness Jay. I find that a really interesting question, because one of the things that has surprised me during the pandemic—I am talking now about the reasons why people have been calling our FamilyLine service—is that during the pandemic I have seen contact disputes between separated parents rising up the chart, if I can put it that way.

People are calling FamilyLine to the point where, at one point, it became the second-most popular reason for contacting us. That bears some reflection, because clearly the restrictions that were in place nationally limiting movement have been misinterpreted by some parents as restricting contact. In other cases, we have seen separated parents being very anxious about how to manage contact and, in relationships that were already fractured, that becoming an even trickier area to negotiate.

Whatever the motivation for those disputes, they have been part of the lived reality of how separated parents have responded to the pandemic in a number of cases, and we have been struck by how that issue has increased during the pandemic.

Baroness Jay of Paddington: Do you know whether anybody is doing any systematic research that might produce statistics? What you have said has been exactly what has been said to me, as I say anecdotally and from different family lawyers and so on, but I have not been able to access any particular data on it.

David Holmes: I am not aware of any research. It would be a really good area to research, though, and it is clearly of its moment. We need to understand more why this has happened and how it can be managed.

Interestingly, we also provide a service called SPIP—the Separated Parents Information Programme—which is court-directed training and support for families who are separating where children are involved. Interestingly, we have seen how well that service has converted to being available online, so there are solutions to this and ways in which those difficult relationships can be managed, but it is an area that is ripe for more research.

Baroness Jay of Paddington: It seems to me that there is little understanding of the exceptions that are made under the coronavirus

regulations precisely for this situation. You mentioned that, and I do not know whether you have been able to offer anything with regard to this. If that information was put in a way that was accessible and clear to people, that would be enormously helpful.

David Holmes: I agree.

Baroness Jay of Paddington: Thank you. That was really all I had to ask, so I do not know if anybody else wants to add to it. The kind of response that David has just given was exactly the response that I was hoping for.

The Chair: Great. I do not know whether anybody else wants to expand on the question about the access that people have had to services they normally rely on, and whether people feel as though there will be long-term implications of services having been withdrawn. I know that we have touched on that from many angles. Would anybody like to say anything more specifically about mental health services or social services or other charitable services? Is there anything people feel we have not covered yet?

Q12 **Baroness Young of Hornsey:** My question is about parents and children who have a disability and the impact of Covid on mental health issues and other services.

Sally Hogg: Yes. You will not be surprised by what I have to say, but early developmental issues and disability are often picked up through contact between professionals and families in the first years of life, and that early pick-up is an opportunity to provide emotional and practical support to the family as well as the kind of physical support that children need, whether it be speech and language therapy or physical therapy—whatever the input is that might help them.

Through services stopping and staff being redeployed we have missed those contacts and those early opportunities. This is another area where virtual contact does not cut it, so we have often seen a family being asked a specific set of questions on the phone or online but not the same opportunity for health visitors, who are very skilled nurses, to see a baby and to judge for themselves or to pick up problems. We will be missing some of those issues and therefore missing the opportunity to intervene early and support families.

David Holmes: Family Action runs a number of special educational needs and disability information and advice services, and I would highlight the fact that we know that many families who have children particularly with special educational needs have had a very tough time through the pandemic because of the removal of so many of the structures and services that have just made daily life easier. In some cases, children not being able to continue to go to school, support groups not being available, or services that were face to face going virtual have all affected families in different ways.

Again, we are very conscious that, a year on, those families have had a very difficult year, and, given the focus of this inquiry, we also need to think carefully and specifically about the long-term impacts on them. There is a need for a recovery strategy for those families, too.

Q13 Lord Hain: Thank you very much for your evidence, which I must say I have found very arresting and vital. We have covered a lot of the mental health and stress side of the impact of Covid, particularly on children. What about social skills? We are social animals. David referred to societal impacts, and Sally talked specifically about the young kids' mental health stresses, but the lack of involvement with the rest of us has surely left a massive gap in social skills. What is the long-term impact of that on young children especially, but probably on all of us? Sally, please start, if you do not mind.

Sally Hogg: It is a really good question. The honest answer is that we do not know yet. Research is being undertaken, but we cannot wait until we know, until the studies come out in a couple of years' time that tell us about the social and emotional impact. We have to act early.

Very tiny babies need a caregiver who is responsive to them. It is the parent who is most important in that situation, and, as long as the parent is able to provide that sense of responsive care, the social and emotional development of the child should be on track. That is dependent on the parent getting the support they need.

As children get older, and we are talking about toddlers, learning to interact with other children and to play and be comfortable with other adults becomes more and more important. Obviously children have missed out on that, particularly during the first lockdown. The rules changed over time. In the 2021 lockdown, under-fives did not count in the one-to-one numbers, so there was more opportunity for them to meet, to go to playgrounds where they might see other children, so the picture is a very different. There is still very limited socialisation, but different in the second lockdown from the first. How children experience that in their own development will influence how important it is for what goes on later.

There are children who are now starting at childcare settings who have never been in a room with other children before. They might have done some outdoor play. They have never been looked after by an adult other than their parent, never had their nappy changed by anyone else, never had a cuddle from anyone else. It is incredibly challenging for them, and really important that we understand that and support settings to deal with that as well as getting things like baby and toddler groups back up and running as quickly as possible, so that that early socialisation and play that is so important as well as the social support for parents gets back on track.

Q14 Lord Hain: Is there anything more towards the teenage years with regard to the same impact?

Sally Hogg: One of the other witnesses will be able to answer that.

David Holmes: I completely agree with Sally's comments. Maybe I can answer the questions in a broader way looking cross-generationally as well. I talked before about how the pandemic has affected people differently, and I am very conscious that our service range goes from the very young to much older people. A number of older people have in many ways been prisoners in their own home. Over the last year we have seen people who have been shielding who have had very reduced contact socially. There is the group of people who are in very unsuitable accommodation who have struggled enormously to have any sort of social involvement during the pandemic. There are all these different groups who have had these different experiences and need to recover from them.

For teenagers, there has been the lack of normal exposure to things like after school clubs and opportunities to go out and engage with other young people. That has been going on for so long now that it is sure to have a continuing impact. We are seeing that with the anxiety that is being expressed through our services, which work with young people not only about not being in school but about then going back to school and relationships with peers and the impact of that moving forward.

You are right to highlight this as an issue, but we need to think about the impact of isolation on different groups and how that has affected us all.

Jabeer Butt: Children go through incredible change, particularly physical change, as well as developmental change, and certainly the teenage years are part of that process. The fundamental skills that we need in our relationships with others but also the skills that we will use in work in later life need practice. You need to be able to put solution-building skills into practice, for example, and if you are not engaging and interacting with other people, particularly your peers, that opportunity to put those things into practice is inevitably limited, because the digital world will never be the same as being in a room with someone, talking things through and trying to come up with solutions. Building those fundamental skills is vitally important, because they impact the way you interact at work as well.

We know that if you do not have those fundamental skills, you will struggle to secure the type of employment that will help you. We suspect from what we have seen that we have a generation who will have a real challenge in implementing some of those skills, because they have not had the opportunity as a result of lockdown. Hopefully when we start investing in things like catch-up, we will start doing more than just focusing on educational attainment and will start thinking about how we develop those other skills, which are sometimes called soft skills but are fundamental to how we interact with each other and the rest of society, and start investing in that.

Jane Williams: I would like to echo what Sally said. Our first baby to be born at the beginning of lockdown has been locked down pretty much all her life. She has learned to walk now and is beginning to talk, but as she is coming out into the world she has not seen other adults. She is

terrified. She is worried by them. Also what is really important for young children is to see their parents being treated with respect in a friendly environment and being supported. That is really great for their emotional and mental well-being. It teaches them about the world.

I would like to go back to services. When I asked our mothers what the effects of Covid had been, one very startling quote was, "My four year-old cannot talk because of Covid. He has not had any of his appointments. I have not been able to find help for him". At four, he should be going to speech therapy. Those were her words: "He cannot talk because of Covid". He obviously has a problem with speech and language, as a lot of young children do, but she has seen a year's delay in help, probably because of digital poverty. Maybe if she was more connected she would have been able to get the help that she needs.

In a two year-old's life they have been locked down more than half their life. In a four year-old's it is 25%. It is enormous; it is massive. I do not think we can underestimate it.

- Q15 **The Chair:** Thank you very much. I know we have touched on some of these things, but I would like to see if you have anything else you would like to add, particularly on the impact of unemployment and poverty through unemployment, or deeper issues of poverty and the intersection of all of these with some of the families and children that you have been working with. Can you say a little bit if you have experience or things you would like to add specifically about the changing nature of people's work during this last period of time and how that will affect the issues you are dealing with?

David Holmes: Yes, thank you. I will make a couple of broader points. During this pandemic, one of the things that we have noticed in Family Action is that we are being contacted by families who have never contacted us before and families who were just about managing, I guess. The result of the pandemic and the impact on employment and family finances have been such to make them really need to seek the support of our organisation.

I talked about the explosion that we have seen in food insecurity and about the increase in FOOD clubs, our version of food banks, from eight to more than 80 now. We are currently distributing more than 15 tonnes of food a week, and this is for an organisation that typically is not working in food poverty but has to now because this is the need that we are seeing.

We were contacted just a couple of weeks ago by a big local authority that asked us to set up a further 25 of our FOOD clubs in their area alone. This whole issue of increased poverty, of food insecurity, is not going to go away. Given your lens of looking into the future, I do not think it will disappear when the infection rates reduce further and the vaccination programme is completed. I think this is with us to stay for some time, and we need to think about how we get everybody through this pandemic in one piece.

Jabeer Butt: We have seen over the past 20 years a dramatic improvement in the paid employment gap between minority communities and white majority communities that arises particularly among Pakistani and Bangladeshi communities. That dramatic rise in paid employment has been in insecure employment, employment that is often under zero-hours contracts or underemployment, in that people are not given the hours that they would really like to work.

Unfortunately, Covid-19 has had a particular impact on those insecure areas of employment, and we have already started to see higher rates of redundancy as well as poor uptake of furlough schemes among those workers. Work from the Resolution Foundation and the Joseph Rowntree Foundation shows that poverty among minority communities with children is on the rise and will have a longer-term impact.

We fear in particular that the employment gap, which had been reduced, is likely to rise again as we emerge, because of the detrimental impact the pandemic has had on sectors of the economy which minority communities were particularly prevalent in, such as retail and the service sector. We think that will have a longer-term impact.

We know that employment and the money that comes with it are some of the biggest stresses on families with children, and we worry that that will be part of the picture that will lead to families experiencing real challenges in supporting their children.

Q16 **Baroness Morgan of Cotes:** I think Jabeer has touched partly on unpicking what you were saying, David, about the families you had not perhaps been supporting before but who have asked for help and the increase of the FOOD clubs. Have the families reported that it was because of a loss of job, loss of hours, not being able to access the furlough scheme? Was it because families were spending more on other things because they were at home, such as energy costs or data costs because children needed data for access to school? Can you unpick that a little bit more for us and say what was going on with the family income, and whether you have any examples of issues of access to things like Universal Credit?

David Holmes: Again, that is a really interesting question. I think it is a combination of factors, to be honest. There were families we were already working with who we were providing quite a structured family support service to, so we would expect to work with them for, say, six months over a specific range of things that were going on with them. We saw work with quite a few of the families we work with almost being parked, as people said, "I don't have enough money for food", and so we needed to meet that immediate need.

So there was that one big group of families. Then there was another group who we had not had contact with before who we were not providing a service to but who had clearly been managing quite well until a combination of circumstances happened. It could have been any of the things that you have described, probably more, and it just tipped them

over the edge and they needed support while probably exploring the other options and other sources of help that were available to them. It is not necessarily that other sources of support were not there, but that the family was suddenly plunged into difficulty and was struggling because they had never been in that situation before. We have seen those two groups of service users and have needed to adapt our response.

We have then seen the same phenomenon in the explosion of calls to our FamilyLine service, our parenting advice and support service. As I said to Lady Jay, suddenly we had this huge increase of people calling us about contact disputes, and we had a real increase in parents wanting to talk to us about how to manage children's behaviour and asking us for behavioural support techniques. I think people just need more help and more support.

It is also important that that support is readily available, because if you help people they often build the knowledge, the resilience, the networks, whatever they need to be able to carry on, but that does underline the need for responsive support.

Q17 **Baroness Jay of Paddington:** I want to follow up on something that Jabeer said earlier: that so many jobs in the retail area and services area are gone. I am particularly concerned about the long-term impact of the pandemic on the employment of women, and obviously women in families. Women have often been very important contributors to family income, and there will be a long-term impact on women's employment, on family budgets, on children's welfare and so forth. Can you elaborate a bit more on that?

Jabeer Butt: There is clear evidence that there will be higher rates of unemployment among black, Asian and minority ethnic women, in part because of the occupations that they have tended to be employed in historically. Hospitality as well as the retail sector has been impacted, but there are also occupations that have developed over the last 20 years. Personal hair care and nail bars and so on are predominantly women-based occupations, and they seem to have been dramatically impacted.

Clearly we do not know what the bounce-back will look like and whether we will see a return of some of those jobs, but we know from the closure of so many businesses already that they are unlikely to come back very quickly to the pre-pandemic level and therefore that impact will be longer-term.

The worry is also, to add a little colour to this, that, as the work from the Resolution Foundation shows, the savings these families had were particularly low in comparison to others in the run-up to the pandemic, and the impact of the pandemic has been to wipe out those savings. It is that thing: you do not have a lot of money to begin with, and perhaps you now have even less, so the stresses that are associated with managing that will be particularly important.

We also know that the closure of schools and so on has meant that the burden of care has fallen disproportionately on women, and that has been as true among black, Asian and minority ethnic families as it has elsewhere. The opportunity to retrain or to try to find other work is limited, because you have to manage your children and look after them.

David Holmes: We may not necessarily have covered this point until now, but I have to say how important it has been that the charity sector has been there over the last year and has been ready and able to provide a safety net of additional services across the country that are responsive to the different needs that are presenting. I do not know what we would have done if that support had not been there. It was so vital to have the support of the NHS and so on, but that community and charity-based support has been vital and has been needed so much throughout this pandemic.

Sally Hogg: I would like to emphasise the disproportionate effect of child poverty on the youngest children. Of the 4.2 million children in the UK who are in poverty, 1.3 million are under five. The charity Little Village has done some great work to bring to life how much poverty and extreme poverty affects the youngest children and increased the use of baby banks over the pandemic.

The burden of the pandemic on women in particular but also on parents and employment has meant that there have been particular challenges among those on maternity or paternity leave during the pandemic, such as in their access to furlough and their access to childcare to enable them to go back to work. We know that the littlest children often use more informal childcare and childcare from family and friends, as well as formal settings. That was not available, although formal childcare may have restarted. So there were lots of challenges that mean that we will see a particularly disproportionate effect on the employment of parents with little ones, as well as poverty in those families.

The Chair: Thank you. That is very helpful.

Jane Williams: Employment is a major issue, especially for mothers and single mothers. Childcare is a really big issue in terms of getting women and women who are the heads of families into employment. You would need to earn about £40,000 a year to have two under-twos in official childcare. There is a danger of people going into really quite dangerous unofficial childcare arrangements. So there is the issue of places for two year-olds, cheaper more affordable childcare and, again, the hostile environment. A lot of our mums are desperate to work and support themselves, but they are disallowed under the Immigration Rules. Some of them are engineers, some of them are Red Cross workers, some of them are emergency nurses. We need these people in our workforce.

Q18 **Baroness Benjamin:** Barnardo's has had a project called See, Hear, Respond that is helping children with their education. That project has now ended because of funding, so what do you think needs to be put in place, and what needs to be done, to help children to adjust back into

education and to catch up with all the resources that they have missed out on?

David Holmes: As the provider of the national school breakfast programme, along with the charity Magic Breakfast, it will probably not surprise you for me to say that it is vital, if children are to be able to engage, that their tummies are full before they start. Making sure that children are well fed and able to engage in education is vital. If we want to level things, we need to look at children's basic needs as well as how we get them back into education. It is important that there continues to be a real focus on the provision of breakfast and food during the school day for children and that they have adequate, good quality nutrition. If we are trying to level the playing field for everybody, we need to think about basic needs and not just what happens in schools academically.

Sally Hogg: I have a plea that we think about holistic Covid recovery for all children and not just through the lens of education, building on what David said. If we just look through education, we look at children who are in a formal education setting, and that excludes the smallest ones.

Q19 **Lord Alderdice:** Much of what we have been talking about so far has been about the results of lockdown, rather than Covid itself, so it has been the direct result of lockdown, social isolation, digital isolation and so on, or it has been the exacerbation of pre-existing problems—poverty, abuse, domestic violence and so on.

There are also direct results of Covid, and I wonder if you can say anything about the impact on families of one or both parents being ill with Covid. Very often with other diseases, one parent will be ill but the other will not, but if Covid comes into the house it spreads around, whether it is the parents or a grandparent who lives with them or whatever. Those are the direct effects of Covid.

We are looking at the medium to long-term, and it is becoming clear with this illness, which is not so true with other infectious diseases, that there is long Covid, which has all sorts of impacts—physical, neurological, brain injury. Are you picking up any of these direct consequences of Covid at the moment for families, or the emergence of long Covid? I appreciate that we are still at a relatively early stage with long Covid.

Sally Hogg: We know very little about what the impact to families experiencing Covid has been on childcare. We can make some assumptions, but one thing is pregnant women and complications. The women who have had complications in pregnancy and birth while having Covid have been disproportionately from black, Asian and minority ethnic communities. Again, it has really shone a spotlight on the inequalities that already existed, which campaigns like the Five X More campaign highlight: that pregnant women and new mums from those communities are disproportionately likely to have poor health outcomes or to die in childbirth or in their postnatal period. We have also seen that through the impact of Covid on those women.

Jabeer Butt: The evidence is still being gathered and it is unclear. I would make two points. Evidence already seems to be emerging of higher rates of long Covid impacting women and women from minority communities. That is obviously a real worry, given that they are the mainstay in looking after children and the likely longer-term impact of that.

Another issue is bereavement. We have seen a dramatic number of excess deaths in the last 12 months, which has raised a real issue about coping with bereavement, in particular because of the consequences of lockdown. The things that we would normally have done, particularly remembering people that have passed away, have not been possible, and we suspect that will have a longer-term impact. As you know, minority communities have been disproportionately impacted by bereavement, and we think there will inevitably be consequences of that.

David Holmes: It is early days for understanding the long-term impact of long Covid, but as a large employer I am already starting to see a number of my own staff who have long Covid and who are struggling to get over the virus. I think that is the reality.

A broader point, if you will allow me, is that I am very conscious of the continuing impact of Covid on my workforce, and this is a workforce that in turn is supporting children and families with a range of difficulties themselves. We have people who have experienced bereavement, illness and struggles during the pandemic who in turn are supporting people who have lots of their own issues. We need to be alive to that as well.

The Chair: Maybe a slight change of gear now. We started talking at the beginning about some of the positive impacts. Baroness Chisholm has a question.

Q20 **Baroness Chisholm of Owlpen:** Thank you, everybody. This has been a highly informative session. It is hard to think that we can take anything positive away from this pandemic, but some of you mentioned a few positives. Jane talked about the Covid response and how it had brought sudden understanding about what was urgently required, and Jabeer mentioned that fathers were able to spend more time with their children. Looking ahead, can you talk a little bit more about the positives and how perhaps local and national government, along with the communities and support services, can build on these?

David, I was interested to hear you mention how charities have played such a vital part in support during lockdown, and whether we need to take more notice of the positives that they can bring to these situations.

David Holmes: On the point about charities, I think we have made a tremendous contribution. I think we need to be part of the solution moving forward and to be seen and embraced as part of the solution.

A couple of points on the positives. Some of our service delivery has been enhanced enormously by the pandemic. We are providing some services virtually now and service delivery has been transformed. We want to

carry on doing that. We have learned that we can do a lot of our therapeutic work virtually and that it works really well. It does not work for everybody, but where it works well it can be really efficient.

I talked before about the separated parents information programme. That has gone online really well too and take-up rates have been excellent for that service. There are some real positives for some families, too. The survey I have spoken about several times showed that a proportion of families are talking about their relationships with their partners and their children improving, and that their relationships to their community have become stronger. There are a lot of positives there. We just need to temper that with the reality that not everyone's experience has been the same.

Sally Hogg: I echo what David has said. There are benefits of fathers and partners being at home more and of all parents working from home that we hope may be sustained as benefits for family life. The pandemic definitely catalysed some fantastic action improvements to services but also joint working and partnerships, which I hope are sustained but will be sustained only if there is leadership and funding. We have a workforce who are often on their knees. They really galvanised and did amazing things last year in the face of emergency, but there needs to be recognition that some of that stuff cannot continue without that workforce getting the support that they need.

There are real benefits from blended offers, such as introducing digital alongside face to face, but we need evidence to understand what works and what does not and not just rush. We also need to differentiate between a good, well-designed blended offer and what people put into place in an emergency, as they did in March last year. They are different. We can learn from what has happened, but we should not just sustain what services are doing that they did during an emergency.

This has shone a spotlight on existing problems, on gaps in our services, on inequalities. If we can use that not just to go back to normal but to build back better, to use that catchphrase, we will be in a better place. That, again, takes leadership and investment and a national push.

Baroness Chisholm of Owlpen: Do you feel that really we need more data and that the data is not available perhaps to move forward?

Sally Hogg: Yes, I do, particularly data on the use of digital. We have seen lots of people saying, for example, "Oh, well, we've had lots of parents engage. They've phoned us up or gone online and contacted us virtually". So there is that kind of data on engagement, but that is very different from data on outputs and whether the service is effective.

Also, parents are still working from home, so just because they are engaging now does not mean that a digital offer in a year or two years' time when everyone's life has gone back to normal will work. We really need to understand the evolving picture.

Jabeer Butt: We have moved to a digital offer with our parenting programme, and it has been incredibly successful in its take-up, in particular among people who perhaps would have struggled to attend a face-to-face programme. We are also quite clear that it is not an alternative to the face-to-face programme, which does make a significant impact, so that echoes Sally's point about the need for us perhaps to develop solutions that build on both.

For us, though, the role of voluntary community organisations, including faith organisations, has been key in responding to some of the challenges faced. I cannot help but comment that the vaccine programme would not have been as successful as it has without the involvement of those faith and voluntary organisations in helping reach communities that might otherwise not have come forward.

A key lesson from the pandemic has been about leadership. Marcus Rashford's campaigns on feeding children and young people during the school holidays has been a prime example of that. In a world that is increasingly cynical about people's motives and the fact that they can do good, he has demonstrated that through being consistent and persistent you can bring about real change. Hopefully, it is a lesson certainly for our generation but also for children and young people that effective leadership can bring about change and is good for everyone.

Jane Williams: I would like to echo what has been said. In the first lockdown especially, we saw an incredible upwelling in community support, but also in understanding from local government and to an extent national government, that they could not do it in a top down way. There was a lot of sharing of information and power to do things. There was a lot of cutting of red tape, and the faith community and charity sector was enabled to do what they do best, which is to reach the people they have a relationship with and whose lives they know. That was a wonderful thing. It was enabled to a great extent by Public Health England, and it proved, especially with homelessness, that when you concentrate on a problem you can really do something to solve it.

What is interesting is that, if we can do that with Covid, perhaps we could think about doing it with child poverty. One in two children in Newham is in poverty. That, to my mind, is a public health crisis, as is housing. We have proved that we can do it, so would it not be great to carry on doing that?

Baroness Chisholm of Owlpen: It is the usual thing with a joined-up approach, and it is slightly stating the bleeding obvious to say that it is important that everybody gets together and picks out the positives so that they can move forward.

Jane Williams: We have worked with health, health visitors, mosques, churches, local authority, children centres, early years and social services, and with that big team around families and joined-up thinking and great communication we have proved that we can make a difference.

Baroness Chisholm of Owlpen: Thank you.

Q21 **Baroness Morgan of Cotes:** Thank you very much. I want to pick up where Baroness Chisholm's questions left off. We obviously have the opportunity as a committee to put forward specific recommendations to the Government. You may have already touched on this, but are there one or two very specific things from the past year that you would like to put to the Government? I take John's point that it is not just about lockdown but about Covid itself, and we are still learning from that.

Perhaps, Jane, I might start with you. A number of people have touched on the importance of the voluntary and community sector, which I entirely echo. Do you detect that there is already a slipping back to previous attitudes? You are nodding. If we were to shape a recommendation, what would you like that recommendation to say to preserve the best or the better of what you have seen over the last year?

Jane Williams: I think you are absolutely right. It is interesting. It is almost as if, when people come back from furlough and back into their jobs, they are re-establishing their area, so again we are getting siloed services between social services and housing and health, which is almost an internal competition of areas of knowledge and expertise. That is a real concern about going back.

Problem-based solutions would be really great, such as creating working bodies for specific areas. Our mums are told all the time, "No, that's a housing issue". "No, that's a health issue". "No, that's an immigration issue". They are all child issues, so would it not be great if we could reassess the problem and base the solutions on people and problems rather than areas of expertise or siloed departments? I do not know how you do that. That is above my pay grade.

Baroness Morgan of Cotes: I completely agree. As a former MP, I certainly saw that locally. Talking about Newham specifically, say that the people you work with locally were given the confidence or the permission again to work in that non-siloed way. Do you think that permission needs to be given from somewhere on high to act in the way you said?

Jane Williams: We had great leadership. Newham was awfully affected, because we have a majority BAME population. We had the poverty, the structural issues, but the leadership was wonderful. Right at the beginning, the leadership called meetings of everybody involved, said, "What shall we do? How do we do this?" There were meetings weekly that were facilitated by Public Health England where all departments came in. They have also done a deep-dive into no recourse, which is a big issue in Newham, and into the underlying factors, and they are doing research into Covid recovery.

I think that it is about leadership, it is about will, it is about wanting to hear the unpalatable truths about equality. We can try to solve problems of digital poverty, nappy poverty or child poverty, but it is all poverty. It happens to families in poverty. One family will not have a problem with digital poverty but not with food poverty or nappy poverty. It is all about

the inequality. It is just a matter of will and of looking at things from the point of view of the child, and the lived experience of that under two year-old child and what is affecting them.

Baroness Morgan of Cotes: Perhaps building on what Jane has said, could Sally, Jabeer and then David answer the same question?

Sally Hogg: We would ask that the baby blind spot in Covid recovery efforts gets tackled. As I have mentioned, there has been £1.7 billion of funding for educational catch-up, which DfE is defining as for the children whose education they fund, which is some two year-olds and three and four upwards.

There has to be a holistic Covid recovery strategy for all children, so that it looks at everything that is going on and mobilises funding. That would fund the services that can detect issues to make sure that babies are not invisible and that every family is getting contact and understood, but it would also fund the specialist therapeutic support such as the support that parent-infant teams and others would provide to deal with that trauma early.

There are Covid-specific responses, but there is also responding to the issues that Covid has shone the spotlight on, such the lack of leadership specifically on the nought to twos and the lack of investment in services for our families during that life stage. The Start for Life review which Andrea Leadsom published covers those things, but we are yet to see a real buy-in to that from government. It recommended that a Cabinet Minister be in charge, and it said that more work would be done to make the case to Treasury.

We need to know who that Cabinet Minister is, because they should be leading a Covid recovery for babies as well as long-term system reform. We cannot spend a year making the case to Treasury. Treasury has put its hand in its pocket very quickly for everybody else, so why do people who work with nought to twos have to spend a year making the case for investment? It has to have the same rapid response. These babies cannot wait.

Baroness Morgan of Cotes: Thank you very much. Jabeer, specific recommendations?

Jabeer Butt: The temptation is to talk about Michael Marmot's proportionate universalism, but I suspect others are better at it than I am. I think what we would call for, Baroness Morgan, is that parental well-being should not be a good to have but a must have. That is one of the things that hopefully today's evidence session has demonstrated: that without us ensuring that parents' well-being is maintained and supported, developed and invested in, we will struggle to ensure that children and young people have the experiences and outcomes that we want to achieve.

The decimation of parenting programmes over the last 20 years needs to be reversed, but we also need to think more creatively about how we ensure parents are supported to address the daily challenges, whether it is about more flexible working, whether it is about ensuring that pay rates reflect the challenges that they face, whether it is about ensuring the value that we attach to parenting itself. All those things need to be put in place so that we ensure that parental well-being is a key measure of all the things that we decide to do.

Baroness Morgan of Cotes: Thank you very much. David, final specific recommendations?

David Holmes: There is room here for another big idea, and just as we have seen such a big focus on economic recovery I would like to see a national strategy for societal recovery that saw the family as a key part of that recovery strategy, but presented in such a way that it captures the country's imagination and was an idea that everybody could get behind and that would work in different contexts as well.

Q22 **Baroness Morgan of Cotes:** I want to ask you, David, about funding, because you mentioned that in some cases you had not seen the referrals that you might have expected, but you are now expecting an increase in referrals. I wonder if any funding settlement that you get from national government has taken into account that expected uplift in referrals.

David Holmes: I am not sure that it has at this stage at all. We should be planning for more early intervention and preventive services, because that is what will be needed. Looking ahead over the next five years, we need to get those early intervention services in place and focus on them.

Q23 **Lord Harris of Haringey:** I would like a bit of clarification from Jane. She talked about the importance of leadership in delivering. Could she confirm whether that was the leadership from the local authority, the mayor of Newham, or from somewhere else?

Jane Williams: Yes, I think the mayor of Newham was very quick to act and created a team around her that enabled there to be a very fluid and a very quick reaction.

Sally Hogg: We did a report called *Working for Babies*. I can send the link to the committee. It looked at local responses across a number of areas and highlighted the importance of local leadership from different people and what that looked like. I know that we have run out of time, so I will send the link to read more about that.

The Chair: Thank you. I would like to reiterate enormous thanks to all of you for incredibly detailed and interesting if somewhat heartbreaking and grim testimony. It has been incredibly helpful for us all. I would also like to urge you, if there are things that you would like us to think about or you feel we have not covered, to submit them to the committee. We would be thrilled to receive anything that you feel we have not had the opportunity to cover.