



Petitions Committee

Oral evidence: Impact of Covid-19 on new parents: one year on, HC 479

Wednesday 14 July 2021

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Watch the meeting: <https://www.youtube.com/watch?v=IERhUe98ASU&feature=youtu.be>

Members present: Catherine McKinnell (Chair); Jonathan Gullis; Taiwo Owatemi; Christina Rees.

Questions 1 - 42

Witnesses

I: Bethany Power, petition signatory, private citizen; Emily Tredget, Co-Founder, Happity.

II: Dr Sarah McMullen, Director of Impact and Engagement, National Childbirth Trust (NCT); Sue Armstrong Brown, Chief Executive, Adoption UK; Sally Hogg, Head of Policy and Campaigning, Parent-Infant Foundation.

III: Neil Leitch, Chief Executive, Early Years Alliance; Joeli Brearley, Founder, Pregnant Then Screwed; Rosalind Bragg, Director, Maternity Action.



Examination of Witnesses

Witnesses: Bethany Power and Emily Tredget.

Q1 Chair: Thank you for joining us for today's session on the impact of Covid-19 on new parents, which is following up on the findings of a report we published on the subject just over a year ago. Our report was based on the experiences of new and expectant parents during the first months of the pandemic. They told us their jobs were at risk as they could not find childcare, that their mental health had been seriously affected and that they desperately needed extra help and support.

Our report recommended that the Government take urgent action to safeguard new parents' wellbeing, their livelihoods and their children's development. We are holding today's session to find out how the situation for new parents has evolved over the past 12 months and to assess what progress has been made in resolving the problems we identified in our report last year. We are very pleased to be hearing again from some of the petitioners whose advocacy initially prompted our Committee's work on this subject, as well as on behalf of parents, those who are campaigning and other experts.

To our first two panel members, could you briefly introduce yourselves and say a little bit about what motivated you to start or sign the petitions on the issues we are discussing today?

Bethany Power: It is lovely to be with you again. My name is Bethany Power and I am one of many who have been affected on maternity leave due to the pandemic. I have carried on campaigning on the matter as a volunteer. I started an e-petition to Parliament that reached over 238,000 signatures. I then carried on being a volunteer, working with many organisations and working with the APPG on gaps in support. I then attended lots of evidence meetings, spoke with the Ministers and tried to carry on dealing with the crisis of what has happened to me personally, but also to many other women affected.

Emily Tredget: Thank you for having me here again. My name is Emily Tredget. I am a mum of one and co-founder of Happity, which helps parents find baby and toddler classes, hopefully to help reduce loneliness and maintain mental health. I supported Bethany with her amazing campaign, and we also set up a petition particularly focused on getting clear guidelines for the classes. The Government wanted them back, but they were not, in the most part, able to return. It is great to be here today.

Q2 Chair: Looking back over the last 12 months, what have been the main challenges of being a parent over this time, especially during the winter lockdowns?

Emily Tredget: We held a survey and recently found that 85% said that their baby or toddler was negatively affected over the last 12 months, or significantly negatively affected, and 90% of the mums and dads said



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that their mental health was either worse or much worse. In terms of mental health and baby development, we have seen a big difference, which is such a shame. We found that 96% of them wanted the baby classes to continue if there was a further lockdown, but 56% wanted them with measures.

It has been a rollercoaster. For class providers as well, it has been really difficult, with 86% saying they are essentially having to start again and with 63% less revenue than the year before. It has had a really big impact.

We have had some positives. We have been able to speak to Ministers and try to help with different bits and pieces, but the overall picture has been pretty negative. I am sure Bethany has found the same from her personal experience.

Q3 Chair: Bethany, do you want to answer that question? Also, during this time, we had the winter lockdown. We then had the opening up and easing of restrictions. There has been a lot of change over the last 12 months. How have the different periods over the last 12 months affected you as a parent?

Bethany Power: I am going to speak on behalf of myself and how it has affected me. From July 2020, restrictions were lifted from lockdown one. Support became slightly better. We had been able to meet a couple of friends and family. However, that only went so far, because of the restrictions. Even with the restrictions lifted, I was still unable to go out due to the stress of lengthy queues and no changing facilities, and, because of the social distancing, I was unable to get support.

Support bubbles were put in place on 9 September 2020. It was explained that that included households with a child who is under the age of one, or was under the age of one on 2 December 2020. I actually fell outside that, because my baby was born on 26 November. I went through a whole year of getting no support and not being in a bubble, because I was just outside that level, so my baby was three months old when lockdown one struck. It was a continuous heartache of not having support. I had to carry on alone and restless.

Since March 2020, I have been able to get no help or health visitor support. Even ringing desperately in fear and with problems with breastfeeding, I would have to wait a long time to receive a ring back. I only really had support by paying for support with the NCT groups, which are very helpful in trying to battle through.

I had to have my son's one-year assessment done via a video call, which I felt was quite unhelpful. I had been trying to deal with my child having very severe reflux and colic, but also having signs and symptoms of asthma. Then I was also having problems with my GP and only got support by attending the hospital, because he had severe symptoms.



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With my own health, I had an issue with my labour that caused problems with my healing. This was delayed because of Covid and the lockdown. I was misdiagnosed and had painful suffering throughout a longer time. I had some physiotherapy from a women's health physio, but this was done remotely, so was really ineffective, even with my trade of work, which is working in the health and wellbeing sector, dealing with rehabilitation myself.

I had delayed mental health support for my PTSD from my labour and for my postnatal depression. This experience of no support increased my symptoms, with the whole pandemic. Our recommendations through the Petitions Committee were rejected by the Government. Speaking to Ministers about matters, and other organisations speaking about this, prolonged it even more when we were just not being listened to.

I received counselling, through the NHS, over the phone. I found that quite helpful in the end, but I was waiting to receive it for over a year. I was then referred to the adult mental health service, not to what would be specific for me in dealing with my mental health.

I had a dentistry exemption certificate and that runs out after a year. I would have to be in extreme agony to get support and I was then seen. In trying to present the matter, having extreme symptoms, I kept begging my dentist and other dentists around my area to try to see me. I then had to pay privately to get seen for check-ups. I pleaded with the Government many times: "Could you at least extend the exemption certificate?" This was not done. This would have been very helpful, not just for me but for the many people around the UK who felt they had difficulty in using their NHS exemption certificate.

I wanted to join baby classes, but many I had to pay for. Due to restrictions, many would then go into virtual classes. This would take away the building and bonding with other new mothers. Also, I found trying to engage with a TV, having a baby at a small age, quite difficult. While you are in a bad mental state, it is very difficult to be motivated for a virtual class.

Before lockdown struck, I attended a few free community classes through the health visiting community. This is still not available now. There is a lack of support out there, compared with what it would have been. The only support you can get is through paying. It is very difficult when you are on maternity leave, on a lower income, and then having to face a pandemic, too. When the pandemic is easing and we are living with Covid-19 more freely, I hope the Government do not think that we do not need community support, because we do.

I was meant to return to work after nine months of maternity leave, so after statutory maternity pay. This was brought about and planned while I was having a baby and during pregnancy. I was speaking to my employer and this was doable. I was going to return to work on fewer hours than I was on, but it was already planned and doable. However,



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due to the pandemic, I was unable to return to work. This was because of childcare.

I was unable to get or source the childcare because my baby was a non-existent child within the sector of childcare. He was an under-one. There was a crisis in the childcare sector in the ratio numbers. It was then difficult to find childcare when they had difficulty in staffing, too. I could not get a childcare place until January 2021. This was because where I am, in Kent, there was a further lockdown from being in tier 4 from October. We were in severe lockdown. It is only now, with the national Government restrictions easing, that we are actually coming out of that.

It has been awfully difficult, because I was forced to go on unpaid leave. I was unable to get furloughed, even though I am in the employed sector and my other colleagues were getting furloughed. However, because of the working in maternity law, I could not give eight weeks' notice to end my maternity leave early. My employer needed to work within maternity law and give fairness to my maternity cover.

After my maternity, so after three months unpaid, taking me up to 26 November, I was then able to be put on furlough. However, because my maternity end date was 26 November and I was able to be put on furlough because there was a national lockdown, I lost my accrued annual leave on my maternity, because it was still enforced that I had to use it before the end of the year. However, I was placed on furlough and you cannot use your annual leave on furlough.

I had to lose my annual leave and I pleaded with the Government. I spoke with Minister Paul Scully, and he understood the matter, but there was nothing done or guidance provided on resolving matters for mothers like me. It was heart-breaking when, in financial terms, I could have used my annual leave if the Government gave time in saying that the furlough was going to be extended or there was going to be the lockdown coming. I know that is very difficult, but they never think about mothers, maternity leave or needing to return to work. It is very frustrating.

Chair: It has been quite a year for you. Obviously it has been a very challenging year and the particular experiences you have listed are your own, but I think you speak for many mothers who will have experienced some, if not all, of those challenges over the last 12 months. You have covered an awful lot of what we would have wanted to ask you about. It was a very thorough account of how this has impacted you over the last year. I will hand over to Taiwo, who will have some supplementary questions to you and Emily about the impact on parent and baby group classes.

Q4 **Taiwo Owatemi:** Emily, we heard Bethany's testimony about her experience of accessing parent and baby group classes. Are you able to explain to the Committee what the current situation is for organisers of parent and baby group classes? What are the challenges you have faced,



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both financially and practically, in terms of running a class under the restrictions?

Emily Tredget: It has been a difficult time. "A rollercoaster" is probably how to explain it. Mostly, classes have been on and off. People have not been sure whether they are coming or going, to be honest. That has been very much down to the lack of guidance, hence our petition.

They were allowed for a short time in November, when there was a lockdown, but it was not disseminated very well. The Government relied on us at Happity to tell everyone about it, but there were other organisations saying different, conflicting things. Even though it was allowed and we were telling people it was allowed, councils were still shutting them down, which was heart-breaking for providers that had spent a lot of money getting classes up again, with lots of cleaning, and for parents, who had obviously spent money booking on to them.

Right now, it is still very confusing. I think at the moment 30 people are allowed to attend, not including children under five or the worker. When you get to singing, it gets much more confusing again. Inside, only six people can sing, but it needs to be the same six. Outside, I think it can be 30, but it then suddenly does or does not include children. It is incredibly complicated. It is really difficult.

Like I said before, 86% of our class providers have said that they are essentially starting their businesses again, which is obviously very tricky for them. The singing is definitely the example that has stood out as really tricky. I have spoken to Paul Scully, I think, two or three times over the last few years. We needed endorsement of the guidelines that we had written back in September, or to have a company like ours, or a regulatory body, talking to the Government.

When I spoke to Paul, I think in January, he said we could have a specific point of contact in the Government. I think the singing guideline back in March was that only babies, toddlers and the class provider could sing. I know lots of toddlers think they can sing, but babies definitely cannot. You really do need the parents, who are singing quite shyly to their baby on a mat, to be able to sing.

Because of this lack of feedback route or proper communication, we found that a lot of providers and parents went through an awful amount of stress. They were phoning up the DfE in their thousands and then the regulation was changed. I think it was about three or four days later. It was quite quickly. If they were working with a company such as ours to say, "This is what we are proposing. What do you think? Can we get feedback?", overall it would be much simpler.

It is still quite tricky. Classes are allowed to go back, but there is still a lot of confusion. We did a survey and it said that 24% are still very confused as to whether they can go back. Some of them are quite traumatised from their experience back in November, where we were



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telling them that they were allowed, the DfE was telling them that they were allowed, but still their councils were coming in, forcibly in some cases, with police, shutting them down. You can imagine, with babies, toddlers and new parents, that is not the experience you want.

In most cases, they got apologies afterwards, looking at the regulation, because we actually got the legislation changed. They were allowed, but obviously that is not an experience anyone wants to go through. We definitely need to look at what we do going forward, in case there are any further issues. We need to have one person who can talk with a company such as ours who goes, "This is what we are planning to do. How will this impact your parents and providers? Let us make a sensible suggestion going forward." It is very much still up in the air, but looking on the up, fingers crossed.

Q5 Taiwo Owatemi: We did a survey ourselves of parents and found that 68% of them did not feel they were able to access any group in the past year. How effective do you think the exemption was? Policy-wise, the Government said that groups could be held. In reality, that communication was not fed to local councils and organisations, which were the ones that had to implement the policy. In your view, what should have been done differently to prevent such communication failings from happening?

Emily Tredget: To start with, the clock needs to be wound back. The Government wanted classes to continue from last summer holidays. We had our petition and I spoke to many different Ministers and Government Departments, being passed from pillar to post, because nobody is actually responsible for the baby and toddler sector, for classes. One big change is that there needs to be someone responsible. Even when talking to Vicky Ford and Nadine Dorries, it does not fit under their remit. We were lucky that we found a lovely lady in the DfE who scooped it up and worked on it really hard. That is one thing.

The second thing is having really clear guidelines so that providers know what they can do, which might mean endorsing our ones. In soft play, there has not been so much of a mess, because the BALPPA regulatory board, I think, had some guidelines that the Government endorsed. They literally linked to them from the website. We have those guidelines there. We just need that link. Alternatively, we can help the Government in creating their own guidelines and feeding back on them.

It is really about communication. Like you said, the councils were not aware that they were allowed to happen. We had providers with legislation in their hands. They had our guidelines from Happity, from our newsletter that we sent out to them. They knew they could run. Their insurers might have been okay, but they might phone up their environmental health officer, or the council, and they would say, "It is not allowed," because they were referring to something else unofficial. It became very frustrating for them.



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We found ourselves suddenly almost becoming this unappointed regulatory board, which is definitely not our area of expertise, trying to help people. There were about 12 different pieces of guidance. It is one point of contact, one lot of guidelines and good communication throughout to the councils, so that everyone knows what they are doing.

Q6 Taiwo Owatemi: Moving forward, with freedom day coming and lockdown restrictions easing, how do you think this will help to make a difference in the sector, in terms of the amount of people who will be able to attend, but also financially for organisers, who have clearly been impacted?

Emily Tredget: It will definitely help. Like I said, the providers have been, on average, 63% down on their revenues over the last 12 months. If they can come back, it will definitely help, but it still needs those guidelines if we are going to have differences in any kinds of restrictions going forward. I think it was 24% who are still quite confused as to what they can do.

It is also about giving confidence to the parents. Parents really want these classes, but a lot of them are also quite anxious. While 96% want classes to carry on, even if there is a further lockdown, 56% of those would still want some restrictions to make them feel safe. We need to be clear as to what is safe and what is going to happen. There can be some differences. Our providers will get in touch with people and say what is going to happen in their particular class.

We need to help alleviate that pressure and stress on parents, and to help them understand the importance of baby classes. It is not only for their mental health and socialisation, but they develop children through repetition and socialisation themselves. If their child is going to go off to nursery, it is really important. Our providers have found that a lot of the children coming in are not as developed as they would expect them to be at the age they come, particularly socially. They are hiding behind mum. They are overwhelmed in the classes. They are not wanting to or able to get through the whole class, so it is something that needs to be brought up, little by little.

It is about everyone understanding what the situation is going to be and how they can be safe. If we are going to face more lockdowns, we really need, as we have been promised time and time again, to have that one point of contact, the one set of guidelines, so everyone is on a level playing field. We have found that, with parents across a border, some can go to all the classes they like. On the other side of the border, they cannot go to any. We really need to set that clear level. I am talking between commercial classes and free classes as well. Unfortunately, we are seeing that it is those from more deprived backgrounds who are finding it much tougher. We really need to help everyone to find classes that can benefit them and their child for the future.

Q7 Taiwo Owatemi: Bethany, have you been able to access childcare when



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you have needed it since last summer, from friends, relatives, nurseries or any other provider?

Bethany Power: I do not have any family support. My child does not have any grandparents, I do not have any grandparents, or from friends and family. My only source of childcare is from a nursery or childminder. Finding a childcare provider was quite difficult, because my child was not a pre-existing child, so it took a very long time. Because my baby was in a pandemic, he found it very difficult to settle in a nursery. It took two months. Also, he had never built his immune system.

When I found a nursery and was looking to return to work, I found it very challenging, because of the childcare costs. Even though we get the tax-free childcare of 20%, this is capped at £500 every three months or two grand a year. I have currently returned to work two days a week, trying to smash out all my hours in two days. Because of the sector I work in, in health and wellbeing, I can work in the NHS or the private sector, but I work in private. I have had to return on a contractual part, on a 15-hour contract.

My P60 in the 2019-20 year bracket was above £40,000. I knew when I wanted to return to work that I was going to take a reduction in hours, but I am now on nine grand a year because of the affordability of childcare. If I was to work five days a week, I am looking at near to four grand to pay that. I cannot give up that money freely, while needing to pay my overheads, even with the Government's support of tax-free childcare. It is making it very difficult to find something in the childcare sector and to return to work. There has been no support.

My provider of employment has been very helpful in being flexible and finding a suitable part. Because I am needing to return part-time, there have been far fewer opportunities of work. I am looking at a reduction of 30 grand a year because of the level of work. Beforehand, I was working six days a week. Because I deal with rehabilitation and specialise in that, I could work very early and up into the evening. Yes, my working habit needed to change, but I did not expect this.

I was going to return after nine months, when I still had a business. Because I work in the private sector, I have now returned to work after 17 months, because I could not return to work due to Covid restrictions. This has depleted my business and my position, in terms of a job role and what I plan to do. This is also because of the affordability of childcare and the hours of childcare. It is fine, but you have to work in two parts to be able to return to work.

There needs to be more Government help for a child receiving childcare, from the day the mother needs to return to work, not just three-year-olds, for working families. As working families, with today's living, trying to stay away from benefits or housing associations, we need help. More mothers are suffering with career depression and just trying to get a



balance in returning to work. It has really affected me and my mental health. It is just through not having that support.

Chair: Thank you, Bethany. You give such a thorough and insightful account of your experience. Thank you so much, and to you, Emily, as well. Thank you again for bringing forward this petition and giving us the opportunity to look at this, on behalf of you and your experiences, and on behalf of all new parents, who have clearly had a very challenging year. Thank you very much indeed.

Examination of Witnesses

Witnesses: Dr Sarah McMullen, Sue Armstrong Brown and Sally Hogg.

Q8 **Chair:** We are going to move now to the second panel. Could you introduce yourselves?

Sue Armstrong Brown: Hello, and thank you for inviting me back. I am Sue Armstrong Brown. I am the chief executive of Adoption UK, which is the charity that works on behalf of the adoptive and kinship community in the UK.

Dr McMullen: Hi, I am Sarah McMullen. I am director of impact and engagement at NCT, where I have responsibility for our volunteering and community support programmes.

Sally Hogg: I am Sally Hogg. I am head of policy and campaigning at the Parent-Infant Foundation. We co-ordinate the First 1001 Days Movement, which is an alliance of 200 charities and professional bodies that work with families from conception to age two.

Q9 **Chair:** From the work you have been doing in this sector, how do you feel the impact of the pandemic on new parents and their children has changed over the last 12 months? How do you think it has stayed the same? Do you think that nothing that was raised 12 months ago has improved, or has it got better? Perhaps it has got worse. I would be very interested to hear your perspectives on this.

Sally Hogg: I reread your report last night, and it was shocking how much we were saying a year ago is still the same a year on. There are themes around isolation, which Emily and Bethany talked about really well, a lack of support for parents and traumatic experiences at birth. They are saying that we have all been in the same storm but in very different ships. There is a story of real inequality. There are some babies who we are particularly worried about, in families where there is adversity, poverty or conflict, who have been really exposed to that over the last year.

In terms of the story of the last year, for some families there has been that real accumulation of adversity. They perhaps had scans where dads



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were excluded, traumatic birth experiences and then months of isolation and a lack of professional support. Those experiences have accumulated. The waits they have had before they got the support they needed have meant that perhaps problems have persisted longer and become more entrenched.

We definitely saw some changes over the year, in terms of policy, so things like baby groups having some exemptions in the guidance to be able to keep going. As Emily was saying, because of some of the inconsistencies in the guidance and other things, like professionals having to isolate, having kids at home or venues not being able to open, although technically some of those groups could run, in reality we know that many of them did not.

It has been a really worrying time. We were warning about many of those things last year, when we wrote to your Committee. We were saying, "We are really worried." We know that adversity has an impact on child development. We are now seeing the evidence starting to emerge of the impact it has had. Sadly, we are going to continue to see some of that stuff become real. We will see the differences in children's outcomes as they start childcare settings and school, unless we act now.

Dr McMullen: I would endorse everything that Sal has just said. The accumulation of impacts for parents has been really serious. When this was being looked at in May last year, parents had perhaps experienced one or two of the impacts of the pandemic, whether that was the impact on birth and talking about very traumatic experiences, or partners being excluded and having to receive very distressing or difficult news, or going into scans alone after experiencing previous loss. There was the isolation in the postnatal period, not being able to get support from mental health or breastfeeding support.

Now, a year on, we are seeing that some parents have experienced all those things. They started their pregnancy at the beginning of the pandemic. Any one of those would have been difficult, but to put all those things together and wrap the wider life impact around it, around job security, financial security and bereavement through the pandemic, has been incredibly challenging.

You asked a question about some things that perhaps had improved since May. We certainly welcomed the exemption for parent support in the autumn. For us, as an organisation, delivering lots of different types of community support across England, it was really helpful to have that exemption and be able to hang our hat on it, so to speak. We were able to say, "This is how our services are going to operate. This is the exemption they are operating under and these are the specific bits of the guidance that explain why we are doing it the way we are." That really helped us to bring some services and support back confidently and to manage expectations around it.



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Similar to a lot of what Emily said earlier, as an organisation, and this will have been mirrored in organisations and grassroots community organisations across the country, we were having to piece together different bits of guidance into what it meant for us. Yes, we were delivering under the parent support exemption, but in a variety of venue types: community venues, hospitality, et cetera. There were different businesses involved around the edges. It was very difficult. It was a lot of hard work.

We were really pleased to work with the Breastfeeding Network, Home-Start and other organisations to publish some guidance, supported by Public Health England. The complexity of it meant that a lot has never come back. Even now, we are seeing that so much of the local free community support, which is a vital safety net for parents, has not come back. We are now heading into another period of change without clear guidance.

Q10 Chair: Sue, I know you speak on behalf of adoptive parents as well. It would be really helpful to hear from that perspective whether a lot of these things are similar and what particular challenges face that group of parents.

Sue Armstrong Brown: It has been fascinating hearing the witnesses today. There are some shared experiences with new adoptive families, but there are some really important differences as well. One of the key differences is that most children today are adopted from the care of the state, usually having been removed from a birth family because of abuse or neglect. There are really difficult early experiences that those children are already dealing with, on top of the disruption of moving homes. Most children come into their adoptive placements at an average age of three to three and a half, so we are talking about older children, but we are still talking about new parents and new families, going through all those changes from the parents' point of view.

We have just published a big research report, following a survey of adopters' experiences during the pandemic. We found that, surprisingly, there were some families who benefited, because of things like school closures removing that external pressure from children who were struggling with school. By far the majority found that the pandemic increased the problems they were dealing with. Very worryingly, one of the things we saw in newly placed families was an increase in stress, anxiety and symptoms of post-adoption depression, which does not have a hormonal component, but it has other mental health components that are similar to postnatal depression. That has gone up, I am afraid, to 65% of newly placed families reporting it, which is extremely worrying and something that we need to pay close attention to.

The main thing we saw that characterised newly placed adopters last year was lack of access to support. They were likely to tell us that the support they had received during their approvals and matching stage was good. We saw some really interesting improvements in practice from social



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work settings, where they were able to use virtual practice to speed up time to matching in some cases. That is really important for the children, because the time they spend in care needs to be absolutely minimised.

That was positive, but then, post-placement, we were getting people using words like “fallen off a cliff” and “abandoned and forgotten”. Accessing support was very difficult, because face-to-face visits and meetings with social workers were so difficult last year. That is a serious concern. The exemptions that applied to new parents with babies did not apply to adopters. They were cut off, as a general rule, not only from key figures in their child’s earlier life, and that can be very important in supporting new placements, but also from establishing relationships with new grandparents and from the parents accessing their support networks of family and friends, which is a critical factor.

Very importantly, parents reported to us that the children were missing out on opportunities to socialise, to get used to the idea of safe networks of family and friends around them. As Sarah was saying, that can have some really long-term consequences that we are going to see down the line.

The good thing was that the Government responded with an emergency support fund for adoptive parents of £8 million, with easier access and a wider range of support offers. The reports we have had about that have been really positive. There are some things to build on there, in terms of what works to support families. The training courses and community groups, and so on, that they would normally have been accessing simply were not available, apart from online. While that can be very good, it does not do the whole job.

Q11 Chair: I was going to build on what you have described, Sue, which is very concerning, but also what you mentioned, Sarah, about many of these community support groups still not being back to their pre-pandemic service levels. That answers the question I was going to ask: are services back to where they were pre-pandemic? I can see from your faces that they are not. It would be interesting to hear a bit more about what the current impact of that is, but also what we do about it.

Are some of those community groups never going to be able to come back, because of the way things have shifted and changed, and structures have changed, in the last 12 months? Have things changed the way they are provided so there is more online now, rather than physical groups? Is it something where we need to look at how we support that redevelopment, regrowth and bring those back again? It would be interesting to hear it from all your perspectives.

Also, on the mental health support side, what help is available now, compared with what has not been available over the last year? What are your insights on what we need to see in order to catch up on that mental health support that is needed as well? I know that is quite a broad question.



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Sally Hogg: I will talk a bit about what we know from public services, because I think Sarah can talk very well about the grassroots and community service. We have been doing a lot of work with the LGA and local authorities, so I will talk a bit about what that showed.

It was a very mixed picture. One thing we found was that, in local areas where there was a commitment to the first 1,001 days and supporting parents pre-pandemic, and where there were things like children's centres that brought professionals together with a focus on a place and a community, they were often quite agile in responding to that community's needs in the pandemic. In some cases, that has generated some really good multi-agency working and responsiveness to communities, and some innovative new approaches, which will stand them in good stead going forward. We might see some good models of service delivery on the back of this.

You obviously get a counter to that, which is in the areas where those relationships did not exist, where there was not the buy-in, where the workforce was already so cut back that they just were not there, or they were redeployed during the pandemic. Things just stopped. There was nothing there. We are seeing a real struggle in some of those areas to get those services back up and going. The professionals have moved on. They were already stripped right back. The parents have lost relationships with services, so there is a reticence to return.

People go through their first two years very quickly and then they move on. There is a whole group of parents now who have never had experience of going to a children's centre or seeing a health visitor face to face. They are not coming back to something; they have never had it. Their whole child's life has been in a place where they did not have a service they could go to, face to face, locally. It is a very varied picture, which is why national Government need to take this seriously. We cannot let those families down in the local areas where that work did not happen.

One of the things we are particularly concerned about is that there have been enormous cuts to funding, particularly public health and non-statutory children's services, over recent years. We have seen people really jump on the fact that virtual service delivery is a cheaper, easier way to deliver services. "Parents engaged with it over lockdown, so perhaps we can start delivering more of those services like that going forwards."

We know there are real risks in virtual service delivery. It can work well for some settings and some parents. If you do things like a health visitor check virtually, you cannot see a baby. You cannot really see that interaction between the parent and the baby, or pick up on some of those cues or physical development needs. Even the most skilled professionals would struggle to do that virtually. There is a real worry that mainstreaming some of those services, just because parents connected



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with them during a lockdown, will lead to substandard services going forward.

We have seen areas. Hampshire is currently cutting 10%, £2 million, from its health visiting budget. It will never return to what it was pre-pandemic, and we know that pre-pandemic was not good enough anyway. There is a real worry that some services will not go back to normal for a number of reasons, but because there is not the capacity and resilience there in the services to do that.

Chair: Sarah, do you want to come in on that from the community perspective that you referred to earlier?

Dr McMullen: Thinking about the vital community support groups that are supporting some of the most vulnerable parents and are struggling to come back, it is about valuing and investing in our community support, the power of volunteering and the work that voluntary organisations and charities do.

Where we have been able to come back, we have seen the impact of it. We were able to run walk-and-talks throughout the winter, throughout the lockdown. Over 41,000 people have attended those walks now. The impact of that has been immense. We had people attending who were saying that, in the previous three months, a third of them had not attended any other support group. They were talking about how it was the first time their baby had looked at another baby or child's face. They had been so isolated and really anxious. Reading the stories, you can see it is fantastic that we have been able to do this, but this is not enough. There is so much more that is needed.

The NCVO snapshot shows that a third of charities replying to it have talked about their reduction in income. These are the organisations, whether at local or national level, that are providing so much of that community support.

Sal is right about the learning about digital. We hear a lot of people saying, "We have learned," and there are some aspects of being online or digital that have really worked. We also know that some aspects really have not worked. Under the parent support exemption, in terms of indoor support, we prioritised bringing back some of our breastfeeding drop-ins. That is an area where you can see that experiences have been even more challenging than pre-pandemic.

Lots of our online support has worked, with some really good learning there, but there is lots that has not. It is really important that we learn and we actually take a look at what has worked online but also what has not. We need to make sure, as we are bringing services back, redeveloping and trying to make the most of digital, that we do not fall into the trap of keeping too much online and not bringing back the really essential parts of face-to-face support. It is very difficult for parents to have the sorts of conversations where they can disclose, be honest, build



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trusting relationships and talk about their mental health if they are not sitting with somebody.

I would like to come to the question on mental health, but you might want to finish the discussion on support groups first.

Q12 **Chair:** No, that is fine; you go on to mental health. Then I was going to come to Sue and ask for her perspective as well. I was also going to add a question. You mentioned how complex the regulations have been to navigate. I would be interested to know, given the Government's current approach and what is about to happen in terms of changes, whether you feel more confident that the approach we are expecting to happen from Monday 19 July will be a big help to the groups that you work with and the community groups.

Are there challenges around simply removing a lot of the requirements? Will that pose some challenges as well for getting those community groups up and running, as to whether the volunteers will have the confidence to come back to the settings that they may have been operating in previously? Do you have some insights on that as well? If you want to touch on mental health first, that is a really important part of what we are looking at today.

Dr McMullen: On the mental health question, last April, in 2020, we had had some success in securing funding for dedicated postnatal check-ups for women with their GP. Obviously the pandemic was beginning at that point. A year on, we resurveyed women to see what their experiences of that check had been so far. We were really disappointed to find that only 15% of women had actually had that dedicated time, and a quarter of them had not been asked about their mental health at all.

In comparison to when we did it a year ago, there was an even greater proportion reporting that the focus was fully on baby. That is obviously really important to have, but the focus on mum needs to be alongside that. There has been a recent report from the Maternal Mental Health Alliance, which really demonstrates the impact of this whole period on mental health. One of the recommendations from the report last year was that there should be some work to understand the impact, to be able to invest and target support, and to help this generation of parents and babies to get the support they need. A lot of mental health issues will have been missed.

Your question about next week, Monday and all the changes, is a good one, because it taps into my lived experience of this week, which is spending hours trawling through guidance, refreshing the Government website, waiting for the bits of guidance to come through. We are really worried about it. It is really complex. We have always known, and people across the sector have said, that it is almost going to be harder to come back, in some ways.



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What the public have heard is an easing of restrictions on Monday and lots being lifted, but in the guidance that is appearing we can see that there is still risk. There is still a need for a really strong focus on risk mitigation. We have a duty of care to our volunteers, practitioners, staff and the parents we are supporting, but we do not have the full guidance published yet to be able to decide how we are operating on Monday. We have thousands of parents across the country in sessions next week, so we are working rapidly on that.

We have a particular concern about pregnant women. Many pregnant women remain unvaccinated or have only had one vaccination. The “clinically vulnerable” group seems to have vanished from Government guidance. We have heard a lot of anxiety about the risks and the lack of protection and support. We need to think about that in how we are delivering our services, but we also really want to make sure that pregnant women are informed, understand the risks, know how to take care of themselves and feel supported through another period of real anxiety.

Giving confidence around the vaccination programme is another element of that. We certainly do not have what we need. There is a lot of confusion across the sector in how we get over this next hurdle.

Q13 Chair: Sue, I will come to you generally on whether we are back to pre-pandemic service levels. You have mentioned some of the Government support that you have had specifically for adoptive parents. Do you still have concerns? How do we get to pre-pandemic support levels, or better than pre-pandemic support levels, which is really where we should be aiming?

Sue Armstrong Brown: We are certainly trying to aim for better. We are still in the situation where about three quarters of adoptive parents are describing a continual struggle to get the support. There is a very important fund called the adoption support fund. Where that is accessed, it is fantastic. We get incredible reports of the impact it has. That shows that, if you can apply good quality professional support for families experiencing the effects of early-childhood trauma, you get amazing results. That is definitely there as proof, but the demand is outstripping the supply.

In the last year, we saw an emergency measure put in place that increased accessibility and broadened the range of supports that could be offered. The results from that show it is a really strong set of things to build on, whether they are made available through a continued central fund or through adoption agencies regionally. Either way, we need to see that broader support offer, which also provides support for peer support and community support for families. As Sarah and Sally have both pointed out, being able to access that is really important.

At the moment, we have not had the announcement of the funds this year. We do not have any more funding secured for the adoption support



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fund. It is essential that we get it, so I would shoot for better. It needs to be long-term, ring-fenced funding, potentially at a higher level. It is currently geared to support for adoptive families and kinship families being the exception, but all the experience we have had shows that it is likely that you will need to provide support for the majority of these families because of their child's early experiences.

What we are seeing at the moment, which plays into both your support and your mental health questions, is that 70% of families placed last year for adoption did not have a written support plan. It is completely the opposite to what our experience is telling us, that something like two thirds of adoptive families are going to need support. So 70% do not have a written support plan or do not think they have. It might be written, but in a social work system somewhere, not where the parents can see and build on it. Even where they exist, there is no duty to provide that support and regularly review the plan.

These are the measures that will make an enormous difference for these vulnerable families. If we are proactively identifying support needs and planning to provide the support on a timely basis, we would see amazing results. At the moment, it is still not happening like that. We need to see that improvement.

In terms of mental health, this is where that link lies. The survey we did last year of adopted young people who are not babies, so adults and late teenagers, told us that the mental health legacy of those early experiences is profound and very upsetting. It has life-altering impacts. Over half of teenagers and young adults, so the 16-to-25 age range, accessed mental health services last year—over half. We really need to be putting that early support in place, identifying the need and being ready to provide accessible and timely support.

With very young children in the early placement stages, the support needs to go to the parents. They need the support so that they, in turn, can support the children. As the children get older—and I realise that is outside the scope of this petition—there is a wider range of things and more direct work with the children that becomes more and more important. Unless it is planned for at that placement stage, we are going to see the families so much weakened, because it is so difficult to pick up the pieces from early trauma, parent with love and be able to solve all the problems. It is really not reasonable to expect that to be the case.

In terms of where we can pick up with the community support that we can offer, we switched to online support last year, which has stood us in very good stead, because we got thousands of families coming to access training, support groups or webinars. We are certainly going to continue that. Similarly to Sally and Sarah's perspectives, we need to have face-to-face support, because there is absolutely no alternative to the benefits that that brings. We need to bring back the face-to-face support when we can.



We are going to need to take quite a cautious approach, partly because of the lack of confidence among adoptive families in accessing a wide range and the purely business side of investing in provision there without knowing that people will be able to come and use it. We will be testing the water and finding out where the demand is. At the moment, it looks like the demand is for outdoor meets and family activities—that feels safer—and then progressing to indoor meets. The exception to that is where it is one-to-one support needs for a vulnerable young person where, again, we need to be able to provide that face to face, rather than online, in the majority of cases.

Q14 Chair: That leads me on to the next thing I was going to ask. What do you think the Government's priorities should be for action? From everything we have heard this morning, my goodness, there are so many different areas that are not where we would like them to be. To govern often requires making choices, so what would you say the immediate priorities for investment are to try to minimise the impact of the pandemic on new parents and children?

Sally Hogg: I wanted to link back. When you asked about mental health, we spoke a lot about parents' mental health. There is a lot of evidence about increasing depression and anxiety among new parents. I would like to bring babies' own mental health into this. We know that what happens in those first 1,001 days is critical for later mental health, for your ability to regulate your emotions and trust other people. All those kinds of basic emotional wellbeing skills and capacities are developed in those first couple of years.

When there are high levels of stress, trauma and adversity in families, babies' mental health is put at risk. The families that Sue talked about are obviously the extreme examples of that, where things have gone so wrong that it is identified and babies are removed. That is the tip of the iceberg. There is a whole iceberg underneath of babies who are not getting the care they need to develop properly. Developing those emotional wellbeing and emotional regulation skills is key, not just for later mental health but for their ability to learn, to socialise, to develop at school and to be physically and mentally healthy.

We know that more babies' mental health has been put at risk as a result of the pandemic and the lockdown measures. All those risk factors around conflict in families and parental mental health problems have increased. Therefore, it is very likely that more babies will be having emotional problems and their mental health will be put at risk. We really need the support there for that.

This did not exist before the pandemic. We did a survey recently that showed that only 52% of NHS mental health services would even take a referral for a child under two, let alone have the support available. There is a real need to think about the mental health of all babies and young children, but particularly to think about good quality services that can identify where there is adversity and act early.



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We can do something about that. We know that teams like parent relationship services, where there is specialised help, can put families back on track and empower parents to provide babies with the nurture and care they need, or can identify early if that baby needs to be removed. We need that kind of specialist support. We need to get our universal services back, but we need to recognise that we have a traumatised population here. We know what to do about that. We know how to stop that translating into lifelong adversity and we need to invest in that.

One of the things that Government need to prioritise generally is babies and young children. There is what is called this baby blind spot in Government policy. It really is not clear where babies sit in Government. In the Covid recovery, we have seen that DfE has explicitly said that its Covid recovery package is for two to 19-year-olds. It has £3.1 billion for two to 19-year-olds. There is nothing for nought to two-year-olds. It has said it is two to 19-year-olds because those are the children whose education it funds. Who is thinking about the wellbeing of the nought to two-year-olds?

The *Best Start for Life* review provides a good forward-looking vision for the system for nought to two-year-olds, but it does not talk about what is happening immediately now, as part of the Covid recovery system. One thing that Government said back in March, when they published the *Best Start for Life* vision, was that it would say who in Cabinet was responsible for the nought to two-year-olds. We are four months on. They have not even clarified which Cabinet Minister is responsible.

In all these discussions that are currently happening about Covid recovery, lockdown measures and spending decisions, nobody around the Cabinet table has it in their brief to be championing babies and young children. That baby blind spot is continuing and then we see the ripple effects of that. There are simple things that Government can do to make sure there is someone sat round the Cabinet table, championing babies. Then there is a whole ripple effect of policies and spending decisions that we might see as a result.

Q15 **Chair:** Sarah, do you have anything to add? The other thing I was going to ask about is the early years healthy development review. What are your thoughts on that? Are there things that we could accelerate that are already there, to deal with some of the pressures from the pandemic?

Dr McMullen: On your first question, I endorse everything Sally was just saying. To add to that, there is a really specific issue in terms of the maternity and health visiting workforce that needs really urgent attention. This was here before the pandemic, but it has been massively exacerbated. It has shown the worst-case scenario of what happens when you have an underfunded and under-resourced service.

The Institute of Health Visiting was reporting a 31% reduction in health visitors since 2015 anyway. We had the maternity safety report published



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last week, asking for urgent investment in the maternity team workforce. We have a really overstretched, demoralised workforce. That is not a nice-to-have; it is an absolute essential for the universal safety net that Sal was talking about.

Sue Armstrong Brown: In terms of what we need to see, there are several things. There are several really important opportunities that can be taken, building on the knowledge from the pandemic. Some of it we knew before as well, but we are there now.

It is critical that we correct the very early start problem that we have with inequity between some new families and others. We still do not have equal access to parental leave and pay for self-employed adopters and kinship carers. That sets them off on a poor start right from the beginning. This was supported in your report from last year, so thank you. Since then, we have been round the houses, with DfE saying it is BEIS's responsibility. BEIS, after two meetings and letters to Ministers, is now saying it is MHCLG's responsibility.

It is a similar problem. Somebody is responsible for ensuring that people taking children, who would otherwise remain in the care of the state, have access to the same equal entitlement to parental leave and pay, regardless of their employment status or whether they are adopters or kinship carers. This is something we need to fix as soon as possible, because it does not set these families off to a good start.

In the case of kinship carers, these are friends and family who take a child, who would otherwise go into the care of the state, and bring them up. Some 50% of them have to leave their jobs, which is not the deal that they should be having to sign up to at all. Largely speaking, those kinship carers tend to be older, poorer and in worse health than other parents. We should not be abandoning them at the very start of that family's journey. That is one quick fix that needs to happen as soon as possible.

We also need to see the adoption support fund, which is also available to kinship families, shored up, stabilised, with multi-annually guaranteed ring-fenced funding. That needs to go into the spending review recommendations and be secured as soon as it can be, because there are all sorts of problems planning for support.

Finally, we need to see every child who is placed in a family when they leave care coming with a proper multidisciplinary support plan, provided to the parents or carers and regularly reviewed, with a commitment to fund the care they need. Otherwise, we are going to see those families having more and more escalating problems, which usually only get addressed as crisis nears, by which time they have really affected the life chances of the children involved and the parents.

We need to see that proactively planned for at an early stage, so that children who have experienced early trauma are put into homes that



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have the best chance of being stable, happy and allowing those children to thrive and flourish as they deserve. We know all this. Those are the solutions we need to see put in place.

Q16 Chair: I want to clarify something you said. One of the challenges you have faced is the departmental responsibility for reforming parental leave and pay. I know the Government are going to produce their review of options. You mentioned that currently it is your impression that the responsibility has been handed to MHCLG. Was that what you said—the Ministry of Housing, Communities and Local Government?

Sue Armstrong Brown: Yes. We have not spoken to them yet. We have been speaking to BEIS. DfE advised us that this is a BEIS matter, so we had two meetings with BEIS. BEIS has reviewed it and advised that this is not within its scope, because it has to deal with entitlements that come via an employment relationship. Where a parent is self-employed, there is no employer relationship and therefore it is a matter for local authorities. It is basically going round the houses, with no one taking responsibility.

Q17 Chair: It is very helpful to have that clarified. We will take that up. Have you seen any progress on this issue, or is it just going round the houses?

Sue Armstrong Brown: It has been raised multiple times over years. Nowhere in Government has ever taken ownership of it. No, we are not seeing progress. We are very unsatisfied with the way these families are being treated.

Q18 Chair: It is helpful to have that clarified. Thank you.

Sarah, I think I raised this particularly with you, in terms of the changes that are coming up. I do not want to make you relive what a challenging week you have had. Do you have particular concerns, or have you become aware of particular concerns, for women who are pregnant or breastfeeding, in terms of not just returning to community groups but also returning to work? What sorts of challenges around that have you been made aware of?

Dr McMullen: It is a really good question. I was going to add to everything that has just been said. There are some aspects of what we are talking about and learning about right now that are really urgent. Yes, restrictions are easing, but this pandemic is not over. We can see that the anxiety and fear we felt in those first three months is starting to come back, although not as universally.

We are being inundated with questions and concerns about what it all means for pregnant women. They are worried about lack of protection in the workspace, going about their daily lives, whether they are going to have to shut themselves away, or they are potentially not worried. As we are moving into this different stage, there has not been any clear messaging for that group to help inform their decisions. This big focus on personal choice is all very well, but, if you are vulnerable and do not have



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the information and support available to you to follow through on that, it puts people in a really difficult position.

We are still waiting. I refreshed before we started this morning, and I will be refreshing afterwards. We are still waiting for the working safely guidance for employers to be published for Monday. This is really urgent stuff. Pregnant women are being put in a really difficult place, as are the employers, who have a duty of care. We really need clear guidance on this. We should have learned this lesson from the previous stages.

Q19 Chair: What would be your key asks if they could be presented to Government? Would it be prioritisation for vaccines? Obviously you would like clarity on the guidance. What are you hoping to see in that guidance? You have this voice today. What is it you are hoping to see in that guidance that is clarified?

Dr McMullen: We really would have liked to see prioritisation for vaccination. That is an ask. We wish that had happened a couple of months ago, given where we are heading now. We would also like to see clear guidance for employers.

We are looking forward to hearing from the Royal College of Obstetricians and Gynaecologists, which has been absolutely brilliant through the pandemic in providing really clear and consistent guidance, and updating it regularly throughout. Its guidance is going to be key in whether employers should still be continuing with the protection for pregnant women, particularly in their third trimester, when they are more at risk. We want to see that clarified and that protection put in place.

Q20 Chair: I can see you nodding, Sally. Would you like to come back in on that? Do you have anything to add that you think we have not covered in this section?

Sally Hogg: There is a concern about the invisible children. The way services are structured generally in the first two years of life, you get a lot of contact with services in the first few weeks and then it gradually declines. There is no contact with families from 12 months to 24 months. There is a health visiting check at nine to 12 months and one at two and a half. No one is checking up on those children and often the services that might be there for them, children's centres and things, have been cut.

We are in a place where there will be families who have had that adversity we have talked about, parental mental health problems and suddenly huge increases in anxiety again, for all the reasons that Sarah has just given, around it not being clear about whether they can go out safely. Who is going to know about those families? Who is going to know about a child who has spent their whole life in substandard accommodation, with relationship conflict, with parents with poor mental health, who maybe had one phone call from a health visitor when they



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were nine to 12 months old, who their parent had never met face to face so was not able to be open with? That is it.

There is a huge need to mobilise public services, voluntary services and communities to ensure that we do not lose those invisible children, or only find out about them when there are serious incidents or later down the line. That requires investment. It requires valuing that, focusing on that and some really urgent action. We are not seeing any of that at the moment. There is £3.1 billion for two to 19-year-olds and all that action for school. We need the same level of investment, focus and whole-system drive towards the youngest children.

- Q21 **Chair:** In our report, one of our recommendations was a catch-up fund for health visiting. Are you suggesting, even if families and babies have had an online check at some point in the last 12 months, that the physical check that normally happens should happen, ideally in the next year? Obviously, there is a whole new cohort of mothers and babies coming through, so it would require additional investment to almost double those checks within that 12-month period. Is that what you are suggesting would ideally happen?

Sally Hogg: Some local authorities have found really creative and innovative ways of making this happen. It does not necessarily have to be a health visitor. There are some lovely examples of early years workers, people like Home-Start volunteers and health visitors working together to share that information. It requires that joint system approach to make sure people know what they do not know.

We have heard from local authorities where they have shared information about the children who have not been seen or who have gone without a check. They are moving their two-and-a-half-year-old checks forward, so they are seeing the children in the first year. They are perhaps asking family support workers or Home-Start workers to visit the children, so it is not an official health visiting check, but at least it is eyes on the family and an opportunity.

We need to act quickly here. We need to give local authorities, CCGs and the voluntary sector some flexibility to use the resources they have. There needs to be an injection of both resource and the kind of direction and leadership to make sure this happens.

- Q22 **Chair:** Sue, I do not know if you have anything specific to the group of parents you are speaking on behalf of that would add to the anxieties around the changes that are coming. Is there anything that you would add? Is there anything else you would like to say that we have not covered, as we come to the end of this panel?

Sue Armstrong Brown: For children who have undergone instability in their early lives, stability is everything. The fact we have been through the 18 months that we have been through has been deeply unsettling for most of us, not just this group of families. Everything that is put in place



to follow up needs to have an eye on that. The investments in schools have been mentioned. We really need to capitalise on the new awareness of the impact of all the things that have happened during the pandemic on everybody's mental health and wellbeing. We need to make that real in the policy decisions that are made about recovery.

Attainment should not be the be all and end all in schools, for example. We are talking about all the children who have gone through the pandemic. We need to be thinking about wellbeing, socialisation, ability to regulate and ability to form relationships and build social skills as the absolutely highest priority. Once we prioritise that and things like inclusion, attainment will follow. That needs to be the way round we think about everything, coming out of the pandemic.

I loved your baby blindness phrase. I had not heard it before, but I recognise what you are talking about. Those families need to be thought about. The care review is a significant opportunity to rethink how families who are experiencing difficulties are supported. There is an emphasis in the care review on preventing families from coming into care in the first place by providing much better support to families who are struggling, and their children, earlier. That is one that we can all engage with equally.

In terms of the very young children in adoptive and kinship care placements, it is exactly the same set of challenges, beyond the reasons for them being in those placements. One thing that our data shows over and over is that, if you can put in an ounce of early intervention for therapeutic parenting support, you save a pound of later crisis. That is a reflection generally that I would like to see being taken up. I would like to see adoption agencies being encouraged to put in place universal and community support for adoptive families at an early stage, and not just waiting until we need clinical therapeutic support when they hit crisis point. There are all these stabilising measures that we could do a lot more with and that would really pay dividends.

Chair: That is all we have time for with this panel, but thank you so much. It has been an incredibly enlightening and rich session of evidence. I am sure there is much we can work on, in terms of how we take these issues forward. Thank you very much for the evidence you have given today.

Examination of Witnesses

Witnesses: Neil Leitch, Joeli Brearley and Rosalind Bragg.

Q23 **Chair:** We will now go to our third panel, who I will ask to introduce themselves very briefly.



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Neil Leitch: I am Neil Leitch, the chief executive of the Early Years Alliance. We are a membership organisation representing childminders, nurseries and preschools in England. We also operate 65 settings ourselves in areas of deprivation, so we experience at first hand some of the challenges of being an operator.

Joeli Brearley: Good morning. I am Joeli Brearley. I am the founder and director of Pregnant Then Screwed. We are a group of women who have lived experience of pregnancy and maternity discrimination, and a charity that seeks to end motherhood penalty.

Rosalind Bragg: Good morning. I am Ros Bragg. I am the director of Maternity Action. Maternity Action is a charity that delivers advice on maternity rights and supports all pregnant women, new mothers and parents to protect and strengthen rights in the areas of employment, social security and healthcare.

Chair: Thank you all for being here today.

Q24 **Jonathan Gullis:** This is to Ros and Joeli. Pregnant women were classed as clinically vulnerable at the start of the pandemic, but in our inquiry last year we heard that some employers were not meeting their health and safety obligations to these women, in particular not suspending them on full pay if needed. Is this still a concern?

Rosalind Bragg: This is definitely still a concern. Roughly a quarter of all calls to our advice lines since the pandemic began have been from women concerned about poor health and safety at work. As you said, pregnant women are classed as a vulnerable group. The evidence shows that pregnant women are at increased risk of premature birth. Women more than 28 weeks pregnant or with an underlying health condition are at significantly increased risk of hospitalisation and death, so it is a group with well-founded concerns about the risk of infection.

For women, particularly in frontline roles, health and safety management has been consistently poor throughout the pandemic. There have been unsatisfactory risk assessments and mitigation measures. It is certainly our view that women should be placed on maternity suspension or removed from frontline roles from 28 weeks or where there is an underlying health condition, but this is very unusual to see in practice. We continue to hear from women in care work, childcare, teaching and other public-facing roles who are required to continue working in those roles throughout their pregnancy.

There is a big problem with the Health and Safety Executive and local authorities, which are not offering effective enforcement in this area. This leaves it to women to pursue employment tribunal claims if they want to assert their health and safety rights, which obviously does not work for most women. The response to that for most women is to commence maternity leave early, or to take unpaid leave or statutory sick pay. If women take unpaid leave or statutory sick pay, that significantly impacts



on their incomes. Depending on the timing, it can mean they are not entitled to statutory maternity pay.

The Government have released guidance on health and safety for pregnant women, but it has not been widely publicised. Due to the lack of enforcement measures, a lot of employers are treating this guidance as optional. Given how widespread the unsatisfactory management of health and safety for pregnant women has been throughout the pandemic and the significant risks that women are facing, we are asking the Government to extend furlough or a similar provision to cover the cost of maternity suspension from 28 weeks or for women who have underlying health conditions. That is a model that could be extended to other clinically vulnerable groups. It is clear that the current arrangements are putting women at significant risk.

Q25 Jonathan Gullis: Joeli, before I come to you, I will give you something else. My partner is a schoolteacher. She was pregnant and was due in March 2020—God, it feels so long ago—when we were suddenly sent home. She is very lucky to work in a school. Because it is public sector, I feel like there was much more rigour, to a certain extent, around the protection of these kinds of rights. My partner was sent home on full pay. When it came to maternity, she received her maternity pay. We are very grateful.

I imagine there were quite a lot of women who fell into the trap of working on the frontline. At the time, we did not know the risk to pregnant women or to fetuses from Covid. Some harsh decisions were made, probably against those women, I suspect, with employers who maybe were not fair. Is that a fair summation of what went on in the system? Do you think that is probably a bit simplistic?

Joeli Brearley: Different women have had different experiences. We have heard from lots of teachers who have had a terrible experience, who were not suspended from work, have been placed in classrooms, in close contact with children, and have had a very difficult time.

We have been collecting data on this throughout the pandemic. I can tell you very clearly that, back in April 2020, 76% of pregnant women who worked outside of the home had been suspended from work on safety grounds. Their experiences were very different, as Ros has said. Some were suspended on the correct terms, but very few. The majority were suspended on incorrect terms, because the information was not clear. The Government were not giving information on what should happen to pregnant women.

It took the Government nine months to publish any safety guidance for pregnant women. That appeared in December 2020, and it is still not clear. The guidance says that all pregnant women should have a risk assessment and, if that risk assessment says they are safe to work, they can continue to do so, but it does not stipulate what that risk assessment should contain.



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Our research in April 2021, when we surveyed 3,600 pregnant women, found that only 4% have now been suspended from work on safety grounds. We have gone from 76% to only 4%. Less than half of pregnant women who are working outside the home have had a risk assessment done and their employer is following it. Despite this guidance being published, saying, "Employers, if you employ a pregnant woman you must risk assess them," it is not being done. Even when it is being done, it is often not being followed. Pregnant women have no information where they can go to their employer and say, "This is what you should be doing to protect me. This is how I should be protected," which is leaving them very vulnerable.

Q26 Jonathan Gullis: Would you say that pregnant women have been a forgotten cohort, if I can use that term loosely, throughout this pandemic?

Joeli Brearley: That is absolutely what I would say, and not just in safety at work. We will come on to talk about vaccines, and I quickly want to touch on hospital restrictions. They have been completely forgotten and continue to be.

Q27 Jonathan Gullis: Out of interest, do you know, or do we know, how many women have missed out on their full statutory maternity pay entitlement due to incorrect action by their employer during the pandemic? Do we have any figures? Ros might have some as well.

Joeli Brearley: No, I cannot give you data specifically on that. Ros may know better than I do.

Rosalind Bragg: I would like to be able to give you figures on that, but, so far as we are aware, that has not been collected. We have massive gaps in the data collection around maternity, paternity, parental pay and leave across the board. I think we have seen a drop in take-up of maternity allowance and so on, but we do not know how this has played out in practice. There is a data gap there.

Q28 Jonathan Gullis: Joeli, you were just saying that the guidance is still not clear. If I put the question back to you on this, what do the Government need to do, and how quickly do they need to do it, to make sure employers are aware of their obligations to pregnant employees in the context of the pandemic? Particularly now with the easing of restrictions, we are still asking for common sense to prevail in all this, for people and employers to use their judgment smartly. What do you think the Government need to do? What could employers do in the short term?

Joeli Brearley: We support the guidance that says a pregnant woman should be risk assessed. The guidance needs to stipulate what that risk assessment should contain. Should pregnant women now be enabled to socially distance, be enabled to remain two metres away from all other people at all times, plus PPE? We need that very clear information.



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We do not think the Health and Safety Executive, as Ros said, is doing enough. We did a freedom of information request with it in November 2020, and it confirmed that no formal enforcement action had been recorded with regards to the safety of pregnant women and new mums, yet both Maternity Action and Pregnant Then Screwed were being inundated with calls from frantic pregnant women who were terrified for their safety.

We would like to see that guidance be much clearer and be promoted. We want to see a marketing campaign, essentially, to say to employers, "You now need to be really looking after your pregnant workforce,"

Q29 Jonathan Gullis: I give my full support to pregnant women out there. I say that because my partner was pregnant. We had our child, Amelia, in August 2020. I have never been so scared, and that was me. I was not the one carrying our daughter. I have never seen my partner, to be frank, so scared. As you say, the data was not out there about what Covid could do to a pregnant woman or to a foetus. I still remember it.

Every time we left the house, even going to the supermarket, was a stressful journey, debating whether to do it, because obviously getting an online booking was a nightmare. I suspect that was another flaw in the system. Clearly, the clinically vulnerable needed those appointments to be able to get supermarket shops. When we did not know the risk to pregnant women, who were considered a high-risk category, a pregnant woman was not necessarily able to book, unless she had a pre-existing account maybe with Tesco or Sainsbury's, to get an online slot. Therefore, she was having to make a very difficult decision about whether to go into a supermarket to shop.

Rosalind Bragg: You asked about what needed to be done to ensure employers are following good health and safety practice. The guidance is only ever going to be one small part of this picture. The biggest problem we have is employers disregarding it. Good guidance is all very well and good, but, if employers choose not to follow it, it is really about enforcement.

The Health and Safety Executive and local authorities are supposed to play a role in that. They are really not doing that work. The idea that a woman has to take her employer to an employment tribunal in order to arrange basic health and safety protections is a guarantee that women will not have the health and safety protections that they need. Alongside the Royal College of Midwives and the Royal College of Obstetricians and Gynaecologists, we have proposed that the Government support employers to put women on maternity suspension from 28 weeks or where there is an underlying health condition. Removing the financial barrier to putting women on maternity suspension will be incredibly helpful, in terms of providing women at the highest risk with some basic health and safety protections.

Q30 Jonathan Gullis: I have two final questions. The statistics I am about to



read out will probably stack with what you have all been saying. As a Committee, we had a survey ahead of this session. Only 28% of new parents who had returned or planned to return to work felt that their employer had given them appropriate support and guidance. Do you feel the Government are doing enough to communicate the options available to new and expectant mothers currently returning to work and their employers?

Joeli Brearley: No.

Q31 **Jonathan Gullis:** I love blunt answers, Joeli. That is fantastic. Catherine will tell you. Catherine has been in the House a lot longer than I have. One-word answers can be very powerful at times. We will have to quote that when we do a session in the Chamber on this stuff.

Ros, you mentioned some ideas about the financial situation to support parents and businesses, and how that can work. Do you guys believe that furlough is still a valuable option for new parents and their employers in this situation? Therefore, should there be an extension of furlough, particularly to this specific group, if we are not going to carry it out broadly, as we are doing at the moment until the end of September?

Rosalind Bragg: The furlough scheme has been very helpful for many pregnant women and new parents, but there is no mention in the scheme of pregnant women. As a result, many employers simply have not offered furlough to women who would benefit from it. It is quite extraordinary that we are at this stage and still have no mention of pregnant women in that scheme. I mentioned our proposal, which we made along with the Royal College of Midwives and the Royal College of Obstetricians and Gynaecologists, for a furlough scheme or a similar arrangement to support maternity suspensions. That is critical now the economy is opening up and more women will be invited back to frontline roles.

In terms of return to work, we are continuing to see a lot of women with flexible working requests being refused. This was much more manageable while women were working from home or had been furloughed. We find it astounding that we are seeing women whose very minor flexible working requests are being refused, not five days a week working from home, but maybe a half-hour change in start or finish times. This is after employers have seen just how straightforward it is to operate flexible working arrangements with their staff. In terms of supporting the return to work, there are factors alongside the furlough scheme that need to be looked at in order to ensure that we do not lose large numbers of mothers from the workplace due to very poorly managed shifts from the restrictions through to the opening up of the economy.

Q32 **Jonathan Gullis:** Early years settings have taken a battering throughout the pandemic. Some are not financially able to remain open. Some have had to close when we have had a Covid outbreak, and that is not even factoring in the increasing absences from schools at the moment, which are petrifying me and the Chair, I am sure, from the perspective of our



constituencies and the future of those young people's lives.

When we talk about young people not being in school, we can sometimes forget that mothers, in particular, carry the burden of having to isolate and potentially take time off work. Out of interest, I do not know if you would have any opinions on that or what support has been in place for mothers throughout the pandemic when they have had to self-isolate or be at home with their child due to a lack of childcare options.

Joeli Brearley: We ran a campaign on this with Gingerbread because lots of parents were forced not to work for a couple of weeks when they had to stay at home with their children and home school. In response to that, a grant was issued for parents on low incomes. It was a £500 parent isolation grant. But this was not just affecting people who are on those very low incomes. The threshold meant it was really hard to access the grant.

It has really affected the income of predominantly mothers, and it has meant that some mothers have lost their jobs as a result. I cannot give you the exact data on that, but we do have that. We have collected data on that issue. We know that mothers, particularly, have had to leave their jobs as a result of some of those issues.

Jonathan Gullis: Would it be acceptable for that data to be provided to us in writing so we can include it in our submission?

Q33 **Chair:** Yes, that would be very helpful, thank you. If you would be happy to provide it, Joeli, that would be great.

We have such a huge amount to cover in terms of the impact on parents and pregnant women and returning to work. Have you seen evidence that women have been disproportionately affected by redundancies over the past year? I would be interested to know what feedback you have had from the women who have contacted you about how they have managed that, because many are recommended to go to Acas for conciliation. That is what the Government have said people can do if they feel unfairly treated during this period.

I know you said, Rosalind, that it is a one-way ticket for employers not implementing the required health and safety checks by putting the burden on employees to seek the advice, to make that challenge and to get support from Acas, or to go to an employment tribunal. Just in practical terms, how has this year been for new parents or pregnant women who have been affected by the pandemic, and potentially redundancy as well?

Rosalind Bragg: There have been extremely high levels of calls to our advice line from women affected by redundancy, and we are consistently hearing of redundancies that are profoundly unfair. A woman was made redundant while her maternity cover was kept on. A number of redundancies were made when businesses downsized. All the women who had children or were pregnant somehow found themselves in the group that was being made redundant.



It is a huge problem. The existing legal framework does not protect these women. The regulation 10 protections will help women only if there is a suitable alternative job available that they can be placed into. We are dealing with businesses downsizing, so there are very rarely suitable alternative jobs. Of course, there is protection against discrimination, but it is extraordinarily hard to prove. This is one of the most difficult things to pursue in the employment tribunal. It is time-consuming and expensive, and the evidence you need is often from other people who are trying to keep their jobs. We have a legal framework that does not work. Consequently, sending women off to Acas is placing them in a very difficult position because they simply cannot resolve the cases through the laws that currently exist.

We have been arguing for stronger legal protections, and the Government indeed committed to make stronger legal protections back in 2017. Maria Miller MP has produced a Bill that would provide stronger legal protections, and there is an urgent need for the Government to adopt that Bill so we can provide women with the protections they need right now. This Bill would prohibit redundancies for pregnant women and new mothers, except in very limited circumstances; that is effective protection against redundancy. It would mean that referring women on to Acas could give you a result, whereas at the moment the protections are so weak that referring on to Acas is unlikely to get a result. Indeed, the Government's suggestion to extend the timeframes in which current regulation 10 protections apply will also leave women being referred to Acas and unable to get a result.

The situation is really quite desperate. We are seeing large numbers of women forced out of the workforce through unfair treatment and unfair redundancies.

Q34 Chair: As you may know, I raised this directly with the Prime Minister in terms of the pledge that was made and when it is going to be delivered. I am awaiting a written response on that. In the meantime, we are potentially facing the end of furlough in September, and we may well see a spike in the challenge around this. Is that something you share concerns over? Obviously, you want to see the protection in the law strengthened, but is there something, in terms of the handling of the pandemic as well, that the Government could do to support?

Joeli Brearley: Just to add to some of the things that Ros said, which I echo entirely, we did some research in July 2020 with 20,000 mothers and found that 15% of mothers either had been made redundant or expected to be made redundant. Just under half, 47%, said the reason they thought they were going to be made redundant was because of childcare issues, and that is illegal. You cannot shove somebody out of their job because of childcare issues, but these women were very clear that that was the reason why they were going to be pushed out of their jobs. In April 2021, we did some research with 16,000 mothers. We



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found that 30% said they had faced discrimination during the pandemic, and 22% said they had been overlooked for promotion.

There are big issues happening here. The Government, as well as extending and strengthening those redundancy protections, need to extend the time limit to raise a tribunal claim. As Ros has outlined, only 1% of women raised a tribunal claim before the pandemic because it was so difficult to do. Those waiting times and barriers to accessing justice have enormously increased. The bare minimum we need to do is increase the time they have to be able to raise that claim.

The Government made a commitment to rerun the research they did in 2016 on this issue. The Equality and Human Rights Commission produced the most robust research we have on pregnancy and maternity discrimination; it is now five years out of date. We need to know what we are dealing with. We need to know what the picture is, so the Government need to commit to rerunning that research as a matter of urgency.

Q35 Chair: You mentioned, Joeli, that a number of mothers feel very clearly that they have been made redundant because of childcare issues. I was going to come to you, Neil, on that. To what extent have childcare services returned to pre-pandemic levels of activity and availability?

Neil Leitch: They have not, and that is the reality. The comment within the Committee Room just a moment ago that said settings had taken a battering is another statement that should be referenced within your report, if I may suggest that, because that is the case. I heard loud and clear Bethany's earlier comments about affordability and access, and Joeli's comments in terms of her research. If I may, I just want to explain why that is a challenge that is not likely to get better.

We were already in a precarious position. Pre-pandemic, we struggled with systemic underfunding. It has caused major concerns. I have to say that the sector feels it was treated as a really poor relation throughout the pandemic. When it came to policies regarding testing, PPE, the recovery and paying for absences, all that money went to schools. I am not criticising schools, but, again, other colleagues have made comments in terms of the early years. It seems to be a blind spot. We are almost treated as babysitters and not part of the education system.

This is why this will continue. If I may, I want to go back to a freedom of information request that we put in back in, dare I say, December 2018. We were tired of constantly being told that this Government invested more than any other and we were paid enough money for the so-called free entitlement, and, therefore, this was not a problem. We asked for the computations. We said, "If you are confident that that is the case, show us your narrative. Show us the rationale as to how you arrive at these figures." We were rejected in terms of an FOI, so we went to the Information Commissioner's Office, which ruled in our favour.



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Two and a half years later, we got that data. We have that information. I can tell you why they delayed providing that information: it is shameful. This is the Government's own data. Back in 2015, they said they would need an additional £2 billion to "fully fund"—their words, not mine—the early years sector. They described it as unaffordable. This is what they proposed to balance the books, rather than investing this amount of money. They said, "We will make them work to maximum ratios", "them" basically being providers. For parents, of course, that has stripped out the margin. We do not have the capacity to deal with all the challenges that are coming this way in terms of children's development throughout the pandemic. We have no margin whatsoever, so we cannot deal with a child on a one-to-one basis if that is needed.

The other thing they said was that they recognised this would push up—and this goes back to Bethany's initial point—the fees to parents who had children under the age of three by up to 30%. They acknowledged that that would be the case. Again, why would you do that if you really valued the early years sector? To put it into context, the Government's data, which they had to give to us, said that by 2021 the cost of delivering one hour of childcare for a three or four-year-old would be £7.49. That is what they estimated it would be. At that particular point, we got £4.89 on average. We are a mile apart.

I will come back to your question on whether we have recovered. Yesterday, the Department for Education released its figures on attendance levels, which were 76%. We are only three quarters of the way in terms of attendance levels. It is important to understand that is, or could be, an incredibly misleading figure because it does not talk about occupancy. For example, if a child attended on a Monday for only two hours, but last year they attended for six hours, it still records them as being there in that place. It does not give you the nuance. How many hours are they taking? How many parents have reduced the number of hours they take within a setting, particularly when it comes to paid-for hours? Frankly, that keeps most settings alive. Given what I have just said about cross-subsidising, that is what keeps settings alive. We have a major challenge ahead. It will not get better.

We are likely to jeopardise those providers in areas of deprivation where you would argue the biggest return on social capital investment is going to be. They are the areas where people will close. This time two years ago, we had 130 settings. We operate wholly and exclusively in those areas. Today, we have 65, which is half of our complement. Those are the consequences of underfunding and pretending that you adequately fund the sector.

Q36 Chair: Do you have that occupancy figure, or is it not something that you are able to collect?

Neil Leitch: We would suggest to the DfE that it should improve its data collection. It is interesting that, yesterday, alongside those statistics came a request as to whether it should now drop collecting those



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statistics. My suggestion is that it should improve collecting those statistics, not drop them.

Q37 **Chair:** With the end of furlough in sight, is that a big concern for the childcare sector in particular?

Neil Leitch: It will be, because the level of redundancies at this particular point in time is an unknown figure. That may impact on settings. The facts of hybrid working and more and more employers starting to have employees working from home are likely to impact on settings. This is about the long-term viability of the early years sector. If a setting cannot make it work financially, it will go by the wayside.

It is critical to remember that this is not just about, and should not be about, getting predominantly mums back into work. This is about child development and education. My point right at the beginning was that this should be about educating our children. Even if you are working at home two or three days a week, you will have seen it. We have seen the stress that parents have from trying to give a biscuit to appease a child while they are on a Zoom call, et cetera. This should be about the child as much as the parents.

Q38 **Chair:** Yes, absolutely. Clearly, coming back to you, Ros and Joeli, the childcare challenge is one of the barriers to parents getting back to work. Joeli, you have a petition calling for an independent review into the long-term funding and affordability of childcare. Can you describe why that is needed and what you are hoping would come out of such a review? What issues would need to be considered?

Joeli Brearley: We have the second most expensive childcare system in the world. Our research shows that 40% of working mothers either just break even or pay to go to work, which is ridiculous. Save the Children did some research in 2017 that found there are 870,000 stay-at-home mums who want to work but cannot purely because of the cost and availability of childcare; that is half of all out-of-work mums.

We know that the funding to the childcare sector is not good enough. Neil's work has helped to highlight that. In 2015, OECD data showed that only 0.1% of UK GDP was spent on childcare. The average across the OECD countries is more than double this. We are not giving enough money to our childcare sector, and it is affecting the affordability and availability. Children in areas of deprivation are being the worst impacted.

We want this independent review to show us whether the current funding model is fit for purpose. Do we have availability issues? Is the system affordable for all parents? Related to that, is the funding provided by the UK Government to the childcare sector in line with other countries? Could further investment improve the outcomes for children? All we keep hearing from the Government is: "There is nothing to see here. There is not a problem. We are giving you loads of money. Please go away." This review will prove that that is correct. All we are asking for is the



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information. All we are asking is for them to really evaluate whether what they are saying is true and show us their calculations and that research.

Q39 **Chair:** From your perspective, Neil, you would presumably be keen for a review that demonstrates that everything is rosy in the garden.

Neil Leitch: Of course. I have to go back: the Government have already done their review in a way. It has exposed that, for every hour of childcare, they pay £2.60 less than they should. I have said this before. The defence of the freedom of information request, for example, was to say, "This is historical. Since then, we have invested £66 million and another £44 million," et cetera. It still leaves us at £4.95, not £7.49, so there is still a big shortfall.

My recommendation would be this, really. This was not on the watch of the current Secretary of State or the current Minister responsible for early years. They have the opportunity to continue to be complicit in this shameful approach or to switch on their moral compass and do something about it. At this point in time, pretending it does not exist helps absolutely no one. "There is no market failure"; these are terms that Government should not use. Good managers do not wait for market failure; they prevent it and intervene. They should do something now.

Yes, I would support Joeli 100%. I am just slightly sceptical of what will come forward.

Q40 **Chair:** In terms of parental leave and pay, the Government are due to publish the results from their review of options. What changes are you hoping to see come out of that?

Rosalind Bragg: We expect the evaluation to show that take-up of shared parental leave has been extraordinarily low. The shared parental leave policy is a failed policy, and it will be very difficult for the evaluation to show anything other than that. We need a system to replace it that is simple, based on individual rights rather than shared arrangements, and available to all working parents including those in insecure work and self-employment. We need a scheme that recognises that there are different purposes for maternity, paternity and parental leave; that protects the existing rights of mothers for leave to recover from the birth; and that gives both parents a substantial period of leave to care for their new baby. It needs to be a scheme that substantially increases the very low flat rate for statutory maternity, paternity, and parental pay. Given that the current rate is roughly half the legal minimum wage for a 35-hour week, we should increase that substantially.

In that scheme, we also need to address the very unfair and different treatment of maternity allowance under universal credit. It is a shameful situation that we have been waiting for the Government to address. It leaves many low-income families with up to £5,000 less in income in their child's first year. This does not need to wait for the shared parental leave changes to come through but should be dealt with as part of that. A



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substantial reform based on the principles I have outlined should address the problem of very low take-up, and consequently the very gendered nature of care in the first year and subsequently.

Q41 Chair: You mentioned the low levels of funding for shared parental leave, which are, as you would see, part of the challenge. We identified in our report last year that many mothers return to work before they have taken their full maternity leave period. One question I would ask is whether the Government should do more to ensure that parents take their full entitlement. Presumably, that comes down to the financial support that is available, from your perspective.

Rosalind Bragg: All the pre-pandemic evidence says that financial concerns, above all else, determine how long women take in maternity leave. Financial considerations are partly about rates of pay, benefits and so on. Obviously, women are forced back to work early if they cannot afford to take the leave, but there is also the risk to job security, which needs to be understood as an integral part of a leave policy. If you are scared you are going to lose your job, that is obviously a financial consideration.

Right now, we cannot guarantee that women will not find themselves unfairly selected for redundancy while they are on maternity leave. In fact, we know that is happening to an extraordinary degree. Similarly, fathers are unlikely to take leave if they also face those risks. We need to see an understanding of that full framework of support for parents to retain their jobs during their childbearing years as an approach to replace the shared parental leave model.

Q42 Chair: So we need support and a change to the legal framework. Joeli, did you want to add anything on that and, just generally, any final comments? We are going to wrap up this session soon.

Joeli Brearley: Yes, very quickly. There are, from our perspective, six key issues with shared parental leave. It does not work for the self-employed, so self-employed dads have no legal right to paid paternity leave whatsoever. It is ridiculously and unnecessarily complicated. We hear stories from fathers who ask to take shared parental leave and, because their HR departments do not understand it, they are put off from taking it. It needs to be a day one right. It is very badly paid, as we have discussed, so we know that a quarter of parents get into debt during maternity or paternity leave.

In 2015, the OECD published a comparison of public expenditure on maternity and paternity leave across 34 member states, and the UK came very close to the bottom. It was No. 26. We often hear from the Government how generous it is. Yes, it is in terms of time, but it is not in terms of money. That has a really big impact on the fact that parents return before they are ready.



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Shared parental leave is not shared parental leave at all; it is shared maternity leave, so you need to ring fence it for it to actually work. Finally, it does not work for those who adopt.

Before we wrap up, this is my biggest bugbear at the moment. I want to talk about vaccines for pregnant women. We did a poll on Friday with 9,000 pregnant women, and only 21% have had both doses of the vaccine. Some 41% have not had a single dose of the vaccine. As we have talked about, this is a vulnerable group of women who are more likely to end up in ICU if they become infected. Their baby is twice as likely to be stillborn if they become infected.

This problem could have been solved much earlier had the Government prioritised and considered pregnant women. First, they should have been prioritised for the vaccine as soon as we knew that it was safe, and we had the data to show that. They were not, and they are still not. Even when we said pregnant women could have the vaccine, it took another month for the JCVI or whoever was responsible to update the system so that pregnant women could book it.

There has been no clear information on the risks and benefits for pregnant women, so this vacuum of information has been filled with misinformation. We are being inundated with women who believe that the vaccine will cause them to have a miscarriage or other foetal abnormalities. It needs to be part of a process. Midwives need to understand the information and give pregnant women clear and concise information at the right time, in order to give them an informed choice about taking the vaccine. Otherwise, we are going to see some real tragedies now that the world is opening up, pregnant women are being forced back into the workplace and the delta variant is running riot. This needs to be dealt with really quickly, properly and thoroughly.

Chair: That is all we have time for. We have covered a huge amount this morning. I cannot thank you enough for your time and the really important information you have given us today. Obviously, we are going to give it all a lot of consideration and see how best to process it in terms of being that voice for the petitioners who are raising these issues with us. Thank you very much indeed.