HOUSE OF COMMONS

Procedure Committee

Oral evidence: Voting by proxy, HC 722

Monday 1 November 2021

Ordered by the House of Commons to be published on 1 November 2021.

Watch the meeting

Members present: Karen Bradley (Chair); Kirsty Blackman; Chris Elmore; James Gray; Mr Kevan Jones; Nigel Mills; Gary Sambrook; Mr William Wragg.

Questions 1-32

Witnesses

I: Tracey Crouch MP and Amy Callaghan MP.

Examination of witnesses

Witnesses: Tracey Crouch MP and Amy Callaghan MP.

Q1 **Chair:** Thank you very much for joining us this afternoon. You are the first witnesses that we have called in this inquiry to look at how and if the proxy voting regime that applies to baby leave should be extended to sickness. Both of you have personal experience in this area, and I am going to ask you both if you could start with some opening remarks, and then we will go into questioning. We are acutely aware of the sensitivities of this issue, so we are really looking to you to make sure we respect whatever boundaries you wish to place on us. Can I start with you, Tracey?

Tracey Crouch: Thank you very much for having me. I have to say, I am a lot less nervous today than I was as a Minister appearing in front of a Select Committee. *[Laughter.]* I actually feel very fortunate to have had cancer during covid times—I know that might sound like a very bizarre statement, but I found the lump on 14 June and I was diagnosed around about 19 June, so just after proxy voting had been introduced, and therefore my entire time during treatment was with a proxy vote. Other colleagues have gone through treatment for cancer not in those times, and faced very different circumstances.

I am very happy to answer any questions. I am through my treatment; I am all clear, so I am definitely in a very different place, and I can answer any question that people wish to ask.

Q2 **Chair:** Thank you, Tracey, and we are all very pleased that you are through. [HON. MEMBERS: "Hear, hear."] That is great news for all of us. Amy?

Amy Callaghan: Thank you so much, Chair, and thank you for the opportunity to provide evidence to this inquiry. Similarly to Tracey, I think it is long overdue that we are in front of the Committee today, so I am delighted to have this opportunity. I am quite an open book when it comes to my health, so I am happy to answer any questions that are put to me.

I had a stroke on 10 June, right at the height of the pandemic. Unfortunately, I experienced non-proxy voting times and proxy voting times, so I have experience of both sets of circumstances and am happy to answer questions on both. I am firmly of the belief that it is long overdue that the Commons catches up with—*[Inaudible]*—across the globe and implements measures to ensure that constituents are not disenfranchised. It has caused me an awful lot of anxiety, so I would really like to see this progress. Thank you for this opportunity.

Q3 **Chair:** Thanks, Amy. Your signal is not brilliant, but I think we all picked up what you were saying there, so thank you. I am going to start with a question to you, Tracey. You have touched on this, but could you just explain what difference it made to you to know that you had a proxy vote

during your treatment?

Tracey Crouch: It certainly relieved quite a lot of the pressure from needing to be here in order to be able to vote. There are obviously lots of different aspects to our job, and making sure that you are representing your constituents through the vote system is one of those. Obviously, we had various phases when it came to remote participation in Parliament. That is an entirely different inquiry, and I know you have looked into parts of that. But still having your vote cast was, I think, an important aspect of that. Really, technically, I didn't miss a day's work while going through treatment, because I was able to work from home on emails and to participate in a remote way, but likewise I was still able to cast my vote on behalf of my constituents.

Q4 **Chair:** Amy, obviously you have experienced both proxy and non-proxy times. What would the effect have been on you if a proxy vote had been available for you throughout?

Amy Callaghan: I spent a really significant period of time in hospital worrying about not being able to represent my constituents—instead of focusing entirely on my recovery—so the anxiety and stress that that would have alleviated for me would have been significant. Certainly when the proxy voting did get introduced, it was a lot easier for me to just focus on my recovery. So, yes, the ability that it gave me—and, I am sure, a lot of other Members who have been through health issues—to just focus on recovery is definitely a significant factor.

Q5 **Chair:** Thank you. Obviously, sickness has traditionally been managed through pairing. I wonder whether you both have any reflections on how pairing versus proxy might be more appropriate for you. Would you have preferred pairing, or are proxies definitely the preferable option? Tracey?

Tracey Crouch: For me, proxy is preferable to pairing. Pairing has worked for many years, but now that we have a proxy system in place and it is proven to work, I think we should move on to proxy voting, because obviously pairing does not enable you to cast your vote in your absence; it just helps the Whips to manage the numbers. I think that is the difference between the two. I understand why pairing has been a system—although pairing has broken down as a system and we don't really have formal pairing any more—but proxy is definitely the preference, because you can still write back to your constituents and say that you were able to vote either for or against on a particular issue that they have written to you about because they care about it.

Chair: Amy?

Amy Callaghan: I completely agree with what Tracey just said. Pairing has the ability to break down. I think having something registered, which you can refer constituents to, is incredibly important, especially when they are taking the time to write to you; you need to have something to refer them to. That is the crux of the issue here.

Q6 **Chair:** Thank you. I have a final question in this opening round of

questions, which are on very general points. How important is voting to you as part of your role as a Member of Parliament? Tracey, you have touched on the fact that that is much more than voting, but how important is voting as part of that role?

Tracey Crouch: I think it is really important. Obviously, it is what we get elected to come here to do. But what has made it more important, in my mind, recently is actually not related to me; it's being conscious of the abuse that others have got because they are not here through medical conditions. When people go on to the TheyWorkForYou record and see that people have been absent from a vote, they do not necessarily understand all the nuances of that absence. One of the differences with proxy voting is that you're still technically here for the vote, meaning you don't get that level of abuse. I certainly haven't had the abuse that colleagues who have been through breast cancer previously have had, and I do genuinely think that that is because my voting record is still exactly the same as every other colleague.

Amy Callaghan: It is incredibly important. It is such a publicly accountable aspect of this job. There are obviously many aspects to this role, but this is one very public aspect to it—people can refer to the TheyWorkForYou website. We all get the emails about it, so we know how publicly accountable it is. Constituents can refer to it at any point, so we need to ensure that record is maintained, and proxy voting allows that to happen.

Chair: Thank you. I will bring in Chris Elmore.

Q7 **Chris Elmore:** Thank you, Chair, and thank you both. It is nice to see Tracey here, looking so well, and to see Amy remotely.

In 2018, when the House looked at this, I was part of the Procedure Committee that looked at baby voting and how that would work. We could have then decided to extend that, but didn't. Obviously, that is part of what this inquiry is about now. I would like to understand what circumstances you think should be included. I am not trying to define any of this—I am very conscious of what you have both been through as individuals—but is it about, for example, when you are receiving treatment, or about when you have a diagnosis? Both of you obviously have very different conditions and have experienced different medical care and so on. I don't think either of you can give us a list, but I'm interested in your views on what could be included if the Standing Order was extended—for example, what you have both experienced, but also if you were to break a leg and needed to be away from the House for six weeks for recovery. I just want to get that broader understanding, please.

Tracey Crouch: That is an excellent question. I have obviously been thinking about it in preparation for this Committee, and it is difficult to come up with a list of conditions that should or shouldn't be part of the proxy voting system. I think there are certain obvious conditions. Cancer, where you are undergoing chemotherapy or radiotherapy, is definitely important, because you become quite vulnerable because your immunity

is lower. This is not just about covid times; it is in general times as well. You just don't feel very well; you feel well enough to do emails and stuff, but to actually get on a train, come into town and work the length of hours that we work in this place—

Chris Elmore: And travel is draining, inevitably.

Tracey Crouch: Yes, absolutely. Obviously, Amy has had a significant neurological medical condition, and that is clearly another obvious example. But a broken leg is one where you would think, "Are you still able to get around the House?" Given the fact that we do have colleagues who have physical disabilities, one would argue that you could still participate in the processes and procedures here because we are enabled for that. But I do think that medical conditions are absolutely core in considering how we extend this.

I do have some other thoughts, on bereavement leave, for example, which one of our colleagues raised during the initial debate on this issue. We have seen colleagues, particularly during Brexit votes—one colleague, in particular, was at the funeral of her son, either the day of, or the day before, a key vote in Parliament, and it just felt cruel for them to be here. So I think there is a case to be made for other things, but, primarily, medical conditions is definitely one of those.

Amy Callaghan: I think it would probably come down to a case-by-case basis, and it is probably not for us to ascertain exactly what medical conditions would fall into it. A broken leg, for one Member living in London, might potentially not be too much of a barrier when they do not have too far to travel. But, for instance, if it was a constituency in Scotland or Wales, travelling might be much more of a barrier. It could be down to their medical professional and their team to make the call, to decide if they had a need for proxy voting. That might be something to be ascertained in each individual case.

Widening the scope to medical grounds is essential in my eyes. My situation was very sudden and extreme, and I am still suffering 16 months on and unable to travel to Westminster. I am certainly not in a physical position to be in the House of Commons, where there would certainly be sensory overload. My neurological condition would not be able to cope with it at all. There is an argument for a case-by-case basis, which a medical team would need to assess.

If you are looking at other situations, I completely agree with Tracey's suggestion of bereavement leave and potentially miscarriage leave. I know that is something that has been discussed recently, and it could be worthwhile to look into—maybe for carers also.

Chair: May I bring in James Gray?

Q8 **James Gray:** I completely understand the point that you are making, but one thing occurs to me: what would your attitude be to those Members who have caring responsibilities, perhaps for people with cancer, or to

those who have been bereaved or any other categories? Would people with caring responsibilities equally be eligible for proxy?

Tracey Crouch: I remember having this conversation in the Chamber when first discussing proxy voting for parental leave. Caring responsibilities were argued for quite passionately, for a Conservative colleague. I see there being some case for that.

In many respects, although we are a unique workplace, we should try not to think of ourselves as entirely different from other workplaces. I always try to think, "What would I do if a constituent came to me to say that her employer or workplace was not enabling her to do her job, because of a medical condition, caring responsibilities or what have you?" What would I do as the MP on their behalf? If we can look at it from that perspective for our constituents, why can we not look at it from our perspective as colleagues in a workplace? What would we do if someone said, "I am caring for my husband, who is going through bowel cancer, and yet my work is not being particularly sympathetic about it"? We as MPs would probably raise a case on their behalf, so why are we not doing the same for colleagues here?

Chair: Amy, do you have anything to add?

Amy Callaghan: That is a valid argument. There is a real case for carers to have the proxy vote extended to them. As Tracey said, we would make a case for them if we were their MP, so I think—*[Inaudible.]* Potentially I would make the case for medical grounds, before I would make it for a caring responsibility. Tracey having cancer I would rank higher for proxy voting than someone caring for someone with cancer, but it is still certainly a very valid point.

Q9 **James Gray:** A brief supplementary, if I may, leaving aside medical matters for the moment. What about people with caring responsibilities for, for example, the very elderly, such as parents, uncles or aunts—relations—or very small children? Would they also be eligible for proxy votes?

Tracey Crouch: I have caring responsibilities for a very small child, and I am perfectly able to be here still, so I am not sure that small children are necessarily a case, but I do think that we as a workplace could be more nimble, more agile, in how we deal with some of these issues for colleagues. Maybe that is where the pairing system comes in—because you may not necessarily have to be there with your parents all the time, and there could be peaks and troughs. On dealing with children, I assure you, Mr Gray, that a vast number of colleagues in this House care for their children as well as still being able to be here to vote.

Q10 **James Gray:** That is very clear. Thank you very much, Tracey, because that has made it clear that you do not think that people should have proxy for looking after—

Tracey Crouch: I don't think that we should have proxy for childcare.

James Gray: I suspect that others might disagree with that.

Tracey Crouch: Potentially, but I think we get elected into Parliament knowing that there are particular hours and particular timeframes, and that we have sessions and so on. I think that most people are open-minded when they come into Parliament as to what to expect from timings, but what we are talking about here are certain things that are unexpected, such as a medical condition that keeps you away from your workplace.

Chair: I will come back to Chris in a moment, but Kevan and Kirsty want to come in. Amy, we have not heard your comments, but perhaps we can take Kevan and then we will go to you first.

Q11 **Mr Jones:** Thanks Tracey and Amy for your evidence. Tracey, you have already said that the role is not straightforwardly the same as an employment role, and I agree with you. When I have been in charge of people, as a Member of Parliament responsible for staff, or in a previous life when I was responsible for people, when they have been off ill, my first reaction has always been, "Forget about work, just get on and get better." Do you not think that, if we introduce this, there might be an onus on some people, who want to take the approach of standing back and trying to get better, to still be voting by proxy or getting involved? In a lot of cases, in my former trade union days, if I had an employer who was ringing people up and talking to them about work when they were suffering from cancer or any other condition, I would take a dim view of that.

Tracey Crouch: I am a great one for giving good advice to my peers and then ignoring it myself. I worked throughout my treatment, but that is because I could. But, also, I wanted to—it actually gave me something to think about other than cancer. But then I was in the exact same situation as every colleague and therefore I am not necessarily your best witness on this. What was really amusing for me was that I came back to Parliament in March, the month after my radiotherapy finished. Colleagues started to come back after remote proceedings finished, at the end of June, early July. They were saying, "It's great to see you back," but I was thinking, "Well, I've been here since March. It's actually good to see you back." It is something that is up to that individual person.

Amy Callaghan: I worked throughout my treatment and ill health also. There were obviously periods when I could not—my brain would not let me at various stages. I do see the risk of proxy voting being there and people taking a complete step back altogether. I can understand that, but it certainly was not the case for Tracey or me, so it is not necessarily always the case.

Q12 **Kirsty Blackman:** On James's point, I think we are almost straying into two different arguments. This place is an obstructive, difficult place to work. You do not try to do this job if you are a full-time carer for somebody—you cannot. It is impossible to do this job if you are in that role.

On Tracey's point about the difference between the expected and the

unexpected, having small children is generally not totally unexpected—most people have some idea that that is going to happen—but illness or something like that happening suddenly is unexpected. The other thing is that it is not just you guys who could not have expected that to happen, but your constituents also could not have expected it to happen and that you would not be able to represent them. Does that make sense?

Tracey Crouch: That is a completely fair assessment of what I was trying to say. My other half met me as an MP, so he already knew what the lifestyle was. We had our son while I was an MP, so he knew that he would end up being the primary parent while I was here during the week. That is an expected outcome, but it was completely unexpected that I would be diagnosed and subsequently treated for cancer. I think that is where we have the ability to perhaps be a bit more agile in the procedures in this place.

Q13 **Chris Elmore:** I think you both touched on this in the first answer, but obviously there has been some questioning since. Were we to ask the House to change Standing Orders—this is not linked to either of your conditions, so please do not think that I am talking specifically about anything that you two have been through—how far should the eligibility be changed? You both said that it is about medical conditions. Would it be about the severity of an illness, the duration of it, or the duration of treatment? Would it be from when you were first diagnosed?

I just want to understand what your view would be because, as we take evidence, I get the impression that people will have a very different view. Not personally having had cancer, but with family who have had cancer, you live on the hope of there being a defined date when treatment starts and when treatment ends. You have operations and you think that, when they get to this point, you have a hope of getting clear. In Amy's case, obviously it is an ongoing condition, and we would need to think as a Committee about whether or not it is something that should be considered as a longer-term position for a proxy.

That is the context that I ask it in, but equally lots of other Members will have conditions. I think back to when Nick Boles was a Member of the House and he had what I think, from memory, was a brain tumour. I remember him coming to the House to vote, looking in quite poor health but determined to be here, and him making the argument that he wanted to come in to take part in any debate, but equally being then quite distressed by the rowdiness and loudness of the Chamber. Would a proxy vote have helped in that situation when he actually wanted to be here?

Chair: I will start with Amy for this.

Amy Callaghan: I really appreciate that question. Thank you for giving me the chance to raise what I am about to say. Everything that I am working towards just now with my rehab and my recovery is striving towards getting back to Westminster to represent my constituents. Right now, I could not possibly stand in the voting Lobbies for as long as I would have to in order to vote, basically, but I am working towards being able to stand to deliver a speech. That is the stage of my recovery that I am at,

so proxy voting for me would help significantly. I feel like if that came into place it would be a significant weight off my shoulders. If I actually did make it back to Westminster in the next couple of months, I would probably still use proxy voting if I was present on the estate because it would still eliminate that stress from me. I just do not think—in fact, I know—that I would not be able to stand, because I have a physical disability at this point.

For me, it is about the longer-term issue and having that assessed. I have had several workplace assessments and several consultants tell me that I am not physically able to return to my work in London. I am able to do constituency visits, et cetera, with a chair always quite close by on hand, but I am not able to do that. Any sort of what I suppose you would deem a normal workplace would make reasonable adjustments, but the House of Commons has not done so. That is why I have not physically returned to the House of Commons as of yet, but if proxy voting were in place it would eliminate a significant barrier for me and make me feel like, if I returned, I was actually doing the whole of the job, as such. That would definitely eliminate a significant barrier for me.

Q14 **Chris Elmore:** Thank you for that, Amy. Without putting any words in your mouth, from what you have just said it is almost like a phased return to work.

Amy Callaghan: Yes, that is exactly what it is like.

Q15 **Chris Elmore:** In other roles, you could come to the Commons, do a speech, and then you would be able to leave at the end of that in the knowledge that you would be able to vote.

Amy Callaghan: I would almost see it as even more phased than that. Maybe the first time I came down I would stay for a few days and do a question one day and then build myself up to do a speech in the next few days, so even more phased than that example.

Q16 **Chris Elmore:** Yes, absolutely, but just in the context that the proxy would allow you to have that phasing. At the moment, if you were able to come down to the House and you were here for several hours, trying to stand in the Lobby and then walking down the Lobby and voting would simply be impossible.

Amy Callaghan: I wouldn't be able to, and I think that is where the lack of equality comes in. We are completely stopping people with physical disabilities being able to do this job. In my eyes, proxy voting would certainly allow us to have a lot more people from diverse backgrounds being able to stand for Westminster.

Tracey Crouch: I actually had that kind of phased return, because proxy voting was still in place when I was back. I was able to come into the Chamber and ask a question or make a speech, but then go, because somebody else would be able to vote. Although I feel absolutely amazing now, if I look back I was coming in but I was still tired. Radiotherapy stays in your body for a long time, so I was still pretty exhausted, but I was able

to contribute and then not have to be here at 10 o'clock at night. Then I was able to be here the next day and contribute again, and so on. It was the phased return that Amy speaks of in terms of her own condition.

Chair: William Wragg wants to come in on this point.

Mr Wragg: Chris, have you finished your questions on the allocated topic, before I start?

Chris Elmore: I have one left.

Chair: Would you like to finish that, and then we will bring Will in?

Q17 **Chris Elmore:** Sure. I do not think that this is linked to either of your conditions—unless you feel that it is, of course—but we are trying to understand the idea of capacity. If you had a proxy vote and you had been receiving treatment and your proxy rang you to say, "Can you let us know what you want to do in the Division on amendment 74?" particularly if you were in the Government, as a Conservative Back Bencher you might actually want to rebel—perish the thought, I am sure. Where does the line of capacity come, if you were in the middle of treatment and you were not well? Amy and Tracey, I am not talking about you in particular, but if you had received morphine, where is the capacity?

Within that—I am not just talking about if you were in an operation or receiving treatment—what if a Member had had a mental health crisis and needed a proxy vote but was not well enough to be able to make a decision around their own capacity to decide how they were voting with the proxy?

Sorry, both of you, because there is a lot in that. I just want to understand if you have any views on this issue. We cannot always assume that if you had a proxy, you would want to follow the Whip of your particular party. What would that mean in terms of how that would be managed?

Tracey Crouch: You should never assume that with me, in particular. I feel that this question is perhaps more applicable to Government party Members, because obviously they tend to rebel against the Government line, whereas I assume that Opposition Members follow the Whip most of the time. *[Interruption.]* Oh, maybe not, but it certainly feels like that on our side. I can assure you that I voted against the Government via my proxy on quite a few occasions during covid.

Chris Elmore: Delighted to hear it.

Tracey Crouch: But it is a really good question. I was compos mentis enough to make those decisions throughout. I did an urgent question two days after one of my chemo sessions, so I was still able to participate fully in what I was doing, but I can understand that there would be situations—Amy would be able to answer that better, because she was in hospital for a significant period of time—where that might not be the case.

Amy Callaghan: Despite being in hospital, it is actually not a point I had considered, because once I got my proxy vote, I was completely compos mentis and was in touch with my proxy and my Whips the entire time I had one. It is a very valid question but not something I had actually considered, and I am not particularly sure how you would police that. It is certainly an interesting point to consider.

Chair: Kevan is going to come in on that point, and then we will turn to Will Wragg.

Q18 **Mr Jones:** The one that concerns me is mental illness. Until a few years ago, you could be sectioned and then it was up to the Speaker to debar you from Parliament under the Mental Health Act. Thankfully, that archaic law was changed. What about people with mental illness, because I think it is very difficult for some of them? As someone who has been through mental ill health, I question, first, whether you really want to be bothered about having the capacity to actually make those decisions; and secondly, whether it is actually helpful for that person getting better.

Tracey Crouch: I think that is a fair challenge. Having also spoken about going through depression and anxiety while serving as a Member of Parliament, I can understand why at the time people might not want to declare that that is the condition they are suffering from, and therefore would they want to have to go through the process of being signed off for a proxy vote? That is one part of it.

The other part is whether you want to be bothered. What is it that is causing the anxiety, for example, and therefore do you want to be asked each week whether you will be supporting the Government on whatever business? I think it is a fair question. Amy made the point earlier that it needs to be something that could be considered on a case-by-case basis. Despite suffering depression and being on antidepressants, I was still here all the time, because for me that was a diversionary tactic—it was a coping mechanism to be at work. It may be different for other colleagues.

Chair: I am going to ask Amy to respond, and then we will go to Will and then Kirsty.

Amy Callaghan: As I said earlier, I think that it would have to be considered on a case-by-case basis, potentially by a medical professional. Just because someone has mental health issues does not mean that they are not compos mentis or able to make a decision for themselves. It is wrong to assume that they would be unable to cast their vote on behalf of their constituents.

Q19 **Mr Wragg:** Thank you both for sharing your experiences. Naturally, on this topic I will come across as a complete bogeyman, seeking to think of every possible reason why this might not necessarily be the best idea to pursue. But I want to test this in the spirit in which we have been talking about it. We do have to test it to extremes, because it would likely be tested in reality. For somebody who might be terminally ill, who might have a capacity issue, or who might be unconscious, if they had a proxy vote it seems an automatic thing that it is simply another vote for the

Whips to cast without any consultation. Tracey, alongside me on a number of issues, you cast your vote against the Government during the pandemic and so forth. How would you allay my concerns about those situations?

Tracey Crouch: I understand why you are concerned, of course, and there will be certain situations where a colleague is perhaps unconscious and unable to decide on a vote—although, I expect that would be an unexpected scenario, so they might not have their proxy vote ready anyway. But I think we are all grown-ups, and sometimes a vote might be cast in a way that you did not want it to be cast if you were incapacitated, but then you have to explain that to your constituents. It would be a unique circumstance, I think. My Whips would know the issues that I am most likely to rebel on, I think, given my form, but that is a different kind of situation.

I think it also depends on whether you are on the payroll. If I had been going through that as a Minister, or if I had been a Minister during covid and we were all on proxy votes, then of course I would be voting with the Whips. Sorry, but that is just a sad fact of how it is. I do think that it depends. It is a fair question, so I do not think you are the bogeyman.

Amy Callaghan: I agree that it is a fair question. When I got my proxy vote, I was certainly in a lot better health, but I was having a conversation with my Whips for every single vote. If that conversation had suddenly stopped, they would have known that there was a significant problem and would have questioned why I was not engaging with them. But I would certainly not have wanted a vote being cast without that conversation happening beforehand.

Chair: You can manage that if there aren't that many people with proxies. The problem with covid was that everyone was on a proxy, so it was quite difficult to work out the logistics—but that was a unique circumstance.

Q20 **Kirsty Blackman:** The Whips do not have to cast the vote—or your proxy does not have to cast a vote. If you are unconscious or you know that you are going to have an operation and will not be able to answer the questions, you can say, "Please don't cast my vote for a few days, until I tell you that I am able to go back and do it." We spoke before about pairing, and how pairing relies on honouring an agreement between folk—the same would have to happen with proxies. The fact that we are doubting that the same would happen with proxies, when it clearly happens with pairing, is just bizarre, to be honest. It seems a strange position to take.

Tracey Crouch: That goes back to my point about being agile and nimble, about having that kind of flexibility. Chris asked a question earlier about how able you are to participate in certain things. Sometimes, you might feel perfectly able, and therefore you do not need your proxy. What we proved with the system that we had during the pandemic is that you could just cancel your proxy, come in, contribute, vote and go again and then, a week later, you could resume your proxy. It does not need to be a

blinkered or linear approach, that you can or you cannot. There are areas of general common sense.

Mr Wragg: I thought that some of the impetus behind this was because of a feeling that the honour behind the pairing system had broken down—we could simply transfer that honour on to proxies and they might go the same way. That is all that I would caution.

Chair: Kirsty, and then I have a question and we will move on.

Q21 **Kirsty Blackman:** Thank you, Chair. To go back to mental health, I have spoken candidly about mine, and Tracey, you have talked about depression and anxiety. It is possible that you are aware of other colleagues who have had it. In the main, I imagine that those colleagues would be seeking to continue to vote throughout their mental health issues, but sometimes it might be helpful for them to have a proxy vote. Is that about right?

Tracey Crouch: Again, I think it depends on the particular circumstance. My depression was very incidental—it did not last very long, it was dealt with through a very short course of antidepressants and mindfulness, and I look back on it as something that happened nine years ago now—but for others it is a very different situation. It is important that we do not have this mental health box, that we recognise that there is a spectrum of mental health conditions.

That, again, goes back to my point about what we would be doing with our constituents. If they were being barred from participating in their workplace because of an instance of mental health, I think we would be fighting their corner. However, I also think that if we are going to set an example and reduce the stigma of mental health conditions—Mr Jones has led the way in Parliament on that—we should be open about why we are not here sometimes. We are doing our best to support people in society with poor mental wellbeing, and I and others in this Committee Room have spoken openly about it.

Amy Callaghan: I don't have anything to add to that point.

Q22 **Chair:** I have one final question on the scope, which touches on a point you've both made. Tracey, you said that your transition back into the workplace involved coming in and speaking but then going home because your vote was going to be cast by someone else. The Standing Order on baby leave is very explicit: if you have a proxy, you cannot take part in debates. That was set aside during the pandemic because, obviously, we were all using proxies in order to manage public health requirements, rather than because of any individual situation. Likewise, we set aside not having to be there for wind-ups, openings, and things like that.

Would you want to see the Standing Order changed? The House was very clear that it wanted to have that link between not participating in debates and having proxy votes so that nobody was forced to come in and participate in debates. It is interesting that you have both touched on how much you would appreciate that, so could you, for the record, be

clear as to your views on that?

Tracey Crouch: I will sound completely contradictory here, but I actually think that the Standing Order for maternity leave is right. We all know, either personally or through our casework, of women who feel under a lot of pressure to be working during maternity leave. There is a great deal of merit in saying to colleagues, "Go home. Enjoy this precious time with your baby, because they grow up so quickly," in the same way that we would to our friends and family, or in supporting constituents facing undue pressure in their own workplaces. We have all done maternity discrimination campaigns and have worked with Maternity Action on various issues, so I think that the Standing Order is right, from that perspective. However, the point that Amy was making, which I could reinforce through my own experience, is that the back-to-work process could be more flexible, and that flexibility has been tested during covid times.

Amy Callaghan: If we could speak and have the proxy vote, it would certainly aid the back-to-work process and be helpful for people in my position. I would appreciate that. It would give a lot more flexibility in returning to work.

Q23 **Nigel Mills:** I was slightly worried about the case-by-case suggestion, because it implies that somebody would have to decide whether you were ill enough to get this proxy—you would have to submit loads of evidence of how ill you were to enable that person to make that justification. Do you think it realistic, in a fair system, that you would be almost obliged to send in lots of medical information in that situation? Is it not better to just try to have some clear situations where this is allowed and then you could just self-declare that you met one of those conditions? That would be an easier process to manage.

Tracey Crouch: My own view is that it would be up to medical experts. Kevan mentioned earlier about being an employer and talking to your own team about looking after themselves—well, they've come with a sick note. I would expect a consultant or your GP to be able to say, "I don't think you should be going to work; I don't think you should be in Parliament, because you are clinically vulnerable." That, in my mind, would be what is required.

Perhaps, in the case of the broken leg, there might be more of an onus on yourself to be able to say "Look, this is the reason why I can't come." I appreciate that I am coming from a south-east perspective, where it only takes me an hour to get in on the train, but I think there is an issue, which Amy raised, in that we have colleagues from all four corners of the country, who might have struggles in travelling in to work through a condition. I am sure Mr Gray can talk about travelling in from Wiltshire when he had his leg in a cast for some time.

James Gray: Since you have prompted me, it occurs to me that I had both hips replaced. Would someone in that condition be eligible or not? I find it hard to imagine how any central organisation could come to a

judgment on whether Gray with his dodgy leg in a plaster cast, or dodgy hips, was more or less worthy than someone with much more serious medical complaints.

Kirsty Blackman: We literally do that for universal credit. We expect everyone to do that, and yet we think that MPs are not capable of doing it.

Chair: Amy, do you have anything to add?

Amy Callaghan: Yes, I definitely do. My reference to a case-by-case basis earlier meant that a medical team, a medical professional, should be looking at each individual who comes before them. They are your own personal medical team who assess you when you are unwell. For example, mine said to me, "You definitely cannot go to Westminster just now—that is absolutely ridiculous; of course you can't." Therefore, someone with a broken leg in Scotland might not be able to go to Westminster just now, but someone in London might be able to—that is what I mean by case by case. I am sure that medical professionals could easily make that judgment. At the end of the day, we are all workers, and we should not be treated to a higher standard than any other worker. That is what this is all about to me. We should get reasonable adjustments made in the same way as other workplaces do. That is what this is all about to me, and I hope that is what voting for this proxy vote should mean for us.

Tracey Crouch: Amy's point about medical professionals is important. I remember having a conversation with my oncologist, saying to him that someone had told me I should stand down because I was going through cancer treatment. My oncologist said, "You absolutely shouldn't. I will make sure that you are still able to do your job," so I had every anti-sickness pill going in order to be able to do my job still. That is the point about the medical profession—they are there to support not us as MPs, but us as individuals who happen also to be Members of Parliament.

Q24 **Nigel Mills:** So you would both have been happy to give Parliament your sick note, basically, to say, "This is the reason why I cannot come in for the duration." That is how you propose the system would work—you apply for a proxy with a sick note from your doctor.

Tracey Crouch: I worked in the City before I became an MP, and I would have been very happy to have given my employer in the private sector a sick note to say that I could not go in, so why would I be unhappy to—

Q25 **Nigel Mills:** How public would you want that sick note to end up?

Tracey Crouch: I was in a private business, so it would not be public, would it? Both Amy and I were very open about what we were going through. We have both gone through significant physical changes. We have both been treated in our own local communities. There was no way that I could not have gone public with my diagnosis, because I was using the same oncology centre as my constituents, and my hair fell out, so it was pretty obvious that something was not right. On going through breast cancer treatment, I have no problem, although I recognise that there could be a challenge for other conditions, mental health being a clear

example of where you might not want the whole world to know that you are going through such a condition. That said, however, the whole world need not know, because we could have a blanket reason for being on a proxy vote, which would be having a significant medical condition. In my mind, that is enough of a justification to our constituents.

Q26 **Gary Sambrook:** I want to pick up on a point that Kirsty made about universal credit and the difference between that and this job. The difference in this job is the transparency element. Obviously, people will want to know why we are not here and why someone is voting on our behalf. If you were ill in a private workplace, you would not put up on the noticeboard that you were off for a particular reason. Here, Members will feel obliged to disclose illness. If we were suffering in our mental health, as I do sometimes—I have panic attacks and suffer with anxiety—and had a problem one day, we would not want it to be published, pinning it up on the work noticeboard and going home only for that to be ridiculed on social media and so on. Those pressures on people are very different from those in the average workplace. Comparing it to what we ask people on universal credit to do is a discredit to what we are trying to discuss. We have a unique job in the sense of transparency and in how we try to square that circle in this context.

Chair: Let me bring in Amy and Tracey. I can see that Kirsty is desperate to get in, so I will then bring in Kevan and Kirsty.

Mr Jones: I'll let Kirsty go first.

Amy Callaghan: There obviously are situations where transparency is completely necessary, and in this job, transparency is something that we all strive to give and to be incredibly open about. Tracey and I are prime examples of that. When going through our treatments, we both gave the most open and detailed accounts that we could. That was incredibly clear. I did that when proxy voting was there and when it was not. Proxy voting did not have an impact on that; I would have done that whether proxy voting was there or not. I think that is just the nature of this role.

However, I understand the difference with mental health issues. Not everyone wants to give a detailed account of mental health issues, but maybe this would encourage people to. Maybe we should be more open about this kind of thing. Certainly, I think we should be. Maybe it will encourage other Members to speak openly about it. That would be my view on it.

Tracey Crouch: I was going to make the point about transparency. There is of course an aspect of transparency to what we do, and we are held to account for the things we say and how we vote, and I think that stands whether we are here or not. The recent amendment on sewage, which I did not support the Government on, although other colleagues did, is a classic example. You could have not been here because you were having a panic attack or something—sorry to be personal—and still get the same level of abuse that other colleagues who supported the Government got.

Gary Sambrook: My point was about the individual instance of declaring what you have and so being ridiculed on social media about the panic attacks, rather than the amendment, for example.

Tracey Crouch: Yes, but again, we are all grown-ups here, and we can all work out how we justify how we vote or do not vote or why we are here or not here. I think there is a responsibility on us to look at these issues and to try to be flexible and try to support colleagues who are going through a difficult time. I know there is a fear that this is about creep, and that if we introduce proxy voting for this, we will do so for something else, and we could end up with 300 colleagues on proxy votes. I understand that concern, but we are talking about specific medical conditions about which a doctor or medical practitioner is willing to say, "You shouldn't be at work; you should be signed off."

Q27 **Kirsty Blackman:** Tracey, on what you just said, do you think that having a medical panel or some sort of medical certificate would actually give a layer of anonymity, if you like, about the conditions? It would just say, "The medical panel has signed off that this person is eligible to have a proxy vote."

Tracey Crouch: I do think that. I don't think you would have to be specific unless you wished to be. Both Amy and I have been very open about our specific conditions, but I don't think that the House needs to know that, just the panel. All the House needs to know is that it is a medical condition.

Q28 **Mr Jones:** It has been said quite a few times today that this job is not like any other, and comparisons with other workplaces are sometimes a bit simplistic. My concern is that, first, although the panel might meet to decide that someone could have a proxy vote, that will not get away from the fact that, as soon as somebody announces that they are on a proxy vote—if you are talking about transparency—people will ask why. The other problem I have with all this, personally, is that we might be seen as trying to get a privileged position that many of our constituents do not get. There is no limitation, for example, on our sick pay; we get paid irrespective of whether we are ill or not. For most of our constituents, if they get six months on full pay they are doing well, or half pay after 12 months, and then usually most employers go to a capability test and people lose their jobs. Do you think there is a danger that, if we are not careful, we could be seen as out of touch with our constituents?

Tracey Crouch: We are just talking about proxy voting here. The alternative is that you are just not here and have no vote registered. The thing is, when the public look at you as an MP and they see that your voting record is 40% compared with the average voting attendance of 90%, they will think that something is wrong and ask why you are not here. They will think that you have a second job and are not bothering to turn up, that you are abroad all the time, that you are lazy or whatever; or they could see that you are here, because you are voting in proxy. The alternatives are that you have a proxy vote, or that you recognise we will be abused for not being here.

Q29 **Mr Jones:** I have been here for 20 years and it has always been the case. Perhaps it is made worse by the dreaded social media, which did not exist when I was first elected—

James Gray: I remember those days.

Mr Jones: The point being, surely most constituents are reasonable people. If someone started to criticise you, for example, for not voting because you have been ill with cancer and having treatment, my experience is that most constituents would be pretty sympathetic. You get the odd individual or group of individuals who, even if you walked on water, you could never please, but I think most of the average public, irrespective of which way they vote politically, are sympathetic when someone is genuinely going through what you and Amy have been going through; they would have to be pretty heartless not to.

Tracey Crouch: Forgive me, and for my informality, because I cannot remember which Bristol seat she is, but ask Thangam. When we had a conversation about proxy voting, she spoke very publicly about how she got significant amounts of abuse for not being here, because her public voting record showed her simply as not here—not as not here because she was undergoing cancer treatment, just as not present.

The situation is, do we carry on with the system that was set in place many years ago—pre-social media and pre-internet, when people did not necessarily look up your voting record—or do we reflect on the fact that we now operate in an extremely transparent way? At the click of a button, people can see how we voted on any particular issue and how often we are voting, and can therefore judge us on whether we are doing our jobs.

Q30 **Mr Jones:** I understand what you are saying, Tracey—that it is a completely different era from 20 years ago. The point that I would make is that yes, you might have a lot of people commenting on social media about Thangam's voting record, but my experience is that locally, the people who count—not the people who are commenting, who have not got a vote in Bristol at all and who, frankly, she should not worry about—the constituents who know it, surely, would be sympathetic. One or two might ask, "Why isn't she voting?" and whatever.

Tracey Crouch: Amy can probably give some examples of the abuse that she has received.

Amy Callaghan: Yes. May I come in on that? Something you touched on was that you might be out of touch with constituents, because you are not there in Westminster voting—I am in my house now. I am in my constituency doing a full-time job at this time, and I certainly do not feel out of touch with my constituents because I am not in Westminster voting.

What I do feel is that I am receiving more abuse because I am not voting. That is a particularly difficult thing to face. If anything, as women MPs, we get more abuse in general. To have that increase because I cannot physically travel to Westminster and because I have been unwell is quite a hard pill to swallow. We should take that into account.

Tracey made a very valid point about our voting record being so public now, and about Westminster not moving with the times. Something has to change. We have obviously not done enough about that, and this might be our chance to see something make progress—a solid change that might make significant progress.

On the point about social media, the comments might seem anonymous and from so-called keyboard warriors, but our constituents see them and it can spark something in their minds that we are not doing our jobs. That is problematic for us. It might not be the people there on the ground every day who see us doing our jobs, but it can still be pretty detrimental to our mental health and our ability to do our jobs, so it is significant.

Chair: Thanks, Amy. I am conscious that we have kept you a long time. Kirsty wants to come in, and then Will has some closing questions, and then we will let you get back to the day job of representing your constituents.

Q31 **Kirsty Blackman:** I have a question for Amy on that. If it had said "medical proxy", and that was what was announced by the House, and your vote was counted for everything, but you had not wanted to or felt inclined to be open about what you have been through, do you think that you would have got more abuse for having a medical proxy or for not being there and voting?

Amy Callaghan: Definitely more abuse for not being there and voting. That is a very easy one to answer. The abuse I was getting before I got the proxy vote was much more significant. The abuse I get now, certainly on social media, is much more prominent than what I got when I had the proxy vote.

Q32 **Mr Wragg:** I have a quick question for both witnesses. TheyWorkForYou—useful or not fit for purpose?

Tracey Crouch: I actually think it is useful. I am sorry; I know it is not popular with colleagues. The nuanced answer is that it is slightly misleading sometimes in terms of its categories of voting, but in terms of transparency about how we vote, on what and how often, I think it is really helpful, and the fact that you can search it to find what people have been saying on particular issues is also useful. I am sorry; I appreciate that that is probably not the most popular view among colleagues, but I don't think it is an unhelpful tool.

Mr Wragg: It is only because it has come up as part of the impetus towards this issue. Amy, may I put the same question to you?

Amy Callaghan: I think it is definitely a useful tool for transparency, but it is somewhat unhelpful in the way that it is organised. It does not make it very clear to constituents, especially coming from Scotland, the votes that we are not allowed to vote in and cannot vote in; it made it look like, when I was travelling down to London, I could vote in any vote. It makes our voting record look like less than it actually is, which is quite difficult and problematic to explain to constituents.

Chair: Thank you very much. I really appreciate your both giving your frank and open responses to questions. You can see that, as a Committee, we have a difficult way of managing this, because what on the face of it seem to be simple recommendations have lots of complicated repercussions, which is what we are challenged to deal with. You, as our first witnesses, have perhaps experienced the first set of questions that we are trying to wrestle with. I am sure that other witnesses will watch this and be able to think more deeply about some of those challenges—not that you did not think deeply. It was very helpful. Lots of things that were said have helped me in my thinking about this issue. I am really grateful to you both for coming.