



## Petitions Committee

### Oral evidence: The Government's Response to Coronavirus, HC 252

Thursday 7 May 2020

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Watch the meeting: <https://www.youtube.com/watch?v=TOFPLeE7dqQ>

Members present: Catherine McKinnell (Chair); Elliot Colburn; Martyn Day; Chris Evans; Nick Fletcher; Mike Hill; Kerry McCarthy.

Questions 1 - 26

#### Witnesses

**I:** James Zammit-Garcia, Petition Creator; Jessie Zammit, Petition Creator; Bethany Power, Petition Signatory; Professor Elizabeth Meins, Department of Psychology, University of York; Emily Tredget, Co-Founder, Happity; and Dr Cheryll Adams CBE, FRSPH, D(Nurs), MSc, Executive Director, Institute of Health Visiting.



## Examination of witnesses

Witnesses: James Zammit-Garcia, Jessie Zammit, Bethany Power, Professor Elizabeth Meins, Emily Tredget and Dr Cheryll Adams,

**Q1 Chair:** Thank you very much for joining us today, everyone. We are holding this session as a direct result of more than 200,000 people signing the petition to extend maternity leave by three months, with pay, in light of Covid-19. It is an especially timely session, because this week we are marking Maternal Mental Health Awareness Week, and this year it is focused on supporting mums during difficult times. Today we are looking at maternity leave, and the experience of new parents and babies, at what is a particularly challenging time during this national crisis we are experiencing.

The Petitions Committee has received responses from more than 20,000 people who signed the petition, who have come back to tell more about their experiences, and almost 25,000 comments on the House of Commons Facebook thread. It is a record number of responses, which shows how much interest there is in this subject. We are really grateful to everyone who has taken the time to tell us their experiences and share their ideas. It is already very clear that coronavirus is causing great concern for parents about social contact, access to advice and what returning to work will mean. Before we start with our questions, I want to ask each one of our witnesses to introduce themselves.

**James Zammit-Garcia:** Hi, I am James. I am the petition creator. This is my wife, Jessie, who is currently on maternity leave. That is the reason behind starting the petition.

**Bethany Power:** Hi, I am Bethany. I signed the petition, and I am with my five-month-old baby, Jayden.

**Emily Tredget:** Hello, I am Emily. I have a five-year-old little boy. I struggled with postnatal depression and I set up Happity, which is an online platform to primarily connect parents through baby and toddler classes.

**Professor Meins:** I am Elizabeth Meins. I am a developmental psychologist and professor of psychology at the University of York. My research focuses on infant-mother interaction in the first year of life and its role in predicting development over the course of childhood.

**Dr Adams:** I am Dr Cheryll Adams. I am the executive director of the Institute of Health Visiting.

**Q2 Chair:** We will start with questions to James and Jessie, who started the petition we are talking about today. I will come to you next, Bethany, to ask why you signed the petition and what your concerns are. Then I will come on to our expert panel. We will hopefully have an opportunity to come back to you, James and Bethany, if you have anything to feed in. That is my hope. We will have to see how this goes in terms of time. To



start with you, James and Jessie, what prompted you to start the petition particularly to ask to extend maternity leave by three months?

**Jessie Zammit:** We had spoken to a lot of people who were currently on maternity leave and were worrying about how they were going to do things at home to stimulate their baby. There are obviously a lot of baby groups out there, a wide range, with baby massage, weaning and sensory things. It is very difficult to do stuff like that at home, unless you are educated in it and have the money for the equipment to do it, and to find enough things to do.

The other part of it is mental health. As new mums, we are vulnerable and need that support, not only professional support but peer support, when we are sleep-deprived, whether we are breast feeding or bottle feeding. Especially as a first-time mum, you just go with the flow, and having that support when you are feeling vulnerable, a little low or anxious is really important. There are a lot of people under the perinatal mental health team who I believe probably need that sort of support, not just for themselves but with their baby, and family support as well, which we are obviously not getting at the minute. Although we are incredibly lucky to be at home, fit, healthy and with our children, there are other aspects that we would normally be getting that we are not at the minute.

**James Zammit-Garcia:** It is also important that babies are not getting the interaction with other babies. They are not seeing any other members of their family.

**Jessie Zammit:** There is the worry of nursery as well. When we go back to work, what if we have not had a chance to go and look at nurseries? Also, how will our children, our babies, feel in a social situation if they are just used to whoever lives in a household? Especially if you are a lone parent with just one child who is used to you all the time, that must be quite difficult.

Q3 **Chair:** Have you had a reaction from other people? I know we have had a lot of people sign the petition, which is why we are discussing it today, but what kind of reaction have you seen from people you know?

**Jessie Zammit:** We have had such a big reaction from a lot of people, and lot of people supporting it. A lot of people I have spoken to who are on maternity are getting quite upset and quite distressed, because they are not able to have that support. To be honest, I have not had any sort of feedback to say, "I do not really agree with that." Everybody is on the same level in the fact that we are all worried. We are all worried about going back to work. I work in health, and I am worried to go back to work because this might not have died down. I have a little boy at home to think of. It is all those things, and everybody is thinking exactly the same—socially, sensory, everything.

Q4 **Chair:** You have covered quite a lot in what you have said there about the types of things you would be doing if you were not in this lockdown



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situation. What are the key things you have had to change as a result of being in lockdown that you would do differently if we were not in this situation? Are there some things that even extending the leave period cannot actually resolve for you? Have you thought about that?

**Jessie Zammit:** Obviously we cannot change what is happening at the minute. No amount of extension is ever going to change what is happening. We just have to focus on the future and how we are going to cope with the situation. As long as we are all well, that is absolutely fine. We have had to adapt our way of doing things. We have a nearly six-month-old baby. We have absolutely no idea how to do what they do in baby groups, so we have had to access things online to try at home and use things we have at home to make noise, sounds and stuff like that. I am sure every new mum at home is probably doing that.

It is great to do that but, at the same time, when there are other people in the environment it completely changes the atmosphere, especially where people are working at home. My partner, James, is currently working from home, so it is difficult to have more than just me and my son doing the activities. I assume a lot of people are thinking like that. Sorry, can you repeat the question again?

Q5 **Chair:** No, it is fine. That answers the question. Beyond extending the maternity leave period, what else would you like to see the Government possibly do, if they can, to try to support young parents or new parents during this period of lockdown, but also as we move into a period of coming out of the lockdown?

**James Zammit-Garcia:** It is going to be difficult and daunting for a lot of parents who have not secured nursery places for their child when they return to work. Obviously with nursery, schools and everything being closed at present, it is quite difficult for them to go and find somewhere. There needs to be something in place to allow for that to happen, to enable you to go and vet nursery places, because you are not just going to choose one nursery and stick with it.

**Jessie Zammit:** It is more so people are not feeling pressured because they are so desperate for a space to get into a nursery, as they are rushed to go back to work and they just have to choose one. I know a lot of parents want to go and see the staff, see what the environment is like and things like that before they send their child to nursery.

Q6 **Chair:** I am going to come to you, Bethany, and largely ask you the same question. What made you sign this petition? How did it come to your attention and what kind of reaction have you seen from other people to it?

**Bethany Power:** Covid-19 has affected me massively, only speaking for myself. I have worked really hard to secure maternity leave in order to have a job to go back to. I have planned and prepared what I would like to do in my maternity leave and that has been disrupted. I have been unable to get the support I need, like breastfeeding support and weaning



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support. I am unable to weigh my baby. I am unable to get the support in terms of how to bond with my baby. For me, my baby is the first baby I have ever looked after, so not to get the support from parent and baby groups and professionals has been really hard.

**Q7 Chair:** What impact have you seen by not being able to get that professional support in particular? You mentioned the breastfeeding, and that can be a really big challenge for a lot of new mums. Is that something you have managed to resolve by yourself, or have you been able to get the support to get through that difficult time?

**Bethany Power:** It has been really hard. There have been times that I have wanted to quit and just go on to formula feeding. I have not yet, but it has been really hard. I am at a stage where, with Jayden being 23 weeks old, he is going to be weaning and he is definitely showing signs. I have rung health visitors to get support, but they can give only so much time over the phone and I am winging it. I know that is parenting, but it is just to feel reassured by professionals. I know there are online classes and I am attending one on Monday, but it is never the same to concentrate on your own, with a baby, as I am now on this call, without being able to go face to face. I know it is all trying to make do, but there is a risk of postnatal depression for us all.

**Q8 Chair:** Other than extending maternity leave, are there other solutions that you think would support new mothers in particular, but new parents, during this period and as we come out of lockdown?

**Bethany Power:** I feel extending maternity leave would really help us support our babies into the real world. My baby has not seen anyone since he was three months old. It was a slow process to the start of coming out of hospital, because I had a traumatic birth, so I have not been able to get the support to be able to deal with my wound. It has been slow progress, so I want to get the support to enable my baby to be introduced to the world better.

Also, the nurseries need support. While we are in this crisis, there are a lot of redundancies and a lot of issues with nurseries because they are privately owned. From what I am told, we do not get help until they are three years old so we have to go to a private nursery. What is the ratio of that because of Covid-19? How can you socially distance from a baby who needs nappy changing, feeding and constant care? What is the future of nurseries? Where I am at the moment, there is overpopulation and not enough nurseries, so what does that mean for our future, in being able to go back to work and get the support? Nurseries need massive support. They need good PPE and good funding to enable us, at the end of our maternity, to go to work safely, knowing that our baby is fine.

You cannot introduce your baby to the nursery. Because of Covid-19 and social distancing, you cannot go to an introduction day. You cannot wean him in, with an hour, two hours, three hours, before you leave him for a whole day. You cannot go to visit nurseries. You have to go by word of



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mouth or preference of others. You cannot have your own opinion on a nursery to then go and find out. The nursery that I was looking into is still being built, and it will not be built by the time I have to go back to work, so I do not know what is going to happen. I feel the Government could help families find out where to go when we go back to work, so what nurseries are around, what help we can get and whether there is funding for classes to help develop our babies and to give support with the means of what we can do at the moment.

**Q9 Chair:** Jessie and James, did you have something to add to what you said previously?

**Jessie Zammit:** It was just to agree with Bethany on breastfeeding and confidence, especially for mums who have not long had babies: confidence to go out, to breastfeed in public or baby groups, or even just to go and drive in the car. I know a lot of people who struggled with that and, when they were getting back on their feet, we went into lockdown and it was stripped away again. It was just to agree with absolutely everything Bethany has just said.

**Q10 Mike Hill:** Could you tell us a little about your roles and how the lockdown has affected your work, please?

**Dr Adams:** Inevitably, the work of the health visitor, which involves a lot of home visiting, has been affected quite significantly. Health visitors are quite innovative, and it maybe took them a couple of weeks to get on their feet with doing things differently. They are tending to do a lot of video calls, which are okay up to a point. It will never replace home visiting. They do risk assessments. If they are concerned about a family, they will still try to see that family, but they do a risk assessment first. They generally seem to have access to PPE if they need it. To be honest, wearing PPE and trying to form a relationship with somebody is a complete disaster, so it is not at all an ideal solution, but they have found other solutions. We have been very lucky with better weather. Where people have gardens, they sometimes socially distance in the garden or they have asked the family, if just the mum can be available, whether they can socially distance in the house.

There are quite a lot of creative solutions. Some health visitors are running drop-ins online. Some are running weaning classes, but obviously it varies. It depends on where you are. To all those who have spoken, do contact your health visitor and find out what is available, because there is a lot available. Unfortunately, the response to the Covid lockdown has been, "Oh dear, I must not trouble A&E. I must not trouble GPs. I must not trouble health visitors. I must not trouble my midwife." Actually, all these services are open. They are different, but they are there. For instance, a lot of health visiting services, probably almost all, have set up phone lines for advice. If you leave a message, somebody will get back to you.



The service in some areas is not as well resourced as it was. Some health visitors have been called away. They were redeployed to the frontline or other areas when things were really very difficult. They are beginning to come back now. The service has been stretched and it has had to learn to work in different ways, but we are hearing some very positive stories as well as the challenges that are being faced.

**Q11 Mike Hill:** What about the impacts of coronavirus and the lockdown on maternal mental health? What effect is that having on children?

**Dr Adams:** It varies from family to family. In some families, having dad at home, particularly if he is furloughed and can focus on the new baby, might be a bit of a treat. It is an unusual situation and that is great. For other families, it is extremely difficult to find yourself at home alone, particularly if you are perhaps a single parent or your partner, as has been described, is attempting to do a job while there is a baby and a toddler running around.

When mums are alone, loneliness is a really difficult thing with a new baby, and that has been extremely well described. You have many moments of the day when it is helpful to talk to somebody and get information. You are just wondering what is going on and you would like to pass it by somebody. Imagine if that goes on into days and weeks, and you do not have good access to support. Many families are Skyping or Zooming grandparents and friends. That helps a lot. They are using online forums and they help enormously, but the days are long. Anybody who has been a mum at home knows just how long the days can be, particularly in the early days when you are not terribly sure about what you are doing.

There has been a result of that. Health visitors are reporting more depression. Globally, there have been reports of more depression, more breaking down of the couple relationship and, unfortunately, domestic violence in some homes. It is very difficult. Health visitors are really concerned about the homes they do not know about. What is happening behind closed doors where people are very isolated? I had a case yesterday of a specialist perinatal health visitor who had contacted one of her mums, just as a catch-up. This mum had always coped very well but had had depression with the first child and was coping with the second one. She had hit a really black point and the call was very well timed. If there was time to ring every mum, I suspect we would be finding a lot more problems and a lot of families needing more support.

**Professor Meins:** In many ways, we do not understand the impact of the virus on babies themselves. Happily, if babies contract the virus they seem to be remarkably resilient in recovering so, in many ways, babies might be the group that is least directly affected by the virus. As other people have pointed out, the effects are likely to be indirect, via the effects of the pandemic and social distancing on parenting and family functioning. It is really critical now to have parents know how to monitor their own physical and mental health, and to reach out and have that



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kind of support available if they feel they are struggling. It is critical to do stuff now and make sure there is support available to parents across the board now, rather than wait and extend their leave.

**Emily Tredget:** We have definitely found that. We have found that 78% of the parents we surveyed are struggling mentally. From research we have done in the past we know that, where a parent is struggling, the child is likely to struggle as well, because obviously there is less bonding, less eye contact and things like that. That can impact on a child's self-worth and things going forward. In terms of the socialisation, as Professor Meins just said, we are in a strange time. Parents and babies are not getting out. They are not being able to learn in the normal way, and we do not yet know what impact that is going to have.

Taking baby classes, they are not just a nice-to-have. They are a vital thing where children learn to read different people's faces, different children's faces and all the physical developmental things as well. It is exactly what Professor Meins said. As well as thinking of what we can do in terms of extending maternity leave and mental health support going forward, it is key to think of what we can do right now for the experience of parents, so that their mental health is as good as possible at the moment. We touched on nurseries and helping parents who are working at the moment, but how can we help those children to get as many developmental opportunities while within their four walls?

Q12 **Mike Hill:** I have a last question for Emily. She has taken us through it to a degree, that it is all about virtual baby groups and other forms of online engagement. Does Emily think they offer a good replacement for personal contact?

**Emily Tredget:** It is a great question. At Happity, we have been supporting parents through in-person classes up until this point. The reason we do those is because they are fundamentally better than online versions. When Covid hit, we supported many of our providers in going online. The key point is how we go about doing it online.

Lots and lots of celebrities and big organisations are putting free downloads and Instagram Lives out there. There are interactive baby classes, as we call them, on Zoom, ideally with a class provider you have been to before, but that is not always possible with new parents, and in small groups, so 10 to 15 families maximum. The vast majority of our parents find them beneficial, saying they feel like they have literally been out and interacted. They are seeing the same person week in, week out, in terms of the teacher, but also in terms of the babies or the pre-schoolers seeing each other, and the parents. Also, the providers have found them hugely beneficial for their mental health, because they can see the joy they are bringing. They are not just putting a Live out to the world and not really knowing who is seeing it. That is what we are advocating in terms of taking this forward.



We have found that some councils in some areas are funding these Lives, Facebooks and things like that, but it is having that interactivity that makes a real difference. Obviously, they are not the same as in-person classes and the sooner we can get back to them, when we are reasonably able to do that, that will be great. For now, we can focus on those purely interactive classes. As adults, we do not see it as okay for us just to sit there and watch TV all day to get the interaction we need right now. We have adapted to use Zoom calls and telephone calls. It is not really acceptable for our children just to be put in front of a YouTube person whom they may not have seen before and cannot interact with. We need to find a way of helping them, and the parents, to interact.

On that mental health point, if the parent feels like they have some peer support and they know they are in this together, they are happier, their child is going to be happier and that is going to reap benefits for generations to come.

**Jessie Zammit:** I would go along with what Emily has just said about the interactive baby groups. I know it is probably area dependent, but you have to pay for a lot of these interactive baby groups, especially in the area I live. That is absolutely fine if you are able to put yourself in that sort of position, but I know the council often runs baby groups that are free and get a lot of use. For those people who are not able to support themselves financially to do these Zoom meetings and stuff, how are they going to be able to do stuff like that at home?

**Chair:** That is really helpful. It is important to remember that.

**Bethany Power:** I was going to baby sensory class. I went to a couple of them before we went into lockdown, and this is what I paid before. They then changed. Because they have to work as a business, they changed to virtual classes. By the end of it, I quit. I found it really difficult in terms of having the equipment. Although they were showing how to make stuff, I did not have any of the tools to make stuff, like felt-tip pens, different types of paper, et cetera. When you do a class on Zoom, you are going in a time slot where you have to, hopefully, have your baby well behaved. When you go to an actual place, if they are misbehaving, they are still able to see visually, hear all the sounds and join in when they can or recap on some things that they have missed out. It is not the same.

With baby classes, it gives us the theme for when they go to nursery. We are unable to do that through virtual reality classes by video.

**Chair:** That is useful.

Q13 **Kerry McCarthy:** I will direct my questions in the first instance to Professor Meins. We have already touched on some of this territory about the possible impact on young children's development through not having that social interaction, perhaps lacking the outside stimulation they would get if they were being taken to play groups and so on. Could that have



lasting consequences? What problems are we potentially storing up if children are missing out on some of these crucial experiences in their formative years?

**Professor Meins:** As I said, we do not yet know, because the research has not been done. In some ways, though, it is important for us to try to take the babies' perspective here. At any time, a baby's social world is going to be relatively limited, even in comparison with toddlers, because they cannot walk or talk. In many ways, if a baby is living in lockdown, they are not going to know all these social opportunities that they are missing out on. It is important for parents to recognise that the science tells us that what is really important for children's subsequent development is the quality of the interactions they have with their caregivers, primarily their parents.

One thing we can still do under lockdown is interact with our babies. In many ways, parents can be reassured that babies do not need this large social group that they interact with. They can probably catch up with that. We certainly know that babies are very adaptable. In many ways, the science reassures parents that they are not going to be as impacted by the lack of social interaction as perhaps the parents are.

Q14 **Kerry McCarthy:** This is more of an issue for toddlers, when they are acquiring certain skills, speech and everything like that. It would be more of an issue when the children were a bit older.

**Professor Meins:** Yes, and, indeed, for schoolchildren who cannot physically see their friends or go to their normal activities, or who just recognise that there is something very bizarre about social distancing. Those sorts of effects may influence how they understand social relationships. It is, as you say, likely to be toddlers and older children, because they recognise the difference now, whereas babies do not know any different. It is just normal for them because they have not experienced what we would consider to be the normal social world.

**Emily Tredget:** I am not a professor or a doctor but, as part of my involvement with Happity, I remember speaking to a lady called Diana Dean, who talked a lot about the lack of bonding between a parent and a child, maybe as a result of mental health issues. She talked about the hypothalamus and the amygdala, and the development of those being stunted, and how there were some studies saying that that could affect your emotional wellbeing. For children who have been in this situation, which many more may be in right now if parents are more likely to struggle with mental health, they were seeing anxiety in girls, and depression and anger in boys, at the puberty stage. Obviously it is impossible to say whether that will be replicated here.

I also remember that she talked about some Stanford research, in terms of there being links with cortisol stress levels and obesity later in life as well. While there is not anything specifically related to research in this area, studies have been done between parents and children where there



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have been severe mental health issues. My concern is that this is something we could see, but probably not for 15 years to come. Therefore, doing as much as we can now is imperative.

**Q15 Kerry McCarthy:** Would a baby actually realise the difference, and would it make a difference, in terms of being passed from one adult to another? Would they actually realise that different people are holding them, or different people are looking at them? Does that matter, if it is different faces that they are seeing? They must sense it is different if they have their dad holding them as opposed to their grandmother, or are they not old enough to recognise that?

**Professor Meins:** Those sorts of things come online gradually. By the time the baby is around three months of age, they will start to do what is called social smiling. That is when they recognise that the person they can see is a different individual, and that is when they can start recognising different people. It is highly unlikely that the kinds of things they are experiencing during lockdown are so severe that they are essentially depriving the child of any access or experience of faces. Even though they might be seeing people on a computer or phone screen, they are at least getting exposure to different faces.

In many ways, we might be worrying unnecessarily and extrapolating from worst-case scenarios or from research focused on completely socially deprived environments and the impact that might have on children's brain development. I really do not think we can do that, because children are not completely isolated from everyone. They still have people with whom they can interact.

**Q16 Kerry McCarthy:** Was that your response to what Emily was just saying about the concerns she has about how it could affect children later in life? They are possibly, as you say, extreme examples.

**Professor Meins:** Yes.

**Q17 Kerry McCarthy:** Did you want to come back on that, Emily, or do you think that is a reasonable explanation?

**Emily Tredget:** It is not my personal research, so I cannot vouch from that point of view. I know that the research Dr Diana was doing was based on putting children into nurseries potentially too early or parents with perinatal mental health issues, both of which I would not suggest are particularly extreme things to do. They were finding that children of toddler age were either being very hyperactive or becoming quite subdued. That is something parents have fed back to us as what they are actually finding with their children already, right now.

Worryingly, with slightly older children, and I have found this with my son as well, it is getting to the point now where they do not really want to talk to their friends on FaceTime—we were doing some FaceTime playdates—because they are just not used to being around them.



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As soon as we put him on—and obviously I am biased; we do this a lot—a dance or music class, say, with his cousin, where they are doing that together and can see each other, they have a great time. That goes into a bit of a chat and he wants to talk to him all the time. We have found that when you do that kind of social interaction, something that is kind of normal to them, within the realms of normality—so having fun, singing, dancing, nursery rhymes—it normalises it a bit more. When we are just trying to get them to chat over FaceTime, he just does not want to talk to his friends anymore, other than out of that setting. I find that quite worrying, because he is a very social person.

I have heard other people saying that, when they go down the street for a little bit of a walk, their children are either not wanting to go outside anymore, which worries them, or are crying and just being scared of other children around them, albeit from far away. For me, that is concerning. Only time will tell whether it will have a long-term impact.

**Q18 Kerry McCarthy:** I was going to ask if there was anything parents should be doing differently to try to compensate for this. I think we may have covered some examples of the sorts of things parents are doing in lockdown already. I think we have probably covered that ground, unless anyone has anything else to add on that.

**Chair:** I think Emily has covered quite a lot of the alternatives that are available, which is really helpful to get an understanding. Dr Adams, do you have anything to add to that from a health worker perspective? What would health visitors be advising their parents to try to do in the circumstances we are in?

**Dr Adams:** Parents need not be concerned about taking babies to groups to get the stimulation, because actually parents are the best source of stimulation for babies. Babies are really responsive, even from the moment of birth, and it is the parents who can have the biggest impact on them. Other people are helpful, and they are particularly helpful in relieving the parents, because it is jolly hard work coming up with different ideas. There are plenty of ideas online, baby books and so on, or they can share ideas with friends. I do not think any parent should think that what they are doing at home with their babies is less important than what might be happening when they take them out. When parents take their babies out, it is hugely helpful to them. Social health is really important and it boosts mental health, but, from the baby's point of view, the baby needs lots of interaction with those around it at home. It is the parents who can provide that.

**Chair:** Chris, you are going to ask a bit more about parents and moving that focus from the baby to the parents.

**Q19 Chris Evans:** It is very interesting, having a three-year-old and a five-month-old, hearing some of the problems you have been having. My wife and I have been having exactly the same experience in terms of getting my youngest to baby sensory classes. She has missed out on everything



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my older one enjoyed doing. To start off with, what do you think can be done? What do you think families, and new parents in particular, are missing out on during lockdown, apart from what you have already described?

**Emily Tredget:** I asked a lot of our parents about different areas they are missing out on. There were a few slightly smaller ones that are not directly related to what we do at Happity, but I thought it would be good to share. One of them was getting cheap low-cost clothing. It is not something I would have thought of, but Primark is not open and does not do online deliveries so they are being forced to go to much more expensive outlets, such as Marks & Spencer, et cetera, that may be doing deliveries at this time.

The second one they highlighted was the health visitor support. A lot of new parents are finding themselves feeling a little bit floundering. Like Cheryll was saying, perhaps that is out there but they are not necessarily aware of it.

One that came up a few times was in terms of babies that have been in NICU. A lot of those parents were concerned that lots of the checks they were due to have have been postponed and are likely to be postponed until we come out of lockdown, when they are likely to need to be back at work. Therefore, they will have to take time out of work to go to those appointments. There were also concerns from that same group of parents that, if we are looking at extending maternity leave for all parents, we should also be opening that bigger can of worms and looking at whether we extend maternity leave for those parents who have had children in NICU. As one lady put it, sitting watching an incubator is not doing anything beneficial for the child or the parent in terms of bonding, mental health and things like that. I thought that was really interesting.

Our parents are definitely saying that it is anxiety, panic attacks, depression, suicidal thoughts and divorce, which I think someone mentioned earlier, that they are struggling with. That is parents on a wider spectrum. This is where this petition overlaps with parents on a wider spectrum. For parents coming off maternity leave, it is 10 times worse because you have to get over that huge transition period of going back to work. We should do something to help all parents in maintaining their mental health right now.

A lot of parents, including me, are trying to juggle two jobs and home schooling potentially multiple children. That is the concern I have. A lot of parents are saying they are literally at breaking point and do not quite know how to go on like this for much longer. It is particularly the parents who have had a small child in the last few weeks. They are not getting that bonding time with their child because they are having to home school their other children. That is a really difficult situation to be in. I think those are the parents who are particularly looking for that extension and whom we are particularly trying to help through the classes.



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**Q20 Chair:** I was going to raise that. One aspect people have probably not considered is those who not only have a brand new baby to care for. Some parents are not only caring for a toddler or an only child, but are trying to educate that older child as well. I have heard stories of the older child doing quite dramatic things to get more attention because they are not getting enough. The older child is getting all the focused educational input, because that is what parents are having to do at the moment as well. It is a big issue. I am pleased you raised that.

Dr Adams, I think this is one of the challenges for health visitors. Their work is to go into homes, visit and be able to sense and get a feel of how that family is. Sometimes it can be quite an intangible thing, and I know health visitors use their intuition and experience. As I know from my own experience, you think you are fine and then the health visitor can arrive, and all of a sudden you realise things are not going quite as you thought they were and you need a bit of support and help. The challenge is that quite a lot of parents possibly do not feel the need to reach out and do not realise the support they could benefit from. If that normal interaction was in place, it would become apparent. I think that is one of the big challenges. Would you agree with that?

**Dr Adams:** Yes, absolutely. It is very interesting with mental health issues. You can get anxious, you can get depressed and it can come out in ways such as being irritable at home, difficult to live with and so on, but actually there is something else going on there that needs help. It is dads, too. Half as many, but dads also suffer with mental health problems in the first year of life. People do not always recognise it themselves, and it can take skilled help and having quite a good relationship with somebody, so it is not about a first contact. You are not going to admit to a stranger that things are perhaps not great, and particularly that you might not be the mother you think you ought to be. I think all parents lack confidence in the quality of their parenting, all of us, but the vast majority do an extremely good job. Yes, asking for help can be difficult.

It is really important that health visitors have contact with families. Unfortunately, health visiting numbers have fallen quite dramatically over the last five years. There was a cut to public health budgets, which has impacted on the work that health visitors can do, and certainly on the number of home visits and the time available to form these vital relationships with people. Wrapping up on that, if somebody is experiencing a lot of problems at home, and the health visitor can unravel that and help them sort it out, the benefits can be so long term for that child, for other children, maybe for the relationship staying intact, for the mother's mental health and so on. It is time well spent, but it requires Government investment to allow it to happen.

**Chair:** It might be a question of not necessarily having it immediately now, but having the time to have that once we start resuming normality again. That is obviously what is being proposed in this petition.



**Q21 Chris Evans:** Speaking from experience, the biggest stress with us has been vaccinations. Has there been any feedback from your members about anxiety over making sure that vaccinations have been met and GP appointments have been going through as well? The second point that has been hugely beneficial is WhatsApp groups, developing from NCT and things like that. Have those support groups been a coping mechanism for your members? Have they been helpful in any way?

**Dr Adams:** The message with immunisations is that it is incredibly important that they are given at the right time. GPs are definitely open. Practice nurses have been very innovative. They may do them in the carpark, rather than taking people into the premises, but they are doing them. It is really important, because otherwise we are going to move from Covid maybe to a measles epidemic or worse still. There needs to be a really strong message about the importance of immunisations.

NCT has put its classes online, so they are available. Each family is different, and each family different needs. You have to find your balance as to what helps you. You may sign up to something and think, "This is actually making me feel worse", and then you try something else and it is in sympathy, providing the support you need. My message to parents would be to try different things and find out where they feel they are getting the support they need.

Quite a lot of the national online parenting groups, mum groups, have discussion groups where you can post questions about things like breastfeeding, postnatal depression and so on. They also have professionals working on them, providing answers. As I have been told by these groups, for every person reading the answer to their question, there may be another 1,000 or 2,000 reading that too and being helped by it. The world is different these days.

It has to be said, though, that some mums may not be connected electronically. They may not have wi-fi and a phone that is working. This must not be forgotten. It is not possible to get information to everybody online. I was just checking this morning. We now have this horrible figure that, in the UK, I think a third of all families with a child under the age of five are living in poverty. That was before Covid and more people lost their jobs. We need to think about the impact of that in terms of communication, coping with small children and worrying about things like food. What you are going to worry about first is how you are going to feed your child, rather than going out and so on. We have some big issues to address in this country for families with small children.

**Q22 Chris Evans:** My final question is for Happity and Ms Tredget. What do you think employers can do to enable parents to return to work safely, for them and their children?

**Emily Tredget:** It is a really tricky one. Do you mean practically or mentally?



**Chris Evans:** Both.

**Emily Tredget:** Practically, it is about having a skeleton staff in the office if they need to be in the office, doing remote working wherever possible. At Happity, we have four parents working remotely. We found that to work very well, and I know lots of parents are finding that.

Mentally, it is a really tricky one. Many parents are calling for us to equal out the workload between those with families and those without. I have heard lots of stories of people who are quite frustrated that the more junior staff in their company are perhaps furloughed and not doing anything, for want of a better word, whereas they are trying to struggle through family life as well as potentially looking after an increasingly larger workload. It is a very tricky one but, if there is some way we can balance that workload out, that would be hugely beneficial for everyone, because being furloughed, suddenly stopping work, is not great for your mental health either.

They are the key ones, as well as making sure that parents are in a mental state to go back to work. Practically all, 78%, of the women and parents I have spoken to do not feel mentally stable. They do not feel like they could suddenly go back to work right now. They are calling on the Government to provide mental health support now, and if not right now, as soon as the lockdown is over. Otherwise they feel like it is going to be very difficult for them to do.

It sounds like you are in a similar situation. My husband and I are going backwards and forwards between meetings I have, meetings he has and home schooling in between. You do not get any time to stop from about 6 am to 9 pm. We only have one child, but it is really difficult for a lot of parents who have new babies or multiple children to home school. Coming to Bethany's point earlier about the cost of online classes, I would call on the Government to pay for the first few proper interactive classes for all parents to try them out. Like I said, once they try them out, they understand how they are different and they understand the mental health benefits. Then they carry on with them under their own steam.

There will be parents who are not financially able to continue with them, and I would call for funding to be available for that. I think it was a fifth of parents in poverty that Dr Adams just spoke about. Obviously food and shelter need to come first, but, if they can be getting the mental health benefits and the developmental benefits for their children over this period, we are going to find that there is a hugely reduced mental health cost in the long run. With waiting lists already at between six months and two years for many perinatal mental health services, it is only going to look worse after this. It is imperative that we do as much as we can, right now, to stop the huge growth that we could see ahead of us.

Q23 **Nick Fletcher:** Are you doing the virtual online help with friends or with other people who have just gone into the group? Are you doing it with



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other friends who are pregnant at the same time? Do you understand the question?

**Emily Tredget:** Yes. Typically, our classes will be of people who have been meeting in real life already, but it is a lot of people across the country. We have 500 classes set up across the UK at the moment, and we even have parents coming into them from abroad. Typically, you are with a group that you have been with before. We are not facilitating that. You choose a time and a place that works for you.

That is another thing that we would love to get funding for and work with the Government on, which is about having cohorts of mums. We work with a clinical psychologist. We could start off with a session where they get to know each other and get some input from the clinical psychologist. They could then move into a batch of classes that would be relevant for them, all together. All together is the key thing. Particularly for new mums, if they have not already got out to classes, it is harder to get online. If we can get them into cohorts and work through different classes together, like with the NCT groups—lots of people cannot afford NCT due to the high cost associated—it will have a huge benefit.

Q24 **Nick Fletcher:** Are dads joining in with the virtual classes as well?

**Emily Tredget:** It is mostly mums, but not always. We have asked our providers to make the tickets for a whole family. Often, if you have twins, you would be paying for two tickets in an in-person meet up. Here, we have asked them just to ticket it for one family, and often we have dads joining as well. In the week commencing 18 May, we are going to be doing a “Happity helps” week, where classes are going to be just £1 with lots of our providers, so people can come along and see that they work. They will typically be with people they do not yet know when those new people come in. If we can set something up whereby we can help those cohorts to be created and continue with WhatsApp groups to support each other during the week, that would be hugely beneficial.

**Nick Fletcher:** Can I ask a question of Jessie, James and Bethany?

**Chair:** Yes, that would be great. I was going to come back to Bethany, Jessie and James—we have just a couple of minutes left—to see what else you would add or if you have some response to what you have heard. If you add it on to responding to Nick’s question, that would be great.

Q25 **Nick Fletcher:** There is talk of a lot of people feeling as though they cannot go to hospital because they do not want to place a burden on the hospital. I have had a lot of cases where people are not going because of Covid and one thing or another. Do you feel as though you are a burden? Is that ever stopping you from calling your GP or health worker? Do you feel like that? If you do not, that is fine. If you do, we need to know that. What can we do about that? The GPs and health workers want you to call. I know they will want you to call. What can we do about that as a Government and as MPs?



**Bethany Power:** I had a difficult end to my labour, and I was then having a labour debrief by the midwives of my hospital. However, I have been unable to get the debrief of my labour through the midwives or the consultants, so that has massively affected my mental state and ability to recover. I am not able to get the help through my gynaecologist and my women's health physio. I am not able to get the osteopath help for my son. I am also unable to get the help for his positional talipes or some massage that the health visitor wanted me to be referred to. A lot of these supports have stopped. I wanted to address that in some questions that were raised across the team.

Q26 **Chair:** Do you want to raise them now?

**Bethany Power:** No, that is what I mean. I wanted to respond by saying that I have not been able to get the help needed for myself, as well as my son.

**Chair:** That is really important to know and for us to note as part of this inquiry, so thank you.

**Jessie Zammit:** I totally agree with what Bethany said there. I was under the health visitor and we had a bit of a support plan going for my son, Elliot, to be weighed every week because there were a lot of concerns, solely through my mental health really, about his weight, breastfeeding and stuff like that. Obviously, that has all gone out the window. I know there are a lot of other mums and parents who may have had these support plans in place and where health visitors were going to help them, whether that was home visits, done online or at the drop-in centres. For obvious reasons, that cannot go ahead at the minute.

Going back to your question before about feeling a burden with everything going on, when you are listening to the news and hearing how much demand the NHS is in, people at home are wanting to save those GP phone calls and stuff for the people who we all think may need it more than we will. I think that is where a lot of the anxiety for new parents is coming from. With everything going on, we are all just trying to get on with it ourselves until we desperately need it. It is difficult because we do desperately need it, and that is having a knock-on effect on our mental health and everybody's mental health. In regard to your question, yes, I think a lot of us feel we are being a burden and are maybe not seeking the support we need.

**Chair:** We have run out of time. I feel like we have just scratched the surface on a range of issues we have touched on today. I want to say a really huge thank you to all our witnesses today for sharing your personal experiences, which is never an easy thing to do but it is an incredibly powerful thing to do, and you have done it on behalf of hundreds of thousands of people who have taken an interest in this issue. Thank you very much for that, and to our experts as well for your input today, which has been really important.

One key message that comes out is that you must ask for help. If you



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feel you need help and support, come forward and ask your health visitor or GP for that support. Flag up and shout up if it is still not able to be given because it is so important. In terms of what the Government can do, there have been so many suggestions made today, about making the furlough more flexible to accommodate those who are furloughed and those who are still working a bit more flexibly, how the return-to-work process needs to be managed, and how the childcare situation has to be looked at very holistically. That is all tied in with the education and potential, at the time, whenever that is, that schools go back. Underpinning all that, at every stage, has to be the mental health of parents and the consequent mental health impact on children and families as a whole.

We have touched on so much today. There is a lot to explore further, so, if you have more things that come to you after this, email us. We will take written submissions as part of this inquiry as well, because this will go on to inform the recommendations we make to the Government and feed into what has been said. This is not the end. You can still feed in your additional thoughts, because there has not been time to explore as much as we would have liked today. Thank you so very much, and take care everybody.