



## Petitions Committee

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

Thursday 21 May 2020

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Watch the meeting: <https://www.youtube.com/watch?v=SqMKtR-pt0A>

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

Women and Equalities Committee Member present: Alex Davies-Jones.

Questions 45-73

#### Witnesses

**I:** Alain Gregoire, Chair, Maternal Mental Health Alliance, Dr Trudi Seneviratne OBE, Chair of the Royal College of Psychiatrists Faculty of Perinatal Psychiatry, Josie Anderson, Campaigns and Policy Manager, Bliss, Charity for babies born premature or sick in the UK, Sue Armstrong Brown, Chief Executive, Adoption UK, and Neil Leitch, Chief Executive, Early Years Alliance.

Written evidence from witnesses:

- [Early Years Alliance](#)
- [Bliss](#)

## Examination of witnesses

Witnesses: Alain Gregoire, Dr Trudi Seneviratne, Josie Anderson, Sue Armstrong Brown and Neil Leitch.

Q45 **Chair:** Thank you very much, everybody, for joining us today. This is our second session looking at the impact of coronavirus on new mothers. It has come about after more than 200,000 people signed a petition to extend maternity leave by three months, with pay, in light of covid-19. Our first session took place during Maternal Mental Health Week, so it is quite fitting that this second session is taking place during Mental Health Awareness Week.

We are delighted to be joined by a number of witnesses who can talk about the mental health impacts of the lockdown on new mothers and on children. As well as members of the Petitions Committee, I am also pleased that we have been joined today by Alex Davies-Jones, a member of the Women and Equalities Committee.

Before we start our questioning, could I just ask each of our witnesses, who have very kindly joined us today, to introduce themselves? If I start with you, Sue.

**Sue Armstrong Brown:** Hello. My name is Sue Armstrong Brown, and I am the chief executive of Adoption UK, the adopters' charity.

**Dr Seneviratne:** Hello Catherine. I am Dr Trudi Seneviratne and I am the chair of the perinatal faculty at the Royal College of Psychiatrists.

**Chair:** Then we have Neil.

**Neil Leitch:** Good morning. I am Neil Leitch, the chief executive of the Early Years Alliance, which was formerly the Pre-school Learning Alliance, and we are a membership organisation.

**Alain Gregoire:** I am Dr Alain Gregoire. I am a perinatal psychiatrist and I am also the chair of the Maternal Mental Health Alliance, which is a coalition of over 100 professional and patient organisations trying to improve maternal mental health in the UK.

**Chair:** Thank you. Finally, Josie Anderson.

**Josie Anderson:** Good morning. My name is Josie Anderson. I am the campaigns and policy manager at Bliss, a national charity for babies born premature or sick and in need of neonatal care.

**Chair:** Thank you all very much for being here today. Katherine is going to ask the first questions this morning.

Q46 **Katherine Fletcher:** It's a Catherine to Katherine handover! Thank you very much for coming, everybody. I know you are busy people, and your time is appreciated.

Having a new baby is not easy at the best of times, and obviously this awful covid disease is happening to all of us. Perhaps I will start with Dr Trudi and then go to Dr Alain. Could you talk to us about the specific effects that covid is having on mental health?

**Dr Seneviratne:** Yes, of course. An ONS report, for example, published recently, in March, showed that just in the general public there was a huge increase in anxiety. Almost 50% of those who responded talked about an increase in anxiety. That compares with figures from around a year ago, in 2019, when this figure was only about 21%.

There is a mixed picture across the country, but we are concerned about the increased rates of anxiety as a result of covid. That is across the board, in all areas of mental health, affecting everybody. It is actually from cradle to grave, so right across the board.

When it comes to focusing on pregnant women and new parents, certainly what I am hearing from colleagues across the country is that there is an increase in anxiety in both pregnant mothers and new parents. That is having an impact on their own mental wellbeing and of course there is the potential then for an impact on the developing children.

We do not have current statistics to look at the epidemiological impacts of that. We conducted a survey with the Royal College of Psychiatrists, which showed very much that there was an increase in referrals. Our members reported an increase in referrals for urgent and emergency care, and that worries us. We are worried that a tsunami of referrals for mental health difficulties may be on the way—that at the moment, people are perhaps in isolation and not presenting with their mental health problems, but more will be on the way. And that includes the pregnant and the post-natal groups.

We just don't know at the moment, but overall we are quite concerned that there is an unmet need out there that is on the way and we haven't even started to tap into that yet.

Q47 **Katherine Fletcher:** Dr Alain, would you echo that? Are there any specific impacts on new mothers that you would highlight?

**Alain Gregoire:** We are hearing from our members, both from their anecdotal experiences through, for example, member organisations running helplines for mothers with very, very severe illnesses like postpartum psychosis and those running helplines for the so-called less severe—I am using the term "severe" in a psychiatric sense, not meaning less individual suffering but meaning less need for, for example, hospitalisation or less risk of suicide, so please don't misinterpret when I say "mild", "moderate" or "less severe".

In both those areas of mental health need among pregnant women and new mothers, we are hearing of a huge increase—not a minor blip but an enormous increase, possibly beyond what we are seeing in the general population.



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For example, although we have no published data on this, unpublished data from a survey of women using a pregnancy and post-natal app recently showed rates of response to a question about anxiety. The most severe level response was “a lot more anxious than I would normally expect to be”, and 60% of women post-natally and 50% of women in pregnancy were ticking that box. That is much more than double what we would normally expect.

Although we use the term “anxiety” colloquially, in a fairly throwaway sense, that level of severity of anxiety is a genuine cause for concern, in terms of the impact on the individual adult’s functioning. And remember that the adult who we are talking about is doing the most difficult job that anybody in society does—far more difficult than my job and far more difficult than being an MP: trying to be a good parent. And we know that none of us can fully achieve that, as it is so difficult.

It is an incredibly demanding time right at the beginning of parenthood. If your mental faculties are not up to scratch, then it gets much more difficult. And the suffering cycle that that takes you into can be dramatic and can lead to worse and worse and worse health, both mental and physical.

However, there is also the knock-on effect on children. That has now been well-documented worldwide and consistently, in all the research that has been done over the last 20 years. The effect is not invariable, not unavoidable, not irreversible, but large. So you see a doubling overall of mental health problems in the offspring of women who are anxious or have increased anxiety during pregnancy. For those with a lot more anxiety, that is the sort of figure that we will expect to see in the next generation.

You are the first generation of legislators who have this scientific knowledge; never previously had we known this, beyond kind of old wives’ tales and anecdote. We now know this as scientifically proven. We also know, as I said, that it is not irreversible, so there are things we can do, and there are things that we could do even to avoid it, because we know some of the pressures that cause anxieties like this. So, there is a huge potential for acting and acting now, to prevent effects in 20 or 30 years’ time, as well as effects tomorrow.

**Q48 Katherine Fletcher:** It is very clear and very concerning. Dr Trudi, would you say that there is a spectrum of short-term and long-term impacts here, and where should we be immediately thinking of?

**Dr Seneviratne:** Yes, definitely, because as Alain has just said, we have a huge body of evidence pre-covid about the impacts immediately, and in the short and long term, not just on the mother—the parent—but also on the developing child.

This particular petition is about supporting some of the more immediate-term factors; this is just one of many factors that may help to support families. And we need to think about that, because it is not just about

helping that family in the short term; it is about the longer-term trajectory for the mother, the father and the developing child.

We know, for example, that many factors contribute to mental health problems and mental illness. Anxiety and depression—mental health problems—for mothers are very common. One in four mothers suffers significant mental health problems. We now have a wave of literature that tells us that fathers are also significantly affected. Studies suggest that very high levels—one in 10 dads—develop anxiety and depression, for example.

Social factors are one of the many factors that contribute to anxiety and depression. So, during times of covid, issues such as social isolation are happening. That is impacting on many, many levels, and on simple support systems that pregnant and post-natal women would have, which are the usual support systems from family. They are not able to access that in the same way, and that will have an enormous knock-on impact. They also do not have the right level of support, even though services are trying very hard, from the usual maternity—both antenatal and post-natal—services, although I know that services are working at their utmost to ensure that good service continues.

However, the knock-on effects are that mothers, for example, have to attend appointments on their own, in isolation, in some areas. They may be getting fewer face-to-face visits from a whole variety of professionals—from primary care to maternity, health visiting and mental health staff. The contacts have moved to virtual as a way of protecting for social distancing.

To come back to the issue of support, I think increased financial support is critical. We know that concerns about financial stability and employment all feed into developing depression and anxiety, and that can be incredibly stressful for people. Most of that does not present to our mental health services or what we call our perinatal mental health services, which is when women reach a threshold when they develop a moderate to severe mental health problem.

Much of this is managed at a primary care level and picked up by GPs, midwives and health visitors. Anything to alleviate that financial burden, which is really significant at the moment—many mothers will have been furloughed and many parents may be at risk of losing their job—and anything that may secure or improve that financial security would be welcome.

- Q49 **Katherine Fletcher:** On the topic of the petition—extending maternity leave as part of the suite of measures, including financial support, such as the furlough scheme you mentioned—would there be a common effect across the whole group? Are there specific groups that are likely to benefit more from an extended maternity break?

**Dr Seneviratne:** That is a really good question. The simple answer is that offering something right across the piste is probably the most helpful,



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because everybody probably needs additional support right now because of the complexities and challenges they are facing. I guess single parents would certainly require more support—those who are struggling on their own and do not have the additional support of partners would be a particular area.

Some of our more recent studies have suggested that younger parents are particularly vulnerable—teenagers and young mums and fathers are particularly challenging—so it would be helpful in that group. Having said that, we also know that when older parents face employment problems or financial difficulty, that can be a trigger to their mental health problems in this pregnancy time and in the early years, so it is across the board.

There is another group that needs specific attention—Alain may want to mention this group, too—which is women who might be experiencing domestic abuse or violence and struggling with their finances in that respect. It is a different group, but again, any additional funds that might support a woman in that situation can only be helpful.

Q50 **Chair:** I think Josie would like to come in at this point.

**Josie Anderson:** Good morning. I just wanted to add that research shows that parents who had a neonatal experience are more likely to experience mental health difficulties than the general maternity population. A Bliss survey from 2018 showed that 80% of parents felt that their mental health became worse after a neonatal experience. Certainly we have been hearing that, in the light of covid, parents are becoming increasingly isolated.

We have heard from two distinct groups of parents, with one being parents who are currently on the unit and being separated from their babies. Neonatal units have restricted levels of parental access and involvement, and in some cases that has meant that parents—invariably dads and partners—have not been able to have access to their baby for quite some time.

We know that parents being heavily involved in their baby's care while they are in the unit is really key to reducing parental stress and anxiety, and building parental confidence and that sense of being a parent, before discharge. We are certainly hearing a lot from parents who say they are feeling heightened anxiety and prolonged stress. I received something from a mother yesterday who said she has had a headache caused by stress for over a week. Also, parents who have been discharged, as Dr Trudi was saying, are not able to access the support networks that new parents rely on, their family and their friends.

Neonatal outreach services have moved online. We have heard from parents who were receiving things like face-to-face bereavement counselling after experiencing a loss on a neonatal unit who are now not able to access that. That has moved online, but of course it is quite a different experience. For families with this experience in particular, it is really hitting them hard. We are really concerned because we know that



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access to psychological support for parents with a neonatal experience is quite patchy. While we don't know what the long-term impact of covid will be, it seems to suggest there are a lot of families who will need additional support just down the line, and I am not sure those services currently exist to support the need that might need to be met.

Q51 **Chair:** Dr Alain, do you want to add to that?

**Alain Gregoire:** To add to the list of parents who are definitely worth targeting, parents who have more than two children are known to be at higher risk in terms of their mental health, so single parents absolutely, parents who have experienced losses or traumas in relation to the baby, and parents who already have two children. Also, from an economic point of view, the evidence is pretty compelling and consistent that investment in both services and finance in the early years—by early years I mean pregnancy and the first year or two after the birth, so really early, not five-year-olds—including from conception, gives you the best economic returns for a population.

Q52 **Chair:** Can I just clarify? You said mothers who already have two children, so this would be their third child and beyond?

**Alain Gregoire:** Mothers with three children or more are known to be at significantly higher risk of mental health difficulties. Not surprisingly, you might say.

**Chair:** They are outnumbered.

**Alain Gregoire:** All the social and economic burdens that come with having multiple children—the housing problems, the social problems and the stresses and the demands—have a toll on our minds and our mental functioning.

Q53 **Chair:** That is really helpful to hear. Obviously, in an ideal world everybody would get all of the support that could possibly be made available, but it is really helpful to understand from you where the prioritisation may lie in terms of where the Government can focus its support in a less than ideal world where it is not available for absolutely everybody.

**Alain Gregoire:** If we are looking for a priority group in our society whom we should support with a scheme to give them pay while they are temporarily not able to work for health reasons and for both short-term and long-term economic reasons, so that they can then return to work, we have two fantastic examples. One is maternity leave and the other is furloughing. The Government have already agreed to extend furloughing for a huge proportion of the population. Maternity leave seems to me to be the best potential targeted example. Parents surely are doing the most important job in laying the foundations for our human infrastructure for the next generation—the generation that will have to sort out the mess that we leave them.

Q54 **Chris Evans:** I want to pick up on the last question about the mothers with a second or third child who suffer from mental health issues. Is there



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more support for brand-new mothers—*[Inaudible]*—or do you think it is an issue across the board?

**Alain Gregoire:** Generally, compared with that available worldwide, the support available in our country from public health systems like health visitors and primary care is fantastic, but it is still nothing like enough to support people with this incredibly difficult task: the very simple evidence for that is the huge rates of mental health struggles that parents go through. This is a time when we mentally struggle more than at any other time; it is also a time when the impact of those mental health difficulties is greater than at any other time in our lives, not just on us as individuals, but on the next generation. The level of support that is available is great, from all sectors—from healthcare, social care and the charitable sector—but all of those, particularly with covid, are suffering enormously. Face-to-face support and sensitive, timely support is really important, and that has been seriously affected at the same time as the need has more than doubled.

Q55 **Chris Evans:** I ask that question because I have noticed that when you have your first child, there is a lot of support from midwives and so on, but when you have the second child the view seems to be, “Oh, you are experienced now. You know what you’re doing,” and you feel as though you are not the priority any more. That is the impression I have had—that is anecdotally; I am not talking about any empirical evidence. Is that something you see as well?

**Alain Gregoire:** Yes, certainly anecdotally. I cannot think of a study that has looked at levels of support and parity by number of children, but anecdotally one certainly hears that. And there is no evidence at all that you need less support as the number of children you have increases. Indeed, as I was saying, it is quite the opposite: if you have more than one child under five, you are more at risk of that getting to you in terms of your mental health.

Q56 **Chris Evans:** I have a quick related question about covid-19. Are you seeing high instances of children who suffer mental health problems being isolated away from nurseries, schools and so on, with that having an impact on parents as well? It has been a very intense time in the past few weeks. It is a very intense time having two young children around you, especially when there are no other outlets to take them to, such as playgroups and so on. Are you seeing higher instances of that sort of thing?

**Alain Gregoire:** Absolutely. We absolutely anticipate, although I can’t point you to hard evidence—it has only been a few weeks, so we don’t have that—seeing greater difficulties among young children who in the near future will be attending nurseries and so on. There is this impact on the next generation, including those recently conceived who are foetuses now. I have no doubt at all that we will see an impact there, and we might as well be ready for it, because, as I say, we are the first generation that has the science to know that there will be an impact. Parents are the key. Parents are the ones doing the parenting; they are the frontline in this



pandemic of impact on children. If we can support parents so that they can do their job as well as possible from the very earliest moment, the trajectories go like this; if you can get things right at the start, you can set people off on the right track, so supporting parents at this stage is utterly critical.

Q57 **Chris Evans:** But I suppose the \$64,000 question is: how do you support parents when you have social distancing and you have to stay away from people? So much of this parental support is one-to-one, face-to-face, so what sort of road map can you see to ensure that that support is in place, given that we have now to do these things remotely, in this new normal that we are facing?

**Alain Gregoire:** You adapt. Parents are brilliant at adapting, and I hear fantastic stories of really effective help. For example, recently I was hearing of a health visitor who was telling me she is trained in an intervention known as video interactive guidance, which is a fairly newly developed, very well researched, evidence-based intervention that improves the relationship between a parent and their baby from birth—in fact it can be done even before birth. This has lasting effects on the development of the child. Well, this health visitor had adapted to doing this remotely, and the feedback that she was getting from parents was fabulous. It was a joy to hear.

So things can be done, but that health visitor did not have enough time to do it with all the mums, parents, in her case load who she felt needed it. Unfortunately, we have inherited a bit of a legacy—not just a bit, but a huge legacy—of cuts in health visiting since health visiting went over to local authorities. So they have enormous case loads; they can't do the work. But when I travel round the world doing lectures and so on, people around the world are so jealous of our health visitor infrastructure and our GPs. I hope we have learned that we can value these; and if we can just let them go, with working with parents, they can make an enormous difference—and they can do it now. The sooner we do it, the sooner we get our returns.

**Chair:** Thank you. I was going to bring Alex in to ask some questions now.

Q58 **Alex Davies-Jones:** Thank you Chair, and thank you for allowing me to become a guest member of this Committee this morning. It is really important, and one close to my heart as well. On that note, Chair, I should probably declare an interest as the vice-chair of the all-party parliamentary group on premature and sick babies, just so that is on the record. My baby was born last year and unfortunately spent the first few weeks of his life in neonatal care, and it was honestly the hardest experience I have ever gone through. I cannot imagine going through that in the current situation, so my heart goes out to all those parents currently who are in that situation. Josie, what has Bliss heard from mothers of premature babies—and fathers—about the impact of coronavirus on them and their children?

**Josie Anderson:** As you have said, Alex, a neonatal experience turns parents' world upside down in usual times, but covid-19 has really impacted how neonatal services are working. Just like every other area of the NHS, neonatal services have had to adapt in order to respond effectively and safely to the risks of covid-19.

What we saw right at the start, around lockdown—so about nine weeks ago—was parental access and involvement on neonatal units being restricted quite heavily. It is typical at the moment for only one parent at a time to be able to be on the unit with their baby. We have seen policies where only the same parent can come on to the unit, which effectively excludes one parent entirely from care. We heard from a father who hasn't seen his baby since the end of March. The baby is very poorly and is expected to be in neonatal care for quite some time to come. Additionally, we have heard of policies where parents are only able to spend a couple of hours on the unit with their baby, and cases where parents of twins and multiples are having to split that time between babies or choose which baby they want to attend to that day. That is utterly devastating for families.

For babies to have the very best developmental outcomes, both short term and long term, their parents need to be supported to be partners in delivering their care. We have launched a "Parents aren't visitors" campaign and we have been really delighted to work alongside organisations like the British Association of Perinatal Medicine, who have put out some really robust guidance to encourage units to allow as much access as possible. Of course, those decisions around parental access aren't made just by a neonatal unit. It is often a negotiation with the wider trust and infection control teams, who might not understand that critical care-giving role that parents provide.

Bliss obviously sees a huge impact on families. Parents are reporting to us that they are feeling increasingly isolated and stressed. It is incredibly difficult for a parent who is not able to be with their baby, but it is also very difficult for the parent who has to carry the burden of being the one who is able to be with their baby, who has to relay news and updates to the other parent. They cannot parent together in the usual way.

Additionally, we know that neonatal care is very costly at the best of times—these services are very specialist and often located very far from home. Parents spend about £282 every week that their baby is in neonatal care on food and drink, accommodation and travel. Those costs are going up. It is not as easy to access public transport, and we have heard from families who have had to set up GoFundMe accounts, because they have to travel to different cities and they are not able to stay in accommodation, because it has been closed for infection control. Some parents are not able to be with their baby at all, because of the impact of the costs on their family finances.

The wider situation of covid is of course that people's jobs are increasingly insecure. We have heard from families, from mothers who are thinking that they will probably have to end their maternity leave early, because



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their partners are self-employed and have lost all their income. We have also heard from parents whose babies have been discharged but are still very poorly and will need to be socially shielded for quite some time—they might not be able to return to the workforce at all.

I think it is incredibly important that—we are obviously talking about this in the context of extending maternity leave—any new measures that could come through to extend leave during this time should apply to all parents. This is affecting dads, particularly neonatal dads, incredibly hard. They might not have had much, if any, time with their baby at all during paternity leave, because of these restrictions. Also, it is important that support is available to parents regardless of their work status. This is an incredibly difficult time for parents who are self-employed or have a worker work status and are already not currently entitled to any parental leave rights or pay at the moment.

**Q59 Alex Davies-Jones:** I totally sympathise with everyone going through that right now. When you have a child who is premature or sick and has to have that time in neonatal care, you feel like you have been robbed of valuable time together during your maternity or paternity leave. That has been recognised because, as we know, there will be an extension to maternity leave in 2023, but how would extended leave help parents and children now, as they are going through this with the coronavirus pandemic on top of it?

**Josie Anderson:** Additional leave right now would enable both parents to have a hands-on role in caring for their babies. We are beginning to see units revert to more usual parental access. As I said, it is really important that parents are able to provide that hands-on care—it helps to secure early attachment and good bonding, and it reduces stress and anxiety in parents as well.

Additionally, it is important that parents have that time—which, as you say, they have effectively lost on the neonatal unit—at home with their baby. Because of these restrictions, that might be the first opportunity those parents have had to parent together full-time and to learn about their baby, particularly at a time when services are not available at all or are being provided remotely, as we discussed. It is an isolating time for families, and that is what we are hearing very strongly: parents are feeling very isolated. They need the time together with their family, more than ever really.

We were absolutely delighted that the Government have recognised that current parental leave laws are inadequate for families who have a neonatal experience. This unprecedented situation calls for some unprecedented action, and providing a short-term emergency measure and some access to extended leave and pay would really help to support families at this time.

**Q60 Alex Davies-Jones:** Sue, will you discuss what impact coronavirus and the lockdown have had on parents who are on adoption leave, or who are going through the process of adoption?



**Sue Armstrong Brown:** Adoption UK represents adoptive families across the UK. We have been gathering evidence from our members and wider adoptive families about the impact of covid on their situations. It is really important to recognise what adoption is nowadays. The vast majority of adopted children are adopted out of care. They have gone into care and been unable to return home because of a history of instability, abuse and neglect, and an inability to parent them in their birth families. So that trajectory that Dr Alain was talking about, where good, supportive parenting sets a child on a particular path, has been disrupted at an early stage, and children who are adopted are the ones who could not go home. So we need to understand that all of that good parenting practice at the beginning may have been disrupted or absent and children come into adoptive families without those advantages.

Adoptive parents often talk about reparenting when their child comes home and they need to identify and understand the gaps that child has experienced and try to rehabilitate and heal as they parent their child. There is a whole school of study around therapeutic parenting, which is a form of parenting that takes the child as they are, with the early trauma that they have had, and tries to help, move forward and reconnect with the child in a particular way. It is already an incredibly important time when an adopted child comes into their adoptive family.

Last year, in the biggest survey of adoptive families across the UK that has ever been done, we found that for families newly placed in 2018, half of adopters during that early placement period encountered quite severe mental health problems, to the point of worrying whether they had done the right thing, and 54% were reporting symptoms of stress, anxiety and post-adoption depression. That is in 2018.

We did a survey last month of adoptive families' experiences in the first month of lockdown and found that over half of families were reporting that their children were exhibiting increased anxiety and emotional distress. Over half are finding an increase in challenging behaviour from their children, and a third were experiencing an increase in violence from the children towards the parents.

Those are all signs of an adopted child in trauma, dysregulated and unable to manage the situation, and we can easily understand how covid and the lockdown is having that impact. They have experienced a high level of disruption, the loss of all the external regulating activities they may have depended on, and a huge support gap opening up—quite understandably—as families struggle to access the professional support from schools, social services or medical services that they have been relying on. We can understand the reasons, but that has been the experience; we can quantify it, and it is profound. So anything we can do to provide steady support to those families is going to be a very good investment.

We have already seen a really good response from Government, recognising the extreme vulnerability of those families, with the releasing of funds and a broadening of the categories of therapy or support that can be made available to these families. That is very good, but when it comes



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to supporting early placed families right now, there are more opportunities that we can take.

There are some existing aspects of guidance around early placement which we think are not quite working. Adoptive families often experience quite a lot of isolation when they are first placed because of guidance that says, "This child does not know who their parent is. They do not have a strong attachment model. They need to be given time to settle in their new family." The unintended consequence of that has been a sense of isolation and lack of support for parents. We need to look at that again, and we need particularly to look at it in the light of the impact of the covid lockdown, which is reinforcing that sense of isolation and lack of support.

We have found that access to a community of adopters, so new parents can talk to people who understand what they are going through and the uniqueness of the adoption situation, is really, really important and can go a long way to allow people to talk to others, gaining experience from others who perhaps are further along in their adoptive journeys and have a road map. It is difficult. If you have a toddler melting down, everyone says, "Toddlers melt down; that's just what they do. That's what kids do. They have tantrums."

**Alex Davies-Jones:** I know that.

**Sue Armstrong Brown:** But do they have them for five hours? Do they never sleep? Do they have to have all their meals under the table? What is normal and what is not? In the top trumps of difficult parenting conversations that everybody has, it is very hard for adopters to know where they need help because the situation they are encountering is more challenging than it should be, and what they should do about it. Access to that community of adopters is something that can still be provided during covid, and access to online virtual support really needs to be something that is made much more readily available. Good strides have been made in that direction, but we need to look at adopter families with a presumption that they are most likely to need support and ensure that it is provided. For all the reasons that previous witnesses have said, this is one of the best investments that we can make in the future stability of these families.

Q61 **Alex Davies-Jones:** Thank you. Of course. I suppose one of the best things that can come out of all this is that even when things do return to normal, whatever normal looks like, these online resources are still available for people even when face-to-face interaction returns. I think they have proven to be quite invaluable at the moment.

**Sue Armstrong Brown:** They have. The experience that my organisation has had is that we can't keep up with demand. People really want to have webinars, virtual meet-ups and access to expert speakers. That appetite is now there and we will do our bit to continue to provide it. It is a new channel to reach vulnerable families.

The other thing I would say is that all the things that previous witnesses have said about instability and parents' access to earning exist for



adopters. Even single parents who are birth parents usually—not always, but usually—have another birth parent somewhere who may be providing financial support or some respite. Adoptive single parents do not have that at all. We need to look very carefully at the stability of those families.

There are some inequalities that we could correct now. For example, self-employed adopters do not have the same entitlement to statutory parental allowances and leave as self-employed birth parents do. That is an anomaly and it could be corrected. It needs to be corrected.

Special guardians who are birth family members who take on a child to act as their parent when a birth family member cannot continue as that child's parent do not have any of the same access to parental leave and entitlements as adopters do. That needs to be evened up. That is a very important route out of care for children and it needs to be enabled. We know that around half of kinship carers need to give up work when they take on their niece, nephew or grandchild and don't have access to that same set of entitlements. They need it, because those families have all the same needs and all the same previous trauma as adoptive families. We could look at that; that is something that could be done.

One of the things that we have found—very encouragingly, actually—is that during lockdown we have seen this increase in difficult experiences and challenging behaviour arising from the restrictions, but we have also seen around half of families reporting strengthened relationships between parents and children as a result of the increased time at home with them. As everyone will recognise, that is not completely straightforward, but we have seen that there is a benefit to parents and children having some freedom from external pressures and more time together.

I think we absolutely must capitalise on that, because that is the crucial bit of reparenting that we can build in for vulnerable families right at the start. If people are not rushing back to work and have a little bit longer to stabilise their new child and their new family and start to form those trusting bonds, we will reap that benefit. At the moment, we are seeing in some cases, especially in two-parent families, a lot of the parental leave being used up earlier, before the placement, on introductions, because there has to be a process of the child in foster care getting to know the adoptive parents. If a lot of the leave is used up there, it is not available for that crucial reconnecting, settling in and bonding and attachment time after the child comes home. There is a very strong case for looking at enhanced parental leave time and allowances to ensure adoptive families get off to that strong start.

**Q62 Alex Davies-Jones:** You have just answered my next question, which was how extended leave could help parents and children who are going through adoption. I don't know if there is anything else you want to add to that.

I want to come back to the anomaly you just raised on the furlough and self-employed parents who are going through adoption who are falling through the gap. Has this been raised by your organisation with the



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Chancellor and the Government? If so, have you had a response? Has it been addressed?

**Sue Armstrong Brown:** It has been raised repeatedly over a number of years. I think that perhaps it has not ever had enough weight on its own to merit the legislative hoops that need to be jumped through, but it is not an invisible issue. It is an anomaly and it seriously needs attention and needs to be corrected. We need to recognise that adoption is a critical route out of care for children. Where we can spot these barriers, even if it is, frankly, a small number of families and quite a bit of a pain to correct them, we absolutely must do it. It involves an even bigger pain, and an even greater number of families, if children cannot come out of care and into the adoptive homes that they need. A multiplicity of self-employed people or single adopters are not able to make the financial case to do that, which is a ludicrous barrier to allow to remain.

Q63 **Alex Davies-Jones:** Is there anything that parents who are going through this process now, or who have recently adopted, should be doing differently, but that might not be glaringly obvious to them? Is there anything you can advise or suggest for them?

**Sue Armstrong Brown:** At the moment, parents who are prospective adopters and going through the process are facing a really difficult time. There is a huge emotional component to deciding to adopt. You don't know your child, you are out of control and you are a supplicant of the system. To then have all this going on and disrupting the adoption pathways is really difficult. We know that a lot of hopeful adoptive parents are very worried at the moment. My advice to them, and to newly placed adopters who are in freefall with no job security and a lack of connection to their friends and family network, is to get in touch with their local adoptive community. They can get in touch with us, and we can bring them into our groups. Via their agencies there will probably be some groups and support available as well. The most important thing is not to try to go through this alone, as that is a very difficult thing to do. There are people who are going through the same experience, and who can share some of that with them.

**Alex Davies-Jones:** Thank you. No more questions from me.

**Chair:** Sue, I am really pleased that you raised the issue of kinship carers. To declare an interest, I chair a taskforce group in Parliament that is looking at some of the challenges that kinship carers face. One aspect that people do not realise is that quite often it is grandparents who have taken in very young children, and the additional challenge of this dreadful virus means that often they are also having to shield. That is as well as all the challenges of being, in effect, a new parent, and dealing with the often challenging situation that the child may have come from. It is important that you have included that within some of your thinking, and it is really helpful for the next discussion. Mike, do you want to ask your question now?

Q64 **Mike Hill:** My questions are to Neil Leitch from the Early Years Alliance.



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What has the impact of covid-19 been on the childcare sector? In particular, what are the main challenges for the childcare sector when trying to reopen in June?

**Neil Leitch:** Perhaps I may preface this. I was greatly appreciative of Alain's comment about return on human capital investment being the greatest in the early years. Hearing that was like manna from heaven. All the evidence shows that, but unfortunately we do the reverse. We invest considerably more in secondary education, state education, and higher education. To give some context to your question, before coronavirus, many parts of the sector were in a very difficult position. We already had a position whereby, for example, we had a shortfall in free entitlements. Research by independent analysts Ceeda shows that £824 million is the shortfall.

Her Majesty's chief inspector of Ofsted responded to a parliamentary question last year and told Parliament that every month, 500 providers are leaving the sector. We have just done a recent survey of 3,000 responses, and they show that around 25% of providers—one in four—are unlikely to be open in 12 months' time. That is to try to give some context to where the sector was, and currently is—hopefully that helps.

On funding, this has been pretty disastrous for us. Right at the outset we were led to believe that we could access two streams of funding, without any caveats whatsoever—I will not go into the detail; the evidence has been submitted to you. A month later, after constantly asking, "Is this the case?", because to a degree it seemed too good to be true, and we had also heard rumours that there might be changes to it, we were told, "No, this is not the case." However, 75% of providers had made decisions about laying people off, paying them additional salaries, or whatever it happened to be, on the basis that they would have access to both those funds. When it was corrected, it wasn't retrospective. Nobody said, "Okay, what's gone before—we will honour that." You were basically left on your own.

At the moment, early-years providers feel somewhat marginalised. When it suits—and I have to say this—we are lumped in with the schools. When the call came for us to come the fore, and for people to physically risk their health, we were there. As of last week, 37% of nurseries are open, taking one or two—maybe three, four or five—children, but in many cases no more than that. They have done their bit, and yet when it comes to funding, we have been marginalised. We were in a difficult position, and it is going to get worse.

Q65 **Mike Hill:** I recognise that, and I know from my own constituency that there are nurseries that are on the brink of closure. You are right that they have kept open for key workers all the way through this. In that context, is there anything else that the Government should be doing to support the childcare sector?

**Neil Leitch:** They should give transitional funding; we ask the Government almost every single day. We will have to open up our



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nurseries and childminders are opening their doors. They have been doing this all along, but more will open. They will have to unfurlough staff and they will have disproportionate costs, including premises and people costs, but there will be a considerably reduced number of parents bringing their children into those settings. It needs additional support.

It seems to me that more support is given to retail and hospitality, yet our sector is part of our social fabric. It is part of our social infrastructure, and yet we are being left to find our own way. At some point, these settings and these childminders will be critical because when we try to recover from the difficult economic position, we will need people to get back into the working environment, but settings will have closed.

The other problem is that they may well have closed where they are needed most, and by that I mean in the most disadvantaged areas. I talk to nursery owners on a daily basis. They tell me that they have been in this sector for 28—one for 50—years and now have to close their doors. Where are they located? I would suggest, where the need is greatest, in terms of social mobility.

We were talking about anxious parents, which leads to anxious children. Surely, that is where we should be prioritising our resources.

Q66 **Mike Hill:** Thank you, Neil. That is put very passionately. I have another question for all witnesses. How important is it for parents to have time to search for and visit appropriate childcare settings, or for babies to form a relationship with extended family members or childminders, before they are left with them? Can somebody answer that question?

**Sue Armstrong Brown:** That idea of transition is a really important point, which Neil and Mike have both raised. I am talking from the perspective of children who have experienced early disruption, where all these issues are probably heightened.

Children who have come through the care system have experienced a high level of instability, and all children are not programmed to move around between carers. They are programmed to have a firm attachment to a small number of people who they are safe with. It has to be handled with a great deal of respect and expertise, if you expect a child to thrive and be happy and confident in a new setting. That is why I completely agree with Neil that the vast importance of early years settings should be recognised.

At some point in the future, we will face the transition out of lockdown and children will start to return. Either they will come into daycare for the first time or they will go back to school. A lot of attention must be given to supporting transition, especially for vulnerable children, for whom instability and change is a huge threat and can be a big trigger for further mental health problems or behavioural challenges.

We are asking for that to be formally acknowledged and for schools to be given support. Having heard from Neil, we would probably extend that to early years as well. It needs to be a process that is invested in. Children need help to come out of a time when they are being quite isolated and



are not being socialised. Some children need extra help with that anyway as a result of their experiences, so we cannot just drop them back into school or nursery and expect that to be fine. We need to have a transition plan and additional support for the families whose children are going to struggle most with that.

- Q67 **Chair:** The big challenge is that these childcare settings are not what we recognise anyway, given the measures that are having to be put in place to enable them to be safe at the moment in what is becoming the new normal. That is an extra challenge to not only the capacity of childcare providers—which I am sure you will be able to comment on, Neil—but the confidence of parents, which I am sure Dr Alain will be aware of. There is a big anxiety attached to leaving your child in a childcare setting.

This is not only about making sure—as you said, Sue—that from the child’s perspective they feel safe and secure, and how that is going to look in the current situation where there may well be levels of PPE and social distancing, which all still needs to be worked out as far as I understand. This is about parents’ ability to visit the setting, be aware of how it works, feel comfortable with it, and be confident and not have that anxiety about leaving their child. All of these things have extra challenges in the current situation, and I would be interested to hear the experts’ views on that.

**Alain Gregoire:** From birth, children learn what is safe and what is dangerous in life from their primary carers, principally their parents or adoptive parents. They carry that learning for the rest of their lives—that is fairly obvious, you might think, but we need to remind ourselves sometimes. We know that children, from birth and indeed from before, whose parents are extremely anxious will have normal anxious responses to normal situations, and that does not lead to well-functioning adults. The highest risk for mental illness that we know of comes from disruptive childhoods, as indeed does the highest risk for physical illness. I am sure that everybody has heard of the impact that adverse childhood experiences have on health.

If, just in this tiny example of early childcare settings, parents are anxious and do not have the time and support to engage their children into those settings, those children will carry with them an anxiety about those settings that will give extra challenges to the settings that are already facing difficulties, so we are creating a situation from the very start that is going to snowball into all sorts of difficulties. All of the support, financial and social, that we can give to parents and the settings that support them is going to make a big difference to the short-term and long-term outcomes.

- Q68 **Chair:** I am just going to bring Neil back in, and then Josie, I know you want to say something too. Neil, were you going to talk about it from a practical perspective: how nurseries are managing these situations?

**Neil Leitch:** I was just going to say that we are used to controlling our own destiny, and it is vital to reassure parents that for weeks now as a sector, we have been shaping what good practice looks like and what low



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transmission risk looks like. We are really comfortable that we will only accommodate numbers that we feel safe with, and that practices will be there. We have been quite stringent in that, way ahead of—dare I say it—Government or any other body. We are in control of it, and parents really should not fear.

**Chair:** Okay, that is helpful. Josie?

**Josie Anderson:** On the point about access to childcare and the importance of parents being able to assess those settings, for babies who are discharged with quite high-level medical needs, it can be really challenging to find appropriate childcare anyway. This is one of the reasons why many people have campaigned for so long for extended leave. It would allow mothers in particular to have more time with their baby to allow them to become ready for childcare, particularly for babies who are born premature and who develop according to their due date rather than their birth date, so their corrected age.

Many parents do not feel comfortable putting a child in a childcare setting before they have reached certain developmental milestones. What we have been hearing from parents over the last few days and weeks is that their children are vulnerable, and they are being told to shield, so they will not be able to access childcare anytime soon anyway. That is putting them in quite a difficult position in terms of their work. Like I said, we have heard from some mums who are already thinking they probably will not be able to return to the workforce.

In terms of your point about the importance of babies building up bonds with other members of the family, in pre-covid times in usual neonatal settings parents will have unrestricted access to their babies. Siblings and other family members can also come into the unit at other times, during more standard visiting hours. That is not able to happen at the moment, so many older brothers and sisters may not have seen or even met their new baby brother or sister at all before the point at which they are discharged. It is the same for grandparents and wider family members too. Again, it is really important that families have that time at home to adjust to being at home, which is already a difficult transition anyway, going from a clinical setting to a home environment, but it is even more difficult at this time.

Q69 **Mike Hill:** My last question follows up the questions you have already raised, Chair, and Josie just picked up on this to a degree. On the petition for the extension of maternity leave, our wonderful staff surveyed petitioners and 77% of them told us that they had not been able to find suitable childcare to allow them to return to work. I am wondering what the panel think about the difficulties of people finding childcare due to covid-19 and yet being under pressure to return to work. Josie has touched on that, so Dr Alain?

**Alain Gregoire:** I do not have any data on this issue, but clearly it is an extremely difficult challenge at the moment. From a mental health perspective, it is one of the greatest sources of anxiety that parents have,



very understandably. If they have not had time to develop a secure relationship with their baby, that makes it all the more difficult—having both the time to find a setting they feel confident with. It is not just the covid issue. Yes, that is one of the things that just adds to it, but parents need to do some choosing. There is a personal element to this. They know their babies and their relationship with their babies, so they need the time for that and to develop a confident relationship. Then they need alternatives as well.

Just having a childcare setting is usually not enough in itself for a return to work. You need the support of others who might pick them up. Grandparents might pick them up and drop them off at particular times, because work does not perfectly fit in. That, at the moment, is for many parents not possible. Having other friends who are parents, that social network of parents, is critically important for both the parents' mental health and practical arrangements. That is really difficult to form and it takes much longer at the moment to get to know other parents with similar-aged children in the locality. Those social networks are critically important and they are very challenged at the moment.

**Neil Leitch:** From a practical point of view, providers, childminders and nurseries, do all they can to support parents where they are looking for places. The difficulty, of course, will be that at this particular point in time trying to operate some social distancing and operating in bubbles—small groups of children—to keep the risk down, staff, I guess, will be fully occupied. So I would not try to claim that it is going to be as it was before at this point in time, but I do know this: early years practitioners will respond and try to support parents as best they can. It is our history. That is what we have always done and that will not change.

Q70 **Chair:** I was just going to add something there, Neil. I appreciate that you speak very passionately and advocate very strongly for nurseries and childminder settings, but from my constituency postbox—this is no criticism of nurseries or childminders—parents have found themselves in the situation where the childcare that they would normally use has simply not been available, and many have had to find alternatives. There has been a big shift during this period, even for keyworkers, to find the appropriate childcare. That is because, in my understanding, childminders have not been allowed to operate at all up until this point, even where they deemed it to be safe because they had only one child in their care. However, that was deemed unsafe, whereas nurseries have continued to operate throughout—those that can—to be able to provide the support for keyworkers.

I just wondered whether you had any comments on that and how you see that transition. Where parents have found a temporary solution during this period, they may well want to stay with that rather than move their child again. How is it looking for the sector? What is the new normal and how is that going to look? I think that is the big challenge for many parents and a big cause of anxiety at the moment.



**Neil Leitch:** None of this is an exact science, so my comments are of a general nature. If we are told to lock down, other than for essential workers, I am afraid that that is what we have had to do. Disproportionate numbers of providers have stayed open in trying to do their bit.

Moving forward, I know again from conversations that many providers will be anxious to try to get the numbers back into their settings, but they will not do it at the risk of doing the wrong thing in terms of practice. There is a conflict, but I know which side of that conflict they will fall on. It is the parents' choice, in terms of what they want to do with their child. I would be the last person who would say, "You must put your child with a childminder. You must put your child with a nursery." We know the benefits. Society knows the benefits of social interaction and the care that early years providers can give, so it has an important role to play, but it is not wholly and exclusively the answer for caring for young children. It is about context, proportionality and parental choice.

- Q71 **Chair:** I completely take that on board, but the issues that Dr Alain raised are really key. Quite often, childcare is a jigsaw for many families. There is perhaps some childminding, some nursery and an awful lot of extended family as well, all of which is compromised in the current situation. It is key to understanding particularly how the petitioners have responded to us. Many have fed back—81%—that they are considering delaying their return to work because they cannot find the childcare or they are not confident about finding the childcare that is needed for them to return to work, and there are all the knock-on implications of that for family finances and mental health and anxiety.

**Neil Leitch:** The solution to this is investment and transitional funding. This really is not difficult. If you want providers to respond, to open up their doors and to open up for longer hours, they need to be adequately funded. This must be a priority. It can no longer be put at the bottom of the pile. This particular pandemic has demonstrated the social value of early years. Never has it been so prominent as it is now. We should grasp this moment, realise that we have faltered in the past and put it right.

- Q72 **Martyn Day:** Along with or instead of the potential increase to maternity leave, what do each of the witnesses think that the Government could be doing for expectant parents, new parents and those attempting to return to the workplace?

**Josie Anderson:** As I think I have mentioned, we have launched our "Parents aren't visitors" campaign." One element of that calls for the rapid introduction of extended leave to support families. Really, that needs to be part of a package of support to enable parents to maximise the opportunities they have to be with their baby right now. Additionally, we think that there is need for more financial support, through a nationally co-ordinated fund to help families with subsistence costs. There is precedent for that: the neonatal expenses fund has existed in Scotland since 2018. One of the evaluation documents for that has found that parents felt that it helped them—[inaudible]—baby and reduced their



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anxieties about finances, which might have impacted their ability to be with their baby.

In line with BAPM guidance, we would also like for parents who are suspected of having covid-19, or who live with someone who is, to have access to rapid testing. Understandably, parents in that situation are not able to go to a neonatal unit at all and, in line with public health guidance, they have to self-isolate, meaning that they may be separated from their baby for up to 14 days. Some neonatal units are able to provide rapid testing, which can dramatically cut that length of separation down if the test is returned negative. We would really like the Government to support the health service to enable those tests to be available more widely, so that any unnecessary separation during this time is stripped out.

I have one final point: when we have been talking about the impact of leave for families, one thing that we have found, particularly for dads and partners, is an increased rate in taking sickness absence. A survey that we conducted last year found that just over a third of dads and partners have taken sick leave, which is obviously more costly to employers because they cannot claim any of that back in the same way as with parental leave pay, and it is more difficult to manage. Access to leave and pay that are formally recognised as parental leave is easier all round for families and employers to manage.

**Dr Seneviratne:** This morning's discussion has been really important. To add to the many comments that everyone has made, I would re-iterate the point and remind us all that for many of the women who we see in our services, the anxiety about maternity pay, the length of pay and how much time they have off starts in pregnancy—that is a really important point. As that anxiety increases in pregnancy, there is a potential impact on the developing baby; we know that that trajectory is not helpful or good for the developing foetus. Any extension of maternity pay would offer some security for women and parents right at the start so that they do not develop that anxiety as the pregnancy progresses. Something about knowing that something is in place post-natally reduces anxiety antenatally.

Supporting parents' mental health is critical because, again, we know that parents' mental health has a direct impact on the mental health and wellbeing of children, so we need to continue all the plans that have been developed. We would very much like to make sure that the long-term plan for mental health and improving funds for mental health continue, for example, and that they are not lost in the covid recovery plans. It is really important that the plans put in place to extend mental health services right across the board continue, and that will of course support parents.

Luckily, in perinatal mental health, we have been fortunate because this research and people's voices resulted in an investment in funds for perinatal mental health services—mental health services in pregnancy and post-natally. There is a plan to extend that into looking after families until the children hit two, for example.



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I would like to pick up on the work of everybody, but particularly Neil's work. We know that the perinatal and early period is critical for the longer-term well-being of children, so I am just emphasising that. I think that additional funds to bridge that perinatal and early-years chunk of time are critical for Government to think about—the collective funding across the board for the perinatal and early years, because that sets up the footprint for people's mental health for the rest of their lives. So, I agree with all the comments that have been made about really securing good, joined-up care across our health and social care sector, and childcare sector, in these early years. I echo what Neil says, namely that this is an opportunity to change what the UK is offering.

We are good with our maternity pay, but we are not the best in the world; there are many countries offering much greater maternity and joint parental funding for leave. It is up to 80 weeks in some places, for example Estonia. Many countries in Europe offer longer paid maternity and shared parental leave, which then has that knock-on effect of supporting the mental wellbeing of parents. I will stop there.

**Chair:** Thank you. I think Sue wanted to come in as well.

**Sue Armstrong Brown:** Yes, thank you. I will just make two final points that build on what has been a really interesting discussion. One is about a fairly immediate wider set of contexts that this debate around supporting that early period of life of a family sits in, particularly for these vulnerable families.

We are looking at a toxic trio right now, during the pandemic, with increased alcohol consumption, increased domestic abuse rates, and increased violence and mental health problems; all are going up. Those are known to be the things that drive children into care. So, we are likely to be looking at a bulge in the care population as a result of this.

It is going to be fantastically important that we provide those children with safe routes to wherever they need to be, which might be back to their birth family, with appropriate support there. It might be into a kinship care placement; it might be into adoption; or it might be into a longer-term foster care placement. But either way, we need to understand—for all the reasons that have been said—that that early trauma to a child has a lifelong consequence, unless investment is made very rapidly.

What we need to do, alongside the really good suggestions about enhanced parental leave and support, is to put in place a presumption that children who have undergone this sort of trauma and instability in their very earliest lives need support, rather than providing it only when that family reaches a crisis point. There needs to be a presumption of wider support.

There also needs to be recognition of that critical role that the wider community, the friends and family, and the social network will play in supporting people. I have talked from the adoption perspective, but it will apply to kinship carers and others as well. There must be support for

those, and for that to be taken as a fundamental plank of supporting families, rather than as a “Nice to have, and you can probably sort it out”, type of thing. So that is the first point. I think there is a wider context to this debate, which is really important.

The second point is that I think we have learned a lot about the real-life balances that parents have to deal with during this pandemic, and particularly in terms of flexibility. There have been some fantastic examples of employers understanding the need to keep the business going but also to allow for the fact that a lot of employees are juggling families and caring responsibilities at home while schools and childcare settings are closed.

I think we need to take that learning forward. We do not need to go back to that black-and-white “You’re either at work or you’re at home, and don’t bring your families’ needs into work” frame that a lot of parents struggle with. A lot of adoptive parents particularly struggle with it, because their children have complex needs and often do not understand that the work is the work and the home is the home; they just see separation, trauma and loss every time the parent goes to work.

So, I think we have got some opportunities to build a much healthier workplace for all families, and that is going to allow a blueprint to develop for children to understand about work and endeavour, and for parents to feel that they can get that personal fulfilment while not sacrificing their family lives. So I think there is a big opportunity—it is probably the subject of a whole new inquiry—but I would like to just mark it down as something we should learn from.

**Chair:** Thank you. We have a couple of minutes left. Martyn, Dr Alain has indicated that he would like to come in, but do you want to incorporate any comments in your final question? Do you have another question to ask?

Q73 **Martyn Day:** Yes, just briefly. I think almost everybody has touched on the mental health issues in answering. Is there anything else that new parents are missing out on as a result of the lockdown that could help in that regard?

**Chair:** Great. Shall we go to you, Dr Alain?

**Alain Gregoire:** I wish I could give you one single action that would solve all these problems, but I am afraid that there isn’t one. But I agree with the other witnesses that there is a simple solution, which is that we need to make use of that extraordinary proportion of our population who are naturally hugely motivated to do the right thing if only we can unleash them, and that is parents, who want the best possible futures for their children. What we need to do simply—it is really simple, even though it involves multiple actions—is to support them; we need to trust them and we need to invest in them. I am sorry, but there is no getting away from it.



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Hopefully, we have learnt in this pandemic that carers are critically important and have been hugely undervalued. These parents are caring for the next generation. They need their minds to be at the best possible level of functioning they can possibly be at, and if we do not burden them with barriers and challenges, but instead support them with facilitation—both economic and human support, practical and emotional—we will unleash a fantastic future for the next generation. This sounds woolly and wishy-washy; it isn't. The science tells us this, and on the back of an envelope, you could draw up a blueprint for a better future for our society. So much is being learnt during covid. Let's use it. Let's have a fantastic future for them.

**Chair:** Thank you, Dr Alain. I think that is a really positive note to end on—but also it is a challenge to us—which is relevant for all times, but particularly these challenging times at the moment.

I just want to say thank you to all of the witnesses. This has been an incredibly rich session, and it does not end here. If you have more thoughts—if you are thinking, "Oh, I could have said that, or I should have said that, or I didn't point that out"—we are more than happy to take written submissions as evidence, and it will all get incorporated into our considerations and a report that we will produce. Thank you very much for your time this morning, because I know it is valuable, and we are very grateful. Watch this space as well for how your thoughts and contributions will become part of the report that comes out of this session.

We say goodbye to our witnesses, and goodbye to Alex Davies-Jones as well—thank you for joining us as a guest this morning. Thank you very much, everybody.