



House of Commons
Petitions Committee

Impact of Covid-19 on new parents: one year on: Government Response to the Committee's First Report

**First Special Report of
Session 2021–22**

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Petitions Committee

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First Special Report

On 7 October 2021, the Petitions Committee published its First Report of Session 2021–22, [Impact of Covid-19 on new parents: one year on](#) (HC 479). On 7 February 2022 we received the Government Response to the Report, which is appended below.

Our conclusions and recommendations are in bold, followed by the Government's response to those conclusions and recommendations. Conclusions are set out in **bold**, and recommendations in ***bold italics***.

Government Response

Introduction

This is the Government's formal response to the recommendations made by the Petitions Committee in its report 'Impact of Covid-19 on new parents: one year on' published on 07 October 2021.

The Committee's report focuses on the additional pressures that COVID-19 and the pandemic response have brought for new and expectant parents. The report calls for: strengthened perinatal mental health services; increased in-person visits to new parents; a review of monitoring and enforcement activity relating to employers' health and safety obligations to new parents; legislation on extended redundancy protections for new and expectant mothers; and a review into the funding and affordability of childcare.

We understand that the pandemic and the pandemic response have involved a significant amount of upheaval for new parents, including through changes or delays to services, and national lockdowns presenting barriers to support and care from friends and relatives.

The first 1,001 days from conception to the age of two are critical: they set the foundations for an individual's cognitive, emotional and physical development through the early years and growing up well. We continue to support giving every child the best start in life, including through building back better from the COVID-19 pandemic.

In October 2021, an additional £500 million was announced through the Budget for Start for Life and family help services. This represents an important step in implementing the vision set out in [The Best Start for Life: a Vision for the 1,001 critical days](#), published by the Early Years Healthy Development Review led by Dame Andrea Leadsom.

The following sections set out the Government's response to the recommendations made within the report. This response was coordinated by the Department of Health and Social Care (DHSC).

Government responses to the Committee

1. Since last July, new and expectant parents have continued to face severe limits on the formal and informal support for their wellbeing and their child's development that they would normally expect. Following a further 12 months of restrictions, the cohort of parents and children in need of catch-up support is now even larger, and the cumulative impact on parents' health and children's development has only increased. (Paragraph 13)

2. Support for new families is concentrated in the early months of a child's life, but for many families this crucial time fell wholly within the extended period of restrictions. Ensuring new parents can now urgently access comprehensive support—including catching up on support they have missed out on since the start of the pandemic—must be a priority for the Government. (Paragraph 14)

3. We welcome the Government and NHS England's planned programme of capacity-building for perinatal mental health services over the next 2–3 years. However, new parents are already experiencing the mental health impact of covid-19. Plans for long-term capacity-building must be adapted to meet new needs and should sit alongside more immediate investment to address the mental health needs of new parents today—as we recommended last year. (Paragraph 18)

4. *We recommend that the Government provides additional funding and resources to bring forward the delivery of its perinatal mental health capacity-building programme. We also recommend that the Government fund primary healthcare services to invest in additional mental health catch-up services for new parents impacted by covid-19.* (Paragraph 19)

In April 2021 the NHS announced 26 new hubs that will bring together maternity services, reproductive health and psychological therapy under one roof as part of the NHS Long Term Plan. Around 6,000 women will receive care and treatment for a wide range of mental health issues from post-traumatic stress disorder (PTSD) after giving birth to others with a severe fear of childbirth.

Five years ago, 40% of the country had no access to specialist perinatal mental health care. Now, there is a specialist community perinatal mental health service in every Clinical Commissioning Group area of England and over 30,000 women were seen in specialist perinatal mental health community services in 2019/20.

GPs are required to offer a 6–8 week maternal postnatal health check for new mothers as an additional appointment to that for the baby. This should include a review of the mother's mental health and wellbeing, in line with NICE guidance.

NHS England and Improvement is expanding the capacity of inpatient Mother and Baby units. This will enable women to receive specialist inpatient care while remaining with their baby, allowing them to develop a bond with their baby and remain as close as possible to their families.

The Chancellor also announced £100 million in the latest Spending Review for bespoke mental health support for new and expectant parents, with funding going towards staff

training and interventions to strengthen and nurture the relationship between parent and child, which is critical to improving health outcomes for babies and the mental health of parents.

5. Our inquiry last year heard compelling evidence on the crucial role of community support and parent and baby groups in supporting new parents' wellbeing. The Government's recognition of this in exempting such groups from some gathering restrictions last year was very welcome. However, the Government must now do more to clarify how organisers of these groups and classes can offer these services in a safe and responsible way following the lifting of most legal restrictions. (Paragraph 24)

6. *The Government should produce clear and dedicated guidance for organisers of community and charity-run support groups (including parent and baby groups) on how they can safely restart and continue classes in a covid-safe way. It should work with group organisers, local authorities and other relevant sector stakeholders to develop this guidance and ensure it is widely communicated.* (Paragraph 25)

Parent and child groups are for the benefit of children under the age of 5 years and are organised by a business, a charitable, benevolent, or philanthropic institution, or a public body. The Government understands the importance of community support groups and parent and child groups and will continue to review the need for guidance for specific groups on operating in a Covid-safe way on a case-by-case basis.

In recognition of the support needed by parents with young children, during the November 2020 national restrictions, the government introduced a gatherings exception for new parents, and excluded under-fives. When national restrictions ended on 2 December 2020, a new exception for parent and child groups was introduced.

The Department for Education continues to update guidance for parent and child groups in [Actions for early years and childcare providers during the coronavirus \(COVID-19\) outbreak—GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/actions-for-early-years-and-childcare-providers-during-the-coronavirus-covid-19-outbreak). This guidance is for Ofsted registered early years and childcare settings and while some providers will meet in Ofsted registered settings, not all will, and there is no single responsible body with complete oversight of these groups. Parent and child groups are a cross-government policy with different departments having an interest.

7. We remain concerned at the number of new parents reporting limited or no access to health visiting services over the period of the pandemic. Virtual checks were a necessary innovation during covid-19, but new parents and their children must now urgently receive in-person visits—ideally from a health visitor, but, if this is not possible and in view of the time-sensitive nature of this need, then from another qualified professional. We agree with the Government that local authorities are best placed to make decisions on local public health funding priorities, but the unique circumstances of covid-19 demand additional central government funding for local services to meet additional need. (Paragraph 31)

8. *In order to support parents who have missed health visiting checks, we recommend that the Government provide additional funding to local authorities to enable in-person visits to new parents by appropriate local authority, voluntary organisation, or health visiting staff, to be delivered by the end of the year.* (Paragraph 32)

In England, every family should be offered five health and wellbeing reviews (from prenatal to 2.5 years) that are universal in reach and personalised in response. These should be face to face, delivered by a health visitor, or under their supervision. Where necessary, health visitors offer additional support to families and refer them onto other services. Health visitors should use their clinical judgement to identify whether virtual, telephone, or other blended approaches can be used to support the needs of the family. The Office for Health Improvement and Disparities is working with academic institutions to build the evidence base on appropriate use of digital and other virtual interventions to support service decision-making.

COVID-19 restrictions have impacted provision of 0 to 19 services, including the need for virtual contacts or pausing of some services. Developmental delays, issues relating to perinatal mental health, safeguarding concerns or detection of any early warning signs of vulnerability may require stronger risk management processes and case load assessment to prioritise those families with higher needs.

Since October 2020, Directors of Nursing have been advised that professionals supporting babies, children and families—such as health visitors, school nurses, designated safeguarding officers and nurses supporting children with special educational needs—should not be redeployed to other areas and should be supported to provide services through pregnancy and early years to the most vulnerable families. This continues in the [Community Health Services Prioritisation Framework](#) published by NHS England on 11 January 2022.

As outlined in the [Health Visiting and School Nursing Service Delivery Model](#), commissioners and providers may wish to consider development of a recovery plan to address the impact of COVID-19 in partnership with other agencies to support multi-agency support, monitoring and evaluation. Recovery planning should consider vulnerability in prioritisation, including:

- children and young people who may be at high risk for clinical reasons;
- those with formal or legal support in place;
- those at higher risk due to wider determinants of health and other factors that can lead to poor outcomes.

The Spending Review also confirmed that Public Health Grant for local authority commissioned services will be maintained in real terms over the next three years. This will enable local authorities to invest in prevention and frontline services like child health visits.

9. We welcome the Government's confirmation of the increased Adoption Support Fund budget for 2021–22. We agree with our witnesses that long-term funding for this initiative should be made available, as part of comprehensive and ongoing support for adoptive parents to overcome the challenges they have faced during covid-19. (Paragraph 35)

10. *We recommend that the Government conduct a review of the services funded under the Adoption Support Fund's expanded scope in 2020–21, to consider which of the services temporarily offered in response to covid-19 should continue to be in scope*

for the Fund in future, or even scaled up and offered as standard across the whole of England. The review's findings should be published in advance of the 2021 Spending Review, to ensure the long-term funding necessary to achieve this can be included in future departmental spending allocations. (Paragraph 36)

The Adoption Strategy ([Adoption strategy: achieving excellence everywhere](#)) set out proposals for improving adoption services across the country, including the Adoption Support Fund.

An evaluation of the Adoption Support Fund's expanded scope in 2020–21 was published on 20 October 2021 (see [Review of the ASF COVID-19 scheme](#)). The evaluation found that the scheme had at the time “enabled very swift, flexible, and often innovative support for adoptive and SGO families, which was greatly valued by families”.

Business planning in the light of the Strategy and the Spending Review will take these evaluation findings into account, together with the findings of a wider internal review of the Adoption Support Fund which took place in summer 2021.

11. Despite existing guidance on protecting vulnerable workers on the Health and Safety Executive website and Working Safely guidance on GOV.UK, many pregnant women still report health and safety concerns at work. Adhering to this guidance should not be seen by employers as optional and there is a need to intensify messaging and enforcement to ensure new and expectant parents are, and feel, safe at work. Given that pregnant women were designated as clinically vulnerable, we are surprised to hear that HSE are not formally recording breaches of health and safety with regards to pregnant women and associated enforcement action. (Paragraph 42)

12. We recommend that the Government urgently engage with the Health and Safety Executive and relevant stakeholder groups to review HSE's monitoring and enforcement activity specifically relating to employers' health and safety obligations to pregnant women. Any barriers to at-scale enforcement of these obligations must be quickly resolved, to ensure that appropriate enforcement action is taken when employers fail to meet their legal obligations—especially as more employees continue to return to work in person. The Government should also require HSE to record and publish details of enforcement action specifically relating to the safety of pregnant women in future. (Paragraph 43)

Throughout the pandemic, the Health and Safety Executive (HSE) has supported Great Britain's public health response in the workplace, by adopting a risk-based approach. HSE have used health and safety at work legislation, government guidance, and best available evidence to ensure employers are aware of and take the necessary controls to reduce the risk of transmission in the workplace.

There are long standing health and safety protections for pregnant workers where employers are required to carry out risk assessments and where reasonably practicable to do so, should control risks to prevent harm to pregnant women. The HSE provided specific coronavirus guidance to pregnant workers explaining employers' obligations, including when to suspend a pregnant worker on full pay.

Since March 2020, HSE received 247 queries relating to pregnant workers and coronavirus, which equates to just 0.37% of all enquiries received. HSE does record all breaches of health

and safety where enforcement action is taken; however, there were no cases recorded for breaches of risk assessment for pregnant workers. HSE often resolves issues through advice and guidance, particularly where problems arise through employers misunderstanding their responsibilities.

All breaches of health and safety requirements reported to HSE for pregnant workers are fully considered. HSE's response is proportionate to the risk and seriousness of the breach. In many cases, breaches of health and safety requirements can be resolved by providing employers with advice and guidance. HSE's staff use their professional judgement to decide the best course of action in each individual circumstance to ensure risks in the workplace are controlled. Where enforcement action is taken, a summary is published on HSE's website, which has a database of enforcement notices and prosecutions. HSE will engage with stakeholders to identify any areas of its guidance for pregnant workers that remain unclear.

13. We welcome the Government's commitments to tackling workplace discrimination against new and expectant mothers and the actions it is taking to better understand this issue. We echo witnesses' dismay at the apparent failure of current employment law and the tribunal system to prevent potentially discriminatory redundancies among new and expectant mothers during the pandemic. However, we note these concerns have also previously been expressed by the Women and Equalities Committee as well as in our own report last year, and we support their conclusion that the Government has not taken the necessary preventative actions on this issue—especially in light of its failure to act on the recommendations in our previous report. The Government must swiftly rectify this failing. (Paragraph 49)

14. We echo our recommendation from last year's report that the Government should legislate as soon as possible to introduce its planned extension of redundancy protections for new and expectant mothers. It must clarify a timeframe for doing this, and, if there is not sufficient parliamentary time to consider a full Employment Bill before the end of the year, the Government should immediately bring forward a short Bill specifically to implement these protections. (Paragraph 50)

Regulation 10 of the Maternity and Parental Leave Etc Regulations 1999 ("MAPLE") provides that before making an employee on maternity leave redundant, employers must offer them a suitable alternative position, where one is available—giving the mother preferential treatment above other employees.

The Government remains committed to extending these redundancy protections for new and expectant mothers. Our consultation response set out in more detail the measures we intend to take forward.

- We will ensure the redundancy protection period applies from the point the employee informs the employer that she is pregnant.
- We will extend the redundancy protection period for six months once a new mother has returned to work.
- We will extend redundancy protection into a period of return to work for those taking adoption leave. This will follow the same approach as the extended protection being provided for those returning from maternity leave.

- We will extend redundancy protection into a period of return to work for those taking shared parental leave.

It remains our intention to introduce these measures as soon as Parliamentary time allows.

15. We also repeat our previous recommendation that the Government should extend the period in which new and expectant parents may bring claims to an employment tribunal. The Government must urgently conclude its work to consider this change and clarify when and how it will be implemented. (Paragraph 51)

Individuals who experience pregnancy and maternity discrimination in the workplace can access justice through an Employment Tribunal, under the Equality Act 2010. While the time limit for bringing a claim is three months, tribunals have the discretion to provide extensions where they consider it 'just and equitable' to do so.

The Government continues to look closely at extending the time limit for bringing Equality Act 2010 based cases to employment tribunal. We understand the positive impact that this change could have, particularly in pregnancy and maternity discrimination cases.

This decision, however, must also take account of wider impacts across the justice system, and therefore will be given sufficient time for consideration. We recognise that the pandemic has put additional pressure on the entire courts and tribunal service, particularly the employment tribunal service, and that restoring its existing levels of service needs to be the priority before additional loading is added.

We will continue to engage with stakeholders as this work progresses. This will not only help improve our understanding of what impact an extended period could have on litigation behaviours, but also ensure that any new limit would be compatible with the realities of the Tribunal process.

16. Despite childcare settings being allowed to remain open since summer 2020, levels of activity remain below pre-pandemic levels. We welcome the steps taken by the Government to support the sector financially during covid-19, but this has not prevented many providers seeing a significant impact on their finances. With ongoing uncertainty about future demand for their services, there is a real risk the pandemic will contribute to an ongoing erosion of provision or even act as a tipping point and accelerate this trend. Long-term, targeted support from the Government will be required to avoid this outcome, which would have serious consequences for children's early education and parents' workforce participation. (Paragraph 57)

The government has rolled out a comprehensive package of support to protect businesses and individuals. Across almost all areas of economic policy, we are providing comparable or greater support than all our international peers. And, as the Office of Budget Responsibility, the Bank of England, and the International Monetary Fund have all recognised, our economic response is making a difference saving jobs, keeping businesses afloat, and supporting people's incomes.

When looking at all provider types, Ofsted's data, published on 30 June, shows there were 72,000 childcare providers registered with them on 31 March 2021, a decrease of 4% (3,300) since 31 August 2020. The overall picture behind this reduction is more complex, however.

Also within Ofsted's latest figures, there are currently 1.3 million places available for children in nurseries and with childminders. This means that the number of places offered by providers on the Early Years Register has remained broadly stable since August 2015.

These trends are driven in part by the types of childcare providers that are leaving and joining Ofsted's register. For example, childminders, who can only provide six childcare places unless they have an assistant, are leaving the register at a higher rate compared with nurseries.

Nurseries, whose numbers remain fairly stable with a drop of just 1% since 31 August 2015, can care for a much larger group of children. Additionally, the number of places that these providers offer has been increasing over time. It is important to look at the total number of childcare places as well as the total number of providers to understand the bigger picture.

Early education and childcare is delivered by a market that, in terms of the number of childcare places, is supplied to a significant extent by private businesses. As with any private market, responses to changes in demand, and a degree of churn, are parts of the normal operation of the market over time.

The key measure of sufficiency is not whether change occurs in the number of providers or places on offer, but whether the supply of places available is sufficient to meet the requirements of parents and children.

To this end, the majority of eligible two, three and four-year-olds have continued to access free childcare despite the challenges faced throughout the pandemic. Local authorities are not reporting any significant sufficiency or supply issues. We have not seen a significant number of parents unable to secure a childcare place, either this term or since early years settings re-opened fully on 1 June 2020.

We continue to evaluate the sufficiency of childcare provision, and endeavour to help both parents and providers to ensure the sustainability of the sector.

17. New parents continue to struggle to access the childcare they need to effectively re-enter the workforce on the terms they want. While covid-19 has exacerbated this challenge, the high cost of paid-for childcare is a barrier which both predates covid-19 and will outlast it. More could be done to ensure that Government support, especially for parents of children under 3, alleviates the pressures of these costs for working parents. (Paragraph 58)

18. *We support the call of petitioners for an independent review into childcare funding and affordability. We recommend that the Government should commission such a review, to consider how to provide greater financial security to the sector following the pandemic, as well as consulting with parents on how to ensure childcare provision meets their needs and supports their return to work. This review should include but not be limited to future sector funding allocations, and so should be separate from the ongoing Spending Review process. The Government should set the terms of reference for this review within two months, with a view to publishing the findings of the review by next summer.* (Paragraph 59)

The Department for Education has spent over £3.5 billion in each of the past three years on our early education entitlements and the Government will continue to support families with their childcare costs.

At the Spending Review on 27 October we announced that we are investing additional funding for the early years entitlements worth £160m in 2022–23, £180m in 2023–24 and £170m in 2024–25 compared to the current year. This is for local authorities to increase hourly rates paid to childcare providers for the government’s free childcare entitlement offers and reflects the costs of inflation and national living wage increases.

Universal Credit (UC) pays up to 85% of childcare costs, compared to 70% in legacy benefits, and can be claimed up to a month before starting a job. Eligible UC claimants starting work can get help with upfront childcare costs with a payment from the Flexible Support Fund, which is a non-repayable payment.

Tax-Free Childcare is a great offer for working parents: for every £8 eligible parents pay into their childcare account, the Government adds £2 up to a maximum of £2,000 per child aged 11 and under per year – and £4,000 per child under 17 if the child is disabled.

We also committed within our manifesto to establish a £1 billion fund to help create more high quality, affordable wraparound childcare, including before and after school, and during the school holidays. Much of that has already been realised successfully through the £200 million holidays activities and food (HAF) programme. It was announced in the Spending Review on 27 October 2021 that this programme will be extended for a further three years.

Parliament has twice debated whether there is need for a review of childcare funding in the past five months; at the Westminster Hall Debate on 13 September and during the second reading debate on the Private Member’s Bill on Childcare on 29 October. Within the latter debate, we recognised the need for ongoing collaboration and discussion on the issue over coming months but collectively concluded that a formal review is not needed.

We recognised, within that debate, that the offer across three Departments (DfE, DWP and HMRC) can in some instances appear fragmented. We are committed to working together across Government to see what we can do to streamline and make the offer more effective, to ensure that it delivers for those parents who access it and is visible to those who need it.

MPs on all sides can support this effort by working with local authorities in their constituencies and urging families, particularly those from lower-income backgrounds, to take up the support that is already available to them.

The Department is continuing to explore what more can be done to help parents access childcare which will suit them, that is out of hours or before or after school; however, we will not be launching an independent review of childcare at this time.

Parents also have a range of parental leave and pay rights, and, like all employees, can ask their employer for a flexible working arrangement. Alongside the steps we are taking on childcare provision, these employment rights may help new parents balance work and childcare.

19. We welcome the long-term vision of the Government's Best Start for Life review, but to date covid-19 recovery funding aimed at children aged under 2 appears to have been unjustifiably neglected compared to the funding made available for older children. As we emerge from the pandemic, the Government must ensure it invests proportionately in the infrastructure which supports these families. (Paragraph 63)

20. *Ahead of the 2021 Spending Review, we recommend that the Government assess which elements of the Best Start for Life Review's implementation could be accelerated—in particular, opportunities to grow the health visiting workforce—and provide targeted funding to help achieve this.* (Paragraph 64)

The Government has announced a £500 million families and early years support package of investment for the next three years. This will ensure children get the best start in life. The new funding is a significant step forward in delivering the commitments set out in the Rt Hon Andrea Leadsom MP's *'Best Start for Life: A Vision for the 1,001 Critical Days'*, which found that the first 1001 days, from conception until the age 2, are critical to laying the building blocks for lifelong emotional and physical health. The report called for action to ensure that babies and families have access to the services they need to thrive.

The recent funding includes £100 million for bespoke mental health support for new and expectant parents, £82 million to expand the network of Family Hubs to a further 75 Local Authorities across England, and £10 million for Local Authorities to trial and test new and innovative recruitment models to train up more staff. Nursery staff will also have access to more high-quality training funded by a separate £153 million investment announced as part of the £1.4 billion education recovery package in Summer 2021.

To best utilise the capacity of professional health visitors, many local authorities use a mixed skills workforce, led by health visitors, with other staff supporting health visitors to deliver particular elements of the health visiting programme.

21. We welcome the steps taken by the Government and the NHS to provide pregnant women with relevant information as the vaccine rollout continues and as social restrictions are eased. It is vital these efforts are maintained so that pregnant women are effectively supported to protect themselves from covid-19. In particular, it is crucial the Government continues to build on the success of the vaccine programme by continuing to encourage pregnant women to be vaccinated. (Paragraph 67)

22. *The Government should continue to work with health authorities to communicate information about pregnancy and covid-19, including vaccine safety and emerging data on the risks of covid-19 when pregnant, to support informed decisions by pregnant women.* (Paragraph 68)

Vaccines are highly effective at preventing severe infection and this benefits far outweigh the risks of any adverse events, particularly in pregnant women. Unvaccinated or not fully vaccinated pregnant women are at an increased risk of becoming severely ill and of pre-term birth if they contract COVID-19. Vaccination is the best way to protect against the known risks of COVID-19 in pregnancy for both women and babies, including admission of the woman to intensive care and premature birth of the baby.

Women who find out they are pregnant after their first dose do not need to delay their second dose. Pregnant women can book a second dose 8 weeks after their first dose. Similarly, women who become eligible for a booster dose during pregnancy, having had their initial 2 doses prior to pregnancy, do not need to delay the booster.

On 30 July 2021, a letter was sent to all maternity, primary care, pharmacy services with an ask to provide advice on vaccination in pregnancy at every antenatal contact and ensure materials/information are available in all antenatal settings.

For healthcare professionals, there is also the following checklist to aid discussions on the potential benefits and risks of [COVID-19 vaccination in pregnancy](#), and to gain informed consent.

NHS England and Improvement (NHSE/I) have encouraged and supported webinars and engagement sessions which have been specifically focused on women's vaccine concerns and have also been tailored to specific demographic groups. For example, NHS England have run a 'vaccination in pregnancy masterclass' session for midwives.

NHSE/I's Chief Midwifery Officer, as well as 'media medics' and other clinical figures such as Dr Nikki Kanani, have made appearances on consumer and lifestyle media to reassure people about their concerns. Government and NHSE/I have been sharing case stories of women who have had the vaccine before, during or after pregnancy to reassure women who may still be concerned.

In October 2021, NHS England made an announcement encouraging pregnant women to come forward and get their vaccine.

New data from UKHSA on the safety of COVID-19 vaccination in pregnancy was published in November 2021 and shared with the media.

On 1 December 2021, the NHS wrote [a letter](#) to healthcare colleagues asking them to advise pregnant women of the benefits of COVID-19 and flu vaccination.

On 16 December 2021, the Joint Committee on Vaccination and Immunisation (JCVI) announced that pregnant women would be moved into priority group 6 alongside adults under the age of 65 who have long term health conditions, and urged pregnant women to get their first and second dose as soon as possible, as well as their booster jabs.

23. We are disappointed that the Government is yet to act to resolve inconsistencies in the availability or treatment of parental leave and pay entitlements for groups including self-employed adoptive parents, special guardians, and recipients of Maternity Allowance on Universal Credit, despite our report last year highlighting the financial and other negative impacts this can have on these families and recommending how these issues could be resolved. (Paragraph 71)

24. We restate our recommendations from last year, that the treatment of Maternity Allowance and Statutory Maternity Pay in Universal Credit should be equalised; that parental benefits available to self-employed birth parents should be extended to self-employed adoptive parents; and that parental leave and pay should be offered to special guardians. (Paragraph 72)

The Government recognises that it is crucial to the success of an adoption placement that an adopter takes time off work to care for and bond with their child. This is why employed adoptive parents have broadly the same rights and protections as birth parents.

So far, the Government has focused on supporting employed parents as they do not generally have the same level of flexibility over their work as self-employed parents do. But we recognize that affordability may limit the time away from work that some self-employed adopters can take and this is why statutory adoption guidance says that Local Authorities should consider making a payment – equivalent to Maternity Allowance – in cases where adopters do not qualify for any statutory payment because of their self-employment.

Prospective adopters and the children that they intend to adopt are also entitled to an assessment of their family's needs. This includes a whole host of support including discretionary means-tested financial support, advice, information and counselling, and support services.

The Government recognises the value of the challenging but rewarding role played by special guardians who welcome a child in their home and is aware that a child brought up by a family member benefits from living with someone they already know and trust rather than a stranger.

Special guardians caring for children outside the care system are entitled to access the same services and support as any other parent or carer, including access to child benefit and child tax/pension credits, providing they do not receive local authority funding in respect of the child for whom they are a special guardian.

Where a child living with a special guardian is assessed by the local authority as being “in need”, the local authority at their discretion may provide support services including financial support to safeguard and promote the welfare of the child, and where consistent with that duty, to promote their upbringing by their families.

Alongside this, employed special guardians benefit from employment rights which are designed to support employees in balancing work alongside caring responsibilities such as: emergency leave (“time off for dependants”), the right to request flexible working, Unpaid Parental Leave and Annual Leave.

Universal Credit is a means tested system of support and where an individual claims Universal Credit, their award is adjusted to take account of any other financial support that the claimant is already receiving – including earnings, income and benefits.

Maternity Allowance is a benefit paid by the State which is unearned income for Universal Credit purposes. Unearned income that is available to help meet daily living costs is taken fully into account in determining the amount of Universal Credit that an individual can be paid. As such, in determining the amount of Universal Credit that is available, Maternity Allowance is deducted pound for pound from the total value of the award. This principle applies to other benefits, for example, the same approach is applied to new style Jobseeker's Allowance and new style Employment and Support Allowance.

Maternity Pay (SMP) is more akin to earnings and is treated as a form of earnings in common with other statutory payments paid by employers. As a result, when adjusting

the Universal Credit award, as with other earnings SMP is subject to the work allowance and tapering rules that are built into Universal Credit. Claimants retain 45p for every pound of earnings (or more if they are entitled to a work allowance).

We have no plans to change the way that Maternity Allowance is treated in Universal Credit.

The High Court judgment in 2020 upheld the policy of treating Statutory Maternity Pay paid by employers as earnings as well as the treatment of Maternity Allowance.

25. The Government's response to our report last year failed to acknowledge the need for urgent action to support new parents, rejecting almost all of our recommendations. One year on, many of the concerns we raised remain live issues. While the enormous demands of managing the nation's response to the pandemic must be recognised, it is bitterly disappointing that the Government has failed to invest in catch-up services that could have helped mitigate the impact on new parents and their children of the first lockdown, or progressed crucial employment protections for new parents. We believe responding to the diverse needs of this group requires cross-Government buy-in and should be seen as a priority moving forward from the pandemic. (Paragraph 76)

26. *Given the multifaceted impact the pandemic has had on new parents, and to ensure their needs are specifically considered going forward, the Government should publish a covid-19 recovery strategy for new parents alongside its response to this report, and should report on progress against this strategy by next summer. This strategy should bring together all Government actions to support new parents following the covid-19 pandemic and should set targets and timeframes for how Government support will be delivered.* (Paragraph 77)

The Government is committed to supporting families throughout pregnancy and during the early years of a baby's life. It is right that the impact on new parents of the pandemic and related restrictions is considered in designing this support. A coherent approach to responding to the needs of new parents should be based on an understanding of the experiences of all families. For this reason, the Government will not be developing an isolated strategy focussed on the impact of the pandemic on new parents. Instead, we will continue to consider and integrate the learning from the experiences of all parents, as we develop and implement a package of support for babies and families. This package is set out below.

In addition to this, at the Budget on 27th October, 2021, the Government announced £500 million of funding for families and early years, over the next three years. The elements which make up this package of support are set out below.

- £82 million to support 75 local areas to create a network of Family Hubs. Family Hubs are a way of joining up locally to improve access to services, the connections between families, professionals, services, and providers, and putting relationships at the heart of family help. They bring together services for children of all ages, with a great Start for Life offer at their core. This builds on the existing £39m investment to champion Family Hubs.
- £10m across the SR for Local Authorities to establish a clear 'Start for Life' offer to ensure that parents and carers will be guaranteed clear information about

Start for Life and family services in their area; and assurance they will have their voices heard in the design, planning and delivery of services. The offer will explain to parents and carers what services they are entitled to and how they can access them.

- £50m to ensure online parenting programmes are available to new parents in the 75 selected local authorities, alongside additional targeted support to families most in need.
- £50m across the SR to establish a multicomponent breastfeeding support services in line with local needs. Services may include antenatal breastfeeding classes, specialist consultation support, drop-in and telephone services, tongue tie services, volunteer peer supports and specialist training to early years staff. This offer will draw from best practice across England, including places like Tower Hamlets, which now has the highest breastfeeding rates at 6–8 weeks in England.
- £100m across the SR to rollout bespoke parent-infant mental health support. Public Health England report that “10 – 20% of women develop a mental illness during pregnancy or the first year after having a baby”. Through investment in staffing, training and interventions, this package will nurture infant-parent-infant relationships and improve access to bespoke parental mental health support.
- £10m across the SR to trial innovative workforce models in health visiting teams. This will invest in staff who are trained to provide mental health and breastfeeding support to families who need it, under the supervision of health visitors. This will ensure families receive the high quality and timely support they need, and support health visitors by freeing up some capacity. This will be trailed in a small number of Local Authorities and include evaluation of trials to support future workforce reform.
- An additional £200m for the Supporting Families programme (previously the Troubled Families Programme) across the SR. Under the programme, a keyworker builds a trusted relationship with a family to help with practical issues and enable them to access more specialist services, to prevent problems escalating into crises. Investment in the programme will increase from £165m in 2021–22 to around £250m in 2024–25, a real terms increase of around 40%. This will increase the number of families supported by the programme from 70,000 in 2021–22 to more than 100,000 in 2024–25.
- Reaffirms £153 million of the £1.4bn Education Recovery Package will go to early years providers over three academic years (AY 21/22–23/24).

The Government has committed to publishing bespoke guidance for integrated care systems on how they should deliver for babies, children, young people and families. The guidance will clearly set out the statutory functions that will transfer from CCGs to Integrated Care Boards (including on children’s safeguarding, and special educational needs and disabilities). It will also cover the importance of the strategies produced by Integrated Care Partnerships having clear objectives for babies, children and young people.