

Follow up written evidence from Professor Elizabeth Meins, Professor of Psychology, University of York (GRC0032) September 2020

Relating to Second Special Report - The impact of COVID-19 on maternity and parental leave: Government Response to the Committee's First Report (HC 770)

I accept the Government's decision not to extend parental leave and payments for new parents affected by the pandemic. The restrictions put in place to combat the pandemic will have impacted on new parents and their children in complex ways, with families' experiences varying widely. A blanket three-month extension therefore did not appear to be a feasible or fair solution either for families or employers. Nor was such an extension tailored to address the needs of those families most in need of support due to financial difficulties, physical illness or mental health problems.

However, I am concerned that the additional recommendations made by the Committee have been rejected. In failing to accept the tranche of recommendations that focused on ensuring that pregnant women and individuals taking parental leave are treated fairly and equitably, the Government has taken the view that it is the responsibility of employees to act in cases of unfair treatment or dismissal. Putting this additional burden onto pregnant women and new parents in such challenging circumstances is disappointing, and will once again disproportionately affect the most vulnerable, who are likely to have more insecure jobs and less scrupulous employers. The Government should show commitment to fighting these inequalities and put in place additional procedures to make employers adhere to the guidance.

Of greatest concern is the rejection of the recommendations to (a) fund increased numbers of health visitors and allied professionals in order to identify and support vulnerable families (Recommendation 9), (b) fund and provide additional catch-up services for parents affected by the pandemic (Recommendation 11), and (c) fund and provide additional mental health support for this cohort of parents and children (Recommendation 13). The response that the Government has already given additional funding to local authorities is not satisfactory. I urge the Government to rethink the way in which health visiting services are devolved to local authorities. The COVID-19 crisis has brought pre-existing variations in health visitor provision across the UK into sharp focus. I have worked extensively with health visitors and perinatal mental health teams and was shocked to discover that there are no national standards for health visitor training. This means that there are huge disparities in levels of training and expertise between different local authorities, with certain authorities providing excellent and extensive training for all staff, while others (often in geographically adjoining authorities) provide minimal training.

Throughout its response, the Government assumes that substituting face to face professional services with online support has effectively dealt with any problems. This assumption highlights a lack of understanding of many families' ability to access the Internet. Disadvantaged families are likely not to have computers in their homes and may struggle to maintain payments on smartphones; these access problems have been compounded by the closure of libraries during the pandemic restrictions. Families living in rural areas have additional disadvantages caused by poor connectivity to online services. These issues relating to the digital divide are

completely ignored in the Government's response. I call on the Government to use the unique opportunity presented by the current crisis to put in place national requirements for health visitor training and to show leadership by ensuring local authorities ringfence substantial funding for health visiting and mental health services, prioritising supporting the most vulnerable families.

I welcome the Government's decision to carry out a review into how to improve health outcomes for babies and children from disadvantaged areas. Focusing only on the first 1,001 days of life is, however, a missed opportunity. Leading UK-based psychologists published a paper outlining the research priorities in light of the COVID-19 pandemic (O'Connor et al., 2020) which concluded that the effects of the pandemic will vary as a function of the child's age. The authors argued that young babies are likely to be least affected by the pandemic due to the fact that optimal development is predicted by caregivers' ability to respond appropriately to the baby's cues, an ability that should be relatively immune to the social restrictions associated with lockdown. Moreover, babies themselves will be unaware that their social circumstances are abnormal. In contrast, older children may be acutely aware of the changes to everyday life and how they have impacted on their friendships, socialising and education. O'Connor et al. emphasised the need to prioritise support for vulnerable groups, such as looked-after children or children with developmental disorders. In concentrating on such a narrow age range, the review will thus not be able to inform how best to meet the needs of those children most affected by the pandemic.

Moreover, it is vital that this review is fully informed by academic research identifying factors that predict optimal child development. Mrs Leadsom may be considered to be an obvious person to lead this review due to her interest in the early years and involvement in the Parent Infant Partnership UK charity. However, Mrs Leadsom focuses almost exclusively on attachment relationships, while failing to understand the highly complex nature of attachment research (see Meins, 2017). There is therefore a concern that the review will not be comprehensive and evidence-based, and will instead emphasise those aspects of caregiver-child interaction that Mrs Leadsom believes to be important.

Our own research has highlighted how parents' attunement to their infants' thoughts and feelings during the first year of life is a powerful long-term predictor of disadvantaged children's development in areas where more affluent children are at an advantage: behavioural difficulties and educational attainment. Specifically in children growing up in socially and economically disadvantaged circumstances, mothers' attunement in the first year of life predicted fewer behavioural difficulties at age 3 and in the first year of school (Meins et al., 2013) and better performance in SATs at ages 7 and 11 (Meins et al., 2019). We have also developed and validated interventions to facilitate parents' attunement to their babies. These interventions have proved successful in facilitating attunement in mothers hospitalised on a mother-and-baby unit due to severe mental illness (Schacht et al., 2017) and in teenage mothers from disadvantaged backgrounds (Larkin et al., 2019). Our research findings are already being used to inform the practice of a range of professionals working with families and children. In formulating recommendations and conclusions, I hope that the Government's review will consider our own research findings and those of other leading research groups investigating social inequalities.

References

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