Friday
4 September 2026

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HOUSE OF COMMONS
OFFICIAL REPORT

PARLIAMENTARY DEBATES

(HANSARD)

Friday 4 September 2026

The following abbreviations are used to show a Member's party affiliation:

Abbreviation	Affiliation
Alliance	Alliance Party of Northern Ireland
Con	Conservative Party
DUP	Democratic Unionist Party
Green	Green Party of England and Wales
Ind	Independent*
Lab	Labour Party
Lab/Co-op	Labour and Co-operative Party
LD	Liberal Democrat
PC	Plaid Cymru
Reform	Reform UK
SDLP	Social Democratic and Labour Party
SNP	Scottish National Party
TUV	Traditional Unionist Voice
UUP	Ulster Unionist Party

*The term "Independent" may denote—

Members who have been elected as Independent candidates without affiliation to a political party; or

Members who have been elected after standing for a political party but no longer have the party Whip in the House of Commons.

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House of Commons

Friday 4 September 2026

The House met at half-past Nine o'clock

PRAYERS

The First Deputy Chairman of Ways and Means took the Chair as Deputy Speaker (Standing Order No. 3).

Ruth Jones (Newport West and Islwyn) (Lab): I beg to move, That the House sit in private.

Question put forthwith (Standing Order No.163)

The House divided: Ayes 1, Noes 79.

Division No. 65] [9.34 am

AYES

Jones, Ruth

Tellers for the Ayes:
Katrina Murray and Adam Thompson

NOES

Alexander, rh Mr Douglas
Allister, Jim
Anderson, Stuart
Asato, Jess
Atkinson, Catherine
Bance, Antonia
Bloore, Chris
Brewer, Alex
Brown-Fuller, Jess
Burton-Sampson, David
Cartlidge, James
Conlon, Liam
Cooper, John
Cox, Pam
Crichton, Torcuil
Davies, Gareth
Dean, Bobby
Eagle, rh Maria
Edwards, Lauren
Ellis, Maya
Eshalomi, Florence
Foody, Emma
Francis, Daniel
Gardner, Dr Allison
Gilbert, Tracy
Glen, rh John
Grady, John
Griffiths, Alison
Hack, Amanda
Hayes, Helen
Hayes, rh Sir John
Hodgson, Mrs Sharon
Hughes, Claire
Irons, Natasha
Jameson, Sally
Jogee, Adam
Johnson, Dr Caroline
Johnson, rh Dame Diana
Jopp, Lincoln
Kane, Chris
Kitchen, Gen
Kumaran, Uma
Kyrke-Smith, Laura
Lamont, John
Madders, Justin
Martin, Amanda
Maskell, Rachael
McDougall, Blair
McKenna, Kevin
McKinnell, Catherine
Mohamed, Iqbal
Morgan, Stephen
Mullan, Dr Kieran
Niblett, Samantha
Paul, Rebecca
Pollard, Luke
Poynton, Gregor
Prinsley, Dr Peter
Raja, Shivani
Rand, Mr Connor
Reader, Mike
Rigby, rh Lucy
Rimmer, Ms Marie *(Proxy vote cast by Rachael Maskell)*
Sewards, Mark
Smith, David
Smith, Rebecca
Spencer, Patrick
Stafford, Gregory
Stephenson, Blake
Swayne, rh Sir Desmond
Tami, rh Sir Mark
Timms, rh Sir Stephen
Tugendhat, rh Tom
Wakeford, Christian
Waugh, Paul
Welsh, Michelle
Wilson, Munira
Yemm, Steve

Tellers for the Noes:
Rachel Hopkins and Harpreet Uppal

Question accordingly negatived.

Infants, Parents and Carers Bill

Second Reading

9.47 am

Sir Desmond Swayne (New Forest West) (Con): I beg to move, That the Bill be now read a Second time.

This is the first private Member's Bill that I have moved in 30 years, and I have been somewhat discombobulated by the extraordinary amount of effort that has gone into getting just six clauses before the House today, so I am deeply indebted to the Government Whips Office, which has been extraordinarily helpful. I do not know what is happening to this Parliament—it is vastly more helpful than I was ever expected to be when I was a Government Whip! Anyway, I am equally indebted to the Ministers and their private offices and, indeed, to the parliamentary draftsmen. Of course, included in those Ministers was the hon. Member for Washington and Gateshead South (Mrs Hodgson), who has pursued this particular agenda in opposition and in government, frankly, since God was a boy.

Equally, I give my thanks to the Public Bill Office, which has been exceptionally helpful, and to our former Leader of the House, Andrea Leadsom, and her 1001 Critical Days Foundation. Finally, I give thanks for the heavy lifting done by my parliamentary assistant and by our former colleague, Will Quince, and his team. Of course, as you know, Madam Deputy Speaker, the Standing Orders are clear: we do not refer to people in the Gallery—I take it you have got the hint.

This Bill responds to the widely held view that services for infants, prospective parents and parents of young children are somewhat vulnerable when they rely largely on non-statutory guidance and programme funding. The purpose of the Bill is to shine the legislative spotlight on those services and to ensure that they are systematically understood and are known about and scrutinised by Parliament.

It is a truism that if we want a better future, we need to start with the provision of services to babies today. It is vital that those services are available in that critical period of 1,001 days from pregnancy through to two years old. If children are confident that they are safe and if they are responded to properly by adults, they will build relationships, they will be healthy, they will have language development and their future learning will be assured. That is vital. It is vital that we make that impact in those early weeks, months and years when 1 million neural networks are being formed every second and the baby's brain grows to 80% of the weight of an adult's brain by two years old.

If those services are not available, and if problems arise and are not addressed, there will be problems with speech, problems with relationships and problems with development later, so it is vital that they are there.

Sir John Hayes (South Holland and The Deepings) (Con): As a former schoolmaster, my right hon. Friend will be familiar with the work of Piaget, who makes exactly that point: early development—prior attainment, as it is often called—is a determinant of subsequent progress both at school and beyond it. In rural communities such as mine, it is vital that the delivery of the services my right hon. Friend describes is done in a peripatetic way, ideally through what were once called district

[Sir John Hayes]

nurses—familiar figures in the community who could engage with local people and build trust. I wonder if we ought to add to his Bill, in the form of an amendment, a call to bring back district nurses.

Sir Desmond Swayne: I will address exactly that point shortly.

If a child is not developing properly and is not sleeping, feeding or communicating, parents need to know that they have somewhere to turn. If that difficulty is spotted by, let us say, a district nurse, a midwife, a health professional or one of the excellent workers in our family hubs, help is on the way. If that help does not arrive or does not arrive in a timely manner, problems will present later, when they will be much more difficult and more expensive to address.

I have received an enormous amount of advice from clinicians at the top of their game and from frontline workers with enormous experience, laying out all the vital services that ought to be provided for by a Bill such as this and, indeed, offering me substantial help in putting the Bill together. It would be perfectly proper for hon. Members to share that sort of advice with the Minister today, and that is the proper place for it. This Bill is quite deliberately written at a higher level. It does not specify what the services should be; it empowers Ministers to regulate and make provision for those services. That is the overwhelming purpose of the Bill.

Of course, there is a vast amount of evidence out there that suggests that all these services are vital, be it perinatal mental health services for parents, relationship training for parents and their child or the peripatetic services that my right hon. Friend the Member for South Holland and The Deepings (Sir John Hayes) referred to, as is the systematic provision of those services.

All that is vital, and if it sounds familiar it ought to be, because that is what is being delivered to a large extent by our excellent Best Start family hubs and healthy babies programme. The Bill does not provide something new in the way of services; it will make those services accountable, more easily scrutinised by Parliament, and therefore less prone to being deprioritised. We might recall what happened to much of the Sure Start programme, and let that be a salutary lesson, particularly for Opposition Members.

Chris Kane (Stirling and Strathallan) (Lab): The right hon. Gentleman mentioned Opposition Members, but does he mean that both the Conservatives and the Liberal Democrats were involved in that?

Sir Desmond Swayne: The Government removed the requirement to ringfence the funding for Sure Start, and because local authorities were not required to spend that money in that way, they made their choices accordingly. I accept that it was the wrong priority, and I hope the whole House is the better for knowing that.

Dame Meg Hillier (Hackney South and Shoreditch) (Lab/Co-op): Some Sure Start places in London were created before Sure Start was formally created, and having seen my children go through it, I saw its direct benefits. Sure Start was structured around hubs, and there was a desire to go out and visit people at home—indeed, many of us visit people in their homes. As the right hon. Gentleman says, Ministers will interpret this measure, but there is something about a home visit by professionals that reveals a great deal about the challenges that children face, whether before going to nursery or afterwards, and whether by a health visitor or a midwife. From his research in developing the Bill, does he have anything to say about the importance of that?

Sir Desmond Swayne: I remember with respect to my own children the importance of a visit by the midwife, even after birth, and that is essentially the point that my right hon. Friend the Member for South Holland and The Deepings was making about the importance of district nurses. I entirely agree with the hon. Lady.

Clause 1 lays a duty on the Secretary of State to make regulations to define these services, and the functions that the Secretary of State will carry out. Their primary duty is to work out what those services actually contain.

Natasha Irons (Croydon East) (Lab): The idea of ringfencing and ensuring that we protect this time is the reason why the Bill is so important. Where councils did not ringfence in the past, they kind of lumped together youth services with this period of time. Does the right hon. Gentleman agree that having a separate pot and protection for this time is valuable, even if we later have to look again at youth services for people as they get a bit older?

Sir Desmond Swayne: Yes, essentially today we are putting these services on a statutory footing. Of course subsequent Governments can change statutes, but this Bill makes it an explicit decision of this House and Parliament, rather than a fiat by Government decision.

Clause 2 places a duty on the Secretary of State to assess the need for these services, and that includes a duty to take into account the opinions of parents, prospective parents and carers, as far as reasonably possible. The first duty is to define what services and functions we are talking about, and the second is to make an assessment of need. The period in which to make that assessment must be no longer than three years before another period of assessment begins.

Clause 3 lays a duty on the Secretary of State to then make provision for the services that she has assessed are needed. To address one of the points made by my right hon. Friend the Member for South Holland and The Deepings, that takes account of the fact that there may be different levels of need in different areas.

Clause 4 lays a duty on the Secretary of State to report to Parliament annually on the provision of those services and the outcomes that arise from them. Clause 5 is largely an interpretation of terms used within the Bill, be it "infant", "prospective parent" or "prospective carer". Clause 6 determines the short title of the Bill and provisions for its coming into force.

Effectively, this Bill lays a series of duties to make regulations on the Secretary of State: first, to specify services and functions; secondly, to assess the needs for them; thirdly, to provide for those services; and, fourthly, to report accordingly to Parliament. I commend the Bill to the House.

10.1 am

Helen Hayes (Dulwich and West Norwood) (Lab): I congratulate the right hon. Member for New Forest West (Sir Desmond Swayne) on coming top in the private Members' Bill ballot and on his choice of Bill. I also pay tribute to my hon. Friend the Member for Washington and Gateshead South (Mrs Hodgson) for her work to champion the needs of very young children and their families over many, many years. I thank the 1001 Critical Days Foundation for its work on the Bill. Its research so clearly demonstrates how critical the first 1,001 days—the stage from conception to the age of two—are for child development and the unique opportunity they offer to set every baby on a solid foundation for the rest of their life.

There is a sign outside the wonderful Sheringham nursery and children's centre in east London that captures the importance of the first 1,001 days perfectly: it reads "Building brains here." During the first 1,001 days, babies' brains develop at the most astonishing rate, forming over 1 million neural connections every minute and reaching 80% of their adult size by the age of two. The right support during this vital phase of development can bear fruit for a lifetime in terms of good emotional regulation, learning capacity, language and communication skills, and physical health. Conversely, without the right inputs in early childhood, the impacts of disadvantage can become embedded for a lifetime.

Good support in the first 1,001 days involves a wide range of people. It means family, of course, but also midwives, health visitors, GPs, parenting support, breastfeeding and weaning support, and perinatal mental health care. It can also involve special educational needs and disabilities specialists, and, sadly, sometimes those in safeguarding and social services. This network of people involved in providing support for babies, parents and carers during the first two years gives meaning to the phrase "It takes a village to raise a child."

Dr Peter Prinsley (Bury St Edmunds and Stowmarket) (Lab): The Kingdon review of paediatric audiology services demonstrated terrible shortcomings in that service throughout the country. Poor hearing leads to poor language development and poor brain development and is a catastrophic start to a child's life. Does my hon. Friend agree with me that we must do all that we can to support audiology services? She mentioned a long list of health professionals; I would like to give a shout-out to audiologists.

Helen Hayes: My hon. Friend is right. I mentioned the need for early access to SEND support, and I would include audiology in that category. Those services are vital, as are speech and language services, which we know are all too often not available at the earliest possible opportunity. In a moment, I will speak about the importance of that very early intervention. That network is the village, and the village should be available in every community for every family, right across the country, every single week of the year.

One of the proudest achievements of the Labour Governments of 1997 to 2010 was the creation of Sure Start—a children's centre in every community, bringing together a range of universal services for pregnant women, new parents and carers, and children under a single roof in local neighbourhoods. I once again pay tribute to my predecessor, Dame Tessa Jowell, for her pioneering work to establish Sure Start right across the country. The results of Sure Start were transformative, with long-term evaluations showing that integrated early childhood interventions significantly improved long-term health, especially for disadvantaged children; reduced hospital admissions; and improved GCSE results. The analysis also showed that investment in those services represented exceptional value for money and a positive financial return, with every pound spent on Sure Start delivering more than twice as much back in societal benefits.

My own daughters were born in 2005 and 2008, and we experienced at first hand the benefits of that investment in the form of antenatal and early childhood support. It provided a gold standard in community midwifery services, excellent health visitors, good breastfeeding support, a drop-in speech and language therapy clinic when one of my daughters needed that, and a wealth of other services. All of this was delivered a very short distance from home in our local community, so we also got to meet other parents and babies at the same stage and to build relationships with them.

Dame Meg Hillier: My hon. Friend and I have had similar experiences of the system. For me, one of the important things was that it did not stigmatise going to seek advice, whether it be about child psychology or speech and language. Does my hon. Friend agree that when Ministers start working on how to flesh out this Bill and put it into practice, it is really key that it must be universal?

Helen Hayes: Later in my speech, I will make exactly that point about the importance of these services being available on a universal basis, for the reasons my hon. Friend alludes to.

It was a tragedy that Sure Start centres were one of the earliest and most extensive casualties of the austerity of the Conservative and Liberal Democrat coalition Government of 2010. The funding was not ringfenced; in many cases, the services were not statutory; and the integrated service design model was not mandated. In many ways, the strongest argument for the Bill we are debating today is the experience of just how easy it was for Sure Start to be dismantled, ultimately resulting in the closure of 1,300 centres and the loss of that precious and vital integrated network of support for babies and their families, which had been delivering so much. Those closures were compounded by the covid-19 pandemic, when access to face-to-face services in early childhood was very limited. We have seen the impact of that, particularly the increase in the number of children with speech, language and communication difficulties coming through the system in recent years.

Sir John Hayes: The hon. Lady is making a powerful speech about Sure Start, and in particular about the capacity to deliver what she describes as face-to-face services. It is critical that those services are delivered in precisely that way—in person—because of the trust that that creates. As a new parent in 2000, having never had a child before, I remember that my wife and I were dependent on exactly those kinds of very trusting personal relationships. I fear that more and more of those kinds of services are being delivered now online, and people

[Sir John Hayes]

are being driven online to attain them. We must reverse that trend; it was exaggerated, of course, during covid, but it has never really recovered since.

Helen Hayes: I agree with the right hon. Member about the importance of face-to-face services. I mentioned the excellent community midwifery services that I was able to benefit from as a new mother. We have got ourselves into a terrible state with maternity care right across the country, with tragedies and a real challenge in turning those services around. One of the things I found so important and appreciated so much about that community midwifery service was that during the course of my pregnancies, I got to know the team of five midwives who worked in that service. One of those midwives took me through labour and the antenatal period. That was so important for building the trust that, in midwifery and maternity services in particular, has been badly damaged by service failures in lots of areas of the country.

My second daughter has two middle names, one of which is Agnes. Agnes is the midwife who delivered both my babies through that excellent community midwifery service, about which I cannot speak highly enough. Those services have now largely gone; midwifery services are not delivered in that way anymore.

On the delivery of online services, parents and carers—all of us—look for advice online all the time, so it is important that there are accredited, reliable, trustworthy sources of good information online. I do not dismiss the role of online services, but they cannot ever be a substitute for the delivery of in-person services.

As our Labour Government seek to restore some of the provision that was lost as Sure Start was dismantled, and to respond to the challenges that families face by expanding Best Start family hubs, there are some vital considerations. The first, which my hon. Friend the Member for Hackney South and Shoreditch (Dame Meg Hillier) alluded to, is the principle of universality. None of us comes to parenthood for the first time knowing everything about what is best for our baby. For many new parents, irrespective of material resources, the experience is overwhelming. It is an incredibly vulnerable time of life: 10% to 15% of new mothers experience post-partum depression. We should therefore ensure that all new parents can access support and advice in the earliest years, and that it is easily accessible for everyone in their local communities. If support was delivered in that way, there would be no stigma associated with accessing it, and there would be the added benefit of helping to build community cohesion by giving parents from different backgrounds living in the same area an opportunity to connect with each other.

Amanda Martin (Portsmouth North) (Lab): My hon. Friend is making some valid points about Sure Start, which I was able to use for two of my children; the service had disappeared by the time I had my third child. When we talk about involving all parents, does she agree that we need to make sure that fathers are involved? In the parental leave work that is going on, we have to ensure that self-employed fathers are not left out due to a lack of access to paternity leave. That would make it really difficult for them to attend these places that we are introducing and would cause stigma.

Helen Hayes: I agree with everything that my hon. Friend says. The role of fathers is so important, and they must have the opportunity to connect with each other and share their experiences. I will later talk about some powerful work on reading that involves fathers. Parenting support should be presented as something that absolutely everybody needs, not as something that people need only if they have a problem, because that is where the stigma creeps in. As well as making these services as normal as possible, we need to make them as accessible as possible. My hon. Friend also makes some important points about paternity leave.

Natasha Irons: My own experiences as a new parent were as my hon. Friend described: it was this terrifying thing, "How do I keep this bundle of lovely joy alive and get some sleep at the same time?"

Universality is so important but, as these services have lost funding, they have become more and more targeted. One of the good things about a universal service is meeting other parents from different backgrounds and children growing up in a community rather than in silos. Does my hon. Friend agree that any way forward has to be a one-stop shop model—a drop-in service, like a stay and play, not something highly targeted and specialised? It should be the sort of thing where parents can drop in, get some support, and meet other parents who are going through the same thing.

Helen Hayes: I agree with everything that my hon. Friend says. It is important that Best Start family hubs are, like Sure Start centres, anchor institutions—anchor places in local communities—as well as places where individual services are delivered; then the whole will be more than the sum of its parts.

The second principle I want to mention is the importance of the availability of SEND expertise in early years settings. The earlier that a special educational need or disability is identified, the sooner that appropriate support can be put in place. Early identification also enables parents and carers to understand their child's needs and provide the support they need as they grow. Early intervention is not only the best for the child and the family, but much more cost-effective for the public purse. I therefore strongly welcome the Government's commitment to put SEND specialists in every Best Start family hub.

The third principle is the opportunity to participate in a range of activities together. My Committee recently published a report on reading for pleasure, which delivers such significant benefits for children's development, educational attainment, empathy and mental health and wellbeing. Reading for pleasure should start as early as possible in a child's life, with parents and carers reading to their babies.

My Committee recommended a national reading guarantee that will embed opportunities to read for pleasure throughout every child's life, from birth to the age of 18. This should start in Best Start family hubs. I pay tribute to the brilliant work of BookTrust and former Waterstones children's laureate Frank Cottrell-Boyce in this area. They have modelled inclusive approaches to early years reading that engage and build the confidence of parents and carers, who themselves had negative experiences of reading at school and lack the confidence to read with their own children, by making reading together a fun and joyous experience for everyone. We

heard some wonderful testimony about groups who do this work with fathers, grandparents, parents and carers, building the confidence back to do something that delivers such benefits both for children and for parents.

Chris Kane: I commend my hon. Friend and her Committee for the excellent "Reading for Pleasure" report. There is an irony that I am recommending the report—it is 130 pages—to everyone that I can. It said that reading for pleasure can include all sorts of things, such as manga books—my son likes those—and comic books. Reading for pleasure does not have to mean a novel, as we might think. Simply exposing children to the concept of reading and the choice to read is important. I certainly picked that up in the report, and it resonated with me. If Members have not read it, I commend it to them as very much worth reading.

Helen Hayes: My hon. Friend is absolutely right. We take a broad definition of reading in the report, including audiobooks, because this is about the stories and the connection. Any way that gets children and young people engaged in that is important. Frank Cottrell-Boyce makes the point so well that reading with babies often means books that do not have any words in them at all—it is about the pictures, the story and the engagement.

Dr Kieran Mullan (Bexhill and Battle) (Con): This might be an opportune moment for the House to pay tribute to Dolly Parton, who did an enormous amount of work across the world to encourage children of all ages to read.

Helen Hayes: I was coming to that exact point. We must pay tribute to the legend that is the late Dolly Parton. We mourn her passing. Her extraordinary commitment through her Imagination Library means that children in my constituency, many other parts of the country and across the world can receive a book a month free of charge. We owe her a huge debt of gratitude for her generosity and leadership in this area.

My Committee is undertaking an inquiry on the early years and will report shortly. I look forward to setting out our recommendations for the ways in which support in the first 1,001 days can be further strengthened to give every child the best possible start in life. In addition, we are working with the Work and Pensions Committee on a joint inquiry to scrutinise the Government's child poverty strategy, because unless we tackle the scourge of child poverty, children will continue to experience the blight of disadvantage, which prevents them from fulfilling their potential.

I welcome the Bill and I am pleased that the Government are supporting it. Placing early childhood services on a statutory footing will provide a better basis to ensure that these vital services are delivered consistently in every community across the country, making it much harder for a future Government to dismantle them, as previous Governments have been able to do. I welcome the requirement for an annual report to Parliament as the accountability mechanism for the new statutory duties.

My Committee would welcome the opportunity to play our part in scrutinising the Government's progress in this area. There is no more important task than giving every child the best possible start in life. It is important because every child is precious and deserving of love and security. It is important because the benefits to our society and our economy are huge. The Bill will play an important role in ensuring that we deliver for every single child, and I am proud to support it.

10.19 am

Shivani Raja (Leicester East) (Con): I begin by paying tribute to my right hon. Friend the Member for New Forest West (Sir Desmond Swayne), and I thank him for his continued work and his commitment to this Bill. As colleagues may know, this Bill carries a particular significance for me, as I recently celebrated the first birthday of my son. In fact, today we celebrate him being 395 days old, so I am pleased that Members on the Opposition Benches are taking action to highlight the undeniable importance of those critical first 1,001 days in a child's life. I hope that Members from all parts of the House will join me in supporting this Bill.

In Leicester East, we are fortunate to benefit from an excellent quality of service throughout the Leicestershire, Leicester and Rutland NHS trust. I put on record my thanks to the wonderful nurses, doctors and midwives who supported me through my pregnancy and birth and have supported my son on several occasions since. To be clear, this Bill is not about critiquing the quality of healthcare we receive through our NHS, or placing further demands on the hard-working healthcare professionals who serve on the frontline every day. It is focused on establishing an enduring legal foundation for the best start in life and the healthy babies programme.

As my right hon. Friend mentioned, the first 1,001 days of a child's life are a time of rapid and vital development. During this period, babies strengthen their physical, neurological and emotional capacity, with the brain reaching about 80% of its adult size by the age of two and forming more than a million new neural connections every single second. To support that profound chapter of change in a newborn's life, babies must be safe and secure. That not only improves the first 1,001 days of their life, but has a lasting impact into adolescence and adulthood. Statistics show that children whose mothers were stressed during pregnancy are twice as likely to experience mental health difficulties during those teenage years. By investing in the measures promoted by this Bill, we change our approach from crisis management to prevention.

We will target early support for families to ensure that they are prepared to manage those early days of parenthood, saving billions of pounds of annual spending on public services later down the line. In an ever-changing world, with swift advances in healthcare and technology, we must continue to check in with the parents and carers who are taking on responsibility for these new lives.

We must also continue to be available to prospective parents and carers—those who anticipate the arrival of new life with great excitement, but also with great trepidation. Listening is a fundamental part of what we do here, and we have to make sure it stays at the forefront of all decision making in this House. I have been privileged on a number of occasions to spend time with the incredible Sally and her team at Leicester Mammas. They do some amazing work within my constituency supporting mothers through the early stages of parenthood.

Sir John Hayes: I have come to know and become a friend of my hon. Friend over recent times. She will understand that although it is easy for us to imagine the vulnerability of unborn and born children, the vulnerability of new parents is often underestimated. They can feel, as she describes, nervous and uncertain, as they can be frightened of making mistakes. When people have their second child, it is a lot easier, as I am sure many Members would acknowledge, but in those first days, weeks and months, it is difficult. What this Bill creates is a cushion for those vulnerable parents that I have described.

Shivani Raja: I thank my right hon. Friend for that wisdom, and I could not agree more. As a first-time parent and a young mum, I can confirm that I have felt the pressures faced by many mums across the country. Again, that is why I am grateful to Leicester Mammas for providing guidance in my post-partum journey, including breastfeeding support. They give encouragement to my family and many other families across Leicester, and they have truly grown to be an integral part of our community.

The Royal College of Psychiatrists reported in 2024 that up to 85,000 mothers across England had experienced post-natal depression. That is staggering, and it is all happening well within the first 1,001 days of a baby's life. The last national maternity review, in 2024, described the harsh and devastating reality that three in 10 women reported symptoms of depression, anxiety or post-traumatic stress just six months after giving birth.

We have to do more, and that begins with being better listeners. The Bill would enable the Government to continue to monitor the situation for parents and carers, prospective parents and carers, and newborns, but ultimately we have to make sure that our listening is followed up by action. The second component of the Bill would improve the level of accountability in that area.

The third element of the Bill focuses on information and support, specifically in ensuring that we introduce a stronger legal foundation beneath the resources and services that families rely on during pregnancy and the first 1,001 days. There sadly remain inequalities throughout our system. The reality in many of my constituency's communities is that pregnancy and childbirth are far from straightforward. Evidence shows that women living in the most deprived areas die during childbirth at nearly twice the rate of those living in the least deprived areas. Having a firm legal basis for the care that is provided to new mothers across demographic groups will ensure that some of the anxiety is taken out of pregnancy. For many mothers and prospective mothers in Leicester East, that would be life-changing.

As a mother with a son who is growing up at an unbelievable pace, I know the reality of both the challenges and joys of the first 1,001 days. However, no country in the world has fully recognised in law the huge opportunity that strengthening the support to families in this early period carries. It would be transformative, and I support the Bill because I know from personal experience as a new mum that, as many mums in this House will also know, parents and carers need more support, and I believe the Government can offer that.

We have the evidence to back up the need for the Bill, and we are now presented with the perfect opportunity to lead the world in our approach to championing young families and their children. I urge Members across the House to join me in supporting the Bill.

10.27 am

Maya Ellis (Ribble Valley) (Lab): I am delighted to wholeheartedly support the private Member's Bill of the right hon. Member for New Forest West (Sir Desmond Swayne), which pushes for vital provision to support infants and families, and would finally put into legislation the requirement for the Government to report to Parliament annually on how this country supports children and families from pregnancy to age two.

I am very proud to be the chair of the all-party parliamentary group on babies (pregnancy to age two). Over the past two years, I have seen through that role that the evidence on this subject is there a hundred times over. We know that there are 3.5 million children under the age of four, all of whom will grow into UK citizens whom we need to thrive. We know that some of the most significant brain development happens before the age of two. We know that Sure Start centres were directly linked to a reduction in special educational needs. We know that the Department of Health's own research says that early intervention could save £45 billion a year.

As I always say, though, to many of the people in this sector and to my own constituents, even though the evidence is there a million times over, sometimes getting the political will is even harder. That is why I think we are in a really lucky position right now: 41% of MPs are women, and I am really glad that feminism has developed to a point where this is finally coming before the House. We also have the maternity taskforce, for which I am proud to be a member of the parliamentary expert advisory panel. I think we have a moment now where these things are coming together, and finally there is the political will and momentum.

Women particularly are finding their voice, alongside all the incredible dads, and parents and carers across households, who are really standing up, but we have to keep shouting about this. I am delighted that the Bill finally puts the first steps into legislation, but it is important that we build on it. One of the powerful arguments for the Bill is that no Government would now question the funding for free entitlement to schooling at age five. No Government would change that. I think this is about putting the same assumptions on to care from pregnancy and birth, and making sure that no future Government could change those basic principles, with which I think we all now agree, without a lot of difficulty.

I want to pay a few tributes to those who have got us to this point, because there are people who have been banging the drum on this issue for decades. Dame Tessa Jowell, who has already been mentioned, along with Lord David Blunkett and Naomi Eisenstadt, who was the civil servant who led on Sure Start, all put so much of the framework in place. Lord Frank Field, who went on to develop partnerships during the Cameron Government, was an incredible force in this space. Dame Andrea Leadsom has worked really hard to bring the Bill forward and made sure family hubs continued under previous Governments. And most recently, this Government, driven in particular by our hon. Friend the Member for Washington and Gateshead South (Mrs Hodgson), are bringing in Best Start family hubs to really start to rebuild the Sure Start legacy.

I also want to pay tribute to the wonderful Nicholas Peacey MBE, who passed away this summer after a lifetime of work with young people, which included leading the Foundation Years Information and Research charity, which I am honoured to chair. Nick was relentless in his positive support for early years and for stakeholders like myself, with a conviction that nothing was more important than babies. I believe he knew that the Bill was coming through Parliament, but there was so much more that he was excited to do and we will miss him.

The Bill is deliberately simple. Organisations have lobbied me, and I am sure others, about the fact that they wish it did more. I have been very grateful to Dame Andrea Leadsom and the wonderful Will Quince for educating me on how important it is to keep a Bill simple. It is important that the public know that this Bill is about creating a basis and making sure something gets through and on to the statute book, but it is absolutely only a start and we will all in this House, I am sure, be committed to building on it. The Bill will serve as a foundation. If it becomes law, there are a few things the Government could do to ensure a glowing first report.

Too often, mothers, babies and parents are treated as an afterthought in policymaking. The Bill recognises a simple truth: if we want healthier families, greater equality and better outcomes for children, we have to pay more attention to the early stages of life. Maternity care is one of those areas that currently gets shamefully low focus. Around 84% of women will become mothers, and maternity care is often the first time a healthy adult really interacts with a publicly funded institution. Her experience and the experience of her family around her of what her taxes have been paying for is currently woeful. The state of maternity care should concern every one of us. The Care Quality Commission found that 65% of inspected maternity units required improvement or were inadequate for safety. The fact that two thirds of maternity services have been rated unsafe should be treated as a national emergency.

The consequences are not felt equally either. Black women are nearly three times more likely to die during pregnancy or in the year after birth than white women. Babies born in the most deprived parts of our country are more than twice as likely to die around the time of birth than those born in the least-deprived areas. We have had more than 700 recommendations on maternity care over the past decade. We do not need another list of recommendations; we need investment in staff, workforce stability, continuity of care and time for professionals to build trusting relationships with women and families. How women experience pregnancy and birth is not a nice to have; it has profound consequences for mental health, family wellbeing and long-term outcomes. Women deserve to feel safe, listened to and empowered through pregnancy and childbirth, and as they take their first steps in feeding and caring for their baby.

The Bill is also about what happens after birth. We know that the first 1,001 days of a child's life are among the most important in determining future outcomes, yet they receive remarkably little attention. Currently, only around 55% of infants develop secure attachments, despite overwhelming evidence that early relationships shape future health, wellbeing and life chances. Recent research has shown that expanding parent-infant relationship support in the most deprived communities could save the Government £1.2 billion annually.

The Bill also speaks to a challenge that sits at the heart of gender inequality. Becoming a parent remains one of the biggest drivers of inequality between men and women. Mothers still carry a disproportionate share of caring responsibilities and the result is the motherhood penalty: lower earnings, reduced career progression and less financial security for many women. Evidence shows that when fathers take meaningful leave in a child's life, mothers are more likely to return to work, more likely to progress in their careers and more likely to share caring responsibilities on a lasting basis.

Many of us here are campaigning for the Government's parental leave review, which concludes in December, to fund six weeks of paternity leave paid at 90% of pay. As a mother to two young children, I have seen at first hand among my peers, alongside all the overwhelming evidence, the life-changing difference it makes to a child's early years, and to equality, when parents are enabled to take equal responsibility from the very start. For me, the Bill is a foundation not just for how we support babies, but for how we support families to support their babies, because it is families who are at the coal face, families who get up in the night, who do not get to clock-off, and families who get the criticism when things go less well with their children.

I would like to make a point in support of targeted universalism, as some of my colleagues have made, with early years support. It feels like it strays outside my political home in some ways, but not in others. The Labour movement was founded in working-class families and ensuring opportunity for all, but the movement has been upheld and sustained by other groups, particularly feminists—and feminists of all backgrounds. While we must ensure that financial disadvantage does not become a barrier—and I will always defend that as the first goal of a Labour Government—we cannot ignore the strain that women from all backgrounds are under with caring responsibilities, especially at the earliest stages of a child's life.

I wanted to be a politician because I have felt for the last 20 years how relentlessly hard it is for women, even from a more supported background, to do everything expected of them. We need earlier services for all women—for all families—because currently even wealthier women hold a hugely disproportionate amount of the responsibility for physical caring and the mental load of working out what is the right thing to do for their child. We need to support those women, because it is against our Labour values to still be enabling such inequality of care. We also need to support them because it is often those women—if they have the right support and balance, equality with their partner, and confidence in the balance they establish between work and family—who get to stand up in this place and fight for everyone else. Most women I know do not think they could be in this place because of the things they would have to juggle. The Bill does not just enable healthy babies; it enables the systems for women to thrive. I have been incredibly lucky to have a largely positive journey with my two gorgeous children, but it should not be luck that made that happen, and it should not be luck that enabled me to stand in this place because of that equality.

The Bill recognises something that every parent knows: raising children is not a private issue to be solved behind closed doors; it is a public good. When we support parents, we support children's development,

[Maya Ellis]

strengthen families, improve health outcomes and reduce inequalities. Unlike what most economic theory would have us believe, human capital does not just appear like magic at age 18; endless unseen effort goes into creating those productive, mentally healthy members of society. The Infants, Parents and Carers Bill asks us to take those realities seriously. It asks us to invest earlier, think longer term and put parents, babies and carers at the centre of policy rather than taking them for granted. For those reasons, I am frankly emotional that this Bill might actually become legislation, and I am beyond delighted to support it.

10.36 am

Munira Wilson (Twickenham) (LD): I begin by paying tribute to the right hon. Member for New Forest West (Sir Desmond Swayne) for breaking with his decades-long tradition of eschewing private Member's Bills and engaging with this process. I congratulate him on coming top of the ballot and was very amused by his response when he won that lottery—one that many of us in this House would love to win. I congratulate him on his choice of Bill, and the work that he has done with the 1001 Critical Days Foundation—with Andrea Leadsom, Will Quince and others—to enshrine in law the support that babies, parents and carers should receive, as well as ensuring that there is proper accountability in place to make sure that that support is forthcoming.

Many Members have talked about their parenting experiences. I was just thinking how I remember my first being born, and today she has just started year 8 of school aged 12. I cannot even begin to imagine how quickly she has grown up, and I remember those sleepless nights. I think about those tiny babies: vulnerable, defenceless, voiceless—except for when they are screaming for food at 3 am—yet so often overlooked in policymaking and service planning, something that the NSPCC has described in its briefing as the "baby blind spot". We have so many other services and provision for older children enshrined in law, but not for our youngest and most vulnerable citizens.

As others have already said, we know that a person's quality of life and outcomes are profoundly shaped by those early months and years. People have talked about the rapid brain development; the first 1,001 days lay the foundations for a child's development, including attachment, emotional regulation, language and lifelong physical and mental health. As we have heard, babies are entirely reliant on the adults around them to protect and nurture them. Again, that is why I was shocked to read in the NSPCC briefing that 61% of child deaths happen in babies under the age of one. That is profoundly shocking. It underscores the importance of the support that we provide to parents and carers, ensuring that people are going into people's homes to see what is going on, as the Chair of the Treasury Committee, the hon. Member for Hackney South and Shoreditch (Dame Meg Hillier), has said.

We have talked about the first 1,001 days being crucial, but that actually starts at conception, going through pregnancy and birth and into a child's early years—we have to ensure that support is there before those difficulties become crises. Yet at the moment, help and support for parents and carers remains really quite patchy across the country. The healthy babies programme is extremely welcome, bringing together infant feeding, perinatal mental health and parent-infant relationship support alongside wider health and family services, but at the moment it covers only 75 local authorities in England. It is quite right and sensible that the Government have targeted the areas of greatest disadvantage first with the roll-out of that programme, but we do need that support quickly right across the country.

I represent an affluent constituency, but we do have pockets of real deprivation within the constituency, and pockets of deprivation within a much more affluent area tend to be overlooked even more. Also, let us face it: whatever someone's sociodemographic situation, new parents need support. Yes, some of that support can be bought, but being signposted to a trusted place in those early days and weeks is absolutely critical.

We have talked about people going into the homes of new parents and babies to provide support. The number of health visitors has fallen by 40% over the past decade, and in some areas practitioners are responsible for more than 1,000 children, far exceeding the recommended caseload of 250 children per practitioner.

Research by the NSPCC has found that more than half of parents of young children do not feel confident about the support that was available to them in their local area. There are issues with both accessibility, which we have talked about, and which is variable across the country, and awareness—although 66% of parents had heard of family hubs, only 16% had actually used one.

I want to pay tribute to the many voluntary sector organisations that often step into the gaps in national and local government service provision and support that are left around the country. I have seen this in my constituency with charities such as Home-Start, which supports new parents and children, and specifically with the charity The Extra Mile, which was set up by the Hampton Methodist church in Hampton. It takes in donations of all sorts of baby equipment and clothes. It gets many referrals from GPs, midwives, health visitors and social services and is constantly giving so much out to families in need, not just in my constituency, but well beyond it.

I also want to give a shout-out to Reach family hub in Feltham, which is not in my constituency but just down the road, in an area of deprivation. Thanks to the inspirational work of a headteacher at Reach academy, Reach has worked with health services and the local authority to provide a family hub with charitable support very close to the school, meaning that the academy is engaging with parents-to-be right from conception through to when their children go to school at Reach, up to 16, and then on to Reach college, up to the age of 18. The academy has identified that that early support is absolutely crucial for the most disadvantaged families.

It goes without saying that babies cannot speak for themselves, advocate for their needs or demand better services. I think that that is one of the reasons they are so overlooked. It should not fall to exhausted parents and carers to have to fight tooth and nail for the essential services they need to protect and nurture their children.

It is our duty as elected representatives and policymakers to ensure that parents and carers have access to the support that they need, when they need it, so that every

child has the best start in life. As the hon. Member for Portsmouth North (Amanda Martin) said, however, this needs to be coupled with a serious review, which I know the Government are undertaking, and I hope they will make their proposals soon for better maternity, paternity and shared parental leave arrangements. I include leave for kinship carers in that. Many in this House will know that I and other Members from across the parties have been working on this issue for a long time. We want families to have genuine choice and flexibility in how they look after their children, and all the evidence shows that having a parent, whoever it is—it does not have to be the mother; it often is, but in my children's case, often my husband was with them, while I was out at work—more present at home helps with attachment and emotional development.

Government policy over the years has been heavily skewed towards trying to get parents back into the workplace as soon as possible. That is excellent for those families who want that, but we need to provide genuine choice, so providing more support for parents who want to spend more time at home should be a Government priority.

Amanda Martin: From the work that I have been doing, it is evident that 90% of parental leave is taken by the top 50% of earners in this country. That means that this is part of the class system; we are not allowing those lower-paid workers to take time with their babies. It is not that they do not want to be a good dad; they are literally priced out of being able to be a good dad.

Munira Wilson: I could not agree more. Statutory paternity leave, statutory maternity leave and shared parental leave pay is less than half the minimum wage. That is not affordable for parents who want to stay at home, whether they are a mum or a dad, and we as a society really need to look at this seriously. If we believe in investing in our children, we have to start here.

There have been a number of attacks on the coalition today, which I am happy to take on the chin, but in government it was the Liberal Democrats who fought hard to introduce shared parental leave. It still pains me to this day that take-up is so low because it is not affordable. Big employers that want to be competitive in the marketplace are providing really good and enhanced benefits in the form of shared parental leave, which attracts people—particularly dads—who want to spend more time with their family. The businesses realise that it is good for them, because they get more women coming back to the workplace sooner so that dads can then spend more time at home. They also get more engaged and more productive employees. I really hope that the Government's review of parental leave arrangements will result in a better offer on the table for parents in all sorts of families—not only those with birth children, but kinship carers, too.

This Bill is excellent. It is quite high level, but finally putting a legal duty on the Secretary of State to report annually on the provision of infant support services and their contribution to securing positive outcomes puts the wellbeing of babies and their parents firmly on the agenda. It should also keep them on the agenda and protect babies and parents, whoever is in Government, although I note that some Members who think they ought to be in Government are off at their conference.

The measure of a nation is how it treats its weakest citizens. If we truly care about the future of our country, we must start by caring and investing in babies and children. I am delighted to support this Bill.

10.49 am

Mrs Sharon Hodgson (Washington and Gateshead South) (Lab): It is truly an honour to speak in this important debate. I am happy to follow the excellent speech by the hon. Member for Twickenham (Munira Wilson).

This is such an important Bill, as we have heard. I thank the right hon. Member for New Forest West (Sir Desmond Swayne) for his work on bringing it forward; I have thoroughly enjoyed working with him on it. I also thank the 1001 Critical Days Foundation, which I have had the privilege of working with over many years, for its unwavering support for the Bill and beyond, and for its tireless commitment to ensuring that every single baby has the best possible start in life.

That thanks extends, in particular, to the former Member for South Northamptonshire, Dame Andrea Leadsom. She has been the biggest champion of this issue, whether in this place during her whole time as an MP—I worked with her on it—or from the outside, as now. I also thank the wonderful former Health Minister Will Quince, who is now the chief executive of the 1001 Critical Days Foundation, for his dedication and work on getting the Bill to where it is today. We all know how much work went into these important six clauses, as we heard from the right hon. Gentleman for New Forest West in his opening remarks.

Before I go into why the Bill is so important, it would be useful to contextualise how we got here—some of this we have heard in the other excellent speeches. I was extremely proud when the last Labour Government introduced Sure Start to reduce the impact of child poverty and address social exclusion by improving the life chances of children under five, especially those who grow up in disadvantaged areas. I pay enormous tribute, as others have, to the late, great Baroness Tessa Jowell. She would be so proud of the right hon. Gentleman—who is not actually listening to me at this point. She would be—he is still not listening—so proud of him for choosing this issue for his private Member's Bill and of all of us for being here to support it. When I became shadow children and families Minister back in 2010, she explained the genesis of Sure Start, how important it was and how we got here. She said, "Sharon, you need to be able to smell the babies—the places need to be full of babies." Metaphorically, this House is, in all our remarks, full of babies today. I am sure that she would be proud of us.

I also pay huge tribute to Lord Blunkett, as others have, Baroness Margaret Hodge, who also gave me the benefit of all her wisdom and experience, and our current Health Secretary, my right hon. Friend the Member for Pontefract, Castleford and Knottingley (Yvette Cooper), as well as the former Member for Nottingham North, the amazing and brilliant Graham Allen, who I had the pleasure of working with on early intervention. I still have copies of his excellent reports, written with the right hon. Member for Chingford and Woodford Green (Sir Iain Duncan Smith), and refer to them now; his work goes on in the work that I will continue to do from the Back Benches. I thank him for

[Mrs Sharon Hodgson]

that. I also thank Naomi Eisenstadt, who has been mentioned. So many played major roles in driving the policy forward after the 1997 election.

Dame Meg Hillier: My hon. Friend referred to the former Member for Nottingham North, Graham Allen. He not only had the idea, but implemented it through the Nottingham strategic partnership, which he chaired from 2005. He turned it into something that started pre-pregnancy, in order to tackle the high number of teenage pregnancies. He lived this, and set a real blueprint for what Government can do—I look to the Minister—when they take forward the Bill, which we hope will pass today.

Mrs Hodgson: The work on teenage pregnancy was a real blueprint, and the 10-year teenage pregnancy strategy fulfilled its ambition of reducing those numbers, following the great work of Graham Allen. I remember taking part in a Westminster Hall debate acknowledging 10 years of that strategy and its success. As for what the numbers are now, as we have been saying, when anything of that kind stops, there is backsliding, I am afraid. That shows that the job is never done. That is why it is so important that we get the Bill through Parliament and on the statute book.

While the initial roll-out of Sure Start targeted disadvantaged communities exclusively, the approach soon shifted to focus on the universal provision of children's centres, as we heard in the excellent speech by the Chair of the Education Committee, my hon. Friend the Member for Dulwich and West Norwood (Helen Hayes). At Sure Start's peak, almost 3,500 centres were operating across the country. However, in 2010 came the change in government and Tory austerity, as has been discussed; we all know what happened thereafter. Within months, Sure Start funding was slashed, with cuts of up to two thirds, and the ringfence was removed. Hundreds of centres closed so quickly. I was shadow children and families Minister at the time, and our now Prime Minister was shadow Education Secretary. Together, we fought the battle against those cuts day in, day out. I was keeping a tally of closures, and when it got to over 1,000 closures the coalition Government stopped publishing the numbers, which made it so much harder for us to keep track.

Pam Cox (Colchester) (Lab): Shame!

Mrs Hodgson: It was; those were dark days. That is why I was so glad and grateful to hear the right hon. Member for New Forest West acknowledge how wrong it was that the coalition Government allowed that to happen. As we know, the former Prime Minister and then Member for Witney's pre-election promise to protect Sure Start never held true—quite the opposite. Those savage cuts were truly a tragedy for children everywhere. I agree with the then Member for Sheffield Hallam and Deputy Prime Minister in the coalition Government, who said that Sure Start was

"one of the best things the last Government"

had done. It was a shame he was not able to protect it from cuts, even as Deputy Prime Minister. I am sure he tried; I acknowledge that I am sure the Lib Dems did try.

Amanda Martin: I thank my hon. Friend for referring to the Labour Government's initiation of Sure Start. Our Prime Minister, who was shadow Education Secretary, actually kept Sure Start going in Manchester while he was mayor. Even before coming to this place as Prime Minister, he continued to see the value of Sure Start in our early years education.

Mrs Hodgson: That is a really good point, which gives us great hope that the Prime Minister will help to rebuild that, and protect what we are discussing, going forward.

Munira Wilson: I know that the hon. Lady is passionate and committed to this issue; we have worked together in this place on many issues relating to babies and children. She quoted Nick Clegg, who, of course, was Deputy Prime Minister when the cuts to Sure Start were made. On behalf of the Liberal Democrats, may I say that our former colleagues—none of us were in this place at the time—did fight the Tories every single day? There were some unpalatable choices being made. However, I am sure she will acknowledge that the Liberal Democrats in that Government introduced universal infant free school meals, which I know she strongly supports, and the pupil premium for the most disadvantaged children. I was a school governor in a school with very disadvantaged children, and that transformed the interventions we could make. We also protected school budgets. Will she acknowledge at least that?

Mrs Hodgson: I did so in my remarks just before the interventions—I said that I am sure the Lib Dems tried—but we are not here today to rehearse all that, although we are touching on it in a small way. All that is why the Bill is so important, and why it must pass today—to give vital services the statutory protection that they require, so that progress cannot ever be reversed by a future Government through austerity, cuts, neglect or indifference.

The decisions we make as parliamentarians shape the support available to babies, parents and carers during the 1,001 critical days from pregnancy to age two. This is one of the most important periods in human development. This window may be relatively short, but its impact is not small; in fact, it is responsible for the fastest development of a baby's brain when compared with other stages over the course of our whole life.

I am not very good at clicking my fingers, but I am attempting to do so—I will try my other hand; that's a bit better—because a million connections happen a second. That is what George Hosking from the WAVE Trust used to say to me. He would click his fingers and say that a million connections happen a second in a baby's brain in those first 1,001 critical days. I know from my work with George and the WAVE Trust when I was shadow Children and Families Minister that the period from conception to age two is absolutely the age of opportunity. By age two, 80% of a baby's brain development has happened. That lays the foundations for attachment, learning, health, wellbeing, stress responses and more. It is therefore essential that the most effective support is provided during this vital time.

For babies to thrive, their parents and carers need to be supported. After all, they are directly responsible for the development of their babies during this most critical period of their lives. Their relationship, stress levels,

responsive care and more will unequivocally influence the development and growth of their babies. They are therefore the foundation of our society. Evidence shows that parents' perceptions of their foetuses are associated with the quality of the relationships built after birth. That highlights the key relationship between maternal foetal attachment and later outcomes.

Getting this right matters because when we do not, children suffer. Research shows that 10% to 25% of children experience disorganised attachment with their main caregiver, putting them at greater risk of poor social, emotional and educational outcomes. That is why we need an assessment to understand exactly what parents and carers, current and prospective, need from us as legislators to help them thrive and take advantage of this time, so that they can provide the best possible start in life for their babies. But to do that, parents need the support and emotional capacity to do so.

Carrying the huge responsibility of ensuring the health and wellbeing of another human being so tiny and so vulnerable is an extremely difficult journey to navigate. However, that weight does not come with any training or preparation. Parents are expected to know just by instinct how to fulfil this role, and that is where we have gone wrong. If we want a healthy and happy society, we need our children to be thriving and therefore our parents and carers to be supported from the very start. That is why I have long advocated for age-appropriate child development education, including on attachment theory and how to be a good parent, to be incorporated into the school curriculum. My hon. Friend the Minister for Early Education was here earlier, so I hope that he listens in to the point I am making now.

There need to be lessons in how to form healthy attachments with babies and in the importance of someone speaking to their baby, even while pregnant, and giving them the love and care they need when they are born, consistently and constantly. This is not only an investment in their development; it is vital to ensure well-attached, healthy and happy children who will thrive into adulthood—it really is that important. This is not at all about encouraging young people to become young parents before they are ready. It is about education, in the same way that we accept that age-appropriate sex education is needed so that people are prepared for it if and when that time comes.

I want to be clear that this support is just as necessary during pregnancy as it is when the child has arrived because, as we know, no two pregnancies look the same. Many will know that I have spoken before on the Floor of the House about my heartbreaking experience of baby loss, and I know that I am not alone in that. This is yet another reason why the Bill is so important. Having important support and intervention, especially in instances of grief and trauma, will be a lifeline for so many. Many of us who experience baby loss then go on to try to have another baby, sometimes successfully, so being supported through that trauma, ready for when the next baby comes along, is so important for their attachment and support. This Bill will be key in ensuring that support is not just reserved for crisis but is consistent, proactive and accountable.

The current non-statutory Government guidance, which sets out delivery expectations for Best Start family hubs and healthy babies services, does not go far enough. We need legislative protection so that history can never repeat itself. It would ensure that that support is actually accountable to Parliament, with an annual mandatory report highlighting the services that have been provided and the outcomes that they have achieved. If the provision of support is there but not accountable to anyone, the quality of that support can be variable, as no one is accountable and keeping track of it. It is therefore essential that the needs of infants, parents and carers, and prospective parents and carers, are actively assessed, and that is precisely what the Bill will do.

As a former public health and prevention Minister, I know from first-hand experience that Government interventions on health oftentimes focus on responding afterwards, rather than preventing, and are reactive rather than proactive. I know that the Department is very focused on changing that. If we instead focus on building conditions that allow parents, carers and babies to thrive, we allow children to thrive from the beginning, rather than waiting to intervene when they struggle later down the line.

Babies should not be an afterthought. There is clearly both a moral and an economic case for this, and the cost of doing nothing will always outweigh the cost of preventive action. I would therefore encourage anyone listening to this debate to back our babies and support this Bill. Babies should be apolitical. This should never be about party politics or point scoring. This is about ensuring that investment in our babies is protected and is put on a statutory footing, so that it is not something that any future Government can decide to strip away, but rather a grounding principle of our society. Babies do not have a political voice, nor do their needs change depending on which colour the Government may be. They need consistent support and care, as do their parents, as they are reliant upon us to act for them.

As I hope I have shown in my remarks today, and as we have heard from the right hon. Member for New Forest West and others, the evidence is clear and robust: supporting the healthy development of babies in their first 1,001 days is fundamental to lifelong physical and mental health and happiness. Surely the success of any Government must include a measure of how well the children in our society fare. Since we know that this key period is the ultimate determinant for that, implementing the Bill is not just an opportunity but a responsibility. That is why we said in our manifesto—I am so proud of this—that we would help raise the healthiest generation of children ever. This Bill is an important step in the journey to achieve that aspiration, which is why I was so proud when I was the Minister to secure Government support for this private Member's Bill, and it was a pleasure to work with the right hon. Gentleman on it.

I do not believe that any Member in this place would disagree with the fundamental principle that investing in our babies and supporting our parents are investments worth making. This therefore should be a uniting issue across the House, and I hope that the Bill receives the absolute and universal support it needs and deserves as it progresses through both Houses. I look forward to serving on the Committee with the right hon. Member for New Forest West, and I look forward to seeing the Bill become the Swayne babies Act very soon.

11.8 am

Alex Brewer (North East Hampshire) (LD): The first 1,001 days of a baby's life are the single greatest opportunity we have to reduce inequality, improve health and educational

[Alex Brewer]

outcomes, and thereby improve the life chances of future generations. The "1001 Critical Days" report came out in 2013 as a truly cross-party manifesto, and I believe it has been relaunched at least twice since then. I took a great interest in it when I worked in the domestic abuse sector a decade ago, because I saw at first hand the devastating impact that trauma can have on babies and young children.

I wholeheartedly welcome the statutory protection for babies that the right hon. Member for New Forest West (Sir Desmond Swayne) is bringing before the House in this Bill. Reassuring words also need action, however, and sadly the actions of the party that he represents have moved in exactly the opposite direction. That has let families down year after year, with under-investment in all those areas that support our children. There has been a lot of talk of Sure Start and children's centres, and Action for Children found that in just three years between 2015 and 2018, the average spend per child of children's centres, and the number of children using them, fell by around one fifth, with the most deprived areas hit hardest.

It is not just Sure Start; in North East Hampshire we used to have a drop-in health clinic—somewhere parents could weigh their babies, meet others, and build connections with other members of the local community. It made a real difference, but it stopped operating after the pandemic. Hampshire has 18 and a half constituencies, almost 70,000 children under five, and so far only one Best Start family hub. Today the nearest Best Start hub for the 5,000 children in my constituency is on the other side of Hampshire, and there is nowhere within my community offering a one-stop shop for early years support. When services are closed, others are stretched to breaking point. Families have nowhere local to turn to, and we miss a window of opportunity to invest in a child. That child might arrive at school without the basic skills they need; they might arrive at the GP surgery with avoidable health risks. They are more likely to need further help that is harder and more expensive to provide.

Before becoming an MP, I ran a charity supporting children and young people with Down syndrome, working with families from the moment their child was born, and indeed sometimes before. My charity, and countless others, stepped in to provide the services that councils were cutting. I saw at first hand what early intervention does for a child's health, skills and confidence, and what its absence costs. We saw the impact on families of speech and language therapy, occupational therapy, and other interventions that are life-changing, especially if provided in those early years. We also saw the impact of a lack of those services.

Although we are of course focusing on babies, we must remember that the first 1,001 critical days are from conception, nine months of which is pregnancy. The Bill is not just about babies; it is also about mothers. Inquiries by the Women and Equalities Committee into medical misogyny, women's reproductive health conditions, miscarriage and bereavement leave, paternity and shared parental leave, and female genital mutilation all found that women are routinely let down across those areas of health, maternity care and scientific research. Sadly, I expect that that surprises nobody, but the impact is felt by everyone, including men and boys, because if the mother's concerns are ignored, it can result in her son's health conditions worsening. A father who has little to no parental leave has less chance to bond with his children, to the detriment of both.

Investing in the first days, weeks and years of a child's life is the right thing to do not only for people but for the economy. Early intervention could generate an estimated £45.5 billion for our economy every year, and for every £1 invested up to £200 comes back in long-term benefits. Previous Conservative Governments have systematically eroded the services needed to provide the best start in life. I saw that at the coalface when supporting victims of domestic abuse and their children to flee dangerous and violent partners. They needed the support of a children's centre, but also of social services and the health service. They needed public transport and a safe and secure roof over their head. They needed reliable maternity services, reliable nursery places, and a reliable legal system. Often they got none of those things, and watching the systematic removal of support for the country's most vulnerable people was the exact reason for my journey into politics.

We have an opportunity to repair and build. We have the evidence, we have the numbers, and we clearly have cross-party support. We have a country full of children with huge potential who need our support. We cannot afford not to invest in their future, so I heartily welcome the Bill as a first step, and call on the Government not to toddle but to take great strides in providing the essential cross-departmental support for parents, carers and children that is so clearly needed.

11.14 am

Michelle Welsh (Sherwood Forest) (Lab): For complete transparency, let me say that I am the national maternity adviser to the Government; I wanted to make that clear before I begin my remarks. I wish to place on the record my sincere gratitude and thanks to the right hon. Member for New Forest West (Sir Desmond Swayne) for bringing this Bill to the House. I am genuinely delighted to speak in support of it, because its subject matter goes right to the heart of why I entered public service in the first place.

There is one principle that has guided me throughout my working life: where someone is born should not determine their future. The postcode where someone is born, their parents' income, and whether they are born in an affluent community or a former mining community, should never determine how healthy they are, how well they do at school or the opportunities they will have throughout their life. If we genuinely believe that, then we have to begin at the beginning—not at secondary school or primary school, but during pregnancy, at birth and in those first precious moments and years when so much of a child's future is being shaped. That is why the Bill matters so much. It asks us to look seriously at the support available to babies and families, and at whether the provision we have actually meets their needs.

This debate takes me back to the beginning of my career, in the heyday. Before coming to the House, I spent years working with children, young people and families, first for the YMCA in America, then back in Nottinghamshire, and then developing Sure Start services across Nottinghamshire and Derby. I worked on the

frontline, directly with parents and children, and then I moved into management, helping to develop, plan and co-ordinate services for families—all based on the principles of early intervention, support and prevention.

I was fortunate to work at a time when there was a real belief that children and families should sit at the centre of public policy. We not only talked about early intervention and prevention; we developed services to deliver it, bringing services together, including things like the common assessment framework. Crucially, we talked to parents, families and communities. I believed in Sure Start then and I believe in the principles behind it every bit as strongly today.

Sure Start was never simply a building with a sign on it; it was an idea—a philosophy—not only about how we should treat families, but about how we give every child, no matter their background, the best possible start in life. It said that families should not have to be in crisis before somebody helps them, and that becoming a parent should not mean being handed a list of telephone numbers and then being expected to navigate half a dozen public services on your own. It recognised that a child's life does not fit neatly into departmental boxes. There was early education and childcare, health visitors, breastfeeding support, parenting programmes, speech and language support, stay and play sessions, and family support and outreach. There was advice about benefits, employment and training. There was support for parents as well as for their children.

And sometimes the most important intervention was not a formal programme at all—sometimes it was a cup of tea. In Nottinghamshire, we understand the power of a brew, because what it really means is to stop: for someone to listen, for someone to care and for someone to help. While I am not advocating for tea to necessarily be a national policy or an amendment to the Bill—nor will I ever advocate for how the Prime Minister makes a cuppa—I will always advocate for those working on the frontline having time to care, time to stop and time to listen, whether they are a support worker in a family hub, a health visitor or a midwife.

Sometimes Sure Start was about a mum walking into a children's centre, sitting down beside someone she had begun to trust and quietly saying, "Can I talk to you?" That conversation could be the beginning of getting help—that mattered. Relationships mattered and we worked with parents; I feel incredibly strongly about that. Good family policy cannot simply be designed in Whitehall and done to people. Parents know their children and their communities. They know what works and what is missing. When I worked with parents, we listened to them, we involved them, we asked them what they needed and we learned from them. We understood that the mother who did not attend a group was not necessarily hard to reach—perhaps we were hard to reach. Perhaps there was no bus, or the sessions were at the wrong time. Perhaps she was frightened of being judged. Perhaps she was exhausted.

Amanda Martin: My hon. Friend is exactly right. Those places were a place for a cuppa, as we would say—somewhere to go along to without judgment. As someone who had been a teacher but had not had my own children, when I had my second child and did not know that I had post-natal depression, it was in the Sure Start centre that it was picked up, because somebody knew I was not being me; they were able to pick up on that. It was a really good working relationship with our midwives and local GPs, but also with the network of friends that you came to trust, whether you were talking about baby's poo or about the fact that you did not feel yourself.

Michelle Welsh: That is exactly what it was all about. When that approach began to change—and it did change—I did not want to sit on the sidelines and complain about it; I wanted to do something. That journey eventually brought me to this place.

I believe the principles behind Sure Start should never be consigned to history. We should learn from them and build on them, and whatever name we put above the door today, the fundamental principle must remain services built around the child and the family. That begins before a baby is born; it begins with maternity, and through my campaign on maternity safety, and—most importantly—through listening to families, those on the frontline, charities and organisations, I have become absolutely convinced that maternity policy cannot sit in a silo, separate from children's policy. Safe maternity care, maternal physical health and mental health, supporting fathers and parents, and making sure that women are listened to are all early years policy. We cannot talk seriously about giving every baby the best start in life without talking about the care their mothers receive.

I believe we need fundamental reform. That is why one of the most central proposals I have argued for is an independent maternity commissioner—someone whose sole focus is women, babies and families, with the independence and authority to change and challenge the system. When something goes catastrophically wrong, families should not have to become investigators, they should not have to understand every layer of the NHS, and they should not have to fight organisation after organisation simply to get the truth about what happened to the woman or the baby they love. We also need better national data, proper national standards and a culture where staff can speak up. Good midwives, obstetricians, maternity support workers and other staff who raise concerns should be listened to and protected, because a safe culture is one where people can say something is wrong before another family is harmed.

There is another part of maternity reform that I believe is fundamental, which is continuity of care. I want us to be much more ambitious about what we mean by continuity. I do not believe that continuity should mean a good handover from one professional to another—I believe the same person should stay. A woman should be able to build a relationship with someone throughout their maternity journey. That relationship should not simply end because her baby has been born; every woman should leave hospital following birth with a full debrief, not simple discharge paperwork. That is part of prevention.

Continuity also gives us an opportunity to address the appalling inequalities we see in maternity care. The latest MBRRACE-UK data shows that black women still face nearly three times the maternal mortality risk of white women, and women living in the most deprived areas have around twice the maternal mortality rate of women in the least deprived communities. These inequalities are unacceptable, and we cannot simply publish those statistics year after year and call it action; we have to design services that actively confront inequality and

[Michelle Welsh]

discrimination. Continuity can be part of that. If somebody actually knows the woman—knows her history and her circumstances—and is responsible for staying with her, it becomes much harder for her concerns to disappear between appointments, or for her to be forced to tell her story over and over again.

All of this connects directly to the wider health and development of the baby. After maternity comes health visiting, then perhaps a family hub, early years provision, nursery and eventually school. Governments see these as separate services, separate budgets, and sometimes separate Departments; a parent sees none of that. They see their child—one child, one family, one continuous journey. That is how Governments should see them, too. A health visitor may identify a developmental concern, a mother may need breastfeeding or feeding support, or parents may notice speech and language difficulties. There may be early indications of SEND, housing conditions affecting a child's health, financial pressure or difficulty in the parents' relationship. A mother may be experiencing depression. None of those things exists neatly on its own.

The worst possible system is one that waits until a family has deteriorated sufficiently to meet a threshold for help. We should not wait for a crisis; early intervention works. If we can support the mother earlier, we should. If we can help a family earlier, we should. If we can identify a child's need earlier, we should. If we can prevent someone from reaching crisis, we should. That is not wasteful public spending; it is intelligent public spending, and it brings us directly to education.

Education can transform a person's life. I know that personally, as I was the first person in my family to go to university. I defeated the odds, but it does not and should not have to be that way. If we are serious about closing the achievement gap, we have to be honest about when it begins. It does not suddenly appear when a child starts secondary school. For some children, inequality begins to take hold before they ever walk through the school gates. Children arrive in reception having had very different starts in life.

Every child deserves the opportunity to fulfil their potential. That should be not an aspiration reserved for the lucky few; it should be a promise that we make to every child born in this country. I know the Opposition do not think that we should talk about the 1980s, but I do, because I know what happens when hope is taken away. Growing up on a council estate in Notts in the 1980s, I lived and breathed it, and now I serve those very communities, which are still up against it.

I came into public service and eventually into politics because I believe that government can put hope back. That is what Sure Start represented to me. That is what safe maternity care should represent. That is what good health services, early years support and education should represent—not charity or a favour, but opportunity: the opportunity for a mother to be safe and heard, the opportunity for a family to be supported before they reach crisis, the opportunity for a baby to be given the very best start in life, and the opportunity for every child, whatever street they are born in and whatever their parents earn, to look at their future and believe it belongs to them. Ultimately, that is the test of everything we do here—not whether we can write another strategy or create another pathway, but whether the child born tonight in the poorest household in the country has the same right to dream, to thrive and to succeed as the child born into the richest. Where someone is born should never determine their future, but what we choose to do in this House can.

11.27 am

Dr Kieran Mullan (Bexhill and Battle) (Con): It is a pleasure to speak in this debate, Madam Deputy Speaker. May I begin by congratulating my right hon. Friend the Member for New Forest West (Sir Desmond Swayne) on his achievement in bringing this Bill forward. We all know how a varied job being in this place is, and he is testament to that: after all these decades, he gets to do something brand new. That encourages us all to keep doing new things in this place, however short or long our time is here.

I support this Bill, because it is about one of, if not—I would argue—the most important issue that sits before any society: how to successfully raise the next generation. The manner of that challenge has changed enormously over the course of human history. Even just a few hundred years ago, the single biggest thing that a parent could do to successfully raise their child was to get them to adulthood, as 50% of all children died before reaching adulthood. In this country, the equivalent figure now is about 0.5%. Although the loss of every child is a tragedy, those figures show the big change in the challenge that parents face. In fact, as another way of illustrating the difference, suicide accounts for a quarter of all deaths of older teenagers in this country. More than anything, the challenge for parents now is to raise content, productive children who go on to lead fulfilled lives as part of a much more complicated society.

My interest in this area is one of the main driving forces behind my wanting to get into politics. It dates back to my time as a medical student and some of the experiences of meeting patients. In particular, I remember a lady who came to see me the first time I was in placement at a GP practice, when I was a student. She had come to see the GP because she did not know how to get her children to go to bed on time. I remember thinking, "What an absolutely valid thing to want help with," but I wondered what was going on in wider society that resulted in the GP being the only person she felt she could get help from.

I also remember from my paediatrics placement a dynamic professor who sat us down and gave us a seminar about attachment theory. I was astounded to learn that, at age four, a child can be tested for whether they are attached to their caregivers; if they are not, that is enormous predictor of their future health outcomes. All the way at the other end of the spectrum, as an A&E and general hospital doctor looking after older patients, I often wondered where their children were and what had gone on their family to lead to there being no bond or attachment—they often spent many days in hospital without anyone coming to see them.

In my work as a volunteer policeman, I have met young people on council estates where membership of gangs and crime were rife. Some young people had managed to overcome those challenges, and the thing that seemed to stand out as a protective factor was their parental and family environment. We have heard a lot

today about the challenges and perspectives of parents. I am not a parent—I hope to be one day, but I am not at the moment—so I wanted to offer that perspective that we have all had as a child on the receiving end of what we are talking about today.

I began to reflect on how different the people I met and the scenarios I came across were from my own experience. My parents are divorced, so mine was not a perfect image of what a family looks like, but I felt incredibly supported and loved, and I was taught enormously the importance of values and morals in a way that only a parent a can, sometimes even in opposition to the state. I had an ambition to study medicine, and at a parents evening my A-level chemistry teacher told me I was predicted to fail that A-level and had no chance of getting into medicine. It was my mum who was determined that I would overcome that challenge. It was my mum who coached me after work in the evenings to pass my 11-plus, to get into grammar school. All those things came from my parents, including my dad in different ways.

Iqbal Mohamed (Dewsbury and Batley) (Ind): Does the hon. Member agree that most parents want to provide that support for the children, but given where we are economically in our country, many are unable to do so due to the primary commitments of breadwinning and putting food on the table? The message from across the House for a joined-up approach to early years, from prenatal to post-natal, is key.

Dr Mullan: I thank the hon. Gentleman for that intervention because it brings me nicely to my next point. In these scenarios we have to avoid any judgment or lecturing parents who are unable to do that, because there are many reasons why parents differ. It is not just about time or money; there is good research about the links between life outcomes and values and ideas in someone's upbringing.

There are all sorts of factors. It is difficult and things have changed so much. Several decades ago, most people were raising their children within walking distance of their wider kinship network. Most people saw their own parents at least every other day, and a wider network of people were involved in raising a child. That is much more physically difficult to achieve these days. We have had all the focus on social media and the challenges it presents. I will go on to thank the 1001 Critical Days Foundation later, but it has commissioned research into screen time for babies, showing the impact of excessive screen time even on babies, while our focus has been on older children.

If we get this wrong, the consequences are for everyone to see. I am a shadow Justice Minister. Crime costs us between £170 billion and £250 billion a year. We know that if a child experiences four or more adverse childhood events, they are more than 20 times more likely to end up in custody at some point as an adult. All these things are interconnected.

The question is: how do we help? I had the privilege of visiting Sidley family hub in my constituency relatively recently, and I spoke to the professionals there who meet and work with parents every day. I asked them, "What is the most important thing that you do?" The most important thing they say, consistently, to people from all backgrounds, was that it was okay to ask for help and to say, "I need help." The most important thing they say, consistently, to people from all backgrounds, was that it was okay to ask for help and to say, "I need help." It is about challenging the stigma, so that everyone feels it is all right to ask for help. We do not think we can necessarily do the plumbing, the gas or the electrics in our houses without help, and parenting is 10 times more complicated and difficult than any of those jobs. It is normal for people to think they might need some help at various points along the way.

Returning to the Bill, there are a few reasons why I support it. The first is its focus on babies, because anything else we do further down the chain will not be as good as anything we do at the start. The sooner we do anything we can to help a parent be more effective, to help them understand the role and to support them, the more we get back from that investment. Our funding pyramid in this area is completely the wrong way round. Money builds up as we go further along the journey, but if that money was spent on day one and from conception onwards, we would get much more from it.

The second reason I support the Bill is clause 1(2)(b), which talks specifically about supporting the relationship between a parent or carer and an infant. This is about relationships as much as it is about anything else, and it is great that the Bill states that so clearly.

The third reason I support the Bill is the provision to report regularly. We all know that reporting does not necessarily create the impacts and change that we want, but it is a powerful tool for parliamentarians across parties to make it difficult for Governments to move an issue out of the spotlight, so I welcome that provision.

I will also touch on the Bill's terminology, and the fact that it talks about carers. I recently met a kinship carer in my constituency who was looking after her own grandchildren. Such people provide an enormous service to our society in so many different ways. I am talking not just about kinship carers, but adoptive parents and others. From a purely financial perspective, the money that would be spent on those children if they were in care of one form or another is astronomical. These people take that burden on, and it is natural and human to want to do that. I do not think we should be thinking about them doing it for money or paying them—people should want to look after their wider family network—but at the very least we should be spending money on making sure that it is as easy as possible for them to do that, so that if anybody ever said to them, "How was it being a kinship carer?" we would know that every single kinship carer would be a cheerleader and a champion for it. We want them to be able to say, "It was difficult, but I felt fantastically supported." I do not think I have ever met anyone who says that about their experience of being a kinship carer.

Amanda Martin: The hon. Member rightly highlights the fantastic work of kinship carers. One area that often goes unrecognised is siblings who take on their younger brothers and sisters. They may have experienced care themselves, and we have to make sure, when they hit adulthood, that the service wraps around them and provides them the opportunity to be successful in their life while caring for their brothers and sisters.

Dr Mullan: I thank the hon. Member for raising that point, because people stepping up in those circumstances is incredibly important. Those who have siblings will

[Dr Mullan]

know the importance of siblings in helping each other out and supporting each other through life—I have experienced that. All these wider family networks do so much. If they were not doing it, the state would end up picking up the bill, and that would not be good for anybody, so I pay tribute to how this Bill recognises the wider set of people who are involved in raising children.

I conclude by again thanking my right hon. Friend the Member for New Forest West and the 1001 Critical Days Foundation. I also pay tribute, as many others have done, to the right hon. Dame Andrea Leadsom for her work over many years. Like the hon. Member for Ribble Valley (Maya Ellis), I am an officer of the all-party parliamentary group on babies (pregnancy to age two), and I thank the Parent-Infant Foundation for the work it does as the APPG's secretariat. This Bill is a great opportunity to channel so much of the work that we want to do as part of that APPG. I welcome this debate and the attention it has given to the most important task ahead of any society, which is to raise the next generation successfully.

11.38 am

John Grady (Glasgow East) (Lab): I start by paying tribute to the right hon. Member for New Forest West (Sir Desmond Swayne), who has served our family of nations in many different ways with real distinction. Ensuring that we are here discussing how we make sure that our society treats every baby with compassion and love and provides them with safety is his finest achievement. I welcome the fact that so many Members have come along to signal to our family of nations that this is such an important topic.

As a Labour Member of Parliament, I am immensely proud of my favourite policy of the 1997 to 2010 Government: Sure Start. Being an MP and able to change laws is something precious, and being a Government MP—a Labour Government MP—is immensely precious to me

I find it helpful, as a recovering lawyer, to road-test drafting against real-life examples of what might happen, and what we are seeking to do. One must ask, will this Bill work in the real world? I say it will. I have assessed the Bill against the serious safeguarding issues raised in the Glasgow Child Protection Committee's learning review about Family C. The report pointed to catastrophic failures in the care of four babies and children in my home city. The neglect and abuse of the children was catastrophic, and the system that was meant to protect them did not do so.

Against that, I turn to the first duty in the Bill, which is a duty on, and a power for, the Secretary of State to make regulations specifying the services that are relevant to good outcomes for babies. The Family C case points to an important issue when the Secretary of State comes to exercise her discretion: what services should be covered? That will need very careful thought. Consider homelessness services. The report shows that there were 12 occasions when housing and homelessness services came into contact with the family, and could have had the opportunity to identify and report risk factors. That did not happen.

Another example of the sort of services that the Secretary of State will need to grapple with are health and dentistry services. This example occurred in 2010, when child A was three and child B was less than four months old:

"In February, Child A was diagnosed with a squint and referred…but was not brought to the appointment. Child B was diagnosed with a small heart defect. By April he had missed three outpatient cardiology appointments."

For today's purpose, that points to the importance of the careful exercise of the power in the Bill so that all relevant services for babies are captured. I also applaud the Bill for another reason: it signals to those involved in the care of children how important the care of babies is. It is Parliament speaking to the professionals involved.

The Bill also provides for a duty on the Secretary of State to consult parents, carers and prospective parents and carers when making the assessment of the level of need of services, and to take those views into account. For all the reasons set out by my hon. Friend the Member for Sherwood Forest (Michelle Welsh), that is a very important requirement; however, I am anxious about one point. I appreciate that it is not possible to consult with babies, but while adults have a voice expressly specified in the statutory framework, babies and children do not have a voice in the Bill.

Related to that is a central principle underpinning child protection law: that the law should act, and we should act, in the best interests of the welfare of a baby or child. The Children Act 1989, in relation to England and Wales, explains that when a court is considering these matters,

"the child's welfare shall be the court's paramount consideration."

The analogous Children (Scotland) Act 1995 provides that

"the welfare of that child throughout his childhood shall be…its paramount consideration."

It naturally follows from the use of the word "paramount" that the child's interests must be prioritised over those of any adults in the child's life.

A potential response to what I say is that all this is obvious, but even though it is obvious to all of us here, it is not always acted on—children are not listened to. A lesson from the learning review is that the staff in Glasgow did not ensure that they were listening to the children, and observing what the children were saying through not only their words. The learning review explains:

"Indicators of distress, like headbanging and deliberately seeking eye contact with professionals were not considered",

and the children's welfare was not considered paramount. When there was a conflict between the welfare of the children and what the adults were saying, the babies' welfare was not prioritised.

On page 28, we read:

"Overall, professionals accepted the parents' view of the children's behaviours as being 'challenging'. When staff raised concerns about the children's care with the parents, they would effectively shift the issue to what it meant for themselves. Child A's behaviour was generally described by staff from the parents' perspective i.e. that her behaviour was "challenging".

I gently suggest that serious thought is given to ensuring that the operation of the Bill, and perhaps even the drafting, gives greater weight to the interests of babies and some sort of mechanism to give babies a voice in the assessment and the Bill's process.

I now wish to make some brief remarks on duty four. This is another important provision in the Bill and it requires the Secretary of State to assess an appropriate level of provision. I believe that that is critical in Scotland as well, and I hope the Scottish Government look at the Bill and consider whether something similar should be introduced in Scotland. What this very sensible provision calls for is an assessment not just of the number of social workers or the amount of money spent, but of the quality of the services—whether there are sufficient senior social workers, and so on.

In that regard, one of the many questions left unanswered by the learning review is whether the overall level of service provision in Glasgow is adequate. The learning review does not address that, but it is a very important question, because what happened to those babies really points to a lack of appropriate resources. Child A was born in 2007 to an adult mother who had serious substance misuse problems. She was born with neonatal abstinence syndrome and as a result of that was placed on the child protection register. Despite that, there was no adequate scrutiny of the adults involved in the child's life. No qualified social worker was allocated to child A—a baby at the time—from February 2008 to October 2009, when adult E was pregnant with child B. That was despite very many serious issues being identified. This is the important point about the Bill: it calls for an assessment about whether we are putting adequate resources into the safeguarding of babies. It is an essential question that must be answered in Scotland, too.

The Bill is incredibly important. It forces this House—because it will result in reports being laid in this House and in the other place—to grapple with whether we are doing everything possible to give babies and young children the best possible start in life. It is underpinned by a critical point that I think each and every person in this House today shares: that our youngest children must be treated with love, compassion and safety. I have concerns and their voices should not be dismissed. For that reason, I am delighted to support the Bill.

11.48 am

Bobby Dean (Carshalton and Wallington) (LD): I thank the right hon. Member for New Forest West (Sir Desmond Swayne) for bringing the Bill to the House—at first perhaps reluctantly, but I think now enthusiastically.

Madam Deputy Speaker, you may be forgiven for thinking that we are from slightly different backgrounds, but I am here to make the case that we are from exactly the same background: we both started out life in nappies, weeing and crying out for our mothers. We both started out with approximately the same level of potential, with a hundred billion neurons in our brain waiting to be fused together as they tried to understand the world. This is what I think the Bill is about: maximising the potential of every single baby.

I am arguably—I am not sure; people might want to intervene—Parliament's newest parent. I am 141 days into the life of my first child, so I have had a front row seat for this amazing show. Getting to see the development of my baby over the summer has been phenomenal: her first smile, her first belly laugh, working out how to roll over from her back on to her front, and initially completely ignoring the dog and now wanting to tug its ears every time it goes past. It has been amazing watching every single one of those interactions and how her brain is developing and building an understanding of the world.

I would be lying if I did not say that it was also a bit of worry. It is a worry because we are now hyper-aware of how critical these moments are; how each one of these interactions are setting out a pathway for the rest of her life. The first 1,001 days movement has been explaining to us how critical these early moments are for children's long-run physical and emotional development—how, in each one of those early moments, we are shaping the development of their brains and directing the potential of the rest of their lives.

Knowing that, of course, makes it unforgivable that so much provision for children and babies has been cut back over the past decade or so—as if it was some sort of luxury that is unaffordable now that we have other priorities, such as cutting the grass verges in our local areas. The Bill seeks to draw a line in the sand and say, "Never again." It speaks up for babies, and will make it a statutory requirement for the state to demonstrate how it is meeting babies' needs. It is a critical step forward in society's recognition of how our brains develop and how we create opportunity for the next generation.

As others have said, the Bill sets the floor, not the ceiling. We therefore look to the Government to build on the foundations that the Bill sets, and ensure that the principles, on which we all agree today, are built into a practical reality. The healthy babies programme is currently available in only 75 local authority areas, and it excludes places such as mine. The Government made a commitment in their 10-year plan to ensure that it is universal, and I urge them to accelerate that and deliver it as quickly as possible. There is not much specificity about what services are required, and it would be great if the Government came forward as soon as possible to bring clarity.

I have my own request for a service that it will be essential to deliver to babies and parents in the coming years. Health visitors already talk to mothers about nutrition, safe sleep, and bonding between babies and parents, but we need to add another dimension: screentime. It is already Government advice that under-twos should not have solo screentime, but that is extremely poorly understood. Routine screen use is now normal for babies under two, and one in 10 are exposed to more than four hours of screentime per day. Instead of learning through social interaction, they are being induced into dopamine dazes, which affect their sleep, meal times and emotional regulation. The damage being done is so great that it should be an essential requirement to educate parents about this from day one.

Maya Ellis: As much as we know the damage that screentime can do, a good majority of parents use screens not because they think that that is the best thing for their child; they are often used as childcare or as a way to get the tea made. Does the hon. Member agree that it will be critical for this Government to research why parents rely so much on screentime, and how we can support parents not to have to do so?

Bobby Dean: I wholeheartedly agree. As I just said, I am experiencing parenthood myself, and I know how difficult it is to keep a baby calm. I completely understand why parents use devices as a means of regulating their

[Bobby Dean]

child, but I do not think that the damage being done is well understood. I want that to be formalised. It is not about zero screentime; the Government advice is about not having solo screentime for extended periods. It is fine to share a FaceTime call with grandparents, and educational interactions are okay. It is about building the education, so that every parent understands the impact of extended screentime for under-twos.

Iqbal Mohamed: To extend that point, does the hon. Gentleman agree that the use of screens by adults or people in the room with the child can also have an adverse impact? It is almost like second-hand smoke in the '80s; we have now banned smoking indoors to protect people who do not smoke, including children. It is important to educate parents and carers on the use of screens in the presence of a child as well as on allowing the child to use screens.

Bobby Dean: I agree—I am learning this lesson live and directly at the moment. We have actually bought devices to make us lock our phones away, because the temptation is always there. Phones are such a part of our daily lives, but they are damaging our interactions with our children, particularly during feeding times. Making eye contact is an essential part of development. We should look to formalise education with parents on this point.

Before I close, let me reflect on just how significant this Bill could be. In the late 19th century, just 2 million out of 4 million primary-age schoolchildren actually attended school. It was not until 1870 that a Liberal, William Forster, introduced the Elementary Education Act, which mandated school attendance at this age. It was a statutory commitment, and what was once deemed unfortunate became unthinkable. I believe that this Bill could have the same effect for babies. It will make their development at this early stage—the critical first 1,001 days—a real focus for society, so never again will we think it is unfortunate that they miss out on such provisions. It will become unthinkable. I am proud to support this Bill.

11.55 am

Tracy Gilbert (Edinburgh North and Leith) (Lab): I congratulate the right hon. Member for New Forest West (Sir Desmond Swayne) on coming first in the private Member's Bill ballot and on promoting this Bill. In the previous Session, my private Member's Bill was the first to pass through this place and the other place, so I wish the right hon. Gentleman similar success with his very important Bill. Having taken through a private Member's Bill, I know full well the hard work that he and his team will be putting into the proposals, and I want to put on record my thanks to them for doing so.

I welcome the opportunity to speak on the Floor of the House about the importance of a baby's first 1,000 days of life. We all know of the love, care and attention that new-born babies need to thrive. By the time they reach 1,001 days old, they will already have progressed to having some form of independence in eating and communicating. The devastating fact, however, is that in the same timeframe, the impact of financial and health inequalities will already be visible. The gap between the most affluent and the most deprived areas will already be evident in toddlers' groups and nurseries across our communities. For Labour Members, tackling these inequalities is a fundamental goal. We wanted to be elected to eradicate this unfairness. I am therefore keen to hear from the Minister how this Bill could further the Government's ambitious tackling child poverty strategy.

I want to speak about the growing number of babies across the UK who are born as the result of a surrogacy arrangement either here in the UK or abroad. We cannot be absolutely sure how many babies have been born through a surrogacy arrangement, but what we do know is that the number of parental orders granted by the courts, in line with the Human Fertilisation and Embryology Act 2008, increased from 132 in 2011 to 450 in 2021. The number of babies being born as the result of surrogacy is far more than the handful of cases that the Surrogacy Arrangements Act 1985 had intended to cover. The growing number of babies being born as the result of surrogacy arrangements poses a serious issue that we as legislators must address.

I do not intend to cover all the points today, but I want to cover two areas in particular. The number of UK nationals using commercial surrogacy arrangements abroad is on the rise. The explosion in international surrogacy is estimated to be worth a $200 billion industry by 2032. Too many babies in their first 1,001 days are being left in legal limbo, because the Surrogacy Arrangements Act did not legislate for overseas commercial surrogacy arrangements, and, as far as I am aware, this place has not taken a view or held a debate on this issue. My position is clear. We should follow our EU partners in Spain, France and Germany in banning surrogacy and, at the very least, we should work in this place to prevent the harms caused by international surrogacy.

The failure of this House to have debated the increasing use of international surrogacy arrangements has resulted in different rules applying between adoption and surrogacy. For instance, the Children and Adoption Act 2006 places a duty on the Secretary of State to maintain and publish a list of countries where restrictions on inter-country adoption apply, yet a similar process does not exist for surrogacy. In 2021, the then Secretary of State used his power to place Nigeria on the list of restricted countries, therefore preventing all adoptions between the UK and Nigeria. The reasons given for this decision, which is still in place today, include unreliable documentation, corruption and evidence of child trafficking.

Those harmful and illegal practices, however, are not isolated to adoption. For example, earlier this year, a Nigerian police force made five arrests exposing child trafficking and an illegal surrogacy syndicate under the guise of an orphanage. There is no law currently preventing a child born in such circumstances from being brought to the UK. This void in legislation creates a vacuum where children's welfare and children's rights are left unprotected while fuelling the international surrogacy syndicates that put women and girls in developing countries at further risk.

My second point is that the procedures and guidance about surrogacy that are available to midwives, doctors, nurses and health teams on maternity wards are often out of date and very patchy. In some parts of the country, midwives may experience a number of births involving a surrogate; others may see very few or none

at all. It is therefore even more important that up-to-date guidance is available with the very best information, so that the care of the mother and child, both pre and post birth, is the very best it can be.

Through freedom of information requests to all Scottish NHS boards, I have discovered that only NHS Ayrshire and Arran and NHS Fife have active guidance in place for midwives and clinician teams on the care and treatment of surrogate mothers and babies to ensure that the law is followed and to set out where they can access support. Of the other Scottish NHS boards, five have no policy at all, one has a draft policy, four have a policy on which a review is overdue, and one refers to the Department of Health and Social Care guidance. Midwives across Scotland are being left to their own devices in ensuring that babies born under a surrogacy arrangement receive uninterrupted care and treatment. I encourage the Department of Health and Social Care to ensure that maternity wards and midwives across England are not left in the same position.

Torcuil Crichton (Na h-Eileanan an Iar) (Lab): My hon. Friend is making a passionate speech on international surrogacy, as she has done previously on adoption. I commend the efforts of the right hon. Member for New Forest West (Sir Desmond Swayne) to bring in this new law. Does my hon. Friend agree with my hon. Friend the Member for Glasgow East (John Grady) that the Scottish Government should closely follow what is happening in this House today and consider similar laws on the rights of babies and on surrogacy?

Tracy Gilbert: I absolutely agree that the Scottish Government must take some action on this matter.

In conclusion, I would be keen to see if there are areas where I can work with the right hon. Member for New Forest West to look at changing the law to ensure that babies born through a surrogacy arrangement and the women giving birth to them are no longer forgotten.

12.2 pm

Rebecca Smith (South West Devon) (Con): I join many others today in congratulating my right hon. Friend the Member for New Forest West (Sir Desmond Swayne) on securing this debate and on his choice of topic. There does seem to be an enormous amount of agreement in the Chamber today, and I know that he has secured cross-party support for the Bill, which is excellent.

Like everyone else present, I wholeheartedly welcome the Bill. While I, like many others, do not have my own children, I am an aunt to four, a godmother to four and a friend to many people who have children. I have been looking after my friends' kids since I was about 18, so I am pretty adept at changing nappies; I know how to get them to smile and how to do all those things. We have heard mention of the value of the wider family and friendship group, and I am very pleased to be able to speak in support of the Bill from that perspective. As a result, I know that there is a reason why we say, "The hand that rocks the cradle is the hand that rules the world"—it is because those earliest years really do matter profoundly.

During the first 1,001-day period, secure attachment is built through a baby's everyday interactions with their parents, their carer or, indeed, their aunties and uncles. A smile, a cuddle, a comforting voice—those simple moments lay the foundations for emotional wellbeing. I certainly hope that the 24 hours in which I was the only person to provide my 18-month-old nephew with all those things added to his wellbeing, rather than detracting from it—we will see in a few years' time. I think he generally knows who I am and is happy to see me, so that is fine.

By the age of two, a child's brain reaches around 80% of its adult size. As Lord Cameron has said,

"mums and dads literally build babies' brains."

By supporting parents from the very beginning, we can improve outcomes for children and reduce the need for costly state intervention later down the line. That is why I support the Bill's intention to put services during pregnancy and early childhood on a stronger statutory footing.

The reporting requirements in the Bill will mean that decisions on funding cannot be made in the dark, ensuring that services such as Best Start family hubs and the healthy babies programme remain a Government priority. Family hubs provide a vital one-stop shop for parents, bringing together practical support under one roof, from breastfeeding advice to work to help to reduce parental conflict.

Plymouth was one of the original 75 local authorities selected to participate in the Conservative Government's family hubs programme back in 2022. The council has now successfully established a network of 11 hubs. However, interestingly, there have been recent reports about funding changes, and trying to find out information on what is happening, who is responsible and what is going on has been really difficult. Therefore, anything that ensures that that reporting back is done—particularly on funding and sustainability when external agencies are providing those services—will be particularly important. As an advocate for family hubs, when I have constituents come to me and say that people working in those hubs are being made redundant, I want to know what is going on and whether delivery is continuing.

It is important to remind ourselves that the value of family hubs is that they are open to everyone. However, I believe that more could be done to encourage parents to use them. So far, only 16% of parents with a child under five have used a family hub, despite 66% having heard of them, according to a poll from the National Society for the Prevention of Cruelty to Children. It is clear that we need to do more on that.

Dr Mullan: One of the other challenges I heard about in the family hub I visited was that, in constituencies like mine, we have towns but also lots of villages that are perhaps very far away. I agree with people having to physically go somewhere, but this is an example of where funding for rural authorities needs to reflect the additional costs involved in providing all sorts of services, including family hubs.

Rebecca Smith: I thank my hon. Friend for that good point, which I am particularly passionate about. I have spoken a lot this week about funding for rural services, particularly under local government reorganisation, and that will be really important in the future structure of unitary councils. How can we ensure that villages and smaller towns get access to family hubs and things like them—and whatever else comes about following the Bill—and that people are not reliant on infrequent

[Rebecca Smith]

public services or on having a car to get to them? I am glad he mentioned that, because it gives me even more reason to continue on my journey against local government reorganisation in my constituency.

My hon. Friend also highlights how we want every community to have a family hub. I am considered to be the MP for the slightly well-off bit of Plymouth, so I am incredibly grateful that the city set one up in my constituency, but there are whole communities in my constituency, such as Plymstock where I was a councillor for many years, that do not have a wellbeing hub or a family hub. If we are to do this, we must ensure that we do it properly.

I want to take the opportunity to remind the House that family hubs are a Conservative innovation, grounded in the principle that strong families make for a strong society. I am delighted that the Labour Government have committed to build on our success and roll out family hubs to all local authorities, not just those initial 75. I must also say that they are not merely Sure Start rebranded.

Pam Cox: On the historical point—forgive me; I could not stop myself—the Maternity and Child Welfare Act 1918 probably preceded some of the things the hon. Lady is about to say, as well as some of the measures mentioned by the hon. Member for Carshalton and Wallington (Bobby Dean). There is a long history of efforts to introduce child welfare.

Rebecca Smith: I thank the hon. Lady. I mentioned to one of my colleagues the other day how this entire debate is catnip for Labour Members, because it is an opportunity for them to highlight that they have cared more about families and children than the Conservatives. I do not believe that; I believe that we have always cared about the vulnerable and ensuring that the right thing is done.

To bring the House back to the point and bring down the temperature in the Chamber, I want to talk about what is good about family hubs and why they are different. The key point is that they are not just Sure Start rebranded. Sure Start did good things, but we felt at the time that it was not necessarily targeted in the right way.

I pay significant tribute to Lord Farmer. If it were not for his work and his personal commitment in all sorts of ways—he effectively trailblazed the family hubs policy—we would not be here today. Family hubs have provided a model that we can replicate. That is not to say that Sure Start did not provide the opportunity to do something similar, but the distinctive thing about what Lord Farmer set up and that we put into practice in government—he is seeking to work with the Government to continue it—is that it is not just for the early years but for people right up to the age of 19. Regardless of what we think about what happened in the past, what family hubs are called and what they do, I think we all agree that we need to provide support right through to when a child is 19 and to give families that opportunity. We have heard many people speaking about the challenges in teenage life if we do not get it right at the beginning.

Natasha Irons: To bring us back to the Bill and to take the temperature down—to be fair, nobody on the Government Benches sent it up—the point is that this particular time, the first 1,001 days, has not been protected. I agree that of course we need to take support through to 19, but the challenge when Sure Start was rolled back was that councils found themselves with one pot of funding for the journey from conception to the teenage years, which meant that the youth services that help with later intervention were competing with the early intervention we are talking about today. Protecting this time means that we can invest properly in and hopefully bring down the cost of those youth services later on. I hope the hon. Member can agree on that point.

Rebecca Smith: I thank the hon. Member for that contribution. Of course, if we are going to do this properly, we have to make sure that the funding is there, which I think is the entire point of the Bill. I agree with that, but the great thing about family hubs is that they set out an intention right from the start that it is not okay to just ringfence the money until the age of five; we need to ensure that we provide support all the way through. There is a lot more work to be done on both sides of the House to develop what that looks like. I think we are in pretty good agreement on this, whether it is support up to five or beyond. At the end of the day, we want families and young people to have the best start, as the name suggests.

It is worth pointing out that family hubs are required to provide support for children up to the age of 19, or 25 for those with special educational needs and disabilities. There is clearly a lot more thinking to be done. I appreciate that the Bill will specifically ringfence provision for under-fives, but ultimately we do not want there to be a cliff edge—we do not want all this support to suddenly drop off when children get to five because that would not maintain and make the most of the family hub model as it was established.

When I visited the Rees centre family and wellbeing hub in Plympton in my constituency, I was very impressed with what is going on there. It is a brilliant community asset that has been there since the '60s. There is breastfeeding support, but what is also amazing is that it has a time bank, so there are all these mums bringing in their babies to see the health visitor or to be weighed—all the things that a family hub does for under-fives—but there are also older people from the community coming to meet, socialise and do things together.

When a family hub or a Best Start centre is truly embedded in a community, it has the opportunity to be a place where all sorts of things are delivered, and that combined delivery makes them even better. We do not want them to become centres where only people with children and those who have families go; we should open them up, to do as much as possible within the community, because that is at the heart of what they can do. It is really important that we look at the whole picture, as well as focusing on the first 1,001 days, and I look forward to hearing from the Minister how the Government intend to deliver family hubs right up to the age of 19.

As we discuss earlier support, there is a little elephant in the room. Evidence consistently shows that children under the age of two need to be nurtured by their parents primarily, and I think we are all saying the same thing today, but it is my personal view that parental presence requires childcare choice. More than two thirds of working mothers with pre-school children say that

they would work fewer hours if they could afford it, according to the Department for Education, but too often parents feel pushed towards a one-size-fits-all model of formal childcare. We need to explore where we can offer parents more options in the earliest years and free them up to do what they feel is best for them and their family. It is not about telling parents what to do; it is about trusting them to make the right decisions for their family. We must never forget who matters the most to the baby: it is their parents. We should do everything we can to help mums, dads and carers be present as much as possible.

This Bill must be the start of a wholesale reframing of family support. Every stage of childhood matters, and we must back families every step of the way. That is why I am very keen to support the Bill today.

12.13 pm

Natasha Irons (Croydon East) (Lab): I congratulate the right hon. Member for New Forest West (Sir Desmond Swayne) on the wonderful Bill he has brought forward and on the debate, and thank my hon. Friend the Member for Washington and Gateshead South (Mrs Hodgson) for her tireless work on this issue.

Up and down the country, it is a bittersweet time for parents. We have enjoyed spending the summer with our children, creating lasting memories, but we are also celebrating not having been asked to provide a snack for the last 10 minutes, or worrying if someone has fallen down the stairs, like in my house. In our household, we are celebrating my eldest putting on a blazer for the first time and heading off to high school—[Hon. Members: "Aww!"] Yeah, it's a bit much. It has been an interesting time, and as we have reached this new milestone in my son's life, I could not help but reflect, in the context of this debate, on what it was like in those early days of parenthood, because no matter how scary it is to see my son becoming his own person and having his own views on things, nothing compares to that first initial fear when you become a parent, not knowing what to do and where to go, when you are a little bit dazed, terrified and wondering if you will ever sleep again.

I think back to the services I leant on: the antenatal classes, the health visitor who came to my home—we have heard how important that is—and the stay and play that I took my son to and met other parents, where we were able to swap notes. We have remained lifelong friends, and they have helped raise my son, creating that sense of community and village around him. That network meant that I had the right diet during my pregnancy, that my son was surrounded by the things that helped him to learn, and that our new family had the support we needed to get the best possible start.

We often talk in this place about policy being routed not in ideology but in evidence, focusing on what works and investing in that. Well, we know what works for the early years of a child's life because the evidence is overwhelming. The first 1,001 days from pregnancy to a child's second birthday are among the most important in human development. As the Government describe in their "Best start in life" review, these critical 1,001 days are the

"foundations for lifelong emotional and physical wellbeing",

as many have mentioned today.

Research shows that during these critical days, a baby's brain develops at an extraordinary rate—doubling in size during their first year, with around 1 million neuro connections forming every second. These precious days have the potential to shape our health and resilience and who we are later to become. This Bill matters so much because it protects those critical days with legislation. It requires the Government to assess need, listen to parents and carers, ensure that appropriate support services are available, and report transparently to Parliament on the impact of that support. The reality is that too many children growing up are without the services they need in those most critical moments. If those neural pathways are developing every second, then every second counts, doesn't it?

In my constituency of Croydon East, around 30% of children are growing up in poverty. Croydon's public health data suggests that girls growing up in the most affluent parts of our borough can expect to live around six years longer than the girls growing up in the least affluent parts. For boys, that gap is nine years. In a borough like Croydon, where a child's postcode can still have a profound impact on their health and life expectancy, we cannot afford to treat early intervention as an optional extra. It is not a luxury; it is the most effective tool we have to break the cycles of disadvantage and create genuine equality of opportunity.

That is why I cannot speak on this debate today without acknowledging the impact of Sure Start, which many colleagues have mentioned. Sure Start was the most successful early intervention programme this country has ever seen. Independent research from the Institute for Fiscal Studies has shown that access to Sure Start improved educational outcomes for disadvantaged children, with benefits lasting way up to their GCSEs. It found that the positive effects of Sure Start came with significant financial benefits, including reduced costs for Government services at later stages in life and increased tax revenue from higher earnings. In fact, it estimated that at its peak, Sure Start generated over £2 for every £1 of Government spending. Yet despite that evidence, funding for Sure Start fell by more than two thirds between 2010 and 2022, and over 1,000 children's centres closed across England.

I wholeheartedly welcome this Government's commitment to giving every child the best possible start in life, for their investment in Best Start family hubs and the steps they have taken to eliminate child poverty by lifting the two-child benefit cap. But if history can teach us anything, it is that priorities change, spending changes and even Governments change, and when support at this critical time is scaled back, it is the most vulnerable who suffer. Just think about where we would be if we had kept that investment in those Sure Start centres, if they had not closed—if families, regardless of their shape, size or background, had continued to have the support and investment they needed, how much better off would we be?

It is important that we do not make the same mistakes. The Bill means that for the first time, we legally give the first 1,000 days the recognition, protection and visibility that they deserve. We set out that no matter what or who is in charge, we choose to invest in our children. If we are serious about reducing inequality, improving mental and physical health, strengthening families, and giving every child the best possible start, then we must

[Natasha Irons]

act when it matters the most: at the very beginning. I welcome the Bill and give it my full support. I am so proud to take part in this debate.

12.20 pm

Jess Brown-Fuller (Chichester) (LD): I refer Members to my entry in the Register of Members' Financial Interests as the chair of the all-party parliamentary group on infant feeding and inequalities, and I also sit on the advisory board for the 1001 Critical Days Foundation. I thank the right hon. Member for New Forest West (Sir Desmond Swayne) for bringing the Bill to the House and giving us all an opportunity to wax lyrical about babies. We get fewer emails from babies than other constituents we represent, which is why it is so important that the Members who have chosen to be here are taking the opportunity to speak up for the voiceless.

Let me take this opportunity to welcome a new baby into my family. I have a new nephew—my first nephew. His name is Raven and he was born eight days ago; he was born with a thick shock of jet black hair, so he clearly knew what his name was going to be. He is wonderful and we all love him dearly already, including my two children, who are delighted to have a cousin to steer down the wrong path.

As the 1001 Critical Days Foundation has made clear through its campaigning and work on the Bill, a baby's development until the age of two is vital. Failing to provide adequate support for parents and babies at this time can leave individuals and families chasing their tails in the future, trying to make up for issues that occurred during this crucial period. Investment in infants' health and care pays dividends for society, improving health and educational outcomes, and reducing inequality. It is for that reason that I absolutely support what the Bill is trying to achieve: putting support in the early years on a statutory footing and ensuring a health check of early years support by the Secretary of State at regular intervals.

As the Chair of the Education Committee said, there is an old adage: "It takes a village." But if a new parent cannot access services in their local area, how are they meant to find their village? I was lucky when I had my children—the first one nearly 12 years ago—to find my village. I attended a weekly breastfeeding support group called Milk, where we could talk freely and openly about the challenges, understand why our babies' poo was a funny colour, and get advice about combination feeding, introducing solids or returning to work.

At that group, we also learnt about developmental leaps, which I do not remember a midwife or a health visitor ever telling me about when my child was born. I could not understand why I put to bed a lovely calm child, and then a demon woke up and was so hard to soothe for three or four days. When I went to that group, the parents who were a month or two ahead of me said, "Are you sure they are not having a developmental leap? It could be that they are learning new things, and that is why they are struggling to sleep, or they are unregulated, or their pattern has moved around." It was so helpful.

There was an area for the older children to play. We all enjoyed a cup of tea, something that was also mentioned by the hon. Member for Sherwood Forest (Michelle Welsh). We weighed our babies, and we talked about the various methods we all adopted to remember what side we last fed our baby on. The women I met at that group are still my friends today, and they have made my life as a mother better, more supported and brighter. We also went to a baby movers group every Friday morning, where we shook our beanbags, threw scarves over our children and sang songs that still randomly appear in my head when I cannot sleep at 11 o'clock at night.

David Reed (Exmouth and Exeter East) (Con): The hon. Lady had a fantastic Adjournment debate nearly a year ago on breastfeeding support. My wife and I are now 384 days into having our first child. We have an organisation in Exmouth called Bosom Buddies, which is run by a fantastic lady called Jodie Wilkerson. She pretty much does it for free, and is constantly trying to get funding. I remember a point that the hon. Lady raised in that debate about breastfeeding support being a postcode lottery. Does she agree that as the Bill goes through the House, the Government need to look at supporting those organisations, which have given so much support to my wife, the hon. Lady and so many women around the country?

Jess Brown-Fuller: I thank the hon. Gentleman for his intervention, and for supporting that Adjournment debate. Every community should have a Jodie; mine was a Julie, and she was constantly chasing funding to keep Milk alive. When my daughter was born, five years after my son, that Milk group, which I had relied on so heavily, was now being run out of a broom cupboard. It was by appointment only, and parents could not take their older children along. The whole thing had just crumbled, so I feared for those coming after me who would not be able to find their village.

Six months after my daughter was born, the pandemic hit. Her 12-month health visitor review was done on Zoom, and my daughter was not even in the room with me. The baby movers classes that I had loved so much with my son ceased to exist, so I ended up running them on Facebook Live—I would message everybody at 10 o'clock and say, "I'm going to go live in half an hour, and we're all going to shake our beanbag together in our own lounges." The local children and family centre in Chichester never reopened in the same way after the pandemic, and the children and family centre in Selsey—a coastal community in my constituency—is now permanently closed.

The clearest example of the effectiveness of early support and intervention, as cited by many hon. Members across the House today, was Sure Start. Last May, that service was described in a study by the Institute for Fiscal Studies as having had an "overwhelmingly positive" effect, with the benefit estimated to be over £2 in societal value for every £1 spent. However, when budgets were tightened during austerity, it was services such as Sure Start that were cut to the bone. The provisions in this Bill are so important because they add statutory foundations, assessments and accountability to protect infant support services for the future.

This Bill should allow Parliament to recognise the importance of services such as feeding support, to ensure that provision is maintained and services are

improved. The impact is stark, especially when it comes to infant feeding. Through the work of the APPG for infant feeding and inequalities, I had the privilege of hosting the World Breastfeeding Trends Initiative in Parliament last year for the launch of its 2024 report, which was looking at breastfeeding in the UK against metrics measuring other countries. The key takeaway from that report is that the UK has some of the lowest breastfeeding rates in the world. Importantly, however, the data also shows that the majority of mothers do set out to breastfeed; despite this, by six to eight weeks, around 70% of babies in the UK receive some formula, and by six months, only 1% of babies are exclusively breastfed. The majority of mothers who stopped breastfeeding early wanted to breastfeed for longer, but did not receive the help they needed to resolve the problems they were facing.

In my constituency of Chichester, most of the support—as cited by the hon. Member for Exmouth and Exeter East (David Reed)—is run on a voluntary basis. There is now a brilliant support group that runs out of the Graylingwell chapel, and it is run by retired midwives who give up their time and run the group for free. I know what a lifeline that has been for so many mothers, but at the point when those midwives choose not to do that any more, the service will disappear, because it is not on a statutory footing. Many of the midwives in my local maternity unit at St Richard's run support groups in their spare time on their days off.

Amanda Hack (North West Leicestershire) (Lab): Breastfeeding is one of the reasons that this Bill is so important, because breastfeeding is about what happens before birth as well as in the first two years. When we look at the data, the trigger point for people not taking breastfeeding forward is about 16 hours after birth, so if they are given support before they have their baby, and they know where they can go straightaway, that will give them the confidence to breastfeed for longer. Does the hon. Lady agree that we have to make sure that this Bill covers both pre and post labour?

Jess Brown-Fuller: I thank the hon. Lady for her intervention. It is very much my opinion that mothers should all have the right to choose how we want to feed our babies, and that choice should be based on information. If parents are not given the information they need before making those choices, they do not have a choice—it has been taken away from them.

Natasha Irons: Anyone who has been a new mother will understand that for some women breastfeeding is very easy, and for some women it is not. Does the hon. Member agree that research into the difference between an easy breastfeeding experience and a harder one is not particularly good? If all a struggling mother wants to do is feed her baby, because she has been told that she needs to feed her baby and that if she goes below a point on a chart, she is not doing a good job, perhaps we need more investment and research into how we can make it easier for mothers to breastfeed, so that they can make informed and supported choices as they go forward.

Jess Brown-Fuller: The hon. Lady is right. Just as every pregnancy is different, every breastfeeding journey is also different. We do not want to put mothers in a position where all they have is Google at their fingertips at 2 o'clock in the morning, when the baby is devastated and will not feed, and they are worried that they are dehydrated. The National Breastfeeding Helpline, a 24/7 service funded by the Department of Health and Social Care, is an important resource and a lifeline for so many mothers—33,000 mothers call every month. It is also helpful to have peer support. If someone is in a room with other mothers who are saying, "I experience mastitis," or "I experience thrush, and this is what I did to get past it. Keep going and come back next week and see if things are better," that support can mean so much to a mother who feels like they are on their own in that journey.

Samantha Niblett (South Derbyshire) (Lab): The hon. Member is being incredibly generous with her time. I was delighted to contribute to her debate on infant feeding, and I thank her for her leadership on that. When we talk about the information and advice that is available to people, does she agree that one thing that can make a difference is the right person at the right time? I will not make this too much of a speech—I will include this when I get to speak—but the difference made by a midwife who arrives just at the moment when someone is prepared to give up can sometimes result in someone's daughter acquiring the middle name of that midwife, just as my hon. Friend the Member for Dulwich and West Norwood (Helen Hayes) said.

Jess Brown-Fuller: I thank the hon. Lady for her contribution. She raises an important point, namely that infant feeding is not taught generically across medical professions. For example, a lot of mothers may present at their GP surgery if they are having challenges, but their GP is probably not the best placed person to inform them on how they can best be supported on their infant feeding journey, whatever that looks like. Advice from specialists, such as midwives and most health visitors, means that people are being supported, asking the right questions and getting the right answers.

Breastfeeding strengthens babies' immune systems and significantly reduces the risk of infections, obesity, asthma and long-term conditions such as type-2 diabetes. I pay tribute to Her Grace the Duchess of Richmond for convening a Goodwood health summit to specifically look at the infant gut microbiome, and at how important it is in those formative days of pregnancy and the first few critical weeks of life, and for her continued advocacy in that space. For mothers, breastfeeding lowers the risk of breast and ovarian cancers, cardiovascular disease, and supports post-natal mental health. Providing support for breastfeeding mothers can pay for itself further down the line by improving the health of babies and mothers.

Currently the UK has no national infant feeding strategy, timebound action plan, multisectoral infant feeding committee, or overall national co-ordinator. There is little-to-no mention of infant feeding in health professional training, and no co-ordinated strategy for infant feeding in emergency situations. I hope that the Bill will provide the foundation for such support to return to levels that we have seen in the past, and address gaps that have always existed. Babies and their parents deserve better, and I look forward to supporting the Bill through its passage through the House, including in Committee.

12.34 pm

Laura Kyrke-Smith (Aylesbury) (Lab): This is such an important Bill, and I am pleased to support it. He is not in his place, but I pay tribute to the right hon. Member for New Forest West (Sir Desmond Swayne) for bringing it forward. What a credit it will be to him if the Bill proceeds. We would also not be here without the work of Dame Andrea Leadsom and all the team at the 1001 Critical Days Foundation, and I put on record my thanks and appreciation to them. I also take the opportunity to wish the most important baby in my life, my little niece Hallie, a very happy first birthday which is coming up next week.

The Bill does vital work putting into law the requirement to ensure that infants, parents, carers and prospective parents receive the support that they need at this vital time in life: the start of a baby's life. We have heard many examples of how this would be transformative for the babies and families who lie at the heart of the Bill, and rightly so, because evidence is compelling that the care that a baby receives in those first 1,001 days from pregnancy to aged two, when those vital neural connections are forming in their brains, can affect their life chances in so many ways, from education to health to earnings potential.

My contribution will focus not on the babies, but on their parents and carers, specifically pregnant and new mums and their partners, and the mental health challenges that they can face at this time of life. I believe the Bill will improve the support available to them. However, babies and their parents are connected, of course, because we cannot separate a baby's wellbeing from the wellbeing of those caring for them. When parents are struggling with their mental health, the effects can be felt throughout the family.

As compelling evidence from the Maternal Mental Health Alliance and others shows, perinatal mental illness is associated with increased risk of poor emotional, intellectual, social and physical development in children. It can disrupt attachment and bonding during the period when secure relationships are laying the foundations for a child's future health and wellbeing, but when parents and carers are supported, and when babies experience that secure attachment as a result, babies go on to thrive.

Perinatal mental health is an issue close to my heart, as I have said in the Chamber before. I lost my close friend Sophie to suicide after the birth of her third daughter, when her little girl was just 10 weeks old. I have introduced my own Bill to stop more people suffering in the way that she did. My Bill would require that every pregnant and new mum has a mental health check-in, and I am continuing to push that forward. No matter how many times I speak about it, the sadness and shock of losing Sophie does not lessen, because she struggled more than anyone should have to at that time of life, but too many people are still struggling in the way that she did.

For many families, a new baby is time for excitement and joy, and I am so glad when that is the case, but for many others, it is time that can be marked by anxiety, depression, trauma, isolation and, in some cases, severe mental illness. Across the UK, about one in four women experience a mental health challenge during that time. That means that families in every community and every constituency are living with the realities of perinatal mental illness. This can include post-natal depression, anxiety disorders, post-traumatic stress disorder, obsessive compulsive disorder and, in some cases, severe illnesses, such as post-partum psychosis. These challenges can affect first-time parents, as well as experienced parents—for Sophie, it was her third time as a new mum. They can come quite unexpectedly, including for those with no history of severe mental illness.

We have spoken about how babies' brains are forming in those 1,001 days, but a lot is happening for a mum at that point too. There is a brilliant book by Lucy Jones called "Matrescence", which I recommend to everyone. It sets out the profound hormonal, neural and cognitive changes that occur during motherhood, which have consequences for people's sense of identity and self in much the same way as happens to teenagers during adolescence. There have been some brilliant advocates for the idea of matrescence, including Maggie Gordon-Walker, who I want to acknowledge.

All of that creates challenges to mental health, which can have incredibly serious consequences. There is a great report by MBRRACE-UK—Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK—called "Saving Lives, Improving Mothers' Care" that shows that suicide remains the leading cause of death among women between six weeks and year after birth. That is a life lost, but it is also a family broken. That is the shocking and sobering reality of families not getting the recognition, understanding and support that they need at this time. That has consequences, not just for the people at the heart of the situation, but way beyond that, for the economy and society. The London School of Economics estimates the long-term cost of untreated perinatal mental health problems to be about £8.1 billion every year. Significantly, about three quarters of that cost—72%—arises from the long-term impact on the children's ability to learn, earn, be healthy and care for themselves later in life.

Correcting all that has to start with raising awareness. Despite a lot of great advocacy and awareness-raising work from many organisations, including the Maternal Mental Health Alliance, Jo Cruse at Delivering Better, and the Hearts and Minds Partnership, we still recognise and understand perinatal mental health poorly. As a result, people continue to suffer in silence. They are afraid of being judged and fear that admitting that they are struggling could somehow be seen as a failure, or they might recognise that something is not right but they simply do not know where to turn for help.

Awareness alone is not enough; we need support too, and that is where the Bill comes in. I will touch briefly on four ways that it could make a real difference. First, the principle behind it is that everyone in England—regardless of who they are, where they are from and what their background is—is equally deserving of support at that time in life in the eyes of the law. The reality today is that not all pregnant and new mums get the same support. The evidence shows that mums from black and minority ethnic communities face much poorer outcomes and greater barriers to accessing care. Younger mothers, families in poverty and deprivation, and those living with the effects of domestic abuse or other past trauma encounter additional obstacles and worse outcomes, and that is simply not acceptable. The aim of the Bill is to enable every family to access high-quality support.

That important principle is supported by many experts, including the Royal College of Midwives and the Royal College of Obstetricians and Gynaecologists.

The second important point about the Bill is the period that it focuses on. For someone struggling with their mental health, it is vital that the support kicks in at the very early stages of the 1,001 days. As others have said, the systems too often kick in when people are at crisis point, but for support to be effective it has to kick in early. It is about identifying the vulnerability early; building trusted relationships with the midwives, GPs and health visitors providing care; providing continuity of care; and ensuring that mums feel seen, heard and supported long before the difficulties become overwhelming. There must be the possibility of being referred to specialist services if necessary. Once the baby gets to the age of two, it can be too late. They have already formed their early understanding of the world, and the family has had to get through that really tough first phase, so that time period is critical.

Thirdly, it is absolutely right that the Bill extends the statutory support in a wide-ranging way across infants, parents and carers. It is not enough to focus on just one member or one part of the family. On mental health, my speech has obviously focused on pregnant and new mums, but it is equally vital to consider the needs of fathers, partners and other carers at that time. There was a very worrying Samaritans study from Wales recently, which showed for the first time, in an evidence-based way, the really high rates of suicide among new dads and the many barriers to support that they face. That should compel us to act.

There are good examples out there of good support to dads. I was talking to the mental health midwives at my local hospital, Stoke Mandeville in Aylesbury, and they use something called the DadPad, which has a book that comes alongside it. It has easily accessible information and advice about how dads can look after themselves and give their child the best start in life. That good advice is out there, but it is not routinely available, so I see the potential of the Bill ensuring that everyone who needs that guidance can access it.

Fourthly, it is right that the nature of the support in the Bill is very broadly defined. It is obviously for the Government to work further on. A model of broad, cross-cutting, joined-up support is embedded in the Government's Best Start family hubs programme. I am proud that they have introduced it and are driving it forward. It is already benefiting my constituents, and the Best Start family hub Elmhurst is opening this month. With those mental health teams, infant feeding support teams, SEND support teams, maternity care, primary care, health visitors and the voluntary sector all co-located in one place, families will be able to access the joined-up support that they need, whatever that might be.

There is also such an important opportunity for the voluntary sector to dock in with other services on offer from the local authority and the NHS. Often, that sector is overlooked in these debates, but if we did not have such brilliant active voluntary and community organisations across our constituencies, a lot more women and families would fall through the cracks.

Chris Kane: I thank my hon. Friend for her compelling speech and for sharing so much about her own story. On the Public Accounts Committee, of which I am a member, we often get a sense that all this great operational learning is going on in communities, but it does not always turn into strategic learning back in Parliament. The Bill talks about a report of the year, but if the report comes back and no one reads it, we cannot learn how to do better. Does my hon. Friend agree that learning the great lessons that are going on in our communities is important for us, and that we should not lose sight of that in the Bill? We should learn at our level from the lessons going on in communities, to help what we do here.

Laura Kyrke-Smith: I agree, and my hon. Friend makes an important point. We see these pockets of good practice across the country, but too often they are not flagged up through the system. Certainly, we in this House do not become aware of them. Part of the potential of the Bill is that, through those reporting mechanisms, we will get a better sense of what works and what does not, with the potential to roll that out and scale it up.

I pay tribute to the brilliant PANDAS group in my constituency, which offers tea and coffee, and toys for the kids, but is also a really supportive space for new mums to meet other mums who may also be struggling. There are such organisations across the country—Mothers for Mothers in Bristol does fantastic work along those lines. I went to a wonderful session by Breathe Melodies, which works across London to harness the power of community and singing to bring mums—and dads now—together and to provide that support. Sport in Mind is more about getting people out and walking, and also talking. There are fantastic voluntary groups, and we need to think about plugging them into the support that would be provided through the Bill.

As others have said powerfully, a baby cannot tell us when they are struggling or when their family is struggling. They cannot navigate a complex and fragmented healthcare system or advocate for improved services. A baby relies on us, as legislators, to ensure that that support exists. That is why the Bill is so important. My ask as we consider this legislation is that we recognise that supporting perinatal mental health and, more broadly, the mental health of parents and carers, is fundamental to that ambition and such a key determinant of whether the infants, parents and carers at the heart of the Bill go on to thrive.

12.48 pm

Iqbal Mohamed (Dewsbury and Batley) (Ind): The House will agree that we believe that all children should be born equal. However, we are here today because we also know that in the fifth or sixth richest country in the world, not all children here are born equal. I am delighted to be able to speak in support of the Bill, and I congratulate the right hon. Member for New Forest West (Sir Desmond Swayne) on bringing it before the House. Some would say that he has been very lucky to be drawn first in the ballot, but as a person of faith, I believe that it is divine intervention, and that almighty God has bestowed a responsibility on this House to support children, parents and carers in our country in the way they have the right to be supported and deserve.

The central idea behind this legislation is simple yet radical: every child deserves the best start in life, regardless of their postcode, family income or ethnicity. As we have heard in eloquent speeches from right hon. and hon. Members from across the House, the first 1,001 days

[Iqbal Mohamed]

are among the most important in all human development. They shape physical health, emotional wellbeing, educational attainment and life chances for decades to come, yet support during those crucial early years is too often fragmented, inconsistent, and dependent on a family's individual circumstances or where they live.

The Bill rightfully seeks to address that injustice by ensuring that needs are assessed and timely support is provided. It recognises that giving children the best start in life cannot be the responsibility of any single Department. Improving outcomes for babies and families requires health, education and local services to work together. I welcome the Bill's emphasis on greater co-ordination and accountability.

Before I talk about my constituency and some of the challenges that it faces, let me pick up the point about breastfeeding. It is absolutely the right of the mother to choose, and sometimes it may not be possible for that mother to breastfeed. However, it is important that substitute breast milk is not commercialised and sold for immense profit in this country or elsewhere. Parents, especially those in low-income households, struggle to make ends meet as it is. The children of mothers who, for whatever reason—medical or other—are unable to breastfeed depend on substitute breast milk. That must not become the cost that suddenly unravels the household—not just for the child, but for everybody living in it.

Jess Brown-Fuller: I thank the hon. Gentleman for raising an important point: the formula industry is a commercial industry. Breast milk, by its very nature, is free and therefore does not have the backing of large-scale corporations that advertise it widely. Does he agree, then, that the Government should heed the Competition and Markets Authority's report into the formula milk industry and take on its recommendations, including price controls for formula milk?

Iqbal Mohamed: I wholeheartedly agree with the hon. Lady. It is important for parents, mothers and families to know that Government policy is free from commercial influence, not just in this space but in all the spaces that impact our citizens.

As an engineer and a regulatory compliance expert in the pharmaceutical industry, I believe that the marketing of breast milk and the formulation of breast milk need to be better regulated. The Medicines and Healthcare products Regulatory Agency should have responsibility to regulate the nutritional content of substitute breast milk and the marketing claims of substitute breast milk producers. That is an important measure that the Government could introduce to ensure the consistent quality and nutritiousness of substitute breast milk.

As the Member for Dewsbury and Batley, I will focus my contribution on health inequality. In my constituency, we are proud of our diverse communities, but we cannot ignore the fact that outcomes for mothers and babies are not experienced equally. A recent Healthwatch report highlights the reality facing many children and families across West Yorkshire. Families repeatedly identified poverty, poor housing, long waiting times, barriers to healthcare access and the cost of staying healthy as factors that profoundly affect young children's health and wellbeing. Poverty and its attendant effects mean that families struggle to maintain healthy living environments for their children through no fault of their own, whether because of mouldy housing or the lack of a nutritious diet. Health outcomes depend on income and place. The result is that infant mortality rates in Yorkshire and Humber are 5.1 per 1,000 live births, against a national average of 3.9 per 1,000 live births. This is a postcode lottery and we must do all we can to eradicate it.

Yet those inequalities are also compounded by ethnic disparities. Nationally, babies of black ethnicity continue to be more than twice as likely to be stillborn as babies of white ethnicity. In 2026, that is a scandal and precisely why legislation focused on the early years matters. The research conducted and the reports published over decades have not led to a meaningful positive intervention to reduce infant mortality for ethnic minorities and black families. The Bill is a real opportunity to address that inequality. We know, too, that children from ethnic minority backgrounds in deprived communities often face additional barriers in accessing healthcare and support. The Healthwatch report I previously cited found that cultural and language barriers can make it harder for some families to navigate services, while stigma around receiving support in some communities can prevent parents from getting help when they most urgently need it.

Those statistics and findings should remind us that improving services is not simply an administrative exercise; it is fundamentally a matter of fairness. That is why I believe one of the strengths of the Bill is its potential to shine a light on where support is working and where it is falling short. The annual report to be presented to Parliament on the state of services, outcomes and changes to outcomes since the previous year is extremely important, but it must be a catalyst to continuing to address the inequalities that remain at the end of each year. As the Bill progresses, I hope it will focus not only on the availability of services, but on whether outcomes are actually improving for children from disadvantaged and ethnic minority backgrounds. When support is available early, far greater cost to children, public services and society can be avoided later.

Before I conclude, I would like to take this opportunity to celebrate the 150th anniversary of Dewsbury and District hospital and recognise not only the institution but the generations of dedicated staff who have served our communities with skill, compassion, dedication and commitment. I pay tribute and extend my deepest gratitude to the doctors, nurses, midwives, porters, healthcare assistants, cleaners, administrators, technicians, volunteers and countless others who have cared for patients through times of joy, crisis and profound change.

I want to end by recognising the incredible work of health visitors, midwives and family support workers, and all health professionals across West Yorkshire and the whole country. They often provide the early intervention that transforms the course of a child's life. Just a few months ago in my constituency I visited the reopened Brontë Birth Centre at Dewsbury hospital, which was closed for two years because of staff shortages. It is doing absolutely fantastic work and the facility is world class. I pay tribute to the Government who helped to implement and fund the facility, and to the staff who run it day to day.

Ian Roome (North Devon) (LD): My local maternity unit in North Devon is closed, causing heartache for many mothers living in a rural area. Some have to turn around midway to hospital to get to the accident and emergency department at North Devon district hospital. The shortage of obstetrics and gynaecology consultants is a national problem. We are okay for midwives, but not for obs and gynae. Does the hon. Gentleman think that that creates inequality between urban and rural areas, and does he think the Government need to address that?

Iqbal Mohamed: I completely agree with the hon. Member. Services must be of the same quality and standard, with the resources that the demand in an area requires. Whether in rural areas, urban areas or city centres, there should not be a postcode lottery for the quality of care that expectant or new mothers receive anywhere in our country.

These amazing individuals—healthcare workers, midwives and obstetricians—are working under immense pressure, as is our entire health system. We have seen a significant reduction in the health visiting workforce over recent years, while demand has continued to grow. If we are serious about giving the Bill meaning beyond good intention, the resources required to deliver it must follow. Health visitors in Kirklees and in my area used to have manageable caseloads, with a number of families that they could visit at the appropriate frequency and provide the necessary support. However, due to funding reductions and the necessary cuts to balance the books, there are reports that individuals now face mountains of casework and up to almost a thousand families per caseworker or healthcare professional. That is clearly not sustainable and will never deliver the support that those families need.

In conclusion, I am honoured and delighted to support the Infants, Parents and Carers Bill. It will not solve every challenge facing families with young children, nor should we pretend that this legislation can address the root causes of poverty, poor housing or widening inequality. However, it is a vital step towards ensuring that babies and their families are visible in public policy and that access to support becomes a consistent expectation, rather than the roll of a dice. Every child gets only one start in life. Our responsibility in this House is to ensure that that start is as fair, safe and healthy as possible, and we must act in the period when intervention can have the greatest impact. This is not simply a maternity issue; it is a health issue, a social justice issue and an education issue. I fully support this Bill.

David Davis (Goole and Pocklington) (Con): On a point of order, Madam Deputy Speaker. May I start by congratulating my right hon. Friend the Member for New Forest West (Sir Desmond Swayne) on putting a Bill in front of the House that has support from literally everybody in the Chamber? That is not true of the next Bill, which would protect our veterans from gratuitous prosecution under the Government's new legislation. For that reason, the Government Whips Office does not want it to be properly debated or to progress today. The Bill we are debating is important, but it seems to me that we need to make time for another important debate about protecting our veterans. In view of that, I shall beg to move the closure.

David Davis *claimed to move the closure (Standing Order No. 36).*

Madam Deputy Speaker (Caroline Nokes): I thank the right hon. Gentleman for his point of order. He will be conscious that there are in the region of 15 more Members wishing to speak in this debate, and we have not yet heard from the Minister, so I am not minded to accept a closure motion at this point.

1.3 pm

Mr Connor Rand (Altrincham and Sale West) (Lab): It is a privilege to speak in support of the Bill today, and I commend the right hon. Member for New Forest West (Sir Desmond Swayne) on introducing it. If he will permit me to say so, he did so with his characteristic flair and passion. While I am in no way able to match his flair, I share his passion for improving the support available to babies, parents and carers, particularly during those first two years of a child's life. Those 1,001 days are a golden opportunity. If we get the support right, the benefits last a lifetime. If we get it wrong, so do the costs.

There are three points I want to make in support of the Bill. First, it sets us on the path to support every child and every parent, whoever they are and wherever they are. Secondly, and most importantly, when this level of support is not there, as is the case now, the vacuum it creates puts babies and their parents at serious risk. Thirdly, by building better support during those first 1,001 days, we are investing in the essential infrastructure needed to make this country a fairer, stronger and more prosperous place.

Like many, I approach this Bill from the perspective of being a parent, which is one of the greatest joys that life has given me. I remember the first year of my son's life and the happiness those precious early moments brought me and my partner Catherine, but I also remember distinctly the less precious moments and the daily battle that every new parent has with their anxieties: "Why are they crying? Why are they not sleeping? Am I doing something wrong?" These questions swirl around our heads when we are sleep-deprived, emotionally drained and totally unsure of ourselves. It is a time when we are at our most vulnerable, when we need help and when, as the right hon. Member for New Forest West said, parents need to have somewhere to turn.

From perinatal to neonatal care, that help must be universal, it must be statutory and it must be something that the Government are held to account for delivering. This Bill sets us on the path to doing so. It is universal, in that it requires the Government to assess the needs of all babies, parents and carers; it is statutory, in that it gives a legal footing to the support provided; and it is something on which the Government can be rightly held to account, in that it requires Ministers to report annually on the support they are providing and the difference it is making.

Without universal, statutory and accountable support, a vacuum is created, and that vacuum is dangerous, because in the gaps caused by the dismantling of services like Sure Start and health visitors, opportunists who are not fit to care for children and provide advice have thrived. I am talking most prominently here about the infant sleep industry—the wild west, where literally

[Mr Connor Rand]

anyone can pose as an expert and give parents advice that puts their child's life at risk. Sometimes these people call themselves nannies, sometimes maternity nurses and sometimes sleep trainers. They can provide care in the home, or they can share their advice to vast audiences on social media, but in all cases, there is no requirement for them to have any medical training or qualifications. There is no legal accountability for the advice they give and no recognised standard for the support they provide.

The reason I believe this is so dangerous is, as many Members are aware, because of what happened in my constituency two years ago, when a four-month-old died after being placed in an unsafe sleeping position on the advice of a maternity nurse who had no medical qualifications. There was no criminal recourse for that. It was an unimaginable tragedy, but one that I fear is bound to repeat itself unless action is taken.

To further illustrate this point, in May the BBC used undercover filming to expose two prominent individuals in the infant sleep industry who were openly giving advice to parents on safe sleep that could have resulted in the death of their children. Those figures have sold popular books on raising children and have thousands of followers online. The reason that these cowboys have such reach cannot be separated from the dismantling of Sure Start over the last decade and the fact that the number of health visitors has halved in that time. In the absence of services that used to be provided by the state—we have heard a lot from Members on both sides of the House about the importance of in-person support—vulnerable parents have understandably looked elsewhere for that support.

This Bill is an important step towards rebuilding these services and giving them statutory protection both now and in the future. Backing this effort is not just a moral imperative; it is an economic and social one too, because the services that support babies and their parents are essential national infrastructure that is just as important as any other. Investing in babies and young people reaps long-term rewards. In setting solid foundations for lifelong health, brain development and emotional wellbeing, we create a better future for the individual and the society they live in. As the Royal Foundation has said, improved support for infants and the adults around them could add £45 billion to the UK economy each year.

Pam Cox: My hon. Friend mentioned infrastructure. Does he agree that there is a case for redefining that term to include early years provision when we are looking at new housing developments for families?

Mr Rand: Yes, I agree that we should be thinking about the support provided to babies and parents in that way as an important component of national infrastructure; indeed, it is just as important as any other.

The projected reduction in the huge costs associated with poor mental health, reliance on the care system and future criminal behaviour shows how our economy would benefit from increasing the support provided to parents and the adults around them and by creating the conditions that allow parents and carers to stay in work. However, for too long we have failed to grasp the opportunity of investing in babies and parents in those vital early years because it was treated as an afterthought and not a necessity. The Bill will set us on the path to changing that. It is a path where every baby, parent and carer has the help they need to be the best they can be. It is a path where the vacuum in support that exposes us to tragedy is filled by the services the state should always provide. It is a path where that support and those services pay for themselves by making us a stronger, fairer and more prosperous country. That is why I am proud to support the Bill.

1.11 pm

Steve Yemm (Mansfield) (Lab): First, I congratulate the right hon. Member for New Forest West (Sir Desmond Swayne) on securing first place in the ballot and, more importantly, on choosing to use that valuable opportunity to introduce this Bill. There are many subjects that a Member fortunate enough to come first in the ballot might choose. The right hon. Gentleman has chosen one that is both profoundly important and—too often, I think—absent from our political debate: the health and development of babies, the wellbeing of their parents and carers, and the support available to families during pregnancy and the first two years of a child's life. That is why I am so pleased to support the Bill. I do so not only as the Member of Parliament for Mansfield but as a father and a grandfather.

When I think about the matters before us, I think about my own grandchildren, Samuel, Joseph, Rosa and Martha—and indeed those grandchildren in our family who are yet to be born. I think about the families into which they were born, the love and care that surround them and the extraordinary speed with which I have seen them begin to develop a personality, to form relationships and to make sense of the world.

Inevitably, that makes this debate personal, but it should be personal for all of us, because every Member of the House represents thousands of families who want exactly the same thing for their children and grandchildren: for them to be safe, healthy, loved and given the best possible start in life. The wellbeing of babies should therefore not be a party political matter. As many hon. Members have alluded to, babies do not comment on my Facebook posts or attempt to come to my surgery, yet the decisions we take in this House shape the circumstances in which those children begin their lives. That is why the Bill matters so much.

The 1,001 days between conception and a child's second birthday are not simply a preliminary period before the more important business of education begins. It is the period in which the foundations of a child's physical health, emotional security and ability to form relationships, develop language and develop future capacity to learn are all being laid. A child does not suddenly acquire life chances when they first walk through the school gates; by that point, a great deal has already happened.

Of course, we should never suggest that the course of a child's life has been irreversibly decided before the age of two. Children are resilient, families overcome extraordinary difficulty, and good schools, good public services and strong communities can transform lives. However, we should recognise what the evidence and

the daily experience of families tell us. Early relationships, responsive care, good nutrition, physical safety and the emotional wellbeing of parents all matter enormously, and when a family needs help, the earlier that help is available, the more effective it is likely to be. We talk a great deal in this place about prevention—about preventing ill health, family breakdown, or children falling behind at school—but prevention requires us to act before a difficulty becomes a crisis, and to invest political attention in people whose needs are not always visible or vocal.

That is the central strength of this Bill. It does not attempt to invent an entirely new structure or prescribe from Westminster how every service in every community should operate; instead, it seeks to place a stronger and more enduring statutory foundation beneath the support that families already need and, in some places, already receive. Supporting families does not mean replacing them—parents are the first and most important people in a child's life. Our role, and the role of government, is not to take over the ordinary work of raising children; it is to create all of the conditions in which families can fulfil those responsibilities. As such, the best services work alongside families. They respect parents' knowledge of their own children, offer reliable advice, identify risks, and help parents to develop confidence.

That is also why services need to be welcoming and non-stigmatising. If support is associated only with crisis, parents may delay asking for help because they fear judgment. The Government's Best Start family hubs and healthy babies programme provides an important basis on which to build. The commitment of £500 million between this year and 2029, the expansion of Best Start family hubs across every upper-tier local authority, and the enhanced healthy babies support in areas of high deprivation all demonstrate that the Government understand the importance of this period.

All Labour Members should be proud of the legacy of Sure Start. At its best, Sure Start understood that children's wellbeing could not be separated neatly into health, education, family circumstances and so forth. It brought support into communities and created places where parents could seek assistance without stigma. My own daughter described Sure Start centres in Mansfield as "the best place in the universe", so we should learn from the best of Sure Start, the family hubs programme, and the experience of Start for Life. Families are more interested in whether doors are open, the staff are present and help is effective than they are in thinking about the organisational model.

When I consider this Bill, I naturally think about my own family, but I also think about the generations of children in Mansfield and across the country whose names we do not yet know. If we believe that every child should have the opportunity to flourish, our commitment cannot begin at nursery or primary school; it must begin at the beginning.

I congratulate the right hon. Member for New Forest West again, and hope that Members across the House will allow the Bill to proceed without dividing, work constructively on its detail in Committee, and give support for babies and their families—the enduring foundation that they deserve and that this Bill can help to provide. I commend the Bill to the House.

1.20 pm

Antonia Bance (Tipton and Wednesbury) (Lab): I thank the right hon. Member for New Forest West (Sir Desmond Swayne), who I think has just stepped out for a moment, and all my hon. Friends who have worked on this matter for so long, not least my hon. Friend the Member for Washington and Gateshead South (Mrs Hodgson).

I rise today to speak particularly on behalf of a group of babies who are particularly vulnerable and sometimes forgotten: babies who live with their families in temporary accommodation. There are 177,500 children living in temporary accommodation at the moment—a record level. We all wish that level to be brought down, and yesterday I listened to a statement from my right hon. Friend the Secretary of State for Housing, who set out plans as to how exactly we will do that.

But for the moment, those 177,500 children remain in temporary accommodation, often in single rooms with shared facilities, living with damp and mould, and with no space to play, crawl or learn. They are often moved repeatedly, and are in a situation where their families lose touch with support networks; services struggle to keep in touch, as those families are far from their GPs, their health visitors and the hospital where their babies were born—multiple bus journeys away from the schools, early years settings and SEND specialists who were previously supporting them.

Mr Rand: Would my hon. Friend join me in welcoming the fact that our new Mayor of Greater Manchester, Bev Craig, has agreed to provide free bus travel for children in sheltered accommodation, which will hopefully go some way to making a difference to those children? I hope that this will be replicated in other areas across the country.

Antonia Bance: I thank my hon. Friend for that intervention. What a fantastic idea from our brilliant new Mayor of Greater Manchester—one that I will raise with our fantastic Mayor of the West Midlands to see if we can do something similar. I frequently argue with my Sandwell council to ensure that bus passes are provided to families in temporary accommodation.

For some families, though, life in temporary accommodation can be even more devastating. Our friends at the all-party parliamentary group for households in temporary accommodation set out evidence showing that 104 children died in temporary accommodation between 2019 and 2025, and 75 of those were under the age of one. The Lullaby Trust, which does work on sudden infant death syndrome, sets out that temporary accommodation provides the ideal environment for unsafe sleeping. Often, these children are placed with their families in single rooms without cots; in 2023, 4,100 babies under one were placed in temporary accommodation by councils that provided no safer sleep advice to those families, and 903 babies were placed by councils in rooms without cots.

This is personal. Babies in the 10% most deprived areas of the country are twice as likely to die as those in the 10% least deprived areas. My constituency is the 38th most deprived out of the 543 constituencies across England. I am always bound, when I say stats like that about Tipton, Wednesbury and Coseley, to say: we are proud, we are resilient, we care about our kids and we want the best for them. But, as our Prime Minister has

[Antonia Bance]

set out, 40 years of deindustrialisation and 15 years of austerity has put us at the bottom of all the wrong lists, and it is our job to reverse that.

Two hundred and twenty-two families are in temporary accommodation in my borough of Sandwell, with more in the bit of Dudley that I represent—that is 554 children. I am sure that other hon. Members will agree with me that there are some constituents who contact us who we worry about—and we worry about them constantly. We all have our lists. I know my families in temporary accommodation. Every one of them gets a call from my office every two weeks to find out where they are up to. Every one of them has been asked by my office, as soon as I know that they are in TA, "Do you have a cot for your little one?" Please ask families you come into contact with in temporary accommodation if they have cots, and please do your level best to find them a cot if they do not have one, because temporary accommodation is not safe for babies, and we should all be aware of that.

I think of the families I have met. I met Katie in central Wednesbury, pushing her two sons through town, on the first day that I was a candidate. I do not think my agent thought that one of his jobs was going to be childcare for small children, but it was because I needed to speak to Katie. She talked to me about how the council had placed her two bus rides away in Walsall, and she was trying to keep her autistic son in his nursery setting, by hook or by crook, on two buses. Then, quietly, she rolled up her sleeve and showed me the insect bites from the infestation in the temporary accommodation that she was living in. She told me that she was ashamed to show me. The shame is not hers; the shame is all of ours that that was where she was living. It was not for long—we got her out—but there are still families in those situations.

I think of Sarah—these are not their real names, by the way—trying desperately to cook, with three children, in a shared kitchen. How do you cook with three little ones around your feet? You cannot leave them in the single room that is your only private space. Steve, fighting for his family, called me at 20 past 6 about a month ago. He left a message: "Antonia, maybe you can help. We're going to sleep in my car tonight—me, my missus and two kids." They did not sleep in their car. I will not let people sleep in their car and my council, thankfully, will not let people sleep in their car, but I worry about our families in temporary accommodation.

That is why I am here to speak on the babies Bill. Although the babies Bill cannot solve the housing crisis that we face for children in this country, it can ensure that babies caught up in that housing crisis are not forgotten. It will mean support for infants and parents put on a stronger statutory footing; a stronger assessment of need; and accessibility of services that families receive. It will help to make sure that our most vulnerable babies are identified earlier and supported better, especially our babies forgotten in hotel rooms, two bus rides away from where they usually live.

The Bill will build on a measure introduced by my right hon. Friend the Member for Houghton and Sunderland South (Bridget Phillipson) in the Children's Wellbeing and Schools Act 2026 that councils must notify schools, GPs and health visitors when a child is placed in temporary accommodation. That means that better access to health visitors, stronger perinatal mental health support and earlier intervention to stop escalation will be more likely to happen for children in temporary accommodation. It means a better chance to thrive for some of our children, despite the challenges that their families face.

I have to end by paying to tribute to my three family hubs—my Tipton family hub, my Wednesbury family hub and my Coseley family hub—because behind every statistic is a child and a family left devastated. We remember every one of the 76 babies who died in temporary accommodation between 2019 and 2025. They should not have died; they should have been safe. The Bill will protect services for all children, especially the most vulnerable, like our babies in temporary accommodation, and I am proud to support it today.

1.28 pm

Jess Asato (Lowestoft) (Lab): I also hugely thank the right hon. Member for New Forest West (Sir Desmond Swayne) for bringing forward such an important and necessary Bill, which has my wholehearted support. I declare my role as chair of the all-party parliamentary group for children and as a member of the parliamentary advisory group for the 1001 Critical Days Foundation. I also proudly declare that, a decade and a half ago, I worked for Dame Tessa Jowell, who pioneered the transformational Sure Start programme that the spirit of the Bill echoes back to. When announcing the first Sure Start trailblazers in this very place, she said that we are not prepared to allow children's opportunities to be set on the day that they are born.

The nature of parental influence on babies was brought up with me recently, when my daughter stayed with a family friend, and on her return said, "Mum, she taught me a brilliant poem by a guy called Larkin." It goes:

> "They"—

mess—

> "you up, your mum and dad,
> They may not mean to, but they do.
> They fill you with the faults they had
> And add some extra, just for you."

As shocked as I was at hearing her use the vernacular, I was delighted that she had discovered Larkin, as "This Be the Verse" was also a favourite of mine as a teenager, but I know more now than I did when I was a teenager. We now have the brilliant research and evidence that shows that with support, parents can bond and love their babies. Breaking the stranglehold of intergenerational trauma is possible.

There was a huge wealth of evidence that sat behind the need for Sure Start, so it was devastating to see that by the time I was having children, the strong political consensus built by the late 2000s around the value of investing in the early years had become undone. It is, after all, easy to make cuts to services supporting babies, given that they neither have a voice or a vote. It is also heartbreaking that the most recent evidence by the IFS, quoted today, shows that children who attended Sure Start had higher educational attainment, particularly those from the most-disadvantaged backgrounds. That was exactly the ambition and what underpinned the introduction of Sure Start by Tessa, David Blunkett and others, only to come to fruition after the whole programme had had the rug pulled from under it.

However, I think Tessa would be delighted to see, through this Bill, the reforging of that cross-party consensus on the issue of support for babies and their parents. For that I thank Dame Andrea Leadsom, who co-chaired the 1,001 days all-party parliamentary group with Tessa, for her work on making the Bill a reality, and carrying the love for the smell of babies—which they regularly discussed in Tessa's office—into her programme of work at the Department of Health and Social Care, alongside former Minister Will Quince. I also thank Jess Mills, Tessa's daughter, and her organisation Start Strong, through which Tessa's legacy lives on.

It is our duty to not just to Tessa's memory, but the lives of babies and parents across the country facing the stark inequalities at the start of life, to embed the principles behind the Bill in legislation, so that they can stand the test of time. I have a particular interest in safeguarding, and given that babies under the age of one account for a third of serious safeguarding reviews, and around three fifths of child deaths reviewed nationally, any Bill that makes babies more visible to multiple services is incredibly welcome.

It is a stain on our idea of equality that so many babies in this country begin life already at a disadvantage, that babies in the top 10% most-deprived areas are more than twice as likely to die as those in the 10% least deprived, and that almost a third of parents cannot afford to provide balanced meals. The Bill will only succeed if it makes that scandal of inequality an issue that no future Government can simply ignore. It must be strong enough to hold successive Governments' feet to the fire. For that to happen, the Bill must have the teeth to achieve it.

I am slightly concerned that the strength of the accountability process set out by the Bill is undermined by the ability of any Secretary of State being held to account by it to define the scope against which they are assessed. To me, that is not strong enough. I would like to see in the Bill the specific outcomes that Governments must improve for babies and young children. There is precedent for that. The Childcare Act 2006, which helped establish the framework for Sure Start children's centres, placed a duty on English local authorities to not only improve the wellbeing of children in their area but, crucially, reduce inequalities between young children across a number of named outcomes, including physical and mental health and emotional wellbeing. If we want successive Governments to work to improve outcomes for our babies, that requires us to be bold enough to say so in primary legislation. If we could place that duty on local government 20 years ago, surely we can ask the same of our national Government today.

It is, of course, heartening to see the investment that the Government are providing and that they are rolling out more Best Start family hubs. I recently visited Kirkley Best Start family hub in Lowestoft to see its perinatal mental health support in action. While there, we met a mother who experienced a mental health crisis and found it difficult to bond with her baby. With support from the mental health worker, she and her husband were slowly able to build those blocks. When I met them, she said that things were still hard but she was able to love her baby, now a curious toddler, and she called her worker her rock.

Relationships are the key. This is not just a service or intervention, but the very best of what Tessa would call the "relational state". Perhaps man may not need to hand misery on to man, and this Bill can play its part in that.

1.35 pm

Dr Allison Gardner (Stoke-on-Trent South) (Lab): I have spoken in this House before about Stoke's rates of infant mortality, which consistently rank among the highest in the country. In the latest data, the infant mortality rate in Stoke-on-Trent was 7.6 deaths per 1,000 live births, almost double the national average. It is a stain on our society that in 2026 a child's chances of reaching their first birthday can be influenced by where they are born. Infant mortality is explicitly linked to socioeconomic deprivation and is a consequence of deep-rooted inequality.

Tackling our infant mortality rate is a goal that is deeply important to me, and I want to take this opportunity to tell the story of one of my constituents, Ashley Wilshaw—I will get upset—and the short life of her baby daughter, Chloe. It is upsetting, so if anybody who has experienced baby loss wants to step out, I am sure that Madam Deputy Speaker will understand.

Chloe was born prematurely, just before 26 weeks, on 28 April 2011. That may sound like a long time ago, but it is not to Ashley. She was, in her mum's words,

"a settled, healthy and happy baby, a baby who knew what she wanted and fought so hard to be here."

As a premature baby, Chloe was at high risk of necrotising enterocolitis, or NEC, a serious bowel condition that can become life-threatening without quick intervention. Chloe had received blood transfusions and had been given formula milk, which are both risk factors for NEC. Chloe began to show signs that something was wrong. She became pale and quiet, her body temperature lowered, her heart rate rose to 200 beats per minute, she struggled to breathe, she began vomiting profusely and she refused feeds. Her abdomen became hard and distended, and blood appeared in her feeding tube—a clear sign of a perforated bowel, which leads to sepsis.

Ashley did what any concerned parent should do—she asked questions, but she was not listened to. She was told that the blood was Gaviscon and that Chloe needed to continue being fed and medicated, causing Chloe agony. Ashley still was not listened to. When she persisted in raising concerns about Chloe, one nurse described her as an "over-the-top mother". Chloe's symptoms worsened. The investigations that may have identified the problem sooner were not carried out when they could have made a difference. Lactate levels were not checked. Blood gases were not carried out as appropriate. Scans focused narrowly on her lungs, and feeding continued despite signs of feed intolerance.

Tragically, little Chloe died on 4 June 2011, aged just 37 days old. Leaving behind a very traumatised mum who, 15 years later, still struggles every day with her mental health to cope with the memory of the unnecessary pain and death of her precious baby girl.

Amanda Hack: I thank my hon. Friend for giving way in such an emotional debate. Does she agree that looking after mothers before, during and after having a baby is vital, particularly when birth trauma or, sadly, baby loss is suffered?

Dr Gardner: I wholeheartedly agree. I have never experienced it myself, but I live in awe of how women keep managing to go, day to day, having had that experience.

After fighting for answers, Ashley finally achieved an independent review, which identified missed opportunities to detect and treat Chloe's NEC earlier, alongside multiple instances of sub-optimal care. That review came after four earlier investigations, fought for by Ashley, that, by the trust's own admission, had not been conducted to the required standard.

Finally, the Royal Stoke hospital has accepted the independent review and its conclusions in full. It has apologised to Chloe's family and acknowledged that Chloe most likely would have survived had those opportunities to detect and treat her NEC not been missed. This is devastating, because at the heart of this case is a mother who knew that something was wrong; a mother who should have been listened to, and a baby girl fighting to live.

I must state that the Royal Stoke has made considerable improvements to its maternity services in recent years. At the time of Chloe's short life, the maternity service was rated as requiring improvement, with safety rated as inadequate. However, after much work, self-reflection, culture change and process improvements, the service is now rated good. I had the honour of visiting and seeing the work of the amazing midwives. I commend the hospital for turning things around.

Adam Jogee (Newcastle-under-Lyme) (Lab): My hon. Friend and constituency neighbour just acknowledged the massive improvements at the Royal Stoke hospital, and I join her in doing so because the impact on both my constituents and hers has been huge.

Dr Gardner: My hon. Friend was with me on that visit, and I am sure he remembers how impressive it was. Importantly, one of the areas highlighted in that service improvement was communication with families and the way that feedback and concerns are now heard and acted upon. Listening to parents is not an optional extra; it is part of delivering safe and effective care. I ask only now, 15 years after Chloe died, that the hospital finally forward the agreed settlement to Ashley. She wants to provide a caravan holiday home by the sea for parents who have experienced the loss of a child, to allow them time to grieve and rest from the trauma.

That brings me back to why the Bill matters. It calls for better support, guidance and information for parents and carers. In providing that support, we must recognise that parents know their children best. They know what is normal for their baby. They notice when something is changing. They may not always have the medical vocabulary to explain exactly what is wrong, but their observations are valuable. Their concerns should be acknowledged and considered and, where appropriate, incorporated into the clinical picture. Chloe's case shows why that matters. Ashley saw that something was wrong; she raised concerns, she asked questions and she should have been listened to.

Even while contending with the grief of losing her daughter, Ashley has sought to ensure that another family does not experience what hers did, and to ensure that Chloe's legacy lives on. Ashley has developed recommendations for dealing with NEC, which show exactly what better support and guidance are needed—practical recommendations grounded in her lived experience. I ask the Minister to meet Chloe's mother Ashley Wilshaw and me to discuss the recommendations and the lessons that can be learned from Chloe's case. In the interests of time, I will not go through them now.

I will never forget little Chloe Wilshaw or her brave mum Ashley. I hope Ashley has received some comfort from today. She has been listened to. I thank the Bill's sponsor, the right hon. Member for New Forest West (Sir Desmond Swayne), for bringing this crucial Bill to the House, and my hon. Friend the Member for Washington and Gateshead South (Mrs Hodgson). I am honoured to support the Bill. With it, we may create a brighter future for all our children.

1.43 pm

Ruth Jones (Newport West and Islwyn) (Lab): I pay tribute to the hon. Member for Stoke-on-Trent South (Dr Gardner) for her emotional contribution, and I hope baby Chloe's mum feels that her case has been aired here today. I thank the right hon. Member for New Forest West (Sir Desmond Swayne) for introducing the Bill. It is a really important one. Infants, parents and carers—it covers it all. He has paid tribute to all those whose work he is building on, such as Dame Andrea Leadsom, Tessa Jowell and my good friend and previous office buddy, the hon. Member for Washington and Gateshead South (Mrs Hodgson).

What does this Bill do? It proposes a legislative framework focused on three linked elements in infant support services: assessment of need, provision of services and reporting. We cannot get anything right until we know what is happening, so assessment is critical. As the right hon. Member for New Forest West said, it is a short Bill, but it is a high-level one. I am sure that in Committee the Bill will be gone through with a fine-toothed comb and that the Minister will have a lot to work on from it.

Why 1,001 days? We have already heard clearly the evidence about the 1,001 days from conception to two years old. From my 30 years' experience as a paediatric physiotherapist, I know just how important that period is. I could see how important the care was that the mum received during pregnancy. I have seen babies born with foetal alcohol syndrome and babies who are six hours old going through heroin withdrawal. We must not see these things again. We must do what we can to stop this, and that is why the Bill is so important.

Madam Deputy Speaker, you may be asking why a Welsh MP is talking about a Bill that applies only to England, but my experience in the Welsh services, as well as the English services, showed me just how important the early days are. That is why Sure Start was so important, and in Wales we have Flying Start. We know that if a mum goes to regular antenatal checks and has the scans, things can now be picked up very early. We can actually treat children in the womb. That is fantastic news and can ensure a great start for any baby who has problems that are discovered before birth. Obviously, after birth, the use of health visitors is vital.

We have already talked about home visits. It is not enough to have an online visit. Baby P was a clear example of what can go wrong. Professionals can be hoodwinked, and that is not right—we need face-to-face visits. When I was a physiotherapist, home visits told

me so much about the family. By just walking through the door I could tell what level of money they had or what it smelled like. I would know what was going on in that family and intuitively how much more help they might need. We have heard clearly today about the history of the erosion of Sure Start. It is important that services are set out in statute, so that they cannot be eroded. The evidence is clear that 1 million neuropathways are set up every second, as my hon. Friend the Member for Washington and Gateshead South said. We also know from the terrible evidence of children who have been isolated in orphanages with a lack of stimulation and the problems that they had that that ground can never be made up. That is why this Bill is so important.

We need a level playing field in order to bring everybody up to a suitable level. I could go on and on, but I will not. I am proud of what has been achieved by Labour Governments in the past, but I am equally proud of what this Bill will do in the future, and I thank the right hon. Member for New Forest West for bringing it forward today.

1.47 pm

Dr Caroline Johnson (Sleaford and North Hykeham) (Con): I congratulate my right hon. Friend the Member for New Forest West (Sir Desmond Swayne) on bringing forward this important Bill and on winning first place in the ballot. I would like to put on record my thanks to the hon. Member for Washington and Gateshead South (Mrs Hodgson) for her work on this topic. I also thank Will Quince and Andrea Leadsom and the 1001 Critical Days Foundation for their work.

I must declare an interest: I am a consultant paediatrician, a member of the Royal College of Paediatrics and Child Health and a mother of three. The Chair of the Education Committee, the hon. Member for Dulwich and West Norwood (Helen Hayes), spoke of the importance of universality and concerns faced by all parents, especially first-time parents, and I agree. I was very familiar with babies when my first was born—I was working as a registrar in a large, highly specialised neonatal intensive care unit looking after babies with sepsis, babies born months early and those who were having surgical operations—but being a parent is different: the love, the joy, the sheer responsibility of looking after that little bundle of love. I am grateful to the midwives who provided me with support at that time, and I particularly remember Marie, who was good to me throughout all three of my pregnancies.

The 1,001 day window from conception to age two is crucial. It is where the human brain is most malleable. It grows and develops rapidly and is making literally millions of connections. The care received and the opportunities provided through that period affect brain growth and the child's development. Positive interactions—play, reading, singing and cuddles—strengthen that process. They improve brain connections, support healthy development, and improve emotional regulation and social skills. This continues into the long term. Sadly, the converse is also true: unresponsiveness, neglect and trauma interfere with this biological process. They disrupt the white matter structure connections. They affect a child's brain growth.

Successive Governments have recognised how crucial the early years are, and have tried a combination of various types of services—some universal, some targeted, but all with the same aim of improving children's lives. Sure Start has been mentioned. The ringfence was removed, allowing local decision making—I believe that the new Prime Minister calls this "devolution". The overall budget was strained, resulting in difficult choices, and under pressure, councils of all colours made some unwise decisions to cut some services. Previous Conservative Governments tried to support children with funded nursery and childcare hours, tax-free childcare and family hubs. In a recognition that children spend most of their time at home, the Hungry Little Minds programme supported parents in helping their children at home.

The 1,001 days from conception to two years are key, but I draw the House's attention to the fact that care for a baby can start before conception. The national health service website advises women considering a pregnancy to ensure they have had a measles, mumps and rubella vaccine, smear test and sexually transmitted infection checks; have stopped smoking; and are a healthy weight. It advises them to take vitamin D and folic acid, and to discuss any prescription medicines with their general practitioner to see whether they are suitable for pregnancy. The Government have ensured that, by the end of this year, non-wholemeal wheat flour must be supplemented with folic acid, which will reduce the number of neural tube defects. The Tobacco and Vapes Act 2026, when it starts to have effect, will also help to reduce problems in pregnancy.

The Bill has been produced with the support of the Department of Health and Social Care, but it requires work across Government. It is not just the health service that will deliver better opportunities for children. There is obviously a role for the Department for Education, and things like air quality, transport services for people to access the services provided, and a strong wider economy are all important. My hon. Friend the Member for Bexhill and Battle (Dr Mullan) said that fewer people live near their extended family than was previously the case. That is something important to consider as we ensure that people have local support.

The Bill will put children's services on a statutory footing, but regulations will determine what that means. I am particularly interested in whether the Bill would have helped to protect two services that were given to my constituents. The Safe Families edge of care service provided befriending, practical help at home and daytime care. It ended on 30 June and has not been recommissioned by the Reform county council. This service tried to help children and families who were in difficulty and whose children were at risk of being taken into care; it tried to keep families together while ensuring that the child was safe. That has been cancelled. Reform also stopped Lincolnshire county council's voluntary youth services grant funding. I am interested in understanding the Government's plan for the regulations, because although the Bill protects services, regulations will say what those services will be and whether they will be funded. I am interested in hearing from the Minister about that.

I am also interested in the use of the services themselves. We had a debate on vaccinations in Westminster Hall just the other day. Vaccinations are available for free for everyone, but not everyone takes them up. We can have the best services in the world, but if they are not used by the people who need them, they will not be effective. I am interested in understanding how the Minister intends to ensure a good uptake of the services.

[Dr Caroline Johnson]

Every single baby is precious. As we have heard, everyone across this House wants children to have great opportunities. We all want them to achieve their best potential. That requires teamwork—parents, wider family, friends, community and tax-funded services. We must all play our part. Supporting the Bill may help to support children, and I will support it today.

1.54 pm

The Minister for Public Health and Patient Safety (Dame Diana Johnson): I am grateful for the opportunity to speak on behalf of the Government in support of the Bill. I congratulate the right hon. Member for New Forest West (Sir Desmond Swayne) on securing first place in the private Member's Bill ballot, and on bringing this important Bill before the House. In the 21 years that I have been in this place, I have never even got close to getting a private Member's Bill, but I heard from the right hon. Gentleman that he had had to wait 30 years to get his, so there is hope for us all. It has certainly been worth the wait. The Bill reflects both careful thought, and a determination to ensure that babies, parents and carers receive the sustained attention that they deserve.

I also recognise the valuable work of the 1001 Critical Days Foundation, and in particular Dame Andrea Leadsom's long-standing commitment to that agenda. I served in Parliament with Dame Andrea, and I know that over many years she has helped to build understanding across Parliament, and beyond, of why pregnancy and the first two years of life matter so profoundly. Her leadership has kept babies and their families at the heart of the national conversation. I also commend the work of the CEO of the foundation, Will Quince, who previously served in this House and was a Health Minister, and of course I thank my distinguished colleague, the right hon. Lord Blunkett for all his work in this area. I want to refer to the late Baroness Tessa Jowell, who has been mentioned many times during this debate, and her pioneering work around Sure Start, which I will say a little more about later in my speech. I also thank Graham Allen, the former MP for Nottingham North, for all his work in this area. I am grateful to all the organisations, professionals, parents and carers whose advocacy and experience have shaped this debate.

I acknowledge the many excellent contributions we have heard today, but I will start with the outstanding speech made by my hon. Friend the Member for Washington and Gateshead South (Mrs Hodgson), who until this summer was an excellent Minister in the Department of Health and Social Care. In the 21 years that she has been a Member of Parliament, she has fought long and hard for the rights of babies and children, be that by promoting school food or free school meals or special educational needs, or in this case through all the work she has done to ensure Government support for the Bill. As she said, "Back our babies, back the Bill." She has been campaigning on these issues for so long—indeed, as the right hon. Member for New Forest West said, "since God was a boy". In my view it is "since God was a girl", but I thank my hon. Friend for all the work she has done.

We have had important and wide-ranging contributions from Members across the House covering many issues, and I will highlight a few. My hon. Friend the Member for Dulwich and West Norwood (Helen Hayes), the Chair of the Education Committee, gave us the excellent phrase that is outside Sheringham nursery and children's centre: "Building brains here". I think that is very powerful. We heard from my hon. Friend the Member for Ribble Valley (Maya Ellis) that raising children is a public good and we all have an interest in it. The hon. Member for Twickenham (Munira Wilson) spoke about the important role of charities and the voluntary sector, of Home Start, and of the Extra Mile charity in her constituency. The hon. Member for North East Hampshire (Alex Brewer) talked about medical misogyny and domestic abuse, which are really important issues, and my hon. Friend the Member for Sherwood Forest (Michelle Welsh) talked passionately about her frontline experience of early intervention at Sure Start and, absolutely, the power of sitting down with a cup of tea and having someone to talk to. I also pay tribute to her role as the Government's national maternity adviser, and her wise counsel in that role.

David Smith (North Northumberland) (Lab): Will the Minister give way?

Dame Diana Johnson: I will carry on, because I want to say something about other hon. Members. My hon. Friend the Member for Glasgow East (John Grady) spoke as a recovering lawyer and talked about safeguarding issues. I found his scrutiny of the Bill's clauses interesting and important, and we will obviously reflect on that. I wish the hon. Member for Carshalton and Wallington (Bobby Dean) well as a new parent—I think he is the newest parent in the House, so all the very best with that. He talked about maximising the potential of every child.

My hon. Friend the Member for Edinburgh North and Leith (Tracy Gilbert) talked about surrogacy and made passionate comments about the surrogacy laws, particularly in respect of international surrogacy. My hon. Friend the Member for Croydon East (Natasha Irons) gave her personal reflections and talked about her community. The hon. Member for Chichester (Jess Brown-Fuller) talked with great skill and knowledge drawn from experience in her role on the APPG, and talked about the importance of support for mums. I add my best wishes to those of my hon. Friend the Member for Aylesbury (Laura Kyrke-Smith) to Hallie on her first birthday.

We heard about health inequalities. My hon. Friend the Member for Altrincham and Sale West (Mr Rand) talked about how investing in babies will provide the fairer, stronger and more prosperous country that we all want to see. My hon. Friend the Member for Mansfield (Steve Yemm) talked from the perspective of being a grandfather. My hon. Friend the Member for Tipton and Wednesbury (Antonia Bance) talked about temporary accommodation. My hon. Friend the Member for Lowestoft (Jess Asato) quoted one of my favourite Larkin poems—Philip Larkin was the librarian at the University of Hull for many years, and as a Hull MP, I know that poem very well—and talked about the importance of getting safeguarding right.

My hon. Friend the Member for Stoke-on-Trent South (Dr Gardner) spoke passionately on behalf of her constituent, Ashley, and baby Chloe. I am very happy to meet my hon. Friend and Ashley, and I am pleased to

hear about the improvements that have been made at the Royal Stoke hospital. My hon. Friend the Member for Newport West and Islwyn (Ruth Jones) brought her experience and knowledge as an NHS professional to the debate.

Rachael Maskell (York Central) (Lab/Co-op): Many Members were unable to contribute to today's debate but have much to say, so will the Minister meet those Members to discuss further issues that were not raised during the debate?

Dame Diana Johnson: I know that my hon. Friend has a great deal of experience in this area. My door is always open to Members of Parliament to discuss issues within my portfolio, so yes, of course I would be happy to meet those Members.

I want to say a little bit about the importance of the first 1,001 days. The Government have set out an ambition to raise the healthiest generation of children ever, and to give every child the best start in life. If we are to achieve that, we must begin at the very beginning. The 1,001 days from pregnancy to a child's second birthday are a unique window of opportunity. During that short period, babies' brains, bodies and relationships develop at extraordinary speed. The experiences they have and the care and support around them help to lay foundations for physical health, emotional wellbeing, communication and learning. I have seen that myself in recent weeks with the birth of my great-niece, Isabelle Diane.

A baby does not develop in isolation: their world is shaped by the adults who care for them. Supporting a baby therefore means supporting the whole family, helping parents and carers to build confidence, protecting their mental health, strengthening the parent-infant relationship and providing practical help with feeding and child development.

Katrina Murray (Cumbernauld and Kirkintilloch) (Lab): On that point, will the Minister give way?

Dame Diana Johnson: I will carry on.

That support must be accessible and compassionate. Parenthood can be joyful, but it can also be exhausting and isolating. Some families face the additional pressure of poverty, insecure housing, poor mental health or limited support networks. Early help cannot remove every challenge, but it can prevent difficulties from escalating and reduce inequalities before they become entrenched. That is why the child poverty strategy is also so important, alongside all that this Government are doing. Early intervention is not only the right thing to do for babies and families now; it is an investment in the future. When parents and carers receive the right help at the right time, children have a strong platform from which to grow, learn and thrive, and there is less need for costly crisis intervention later on.

I want to say a few things about Sure Start. We all know that well-designed support can make a lasting difference. Sure Start, launched in 1998 under the previous Labour Government, brought health, early learning, childcare, parenting and wider family support together for families with children under five. At its best, it offered a trusted local front door, with professionals working around the needs of the child and the family, rather than expecting families to navigate a maze of separate services.

The long-term evidence of the success of Sure Start is compelling. Research by the Institute for Fiscal Studies found that children with greater access to it experienced fewer hospital admissions later in childhood and adolescence, better educational outcomes, improved mental health and lower levels of school absence. That was felt even more profoundly by children growing up in disadvantaged communities. Very importantly, there is also a strong economic case. The central estimate is that Sure Start's long-term financial benefits were about twice its up-front cost. That matters, because it shows that early support is not simply a desirable addition to public services, but can improve lives, reduce pressure on health and education services, and provide value for the taxpayer.

The lesson is not that every aspect of the past should be reproduced unchanged. It is that trusted local provision, early help, joined-up services and a clear focus on families can make a measurable difference. Those principles run through the Government's approach today. Through the Best Start family hubs and the healthy babies programme, we are building a more joined-up, prevention-focused system of support. As part of the wider best start in life agenda, Best Start family hubs are designed to give families a clear route to the help and support that they need, making it easier for them to find information, advice and practical help, from pregnancy through to childhood. They bring together health, early education and wider family services, and connect parents and carers with support with parenting, relationships, child development, special educational needs and disabilities and financial wellbeing, and with community support. Since April 2026, all 153 upper-tier local authorities in England have been delivering the programme.

The healthy babies programme sits at the heart of the Best Start family hubs, providing focused help from conception to the age of two, particularly with infant feeding, perinatal mental health and parent-infant relationships. Those services support parents and carers to nurture their babies and promote healthy physical, social and emotional development. The Government are investing £200 million in healthy babies over three years as part of our wider £900 million package for Best Start family hubs and healthy babies. The healthy babies funding is helping 75 local authorities with high levels of deprivation to strengthen those services. The support is practical and preventive, and includes one-to-one and peer support with infant feeding, help with mild to moderate perinatal mental health difficulties, and evidence-based work to strengthen the relationship between parent and baby. The support also helps local areas to publish clear information and involve parents and carers directly in designing and improving services. Importantly, this is not a one-size-fits-all model. Local areas are responding to the needs of their own communities.

Effective support is about not simply making services available, but ensuring that parents, carers and expectant families feel confident seeking help and can access it when they need it. It means building on the strengths already present in communities, creating opportunities for families to support one another, and developing trusting relationships so that no family feel that they must face challenges on their own. Through the 10-year

[Dame Diana Johnson]

health plan, we are committed to expanding healthy babies nationally over the coming decade. We want to create a visible local offer, rooted in neighbourhoods and designed around families.

So why is the Bill needed? The Government are taking action to support babies and their families, but history shows us that effective early years support can be vulnerable when it depends mainly on time-limited programmes, non-statutory guidance or broad general duties. Priorities and funding arrangements change, and services that families value can lose visibility or become fragmented. As one of those who was around during the time when we had to fight to try to keep Sure Start in place, and who heard the warnings about how short-sighted it was to cut and dismantle the service, I know that the battle is really hard, so the Bill is very welcome.

The Bill provides a focused and proportionate response. Its central purpose is to ensure that the needs of babies, parents and carers are systematically understood, reflected in relevant decisions and made visible to Parliament. Pregnancy and the first two years should not be treated as a passing policy priority; they should receive sustained attention over time. The Bill does not create a new individual entitlement to a fixed list of services, and it does not prescribe a single model of what these services should look like. Instead, it creates a durable national framework, so that decisions on infant support services are informed by evidence, assessed need and the lived experience of families.

As we have heard, the Bill establishes five linked duties. First, the Secretary of State must make regulations specifying the publicly funded infant support services and relevant functions to which the framework applies. Secondly, the Secretary of State must assess the expected level of need for those specified services. Thirdly, in preparing that assessment, the Secretary of State must take reasonable steps to seek the views of parents, carers and those expecting to become parents or carers and must take those views into account. Fourthly, the Secretary of State must exercise the specified functions with a view to ensuring appropriate provision. Finally, the Secretary of State must report annually to Parliament on the level of provision and the contribution that those services make to positive outcomes.

The Government support the Bill because it aligns with our priorities. It advances our ambition to raise the healthiest generation of children ever and reinforces the work that is under way through the healthy babies programme and Best Start family hubs. For those reasons, the Government are supporting the Bill this afternoon.

2.10 pm

Sir Desmond Swayne: With the leave of the House, I would like to thank hon. Members for their contributions. I am presented with the difficulty of forming a Standing Committee that balances those who supported the Bill on Second Reading with those who opposed it. If any of those Members who were unfortunate in not catching your eye, Madam Deputy Speaker, nevertheless want to serve on the Standing Committee, I will attempt to accommodate as many of them as I can.

During the debate, a number of Members referred to the need for breastfeeding and its importance. It reminded me that for many years, my wife was a breastfeeding counsellor for the National Childbirth Trust. Part of the training for that involved being a breastfeeding agent for the Egnell breastfeeding pump, which clients could hire for £1 a week. It was a bit like an iron lung that sat in our basement. It went "ta-pocketa-pocketa-pocketa" and extruded the milk. It was always a mystery to me why my SodaStream delivered a cloudy product, and it was not until later that I discovered that I had been serving milkshakes, because my wife had been using the machine and storing her product in the ice maker.

The Education Act 1944, or the Butler Act, which made such a profound difference to the lives of children in our country, was preceded by the coalition Government's White Paper, in which they set out their vision in 1943 for

"a happier childhood and a better start in life".

Let us hope that we have begun a process today with this legislation that will have as profound an impact.

Question put and agreed to.

Bill accordingly read a Second time; to stand committed to a Public Bill Committee (Standing Order No. 63).

Northern Ireland Troubles (Criminal Investigations etc) Bill

Second Reading

2.13 pm

Lincoln Jopp (Spelthorne) (Con): I beg to move, That the Bill be now read a Second time.

I am grateful to the sponsors of this snappily-titled Bill, who are the deputy Leader of the Opposition, my hon. Friend the Member for Brentwood and Ongar (Alex Burghart); the shadow Defence Secretary, my hon. Friend the Member for South Suffolk (James Cartlidge); the shadow Justice Secretary, my hon. Friend the Member for West Suffolk (Nick Timothy); the shadow Housing Secretary, my hon. Friend the Member for Weald of Kent (Katie Lam); the shadow Minister for Defence, my right hon. Friend the Member for Rayleigh and Wickford (Mr Francois); my hon. Friends the Members for Broxbourne (Lewis Cocking), for Dumfries and Galloway (John Cooper) and for Solihull West and Shirley (Dr Shastri-Hurst); the hon. Members for Strangford (Jim Shannon) and for North Devon (Ian Roome); and last but definitely not least, because he has been such a massive advocate and supporter of this, my right hon. Friend the Member for Goole and Pocklington (David Davis).

Members will know that one of those sponsors is a Liberal Democrat and another is a Democratic Unionist party Member. I did try very hard to get a Labour Member to sponsor the Bill, but to no avail, and I am very sad about that. Equally, I notice that we do not have here any Members of the self-styled patriots, the Reform party. They do not even have a defence spokesman. I suspect, though, having watched the television last night, that they will have quite a few defence lawyers!

I would like to apologise to the hundreds of people across the country who have written to their MP at my request, asking them to be here today and to support the Bill; I am incredibly sorry that the Government so disliked the Bill that we have had four and three quarter hours of the House in fervent agreement with itself, albeit on a very important issue, which means that I get 15 minutes at the end. This is a tactic. I feel very sorry for those veterans sitting in the Public Gallery, who have been here since 9.30 this morning expecting to hear a debate in support of our veterans. They will be as confused as I am as to why the Government so dislike this Bill.

The reason I am quite so discombobulated is that the hon. Member for Birmingham Selly Oak (Al Carns), who thought this issue was sufficiently important to make it a resigning issue, has sadly not thought it sufficiently important to be here today. He said that the Government's Northern Ireland legacy Bill is not fit for purpose and that

> "It risks failing the very veterans it claims to protect…people who did their duty under conditions most individuals in Westminster will never have to imagine."

The good news is that I do not have to imagine. I declare an interest: this Bill would affect me, because I did four tours of Northern Ireland. I spent three and a half years of my life trying to bring peace to that place.

What I will do, because I am incredibly time constrained, is this. My hon. Friend the Member for Dumfries and Galloway is under orders that at 28 minutes past the hour, he will make a discreet tug on my jacket and that at 29 minutes past he will positively yank me to the Bench in order that the Bill does not fall.

The Bill is very simple. In a nutshell, it would place into law that there could be no further investigations, inquiries, inquests or prosecutions of Northern Ireland veterans unless and until there was new compelling evidence in the view of a Supreme Court judge. It is really that simple. The Clerks have done all the hard work on the wording, as have the generals and the veterans' community to bring forward the Bill today.

The Government are promising us that they will bring forward protections for our veterans via amendments. Now, given that this Bill will not really progress today, maybe the Minister would consider taking the Bill, lock, stock and barrel, and simply re-presenting it to the House as one of the Government's amendments to its own Bill, because I think it is completely reasonable. I cannot remember which US President said it, but it is amazing what you can achieve when no one is worried about who gets the credit. I do not mind whether the Government want to take credit for this. I would be the happiest veteran in the country if they simply took my Bill and made it one of their amendments.

I know the Minister for Veterans and People well, having served on the Defence Committee, and that is my entreaty to him. The reason why—*[Interruption.]* I do beg the pardon of the Under-Secretary of State for Northern Ireland, the hon. Member for Luton North (Sarah Owen); I made the unreasonable assumption that it might be a Defence Minister replying to the debate. I have outlined, in a nutshell, what the Bill does and why it is important.

When I was getting ready for my first Northern Ireland tour, we were training, and they had invented a thing called the coffee jar bomb. It was lethal. It was a Nescafé jar with a length of scaffolding in it and what was affectionately known as "shipyard confetti"—nuts and bolts—as well as some plastic explosives and a plunger switch, which is the sort of thing in a fridge door that turns a fridge light off. That would be rigged up, in the shape of a coffee jar. It would then be carried to a riot and often slung over a wall, so that there was no line of sight, when troops were known to be on the other side.

The coffee jar bomb was designed to kill and maim, but it was also designed to put us troops on the horns of a dilemma. If a soldier saw someone with a coffee jar in their hand, and they looked like they were going to throw it, could that soldier reasonably open fire under the rules of engagement? It could just be a coffee jar.

To prepare for our upcoming Northern Ireland tour in Belfast in 1992—by the way, there was a young second lieutenant called Ben Wallace in the same battalion getting ready at that time—we would have our judgmental shooting tested on a thing called a cine range. In the cine range, we would lie on the floor with our sub-cal rifle in our hand, and a scenario would build up in front of us, whether it was a public order situation or a sniper getting ready to shoot. We knew the rules of engagement and we could see the scenario building up. At the critical moment, when the soldier thought that the threat required it and the rules of engagement allowed it, they opened fire and the action froze, and a tiny pink dot would appear on the screen to see whether they had

[Lincoln Jopp]

hit or not. The instructor would then debrief the soldier as to whether they had acted reasonably or could in fact be prosecuted.

One scenario was devilishly difficult. It was a public order scene, with one of these coffee jars was being passed around. At the point of launch, I said to the instructor, "Stop the tape." The action froze, and I said, "Can I open fire?" My instructor paused, and he said, "Sir, you have chosen a very difficult moment indeed. It is at times like this, sir, that you remind yourself that it is sometimes better to be tried by 12 men than carried by six."

It was completely chilling, but that is, in effect, what we have done for decades; we have put young men and women on to the streets of the United Kingdom with a rifle strapped around their neck and very few rights in addition to those they have as a private citizen. We have sent them on patrol to try to keep the peace, with bad people on all sides trying to do bad things to them. On that Northern Ireland tour, I had the words of my colour sergeant ringing in my ears—it is better to be tried by 12 men than carried by six—but it turned out not to be true. It turns out that you get tried by one man, in the case of two of our guardsmen who were involved in a judgmental shooting situation; they were convicted of murder and given life.

I raise that to make the point that these cases have been investigated and judgments have been made. What I am seeking to do with this Bill, and hopefully with the Government's amendment, is to draw a line—a fair line—under the never-ending cycle of investigation, inquiries, inquests and prosecutions that is itself used as a punishment tool on our veterans. Ask any veteran involved in this space, and they will tell you that the process is the punishment.

Mr Mark Francois (Rayleigh and Wickford) (Con): In essence, what my hon. Friend is doing, very ably, is to try to defend those who defended us. May I place on the record that, in that noble aim, from the Conservative Benches he has our wholehearted and undivided support?

Lincoln Jopp: I am grateful to my hon. Friend for that intervention. I know that there is support on the Government Benches as well—I just could not find it when I went out to get sponsors. There are many veterans on the Government Benches, and on the Liberal Democrat Benches, and there is a lot of support for this measure in the country. I hope that the Government will listen to that body of feeling.

Why does the Bill matter, and why should it get the support of the House? It matters because of a very important thing, which is called the moral component of fighting power. The British believe in a model in which there are three components: the physical, which is the guns and the bullets; the conceptual, which is the way in which we fight; and the moral, which is how we fight, why we are prepared to put yourselves at risk for the British citizenry—the man and woman standing next to us—and that we will do our best to achieve our mission, and potentially pay the ultimate sacrifice.

The moral component is more important than all the other things. Napoleon, who was a great believer in the model, observed that the moral is to the physical as three is to one. We undermine the moral component of fighting power at our peril. This gave me no joy: someone sent me a meme, which was a real photograph of the former Prime Minister—it was not mocked up—addressing a load of troops who were getting ready to deploy, and the caption said, "We want you to go to Ukraine, where we will ask you to do things we're going to prosecute you for in 30 years' time."

Jim Allister (North Antrim) (TUV): May I first thank the hon. Member for his service in Northern Ireland, and extend those thanks to the thousands of servicemen who came to my part of the United Kingdom to defend democracy and to defend us all from terrorist forces? He mentions moral issues. Is not the greatest flaw in the Government's Bill the moral equivalence that it creates between the terrorist who wakens up determined to kill and the law and order agent who wakens up determined to defend people from being killed?

Lincoln Jopp: There is no moral equivalence in my book between men and women who served their nation in good faith and did a difficult job in a deadly environment, and what the terrorists did. It is worth pointing out, if any hon. Members are feeling queasy about my Bill, that one thing it is not is an amnesty. No one is looking for a free pass here. If, in the view of a Supreme Court judge, there is new, compelling evidence, by all means those cases should be reopened. But we cannot allow this never-ending not-so-merry-go-round of prosecution and investigation of our people to continue.

The trouble is, in Northern Ireland everything is totemic. Because the Good Friday agreement was a peace agreement, it deliberately did not answer the question, "Who won?" So, as an extension of the troubles by other means, this is becoming part of the answer to that question. The more people that can prosecute our troops, the more they seem to have answered that question. We must bring an end to it. I commend the Bill to the House.

2.29 pm

Adam Thompson (Erewash) (Lab): I thank the hon. and gallant Member for Spelthorne (Lincoln Jopp) for the wonderful way in which he has introduced the Bill today and given us the opportunity to have this conversation. Like many hon. Members, I approach this debate with some significant degree of hesitation because of the weight of the issues we are discussing—the legacy of the troubles is one of those issues where every right hon. and hon. Member must begin with a significant degree of caution. We are discussing events that scarred communities, took thousands of lives, and left behind serious grief. There are families who still do not know the full circumstances of how their loved ones were killed. There are—

2.30 pm

The debate stood adjourned (Standing Order No. 11(2)).

Ordered, That the debate be resumed on Friday 11 September.

Business without Debate

CHILD-LIKE SEXUAL ABUSE DOLLS (OFFENCES) BILL

Bill read a Second time; to stand committed to a Public Bill Committee (Standing Order No. 63).

MULTI-STOREY CAR PARKS (SAFETY) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 11 September.

PONDS (PERMITTED DEVELOPMENT) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 16 October.

SALE AND SUPPLY OF GLUE TRAPS (PROHIBITION) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 11 September.

Social Care and Mental Health Services: Hornsey and Friern Barnet

Motion made, and Question proposed, That this House do now adjourn.—*(Emma Foody.)*

2.31 pm

Catherine West (Hornsey and Friern Barnet) (Lab): It is a real privilege to be awarded an Adjournment debate to discuss the profile of social care in decompressing the strain on mental health services in Hornsey and Friern Barnet. I begin the debate by emphasising how many improvements we have seen in society over the past 20 years when it comes to the position of people who suffer from poor mental health. I do not want this debate to be a counsel of despair. Rather, I want it to be an opportunity to push forward the work that Baroness Casey from the other House is doing, and to be positive about what can be achieved with the opportunity we have—with people seeing mental health services as part of a normal health condition—and how we can support people to have long and happy lives and live with a condition, and to support families and so on.

I know that Members across the House will have constituents who get in contact time and again because they have fallen through the cracks of our porous health and care system. Navigating the endlessly complicated care pathways, from primary NHS care to social care, community support and housing, is not easy. The exponential growth in mental health referrals, coupled with the enormous pressures on local authorities to provide social care and social housing against increasingly constrained budgets, has created a perfect storm. That is being felt across the country, but most acutely in my community, where people are too often failed in their time of greatest need. Too many people are being left without the care, support and stability they desperately need to recover.

A previous Labour Prime Minister emphasised that his priorities were "education, education, education," but when it comes to mental health and social care, we need to talk about "early intervention, early intervention, early intervention". The North London foundation trust, which covers Barnet, Camden, Enfield, Haringey and Islington, says that the financial challenges facing local authorities are really straining their ability to work together, as they are forced to consider more radical reductions in adult social care services. In particular, the reduction in investment in preventive and early intervention services is having a catastrophic effect, but local trusts are finding it hard enough to fund their basic statutory responsibilities. The lack of suitable housing and step-down care is also having a direct impact on in-patient services and contributing to much longer hospital stays. That is the system I will be focusing on today.

The trust says that of the five local authorities it covers, Haringey is the most affected by the lack of suitable and affordable housing, and therefore has the largest number of delayed discharges. From January to July 2026, a total of 846 occupied bed days were unavailable to other patients desperate for care due to Haringey residents being unable to be discharged from mental health in-patient wards despite being clinically ready for discharge. In July alone, the trust had an average of 10 in-patients on their wards who were clinically ready

[Catherine West]

to leave but could not be discharged due to lack of suitable housing provision or social care support, and 8% to 12% of the total adult in-patient bed base was unavailable to other patients who needed one.

Healthwatch Haringey has highlighted the recurring barriers to gaining access to timely, co-ordinated and person-centred mental health support, such as lack of continuity between services, fragmented care pathways and inconsistent communication between providers. When services do not work together effectively, people experience poorer outcomes and are more likely to reach crisis point. This is precisely the cycle that we need to break. We need to protect organisations like Healthwatch and others that amplify voices so that we can understand the data behind monitoring service quality and amplifying patients' voices.

Someone who is clinically well enough to leave hospital can become trapped at the most expensive stage of the care pathway, unable to continue their recovery in the community. At the same time, someone desperate, experiencing an acute mental health crisis, may be unable to gain access to a hospital bed. This is not an effective use of public money; that public money could be spent on quality of care, which is desperately important for the families who are suffering due to issues around the particular care that their loved-ones have received.

In March 2024, mental health trusts in England recorded 49,677 delayed discharge days—the highest level since national reporting began. Analysis of NHS data identified Barnet, Enfield and Haringey mental health NHS trust among the trusts with the highest levels of delayed discharge nationally. These figures demonstrate exactly the point I am making today: mental health cannot be treated in isolation from housing and social care. In order to fix one, we must fix all three.

Disability Action Haringey, which does excellent work supporting disabled people to maintain their independence and freedom, has highlighted the combination of difficulties in accessing suitable housing, delays in obtaining social care, the financial hardship that so many suffer, social isolation and the challenges of navigating multiple services simultaneously. People experience poor housing or insufficient care, their mental health deteriorates, and they reach crisis point, requiring hospital treatment. We must break that cycle.

In my constituency, the Safe Haven crisis hub provides a vital service, helping people to de-escalate during a mental health crisis and providing an alternative to accident and emergency. I know that this is the kind of example that Baroness Casey will be looking at. She is very welcome to come and visit Mind in Haringey, which hosts this particular crisis hub, because it shows the best practice. Staff there have seen people reaching out to their services with increasingly complex needs, often requiring co-ordinated support across health, housing, social care and the voluntary and community sector. That is why collaborative care and cross-body communication are so critical.

We also have a rapidly ageing population across Haringey and Barnet, which will inevitably place additional pressure on social care. Haringey council's older people's needs assessment reported that Haringey had around 27,700 residents aged 65 and over in 2022, and that figure is projected to rise by approximately 40%. The pressure on our social care system is therefore going to grow, as we all know, and we need to ensure that the system is ready for it.

The evidence is clear: mental health services cannot be considered in isolation from social care. Investment in social care is not separate from investment in mental health services—it is investment in mental health. Investment in supported housing is not separate from relieving pressure on the NHS, but part of relieving that pressure. Investment in community-based support is not simply about providing an alternative hospital, but about helping people to recover, maintain their independence and avoid reaching crisis point in the first place.

I strongly welcome the Government's commitment to address these enormous challenges, and was particularly excited to hear the Prime Minister talking about tackling social care in advance of 2028, which was when Baroness Casey was going to report back. I also welcome the Government's wider action to improve mental health care through the NHS 10-year plan, and would like to ask for a meeting to discuss standards of care in the mental health service. I also invite Baroness Casey or the Minister to Mind in Haringey to see an excellent way in which the statutory and voluntary sectors work together.

The Government's actions meant that, earlier this year, we successfully reached the target of recruiting 8,500 mental health workers. That is a crucial step towards providing better and earlier care, closer to people's homes. I welcome the £343 million to open 159 NHS mental health centres across England, which will give people access to specialist support away from A&E. These problems are not just about cash, but about the system being proactive and improving workforce morale so that we can improve outcomes for patients.

Investment in housing is crucial, but the £39 billion earmarked for social and affordable housing has the potential to be transformative. Yesterday, we heard the Secretary of State for Housing, Communities and Local Government lay out her vision for tackling rough sleeping, which is an element in the mental health jigsaw puzzle.

If we want people to maintain their independence, they need appropriate homes and community support. If we want to prevent people from reaching crisis point, we need to address the circumstances that contribute to stress, worry and deteriorating mental health. Social care reform has been pushed down the road too many times, but now is the moment for it to come forward. We must invest further upstream to improve people's lives, free up NHS capacity, reduce unnecessary hospital stays, support recovery and create a health and care system that is preventive rather than reactive. People living in Hornsey and Friern Barnet and communities across the country should be able to live safely, recover with dignity and get the right support.

In pulling together my words, I thank the wonderful mental health staff at the North London NHS foundation trust, which sadly lost members during covid, because they were so close to patients—I feel that it has still perhaps not got back to where it was pre-covid. We need to support that workforce. I also thank Mind in Haringey, Safe Haven, Disability Action Haringey, Healthwatch Haringey, Haringey council, Barnet council and all the elected Members who care deeply about the future of social care in the UK.

2.42 pm

The Minister for Public Health and Patient Safety (Dame Diana Johnson): I congratulate my hon. Friend the Member for Hornsey and Friern Barnet (Catherine West) on securing this important debate. I have spoken to the Minister for Social Care, who is happy to meet my hon. Friend to discuss her concerns, including her concerns around standards of care in particular. We can arrange for that to happen.

This debate is important because when we talk about social care and mental health services, it can be easy to talk in terms of systems, services, assessments and waiting lists, but behind every one of those words is a real person—someone who may be struggling to get through the day without the right support. It could be a family member who has reached breaking point in trying to care for someone that they love. Those are the people we must keep at the heart of the changes that we are making to our NHS and social care system.

My hon. Friend has taken a sustained interest in these issues in Hornsey and Friern Barnet, particularly the pressures facing adult social care and mental health services, the importance of community provision and the importance of ensuring that people can access the right support at the right time. Let me be clear: it is unacceptable that anyone is left without the mental health care that they need, particularly when they are in crisis.

Let me turn to the local picture in my hon. Friend's constituency. There is clearly a variation in mental health need across north London. The prevalence of severe mental health illness is particularly high in Haringey, where an estimated 1.44% of residents are living with a severe mental illness—compared with 1.16% nationally—making it among the highest rates in England. Residents of Hornsey and Friern Barnet draw on mental health and social care services at some of the most difficult points in their lives. As my hon. Friend knows, the constituency is served by both Barnet and Haringey councils. There is a different picture in each area. Barnet was assessed by the Care Quality Commission as "good" in January '25. Haringey was rated as "requires improvement" in February '25, with the CQC highlighting concerns surrounding mental health discharge processes, communication and timeliness around hospital discharge, partnership working, and a shortage of move-on accommodation for people with mental health needs.

I appreciate how important these issues are for people who are already facing considerable challenges, and how frustrating it is when services do not work together effectively. The Department has therefore supported Haringey through its improvement offer, and I am pleased that the council has engaged constructively with that process. In May, Haringey requested to be de-escalated from the Department's formal reporting process, which was accepted. The council provided a voluntary update on its progress in August, and expressed confidence in its improvement trajectory.

While that is encouraging, I want to be clear that de-escalation does not change the CQC rating, which remains at "requires improvement" until the CQC completes a further assessment. The CQC issued a notice of assessment on 3 August and we will now await the outcome. I hope that will provide a clear picture of the progress being made and, most importantly, help to ensure that people receive the safe, timely and joined-up support that they deserve.

I want to say a few words about the national picture for mental health. I think we all acknowledge that the challenge is significant, but our ambition is significant too. The 10-year health plan sets out our ambition to reform the NHS, and we are already taking important steps to improve mental health services, including reforming the Mental Health Act 1983 to support better and more personalised care, and recruiting thousands more mental health staff.

We are also making £473 million of capital funding available over the next four years, including community-based mental health centres and mental health emergency departments. That includes £343 million to establish 100 community-based mental health centres and 59 mental health emergency departments across England, building on the six centres already operating in Birmingham, York, Copeland, Tower Hamlets, Lewisham and Sheffield.

One community-based mental health centre will be established in most places in England. That typically coincides with a borough in London. Mental health emergency departments will cover approximately 50% of type-1 A&E departments by '29-30, and I am pleased to report that there is already a unit at Highgate mental health centre on Dartmouth Park Hill, which has been operational since 2024, but of course we recognise that we must go further. That is why we are developing a new mental health strategy for England, which will set out how we can transform mental health care so that people receive support earlier, face shorter waits, and are helped to stay active and participate in education, work, family and community life.

On delayed discharge and in-patient capacity, my hon. Friend described how discharge delays can leave people with no choice but to remain in mental health in-patient settings for longer than is appropriate. The Government recognise the importance of ensuring that people can leave hospital as soon as they are ready, with the appropriate support in place, such as rehabilitation services. That provision requires effective joint working across health and social care services, which is why the better care fund has committed over £9 billion in '26-27 to integrated care boards and local authorities. That pooled funding is intended to support services that help people to retain or recover their independence, and to prevent avoidable admissions. Funding recipients are expected to agree local goals for preventing avoidable admissions and reducing delayed discharge, and to work together to develop effective services.

Let me address the point about social care, housing and community support at discharge that my hon. Friend made so eloquently. For some people, particularly those with more complex needs, being clinically fit to leave hospital is not the only condition required for a safe and successful discharge; the right social care, housing and community support must also be available to enable them to live well in the place they call home. In particular, autistic people and people with a learning disability can lack suitable supported housing options in their community, which can contribute to people remaining in mental health hospitals past the point of need. The Government are taking action to increase the availability of appropriate housing and support, including through the £39 billion social and affordable homes

[Dame Diana Johnson]

programme that my hon. Friend referred to, through which we want new supported housing supply across a diverse range of housing types, including for people with learning disabilities and autistic people.

NHS England is also investing £13 million in 2026-27 through its housing capital programme, to support areas to develop housing for autistic people and people with learning disabilities outside mental health hospital settings, alongside additional funding to support the development of crisis accommodation. Supporting timely discharge incudes ensuring that suitable arrangements are in place. It is essential that people leave mental health in-patient settings safely, with appropriate support in the community and with their needs properly considered.

Revised statutory guidance on discharge from mental health in-patient settings was published in 2024 under the National Health Service Act 2006. The guidance sets out how health and care systems can work effectively together to support discharge from hospital and ensure that the right support is in place in the community. It also includes best practice on involving patients and carers in discharge planning, as well as providing clarity on how health and care partners should work together effectively, including in relation to shared responsibilities and arrangements for funding section 117 aftercare.

Section 117 of the Mental Health Act 1983 places a duty on the NHS and local authorities to provide aftercare once they have left hospital to certain patients who have been detained under the Act. That aftercare should provide people with the support they need to live successfully and safely in the community, while reducing the risk of deterioration in their mental health and the need for further hospital admissions. Depending on an individual's needs, aftercare can include accommodation, day services and other health and social care support.

We know, however, that there can be a lack of clarity over which organisation is responsible for providing and funding aftercare and in which locality, which can lead to further delays in providing support to vulnerable people. The Government's recent reforms to the Mental Health Act clarify which local authority is responsible for arranging an individual's aftercare, by applying the existing social care rules on ordinary residents to people receiving aftercare under the Act. That should provide greater clarity and consistency for local authorities and ICBs, supporting more effective joint planning and better aligned aftercare services.

I now turn to longer term adult social care reform and the Casey commission, which my hon. Friend referred to. We need to think ambitiously about the future of social care. At its best, social care is transformational. It can give people the support they need to live independently, maintain relationships, contribute to their communities and live the lives that they want. That is at the heart of the Government's vision for a national care service: a system that is more person-centred, integrated with health services and preventive. The Prime Minister has been clear that he wants rapid progress towards that vision, working in partnership with the adult care sector.

The Independent Commission on Adult Social Care, led by Baroness Casey, remains central to the Government's ambitions to reform the sector. Baroness Casey's Big Conversation on Care, launched on 29 July, gives people across England the opportunity to tell us what they want and expect from a future care service. This conversation will feed into the commission's recommendations for the funding of adult social care, which will now be made in the summer of '27. In the meantime, we will continue to put in place the building blocks of the national care service through improving support for the workforce and unpaid carers, and providing more than £4.6 billion of additional funding for adult social care in 2028-29, compared with 2025-26.

I thank my hon. Friend again for raising these important issues and for shining a light on the experience of people who rely on mental health and social care services in her constituency. They are encouraging signs of progress locally, particularly Haringey's engagement with the improvement process, but clearly there is more to do. The Government are determined to support local partners to make these improvements, while addressing the long-term challenges facing social care. Ultimately, this is about making sure that no one is left waiting unnecessarily for care and giving every person confidence that the services around them will work together when they need them most.

Question put and agreed to.

2.54 pm

House adjourned.

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Volume 790
No. 38

Friday
4 September 2026

CONTENTS

Friday 4 September 2026

Infants, Parents and Careers Bill [Col. 558]
Motion for Second Reading—(Sir Desmond Swayne)—agreed to

Northern Ireland Troubles (Criminal Investigations etc) Bill [Col. 629]
Motion for Second Reading—(Lincoln Jopp)

Social Care and Mental Health Services: Hornsey and Friern Barnet [Col. 634]
Debate on Motion for Adjournment