



**The impact on  
mothers and  
families of low  
maternity payments  
and the cost of  
living crisis**

**a literature review**

November 2023

Maternity Action is the UK's maternity rights charity dedicated to promoting, protecting and enhancing the rights of all pregnant women, new mothers and their families to employment, social security and health care.

Project Team: Annah Psarros, Kate Moran, Neela Khan, Laura Arrowsmith, Ros Bragg

Acknowledgements:

We are very grateful to the women on the Lived Experience panel for so generously contributing their time and their valuable insights to this project and to the other women who shared their experiences. Where quotes are used, pseudonyms have been used in order to protect anonymity.

We also want to thank abrdn financial fairness trust and Unison for their generous financial contribution and support towards this project.

abrdn Financial Fairness Trust funds research, policy work and campaigning activities to tackle financial problems and improve living standards for people on low-to-middle incomes in the UK. It is an independent charitable trust registered in Scotland (SC040877).



[www.maternityaction.org.uk](http://www.maternityaction.org.uk)

Company no. 6478568

Charity reg. no. 1128776

# Introduction

The aims of this report are to:

- consider the evidence on the impact of low income during pregnancy, maternity and return to work, including impacts on health inequalities, family relationships, poverty and gender equality.
- explore how the current maternity pay and benefits system is working for women and families.
- make a number of recommendations for change.

The report and recommendations are based on a review of current UK evidence and have been developed in partnership with an advisory panel of women with recent experience of accessing maternity pay and benefits.

The arrival of a new baby represents a time of significant change for many families. This typically includes changes in financial circumstances, as all of the additional costs associated with the arrival of a newborn combine with a reduction in income during maternity leave. A period of maternity leave is also essential to recover from birth and to bond with a new baby.

The UK Social Security system provides a range of maternity pay and benefits options which are intended to facilitate periods of leave for mothers and parents, including Statutory Maternity Pay (SMP) and Maternity Allowance (MA). The system also provides additional support options for low-income families, such as the Sure Start Maternity Grant and the Healthy Start scheme, which are intended to support with the additional costs of having a child.

Statutory Maternity Pay and Maternity Allowance are ‘income-replacement benefits’ which are intended to compensate a person because they are unable to, or not expected to, work.<sup>1</sup> However, as this report sets out, the level of financial contribution is often falling far short of women’s income levels prior to childbirth – for comparison, the basic rate of Statutory Maternity Pay or Maternity Allowance is less than half of the National Living Wage and a little over one third of women’s median weekly earnings.<sup>2</sup>

This report will consider how the current maternity pay and benefits system is working for women and families and explore the impact of low income at this transitional point in women’s lives. The project has been carried out against the backdrop of a cost of living crisis, with much media attention paid to record inflation (October 2022 saw the highest inflation rate since 1981, which has since dropped somewhat), the highest Bank of England interest rate in 2023 in 14 years, leading to higher monthly mortgage repayments and one of the most considerable falls in real-terms pay since comparable records began (2001).<sup>3</sup>

Maternity Action’s latest research in 2023<sup>4</sup> shows an increase since the prior year in the already considerable number of women who are experiencing financial difficulties during maternity leave.

---

<sup>1</sup> Hobson, F. Et al. 2022. An Introduction to Social Security in the UK. House of Commons Library. <https://researchbriefings.files.parliament.uk/documents/CBP-9535/CBP-9535.pdf>.

<sup>2</sup> Maternity Action, 2023. The Cost of Living On Maternity Leave Survey. <https://maternityaction.org.uk/wp-content/uploads/MCofL2ndSurveyRptApr2023-Final.pdf>.

<sup>3</sup> Maternity Action, 2023. The Cost of Living On Maternity Leave Survey.

<sup>4</sup> Maternity Action, 2023. The Cost of Living On Maternity Leave Survey.

58% of survey respondents cut their maternity leave short for financial reasons (compared to 42% in 2022), 71% worried 'a lot' about money (up from 64%). 49% were buying less healthy food and 71% said their partner had taken no leave, or less leave than they would have wanted to, for financial reasons.

# 1. Definitions of low income and poverty

There is no single measure of what constitutes low income and concepts such as ‘poverty’ and ‘inequality’ are measured in a range of ways by the UK government and others.<sup>5</sup> ‘Relative’ and ‘absolute’ low income are two common measures used. These can be measured before or after housing costs are deducted, and are defined as follows:<sup>6</sup>

- **Relative low income** – households with income below 60% of the median in that year;
- **Absolute low income** – households with income below 60% of (inflation-adjusted) median income in some base year, usually 2010/11

The UK’s official source of poverty estimates come from the ‘Households below average income’ (HBAI) statistics, produced by the Department for Work and Pensions.<sup>7</sup> The most recently published statistics in this series show that 10.5 million, around one in six people in the UK, are on a relative low income before housing costs (BHC), rising to around 13.4 million, around one in five people, once housing costs are accounted for (AHC).<sup>8</sup> These figures include 2.8 million children (nearly one in 5 children at 19%) in relative low income before housing costs and 3.9 million (27%) after housing costs. The charity Child Poverty Action Group (CPAG) suggests that calculating poverty after housing costs gives a more accurate measure of how much families have to live on.<sup>9</sup>

The data indicates that levels of relative low income have been fairly steady over the past few years, with variation between population groups, including increases in the proportion of children in relative low income.<sup>10</sup>

Traditionally, studies of poverty and deprivation have focused on entrenched socio-economic disadvantage, using measures like the Indices of Multiple Deprivation (IMD). However, poverty and low income can also be sudden, temporary or transient. The literature addressing this topic considers the effects of economic shocks,<sup>11</sup> temporary (as opposed to persistent) poverty<sup>12</sup> and ‘falling into poverty’,<sup>13</sup> for example as a result of job loss, or loss of income.<sup>14</sup> Just like other forms of deprivation, economic shocks are linked with poor outcomes including illness, mortality<sup>15</sup> and problem debt.<sup>16</sup>

---

5 NatCen, 2019. British Social Attitudes 36. [https://bsa.natcen.ac.uk/media/39363/bsa\\_36.pdf](https://bsa.natcen.ac.uk/media/39363/bsa_36.pdf)

6 NatCen, 2019. British Social Attitudes 36.

7 DWP, 2022. Households below average income (HBAI) statistics. Updated 23 March 2023.

<https://www.gov.uk/government/collections/households-below-average-income-hbai-2>

8 DWP, 2022. Households below average income (HBAI) statistics.

9 CPAG, Child Poverty: Measuring Poverty. Accessed 29 August 2023. <https://cpag.org.uk/child-poverty/measuring-poverty>

10 DWP, National Statistics: *Households Below Average Income: an analysis of the UK income distribution: FYE 1995 to FYE 2022*.

Updated 24 August 2023. <https://www.gov.uk/government/statistics/households-below-average-income-for-financial-years-ending-1995-to-2022/households-below-average-income-an-analysis-of-the-uk-income-distribution-fye-1995-to-fye-2022#children-in-low-income-households>

11 Clark, A.E. et al. 2021. “Prenatal Economic Shocks and Birth Outcomes in UK Cohort Data.” *Economics & Human Biology* 41.

12 Fitzsimons, E. et al. 2017. “Poverty Dynamics and Parental Mental Health: Determinants of Childhood Mental Health in the UK.” *Social Science & Medicine* 175.

13 Bussemakers, C. et al. 2021. “Household Dysfunction and Child Development: Do Financial Resources Matter?” *Advances in Life Course Research*, September, 100447.

14 Di Nallo, A. et al. 2021. “The Effect of Unemployment on Couples Separating in Germany and the UK.” *Journal of Marriage and Family* 84 (1)

15 See for example: Clark, A.E. et al. 2021. “Prenatal Economic Shocks”

16 DWP, 2017. Policy Paper: Improving Lives - Helping Workless Families. <https://www.gov.uk/government/publications/improving-lives-helping-workless-families#:~:text=This%20publication%20sets%20out%20proposals,families%20and%20face%20multiple%20disadvantages.>



## 2. Literature review: Health impacts of poverty and low income

### Methodology

A rapid review of recent, relevant academic and 'grey' literature was carried out with input from a specially selected panel of women with recent lived experience of low income during maternity leave. (See Appendix for more details.)

#### 2.1. Maternal mortality, stillbirth and infant mortality in the UK

The UK has a substantially higher level of maternal mortality than comparable developed economies such as Germany or the Netherlands, both of which report less than half of the UK rate.<sup>17</sup> Data collection and definitions of maternal deaths are subject to national variation. Many countries such as France and the UK include maternal suicide in these figures whereas for example Finland does not.<sup>18</sup> However, a comparison of eight European countries with similar 'enhanced surveillance systems' placed the UK second highest (9.6 deaths per 100 000 live births) after Slovakia (10.9).<sup>19</sup>

Stillbirth rates in the UK follow a similar trajectory to the maternal mortality rate. The 2011 Lancet Stillbirth Series identified the UK as having consistently had one of the highest stillbirths rates among 12 high income countries (HICs) over 20 years and in 2011 had the highest of all, having seen much slower progress over the years than the other eleven, some of which reduced their numbers by as much as 50% (Norway) and 40% (the Netherlands).<sup>20</sup> The UK still has one of the highest rates among HICs in 2023.<sup>21</sup> According to census data from 2021, stillbirths were higher in the UK in 2021 (4.1 per 1000) than in 2020 (3.8) and 2019 (3.9).<sup>22</sup>

In recognition of the UK's relatively poor track record in these areas, the government set a target in 2015 to 'halve the rate of stillbirths, neonatal deaths, maternal deaths and brain injuries that occur during or soon after birth by 2025'.<sup>23</sup>

---

<sup>17</sup> Thomson, K. et al. 2021. "Socioeconomic Inequalities and Adverse Pregnancy Outcomes in the UK and Republic of Ireland: A Systematic Review and Meta-Analysis." *BMJ Open* 11 (3). and Diguisto, C. et al. 2022. "Maternal Mortality in Eight European Countries with Enhanced Surveillance Systems: Descriptive Population Based Study." *BMJ*, November, e070621. See also: WHO, 2023. Publications: Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. <https://www.who.int/publications/i/item/9789240068759>

<sup>18</sup> Diguisto, C. et al. 2022. "Maternal Mortality in Eight European Countries".

<sup>19</sup> Diguisto, C. et al. 2022. "Maternal Mortality in Eight European Countries".

<sup>20</sup> Flenady, V. et al. 2011. "Stillbirths: The Way Forward in High-Income Countries." *The Lancet* 377 (9778).

<sup>21</sup> WHO, 2019. Maternal Mortality Country Profiles. Accessed 29 August 2023. <https://www.who.int/data/gho/data/themes/maternal-and-reproductive-health/maternal-mortality-country-profiles>

<sup>22</sup> ONS Census, 2021. Births in England and Wales, 2021.

[https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/birthsummarytablesenglandandwales/2021#:~:text=There%20were%20%2C597%20stillbirths%20in,pandemic%20in%202019%20\(3.9\).](https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/birthsummarytablesenglandandwales/2021#:~:text=There%20were%20%2C597%20stillbirths%20in,pandemic%20in%202019%20(3.9).)

<sup>23</sup> DHSC, 13 November 2015. New ambition to halve rate of stillbirths and infant deaths. <https://www.gov.uk/government/news/new-ambition-to-halve-rate-of-stillbirths-and-infant-deaths>

## 2.2. Socioeconomic differences in birth outcomes: a matter of life and death

The relationship between socioeconomic disadvantage, poverty, poor health and mortality is well documented.<sup>24</sup> Austerity measures, including spending cuts to public services, have made a reappearance during the current cost of living crisis and have been linked to worsening health inequalities in the UK, including an increase in infant mortality rates.<sup>25</sup> The same health trends have also been found in other European countries.<sup>26</sup>

The most recent ONS statistical bulletin on birth characteristics in England and Wales states: “Stillbirth rates have been higher for mothers resident in the most deprived areas compared with the least deprived areas consistently.”<sup>27</sup> Jardine and colleagues (2021), in a frequently cited large-scale cohort study from England, found the risk of stillbirth to be 0.3% in the least socioeconomically deprived group compared to 0.5% in the most deprived group.<sup>28</sup> This echoed very similar findings by Kingdon et al (2019), whose meta-analysis of 54 studies also found a persistent ‘social gradient’ - the phenomenon whereby people who are less advantaged in terms of socioeconomic position have worse health (and shorter lives) than those who are more advantaged - in stillbirth in England spanning over 70 years, with inequalities remaining constant and at times even increasing.<sup>29</sup>

UK child mortality in both neonates (not including stillbirths) and under-fives has reduced markedly since the 1990’s. However, one 2019 study of infant mortality in England, using data from 324 English local authorities noted an ‘unprecedented rise in infant mortality’ in deprived areas of the UK between the years 2014-2017.<sup>30</sup>

A similar pattern is seen in maternal mortality rates. MBRRACE (2022) reports that “women living in the most deprived areas continue to have the highest maternal mortality rates” and that this problem is worsening rather than improving.<sup>31</sup> MBRRACE figures also show a clear social gradient in maternal deaths from the least deprived quintile to the most deprived, as measured by the Index of Multiple Deprivation (IMD). (Table 1)

Being out of work is a known risk factor for adverse birth outcomes. Thomson et al (2021) found an increased risk of stillbirth, maternal mortality and preterm birth among parents who were unemployed.<sup>32</sup> Similar findings were reported in a 2016 review of 1,899 maternal deaths, using data from MBRRACE and the UK Obstetric Surveillance System (UKOSS), which found that “being

---

<sup>24</sup> See for example: Marmot, M. 2020. “Health Equity in England: The Marmot Review 10 Years On.” *BMJ* 368 (1).

<sup>25</sup> Thomson, K. et al. 2021. “Socioeconomic Inequalities and Adverse Pregnancy Outcomes”; Rajmil, L. et al. 2020. “Austerity Policy and Child Health in European Countries: A Systematic Literature Review.” *BMC Public Health* 20 (1).

<sup>26</sup> Rajmil, L. et al. 2020. “Austerity Policy and Child Health in European Countries”.

<sup>27</sup> ONS Census, 2021: Birth characteristics in England and Wales: 2021.

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/birthcharacteristicsinenglandandwales/2021>

<sup>28</sup> Jardine, J. et al. 2021. “Adverse Pregnancy Outcomes Attributable to Socioeconomic and Ethnic Inequalities in England: A National Cohort Study.” *The Lancet* 398 (10314).

<sup>29</sup> Kingdon, C. et al. 2019. “Inequalities and Stillbirth in the UK: A Meta-Narrative Review.” *BMJ Open* 9 (9): e029672.

<sup>30</sup> Taylor-Robinson, D. et al. 2019. “Assessing the Impact of Rising Child Poverty on the Unprecedented Rise in Infant Mortality in England, 2000–2017: Time Trend Analysis.” *BMJ Open* 9 (10): e029424.

<sup>31</sup> MBRRACE-UK, 2022. Saving Lives, Improving Mothers’ Care Core Report - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2018-20. National Perinatal Epidemiology Unit, University of Oxford 2022. [https://www.npeu.ox.ac.uk/assets/downloads/mbrpace-uk/reports/maternal-report-2022/MBRRACE-UK\\_Maternal\\_MAIN\\_Report\\_2022\\_v10.pdf](https://www.npeu.ox.ac.uk/assets/downloads/mbrpace-uk/reports/maternal-report-2022/MBRRACE-UK_Maternal_MAIN_Report_2022_v10.pdf)

<sup>32</sup> Thomson, K. et al. 2021. “Socioeconomic Inequalities and Adverse Pregnancy Outcomes”

unemployed was associated with almost twice the odds of death” compared to women who were not.<sup>33</sup>

Table 1 Maternal deaths by deprivation (Source: MBRRACE data)

Area deprivation	Number of deaths in 2018-20	Percentage of total deaths
First (least deprived)	19	8%
Second	24	10%
Third	28	12%
Fourth	45	20%
Fifth (most deprived)	90	39%
Data missing	23	10%

### 2.3. Ethnic disparities

MBRRACE reports that the risk of death in the perinatal period is nearly four times higher in Black women than in white women in the UK and nearly two times higher for women from Asian backgrounds.<sup>34</sup> The CQC reports that Black mothers are also 30% more likely to need readmission to hospital in the six weeks after birth, compared to white mothers.<sup>35</sup> Black babies are ‘twice as likely to die in the womb or soon after birth’, compared to white babies.<sup>36</sup> Data from the UK Obstetric Surveillance System (UKOSS), collected during the COVID-19 pandemic, showed that Black women were eight times more likely than white women to need admission to hospital for COVID-19 infection during their pregnancy and Asian women were four times more likely.<sup>37</sup>

The socio-economic disadvantage experienced by Black and mixed-race families is well documented.<sup>38</sup> Research from the Social Metrics Commission in 2020 found that 46% of families with a Black head of household were living in poverty, compared to only 19% of families with a white head of household.<sup>39</sup>

A higher prevalence of pre-existing health conditions has also been found in UK women of Black African ethnicity.<sup>40</sup> The National Maternal and Perinatal Audit (NPMA) reports that the rate of pre-existing hypertension was 1.9% in Black women who gave birth in England, Scotland and Wales between 2015-2018; In white women, this figure was 0.5%. Both South Asian and Black women also had a higher rate of pre-existing diabetes compared to white women - 1.4% and 1.3%, compared to 0.6%.<sup>41</sup>

<sup>33</sup> Nair, M. et al. 2016. “Risk Factors and Newborn Outcomes Associated with Maternal Deaths in the UK from 2009 to 2013: A National Case–Control Study.” *BJOG: An International Journal of Obstetrics & Gynaecology* 123 (10)

<sup>34</sup> MBRRACE-UK, 2022. Saving Lives, Improving Mothers’ Care.

<sup>35</sup> CQC Publications, 2022. Safety, equity and engagement in maternity services. 12 May 2022.

<https://www.cqc.org.uk/publications/themes-care/safety-equity-engagement-maternity-services>

<sup>36</sup> Five X More, 2022. The Black Maternity Experiences Survey: a nationwide study of black women’s experiences of maternity services in the United Kingdom. <https://fivexmore.org/blackmereport>

<sup>37</sup> CQC Publications, 2022. Safety, equity and engagement in maternity services.

<sup>38</sup> Jardine, J. et al. 2021. “Adverse Pregnancy Outcomes”

<sup>39</sup> Social Metrics Commission, 2020. Measuring Poverty 2020. <https://socialmetricscommission.org.uk/wp-content/uploads/2020/06/Measuring-Poverty-2020-Web.pdf>

<sup>40</sup> See for example: Nair, M. et al. 2016. “Risk Factors and Newborn Outcomes Associated with Maternal Deaths”.

<sup>41</sup> National Maternal and Perinatal Audit 2021. Ethnic and Socio-economic Inequalities in NHS Maternity and Perinatal Care for Women and their Babies: Assessing care using data from births between 1 April 2015 and 31 March 2018 across England, Scotland and Wales. RCOG, 2021. [https://maternityaudit.org.uk/FilesUploaded/Ref%20308%20Inequalities%20Sprint%20Audit%20Report%202021\\_FINAL.pdf](https://maternityaudit.org.uk/FilesUploaded/Ref%20308%20Inequalities%20Sprint%20Audit%20Report%202021_FINAL.pdf)



There is evidence that pregnant women and young children from the Gypsy, Roma and Traveller communities have substantially poorer health outcomes and higher risk of death compared to the general population.<sup>42</sup> Women from these communities also experience a number of barriers to engagement with maternity services, including low levels of literacy, nomadic lifestyle, being forcibly moved in the middle of a pregnancy and previous experiences of prejudice and discrimination.<sup>43</sup> However, official figures are not consistently available for this group and there is no corresponding ethnic code in the NHS data dictionary separate from 'White Other'.<sup>44</sup>

More research is needed into the factors contributing to health inequalities for Black, Asian and other minority ethnic mothers and babies. Research by Public Health England (2020) identified a lack of accommodation of cultural and linguistic factors in maternity care.<sup>45</sup> Other researchers have noted that Black and minority ethnic women are more likely to report negative experiences and poor treatment from healthcare professionals, compared to white women.<sup>46</sup>

#### 2.4. Migrant women

Access to maternity care is an issue for women with insecure migrations status. The NHS Charging Programme is part of a set of policies known as the Hostile Environment which were introduced in 2012 with the intention of deterring undocumented migrants from staying in the UK. In England, hospitals are, since 2004, required to determine eligibility to healthcare (including maternity care) and apply charges to those who are not 'ordinarily resident' in the UK. Maternity care is considered to be 'immediately necessary care' and cannot be delayed or withheld if the woman cannot pay upfront. Instead, she receives a bill for 150% of the standard cost of treatment, which frequently starts in the region of £7000 for a straightforward pregnancy and birth. Bills can run into tens of thousands if more complex care is needed. Debts over £500 are reported to the authorities and can affect future visa applications.<sup>47</sup>

Table 4 outlines the different forms of financial support for migrants. Asylum seekers and refused asylum seekers who are receiving some forms of government support are exempt from charges, though this is not the case for those in receipt of local authority support, such as under Section 17 of the Children Act. Other exemptions exist for victims of trafficking and the treatment of conditions arising from torture, domestic violence and female genital mutilation (FGM).

---

42 Friends, Families and Travellers, 2023. Guidance: Tackling Maternal Health Inequalities in Gypsy, Roma and Traveller Communities. <https://www.gypsy-traveller.org/wp-content/uploads/2023/07/Extended-Maternal-Health-Inequalities-Guidance.pdf>

43 Friends, Families and Travellers, 2023. Guidance: Tackling Maternal Health Inequalities.; Maternity Action, 2018. Mothers' Voices - Exploring experiences of maternity and health in low income women and children from diverse ethnic backgrounds. <https://www.maternityaction.org.uk/wp-content/uploads/MothersVoices2018-FINAL.pdf>

44 Parliamentary committee report on tackling inequalities faced by Gypsy, Roma and Traveller communities <https://publications.parliament.uk/pa/cm201719/cmselect/cmwomeq/360/report-files/36007.htm>

45 PHE, 2020. Maternity high impact area: Reducing the inequality of outcomes for women from Black, Asian and Minority Ethnic (BAME) communities and their babies. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/942480/Maternity\\_high\\_impact\\_area\\_6\\_Reducing\\_the\\_inequality\\_of\\_outcomes\\_for\\_women\\_from\\_Black\\_Asian\\_and\\_Minority\\_Ethnic\\_BAME\\_communities\\_and\\_their\\_babies.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942480/Maternity_high_impact_area_6_Reducing_the_inequality_of_outcomes_for_women_from_Black_Asian_and_Minority_Ethnic_BAME_communities_and_their_babies.pdf)

46 Five X More, 2022. The Black Maternity Experiences Survey.; MacLellan, J., et al. 2022. "Black, Asian and Minority Ethnic Women's Experiences of Maternity Services in the UK: A Qualitative Evidence Synthesis." *Journal of Advanced Nursing* 78 (7).

47 Maternity Action, 2021. Breach of Trust - A review of implementation of the NHS charging programme in maternity services in England. <https://maternityaction.org.uk/wp-content/uploads/Breach-of-Trust-report-Sept2021.pdf> NB: Slightly different rules exist in the rest of the UK. See for example: Maternity Action information sheet: Entitlement to free NHS maternity care for women from abroad (Scotland, Wales and Northern Ireland), June 2015. <https://www.maternityaction.org.uk/wp-content/uploads/2015/07/Entitlement-to-NHS-maternity-care-SWNI-Jun15.pdf> <https://maternityaction.org.uk/wp-content/uploads/Breach-of-Trust-report-Sept2021.pdf>

While the guidance to NHS trusts stipulates sensitivity, avoidance of racial profiling, safeguarding of vulnerable patients and the discretion to write off unrecoverable debts, implementation is the responsibility of individual NHS trusts.<sup>48</sup> Research shows that trusts often fail to assess immigration status correctly, resulting in erroneous charging of vulnerable women. Aggressive pursuit of debts from destitute women using debt collection agencies is also frequently seen. Apart from the difficulties in determining exemption (such as which aspects of a woman's maternity care that arise from complications of FGM) research suggests an overall poor understanding of exemptions on behalf of NHS trusts and an unwillingness to consider evidence of domestic violence.<sup>49</sup>

This can impact negatively on women's engagement with and access to maternity care. 'Late booking' and sporadic maternity care are known to be associated with poor birth outcomes.<sup>50</sup> In 2019, MBRRACE reported three deaths of women who 'may have been reluctant to access care because of concerns over the costs of care and the impact of their immigration status'.<sup>51</sup>

## 2.5. Socioeconomic factors in child health and development

There is a known association between socio-economic disadvantage and low birth weight (LBW), preterm birth and foetal growth restriction (FGR). Thomson et al, in a 2021 systematic review of over 17 million births in the UK and ROI found that 'lower level occupation/social class is associated with a significantly increased risk of stillbirth, neonatal mortality, perinatal mortality, preterm birth and LBW by approximately 40%.<sup>52</sup> Another systematic review by Kingdon et al, (2019) cites one UK study finding that 'women living in areas of highest deprivation were more likely to experience foetal growth restriction compared with women living in the least deprived areas.'<sup>53</sup> LBW, preterm birth and FGR are important in public health terms, not least because of their association with child development as well as illness and mortality in adulthood.<sup>54</sup>

Using measures of poverty beyond area deprivation shows that sudden adverse changes in a family's financial situation – economic shocks – also have documented impacts on health. Clark et al (2020), using microdata from the Avon Longitudinal Study of Parents and Children (ALSPAC) – a survey of 14,000 pregnant women – found that an economic shock in the first 18 weeks of gestation lowered birth weight by 40–70 g and head circumference by 2–3 mm.<sup>55</sup> Head circumference can be used as an indication of brain development in infants. More research is needed in this area, but past studies have linked economic shocks, and the threat of such events, to poor mental and physical health outcomes.<sup>56</sup>

Poverty and disadvantage are also linked with child health and development after birth. For example, Playford et al (2017), using data from the Scottish Longitudinal Study, found that parental

---

48 Maternity Action, 2021. Breach of Trust.

49 Maternity Action, 2021. Breach of Trust.

50 See for example: Maternity Action, 2013. When maternity doesn't matter - Dispersing pregnant women seeking asylum. [https://www.maternityaction.org.uk/wp-content/uploads/2013/09/When\\_Maternity\\_Doesn\\_t\\_Matter\\_-\\_Ref\\_Council\\_Maternity\\_Action\\_report\\_Feb2013.pdf](https://www.maternityaction.org.uk/wp-content/uploads/2013/09/When_Maternity_Doesn_t_Matter_-_Ref_Council_Maternity_Action_report_Feb2013.pdf)

51 MBRRACE-UK, 2019. Saving Lives, Improving Mothers' Care Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2015-17. National Perinatal Epidemiology Unit, University of Oxford. <https://www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/MBRRACE-UK%20Maternal%20Report%202019%20-%20WEB%20VERSION.pdf>

52 Thomson, K. et al. 2021. "Socioeconomic Inequalities and Adverse Pregnancy Outcomes"

53 Kingdon, C. et al. 2019. "Inequalities and Stillbirth in the UK"

54 Zylbersztejn, A. et al. 2018. "Child Mortality in England Compared with Sweden: A Birth Cohort Study." *The Lancet* 391 (10134): 2008–18.

55 Clark, A. E. et al. 2021. "Prenatal Economic Shocks"

56 Eliason and Storrie, 2009; Barnes et al., 2013; Gallo et al., 2006; Burgard et al., 2007; Blakely et al., 2003, cited in Clark, A. E. et al. 2021. "Prenatal Economic Shocks and Birth Outcomes in UK Cohort Data." *Economics & Human Biology* 41 (May): 100964.

socioeconomic position was a strong predictor of children’s development of hearing and language, vision and fine motor skills, and social skills, noting that this was consistent with other similar studies.<sup>57</sup> Survival rates of some illnesses, such as certain types of childhood cancer, are also known to be negatively affected by factors like area deprivation and parental occupation.<sup>58</sup>

## 2.6. Food insecurity and nutrition

Good nutrition is of crucial importance during pregnancy, breastfeeding, post-natal motherhood and child’s early life.<sup>59</sup> As the NICE guideline on maternal and child nutrition states, it is imperative for both the mother’s long-and short-term health, as well as the growth, development and future health of the baby.<sup>60</sup> For this reason, NICE recommends pregnant women eat a healthy diet that includes, among other things, five portions of fruit and vegetables per day.<sup>61</sup> Poor diet during pregnancy can lead to both maternal obesity and underweight, both of which are potential risk factors during pregnancy, birth, childhood and beyond.<sup>62</sup>

Families on low incomes spend more of their income on food, hence cuts to income and rising food prices mean that the quality of the food purchased is likely to be compromised.<sup>63</sup> We know that poorer families more often have diets that are energy dense but low in nutrients, with a low intake of fruit and vegetables.<sup>64</sup> Children in families experiencing poverty are also more likely to be affected by obesity.<sup>65</sup>

Food insecurity is an established concept which can be defined as ‘limited or uncertain availability of nutritionally adequate and safe foods’.<sup>66</sup> A survey from 2019/20 found that 8% of respondent households were experiencing either ‘severe’ or ‘moderate’ food insecurity in the last 30 days and 2.5% were estimated to be accessing food banks.<sup>67</sup> The Trussell Trust – the largest food bank network in the UK – distributed more food parcels in the year to April 2023 than in any previous year, which was an increase of 37% from the previous year.<sup>68</sup> Previous to this, the number of food parcels given out had more than doubled between 2018 and 2023.<sup>69</sup> Food banks provide vital support to families in immediate need, but as they themselves tend to recognise, they are not a solution to the underlying problems of food insecurity. Research also suggests that food parcels,

---

57 Playford, C. J. et al. 2017. “Socioeconomic Disadvantage, Fetal Environment and Child Development: Linked Scottish Administrative Records Based Study.” *International Journal for Equity in Health* 16 (1).

58 Lightfoot, T.J., W.T. Johnston, J. Simpson, A.G. Smith, P. Ansell, S. Crouch, E. Roman, and S.E. Kinsey. 2012. “Survival from Childhood Acute Lymphoblastic Leukaemia: The Impact of Social Inequality in the United Kingdom.” *European Journal of Cancer* 48 (2).

59 McFadden, A. et al. 2014. “Can Food Vouchers Improve Nutrition and Reduce Health Inequalities in Low-Income Mothers and Young Children: A Multi-Method Evaluation of the Experiences of Beneficiaries and Practitioners of the Healthy Start Programme in England.” *BMC Public Health* 14 (1).

60 NICE Public health guideline: Maternal and child nutrition (PH11). 26 March 2008 (Updated 01 November 2014).

<https://www.nice.org.uk/guidance/ph11/resources/maternal-and-child-nutrition-pdf-1996171502533>

61 NICE Public health guideline: Maternal and child nutrition

62 Burnie, R. et al. 2022. “Pregnancy in Underweight Women: Implications, Management and Outcomes.” *The Obstetrician & Gynaecologist*, January.

63 McFadden, A. et al. 2014. “Can Food Vouchers Improve Nutrition and Reduce Health Inequalities”.

64 McFadden, A. et al. 2014. “Can Food Vouchers Improve Nutrition and Reduce Health Inequalities”.

65 Lai, E. et al. 2019. “Poverty Dynamics and Health in Late Childhood in the UK: Evidence from the Millennium Cohort Study.” *Archives of Disease in Childhood* 104 (11).

66 Loopstra, R. 2018. Conference on ‘Improving nutrition in metropolitan areas’ Symposium 4: Interventions to improve nutrition in urban areas. “Interventions to address household food insecurity in high-income countries.” Proceedings of the Nutrition Society (2018), 77

67 Sosenko, F. et al. 2022. “Understanding the Post-2010 Increase in Food Bank Use in England”.

68 The Trussell Trust, 2023. Hunger in the UK. <https://www.trusselltrust.org/wp-content/uploads/sites/2/2023/08/2023-The-Trussell-Trust-Hunger-in-the-UK-report-web-updated-10Aug23.pdf>.

69 The Trussell Trust, 2023. Hunger in the UK.

which do not usually contain fresh fruit and vegetables, do not necessarily address the problems associated with inadequate nutrition.<sup>70</sup>

Anaemia, which can be caused by poor nutrition, is considered to be a high-risk disorder in pregnancy which requires special attention from the antenatal care provider.<sup>71</sup> Associations have been found with an increased risk of maternal sepsis and postpartum haemorrhage.<sup>72</sup> Research suggests that antenatal anaemia tends to be more common in women with low BMI.<sup>73</sup> One study from 2016 found that maternal death was three and a half times more likely in women who had anaemia during the pregnancy.<sup>74</sup> Inadequate nutrition during pregnancy and early childhood is also associated with birth defects, LBW, preterm birth and developmental problems, as well as obesity in later life and all of the associated health risks, such as heart disease and high blood pressure.<sup>75</sup>

Recent data, obtained by the Times Health Commission under a freedom of information (FOI) request, showed that malnutrition – conditions arising from lack of sufficient nutrients in the body – in England in 2023 was twice as common as ten years previous and four times as common as in 2007/08.<sup>76</sup> The data also revealed that 10,896 NHS patients were hospitalised with malnutrition in England in 2022 and 312 of these patients were children.<sup>77</sup>

## 2.7. Healthy Start

Programmes such as Healthy Start exist to alleviate the impacts of poverty on the nutrition of pregnant women and young children and research suggests that the scheme can lead to improved family diets with more fruit and vegetables, as well as establishing good habits for the future.<sup>78</sup> (Table 1.) The value of the Healthy Start voucher has only been updated twice since its inception in 2006; it was increased from £2.80 to £3.10 in 2009 but it was not until 2021 that it increased by another £1.15, to £4.25.<sup>79</sup> The lack of uprating in line with food inflation means that vouchers buy considerably less food now than when they were first introduced,<sup>80</sup> and this comes at a time when the price of baby formula has risen by approximately 22% in two years.<sup>81</sup> Take-up of Healthy Start vouchers is only around 70% among eligible families and as low as 50% in some areas of the country.<sup>82</sup> Reasons for this are thought to include lack of clear information about eligibility for the scheme and a shortage of shops that accept the vouchers.<sup>83</sup>

---

70 Sosenko, F. et al. 2022. "Understanding the Post-2010 Increase in Food Bank Use in England".; Loopstra, R. 2018. Conference on 'Improving nutrition in metropolitan areas'.

71 Nair, M. et al. 2015. "Factors Associated with Maternal Death from Direct Pregnancy Complications: A UK National Case–Control Study." *Bjog* 122 (5)

72 Nair, M. et al. 2016. "Risk Factors and Newborn Outcomes Associated with Maternal Deaths".

73 Burnie, R. et al. 2022. "Pregnancy in Underweight Women".

74 Nair, M. et al. 2016. "Risk Factors and Newborn Outcomes Associated with Maternal Deaths".

75 Sosenko, F. et al. 2022. "Understanding the Post-2010 Increase in Food Bank Use in England".

76 Lambert, G. 2023. "Thousands of People Admitted to Hospital with Malnutrition." *www.thetimes.co.uk*, August 7, 2023, sec. news. <https://www.thetimes.co.uk/article/times-health-commission-thousands-of-people-admitted-to-hospital-suffering-from-malnutrition-n23hggzjr>. Accessed 29 August 2023

77 Lambert, G. 2023. "Thousands of People Admitted to Hospital with Malnutrition."

78 McFadden, A. et al. 2014. "Can Food Vouchers Improve Nutrition and Reduce Health Inequalities".

79 HoC Library Research Briefing: Healthy Start scheme and increases in the cost of living, Friday, 19 May, 2023 <https://commonslibrary.parliament.uk/research-briefings/cdp-2023-0111/>

80 HoC Library Research Briefing: Healthy Start scheme and increases in the cost of living.

81 First Steps Nutrition Trust, May 2023. Cost of powdered infant formulas in the UK: How have they changed since January 2020? [https://infantmilkinfo.org/wp-content/uploads/2023/06/Summary\\_of\\_trends\\_May2023-1.pdf](https://infantmilkinfo.org/wp-content/uploads/2023/06/Summary_of_trends_May2023-1.pdf)

82 Bright Blue, 2023. Building Up: the future of social security. <https://www.brightblue.org.uk/wp-content/uploads/2022/12/Building-up.pdf>

83 Bright Blue, 2023. Building Up.

Following a successful legal challenge in 2021, eligibility of the Healthy Start scheme was expanded to include some migrant families with NRPF, but only those with a child under 4 who is a British citizen.<sup>84</sup> (Table 1.) Nutritional deficiencies are common in refugee and asylum seeking children in the UK.<sup>85</sup> A study of 80 children seen in a specialist clinic for refugee and asylum seeking children in the North-East of England between 2018 and 2020 found that 39% had iron deficiency anaemia, 40% had vitamin A deficiency and 66% were deficient in vitamin D.<sup>86</sup> Micronutrients are important for proper growth and development in childhood as well as resistance to infection.

## 2.8. Poverty and mental health in mothers and children

Mental health disorders are common in the perinatal period.<sup>87</sup> The potential consequences of this are serious – as MBRRACE reports, about 40% of maternal deaths that occur within a year of pregnancy are from causes relating to mental health and the leading direct cause of maternal death during this time is suicide.<sup>88</sup> Children’s mental health is closely associated with child development and can manifest as externalising behaviours (aggression, attention problems) or internalising problems (anxiety, depression).<sup>89</sup>

The mental health of mothers and that of their children is also closely linked. Stein et al (2014), in a frequently cited large scale meta-analysis, provide many examples of evidence from the UK, such as a study by Conroy (2012), which found that postnatal depression in mothers was associated with internalising problems as scored by the Infant-Toddler Social and Emotional Assessment (ITSEA) at 18 months.<sup>90</sup> Another 2012 study found an association between postnatal depression and both internalising and externalising problems at age 4 and concluded that children in socio-economically disadvantaged families were both more likely to have parents with mental health difficulties and were also more likely to have their own mental health negatively affected by this, compared to families where there was no ‘social adversity’.<sup>91</sup> A large-scale longitudinal cohort study from 2018 found that unemployed mothers were more likely to have children with mental health problems.<sup>92</sup>

The association between poverty and poor mental health for both mothers and their children is well documented.<sup>93</sup> Less research has been done on *transitions into* poverty during this time, but there are some findings indicating similar effects. Noonan et al (2018) quotes two studies from 2017 using Millennium Cohort Study (MCS) data, which both found a strong link between transitions into poverty and childhood mental health problems, stating that “both persistent levels of poverty and transitions into poverty are strongly associated with levels of and transitions into childhood mental health problems.”<sup>94</sup> Noonan and colleagues also found an association between a small increase in

<sup>84</sup> Gov.uk. Healthy Start. Accessed 29 August 2023. <https://www.gov.uk/healthy-start>

<sup>85</sup> Harkensee, C. and Andrew, R. 2021. “Health Needs of Accompanied Refugee and Asylum Seeking Children in a UK Specialist Clinic.” *Acta Paediatrica*, March

<sup>86</sup> Harkensee, C. and Andrew, R. 2021. “Health Needs of Accompanied Refugee and Asylum Seeking Children”.

<sup>87</sup> Chakravorty, T. 2022. “The role of specialist perinatal psychiatrists in modern medicine.” *Journal of Perinatal Medicine* 11;50(9)

<sup>88</sup> MBRRACE-UK, 2022. Saving Lives, Improving Mothers’ Care.

<sup>89</sup> Rutherford, C. et al. 2019. “How Does Perinatal Maternal Mental Health Explain Early Social Inequalities in Child Behavioural and Emotional Problems? Findings from the Wirral Child Health and Development Study.” *PLOS ONE* 14 (5)

<sup>90</sup> Conroy, 2012, in Stein, A. et al. 2014. “Effects of Perinatal Mental Disorders on the Fetus and Child.” *The Lancet* 384 (9956)

<sup>91</sup> Stein, A. et al. 2014. “Effects of Perinatal Mental Disorders on the Fetus and Child.”

<sup>92</sup> Fitzsimons, E. et al. 2017. “Poverty Dynamics and Parental Mental Health”

<sup>93</sup> See for example: Wickham, S. et al. 2017. “The Effect of a Transition into Poverty on Child and Maternal Mental Health: A Longitudinal Analysis of the UK Millennium Cohort Study.” *The Lancet Public Health* 2 (3); Franks, W. et al. 2017. “Women’s Mental Health during Pregnancy: A Participatory Qualitative Study.” *Women and Birth* 30 (4); Cooper, K. et al. 2020. “Does Household Income Affect Children’s Outcomes? A Systematic Review of the Evidence.” *Child Indicators Research* 14 (14).

<sup>94</sup> Fitzsimons, E. 2018 and Wickham, S. 2017, in Noonan, K. et al. 2018. “Family Income, Maternal Psychological Distress and Child Socio-Emotional Behaviour: Longitudinal Findings from the UK Millennium Cohort Study.” *SSM - Population Health* 4 (April)

family income and a reduction in child behavioural problems and this effect was strongest in children from poorer families.<sup>95</sup>

Similarly, a recent study by Reader (2023) comparing two birth cohorts: one which received the Health in Pregnancy Grant – a universal payment of £190 to all pregnant women – and one which did not qualify. Reader found ‘a small but statistically significant increase in mean birth weight’ associated with this small economic boost. The effect was especially strong in babies born to the youngest mothers, reducing the probability of LBW in this group by 9 per cent and ‘extremely LBW’ by 17 per cent. ‘Reduced stress’ in pregnant woman was the most likely explanation, according to Reader.<sup>96</sup> The Health in Pregnancy Grant was abolished in 2011, after only two years. Sure Start Maternity Grant, a one-off payment of £500 previously paid to women on certain qualifying benefits or tax credits for each pregnancy, was also restricted to first pregnancies in 2011.<sup>97</sup> Sure Start Maternity Grant was introduced in 2000 as a £300 payment. It was updated in 2002, to £500, but has not been increased since.<sup>98</sup>

Economic stress can also have impacts on children’s mental health in ways which are independent of the parental relationship. According to Chzhen and colleagues (2021): ‘children’s own experiences of economic pressure directly affect their psychological wellbeing’.<sup>99</sup> However Chzhen’s hypothesis that this effect would be stronger in lower income families was not supported by the results of the study.<sup>100</sup>

---

95 Noonan, K. et al. 2018. “Family Income, Maternal Psychological Distress and Child Socio-Emotional Behaviour: Longitudinal Findings from the UK Millennium Cohort Study.” *SSM - Population Health* 4 (April)

96 Reader, M. 2023. “The Infant Health Effects of Starting Universal Child Benefits in Pregnancy: Evidence from England and Wales.” *Journal of Health Economics* 89 (May)

97 Social Fund Maternity Grant Amendment Regulations 2011 (SI 2011/100).

<https://publications.parliament.uk/pa/ld201011/ldselect/ldmerit/95/9503.htm>

98 HC Deb 28 March 2003. (105044) <https://hansard.parliament.uk/Commons/2003-03-28/debates/5ac2480d-b4f9-4909-b08e-903572b573ae/SureStartMaternityGrants>

99 Chzhen, Y. et al. 2021. “Deprivation and Intra-Family Conflict: Children as Agents in the Family Stress Model.” *Journal of Marriage and Family*, July.

100 Chzhen, Y. et al. 2021. “Deprivation and Intra-Family Conflict.”



### 3. Work and impacts on gender equality

Pregnancy and maternity discrimination at work is common. The EHRC reported in 2016 that 77% of mothers had ‘a negative or possibly discriminatory experience during pregnancy, maternity leave, and/or on return from maternity leave’.<sup>101</sup> The 2019 Parental Rights Survey, released in 2023, found that 30% of women respondents had experienced ‘unfair treatment’ such as being given unsuitable work (11% of respondents), being so badly treated they felt they had to leave their job (9%) and being subjected to ‘unpleasant remarks’ from employers and colleagues (9%).<sup>102</sup> The total number of women reporting such problems has increased by 15.5 percentage points since the previous survey, carried out in 2011. 11% of mothers giving birth in 2006 and 18% of mothers giving birth in 2008 reported unfair treatment, i.e. an average of 14.5%, compared to 30% in the latest survey. This constitutes a 15.5 percentage point increase.<sup>103</sup> It is worth noting the methodological differences between reports. While the Parental Rights Survey relied on self-reported unfair treatment, the EHRC research asked about specific experiences of discrimination and poor treatment which the respondents may not have identified as unfair. The fact that around 60% of respondents to the EHRC survey reported that they had been treated ‘fairly’ by their employer, while the same research concluded that 77% had experienced poor treatment or discrimination indicates a substantial gap in women’s awareness of their rights.<sup>104</sup>

Women are more likely than men to be in low paid work<sup>105</sup> and research by the Work Foundation reveals that mothers are 2.7 times more likely than fathers to be in ‘severely insecure’ work, characterised by unpredictable pay, insecure contracts and lack of employment rights.<sup>106</sup> Many women also transition from full time to part time work when they have children, which can come at a cost – according to one study, 44% of part time workers had ‘downgraded’ to a lower skilled job as part of adapting to parenthood.<sup>107</sup> In the Parental Rights Survey 2019, women were asked about the ‘flexible working arrangements’ offered by their employer. Part time work was the most common response (73%) whereas flexitime was only available to 22%, job sharing to 11% and home working to 8%.<sup>108</sup> About 43% of respondents who had worked full time before birth did not continue to do so on their return.<sup>109</sup>

A number of maternity-related factors are known to affect women’s professional development. A 2017 study by Kokot-Blamey notes that women’s earnings stagnate when they start a family, while men’s tend to increase.<sup>110</sup> This has been backed up in other research which has suggested that, to a

---

<sup>101</sup> EHRC, 2016. Pregnancy and Maternity Discrimination and Disadvantage: Experiences of Mothers. <https://www.equalityhumanrights.com/en/managing-pregnancy-and-maternity-workplace/pregnancy-and-maternity-discrimination-research-findings>

<sup>102</sup> BMG research, 2023. Parental Rights Survey 2019 (Formerly the Maternity and Paternity Rights Survey series). <https://www.employment-studies.co.uk/resource/parental-rights-survey-2019>

<sup>103</sup> DWP, 2011. Maternity and Paternity Rights and Women Returners Survey 2009/10 (RR777): report. <https://assets.publishing.service.gov.uk/media/5a7c76a1ed915d6969f450bf/rrep777.pdf>

<sup>104</sup> EHRC, 2016. Pregnancy and Maternity Discrimination and Disadvantage: Experiences of Mothers.

<sup>105</sup> Van Acker, L. 2013. “Investing in Couple Relationship Education in the UK: A Gender Perspective.” *Social Policy and Society* 14 (1)

<sup>106</sup> Work Foundation, 2022. The Gender Gap - insecure work in the UK. <https://www.lancaster.ac.uk/media/lancaster-university/content-assets/documents/lums/work-foundation/The-Gender-Gap-Report.pdf>

<sup>107</sup> Atkinson, J. 2016. “‘Letters Aren’t Good’: The Operation of the Right to Request Flexible Working Post-Maternity Leave in UK Small and Medium-Sized Companies.” *Journal of Social Welfare and Family Law* 38 (4)

<sup>108</sup> BMG research, 2023. Parental Rights Survey 2019.

<sup>109</sup> BMG research, 2023. Parental Rights Survey 2019.

<sup>110</sup> Kokot-Blamey, P. 2021. “Mothering in Accounting: Feminism, Motherhood, and Making Partnership in Accountancy in Germany and the UK.” *Accounting, Organizations and Society*, April

large extent, the gender pay gap is significantly a 'motherhood penalty'.<sup>111</sup> Women who want to start a family also have the additional burden of planning career moves around qualifying periods in order to avoid losing maternity entitlements. (Table 1).<sup>112</sup>

A 2022 analysis of UK collective agreements by Milner and colleagues shows that maternity benefits slip down the policy agenda in times of economic difficulty.<sup>113</sup> The division between those who can and cannot access statutory benefits has also grown with the proliferation of low paid and insecure work.<sup>114</sup> It is argued that the low levels of UK maternity pay in the UK are based on the assumption of the existence of a male breadwinner and also serves to reinforce this outdated norm.<sup>115</sup> This despite the fact that most two-person households now have two incomes.<sup>116</sup> In addition to this, one in every four mothers is a lone parent, a figure that rises to just over half of mothers from Black ethnic groups.<sup>117</sup>

Epifanio and Troeger (2020) cite evidence that 'well paid, non-transferrable' maternity provisions help to redress gender inequality by keeping women in their jobs and thus helping to mitigating what they call 'the baby penalty', i.e. the disadvantages faced by women in the workplace after having children.<sup>118</sup> Similarly, Nandi et al (2018), in a systematic review of literature on paid parental leave and socioeconomic and health in OECD countries, found that more generous paid maternity leave was a key driver in women returning to work after maternity leave and was associated with higher wages two years after birth.<sup>119</sup>

### 3.1. Paternal involvement

Fathers' involvement in childcare, as well as paternal attitudes towards childrearing (for example, their sense of competence) are associated with a wide range of positive outcomes for children, including increased wellbeing and cognitive development.<sup>120</sup> Opportunities for UK fathers to take on more of a caring role are, however, limited. Statutory Paternity Leave is short (1-2 weeks) and at least 20% of fathers and partners do not use it.<sup>121</sup> Shared Parental Leave (SPL) and pay (ShPP) were introduced in 2015 in order to make it possible for parents to share the care of a new baby between them. (Table 1.) According to the government's 2013 Impact Assessment of this policy, the previous system contributed to a 'gender imbalance in terms of attachment to, and position in, the labour market' and 'unequal labour market outcomes for men and women in the longer term', by the

---

<sup>111</sup> Budig et al. 2012 and Tharenou, 2013, in Stumbitz, B. et al. 2017. "Maternity Management in SMEs: A Transdisciplinary Review and Research Agenda." *International Journal of Management Reviews* 20 (2)

<sup>112</sup> Kokot-Blamey, P. 2021. "Mothering in Accounting: Feminism, Motherhood, and Making Partnership".

<sup>113</sup> Milner, S. 2022. "Bargaining for Work-Family Benefits in the UK." *Journal of Industrial Relations* 64 (1)

<sup>114</sup> Milner, S. 2022. "Bargaining for Work-Family Benefits in the UK."

<sup>115</sup> Milner, S. 2022. "Bargaining for Work-Family Benefits in the UK."

<sup>116</sup> Masselot, A and Russell, R. 2020. "Why Do We Care? The Shifting Concept of Care in New Zealand and in the United Kingdom." *International Journal of Comparative Labour Law and Industrial Relations* 36 (Issue 1)

<sup>117</sup> BMG research, 2023. Parental Rights Survey 2019.

<sup>118</sup> Epifanio, M. and Troeger, V. E. 2019. "Bargaining over Maternity Pay: Evidence from UK Universities." *Journal of Public Policy*, (40).

<sup>119</sup> Nandi, A. et al. 2018. "The Impact of Parental and Medical Leave Policies on Socioeconomic and Health Outcomes in OECD Countries: A Systematic Review of the Empirical Literature." *The Milbank Quarterly* 96 (3): 434-71.

<sup>120</sup> Government Equalities Office, 2021. Shared care, father's involvement in care and family well-being outcomes - A Literature Review. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/957538/Shared\\_care\\_and\\_well-being\\_outcomes- Literature\\_review.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/957538/Shared_care_and_well-being_outcomes- Literature_review.pdf)

<sup>121</sup> BMG research, 2023. Parental Rights Survey 2019.

implicit assumption that the mother would always be the main carer of a new baby.<sup>122</sup> The impact assessment also highlighted the positive child health and wellbeing impacts of paternal involvement.<sup>123</sup> Take-up of SPL has been very low – estimates vary from 2% - 4% of eligible fathers.<sup>124</sup> The scheme’s evaluation, published in 2023, found take-up to be substantially higher among older, degree-educated, white men on higher incomes and fathers working in female-dominated and unionised workplaces.<sup>125</sup> Access to enhanced pay from the employer was identified as a ‘direct facilitator’ of SPL take-up.<sup>126</sup> Barriers identified in the evaluation included the low levels of Shared Parental Pay and ‘the design of the policy itself’.<sup>127</sup> The evaluation found that only 15% of employers had ‘good knowledge’ of SPL whereas 43% had ‘some knowledge’ and the remaining 43% either had not heard of SPL at all or did not know what it was.<sup>128</sup> Indeed, the scheme’s complexity (involving two people who must both meet eligibility criteria as well as two employers) and the requirement of mothers to sacrifice some of their leave have previously been identified by researchers as likely barriers to its success.<sup>129</sup>

Although the health aspect was not considered in the evaluation of SPL, maternity leave is in part a health provision, which facilitates recovery, bonding and breastfeeding. These aspects may be compromised by transferring entitlements away from mothers. Apart from being paid at a higher rate for the first six weeks, maternity leave also confers better employment protections for women than SPL, such as protection from discrimination on the grounds of pregnancy and maternity leave, from which women taking SPL are not protected.<sup>130</sup> Maternity Action has proposed an alternative model that enables parents to share childcare, while not diminishing the time needed for maternal recovery and the optimal duration of breastfeeding. The ‘6+6+6’ model provides for six months of maternity leave for mothers, followed by a further six months of non-transferrable parental leave for each parent.<sup>131</sup>

### 3.2. Childcare

Many women do not return to work after maternity leave. The government’s most recent Parental Rights Survey found that 22% of respondent mothers had not returned to employment when their baby was 18-24 months of age.<sup>132</sup> A lack of affordable childcare in the local area was the reason given by 56% of respondents who did not return.<sup>133</sup> Similarly, a 2022 survey by Policy Exchange

---

<sup>122</sup> Department for Business Innovation and Skills, February 2013. Shared parental leave and pay administration consultation. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/110692/13-651-modern-workplaces-shared-parental-leave-and-pay-impact-assessment2.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/110692/13-651-modern-workplaces-shared-parental-leave-and-pay-impact-assessment2.pdf)

<sup>123</sup> Department for Business Innovation and Skills, February 2013. Shared parental leave and pay administration consultation.

<sup>124</sup> Milner, S. 2022. “Bargaining for Work–Family Benefits in the UK.”; Department of Business and Trade. 2023. Shared Parental Leave. Evaluation report. <https://www.gov.uk/government/publications/shared-parental-leave-spl-evaluation>; BMG research, 2023. Parental Rights Survey 2019.

<sup>125</sup> Department of Business and Trade. 2023. Shared Parental Leave. Evaluation report.

<sup>126</sup> Department of Business and Trade. 2023. Shared Parental Leave. Evaluation report.

<sup>127</sup> Department of Business and Trade. 2023. Shared Parental Leave. Evaluation report.

<sup>128</sup> Department of Business and Trade. 2023. Shared Parental Leave. Evaluation report.

<sup>129</sup> Milner, S. 2022. “Bargaining for Work–Family Benefits in the UK.”

<sup>130</sup> Maternity Action Information Sheet: Shared parental leave and pay. January 2023. <https://maternityaction.org.uk/advice/shared-parental-leave-and-pay/>

<sup>131</sup> For a detailed description of the model, see for example: The Fabian Society, 2023. In Time of Need – Building employment insurance for all. [https://fabians.org.uk/wp-content/uploads/2023/03/FABIAN\\_Employment-Insurance-Report\\_Final.pdf](https://fabians.org.uk/wp-content/uploads/2023/03/FABIAN_Employment-Insurance-Report_Final.pdf)

<sup>132</sup> BMG research, 2023. Parental Rights Survey 2019.

<sup>133</sup> BMG research, 2023. Parental Rights Survey 2019.

found that 60% of mothers who were not in work would return if they could find affordable childcare.<sup>134</sup>

Analysis from the Institute for Public Policy (IPPR), using data from the OECD and the Trades Union Congress (TUC), finds that childcare costs in the UK are ‘second highest in the developed world’ and almost doubled for some parents between 2010 and 2022.<sup>135</sup> In 2020, the Women’s Budget Group estimated that full time nursery costs for a child under three in the West Midlands cost 61% of women’s median earnings.<sup>136</sup> The year 2020 saw an average rise of 4-6% (depending on the child’s age) compared to the previous year, whereas inflation at this point stood at 1.4%.<sup>137</sup>

Research from the Institute for Fiscal Studies (IFS, 2020), on the current 30-hour entitlement to childcare for three year olds, indicated an associated increase in maternal participation in the workforce.<sup>138</sup> However, the effect was modest and IFS suggests that provision may need to start earlier in order to prevent women breaking their link with the labour force.<sup>139</sup>

Concerns regarding nursery closures, funding shortages and increasing running costs have been raised by providers, charities and local authorities. According to the IFS, ‘total real-terms funding will be 8% lower in 2024–25 than it was in 2021–22’.<sup>140</sup> The 2023 Coram Childcare Survey found that local authorities that had ‘sufficient provision’ for parents needing full-time childcare fell from 59% in 2022, to 48% in 2023.<sup>141</sup> Key factors identified included rising costs and the funding rate of early education entitlement.<sup>142</sup> The Local Government Association (LGA) has similarly reported ‘insufficient income to meet rising costs’ and ‘workforce-related issues’ as the main factors behind many nursery closures in 2022.<sup>143</sup> Concerns have been raised that current plans for the expansion of eligibility for free childcare provision (section 5.6, Table 6) could put additional pressure on providers, if not backed by sufficient funding.

---

<sup>134</sup> Policy Exchange, 2022. Better Childcare – Putting Families First. <https://policyexchange.org.uk/wp-content/uploads/2022/08/Better-Childcare.pdf>

<sup>135</sup> IPPR, September 2022. Towards a Childcare Guarantee. <https://www.ippr.org/files/2022-09/towards-a-childcare-guarantee-sept-22.pdf>

<sup>136</sup> WBG, 2020. Covid-19 report: the Impact on Women in Coventry. <https://wbg.org.uk/wp-content/uploads/2020/07/Covid-19-report-The-impact-on-women-in-Coventry.pdf>

<sup>137</sup> WBG, 2022. The gendered impact of the cost-of-living crisis. <https://wbg.org.uk/wp-content/uploads/2022/03/The-gendered-impact-of-the-cost-of-living-crisis.pdf>

<sup>138</sup> IFS, 2020. Does more free childcare help parents work more? IFS working paper W20/09. [https://ifs.org.uk/sites/default/files/output\\_url\\_files/WP202009-Does-more-free-childcare-help-parents-work-more.pdf](https://ifs.org.uk/sites/default/files/output_url_files/WP202009-Does-more-free-childcare-help-parents-work-more.pdf)

<sup>139</sup> IFS, 2020. Does more free childcare help parents work more?

<sup>140</sup> IFS, 2022. Early Years Spending update: the Impact of Inflation. <https://ifs.org.uk/sites/default/files/2022-11/Early-years-spending-update-the-impact-of-inflation-R229.pdf>

<sup>141</sup> Coram, 2023. Childcare survey 2023. <https://www.familyandchildcaretrust.org/childcare-survey-2023-report-landing-page>

<sup>142</sup> Coram, 2023. Childcare survey 2023.

<sup>143</sup> Local Government Association, July 2023, Nursery Closures Research on the nature, impact and drivers of nursery closures in England. [https://www.local.gov.uk/sites/default/files/documents/15.122%20Nursery%20Closures%20LGA-Isos%20July%202023%20FINAL%20AA\\_0.pdf](https://www.local.gov.uk/sites/default/files/documents/15.122%20Nursery%20Closures%20LGA-Isos%20July%202023%20FINAL%20AA_0.pdf)

## 4. Poverty, financial shock and impacts on family relationships

One of the main theoretical frameworks through which poverty, financial stress and the impact on children has been studied, is the Family Stress Model (FSM). On this view, poverty causes economic pressure, putting mental and emotional stress on parents, increases the likelihood of conflict in the family and disrupting the kind of parenting practices which are conducive to positive child development.<sup>144</sup>

Research from the Department for Work and Pensions (DWP) shows that unemployment, conceptualised as an economic shock, places families at risk of, conflict, separation and debt, as well as being associated with poor educational outcomes for children.<sup>145</sup> A recent longitudinal panel study of households examining the effects of unemployment on cohabiting couples in the UK and Germany found a marked increase in the separation rate following a spell of unemployment, which followed a social gradient from the lowest to highest income groups studied.<sup>146</sup> While a social gradient could be observed in the results, all income groups from the lowest to the highest were affected and it did not matter whether the person losing their job was a man or a woman.<sup>147</sup> The authors did however note that lower income couples were more likely than their peers to separate, regardless of any job loss occurring.<sup>148</sup>

‘Parental separation on account of relationship breakdown’ is one of the Adverse Childhood Experiences, also known as ACEs, which have been identified in research as affecting both health and behaviour as a child grows into an adult. (Other examples include having a parent with a mental health problem, witnessing domestic abuse and experiencing parental neglect.<sup>149</sup>) ACEs often occur in ‘clusters’ and research shows that experiencing four or more ACEs during childhood is associated with a seven-fold increase in the risk of drug-use, self-harm and violent behaviour in adulthood.<sup>150</sup> Socio-economic disadvantage is thought to both increase the risk of ACEs occurring and to amplify their negative impacts when they do occur.<sup>151</sup>

Research suggests that when co-habiting parents separate, they are more likely to fall into poverty, and to remain there.<sup>152</sup> According to a 2023 report from Gingerbread, 66% of single parents are in employment and 76% are in debt – half of them owing above £2000.<sup>153</sup> 90% of single parents are women.<sup>154</sup>

---

144 Conger 2000, in Chzhen, Y. et al. 2021. “Deprivation and Intra-Family Conflict: Children as Agents in the Family Stress Model.” *Journal of Marriage and Family*, July.; Huang, W. et al. 2022. “The Emergence of 5-Year-Olds’ Behavioral Difficulties: Analyzing Risk and Protective Pathways in the United Kingdom and Germany.” *Frontiers in Psychology* 12 (January).

145 DWP, Improving Lives: Helping Workless Families (April 2017)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/621364/improving-lives-helping-workless-families-web-version.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/621364/improving-lives-helping-workless-families-web-version.pdf)

146 Di Nallo, A. et al. 2021. “The Effect of Unemployment”

147 Di Nallo, A. et al. 2021. “The Effect of Unemployment”

148 Di Nallo, A. et al. 2021. “The Effect of Unemployment”

149 Early Intervention Foundation, 2020. Adverse childhood experiences What we know, what we don’t know, and what should happen next. <https://www.eif.org.uk/report/adverse-childhood-experiences-what-we-know-what-we-dont-know-and-what-should-happen-next>

150 Early Intervention Foundation, 2020. Adverse childhood experiences.

151 Early Intervention Foundation, 2020. Adverse childhood experiences.

152 Lai, E. T. C. et al. 2019. “Poverty Dynamics and Health in Late Childhood in the UK.

153 Gingerbread, 2023. Single Parents in 2023 - An overview of single parents in the UK today, and the impact of the cost-of-living crisis. <https://www.gingerbread.org.uk/our-work/policy-and-campaigns/research-publications/single-parents-in-2023/>

154 Gingerbread, 2023. Single Parents in 2023.

A 2017 study of the factors contributing to childhood psychological issues (though notably it did not include any data on intra-parental conflict), found that a split between parents was one of the factors associated with emotional problems and hyperactivity at age 5, alongside other factors including poverty and poor parental (especially maternal) mental health.<sup>155</sup> Other research has indicated that paternal attitudes to parenting and fathers' involvement in childrearing can have a protective effect on child wellbeing: the presence of an involved father could potentially 'buffer' against the known negative effects of both poverty and maternal mental health problems on children.<sup>156</sup>

---

155 Fitzsimons, E. et al. 2017. "Poverty Dynamics and Parental Mental Health"

156 Stein, A. et al. 2014. "Effects of Perinatal Mental Disorders on the Fetus and Child."; Violato 2011, in Noonan, K. et al. 2018. "Family Income, Maternal Psychological Distress and Child Socio-Emotional Behaviour".



## 5. Overview of pregnancy and maternity pay and benefits in the UK

Maternity Allowance was first introduced in the UK under the Social Security Act 1973. The right to return to work after a period of maternity followed two years later, in the Employment Protection Act 1975. These provisions exist to enable women to recover from birth and care for their baby without losing their job or being disadvantaged for their absence.<sup>157</sup> Maternity rights and entitlements are affected by many factors, such as immigration status and whether or not someone is permitted to work and receive benefits. They are also affected by employment status, which leads to a disadvantage for parents in insecure work.

### 5.1. Different types of employment status

Employment status is an important factor when determining eligibility for maternity leave and pay, as well as tax and national insurance. Not everyone who is in work is an employee. Many self-employed workers, agency workers, and others who are classed as ‘worker’ as opposed to employee have no access to employment rights, including maternity leave and pay.<sup>158</sup> This particularly affects women in precarious work situations, such as those on zero-hours and short-term contracts. A recent report by the Work Foundation estimates that 25% of white women and 26% of ethnic minority women were in ‘severely insecure work’ in 2021. Equivalent figures for men were 13% and 23%.<sup>159</sup> The number of women on zero-hours contracts has almost doubled in the last ten years – 4.4% of working women are currently on one, as well as 2.9% of men.<sup>160</sup> ‘Bogus’ or ‘false self-employment’, when workers are wrongly treated as self-employed, also affects access to maternity rights.<sup>161</sup>

### 5.2. Maternity leave and pay

Statutory Maternity Leave is currently 52 weeks. This comprises a period of Ordinary Maternity Leave for the first 26 weeks and a period of Additional Maternity Leave for the last 26 weeks. Two-weeks of maternity leave must be taken after the birth of the baby (or 4 weeks for those who work in a factory) but beyond that, the length of leave can be determined by individuals. For employees, maternity leave is a ‘day one’ right which is not subject to length of service. Workers and self-employed women are not eligible for maternity leave, though they may still be eligible for maternity payments. Statutory Maternity Pay and Maternity Allowance are paid for 39 weeks and subject to eligibility criteria, including length of service (see Table 1). Eligible fathers and partners are entitled to up to two weeks’ paternity leave to support their partner and spend time with their child.

Table 1 provides a summary of the main forms of maternity and parental pay and benefits currently available. These can be broadly defined as maternity pay (including Statutory Maternity Pay and Maternity Allowance), means-tested benefits such as Universal Credit, and benefits for children,

---

157 Employment Protection Act 1975, Sec 48. [https://www.legislation.gov.uk/ukpga/1975/71/pdfs/ukpga\\_19750071\\_en.pdf](https://www.legislation.gov.uk/ukpga/1975/71/pdfs/ukpga_19750071_en.pdf)

158 The Work Foundation, 2022. The UK Insecure Work Index – Two decades of insecurity. <https://www.lancaster.ac.uk/media/lancaster-university/content-assets/documents/lums/work-foundation/UKInsecureWorkIndex.pdf>

159 The Work Foundation, 2022. The UK Insecure Work Index.

160 Office for National Statistic Dataset EMP17: People in employment on zero hours contracts, 15 August 2023.

<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/emp17peopleinemploymentsontozerohourscontracts>

161 Low Income Tax Reform Group written evidence to BEIS Labour Market Inquiry, July 8, 2022.

<https://committees.parliament.uk/writtenevidence/109863/html/>

including Child Benefit and additional options to support with additional costs, including Sure Start Maternity Grant, Healthy Start vouchers and the Maternity Exemption certificate.

Responsibility for maternity pay and benefits is located across different departments, which adds some complexity. The Department for Work and Pensions is responsible for policy on Statutory Maternity Pay (SMP) and the Department for Business and Trade (DBT) is responsible for policy on Statutory Paternity Pay (SPP), Statutory Adoption Pay (SAP), and Statutory Shared Parental Pay (ShPP).

### 5.3. Shared parental leave and pay

Shared Parental Leave (SPL) and Shared Parental Pay (ShPP) are relatively new policies, introduced in 2015. In a 2014 impact assessment, the Department for Business, Innovation and Skills stated that the policy change was necessary in order to ‘remove the gender bias’ in the workplace and ‘encourage shared parenting’.<sup>162</sup> Policy objectives were: choice and flexibility for parents, enabling mothers and fathers to share care while retaining their jobs, encouraging fathers to take up a caring role and to allow employers and employees to negotiate leave flexibly ‘without state interference’.<sup>163</sup>

Eligibility for SPL and ShPP is similar to that for maternity leave and pay (see Table1). The Department of Business and Trade’s evaluation, released in 2023 after an extended delay, found that uptake of SPL and ShPP has been low – the report states around 4% of eligible fathers and 1% of eligible mothers.<sup>164</sup> This is not backed up by the corresponding HMRC figures on the number of individuals in receipt of Shared Parental Pay, which suggest that the figure may be lower, around 3%. Given that 40% of working fathers are not eligible for SPL and ShPP, actual uptake across all fathers and second parents would appear to be lower than 2%.<sup>165</sup>

Table 2: Maternity pay and benefits

Type of benefit	Amount (2023)	Eligibility Criteria
<b>Maternity pay</b>		
Statutory Maternity Pay	6 weeks - 90% of average earnings. 33 weeks - £172.48 pw or 90% of average weekly earnings if lower.	Payable to employees and workers with 26 weeks continuous employment by the 15 <sup>th</sup> week before expected week of childbirth (EWC), with average weekly earnings of at least £123pw.
Maternity Allowance	39 weeks - £172.48 pw or 90% of average weekly earnings if lower.	26 weeks’ employment or self-employment in the 66 weeks before the EWC, with average

<sup>162</sup> Department for Business Innovation and Skills, 2012. Shared Parental Leave Impact Assessment: Revised Equivalent Annual Net Cost to Business. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/290066/bis-14-657-modern-workplaces-shared-parental-leave-impact-assessment.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/290066/bis-14-657-modern-workplaces-shared-parental-leave-impact-assessment.pdf)

<sup>163</sup> Department for Business Innovation and Skills, 2012. Shared Parental Leave Impact Assessment: Revised Equivalent Annual Net Cost to Business.

<sup>164</sup> Department of Business and Trade. 2023. Shared Parental Leave. Evaluation report.

<sup>165</sup> Maternity Action, 2023. Briefing: Shared Parental Leave Evaluation Report 2023 July 2023. <https://maternityaction.org.uk/wp-content/uploads/ShPIEvalParentalSurveyBriefing-July2022-FINAL.pdf>

		weekly earnings of at least £30 in at least 13 weeks.
Shared Parental Leave (SPL) and Shared Parental Pay (ShPP)	Mothers can share up to 50 weeks of leave with the father/partner and up to 37 weeks of pay (subject to eligibility criteria).	Both parents must be employees and with 26 weeks' continuous employment by the 15 <sup>th</sup> week and average weekly earnings of at least £123pw.  If one parent is a 'worker' and/or earns below the threshold, they may qualify for SPL but not ShPP.
Employment and Support Allowance	£84.80 pw (25 years or over) for 6 weeks before the EWC and two weeks after the birth for those not eligible for maternity pay above or for those unable to work because of illness or disability.	Employed or self-employed in the last 2 to 3 years with sufficient class 1 or class 2 National Insurance contributions.
<b>Means-tested benefits</b>		
Universal Credit	Varies depending on income, age, number of children (max 2), housing costs etc. Standard allowance: Single claimant £368.74 pcm (25 or over). Couple £578.82 pcm. Child element - £269.58 pcm.	In work or out of work. No requirement to look for work from 29 weeks of pregnancy or where the main carer of a child under 3. Must be 16 or over, with capital less than £16,000 and with the right to reside in the UK.
Working/Child Tax Credit (no longer open to new claims)	Varies depending on annual income, hours of work and number of children.	Couple with children must be 16 or over and jointly work at least 24 hours a week. If both partners work, one must work at least 16 hours a week, if only one partner works, they must work 24 hours a week. Single parent must be 16 or over and work at least 16 hours a week.
<b>Benefits for children</b>		
Child Benefit	£24.00 pw for eldest or only child. £15.90 pw for subsequent children.	All children from birth to age 16 or up to 20 if in approved education or training. Must have right to reside. Higher earner charge where one or

		more parent earning more than £50k.
Healthy Start vouchers	£4.25 pw during pregnancy from the 10 <sup>th</sup> week. £8.50 pw from birth to 1 year. £4.25pw between 1 and 4 years of age.	Must be either: 18 or over and eligible for Universal Credit with income under £408 pcm or Child Tax Credit with income under £16k or other legacy benefits; or under 18 or child is a British Citizen and parent has income under £408pcm and no recourse to public funds.
Sure Start Maternity Grant	£500 for first child or first set of twins (or first post-flight child for refugees)	Must be 16 or over and eligible for Universal Credit, Child Tax Credit or other legacy benefits.
Best Start Grant Scotland	£707.25 for first child £353.65 for each subsequent child £1,414.55 for twins (if no other children under 16) £1,060.95 (if other children under 16)	Must be eligible for Universal Credit, Child Tax Credit or other legacy benefits
Early learning payment Scotland School age payment Scotland	£294.70 per child from age 2 to 3 years and 6 months. £294.70 per child from school age.	Must be eligible for Universal Credit, Child Tax Credit or other legacy benefits.
Best Start Foods Scotland	£19.80 every 4 weeks in pregnancy £39.60 every 4 weeks from birth until child is 1 £19.80 every 4 weeks until child is 3.	Must be eligible for Universal Credit, Child Tax Credit or other legacy benefits; or child is a British Citizen under 3 and parent has income under £726 pcm and no recourse to public funds.
<b>Other work-related benefits</b>		
Statutory Paternity Pay, Statutory Shared Parental Pay, Statutory Adoption Pay and Statutory Parental Bereavement Pay	£172.48 pw or 90% of average weekly earnings if lower	Payable to employees and workers with 26 weeks continuous service by the 15 <sup>th</sup> week before the EWC, or matching week for adoptions, with average weekly earnings of at least £123.
Statutory Sick Pay	£109.40 pw after 4 <sup>th</sup> day of incapacity for work	Payable for up to 28 weeks to employees and workers who are not well enough to work, with at least 8 weeks' continuous service with average weekly earnings of at least £123.

<b>Other forms of support for pregnant women</b>		
Maternity Exemption Certificate (also known as MATEX)	Free NHS prescriptions and NHS dentistry.	Women who are pregnant or up to one year postpartum (including stillbirth) and in possession of a MATEX certificate, issued by a healthcare professional.

*Note: all benefits listed are classed as public funds apart from Statutory Maternity Pay and other statutory parental payments, Statutory Sick Pay, Maternity Allowance. The MATEX is available to all women regardless of immigration status.*

*Table 3: Number of weeks of maternity leave taken – data from Maternity and Paternity Rights and Women Returners Survey / Parental Rights Survey*

	2008 report (baby born in 06)	2011 report (baby born in 08)	New categories for 2019	2019 report (baby born May - September 2017)
1-25 weeks	15%	10%		
26 weeks	34%	4%		
27-38 weeks	24%	21%	Less than 39 weeks	18%
39 weeks	1%	20%	39 weeks or more	75%
40-51 weeks	10%	22%	Less than 52 weeks	64%
52 weeks	12%	17%	52 weeks or more	29%
53 weeks or more	4%	6%		
Unweighted base	1,513	1,560	Unweighted base	1,006
Average (mean)	32	39	Average (mean)	43.62
Median	27	39	Median	43

*Table 4: Types of maternity pay received – data from Maternity and Paternity Rights and Women Returners Survey / Parental Rights Survey*

	2008 report (baby born in 06)	2011 report (baby born in 08)	New categories for 2019	2019 report (baby born May - September 2017)
Statutory Maternity Pay (SMP) only	35%	42%	SMP only	58%
SMP and Occupational Maternity Pay (OMP)	41%	32%	Not captured	
MA only	10%	11%	MA	14%
OMP only	3%	4%	OMP	13%
MA and OMP		1%		

None	12%	11%	None	16%
Unweighted base	1,948	2,026	Unweighted Base	1,945

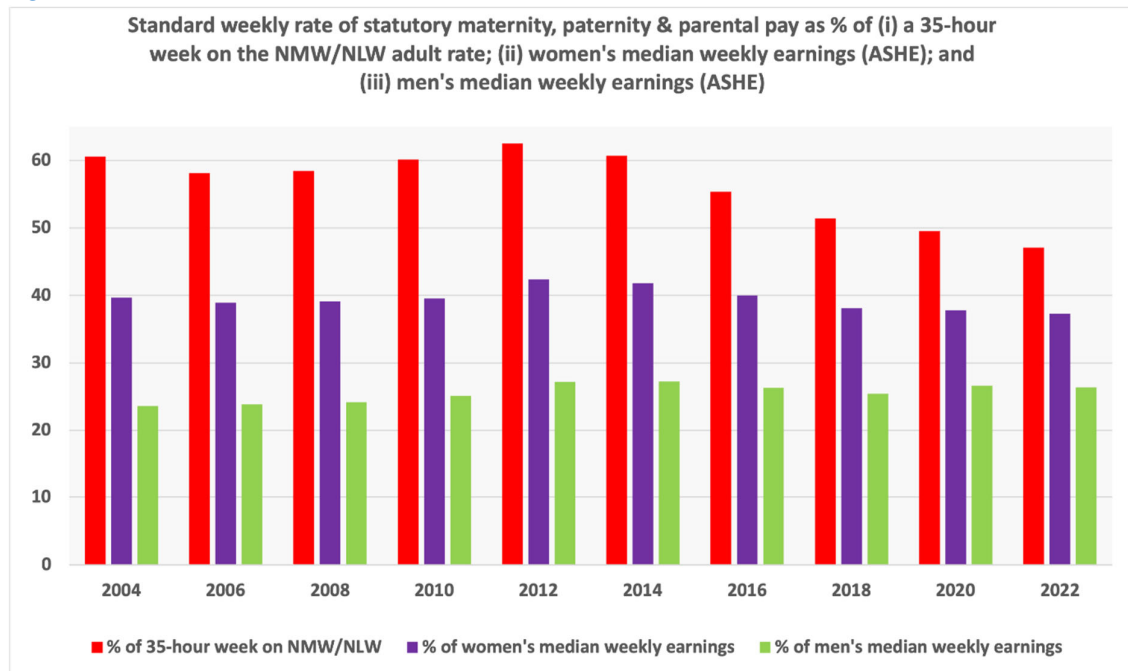
### How rates of maternity pay compare to other income measures

In 2012, the basic rate of SMP equated to 62.5% of a 35-hour week on the National Living Wage (previously known as the National Minimum Wage) but over the past decade this relative value has declined steadily. Since April 2023, the current basic rate of statutory maternity and parental pay is £172.48 per week, which equates to just 47% of the National Living Wage (for a 35-hour week at the adult rate of £10.42 per hour).<sup>166</sup>

The value of the basic rate of maternity, paternity and parental pay has also declined relative to women’s median weekly earnings – from 42% in 2012, to just 37% in April 2022.<sup>167</sup> This leaves women with just over a third of women’s median earnings for 33 weeks, at a time when they are also coping with significant additional costs.<sup>168</sup>

Some employers choose to pay their employees Occupational Maternity Pay (OMP) – also known as enhanced maternity pay – a higher level than the statutory minimum, which unlike SMP is not claimed back from the government. As Table 3 shows, the most recent figures on types of maternity pay reveal that OMP has been declining steadily since 2008 and that only 13% received OMP while 58% received SMP only and 14% received Maternity Allowance.

Figure 1



<sup>166</sup> Maternity Action, 2023. The Cost of Living On Maternity Leave Survey.

<sup>167</sup> Maternity Action, 2023. The Cost of Living On Maternity Leave Survey.

<sup>168</sup> ONS Census, 2012. Employee earnings in the UK: 2022.

[https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/annualsurveyofhoursandearnings/2022#:~:text=Median%20weekly%20pay%20for%20full%2Dtime%20men%20increased%20by%205.0, April%202022%20\(Figure%203\).](https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/annualsurveyofhoursandearnings/2022#:~:text=Median%20weekly%20pay%20for%20full%2Dtime%20men%20increased%20by%205.0, April%202022%20(Figure%203).)

See also: Maternity Action, 2023. The Cost of Living On Maternity Leave Survey.



The basic rate of maternity and parental pay in the UK is low by international standards, comparing unfavourably to most other countries on each of the two measures of the 'generosity' of paid maternity/parental leave available to new mothers used by the OECD (see Figures 2 and 3.)

Figure 2

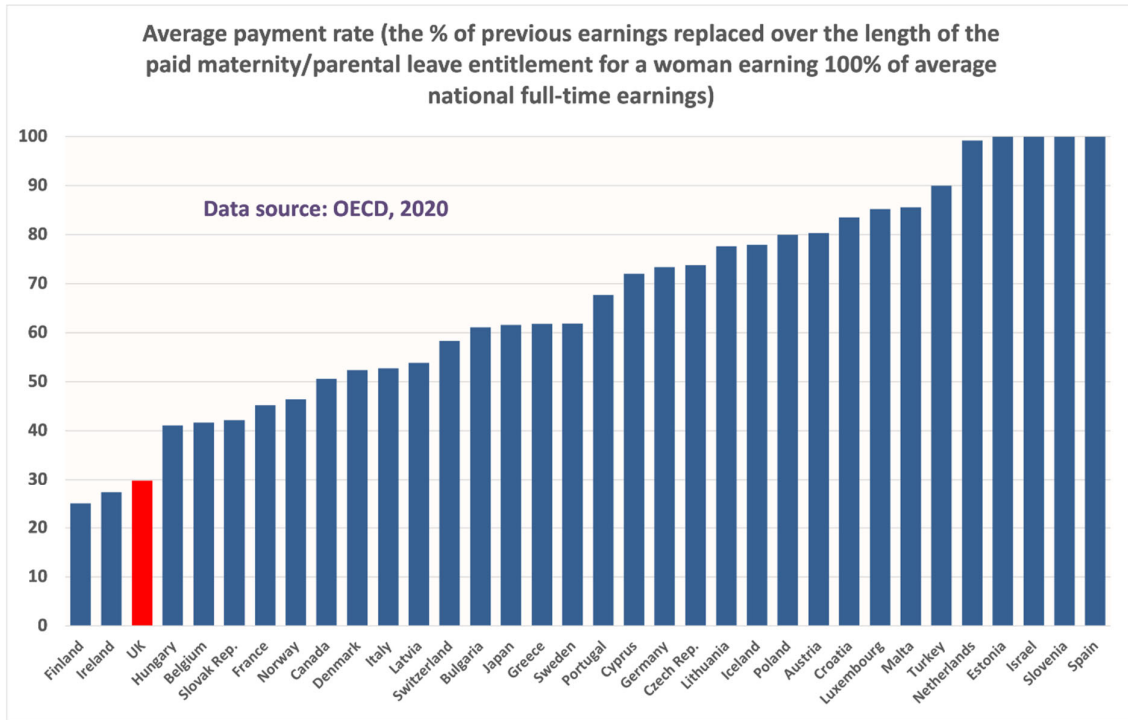
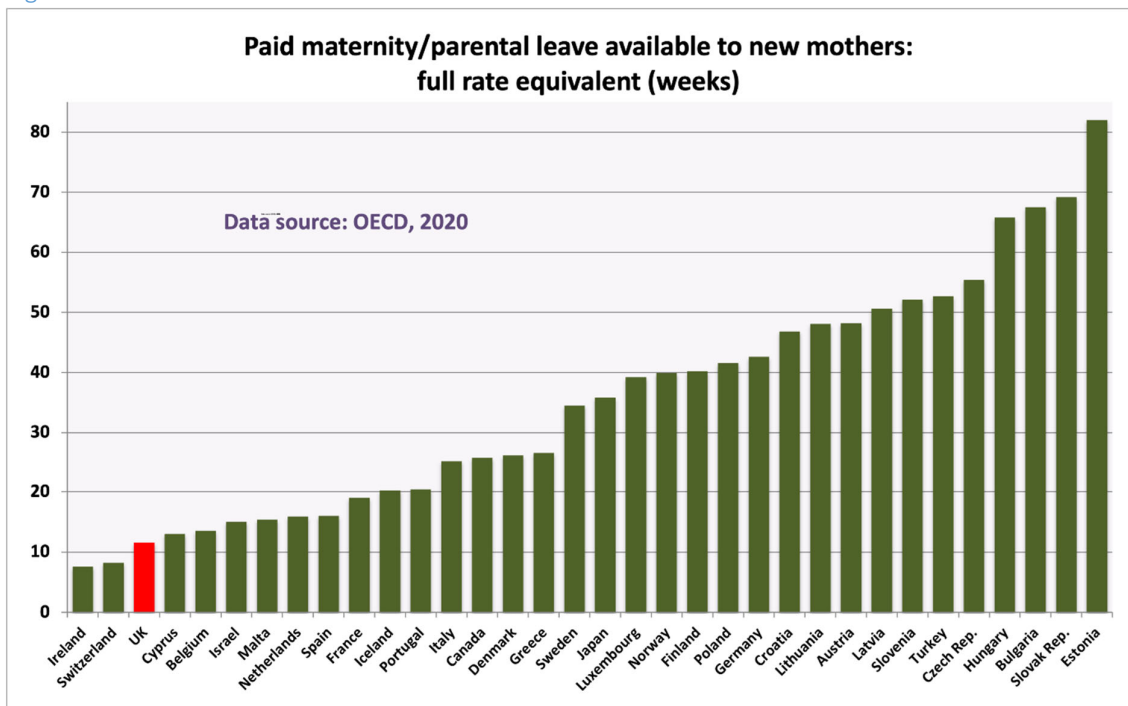


Figure 3



#### 5.4. Eligibility and uptake of maternity payments and benefits

SMP and Maternity Allowance are both income replacement benefits. However, as Table 1 shows, eligibility criteria and amounts paid differ.

##### SMP

As set out in Table 1, women who qualify for SMP receive 90% of their average weekly earnings for the first six weeks, followed by 33 weeks on £172.48 per week, or 90% of average weekly earnings, whichever is lower. In order to qualify for SMP, a woman must be an employee or worker (i.e. not self-employed) and have had 26 continuous weeks of employment with the same employer by the 15<sup>th</sup> week before the expected week of childbirth (EWC). There is also a requirement to have had average weekly earnings of at least £123pw.

Insufficient earnings, even if they are temporary, can cause a woman to lose eligibility to SMP. For example, being in receipt of statutory sick pay (SSP) during the qualifying period affects the earnings requirement. Insecure contracts with variable working hours can also cause women to lose out due to insufficient earnings during the qualifying period, even if they would normally earn more.<sup>169</sup> There is currently insufficient data to establish the number of women who unfairly lose out on SMP due to temporary reductions in their earnings. More research is needed in this area.

##### Maternity Allowance

Maternity Allowance (MA) is available to some women who do not qualify for SMP. It is also the only form of maternity pay available to the self-employed. Women earning less than £25,000 per annum are the most likely recipients of MA.<sup>170</sup> Unlike SMP, MA does not pay 90% of average weekly earnings for the first six weeks. Instead, the same flat rate of £172.48, or 90% of weekly average earnings, whichever is lower, is paid for the whole 39 weeks. A considerable number of women who do not qualify for SMP are unaware that they can apply for MA. According to the latest Parental Rights Survey (formerly the Maternity and Paternity Rights Survey series), only 9% of non-recipients of SMP had applied for MA; Out of those who did not, 59% thought they were ineligible and 43% were not aware that Maternity Allowance existed.<sup>171</sup>

##### Statutory Maternity Pay, Maternity Allowance and Universal Credit

SMP is treated as earnings under Universal Credit and largely disregarded under the work allowance, whereas Maternity Allowance is treated as unearned income for Universal Credit purposes and deducted in full. This can result in a recipient of Maternity Allowance receiving up to £5000 less during maternity leave, compared to a recipient of SMP.<sup>172</sup> The differential treatment of the two income replacement benefits has garnered some attention – an early day motion signed by 119 cross-party MPs in 2020 urged the government to address what they called an ‘anomalous injustice’.<sup>173</sup> A subsequent case in the High Court, brought by Child Poverty Action Group was unsuccessful, partly justified by Maternity Allowance being classed as unearned income and SMP

---

<sup>169</sup> Maternity Action, 2020. Insecure Labour: the realities of insecure work for pregnant women and new mothers. <https://maternityaction.org.uk/wp-content/uploads/InsecureWorkReportNov2020FINAL-1.pdf>

<sup>170</sup> BMG research, 2023. Parental Rights Survey 2019.

<sup>171</sup> BMG research, 2023. Parental Rights Survey 2019.

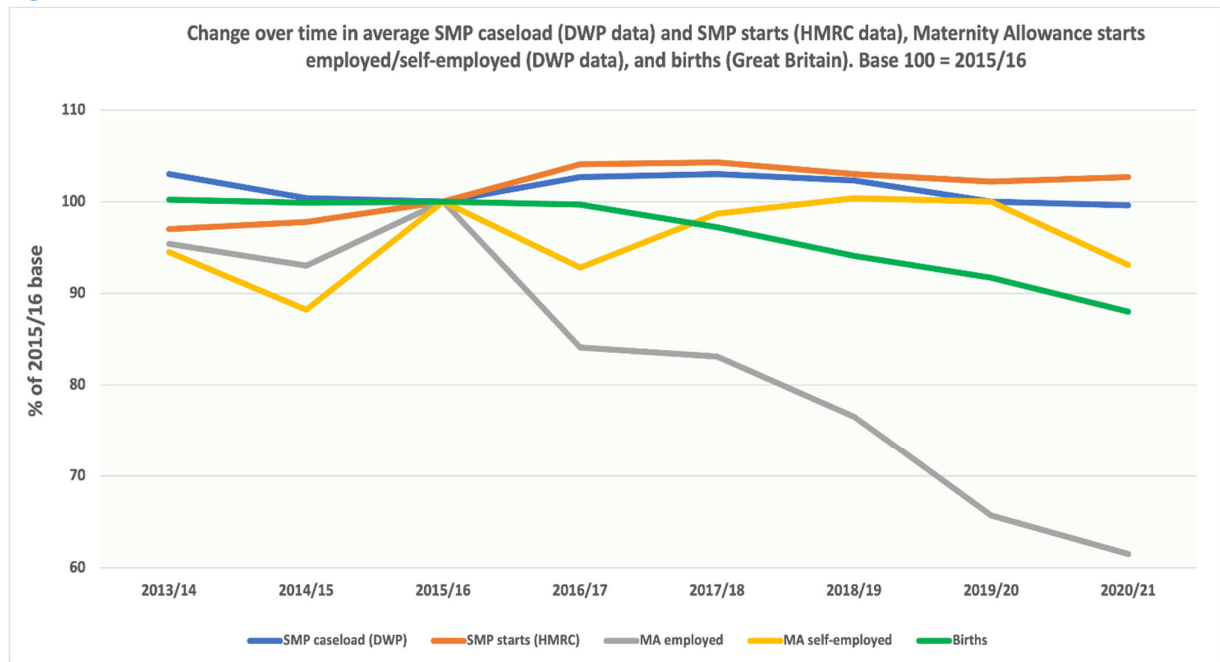
<sup>172</sup> HC EDM 421, 04 May 2020. Universal Credit, Maternity Allowance & SMP. <https://edm.parliament.uk/early-day-motion/56927/universal-credit-maternity-allowance-smp>

<sup>173</sup> HC EDM 421, 04 May 2020. Universal Credit, Maternity Allowance & SMP.

; HC Petitions Committee, 2020. The impact of Covid-19 on maternity and parental leave: First Report of Session 2019–21. <https://committees.parliament.uk/publications/1759/documents/17170/default/>

being paid through PAYE.<sup>174</sup> A 31% reduction in Maternity Allowance grants awarded between 2016 (when Universal Credit was subject to full national rollout in Great Britain) and 2021, can be observed in data from HMRC and the DWP.<sup>175</sup> More research is needed into the reasons behind this, but the likelihood that low-income women on Universal Credit are no longer accessing Maternity Allowance because they will be no better off financially, should be considered. Notably, the number of SMP grants, reduced only by 2% in the same period.<sup>176</sup> This suggests that the declining birth rate<sup>177</sup> does not provide an adequate explanation.

Figure 4



### Recent trends

According to the 2019 Parental Rights Survey commissioned by BEIS (released in 2023), UK women had an average of 44 weeks’ maternity leave and this was similar across income groups. This represented an increase from 32% in 2008 and 39% in 2011. The most common reason for returning to work (mentioned by 57% of mothers) was money – 35% of women who mentioned this as a main reason for their return were lower earners (under £20,000 per annum), compared to 36% of mid-earners and 20% of those on salaries of £40,000 per year and above.<sup>178</sup> The most common type of maternity pay during maternity leave was SMP, without any additional Occupational Maternity Pay (OMP) (58%), followed by MA (14%). The number of women receiving OMP decreased considerably from 36% in 2009/10 down to 13% in 2017/2018.<sup>179</sup>

<sup>174</sup> Moore v. Secretary of State for Work and Pensions. [2020] EWHC 2827 (Admin). <https://www.judiciary.uk/wp-content/uploads/2020/10/Moore-v-SSWP-judgment.pdf>

<sup>175</sup> Dunstan, R. Claimants of statutory maternity & parental pay: available data. Maternity Action, November 1, 2022. <https://maternityaction.org.uk/2022/11/claimants-of-statutory-maternity-parental-pay-available-data/>

<sup>176</sup> Dunstan, R. Missing: 85,000 Maternity Allowance claims worth £500m to low-income new mothers. Maternity Action, March 22, 2022. <https://maternityaction.org.uk/2022/03/missing-85000-maternity-allowance-claims-worth-500m-to-low-income-new-mothers/>; Dunstan, R. Claimants of statutory maternity & parental pay: available data.

<sup>177</sup> HC Deb 3 March 2022 (134067) <https://questions-statements.parliament.uk/written-questions/detail/2022-03-03/134067>

<sup>178</sup> BMG research, 2023. Parental Rights Survey 2019.

<sup>179</sup> BMG research, 2023. Parental Rights Survey 2019.

Approximately 9 per cent of mothers did not take any type of leave at all following their child's arrival,<sup>180</sup> despite the legally required two-week period (four weeks for factory workers.) Women who did not take leave were more likely than average to have one or more of the following characteristics; be younger, on lower incomes, classed as workers rather than employees, have less than two years of service in their current jobs, be single mothers, of Asian ethnicity and qualified below degree level.<sup>181</sup> 41% of women who did not take leave gave the reason as 'not being entitled' to leave, followed by 29% who did not know whether or not they were entitled. 11% said they could not afford to take leave.<sup>182</sup>

Similarly, the 18% of men who took no leave at all (including paternity leave, SPL and annual leave) were more likely to be workers or self-employed, of Black or Asian ethnicity and have no formal qualifications. 27% of lower-earning fathers (below 20,000 per annum) took no leave, compared to only 7% of higher-earning fathers (40,000 and above).<sup>183</sup>

### Free prescriptions

Pregnant women and women who have given birth in the last 12 months are entitled to free NHS prescriptions, regardless of migration status. This NHS policy is intended to alleviate some of the financial strain on families at this time. A Maternity Exemption certificate, which takes the form of a digital document, is however required in order to claim the entitlement. Women cannot apply for the certificate themselves, instead this must be done by a midwife or other healthcare professional. According to recent reports, however, such applications are routinely missed and women who have collected free prescriptions in the belief they were eligible are regularly pursued for penalties running into hundreds of pounds.<sup>184</sup>

## 5.5. Support available to pregnant women, mothers and young children seeking asylum

Under Section 115 of the Immigration and Asylum Act 1999, mothers and children who seek asylum in the UK have 'no recourse to public funds' (NRPF) and cannot access mainstream benefits. Migrants with NRPF who are destitute can apply for other forms of support, which are intended to provide a minimal safety net and can include accommodation, financial support, or a combination of both. (Table 4.) Financial support has historically been set at 70% of the mainstream benefit equivalent but since 2008 this is no longer the case and recent calculations estimated that the figure was closer to just over half of the comparable Universal Credit award.<sup>185</sup> Following a legal challenge, a mandatory order was issued to the Home Secretary in 2022 to immediately uprate weekly payments in line with inflation, from £40.85 to £45.<sup>186</sup> In July 2023, the payment was uprated to £47.39.<sup>187</sup>

---

<sup>180</sup> BMG research, 2023. Parental Rights Survey 2019.

<sup>181</sup> BMG research, 2023. Parental Rights Survey 2019.

<sup>182</sup> BMG research, 2023. Parental Rights Survey 2019.

<sup>183</sup> BMG research, 2023. Parental Rights Survey 2019.

<sup>184</sup> Maternity Action Briefing: Ending unfair charges for prescriptions for women eligible for maternity exemption certificates. April, 2023. <https://maternityaction.org.uk/prescription-charges/#:~:text=Midwives%20and%20other%20clinicians%20should,one%20year%20after%20the%20birth.>

<sup>185</sup> HC Women and Equalities Committee, Equality and the UK asylum process, Fourth Report of Session 2022-23, 27 June 2023. <https://committees.parliament.uk/publications/40580/documents/198406/default/>

<sup>186</sup> HC Women and Equalities Committee, Equality and the UK asylum process – Report Summary, 27 June 2023. <https://publications.parliament.uk/pa/cm5803/cmselect/cmwomeg/93/summary.html>

<sup>187</sup> HC Women and Equalities Committee, Equality and the UK asylum process: Government response to the Committee's Fourth Report, Seventh Special Report of Session 2022-23, September 2023. <https://committees.parliament.uk/publications/41470/documents/204265/default/>

Additional payments are available for pregnant women with NRPF. This includes a one-off grant similar to the Sure Start Maternity Grant, although the rate is £250 or £300 instead of £500, depending on migration status. Maternity Action's casework has shown that bureaucratic complexities can cause women to miss out on these payments. For example, applications for the asylum support maternity grant must be made separately from any other asylum support applications, within a time window of less than four months. The equivalent period for the mainstream Sure Start Maternity Grant is more than eight months.<sup>188</sup>

Individuals receiving asylum support are relocated to accommodation in different parts of the country on a no-choice basis, a practice known as dispersal. There are safeguards in place to prevent pregnant women being moved unnecessarily, but research shows that this still happens, sometimes multiple times in one pregnancy.<sup>189</sup> In addition to causing both physical and emotional stress, this practice also has potentially serious impacts on the continuity of care.<sup>190</sup>

Standards in various types of asylum accommodation have been subject to severe criticism over the years, with regards to hygiene, safeguarding and the standard of the food provided to residents in full board accommodation. Maternity Action's evidence to the Women and Equalities Committee in June 2023 outlined problems like new mothers having to sterilise baby bottles in dirty bathrooms and pregnant women being given food described as 'inedible'.<sup>191</sup> The additional cash payments for pregnant women, babies and children under three have also been withheld from residents in full board accommodation, however this was ruled to be illegal following a recent court case, in which it was concluded that the food on offer was not sufficiently nutritious to meet the needs of this group.<sup>192</sup> At the time of writing, there was a further legal challenge underway on the low rate of additional payments to pregnant women and new mothers. Maternity Action provided a witness statement in support of this challenge.

Women who are destitute but fall outside of the eligibility criteria for asylum support (see table 4) may spend many years attempting to regularise their migration status while being unable to work legally or receive benefits. Women in this situation are also chargeable for NHS maternity care.

Section 17 support is sometimes provided where a child is deemed to be 'in need' based on a local authority assessment. However, according to reports, local authorities often refuse to assess families or provide support. Common reasons for refusal include misunderstanding of the rules around NRPF (Section 17 is not a public fund) and difficulties in producing the evidence needed that a child is in need.<sup>193</sup>

---

188 HC Women and Equalities Committee, Equality and the UK asylum process, Fourth Report of Session 2022-23, 27 June 2023.

189 Reach Alliance, 2022. Accessing Maternal Health Care in a Hostile Environment <https://reachalliance.org/wp-content/uploads/2022/10/MaternalHealth-Camden-CaseStudy-final-case-study-report.pdf>

190 Maternity Action, 2013. When maternity doesn't matter - Dispersing pregnant women seeking asylum [https://www.maternityaction.org.uk/wp-content/uploads/2013/09/When\\_Maternity\\_Doesn\\_t\\_Matter\\_-\\_Ref\\_Council\\_Maternity\\_Action\\_report\\_Feb2013.pdf](https://www.maternityaction.org.uk/wp-content/uploads/2013/09/When_Maternity_Doesn_t_Matter_-_Ref_Council_Maternity_Action_report_Feb2013.pdf)

191 HC Women and Equalities Committee, Equality and the UK asylum process – Report Summary, 27 June 2023.

192 HA, SXX, K, NY and AM v. Secretary of State for Home Department. [2023] EWHC 1876 (Admin). <https://dpgglaw.co.uk/wp-content/uploads/2023/07/HA-others-CO-1599-2022-others-judgment-21Jul23.pdf>

193 Project 17, Challenging refusals to assess or provide support under section 17 Children Act 1989, Updated September 2022. <https://www.project17.org.uk/media/8dac8be0054bb3d/challenging-refusals-to-assess-or-support-under-s17-sept-22.pdf>

Table 5: Types of support available to migrants with NRPF

Type of support	Amount (2022-23)	Eligibility Criteria
Section 95	<p>Accommodation and subsistence support</p> <p>£47.39 per person per week</p> <p>An additional £5 per week for pregnant women</p> <p>An additional £5 per week for babies under 1</p> <p>An additional £3 per week for children aged 1 to 3</p> <p>If provided with full board hotel accommodation, the recipient gets £9.58 per person per week instead of £47.39</p>	<p>A person who is destitute and has made a claim for asylum or an Article 3 claim under the Human Rights Act.</p> <p>Recipients who have a child and who become Appeal Rights Exhausted (ARE), continue to receive the support until their child turns 18.</p>
Section 98	<p>Emergency support (under section 98 of the Immigration and Asylum Act 1999), while Home Office makes decision on Section 95 eligibility. Usually a full-board accommodation arrangement.</p>	<p>A person who is destitute and is waiting for a decision on their claim for Section 95 support.</p>
Section 4	<p>Accommodation and subsistence support, as above.</p>	<p>A refused asylum seeker with appeal rights exhausted who is destitute and meets one of the following five criteria:</p> <ol style="list-style-type: none"> <li>1. Is taking all reasonable steps to return to country of origin.</li> <li>2. Is unable to leave UK for health reasons, including late pregnancy.</li> <li>3. Is unable to return to country of origin because Home Office has stated that there is no safe route.</li> <li>4. Is appealing to the High Court for judicial review and has been granted 'permission to proceed'.</li> <li>5. Is able to prove that not providing Section 4 support would breach their human rights.</li> </ol>



Section 17 (England <sup>194</sup> )	Dependent on social services needs assessment.	A 'child in need' and their parent/s are entitled to support under section 17 Children Act 1989, if they are destitute and not entitled to Section 95 support.  A family which is eligible for Section 4 support can either access Section 4 or Section 17 support. However, Section 17 is intended to provide a standard that promotes child welfare, whereas the objective of Section 4 is to prevent destitution.
Asylum support maternity grant	£300 for asylum seekers £250 for refused asylum seekers	A pregnant woman who is an asylum seeker or a refused asylum seeker and whose baby is due in 8 weeks or less, or who has a baby under 6 weeks.

## 5.6. Help with childcare costs

Childcare costs are often one of the biggest expenses for UK families, alongside housing costs. According to the 22nd annual Childcare Survey by Coram, UK parents of children under two, who have a full-time nursery place, currently have an average childcare bill of £13,695 a year.<sup>195</sup>

The current UK childcare entitlement and different forms of support with costs are outlined in Table 5.

*Table 6: Childcare offer and support*

Type of support	What families get	Eligibility criteria
Tax-Free Childcare	For every £8 paid to a registered childcare provider, the government adds another £2, up to a maximum of £2000 per child, per year, or £4000 for a child with a disability. Up to a limit of £500 every three months, or £1000 for a child with a disability.	Working parents with children under 12, or under 17 if the child has a disability, earning at least £152 on average per week, per parent (or as a sole parent) and no more than £100,000 <sup>196</sup> per year, per parent. Eligibility must be re-confirmed every three months.

<sup>194</sup> An equivalent legal duty applies in Wales, Scotland and Northern Ireland, under the following legislation: Section 37 of the Social Services and Well-being (Wales) Act 2014; Section 22 of the Children (Scotland) Act 1995; Article 18 of the Children (Northern Ireland) Order 1995

<sup>195</sup> Coram, 2023. Childcare survey 2023. <https://www.familyandchildcaretrust.org/childcare-survey-2023-report-landing-page>

<sup>196</sup> (Adjusted net income.)

<p>Entitlement to free childcare for pre-school children.</p>	<p>England:</p> <p>All three and four year olds are entitled to 15 free hours per week (term-time only) at a participating registered childcare provider, usually provided as 3 hours per day during term time.</p> <p>Some two-year olds with disabilities and whose parents receive certain benefits are also entitled to 15 free hours per week.</p> <p>Some three and four year olds of eligible working parents are entitled to 30 hours per week.</p>	<p>30 hours for four and five year olds: working parents earning at least £152 on average per week, per parent (or as a sole parent) and less than £100,000 per year.</p>
	<p>Wales:</p> <p>Two and three-year-olds living in a 'Flying Start' area can get free part-time childcare for two-and-a-half hours a day, five days a week for 39 weeks.</p> <p>Three and four-year-olds can get 10 hours of free early education per week for 48 weeks per year, in a school or nursery.</p> <p>Some three and four-year-olds are entitled to an extra 20 hours, bringing their total to 30 hours for 48 weeks of the year.</p>	<p>Extra 20 hours for three and four year olds: Working parents, earning on average at least the equivalent of 16 hours a week at the National Minimum Wage, or National Living Wage, per parent (or as a sole parent) and less than £100,000 per year, per parent.</p>

	<p>Scotland:</p> <p>Some two-year-olds can get 16 hours of childcare a week during term time if they receive certain benefits.</p> <p>All three and four-year-olds qualify for 16 hours a week of free early learning and childcare during term time.</p>	
	<p>Northern Ireland:</p> <p>Children are entitled to at least 12.5 hours of free preschool education per week, for 38 weeks in the year before they start Primary One.</p>	
Universal Credit	<p>Qualifying families can claim back up to 85% of childcare costs from an approved childcare provider, up to a maximum of £951 for one child and £1,630 for two children.<sup>197</sup></p>	<p>Working parents and parents about to start work, who qualify for Universal Credit.</p>
Working Tax Credit – Childcare Element	<p>Qualifying families can claim back up to 70% of childcare costs from an approved childcare provider, up to a maximum of £122.50 per week for one child and £210 per week for two or more children.</p>	<p>Families in receipt of Working Tax Credits (one of the legacy benefits being replaced by Universal Credit), who work at least 16 hours per week, per person (or as a lone parent).</p> <p>The amount received is subject to income, working hours and childcare costs.</p>
Childcare Vouchers	<p>Childcare Vouchers were a salary sacrifice scheme which has been replaced by Tax-Free Childcare and is no longer open to new applicants.</p> <p>Amounts saved depend on income and range from £620 per year for a higher rate tax payer, to £933 per year for a basic rate tax payer.</p>	<p>Working parents whose employer offered the scheme signed up to a third party provider to buy the vouchers.</p>

<sup>197</sup> This increased from £656.35 for one child and £1,108.04 for two children, on June 29, 2023.

Plans are in place to expand eligibility for 15 hours of childcare to all parents of two year olds from April 2024 in England, Scotland and Wales. Children aged nine months and above will be offered 15 hours' childcare from September 2024 and in 2025, the 30 hours childcare entitlement will be extended to working parents with children under five.<sup>198</sup>

---

<sup>198</sup> Department for Education Press Release, 7 July 2023. Government funding boost kickstarts delivery of historic new free childcare offers. <https://www.gov.uk/government/news/government-funding-boost-kickstarts-delivery-of-historic-new-free-childcare-offers>

## Conclusions

This report has considered current UK maternity pay and benefits, particularly in light of the cost of living crisis, and reviewed the literature on the impacts of poverty, low income and economic shocks on maternal and child health, family relationships and gender equality.

Maternity payments in the UK are low by most measures, trailing behind comparable economies and failing to match other UK income measures. According to the latest Parental Rights Survey, only 13% of respondents received Occupational Maternity Pay, while 58% received SMP only. The amount paid to a woman on basic rate SMP is less than half (47%) of the National Living Wage and just over a third (37%) of UK women's median earnings. This is a steep drop in income at a time of additional expenditure as well as rising food, housing and fuel costs.

Eligibility criteria for SMP means that women can lose their entitlement, for example if they need to take sick leave, change employers or have variable earnings. Women who do not qualify for SMP may be unaware that they can apply for Maternity Allowance and recipients of Universal Credit who do so will see their MA deducted in full from their UC. The 31% reduction in MA grants since the introduction of UC in 2016 is concerning and more research is needed into the underlying reasons.

Mothers and children who are seeking asylum or have irregular migration status are some of the most vulnerable individuals in society, facing poverty, inadequate housing and nutrition as well as bureaucratic barriers to support and the risk of accruing unrepayable debt when they seek maternity care.

We know that poverty, economic stress and unemployment are bad for health. There is an abundance of research evidence on the socioeconomic factors in health inequalities, some of which has been reviewed here. The literature paints a grim picture – the health risks to women and children include some of the most tragic outcomes imaginable, such as maternal death and stillbirth. Persistent poverty, as well as transitions into poverty, increase the risk of depression, anxiety and other mental health problems for both mothers and their children. Malnutrition raises the risk of serious complications like postpartum haemorrhage and birth defects. On the other hand, there are indications that even modest increases in family income may have a protective effect against some of these risks. Uprating maternity payments in line with the National Living Wage and inflation would be a good start.

Despite legal protections, pregnant women and new mothers still experience disadvantage and discrimination at work. Estimates vary, but recent data indicates that 30% of women experienced 'unfair treatment' during pregnancy, maternity leave or on return to work. According to one estimate about 43% of full-time working women do not return to full time after maternity leave, thus reducing their earnings. Only 22% of women were offered flexitime. We know that there is a lack of knowledge about maternity rights held by both employers and women themselves and this can lead to unlawful treatment when employers do not know their obligations and women are unable to assert their rights. Offering legal advice and support with such problems could become integrated into the maternity pathway in order to catch some of these problems before they lead to job loss. [AP: Mention health-justice partnership here? Where else is it mentioned?]

Opportunities for fathers and partners to participate in childcare in the UK are limited and in recognition of the disadvantages associated with this, a new system of Shared Parental Leave (SPL), was introduced in 2015. SPL has only recently been evaluated, and as we saw here, the results are disappointingly low with an uptake of around 4% or lower. The evaluation points to the policy being

too complicated (43% of employers did not know what SPL was) as well as Statutory Shared Parental Pay being too low. Maternity leave is partly intended to support maternal and child health and the fact that SPL takes away from maternal entitlement is potentially problematic. Maternity leave also confers protection against discrimination whereas SPL does not. The failure of SPL is a missed opportunity to fathers to take a more active role in childrearing. Having an involved father has been found to have protective effects on children against some of the negative effects of poverty.

While many women reduce their hours after maternity leave, many do not return to work at all – around 22%, according to one estimate. Research suggests that affordable childcare would incentivise around 56% - 60% of women to return to work. Unfortunately, however, UK childcare costs are some of the highest in the developed world and fees have been subject to considerable increases in recent years, almost doubling between 2010 and 2022, amid funding shortages and rising costs for providers.

Financial stress, including job loss, puts emotional pressure on families and increases the risk of parental conflict and separation. Research shows that single parents, 90% of whom are women, are at increased risk of falling into poverty after a separation and to remain there. More support is needed to prevent the cost of living crisis from turning into a perfect storm for pregnant women, new mothers and their families.

## Recommendations

### Raise maternity payments and expand eligibility

The British Government should take the following measures in order to help to protect women and their children against the health risks associated with poverty and low income and help them cope with rising living costs.

- The basic rate of SMP and Maternity Allowance should be raised to at least the level of NMW.
- The current 8 week qualifying period for SMP should be extended to cover 12 weeks' earnings for those with variable hours so that women on casual contracts are not disadvantaged.
- Healthy Start should be uprated in line with inflation, supporting healthy diets for pregnant women, new mothers and children. Eligibility criteria should also be expanded to include women with NRPF, in order to reach some of society's most vulnerable families.
- Sure Start Maternity Grant (SSMG) should be uprated in line with inflation and eligibility expanded to second and subsequent children.
- The policy anomaly that treats Maternity Allowance as deductible from Universal Credit should be corrected and MA treated the same as SMP under UC rules.
- Regulations governing the Maternity Exemption certificates should be amended so that, where certificates are found to be missing, they can be backdated at the time of issue to cover the full eligibility period. Women should not be charged or fined for any prescriptions received during the period of eligibility.

### Support women to access entitlements and to remain in work

We recommend the following measures in order to strengthen women's position in the workforce, address gender inequality and underpin women's financial security and self-sufficiency:

- Rights and protections at work should be strengthened, including a right to flexible working and family friendly working arrangements.
- Legal advice should be integrated into maternity services, following a health-justice partnership model, which links pregnant women and new mothers with advice services through their midwife, enabling them to access benefit entitlements and exercise their rights at work.<sup>199</sup>
- The 30-hour entitlement to childcare should be available to families straight after maternity leave, rather than at the age of three, enabling women who wish to do so, to remain in employment and continue earning.
- Shared Parental Leave should be replaced with the '6+6+6' model of six months' maternity leave, followed by a further six months of non-transferrable parental leave for each parent. Parents should have an individual right rather than 'shared' entitlements.

### Improve support for asylum seeking and migrant women

- Administrative barriers to maternity payments (including both the maternity grant and the additional payments to pregnant women, babies and children under 3), such as the need for a separate application form, should be removed and payments made automatically to women after notification of pregnancy. At a minimum, the time window for the application

---

<sup>199</sup> See for example: The King's Fund, 2021. The NHS's role in tackling poverty - Awareness, action and advocacy. <https://www.kingsfund.org.uk/sites/default/files/2021-03/nhss-role-tackling-poverty.pdf>



should be extended to 11 weeks before the baby's due date to match that of its mainstream equivalent, Sure Start Maternity Grant.

- The link between Asylum Support and mainstream benefits should be reinstated and Asylum Support uprated to at least 70% of the standard over 25s rate of Universal Credit, as recommended by the Women and Equalities Select Committee.<sup>200</sup>
- Payments for pregnant women seeking asylum are too low to maintain a nutritious diet and needs to be uprated further, at least matching the Healthy Start payments.
- Local authority support to migrant families under Section 17 (and Scottish, Welsh and Northern Irish equivalents) should be subject to a national minimum, equivalent to that of Asylum Support, i.e. at least 70% of the standard over 25s rate of Universal Credit.

---

<sup>200</sup> 200 HC Women and Equalities Committee, Equality and the UK asylum process, Fourth Report of Session 2022-23, 27 June 2023.

# Appendix

## Methodology

A rapid review of recent, relevant, high quality material was carried out. Search terms and combinations of these were developed for each part of the research question, pertaining to maternal and infant health, family relationships and gender equality. These were combined with terms relating to poverty and low income into a series of search strings, which were used in Web of Science (WoS) and the search was restricted to 2012 onwards, UK only and, for child related material, relevant to infants around one year of age. Results for each search were ordered according to the WoS 'relevance' criteria and subjected to an initial sift, eliminating results which did not meet the criteria. A second stage of screening to assess relevance was completed, and any 'snowball' samples were subjected to the same sift and screening. Quality evaluation was then carried out and each source given a score from 1-3 based on journal impact metrics, number of citations and year of publication. Articles were coded and analysed in the qualitative analysis software application Atlas.ti and material from higher-scoring sources given priority. In addition to academic literature, the nature of the topic, as a series of ongoing issues, necessitated the inclusion 'grey' literature from the third sector, where much of the expertise on issues such as poverty, child health and gender equality is located. Only the most relevant, recent and high quality reports were selected for inclusion.

An advisory panel of women with recent lived experience of pregnancy and maternity leave was recruited at the project's outset. The panel, which was made up of 13 women from diverse backgrounds, based in locations across the UK, met approximately quarterly. Agendas for the meetings included:

- Discussion of literature review findings, setting of priorities and development of recommendations.
- Input on key messages and dissemination strategies.
- In depth-focus groups on topics selected jointly by the project team and panel.