



Fixing the foundations by investing in the First 1001 Days: Autumn Budget 2024 / Spending Review - Stakeholder Representation

Summary of key asks

1 - Start for Life

- Start for Life is an urgent priority. With funding only being guaranteed until 31st March 2025, services and jobs that support babies are at risk. Our urgent ask is to at least extend Start for Life programme funding at current levels, to avert the closure of local services that support vulnerable babies, parents and carers. This includes extending funding for specialised services, which help parents and carers to overcome trauma or postnatal depression and care for their babies.
- Over a 3-year period, support the national rollout of the Start for Life Programme to all English local authorities, as recommended by the CQC and Ofsted, so that babies across England receive this support. As part of this:
 - o allocate an additional £70.7 million from 2025/26-2027/28 to enable every local authority area to develop at least one parent-infant team. This would enable 23,600 vulnerable babies to receive specialist support every year by 2027/28.
 - o allocate £78m annually to enable all local authorities to provide adequate breastfeeding support.

2 - Tackling Child Poverty

- Abolishing the two-child limit is the most cost-effective way to reduce child poverty. It would lift 300,000 children out of poverty and 700,000 children would be in less deep poverty. The immediate cost is £1.7 billion but would result in longer-term savings in other areas through improved outcomes.

3 - Health Visitors

- The costs of introducing 1,000 more substantive health visitor posts are £52.9m for year 1, £105.8m for year 2, and £158.7m for year 3. The salary uplift costs for 689 specialist health visitor posts is £8.64m per annum (from band 6 to band 7).

4 - Paternity Leave

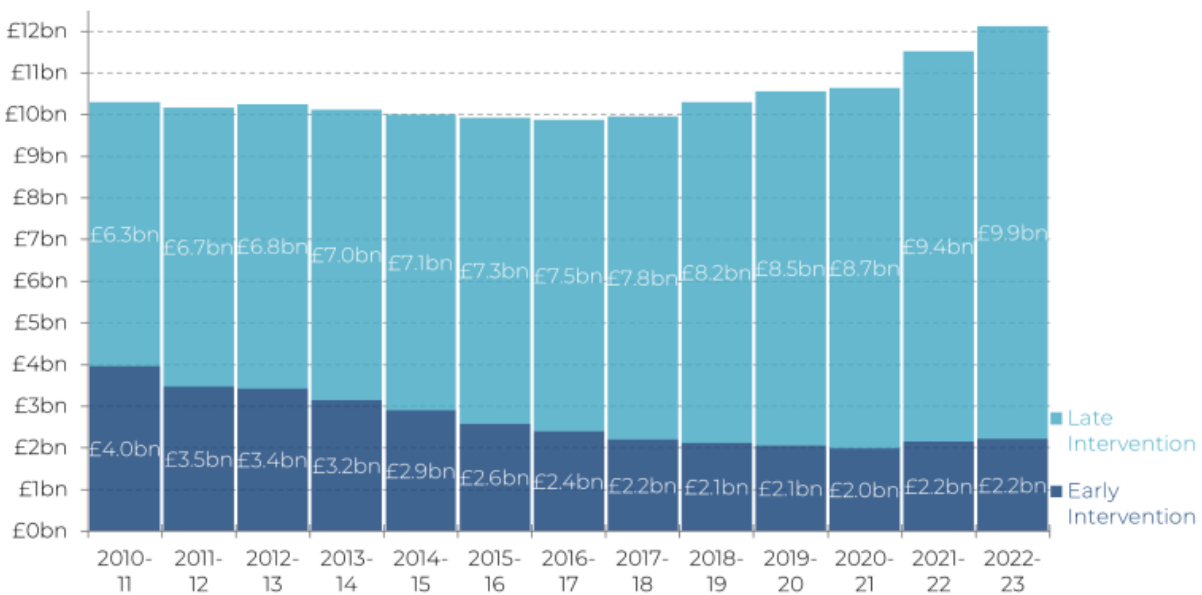
- The overall cost of the policy would be £1.8 billion per year, but would be offset partially by savings in other areas. It would also decrease the gender pay gap by 4%, increase workforce participation by 3.8% and would grow the economy by £23 billion (1% of GDP).

The First 1001 Days Movement

The First 1001 Days movement is a coalition of over 200 charities and professionals who believe that babies' emotional wellbeing and development matters. Our members deliver a wide range of services that protect and support vulnerable babies and their families. For further information and membership see our [website](#).¹

Investing in the first 1001 days to help fix the foundations of the public finances

Getting help quickly in these crucial early months can avert tragedies later in life. If we fail to help vulnerable babies, we see the consequences in rising rates of mental health conditions in children. This is well documented by the Royal College of Psychiatrists². We know that a baby's future is not an inevitability, but there needs to be strong support in these earliest years to address risk factors and break intergenerational cycles of trauma.



To fix the foundations of our public finances, there needs to be a rebalance towards prevention. Unfortunately, investment in prevention has fallen over the past decade. A report commissioned by the Children's Services Funding Alliance³ shows that spending on children's services declined year-on-year after the 2008 financial crisis and the austerity that followed. The cuts saw hundreds of Sure Start and children's center's close, and many hundreds more reduce their opening times and services. This is a false economy. Spending on early interventions declined by 48% between

¹ www.parentinfantfoundation.org.uk/1001-days

² www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr238---infant-and-early-childhood-mental-health.pdf?sfvrsn=1d8d5efd_18

³ www.probonoeconomics.com/a-decade-of-change-for-childrens-services-funding

2010-11 and 2019-20, while expenditure on late interventions such as youth justice services, looked-after children and safeguarding, increased by 34%.

This was echoed in a recent report from Children at the Table⁴, which showed that overall spending on early intervention services has fallen by almost £1.8 billion since 2010, a decline of 44%. While in the same period, expenditure on late interventions has risen by almost £3.6 billion, an increase of 57%. Specifically, within children's services budgets, it shows that for the first time spending on residential care alone is now greater than the total amount spent on all early intervention services combined (£2.4 billion vs £2.2 billion).

Early investment, targeted where it is most needed, makes more economic sense than later interventions which can be less effective and more costly. The earlier in the life course money is spent, the greater the return. This is known as the Heckman curve. Investing in services that support a baby's life in their earliest days can help reduce financial costs on later interventions that are known to be more costly and less impactful.

Mental health problems during childhood and adolescence are estimated to cost between £11,030 and £59,130 annually per child in the UK.⁵ These are immediate and short-term fiscal costs. The longer-term cumulative costs, over decades, will be considerably larger. These costs can be mitigated by intervening early through parent-infant relationship support, for example.

The Early Intervention Foundation has estimated that in England and Wales, the cost of late intervention in 2016/17 was £17 billion because of the need for services to address problems such as mental ill-health, youth crime and exclusion from education.⁶ This is the equivalent of around £300 per person. The largest costs included: £5.3 billion spent on Looked After Children and £2.6 billion spent on benefits for 18–24-year-olds who were not in education, employment or training.

Public support

Most UK adults already understand the link between babies' early relationships and health outcomes, and they think supporting babies should be a greater priority. Large scale public opinion research commissioned by the Royal Foundation's Centre for Early Childhood⁷ has found an increase in awareness of the importance of early childhood over the past year. Nine in ten (93%) people recognise the importance of early childhood in shaping later life and 70% say this is very important.

⁴ www.childrenatthetable.org.uk/wp-content/uploads/2024/08/Childrens-services-spending_2010-2023_Final-report.pdf

⁵ Suhrcke M, Puillas D, Selai C. (2008). Economic aspects of mental health in children and adolescents. In Social cohesion for mental wellbeing among adolescents.

⁶ www.eif.org.uk/report/realising-the-potential-of-early-intervention

⁷ www.shapingus.centreforearlychildhood.org/wp-content/uploads/2023/06/The-Royal-Foundation-Centre-for-Early-Childhood_Public_Perceptions_Survey_first_release_June_2023.pdf

Manifesto for Babies

In February 2024, we published our 'Manifesto for Babies',⁸ which is based on a survey of our First 1001 Days Movement members, and detailed work by our steering group. We believe this sets out a practical vision for services that support babies and their families. Many of the proposals in the manifesto do not require any budgetary requirements to be implemented. This submission focuses on a few key policy recommendations that do have budgetary implications. These are covered under the asks below:

1 - Extending the Start for Life programme

The announcement for the Start for Life programme was the first significant expansion of support for babies and their families since the closure of the Sure Start programme. We welcomed the initiative with open arms as much needed investment. The programme covers 75 areas in England and runs until 31st March 2025.

Start for Life, like Sure Start before it, provides a single point of access for families to a broad and integrated range of early help to overcome difficulties and build stronger relationships. Currently, only 75 areas in England have been awarded Start for Life funding.⁹ This means that babies in other areas of England are missing out on this support.

Services and jobs that support babies are at risk. There is an urgent need to confirm the continuation of existing Start for Life funding beyond 31st March 2025. Our urgent ask is to at least extend Start for Life programme funding at current levels to avert the closure of local services that support vulnerable babies, parents and carers. This includes extending funding for specialised services within existing Start for Life funding streams, which help parents and carers to overcome trauma or postnatal depression and care for their babies.

We would like to see the national roll out of the Start for Life Programme to all English local authorities, as recommended by the CQC and Ofsted, so that babies across England receive support regardless of where they live.¹⁰ As part of this, we would like to see the allocation of an additional £67.3 million from 2025/26-2027/28 to enable every local authority area to develop at least one specialised parent-infant team. This would provide targeted support to 23,600 vulnerable babies every year by 2027/28.

⁸ www.parentinfantfoundation.org.uk/wp-content/uploads/2024/03/F1001D-Manifesto-for-Babies-FINAL1.pdf

⁹ www.gov.uk/government/news/infants-children-and-families-to-benefit-from-boost-in-support

¹⁰ www.gov.uk/government/publications/start-for-life-services-thematic-review/start-for-life-services-thematic-review

Family Hubs

Family Hubs, Children's Centre's and SureStart centres have all provided an important community space for parents and carers to access support. Research into each of these models has shown a range of improved outcomes and savings.

Sure Start also provided greater impact for those from the poorest backgrounds and those from non-white backgrounds, helping to address inequalities.¹¹ It also provided longer term benefits, such as children who lived within a short distance (2.5 kilometres) of a Sure Start centre performing 0.8 grades better in their GCSEs.¹²

Analysis of the costs of services in 24 Sure Start Children Centre's and their connection to improved outcomes for families found that services such as specialist support for parents provide benefits to the taxpayer that exceed the cost of delivery.¹³ The cost to deliver Family Hubs in the 75 Start for Life areas in England was £82 million. A key recommendation in our 'Manifesto for Babies' is to extend funding for the Start for Life programme until every neighbourhood has a Family Hub or Children's Centre. This would mean that every baby, regardless of where they live, has access to the support they need through a single access point.

Parent-Infant Relationship and Perinatal Mental Health

The Start for Life programme included £100 million specifically for the development of parent-infant relationship and perinatal mental health support. The funding has helped grow and expand services, so that now there are 39 full teams across England, but also many areas increasing provision of parent-infant relationship services, through perinatal and other services.

In July 2024, the Parent-Infant Foundation surveyed professionals from the 75 Start for Life areas to gain an insight into what is happening in different start for life areas. Start for Life funding has been used to:

- expand current services to include a more focused parent-infant relationship offer
- support different groups of parents or families, such as fathers and particularly high risk/vulnerable women and their babies.

Local leaders had also used the funding to increase availability of support and improve expertise. Some used the funding to integrate and streamline processes, so that families are more likely to be seen by the most suitable professional.

¹¹ <https://ifs.org.uk/publications/short-and-medium-term-impacts-sure-start-educational-outcomes>

¹² <https://ifs.org.uk/publications/short-and-medium-term-impacts-sure-start-educational-outcomes>

¹³ Gaheer, S., Paull, G. (2016). The Value for Money of Children's Centre Services: Evaluation of Children's Centres in England (ECCE) Strand 5. Research brief, Department for Education, London.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/535811/ECCE_Strand_5_Value_for_Money_Analysis_Research_Brief.pdf

The majority of local areas used Start for Life funding to expand access to parent-infant relationship support. Across the 26 areas, 11 used Start for Life monies to fund a new parent-infant relationship team, and a further ten used the funding to expand an existing service. Whilst the survey did not specifically ask about demographics of babies and their families supported, a number of survey responses did provide data demonstrating the effectiveness of specialised parent-infant relationship teams in targeting the babies most in need of support. One responding area shared that, “52.5% of our families come from the most deprived areas of the city.”

Another benefit of specialised parent-infant relationship teams is the work they do with other professionals working with babies. These teams will train health visitors, social care workers and other professionals to identify difficulties in a parent-infant relationship. This can help with identifying difficulties early on and enable that professional to filter families towards more specialised provision. Another respondent to the Parent-Infant Foundation’s survey commented that, “health visitors are all now offering routine screening of parent- infant relationship needs.”

Allocating an additional £70.7 million from 2025/26-2027/28 would enable every local authority area to develop at least one parent-infant team. This would enable 23,600 vulnerable babies to receive specialist support every year by 2027/28.

Breastfeeding support

Currently, the Start for Life programme provides £50m for breastfeeding support. To enable all local authorities to benefit from this support, £78m is required annually. This is based on a benchmark of £130 per family. Increased breastfeeding rates could result in substantial savings within the health system¹⁴.

The health visiting workforce has reduced by 40% since 2015¹⁵. This has had a negative effect on breastfeeding and other aspects of infant health. Health visiting resources are considered in more detail below.

The UK ranks 15th out of 19 comparable high-income countries for breastfeeding rates,¹⁶ and currently around 40% of infants in England are not breastfed at all.¹⁷ The Lancet’s breastfeeding series emphasises that breastfeeding is not the sole responsibility of women and that overcoming the cultural and practical barriers to breastfeeding is an important societal responsibility.¹⁸ It also

¹⁴ Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK, Renfrew et al. UNICEF UK (2012) https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2012/11/Preventing_disease_saving_resources.pdf

¹⁵ Why Health Visitors Matter: Perspectives on a widely valued service, First 1001 Days Movement (2022) <https://parentinfantfoundation.org.uk/wp-content/uploads/2022/05/Why-Health-Visitors-Matter.pdf>

¹⁶ <https://data.unicef.org/resources/breastfeeding-a-mothers-gift-for-every-child/>

¹⁷ Office for Health Improvement and Disparities (2023). Breastfeeding at 6 to 8 weeks after birth: quarterly data for 2022 to 2023. <https://www.gov.uk/government/statistics/breastfeeding-at-6-to-8-weeks-after-birth-quarterly-data-for-2022-to-2023>

¹⁸ Pérez-Escamilla R, et al. (2023). *Breastfeeding: crucially important, but increasingly challenged in a market-driven world*. *Lancet* **401**, 472–85.

highlights that action is needed to tackle the structural barriers to breastfeeding resulting from gender inequities, the lack of consistent quality care in the healthcare environment, adverse sociocultural infant feeding norms and embedded inequalities, and poor accommodation of women's reproductive rights in the labour market.

Baby Buddy Local is a method that helps to engage local parents. It is now active in 30 local authorities across the UK, reaching 60% of the birth cohort in some areas. Start for Life funds enabled Baby Buddy to be commissioned in Walsall, Birmingham, Southwark and Brent. Baby Buddy creates a bespoke digital offer supporting families in each area to access timely support with public health alerts and local information.¹⁹

Baby Buddy is reaching the families at risk of the poorest health outcomes and is used more by families living in deprived areas with lower educational attainment. Some of the key impact highlights are:

- 84% are mum users with 13% Dads
- 26% are in a household with an annual income of below £25,000
- 43% are from minority ethnic groups
- 20% speak English as an additional language
- 17% are not in paid employment

A consortium of researchers has found that Baby Buddy app users were more likely to breastfeed 1 month post birth and be exclusively breastfeeding 3 months post birth.²⁰

Use the *Mothers' Milk Tool* indicates the potential of the Baby Buddy app to save £1435 per user breastfeeding their child up to 1 month and an £4787 for every user who breastfeeds up to 3 months post birth.²¹

2 - Tackling Child Poverty

Child poverty is at a record high with 4.3 million children growing up in poverty across the UK. According to Child Poverty Action Group²², 7 out of 10 of these children have at least one parent in work. These are stark figures.

¹⁹ For more detail on the impact of Baby Buddy visit:

www.bestbeginnings.org.uk/Handlers/Download.ashx?IDMF=aea90ba1-514f-4413-90dc-f790659bbdf6

²⁰ Deave T, Ginja S, Goodenough T, Bailey E, Piwek L, Coad J, Day C, Nightingale S, Kendall S, Lingam R. The Bumps and BaBies Longitudinal Study (BaBBLeS): a multi-site cohort study of first-time mothers to evaluate the effectiveness of the Baby Buddy app. *Mhealth*. 2019 Sep 25;5:42. doi: 10.21037/mhealth.2019.08.05. PMID: 31620469; PMCID: PMC6789295.

²¹ <https://mothersmilktool.org/#/individualcalculator>

²² <https://cpag.org.uk/news/things-will-only-get-worse-why-two-child-limit-must-go#:~:text=The%20two-child%20limit%20restricts%20support%20through%20universal%20credit,are%20not%20eligible%20for%20support%20for%20that%20child>

We are pleased that the government recognise this is unacceptable and welcome their commitment to tackling child poverty, creating a Child Poverty Taskforce and to reforming Universal Credit. These are welcome steps that can make a real difference to babies living in poverty. However, we would urge the government to go further and scrap the two-child limit.

Seven years after the two-child limit was introduced, there are approximately 1.6 million children who are negatively affected by the policy. Their families are missing out on up to £3,455 a year per child. This is a large amount for a family's budget.

The impact of the two-child limit stretches beyond parents' inability to cover basic costs such as food, clothing or utility bills, or pay for housing or childcare. As babies living in poverty become older children, they will miss out on education and opportunities to reach their full potential. Missing out harms children's educational outcomes, their health, and their social and emotional wellbeing in childhood and beyond.²³ To fix the foundations in the long-term, every child should be provided with the opportunities needed to fulfill their potential.

Abolishing the two-child limit is the most urgent and cost-effective action the government could take to reduce child poverty. Child Poverty Action Group estimate that this would lift 300,000 children out of poverty altogether and that it would lessen the impact of poverty on 700,000 more children. This would make a significant difference to the lives of over a million children in every region of the UK at a cost of £1.7 billion.

3 - Health Visitors

To address the loss of more than 40% of HVs since 2015²⁴ and ensure all families receive health visiting support in line with the Healthy Child Programme, additional ring-fenced funding is needed for 1,000 extra HV posts each year for the next 3 years.

Increasing the number of HVs will increase workforce capacity to deliver prevention and early intervention, benefitting health, education and social care; for example, to reduce children's A&E attendance, and improve the quality of postnatal care, immunisation uptake and early identification and support for children with complex conditions/ SEND and those who are not "ready for school".

It is far easier to rebuild a tried and tested service like health visiting than invent new workers to lead preventative public health service, with all the regulatory and training infrastructure needed for quality assurance and to protect the public. The Government's commitment to "reform health visiting" will require several approaches to improve workforce capacity and support recruitment, retention and career progression.

²³ M Padley and A Davis, The minimum income standard - Understanding the cost of education to households in the UK, Child Poverty Action Group, 2023

²⁴ Why Health Visitors Matter: Perspectives on a widely valued service, First 1001 Days Movement (2022) <https://parentinfantfoundation.org.uk/wp-content/uploads/2022/05/Why-Health-Visitors-Matter.pdf>

The costs of introducing 1,000 more substantive health visitor posts are £52.9m for year 1, £105.8m for year 2, and £158.7m for year 3. The salary uplift cost for 689 specialist health visitor posts is £8.64m per annum (from band 6 to band 7).

4 - Parental leave

We welcome the government's commitment to make all workers eligible for statutory paternity leave from their first day of employment through a New Deal for Working People, and to review the parental leave system.

Early relationships are essential for a baby's long-term health and wellbeing. A strong relationship between father/ partner and the baby is shown to have a protective effect on babies. However, many fathers or partners are often unable to take the necessary time off work to establish a strong bond during this period. This is particularly the case for those on low incomes. Research by the TUC²⁵ reveals that most working fathers do not use all or part of their leave due to eligibility and affordability issues.

The Fatherhood Institute has produced estimated costings. Assuming a high take-up rate (70%), the overall cost of the policy would be £1.8 billion per year, although they themselves admit this is an overestimate.

This cost could be offset by savings in other areas. Another major advantage of increasing parental leave for fathers, is the economic benefit of advancing gender equality. The Centre of Progressive Policy's analysis of OECD data shows that the introduction of 6 weeks paid paternity leave would decrease the gender pay gap by 4% and increase workforce participation by 3.8%.²⁶

In *Fair Growth: Opportunities for Renewal*, the Centre for Progressive Policy reveals that closing the gender employment gap would grow the economy by £23 billion (1%).²⁷

Therefore, we believe that savings from the following would offset the cost of implementing a 6-week parental leave policy for fathers:

- Mothers returning to work earlier
- Mothers' increased earnings
- Increased economic output
- Improved child cognitive development and educational outcomes
- Improved maternal and paternal health outcomes
- Reduced separation and divorce
- Increased fertility rates.

²⁵ www.tuc.org.uk/news/quarter-new-dads-are-missing-out-paternity-leave-and-pay-says-tuc

²⁶ www.progressive-policy.net/publications/leave-in-the-lurch

²⁷ www.progressive-policy.net/downloads/files/ CPP_Fair-Growth-Report_June-2023.pdf

This has public support. Research published in June 2023 showed that just 18% of Brits think 2 weeks paternity leave or less is enough. It also showed that 81% of parents with children under 12 and 66% of the wider public would support an increase beyond the current statutory provision of two weeks.²⁸

Conclusion

We acknowledge the tough situation the public finances are in and don't make these requests lightly. We strongly believe that investing in these programs will not only improve the life chances of babies across the UK, but they can also form part of the long-term savings needed to rebalance the public finances towards prevention rather than more costly late interventions. Giving babies the best start in life is not only the right moral thing to do, but it is also a practical way to reduce longer term costs in other areas like youth justice, safeguarding, social services, policing and more. Spending more on prevention will fix the foundations of the public finances in the long-term.

Further information

Please contact Ben Curran, Campaign Manager at the Parent-Infant Foundation and Organiser of the First 1001 Days Movement, on ben@parentinfantfoundation.org.uk for further information or clarification.

²⁸ www.progressive-policy.net/downloads/files/PPP_Parental-Leave-report_June-2023.pdf