



Autumn Budget 2024 / Spending Review - Stakeholder Representation

Our recommendation for the Autumn Budget/upcoming Spending Review is:

- If a one-year spending review is conducted, extend Start for Life programme funding at current levels (plus inflation) to avert the closure of local services that support vulnerable babies, parents and carers.
- If a three-year spending review is conducted, support the national rollout of the Start for Life Programme to all English local authorities, as recommended by the CQC and Ofsted. Currently the programme is limited to 75 upper-tier authorities, we urge the government to ensure that vulnerable babies across England receive support.
 - o As part of this, 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.

What is Start for Life, and why should it be extended?

The [Family Hubs and Start for Life programme](#) has provided funding for 75 upper-tier Local Authorities to improve services supporting babies. The funding ends on 1 April 2025, and we recommend it is extended to run throughout the next spending period.

The total funding envelope for Start for Life— approximately £300m across three years – is modest. At its peak in 2010, Sure Start received £1.8 billion a year. Nevertheless, Start for Life has enabled local authorities to develop important services that support some of the most vulnerable babies in our society. The programme’s vision is in-keeping with the current government’s ambition, *“to raise the healthiest generation of children in our history.”*

Start for Life can also be a key enabler of Labour’s Child health action plan¹. This plan raises as a major concern that more children face mental health issues, and treatment is too slow. The plan promises to, “boost preventative mental health services” and recognises this depends on “A neighbourhood NHS and a prevention-first NHS”. This approach is in line with Start for Life.

¹ [Labour's Child Health Action Plan will create the healthiest generation of children ever – The Labour Party](#)

Helping babies in need alleviates their immediate distress and suffering and provides the strong foundations they need to thrive and realise their potential in the future. According to government estimates, at least 10% of babies are living in fear and distress - at risk of 'disorganised attachment'.² It is essential that public services support these babies, and work with their families so that they can provide sensitive, nurturing care.

Although services for older children are equally important, the early months and years are a critical period of development, so interventions provided at this stage are highly effective. As the Start for Life Programme guide explains³, *"The 1,001 critical days, from conception to age two, is a time of rapid development. Our experiences during this time lay the foundations for lifelong emotional and physical health. This means that the love, care, and nurture that a baby experiences in this period is particularly important, and adverse experiences can have lasting consequences. For example, perinatal mental health difficulties and poor early relationships between babies and their caregivers can cause adverse physical and mental health outcomes as children grow. Adversity in this period is more strongly associated with subsequent difficulties than adversity occurring in other periods. Research is clear that these adverse outcomes are often long-term but can be prevented through early intervention."*

Start for Life has:

- helped join up services that support babies, parents and carers
- improved new parents' access (through family hubs) to essential information and practical support
- established a national supervision centre to support local authorities to develop services for babies
- funded expansion of infant feeding, parenting, perinatal and parent-infant relationship services in 75 local areas

A [progress report](#) was published in February 2023, with another expected this year. While the national evaluation is just beginning, many of the programme's constituent elements (e.g. breastfeeding support, parenting programmes, parent-infant relationship teams and perinatal mental health services) already had a strong evidence base.

In July 2024, concerned for the programme's future, we undertook a survey of Start for Life leads in local areas (see headline survey findings on page 4). This finds overwhelming support for the programme among local leaders.

A [joint review](#) from the Care Quality Commission and Ofsted, published in May 2024, similarly found widespread concern among local leaders that funding could end on 1 April 2025. It says, *"Local area leaders report multiple challenges in using short-term funding to provide Start for Life services. Leaders felt that short-term funding prevented them from planning provision for longer periods of time. They were concerned that they might have to cut services that families have come to rely on."*

The CQC/Ofsted joint review recommends national roll-out of the programme to every area, and long-term funding to secure service stability and to further build the evidence base. We concur with this recommendation. The regulators recommend, *"The government commit to a minimum level of long-term funding for this programme nationally. This would allow local areas to establish services*

² p 81. [Family Hubs and Start for Life Programme Guide \(publishing.service.gov.uk\)](#)

³Ibid.

and help to build parents' trust in Start for Life provision. It would also allow time to gather evidence and ensure that properly trained staff are retained."

To end funding the programme at this point, when early results are positive, would waste public resources already deployed. It would also hamper evaluation. It takes several years to assess the full impact of preventative programmes, as we know from Surestart. Some Start for Life services are just getting established and collecting data, and the national evaluation is just beginning.

The initial Institute for Fiscal Studies' evaluation of Surestart found a measurably positive long-term effect on health, particularly reducing hospitalisations among school-age children. Other positive effects were seen in the language, communication, numeracy and social and emotional development of five-year-olds from poorer families. But it took over a decade – until just this year – for researchers also to find that Surestart improved GCSE results at age 16, particularly amongst children from poorer families.⁴

To enable evaluation of Start for Life, and for today's babies to be tomorrow's healthy children, ready to start school and achieve their potential, it is important that Start for Life can run its course. As Paul Johnson from the IFS warns policymakers, *"Nothing is ever left to develop and bed down properly."*

With the national evaluation of Start for Life underway, and services gathering and reporting data, now is not the time to leave babies in the lurch.

While we hope the Start for Life programme will be extended across England's local authorities over this parliament, an urgent priority for this year is to provide clarity to local areas currently in receipt of funding. Seven months out from the funding 'cliff edge' of 1 April 2025, local services report staff concerns over their future employment. Services that support vulnerable babies are querying how much longer they can continue to take referrals for families likely to require more than six months of specialist support. Cutting this funding would de-stabilise these fragile but essential local services, so we urge the government as a minimum to commit to continue funding for the next financial year.

At the time of writing, despite comments from Ministers that early years is their priority, no replacement early years strategy has been announced by the new government. In view of this, and the positive early results of the programme, we recommend Start for Life is rolled out nationally over the next three years. The programme was initially limited to 75 local areas, due to budget constraints, so babies living in the other half of England are currently excluded. For reasons of equity, we recommend funding the remaining 78 local areas also to roll out the programme, as recommended by the CQC/Ofsted thematic review.

Ending the programme, without a replacement strategy, would send entirely the wrong message to local systems about the importance of prevention. If funding for Start for Life ends in April, local health and wellbeing strategies and local policies and pathways will unravel too. Having spent the last two years raising awareness among families about the services they can access through Family Hubs, local authorities will have little choice but to pare back their offer. Given the wider context of huge funding gaps in local authorities' budgets, parents and carers seeking help will find that services advertised, do not in practice exist.

Many local authorities have embedded the Start for Life vision into local health and wellbeing strategies. Many Integrated Care Systems have named the first 1001 days as a strategic priority.

⁴ [The short- and medium-term impacts of Sure Start on educational outcomes | Institute for Fiscal Studies \(ifs.org.uk\)](https://ifs.org.uk)

Family hubs have been established, and opening hours and services advertised as part of the local 'Start for Life offer'. From the public's point of view there would be a huge disconnect between services supposedly available, and reality, if the programme ends.

Start for Life includes dedicated funding streams to bolster scarce specialised services (£100m for perinatal mental health services and parent-infant relationship services). A decision to de-fund this element of the programme would impact some of the most vulnerable babies in our society. Specialised parent-infant relationship teams help families to overcome trauma and provide sensitive responsive care for their babies. Many teams work with babies on the edge of care, and with families in crisis. Should the programme end, some of these services would lose funding and be forced to re-deploy staff, leaving vulnerable babies in the lurch. We say this confidently, on the basis both of intelligence from parent-infant teams working on the ground (we are the national network for teams) and feedback from Start for life leads in local authorities. Local leaders are unanimous in saying the funding needs to continue, so that they can continue to provide advice and support to parents and babies in their communities, as our survey shows:

SURVEY FINDINGS:

In July 2024 the Parent-Infant Foundation contacted Start for Life leads in local authorities across England. We also contacted service leaders in 15 parent-infant teams who had received Start for Life Funding. We received responses from commissioners and clinical leaders from 26 of the 75 Start for Life areas. We asked them what difference the Start for Life programme, and funding, has made to local families, and what the impact would be if funding ends next year.

In summary:

- Every respondent said the Start for Life programme had enabled them to support more babies
- Most local areas used Start for Life funding to expand access to parent-infant relationship support
- Respondents said services would either dramatically decrease, or be completely disbanded, if Start for Life funding is not continued beyond the current cliff edge of 1 April 2025
- Without the programme, local leaders worry for the mental health of some families, and fear there would be a heightened risk for vulnerable babies
- Local leaders warn that a reduction in preventative services would lead to increased demand for acute services
- Local leaders say if the programme is de-funded, with no better alternative, this would be 'devastating for many families', and some babies would inevitably 'fall through the gaps'.

Until such time as the government announces a more ambitious strategy for the early years, it is essential they continue to fund the only existing strategic national programme aimed at supporting the healthy development and wellbeing of babies. Failing to extend Start for Life funding next year, would leave a gaping hole in early years policy.

Cost-effectiveness of Start for Life and prevention

Start for Life marked a welcome return to government investing in prevention and the early years. Although the funding is modest compared to its predecessor (Surestart), children's charities including ours welcomed the renewed policy attention and interest in early intervention. It followed a decade of austerity, during which hundreds of children's centres and many preventative services closed.

The most cost-effective time in the life course to intervene and provide support, is during the early months and years. Economists have a model that illustrates this principle, known as the [Heckman curve](#). The earlier the age of the beneficiary, the greater the return, because early intervention averts more complex (and costly) problems from arising. For example, ensuring a baby gets sensitive nurturing care, improves their emotional wellbeing (infant mental health), and helps avert more complex mental health conditions developing in childhood. As the Royal College of Psychiatrists points out in "[Infant and Childhood Mental Health: the case for action](#)", early intervention can help prevent or reduce the severity of mental health conditions in children. These include interventions to support breastfeeding, promotion of parent–infant relationships and attachment and parenting programmes.

A baby's future is not an inevitability. We know how to address many of the risk factors and can help break intergenerational cycles of trauma. Parent-infant relationship teams have been shown also to improve the mental health of parents and carers, so bring a two-fold benefit.⁵

Despite evidence that prevention is more cost effective than cure, spending on prevention is in long-term decline. Analysis of government figures undertaken by Pro Bono Economics commissioned by the Children's Charities Coalition, finds that between 2010-11 and 2022-23, spending on late intervention services increased by 57% while expenditure on early interventions fell by 44%. Early intervention spending now accounts for less than one-fifth (18%) of total spending on children's services, down from over one-third (36%) in 2010-11. As the authors observe, disinvestment in early intervention is ultimately counter-productive for local government, as higher costs are inevitably incurred through late intervention.⁶

Investing in the early years can help grow the economy too. An analysis of Surestart Local Programmes found parents in Surestart areas moved into paid work more quickly than parents in comparison areas, resulting in a reduction in benefits payments and an increase in tax receipts.⁷ Overall, by the time children reached the age of five, the local Surestart programmes had brought benefits valued at between £279 and £557 per eligible child.

A recent analysis commissioned by The Royal Foundation Centre for Early Childhood reckoned that prioritising early childhood development could add at least £45.5 billion to the UK economy annually.⁸ This factors in supporting working parents and caregivers, improving social and emotional skills, and reducing public spending on remedial measures.

A failure to invest in prevention results in higher costs to taxpayers in the longer term. Analysis undertaken by LSE's Care and Policy Evaluation Centre estimates that inadequate support for early

⁵ [Impact-of-teams-report-FINAL-Sept-2023.pdf \(parentinfantfoundation.org.uk\)](#)

⁶ [Struggling against the tide: Children's services spending, 2011-2023 | Pro Bono Economics](#)

⁷ [National evaluation of Sure Start local programmes](#)

⁸ [The Report - CFEC \(centreforearlychildhood.org\)](#)

years care and education costs England more than £16 billion every year.⁹ An earlier estimate from the Early Intervention Foundation¹⁰ which includes the cost to Wales too, identified the largest individual elements of this avoidable public spending as being:

- £5.3 billion spent on Looked After Children
- £5.2 billion associated with cases of domestic violence
- £2.7 billion spent on benefits for young people who are not in education, employment or training (NEET)

Depending of course on a family's needs, different targeted interventions may be required. For example, the Reducing Parental Conflict programme is a preventative strategy to avert and reduce domestic violence. While prompt action to tackle domestic violence is crucial, it is also important that the impact on babies and children is considered. Where there are multiple issues in a family, a range of professionals may need to be involved to ensure babies' needs are addressed, as well as the needs of adults.

Start for Life is not a panacea. However, it does focus on the needs of babies and children, and enable more joined-up working at the local level. Against a backdrop of a long-term decline in investment in preventative services, the programme has bolstered services in some areas, and reached hundreds of vulnerable babies who would otherwise have remained invisible to services. It is the only national government strategy squarely focused on the health and wellbeing of babies.

Siting Family Hubs in local communities, in buildings that provide universal services alongside specialised services, also enables professionals to work across service boundaries and collaborate. Frontline professionals can develop their skills and understanding of specialist services, and then refer to more specialised support when it's needed. For example, in Lambeth, the Continuity of Care Midwifery service works closely with the specialised parent-infant relationship service, working out of the Family Hub. Whether through Family Hubs, Children's centres or Surestart centres, having a local and accessible venue where new or expectant parents can meet other parents, get advice or seek help is hugely valued by parents and carers.

Start for Life, as the name would suggest, has improved local areas' ability to support babies at an earlier point in their development, as our survey shows. It reaches babies early because it includes universal services such as breast feeding, alongside specialised parent-infant relationship services and perinatal mental health services. The interventions funded through Start for Life are not experimental – they were already recognised by government as effective preventative approaches (for example, in the Healthy Child Programme¹¹). But there is no statutory requirement to provide them, so many babies do not receive the support they need. Start for Life allocated new funding for the expansion of services, and so began to close the 'reality gap' between national guidance and local services.

Start for Life services deliver well-established health benefits, as recommended by professional bodies and statutory bodies. For example, NICE guidance¹² promotes bonding and emotional

⁹ [Lack of early years support costs England over £16 billion a year \(lse.ac.uk\)](https://www.lse.ac.uk/Policy%20and%20Practice/Research%20and%20Analysis/Research%20and%20Analysis/Research%20and%20Analysis/Lack%20of%20early%20years%20support%20costs%20England%20over%20%263B16%20billion%20a%20year)

¹⁰ [The cost of late intervention: EIF analysis 2016 | Early Intervention Foundation](https://www.earlyinterventionfoundation.org.uk/research/the-cost-of-late-intervention-EIF-analysis-2016)

¹¹ [Healthy child programme schedule of interventions - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/422222/healthy-child-programme-schedule-of-interventions-2016-2020.pdf)

¹² Antenatal care - NICE guideline [NG201] Published: 19 August 2021/ Postnatal care - NICE guideline [NG194] Published April 2021/ Postnatal care - Quality standard [QS37] - updated September 2022

attachment and recommends the parent-infant relationship is assessed at each contact. NICE recommend further intervention where there is a real problem with parent-infant bonding. NICE recommend interventions to support the parent-infant relationship especially for babies at risk of going into care. Yet this guidance is often not followed¹³ Again, Start for Life sought to address this by raising awareness among professionals and the public. For example, through the programme's 'If they could tell you' campaign.¹⁴

Where there are serious and complex issues with parent-infant relationships and bonding, families need specialist help from parent-infant relationship teams. Specialist teams improve outcomes across three domains;¹⁵ strengthening relationship between babies and parents/carers; improving the mental health of parents/carers and supporting babies' development and wellbeing. Some teams also deliver benefits to the care system. For example, the 'Building Attachment and Bonds Service' (BABS) service in Merseyside supports babies on the edge of care, helping parents to build confidence and bond with their baby.¹⁶ The impact of this work is transformational, both for a baby's life chances, and also for the mental health and wellbeing of both babies and their parents.

Cost-effectiveness of Start for Life

Start for Life is an umbrella strategy incorporating eight different funding streams. Some funding streams pay directly for services (e.g. £100m for perinatal and parent infant relationship support), others are about quality improvement (e.g. a national supervision centre), public information and participation (e.g. £10m for collating Start for Life offers and establishing parent carer panels) and developing and testing new approaches (e.g. £10m for workforce pilots).

As one respondent in our survey explained, "The projects now funded by the Start for Life programme all work together and interact with each other. This means that the impact of all the services is far greater than the impact of each service alone. The loss of all projects at the same time would be absolutely devastating for families."

While the national evaluation of the programme as a whole is just beginning, the services funded by the programme are under-pinned by a body of clinical evidence, national guidance and cost-effectiveness assessments:

Breast-feeding support

- Start for Life includes £50m funding for infant feeding support.

Rates of breastfeeding in the UK are low - we rank 15 out of 19 comparable high-income countries.¹⁷ Improving rates of breastfeeding could deliver substantial savings, as breastfeeding plays a role in the prevention of illnesses such as breast cancer. According to modelling published by UNICEF, a

¹³ [New survey finds NICE guidance on bonding is not being followed - Parent-Infant Foundation \(parentinfantfoundation.org.uk\)](https://parentinfantfoundation.org.uk)

¹⁴ [Start for Life campaign: if they could tell you - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

¹⁵ [Impact - Parent-Infant Foundation \(parentinfantfoundation.org.uk\)](https://parentinfantfoundation.org.uk)

¹⁶ [Building Attachment and Bonds Service \(BABS\) :: Mersey Care NHS Foundation Trust](https://www.mersey.nhs.uk) And film: [Home is where the heart is...Sefton BABS \(youtube.com\)](https://www.youtube.com/watch?v=...)

¹⁷ <https://data.unicef.org/resources/breastfeeding-a-mothers-gift-for-every-child/>

significant proportion of the investment in services required to promote breastfeeding can be offset in the short term, and a positive return on investment seen within one year.¹⁸

Parenting programmes

- Start for Life includes £50m funding for parenting support.

Systematic reviews of parenting interventions report good value for money, in particular through preventing child externalizing and internalizing behaviours. For the prevention of child abuse, some programmes have the potential of being cost-saving over the longer-term.¹⁹ Investment in evidence-based parenting support can be recovered in a single parliament. According to economic modelling undertaken for the Department of Health, 60% of costs are recovered within two years through savings in public expenditure, with all costs recovered within around five years.²⁰

Perinatal and parent-infant relationship support

- Start for Life funding includes £100m for perinatal mental health services and parent-infant relationship support.

Analysis undertaken in 2014 estimated that perinatal mental health problems carried a total economic and social long-term cost to society of about £8.1 billion for each one-year cohort of births in the UK.²¹ The NHS Long Term Plan target to increase perinatal mental health services sought to address this, and expand services, but still many women cannot access support. Recent analysis of service provision undertaken by the Maternal Mental Health Alliance concludes that while, *“There has been fantastic progress in levels of specialist PMH service provision... families face a grave risk of diversion of resources to other areas of healthcare.”* They recommend accordingly that, *“additional commitment and investment are still essential.”*²²

Cost benefit analysis of parent-infant teams find they deliver benefits across several departmental budget lines. For example, one Parent and Baby Wellness Service cost benefit analysis²³ found that for every £1 invested in the parent-infant relationship team and postnatal depression service, £13.18 will be saved by the Public Sector across Health, Social Care, Education and Criminal Justice.

¹⁸ 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

¹⁹ [Evidence for investing in parenting interventions aiming to improve child health: a systematic review of economic evaluations | European Child & Adolescent Psychiatry \(springer.com\)](#)

²⁰ Bonin, E., Stevens, M., Beecham, J., Byford, S. & Parsonage, M. (2011) Parenting interventions for the prevention of persistent conduct disorders. In Knapp, M., McDaid, D. & Parsonage, M. (eds.) Mental Health Promotion and Mental Illness Prevention: the economic case. Department of Health.

²¹ **Costs of perinatal mental health problems**, London School of Economics and Political Science, 2014 <http://eprints.lse.ac.uk/id/eprint/59885>

²² [mmha-specialist-perinatal-mental-health-services-uk-maps-2023.pdf \(maternalmentalhealthalliance.org\)](#)

²³ Parent and Baby Wellness Impact report: [Publications | PSS \(psspeople.com\)](#)

Parent-infant relationship support is even scarcer than perinatal mental health support. There are just 39 specialised parent-infant teams in England, with a further 14 in development. Start for Life funding has been a catalyst for an increase in provision, but there is some way to go still. We estimate at least 400 teams are needed to provide specialist support in every part of England. This estimate is based on each team supporting on average 150 families directly each year, and providing services to 5% of babies aged 0-2 years in England.

Based on workforce modelling we have undertaken, we recommend that to increase provision of support to vulnerable babies, services are scaled up further. In addition to extending existing Start for Life funding, we would like to see the government 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.

ENDS

Contact for further information or details of modelling

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