



## Parent-Infant Foundation 'Start for Life' 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.

Across England, 75 upper-tier local authorities received Start for Life funding. We received responses from professionals and local leaders working across 26 Start for Life areas (see list below).

We asked for evidence and examples of the difference the Start for Life programme, and funding, has made to local families, and what would be the impact if funding ends next year.

In particular, we asked how local authorities had used Start for Life funding to develop parent-infant relationship services.

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### Key findings:

- 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 this would be 'devastating for many families' and worry that some would 'fall through the gaps'
- As one warns, 'If expectant families are denied the access to this specialised support, we are inevitably putting additional pressure on statutory services later down the line, not to mention failing these families who need us now.'

### Q. What parent-infant relationship support have you developed as a result of Sfl funding?

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.

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.

#### Quotes from survey:

- “Added Infant Mental Health practitioner roles within health visiting to facilitate the early identification of emerging difficulties in parent infant relationships and provide appropriate support and timely onward referrals for those requiring more specialist interventions.”  
**Yorkshire**
- “We have been able to support more parents and babies earlier with support on the postnatal ward following birth. We have been able to offer support to foster carers and fathers.” **Northwest**
- “We have significantly enhanced and strengthened our offer for dads. This work has already seen an increase in the number of dads who are engaged with the family hub and improving the dad - infant relationship. We are also using funding to strengthen our digital offer which provides 24/7 personalised and tailored content to support parents with their parent infant relationship.” **Northwest**
- “We have developed a new Parent & Baby Emotional Wellbeing service which is fully funded by the programme and consists of a range of clinical professionals including psychotherapist, mental health specialists, practitioners & nursery nurses. Additionally, we have developed a Father's Wellbeing service which offers both 1:1 and group therapy options for expectant/new fathers.” **London**
- “We've set up a new Parent and Infant Relationship Service and have 4 new specialised posts in place. This new service has been able to deliver an extra 5 therapeutic support groups within the last 7 months alone, reaching on average 4-5 families per group. This would not have been possible without Sfl funding.” **Northwest**

**Q. What would be the consequences for families in your area if the Start for Life Programme and/or funding comes to an end on 1 April 2025?**

Respondents said services would either dramatically decrease or be completely disbanded if Start for Life funding is not continued. Some flagged there could also be longer waiting times for families.

Respondents were concerned that, without the programme, there would be a heightened risk for babies at risk of disorganised attachment, and that a reduction in preventative services would lead to increased demand for acute services.

Respondents were worried about the mental health of some families if Start for Life funding and associated services didn't exist, explaining there is no other provision to support them.

Some cited evidence showing that, without help to rebuild and support disrupted parent-infant relationships, some babies they have supported would have been removed from the care of their parents. They highlight the hugely negative impact this would have had on those babies, parents/families and the wider community.

Local leaders say a lack of funding would be 'devastating for many families' and worry that some families would 'fall through the gaps' without the services that have been supported by the Start for Life programme.

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**Quotes from survey: If the Start for Life Programme and/or funding comes to an end on 1 April 2025 local areas say ...**

- "Funding has been used to expand both the PAIRs team and perinatal peer support offer and without this investment the referral pathways which have been established wouldn't be viable. All parts feed into a whole system of support and removing any element would destabilise the entire pathway leading to service fragmentation, with fewer parents and infants being able to access help and poorer outcomes for those families who are receiving support." **Yorkshire**
- "There would be heightened risks for populations and communities where barriers to accessing services already exist such as socio-economic disadvantage or reluctance to disclose mental health difficulties due to stigma. Other consequences might include the identified number of presenting disorganised and insecure attachment cases not being seen in a timely manner. The number of disorganised and insecure attachment cases not presenting to statutory and non-statutory services would also likely increase." **Yorkshire**
- "Almost all of the service provision and interventions would be lost!" **South West**
- "The extensive range of support services that can be accessed within our family hub network would be greatly reduced across all areas." **London**
- "There is no other service in our area that focuses solely on parent-infant relationships and works antenatally to 2 years. The Start for Life grant enables us to transform the lives of

babies, and we have qualitative data which identifies babies which would otherwise have been removed from their carers if this service had not offered support.” **East Midlands**

- “The new posts we’ve put in would have to be removed. There would not be enough clinician capacity to meet the need of the highly deprived communities in this city. This means worsening outcomes for parents and children within this demographic in terms of education and mental health. This, in turn will have ripple effect for further generations.” **Northwest**
- “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.” **Yorkshire**
- “Without these services more families will fall through the gaps.” **Yorkshire**
- “The programme currently funds mental health support groups for new parents. These groups help parents manage stress, anxiety, and postpartum depression. By providing mental health support, parents are better equipped to create a positive and nurturing environment for their babies, directly contributing to their emotional well-being. If this funding ends, these support groups would likely be discontinued, leaving parents without crucial mental health resources.” **London**

#### **Q. Can you share any early outcomes or outputs data (e.g. number of families reached)?**

The services funded by the Start for Life programme such as infant feeding, perinatal mental health support and parent-infant relationship support, are supported by a wide range of clinical studies and national guidance, underpinned by evidence of improved outcomes and clinical effectiveness. However, the programme has several elements, and evaluation of the programme as a whole is just beginning, as it is relatively new. So, we asked local services for early evidence and any early data that has been collected.

Respondents cited a range of outcomes, including large increases in the number of families accessing services, with more than half of these families coming from the most deprived areas. Respondents said referrals were being made sooner, for younger babies, enabling more effective, earlier intervention. Others cited reduced severity of depression in mothers, and strong support from fathers for services.

#### **Quotes from survey illustrating early outcomes that local areas are observing:**

- “Positive impact for parents and families. A decrease in the severity of depression in mothers following intervention by the services available.” **Yorkshire**
- “52.5% of our families come from the most deprived areas of the city” **Yorkshire**
- “The average age of babies referred into the service has shifted from 1.6 years to 5 months, meaning that we are able to intervene earlier when we can be more effective.” **Yorkshire**

- “Across 23/24 our family hubs have supported 7,070 young people (aged 0-19) with 32,878 total visits to our sites. Of these, 3,799 were aged 0-1 and receiving support via Start for Life services. Since rebranding to family hubs and expanding our range of services, registrations have increased by 5,356 (200%) compared to the previous year.” **London**
- “100% of young dads would recommend the support service to other young dads and 83% felt closer to their child.” **North East**

**Q. Has the Start for Life programme enabled you to support more babies generally?**

Every respondent said yes.

**Q. Has the programme enabled you to develop or expand other services that support babies' emotional wellbeing or emotional development (e.g. infant feeding?)**

Almost all respondents said that the Start for Life funding and programme had enabled them to support babies' emotional wellbeing or emotional development. The changes mentioned included:

- Babies now explicitly mentioned in strategies, to help overcome the 'baby blindspot'
- Specific workstreams supporting babies e.g. through infant feeding
- Workforce training

**Quotes from survey on what has been developed, or expanded, as a result of Start for Life...**

- “Families identified as needing additional support receive a holistic assessment of need. A mental health passport is created, and they can be connected into the local authority early help/ family hub offers.” **Yorkshire**
- “Yes, Health visitors are all now offering routine screening of parent infant relationship needs.” **East of England**
- “Babies are now explicitly mentioned in the revised Integrated Care System strategy 2024, and in the Early Help Partnership Strategy 23-25, acknowledging the importance of naming and recognising babies.” **East Midlands**
- “The programme has helped us to develop a specialised Speech and Language Sound Beginnings programme, which are practical activity-based sessions, delivered in children's centres, borough wide, promoting good communication between parent/carer and child.” **London**
- “Funding has allowed for wider council and NHS colleagues to be trained in Triple P baby, Video Interaction Guidance, and the Brazelton Newborn Observation tools to all support babies' emotional wellbeing and development. The funding has also allowed vulnerable family packs to be developed to allocate to families in need, and include 'grow with me boxes' and 'busy boards' to support parents to develop bonding and healthy attachments through play. Our family hubs have also developed an offer of parenting programmes which previously wouldn't have been possible.” **Yorkshire**

**8. Other comments**

- “Establishing a new team takes time to embed and we are only just beginning. As we begin to understand more and more about infant brain development, the more early intervention and prevention makes absolute sense. If we do not secure funding in the near future we are at risk of losing some fantastic practitioners with a wealth of expertise.” **Yorkshire**
- “Without the Start for Life funding the service will be heavily cut back and the hard work to build up the offer for families through family hubs will be lost. This will really impact on families.” **Yorkshire**
- “Parent-infant relationship support has been transformative for families where children were previously removed from their care. Families report that the service's unique support has empowered them to develop sensitive, nurturing and attuned relationships with their infants, which has been central to subsequent positive social care assessments.” **East Midlands**
- “The funding has enabled services to flourish and provide holistic support to families. More services than ever are now running from family hubs, making them a true hub for families. Midwifery services have been attracted back into the hubs and this is making a huge impact in terms of footfall through the hubs. It would be tragic if this funding were to stop and a real loss.” **North West**

**Notes on methodology:**

A survey comprised of 9 questions was sent via email to Start for Life leads for the 75 Start for Life areas and parent-infant teams in receipt of Start for Life funding, in July 2024. The survey was open for 4 weeks.

Responses were received from professionals and commissioners working in the following Start for Life areas:

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1. Bedford
2. South Tyneside
3. Lewisham
4. Halton
5. Calderdale
6. Northumberland
7. Torbay
8. East Sussex
9. Sheffield
10. Oldham
11. Waltham Forest
12. Telford and Wrekin
13. Norfolk
14. Nottingham City
15. Salford
16. Manchester
17. Bradford
18. Tameside
19. London Borough of Hackney
20. Barnsley
21. Redcar and Cleveland
22. County Durham
23. Gateshead
24. Sunderland
25. Middlesborough
26. Greenwich