



## Spending Review 2025 - Stakeholder Representation

*Giving every child the best start in life by investing in the First 1001 Days*

### Summary of key asks

#### 1 - Start for Life

- Invest £756m over a 3-year period, to support the national rollout of the Family Hubs and 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 £73 million per year from 2026/27-2028/29 to enable every local authority area to develop at least one parent-infant team. This would enable 39,800 vulnerable babies to receive specialist support every year by 2028/29.

#### 2 – Breastfeeding support

- Allocate £109m annually to enable all local authorities to provide optimum breastfeeding support.

#### 3 - 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.

#### 4 - 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).

#### 5 - Paternity Leave

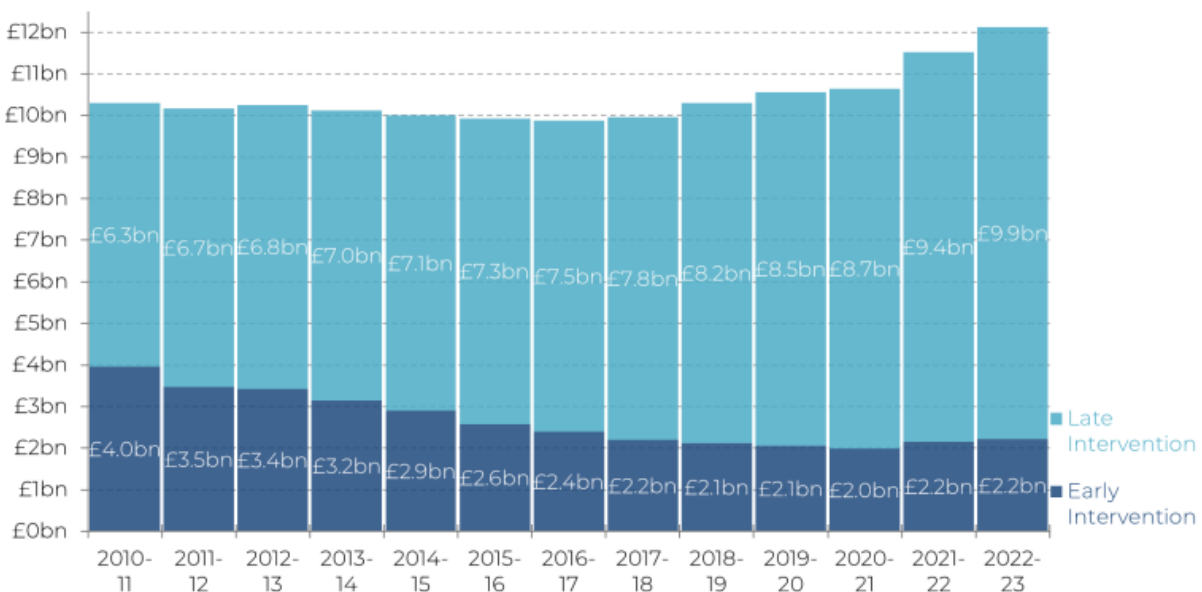
- The overall cost of the policy would be £1.73 billion per year, largely offset, and is estimated to bring £2.6 billion annual growth in the economy.

## 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](#).<sup>1</sup>

## Investing in the first 1001 days to give every child the best start in life

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 Psychiatrists<sup>2</sup>. 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.



There needs to be a rebalance towards prevention if the government is serious about its mission to give every child the best start in life. Unfortunately, investment in prevention has fallen over the past decade. A report commissioned by the Children's Services Funding Alliance<sup>3</sup> shows that spending on children's services declined year-on-year after the 2008 financial crisis and the

<sup>1</sup> [www.parentinfantfoundation.org.uk/1001-days](http://www.parentinfantfoundation.org.uk/1001-days)

<sup>2</sup> [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](http://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)

<sup>3</sup> [www.probonoeconomics.com/a-decade-of-change-for-childrens-services-funding](http://www.probonoeconomics.com/a-decade-of-change-for-childrens-services-funding)

austerity that followed. The cuts saw hundreds of Sure Start and children's centres close, and many hundreds more reduce their opening times and services. This is a false economy. Spending on early interventions declined by 48% between 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 Table<sup>4</sup>, 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.<sup>5</sup> 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.<sup>6</sup> 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 Childhood<sup>7</sup> has found an increase in awareness of the importance of early childhood between 2022 and 2023. Nine in ten

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<sup>4</sup> [www.childrenatthetable.org.uk/wp-content/uploads/2024/08/Childrens-services-spending\\_2010-2023\\_Final-report.pdf](http://www.childrenatthetable.org.uk/wp-content/uploads/2024/08/Childrens-services-spending_2010-2023_Final-report.pdf)

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

<sup>6</sup> [www.eif.org.uk/report/realising-the-potential-of-early-intervention](http://www.eif.org.uk/report/realising-the-potential-of-early-intervention)

<sup>7</sup> [www.shapingus.centreforearlychildhood.org/wp-content/uploads/2023/06/The-Royal-Foundation-Centre-for-Early-Childhood\\_Public\\_Perceptions\\_Survey\\_first\\_release\\_June\\_2023.pdf](http://www.shapingus.centreforearlychildhood.org/wp-content/uploads/2023/06/The-Royal-Foundation-Centre-for-Early-Childhood_Public_Perceptions_Survey_first_release_June_2023.pdf)

(93%) people recognise the importance of early childhood in shaping later life and 70% say this is very important.

## **Manifesto for Babies**

In February 2024, we published our 'Manifesto for Babies',<sup>8</sup> based on a survey of the 200+ charities and professionals in the First 1001 Days Movement. It was developed through detailed work by our steering group. We believe this sets out a practical vision for integrating and bolstering 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, and we are pleased that funding has been extended until 31<sup>st</sup> March 2026. However, we believe longer-term funding and an extension of the programme to other areas is also required.

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

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.<sup>10</sup> As part of this, we would like to see the allocation of £73 million from 2026/27-2028/29 to enable every local authority area to develop at least one specialised parent-infant team. This would provide targeted support to 39,800 vulnerable babies every year by 2028/29.

## **Family Hubs**

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<sup>8</sup> [www.parentinfantfoundation.org.uk/wp-content/uploads/2024/03/F1001D-Manifesto-for-Babies-FINAL1.pdf](http://www.parentinfantfoundation.org.uk/wp-content/uploads/2024/03/F1001D-Manifesto-for-Babies-FINAL1.pdf)

<sup>9</sup> [www.gov.uk/government/news/infants-children-and-families-to-benefit-from-boost-in-support](http://www.gov.uk/government/news/infants-children-and-families-to-benefit-from-boost-in-support)

<sup>10</sup> [www.gov.uk/government/publications/start-for-life-services-thematic-review/start-for-life-services-thematic-review](http://www.gov.uk/government/publications/start-for-life-services-thematic-review/start-for-life-services-thematic-review)

Family Hubs, Children’s Centre’s and Sure Start 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.<sup>11</sup> 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.<sup>12</sup>

Analysis of the costs of services in 24 Sure Start Children Centres 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.<sup>13</sup> The autumn budget committed £69 million to be spent on Family Hubs in the 75 Start for Life areas in England in 2025/26. A key recommendation in our ‘Manifesto for Babies’ is to extend funding for the Family Hubs and 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 initially included £100 million (over 3 years) specifically for the development of parent-infant relationship and perinatal mental health support. The government recently announced £36.5 million for 2025-26 to improve mental health support for families and promote positive early relationships between babies and caregivers. The funding has helped grow and expand services, so that now there are 39 full parent-infant teams across England, but also many areas increasing provision of parent-infant 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 offer
- support different groups of parents or families, such as fathers and particularly high risk/vulnerable women and their babies.

Local leaders 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.

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

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

<sup>13</sup> Gaheer, S., Paull, G. (2016). The Value for Money of 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](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 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 respondents provided data demonstrating the effectiveness of parent-infant teams in targeting babies most in need of support. One area shared that, “52.5% of our families come from the most deprived areas of the city.”

Another benefit of specialised parent-infant teams is the work they do with other professionals working with babies. Teams 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 £73 million per year from 2026/27-2028/29 would enable every local authority area to develop at least one parent-infant team. This would enable 39,800 vulnerable babies to receive specialist support every year by 2028/29. Given the government’s estimate that at least 10% of babies are at risk of disorganised attachment, scaling up services that support these vulnerable babies and help them receive the nurturing care they need, is an imperative.

## 2 – Breastfeeding support

The Start for Life programme originally allocated £50 million for infant feeding services over the three-year period the initial funding was provided for. The government’s recent announcement extending the Start for Life programme includes £18.5 million for breastfeeding support. Whilst this is welcome, £109m is required annually to enable all local authorities to provide optimum breastfeeding support. This is based on a benchmark of £193.56 per baby. Increased breastfeeding rates could result in substantial savings within the health system<sup>14</sup>.

The health visiting workforce has reduced by 40% since 2015<sup>15</sup>. 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,<sup>16</sup> and around 40% of infants in England are not breastfed at all.<sup>17</sup> The Lancet’s breastfeeding series emphasises that breastfeeding is not the sole responsibility of women and that overcoming the

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<sup>14</sup> 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](https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2012/11/Preventing_disease_saving_resources.pdf)

<sup>15</sup> State of Health Visiting, UK survey report From disparity to opportunity: The case for rebuilding health visiting, iHV, (2025) [State\\_of\\_Health\\_Visiting\\_Report\\_2024\\_FINAL\\_VERSION\\_22.01.25\\_compressed.pdf](https://data.unicef.org/resources/breastfeeding-a-mothers-gift-for-every-child/)

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

<sup>17</sup> 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>

[uk/government/statistics/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)

cultural and practical barriers to breastfeeding is an important societal responsibility.<sup>18</sup> It also 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.<sup>19</sup>

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

Research has found that Baby Buddy app users were more likely to breastfeed one month post birth and be exclusively breastfeeding 3 months post birth.<sup>20</sup>

Use the *Mothers' Milk Tool* indicates the potential of the Baby Buddy app to save £1,435 per user breastfeeding their child up to 1 month and an £4,787 for every user who breastfeeds up to 3 months post birth.<sup>21</sup>

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

<sup>19</sup> For more detail on the impact of Baby Buddy visit:

[www.bestbeginnings.org.uk/Handlers/Download.ashx?IDMF=aea90ba1-514f-4413-90dc-f790659bbdf6](http://www.bestbeginnings.org.uk/Handlers/Download.ashx?IDMF=aea90ba1-514f-4413-90dc-f790659bbdf6)

<sup>20</sup> 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.

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

### 3 - 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 Group<sup>22</sup>, 7 out of 10 of these children have at least one parent in work. These are stark figures.

We are pleased that the government recognise this is unacceptable and welcome their commitment to tackling child poverty and creation of the Child Poverty Taskforce. However, we would urge the government to 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.<sup>23</sup> Every child should have the opportunity 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. The 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.

### 4 - Health Visitors

To address the loss of more than 40% of HVs since 2015<sup>24</sup> 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".

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<sup>22</sup> <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>

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

<sup>24</sup> 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>



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.

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).

## 5 - 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 TUC<sup>25</sup> 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 £1.73 billion per year.<sup>26</sup> However, the Joseph Rowntree Foundation has shown that this would grow the economy by £2.6 billion annually.<sup>27</sup>

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%.<sup>28</sup>

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%).<sup>29</sup>

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

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<sup>25</sup> [www.tuc.org.uk/news/quarter-new-dads-are-missing-out-paternity-leave-and-pay-says-tuc](https://www.tuc.org.uk/news/quarter-new-dads-are-missing-out-paternity-leave-and-pay-says-tuc)

<sup>26</sup> 459,878 fathers each receiving £3,753 = £1,725,923,259.90

<sup>27</sup> Joseph Rowntree Foundation has estimated that increasing the statutory paternity offer to 6 weeks at 90% salary reimbursement could deliver £2.6bn of long-term growth to the UK economy. Source: [Politics Home](#)

<sup>28</sup> [www.progressive-policy.net/publications/leave-in-the-lurch](https://www.progressive-policy.net/publications/leave-in-the-lurch)

<sup>29</sup> [www.progressive-policy.net/downloads/files/PPP\\_Fair-Growth-Report\\_June-2023.pdf](https://www.progressive-policy.net/downloads/files/PPP_Fair-Growth-Report_June-2023.pdf)

- 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.

This has public support. Research published in June 2023 showed that just 18% of Brits think two weeks of 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.<sup>30</sup>

## Conclusion

We acknowledge the tough situation the public finances are in and don't make these requests lightly. 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, it is also a practical way to reduce longer term costs in other areas like youth justice, safeguarding, social services, policing and more.

## 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](mailto:ben@parentinfantfoundation.org.uk) for further information or clarification.

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<sup>30</sup> [www.progressive-policy.net/downloads/files/PPP\\_Parental-Leave-report\\_June-2023.pdf](http://www.progressive-policy.net/downloads/files/PPP_Parental-Leave-report_June-2023.pdf)