



Spending Review 2025 - Stakeholder Representation

Our recommendations for the 2025 Spending Review for the period 2026/27 to 2028/29 are to:

1. Allocate £756m across the three-year spending review period to roll-out the Family Hubs and Start for Life Programme to all upper-tier English local authorities, as recommended by the CQC and Ofsted.
 - This is based on doubling the existing programme budget to also reach the 78 upper-tier local authorities currently excluded from the programme
2. As part of this, allocate £73m each financial year to enable every local authority area to develop at least one parent-infant team. This would enable 39,200 vulnerable babies to receive specialist support every year by 2028/29.
 - The combined current budget for the Family Hubs and Start for Life programme for 2025-26 is £126 million, across 75 upper-tier local authorities. This includes £36.5 million for perinatal and parent-infant relationship support.

Since our Budget submission to Treasury in September 2024, the government has announced its opportunity mission - to give every child the best start in life. This, and the strategic shifts the government aims to achieve in NHS services 'from hospital to community' and 'from sickness to prevention', strengthen the argument for extending parent-infant relationship services to reach babies across England. Since September, the government has published:

- Confirmation of 2024/25 funding levels for the joint Family Hubs (DfE) and Start for Life (DHSC) programme – with a combined budget of £126 million for the financial year 2025-26 for just half (75) of England's local authorities
- Publication of the Government's 'Plan for Change' in December 2024, with the new opportunity mission milestone for 75% of 5-year-olds to reach a good level of development in the Early Years Foundation Stage assessment by 2028. Expanding parent-infant relationship support is key to reaching this milestone.
- Publication of the government's approach to a new 10-Year plan for the NHS, which states that to make the NHS sustainable, more care needs to be shifted 'from hospital to community' and 'from sickness to prevention'. Parent-infant relationship services are the

embodiment of this, supporting families in the community. These services are the epitome of prevention, as they support the healthy development of babies during the crucial early stage of brain development, preventing mental health conditions in later childhood.

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 2026, and we recommend it is extended to run throughout the next spending period.

The total funding envelope for the programme - £126m per year currently, or as we recommend £252m annually if extended nationally - is modest. At its peak in 2010, Sure Start received £1.8 billion a year. From this modest funding, 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 government's ambition, *"to raise the healthiest generation of children in our history."* and key to achieving its opportunity mission.

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.

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

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

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

³ Ibid.

- 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. While national evaluation is still underway, 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 found overwhelming support for the programme among local leaders.

A [joint review](#) from the Care Quality Commission and Ofsted, published in May 2024, had similarly found widespread concern among local leaders that funding was too short-term. 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 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 curtail the programme, 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 underway.

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 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.

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

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

remaining 78 local areas also to roll out the programme, as recommended by the CQC/Ofsted thematic review.

Start for Life includes dedicated funding streams to bolster scarce specialised services (£100m for perinatal mental health services and parent-infant relationship services). Extending this support across England would help 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. Local leaders are unanimous in saying Start for Life funding is essential for them to be able 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 was not available
- 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’.

Start for Life is the key strategic national programme aimed at supporting the healthy development and wellbeing of babies. However, currently only half of local authorities receive any funding for these crucial services. Failing to extend the programme across England leaves a yawning gap in services available to help vulnerable babies. With the squeeze on local government funding from acute demands, social care and other services, there has to be dedicated funding for public health and preventative approaches, or else they are simply not provided (as local leaders report in our survey).

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 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 [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 \(centreforearlychildhood.org\)](#)

⁹ [Lack of early years support costs England over £16 billion a year \(lse.ac.uk\)](#)

¹⁰ [The cost of late intervention: EIF analysis 2016 | Early Intervention Foundation](#)

- £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 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 is squarely focused on the needs of babies and children and enables 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.

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. 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 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

¹¹ [Healthy child programme schedule of interventions - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/healthy-child-programme-schedule-of-interventions)

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

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

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, as highlighted below. Some funding streams pay directly for services (e.g. £36.5m for perinatal and parent-infant relationship support), others are about quality improvement (e.g. a national supervision centre), public information and participation.

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 a funding strand 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 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

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

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

¹⁶ [Building Attachment and Bonds Service \(BABS\) :: Mersey Care NHS Foundation Trust](http://www.merseycare.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/>

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

- Start for Life includes a funding strand 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 a funding strand 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 Nearly three-quarters (72%) of this cost relates to adverse impacts on the child rather than the mother, therefore parent-infant services which focus on the needs of the baby are crucial/

The NHS Long Term Plan included a target to increase access to perinatal mental health services. Recent analysis of service provision undertaken by the Maternal Mental Health Alliance concluded 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.

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 (based on latest data on the number of births) that 380 teams are needed to provide specialist support in every part of England. This estimate is based on each team supporting on

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 \(psspeople.com\)](#)

average 150 families directly each year and providing services to 5% of babies aged 0-2 years in England.

The costings at the head of this submission are based on workforce modelling we have undertaken that we are happy to share with officials. Our model factors in the operational costs of having 202 parent-infant teams up and running by the end of the Spending Review period (2028-29). Two hundred teams could provide specialist support to 39,200 babies, transforming their life chances and and opportunities.

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Contact for further information on costings or details of modelling

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