



MP Briefing for the Spending Review

Babies can't wait – we must invest in their development

Summary

This briefing is to support MPs who want to 'Speak Up for Babies' in the upcoming Spending Review debate.

It was produced by the [First 1001 Days Movement](#) – a coalition of over 200 charities, practitioners and professionals who work with, and for, babies.

This briefing sets out why investment in the first 1001 days – from conception to age two – is essential to deliver on the Government's Health and Opportunity Missions.

It calls for babies' urgent and acute needs to be addressed quickly and why we cannot wait until children start school.

It highlights a growing body of research which shows the importance of supporting babies' emotional wellbeing and development, alongside their physical health. And evidence that supporting early relationships can help to mitigate the growing mental health crisis.

It also highlights the need to move away from costly late interventions to earlier preventative services.

Against a backdrop of financial pressure on local authorities and cuts in spending on children's centers and family hubs, we stress the importance of restoring the universal, targeted and specialist services that vulnerable babies and their families depend upon.

Finally, this briefing sets out the benefit and paternity leave changes parents need to provide nurturing care for their babies.

These proposals were submitted to the Treasury previously as part of their Spending Review consultation with stakeholders.

Adapting this briefing for your constituency

- You can check the number of babies aged 0-2 in your constituency here: <https://commonslibrary.parliament.uk/constituency-statistics-population-by-age/>
- Multiplying the number of babies by 0.1 will give you the number estimated to be in acute need in your constituency (e.g 2715 x 0.1 = 272 babies)¹
- You can check if your local authority was one of the 75 to receive Family hubs and Start for Life funding or not here: www.gov.uk/government/news/infants-children-and-families-to-benefit-from-boost-in-support

Our Proposals submitted to the spending review consultation

Ask	Why it matters
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	Reach every area with joined-up early help. End the postcode lottery. Ensure every baby has a single access point for support.
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.
Rebuild the Health Visiting workforce. Introduce 1,000 more health visitor posts per year -£52.9m for year one, £105.8m for year two, and £158.7m for year three.	Reverse the 40% cut since 2015. Improve early identification of social, emotional and developmental concerns, improve maternal health, breastfeeding rates and safeguarding.
Allocate £109m annually to enable all local authorities to provide optimum breastfeeding support.	Boost breastfeeding rates, reduce health inequalities, and save millions in NHS costs.
Scrap the two-child limit	Lift 300,000 children out of poverty. Improve family resilience and infant wellbeing.
Increase access to paid parental leave for fathers and partners. The £1.73 billion cost is largely offset, and is estimated to bring £2.6 billion annual growth in the economy	Strong early relationships support a baby's long-term mental and physical health. Fathers/partners often can't afford to take time off, especially those on low incomes.

¹ The Family Hubs and Start for Life Programme Guide estimates at least 10% of babies are at risk of 'disorganised attachment': https://assets.publishing.service.gov.uk/media/62f0ef83e90e07142da01845/Family_Hubs_and_Start_for_Life_programme_guide.pdf

Babies in the UK are living in fear and distress

According to Government estimates, 1 in 10 babies in the UK experience persistent fear and distress due to early relationship difficulties with their parents.² This is often the result of trauma, mental illness, addiction or domestic abuse in the family. Too often these families do not get the support they need. As the Royal College of Psychiatrists acknowledges, these are not 'low-level' problems. Babies are impacted by acute emotional and developmental risks that (if left addressed), impacts their mental and physical health.

The rising costs of late intervention

Intervening early to support a child's development, is not only the right thing to do morally, it is also more economically efficient than intervening later. That's because early interventions are often more effective and/or less costly. This economic principle is known as the Heckman curve³. However, over the last fifteen years, spending has been moving in the opposite direction.

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%. Although the introduction of the Family Hubs and Start for Life programme in 2022 slowed the trend, overall investment in prevention and public health is still in decline, and the costs of late intervention are increasing.

Recent research by the Institute of Fiscal Studies into Sure Start shows the transformational potential of early years investment. At its peak (2010), Sure Start investment reached £2.7 billion per year, while it generated £5.7 billion total economic benefit.

However, overall spending on early intervention services has fallen by almost £1.8 billion since 2010, a decline of 44%⁴. In the same period, expenditure on late interventions has risen by almost £3.6 billion, an increase of 57%. Unfortunately, the result is that many local authorities are making cuts to children's centres and family hubs. In April 2025, the Centre for Young Lives published FOI request data from 80% of local authorities in England

² Ibid.,

³ [The Heckman Curve - The Heckman Equation](#)

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

showing nearly half (49%) of councils reporting cuts to their budgets for children's centres and Family Hubs between 2023/24 and 2024/25.⁵

⁵ <https://www.centreforyounglives.org.uk/news-centre/new-foi-data-reveals-funding-cuts-to-family-hubs-and-childrens-centres-could-put-governments-opportunity-mission-at-risk>

Investing in early relationships averts mental health difficulties

Mental health problems during childhood and adolescence are estimated to cost between £11,030 and £59,130 annually per child in the UK.⁶ As the Royal Foundation has set out, these difficulties can be mitigated by investing in strengthening parent-infant relationships.⁷

Recent research into Maternal Attachment and Child Outcomes⁸ uses longitudinal data to show how early maternal attachment is linked to:

- Healthier behaviours during pregnancy
- Fewer behavioural problems at age 3 (SDQ)
- Improved language development and school readiness
- Better physical health and school engagement at age 11

This analysis found that stronger maternal attachment is associated with better maternal mental health. The estimated economic return is £5,000 per child, equivalent to £900 million annually. Combined with existing estimates of £8.1 billion from perinatal mental health improvements, the case for investment in parent-infant and perinatal services is overwhelming.

Multi-disciplinary parent-infant relationship teams deliver evidence-based interventions to families, that help parents who are struggling to bond with their baby. Teams are funded from different budgets, including Integrated Care Boards, CAMHS services and more recently, through Start for Life. Led by psychotherapists or psychologists, teams work in partnership with health visitors, midwives and social workers, helping families to address and resolve serious and complex relationship difficulties. This improves both parental mental health and infant development.⁹

Although the number of parent-infant teams has grown in the last five years, there are still just 40 teams in the whole of England. Our proposals suggest setting up one parent-infant team in every local authority area.

Our ask:

- As part of rolling out Start for Life nationally, allocate £73 million from 2026/27-2028/29 to enable every local authority area to develop at least one parent-infant relationship team. This would provide targeted support to 39,800 vulnerable babies every year by 2028/29.

The Family Hubs and Start for Life programme

Announced in 2021, the Family Hubs and Start for Life Programme resulted from a review into improving the health and development outcomes for babies in England. The

⁶ Suhrcke M, Puillas D, Selai C. (2008). Economic aspects of mental health in children and adolescents. In Social cohesion for mental wellbeing among adolescents.

⁷ <https://royalfoundation.com/early-childhood>

⁸ [Maternal Attachment and Child Outcomes, McKay, 2025](#)

⁹ [New report highlights true impact of parent-infant relationship teams - Parent-Infant Foundation](#)

programme's vision, was for "every family to receive the support they need, when they need it."¹⁰

However, only 75 local authority areas were awarded Start for Life funding.¹¹ This means that babies in parts of England are missing out. As part of a joint thematic review of the programme, regulators the Care Quality Commission and Ofsted recommended the national roll out of the Start for Life Programme to all English local authorities.¹²

Start for Life provides a single point of access for families to access a broad and integrated range of early help services. These can help families overcome a wide range of parenting difficulties and build on their strengths. Co-locating services in family hubs enables multi-disciplinary working and increases the likelihood of challenges being identified early and referred appropriately. But local areas that did not receive any Start for Life funding are often unable to provide these essential services to local families.

By contrast, Start for Life areas are establishing integrated pathways to help navigate universal, targeted and specialist services. This is now recognised to be the optimal way to achieve the goal of universal proportionalism, address high needs and reduce health inequalities.

Our ask:

To extend funding for the Family Hubs and Start for Life funding and expand the programme to all areas of England so that every baby has access to the support they need through a single access point, regardless of where they live.

Breastfeeding

The UK ranks 15th out of 19 comparable high-income countries for breastfeeding rates,¹³ and around 40% of infants in England are not breastfed at all.¹⁴ The Lancet's breastfeeding series emphasises that overcoming the cultural and practical barriers to breastfeeding is an important societal responsibility.¹⁵

The Start for Life programme allocated £50 million for infant feeding services over the course of three years. The current government has extended funding for a further year, allocating £18.5 million for breastfeeding support in 2025-26. Although welcome, this falls short of what is needed. £109m is required annually to enable all local authorities to provide optimum breastfeeding support. This is based on a benchmark of £193.56 per

¹⁰ [The best start for life a vision for the 1 001 critical days.pdf](#)

¹¹ <http://www.gov.uk/government/news/infants-children-and-families-to-benefit-from-boost-in-support>

¹² <http://www.gov.uk/government/publications/start-for-life-services-thematic-review/start-for-life-services-thematic-review>

¹³ <https://data.unicef.org/resources/breastfeeding-a-mothers-gift-for-every-child/>

¹⁴ 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>

¹⁵ Pérez-Escamilla R, et al. (2023). Breastfeeding: crucially important, but increasingly challenged in a marketdriven world. Lancet 401, 472–85.

baby. Increased breastfeeding rates could result in substantial savings within the health system.¹⁶

Our ask

- We ask the government to give local authorities the resources needed to deliver best practice in breastfeeding, based on the Tower Hamlets model.

Health Visitors

Health visitors are fundamental to ensuring babies are safe and can thrive. Unfortunately, health visitor numbers have declined by more than 40% since 2015.¹⁷

As a result, 1 in 4 children in England may be missing their developed check at two years old. And children from deprived backgrounds, and those in local authority care, are less likely than other children to have these checks recorded.¹⁸

Increasing the number of health visitors is key to identifying babies in need and providing families with early interventions. Health visiting services have been shown to reduce children's A&E attendance, improve the quality of postnatal care, increase immunisation uptake and provide early identification and support for children with complex conditions/SEND and those who are not "ready for school".

The costs of introducing 1,000 more substantive health visitor posts per year for the next three years are £52.9m for year one, £105.8m for year two, and £158.7m for year three of the spending review period. The salary uplift cost for 689 specialist health visitor posts is £8.64m per annum (from band 6 to band 7).

Our ask:

- Rebuild the Health Visiting workforce. Introduce 1,000 more health visitor posts a year, for three years, at a cost of £52.9m for year one, £105.8m for year two, and £158.7m for year three.

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 Group¹⁹, 7 out of 10 of these children have at least one parent in work. We are pleased that the government recognise this is unacceptable

¹⁶ 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

¹⁷ 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>

¹⁸ [Almost 1 in 4 toddlers miss the 2 year development check](#)

¹⁹ <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>

and welcome their commitment to tackling child poverty and creation of the Child Poverty Taskforce. 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. 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.²⁰ The Child Poverty Action Group estimate that scrapping the two child-limit 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.

Our ask:

- We ask that the Government abolishes the two-child limit, to lift hundreds of thousands of children out of poverty.

Paternity Leave

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 TUC²¹ reveals that most working fathers do not use all or part of their leave due to eligibility and affordability issues.

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%.²² 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%).²³

Our ask:

- Increase access to paid parental leave for fathers and partners. The £1.73 billion cost is largely offset, and is estimated to bring £2.6 billion annual growth in the economy

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²⁰ M Padley and A Davis, The minimum income standard – Understanding the cost of education to households in the UK, Child Poverty Action Group, 2023

²¹ www.tuc.org.uk/news/quarter-new-dads-are-missing-out-paternity-leave-and-pay-says-tuc

²² www.progressive-policy.net/publications/leave-in-the-lurch

²³ www.progressive-policy.net/downloads/files/CPP_Fair-Growth-Report_June-2023.pdf



Anna Freud



AViGuk
Association for
Video Interaction Guidance uk



Better Start



Brazelton
Centre UK

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