

‘The First 1000 Days: a renewed focus’

a submission to the Health and Social Care Select Committee’s Inquiry

Summary

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 website¹.

- We would like to see the following five areas prioritised for investment in the upcoming Spending Review:
 - A) National roll-out of the Family Hubs and Start for Life programme
 - B) Optimised breastfeeding support
 - c) Tackling child poverty
 - d) Health visitors
 - e) Parental Leave
- Government must prioritise place-based approaches for supporting families, this means:
 - o ensuring babies in every neighbourhood have access to a family hub
 - o being responsive to local need based on data
 - o co-producing outcomes frameworks with communities
 - o ensuring multi-agency working takes a partnership approach to enhance integration and provide holistic support for families
- The forthcoming NHS 10-year plan is an opportunity to ensure babies’ needs are met. It should include a measurable target to support vulnerable babies, and commitments to:
 - o Increase the number of health visitors
 - o Grow the number of parent-infant relationship teams

¹ <https://parentinfantfoundation.org.uk/1001-days>

Introduction

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 website².

Scope of our response

Our response is designed to share the expertise and knowledge of our members with the Health and Social Care Select Committee. In February 2024, we published our 'Manifesto for Babies'³, based on a survey of the 200+ charities and professionals in the First 1001 Days Movement. The Manifesto for Babies sets out a practical vision for integrating and bolstering services that support babies and their families, and we have drawn on these in this response to the Committee's call for evidence.

1. What progress has been made since the previous Committee's 2019 First 1000 days of life report in terms of outcomes for children and young people in delivering integrated early years through Family Hubs? In particular what progress has been made on the calls in the Committee's 2019 report for a) Proportionate universalism and b) Greater integration and multi-agency working?

Things have deteriorated for babies since the previous Committee's report in 2019. The Darzi review revealed a worsening picture for child health outcomes and the children's health workforce.⁴

The pandemic has had an impact on a range of outcomes. Child development outcomes at age two are below pre-pandemic levels. In 2023 to 2024, 80.4% of children achieved the expected level of development at two to two and a half, in all five domains of development, an increase of 1.2 percentage points from 2022 to 2023. However, this is lower than 2019 to 2020, when 83.3% of children achieved the expected level of development in all five domains of development at two to two and a half.⁵

Since the Committee's last report, COVID-19 and the associated lockdown measures had a massive impact on babies, their families and services that support them. These are

² <https://parentinfantfoundation.org.uk/1001-days>

³ Manifesto for Babies (2025) First 1001 Days Movement. <https://www.parentinfantfoundation.org.uk/wp-content/uploads/2024/03/F1001D-Manifesto-for-Babies-FINAL1.pdf>

⁴ Lord Darzi (2024) Independent investigation of the NHS in England <https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england>

⁵ Office for Health Improvement & Disparities (2025) Child development outcomes at 2 to 2 and a half years, 2023 to 2024: statistical commentary www.gov.uk/government/statistics/child-development-outcomes-at-2-to-2-and-a-half-years-april-2023-to-march-2024-annual-2023-to-2024/child-development-outcomes-at-2-to-2-and-a-half-years-2023-to-2024-statistical-commentary

documented in ‘Babies in Lockdown’⁶ and ‘No one wants to see my baby’⁷, reports published by First 1001 Days Movement members the Parent-Infant Foundation, Home-Start UK and Best Beginnings.

The number of health visitors has continued to fall since the previous committee’s report. In July 2020 the total number of health visitors employed in England was: 7,765 (6,632 employed within the NHS⁸ and 1,133 in non-NHS organisations⁹). In 2021, this declined to 7,646 (6,595 employed within the NHS¹⁰ and 1,051 in non-NHS organisations¹¹). The most recently published data indicates that the total number of health visitors in England is: 6,300 (5,586 employed within the NHS¹² and 714 in non-NHS organisations¹³). This represents a 19% reduction since July 2020 when the government committed to strengthen the health visitor workforce. However, more than one in five (21.6%) 2-year-olds are missing their developmental checks with health visitors, which impacts on the quality of the data collected.¹⁴

Early intervention is key to addressing rising health inequalities. The Darzi report emphasises the urgent need for investment in babies, young children and the early years to address these challenges and ensure long-term health and wellbeing. And it is highly cost-effective. Yet investment in prevention has fallen over the past decade.

A report commissioned by the Children’s Services Funding Alliance¹⁵ found that spending on children’s services declined year-on-year following the 2008 financial crisis and through the period of austerity that followed. This led to hundreds of Sure Start and children’s centres closing, and many hundreds more reducing their opening times and services. Spending on early interventions declined by 48% between 2010-11 and 2019-20.

An analysis of funding from 2010 to 2023 from the Children’s Charities Coalition¹⁶ found that budgets within children’s services have shifted to reach a point where spending on residential

⁶ Babies in Lockdown: listening to parents to build back better (2020) Best Beginnings, Home-Start UK, and the Parent-Infant Foundation. <https://babiesinlockdown.info/wp-content/uploads/2020/08/babies-in-lockdown-main-report-final-version-1.pdf>

⁷ No one wants to see my baby: Challenges to building back better for babies (2021) Best Beginnings, Home-Start UK, and the Parent-Infant Foundation. https://babiesinlockdown.info/wp-content/uploads/2021/11/no_one_wants_to_see_my_baby.pdf

⁸ NHS Digital (2020) NHS Workforce Statistics – July 2020. <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/july-2020>

⁹ NHS Digital (2021) Independent Healthcare Provider Workforce Statistics: England, September 2020. <https://digital.nhs.uk/data-and-information/publications/statistical/independent-healthcare-provider-workforce-statistics/september-2020-experimental>

¹⁰ NHS Digital (2021) NHS Workforce Statistics - July 2021. <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/july-2021>

¹¹ NHS Digital (2022) Independent Healthcare Provider Workforce Statistics - March 2022. <https://digital.nhs.uk/data-and-information/publications/statistical/independent-healthcare-provider-workforce-statistics/march-2022-experimental>

¹² NHS Digital (2024) NHS Workforce Statistics - December 2024 <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/december-2024>

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¹⁴ Office for Health Improvement and Disparities [Child development outcomes at 2 to 2 and a half years, 2023 to 2024: statistical commentary](https://www.oheid.org.uk/publications/child-development-outcomes-at-2-to-2-and-a-half-years-2023-to-2024-statistical-commentary) - GOV.UK

¹⁵ Williams and Franklin (2021) Children and young people’s services: Spending 2010-11 to 2019-20. <http://www.probonoeconomics.com/a-decade-of-change-for-childrens-services-funding>

¹⁶ Larkham, J. (2024) Struggling against the tide: Children’s services spending, 2011-2023. http://www.childrenatthetable.org.uk/wp-content/uploads/2024/08/Childrens-services-spending_2010-2023_Final-report.pdf

care alone is now greater than the total amount spent on all early intervention services combined (£2.4 billion vs £2.2 billion). Recent analysis undertaken by the Centre for Young Lives also finds a very recent drop in spending on children's centres and Family Hubs. Nearly half of councils report cuts to their budgets for children's centres and Family Hubs between 2023/24 and 2024/25.¹⁷

Early intervention in 'infant mental health services' (such as parent-infant relationship services and teams, is also important to averting more serious mental health conditions later in childhood. Mental health problems during childhood and adolescence are estimated to cost between £11,030 and £59,130 annually per child in the UK. Yet here too, intervention often comes too late. The Parent-Infant Foundation published their report *Rare Jewels*¹⁸ in 2019. It identified a 'baby blind spot' in mental health provision for the under twos. It found that "most babies in the UK live in an area where there is no parent-infant team. And there is very little mental health provision at all for children aged two and under." Data collected through Freedom of Information suggested that in 42% of Clinical Commissioning Group (CCG) areas in England children and young people's mental health services (CAMHS) will not accept referrals for children aged two and under. This is despite CAMHS) nominally being a service for 0–18-year-olds.

In March 2024, the Parent-Infant Foundation repeated Freedom of Information requests but addressed to Mental Health Trusts (as CCGs had been disbanded). Alarming, one in five Trusts still report that they do not accept referrals for under-twos. Among those that do, half report receiving fewer than 10 referrals annually.

It's clear that the commitment in the NHS Long-Term Plan for a comprehensive mental health service starting at birth, isn't being delivered for babies. In order to address the baby blind spot in mental health provision and to meet the Government's Opportunity and Health missions, a national target is needed to support the 10% of babies government estimates to be vulnerable. A national pathway and adequate funding for parent-infant relationship support are needed also to support these most vulnerable babies.

A positive development since the Committee's 2019 report was that the government published *The Best Start for Life: a vision for the 1,001 critical days* in 2021.¹⁹ The vision statement was followed by the launch of the Family Hubs and Start for Life programme in 2022, which included £300 million of spending to support babies and their families.²⁰ Following last year's General Election, the Labour government has extended Family Hubs and Start for Life funding for another year, until 31st March 2026. Whilst this is welcome, the programme still only reaches 75 local authorities in England and suffers from the instability of short-term funding. It should be extended to every area of England and embedded to support long-term policy aims.

The recent commitment to "set every child up for the best start in life", set out in the government's opportunity mission is a welcome and helpful commitment. However, to achieve

¹⁷ Centre for Young Lives (2025) *A Fresh Start for children and Family Support: Delivering joined-up place-based support through Family Hubs* [67f43612a6261f5dc4ca373f_Fresh Start Report 070425.pdf](https://www.cyl.org.uk/wp-content/uploads/2025/01/Fresh-Start-Report-070425.pdf)

¹⁸ Hogg, S. (2019) *Rare Jewels*. Parent Infant Partnership UK <https://parentinfantfoundation.org.uk/wp-content/uploads/2019/09/PIPUK-Rare-Jewels-FINAL.pdf>

¹⁹ *The best start for life: a vision for the 1,001 critical days* (2021) Department of Health and Social Care. <https://www.gov.uk/government/publications/the-best-start-for-life-a-vision-for-the-1001-critical-days>

²⁰ *Family Hubs and Start for Life programme* (2022) Department of Health and Social Care. <https://www.gov.uk/government/collections/family-hubs-and-start-for-life-programme>

it, there needs to be a stronger focus on early outcomes and investment in key services. The target within the opportunity mission for 75% of five-year-olds to reach 'a good level of development' by 2028 has its limitations. There is a risk that this measure could increase inequalities. To avoid this, investment is needed in services that support children who are the furthest away from reaching the target. Also, the government should measure the success of their Opportunity Mission against outcomes earlier in a child's life, at the age of one and two, before they have started school. This would place a greater emphasis on the first 1001 days of a baby's life when interventions can be very successful.

b) Greater integration and multi-agency working

To support greater integration, we need government to be more joined-up at the national level. Programmes and services that support babies sit in different government departments, with different aims and priorities. This fragmentation can frustrate evaluation and accountability for improving babies' outcomes. The Plan for Change, which reports into Downing Street, is key to addressing this. In the run up to last year's General Election, the First 1001 Days recommended a more joined up approach across government departments and leadership from the Prime Minister. We support the new 'Plan for change' led by Downing Street and welcome its ambition to give every child the best start in life. The Health and Opportunity Mission boards have an important role to play aligning government departments. We hope they will report to Cabinet and continue to align work across departmental boundaries (as with the Family Hubs and Start for Life programmes). Ideally, they should also result in departments working to achieve a common set of outcomes for babies.

2. What should the Government prioritise in upcoming funding allocations for early years services?

Our Manifesto for Babies²¹ set out a practical vision for integrating and bolstering services that support babies and their families. Our submission to the upcoming Spending Review asks government to prioritise the following areas for early years.²²

A) National roll-out of the Family Hubs and Start for Life programme:

The announcement for the Family Hubs and 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 as much needed investment. 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. It's a vital element in a proportionate universalism approach to services. However, currently only 75 areas in England have

²¹ Manifesto for Babies (2025) First 1001 Days Movement. <https://www.parentinfantfoundation.org.uk/wp-content/uploads/2024/03/F1001D-Manifesto-for-Babies-FINAL1.pdf>

²² First 1001 Days Movement (2025) Spending Review 2025 - Stakeholder Representation Giving every child the best start in life by investing in the First 1001 Days. <https://parentinfantfoundation.org.uk/wp-content/uploads/2025/02/250302-F1001D-Spring-Budget-Submission-FINAL.pdf>

been awarded Start for Life funding.²³ All local authorities are required to develop a family hub and start for life offer, but without programme funding, implementation relies on local leadership finding funding from other budgets. Yet, in reality, local authorities have been making reductions across funding streams for children's services.²⁴ As a result, babies in other areas of England are missing out on this support. We would like to see the national roll out of a funded 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 support regardless of where they live.²⁵

B) Optimised breastfeeding support

The UK ranks 15th out of 19 comparable high-income countries for breastfeeding rates,²⁶ and around 40% of infants in England are not breastfed at all.²⁷ The decline in health visitor numbers has had a negative effect on breastfeeding.

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. Whilst this is an increased upfront cost, increased breastfeeding rates could result in substantial savings within the health system.²⁸

c) Tackling child poverty

Poverty underpins poor child health outcomes.²⁹ Child poverty is at a record high with 4.3 million children growing up in poverty across the UK meaning a future generation will face suboptimal health. According to Child Poverty Action Group, seven out of 10 of these children have at least one parent in work.³⁰ We are concerned that the government's impact assessment of the Spring Statement shows that the proposed changes to the welfare system will push 50,000 children into relative poverty.³¹

²³ Department of Education & Department of Health and Social Care (2022) Family Hubs and Start for Life programme: methodology for pre-selecting the 75 local authorities – technical note https://assets.publishing.service.gov.uk/media/624454f9d3bf7f32ac2b9407/Family_Hubs_and_Start_for_Life_Package_-_Technical_Note.pdf

²⁴ Centre for Young Lives (2025) A Fresh Start for children and Family Support: Delivering joined-up place-based support through Family Hubs [67f43612a6261f5dc4ca373f_Fresh_Start_Report_070425.pdf](https://assets.publishing.service.gov.uk/media/67f43612a6261f5dc4ca373f/Fresh_Start_Report_070425.pdf)

²⁵ Start For Life services: thematic review (2024) OFSTED & Care Quality Commission. www.gov.uk/government/publications/start-for-life-services-thematic-review/start-for-life-services-thematic-review

²⁶ <https://data.unicef.org/resources/breastfeeding-a-mothers-gift-for-every-child>

²⁷ 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>

²⁸ https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2012/11/Preventing_disease_saving_resources.pdf

²⁹ <https://acmedsci.ac.uk/file-download/16927511>

³⁰ <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>

³¹ <https://assets.publishing.service.gov.uk/media/67e667fe4a226ab6c41b1fe2/spring-statement-2025-health-and-disability-benefit-reforms-impacts.pdf>

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.

d) Health visitors

Health visiting is the only service that proactively and systematically reaches all families with babies and young children, as evidenced in the findings published by the Department for Education from the 2020 cohort study³². However, the number of health visitors has declined by more than 40% since health visitors were transferred from the NHS to local authorities in 2015.³³ This must be reversed.

Increasing the number of health visitors 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".

e) 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 TUC³⁴ 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. The Joseph Rowntree Foundation has shown that this would grow the economy by £2.6 billion annually³⁵ and it would be offset by savings in other areas including:

- Mothers returning to work earlier
- Mothers' increased earnings
- Increased economic output
- Improved child cognitive development and educational outcomes
- Improved maternal and paternal health outcomes

³² <https://www.gov.uk/government/publications/children-of-the-2020s-first-survey-of-families-at-age-9-months>

³³ 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>

³⁴ <http://www.tuc.org.uk/news/quarter-new-dads-are-missing-out-paternity-leave-and-pay-says-tuc>

³⁵ <https://www.politicshome.com/news/article/improving-paternity-leave-provisions-boost-economy-26bn>

- Reduced separation and divorce
- Increased fertility rates

We made these recommendations in our submission to the spending review. Some Start for Life funding went towards complementing and bolstering services that were funded primarily by the NHS. Most notably, £100 million of Start for Life funding was allocated to perinatal mental health and parent-infant relationship support. This has supported the establishment of new parent-infant services in several areas. The number of parent-infant teams has increased also over the last five years; however, coverage remains well below recognised levels of need.

Specialised services are key to supporting the mental health both of parents and babies. The NHS Long Term Plan includes the ambition that at least 66,000 women with moderate to severe perinatal mental health difficulties should have access to specialist community care from pre-conception to 24 months after birth (over five years). Although recent policy initiatives to improve perinatal mental health have made huge progress, one in four people are still not yet being asked about their mental health by their midwife.³⁶ This national target has driven the system to scale up perinatal services. But there is no target for reaching vulnerable babies, so services that centre on the baby remain patchy. It is time to commit to an equivalent national target for babies to address this³⁷. Start for Life recognises that an estimated 10% of babies are at risk of disorganised attachment³⁸. The NHS 10-year plan should include a target to reach 60,000 babies, over the next five years.

3. How effective have Family Hubs and the introduction of integrated care systems been in improving early childhood outcomes?

Implementation of Family Hubs has varied across the country. Some local authorities took longer to get their Family Hubs and associated services up and running. The national evaluation of the Family Hubs and Start for Life programme is not due until 2026. Therefore, we feel that it is premature to judge whether they have been effective in improving early childhood outcomes.

Family Hubs have been able to invest in training for professionals and practitioners to support best outcomes for the early years.³⁹ Yet, programme funding has been a concern. One area of concern has been around the nature of funding announcements and the short-term nature of those decisions. In order to better achieve the aim of creating an integrated system with local authority, government and VCSE partners to deliver services, a more stable and long-term funding system is needed to ensure stable partnerships.

That said, there are some very good examples across England of how Family Hubs are working closely in multi-disciplinary teams. We understand that these have been covered in detail by the Family Hubs Network in their submission.

³⁶ <https://www.cqc.org.uk/publications/surveys/maternity-survey>

³⁷ p.81 Start for Life programme guide

³⁸ [Family Hubs and Start for Life Programme Guide](#) p.81

³⁹ https://assets.publishing.service.gov.uk/media/67cacd6ba175f08d198d80c1/Family_Hubs_and_Start_for_Life_programme_guide_2025-26.pdf

Evidence from A Better Start areas has highlighted the importance of established local systems to enable roll out of new policy initiatives. In areas with A Better Start services, the roll out and implementation of the Family Hub and Start for Life Programme was more streamlined and progressed at a quicker pace, as the backbone systems were already established.

It is important to recall that early childhood outcomes will depend on many factors beyond the control of Family Hubs and integrated care systems, such as poverty, lack of access to health provision, etc... These factors must also be addressed to improve early childhood outcomes.

4. What are the key barriers to delivering high-quality early years services, particularly in Family Hubs and through neonatal and paediatric services, and how can they be addressed?

Workforce levels and planning are a barrier to high quality services. We would like to see a comprehensive workforce plan for all services that support babies and their families, including children's social care and early years, alongside investment to deliver the NHS Workforce Plan. Additional guidance is needed on adequate staffing levels and who can deliver particular services, along with the training required to provide safe care in all settings.

First 1001 Days Movement members AVIGuk has been collecting data while implementing Video Interaction Guidance (VIG) training as part of the Family Hubs and Start for Life programme to 480 practitioners in 75 Local Authorities over the last two years.⁴⁰ They found a number of challenges facing service managers. These include:

1. Quick turnover and complex layers so those directly working with teams often do not negotiate intervention training, caseload etc
2. IT departments that seem to block rather than facilitate use of the best technology for the job
3. Undue pressure to keep paper records when much smarter, less time-consuming record keeping would be better

AVIGuk also found challenges facing practitioners⁴¹. These include:

1. Low morale and poor mental health which impacts on the take-up of new intervention training and delivery of interventions to families
2. Job insecurity which leads to time spent "looking for new jobs" or "going back to substantive posts"
3. Outdated technology (laptops, tablets, phones) that do not easily connect to each other
4. Lack of easy access to families due to complicated referral processes
5. High caseloads, making intervention work hard to implement

These challenges could be addressed by creating stable teams where staff have more secure terms of employment and a culture and working practice that supports the practitioners to deliver high-quality interventions to families by:

⁴⁰ Data has been submitted to NHS England in quarterly reports. This has yet to be published.

⁴¹ Data has been submitted to NHS England in quarterly reports. This has yet to be published.

- a. creating a supportive ethos where each practitioner is valued and appreciated
- b. protecting time for interventions
- c. providing the best technology and easy record keeping for each intervention
- d. ensuring IT teams understand and support effective interventions
- e. creating easy referral processes for families

5. How can vaccine uptake be most effectively increased and supported in the first 1000 days?

The best way to increase vaccine uptake in these earliest years is through high quality universal services. Health visitors are ideally placed to support vaccine uptake for babies and young children due to the universal nature of their work. The iHV annual Health Visiting survey, 2025, identified key barriers and enablers to health visitors vaccinating.⁴² Enablers outlined include:

- Direct administration of vaccines by health visitors
- Access – reaching families in rural settings through out-of-hours clinics and home immunisations. In particular, reaching families that do not engage with other services
- Infrastructure – including ordering vaccines, safe storage, transportation, policies, regulations
- Staff training – including working with families who choose not to vaccinate
- Health promotion

Barriers outlined include:

- Workforce shortages
- Services overwhelmed with child safeguarding- public health function of health visitors needs to be prioritised
- Public health function of health visitors needs to be prioritised
- Misinformation and social media influence
- Access – reduction in health visitor clinics in communities
- Staff ‘buy-in’ to public health role – need to understand how this can work in practice
- Workforce capability/ training needs

⁴² https://mcusercontent.com/6d0ffa0c0970ad395fc6324ad/files/5651dc1d-11bb-0267-d46e-2b47e753da9f/State_of_Health_Visiting_Report_2024_FINAL_VERSION_22.01.25_compressed.pdf

Family hubs are another universal service that could help improve vaccination rates. During austerity, hundreds of Sure Start and Children's Centres closed and many hundreds more reduced their opening times and services. After a decade of decline, in 2020 the government backed a new model – the Family Hub. In 2021 a new programme, Start for Life, was announced alongside the Family Hub programme. It focused on providing advice and services to parents and carers of babies and children. Around half of upper-tier local authorities in England receive funding under the Start for Life programme, but funding only runs until 1 April 2026. This is a crucial point for consolidating Start for Life's future. We recommend extending the programme to every local authority so that every family can access a Family Hub or Children's Centre in their neighbourhood.

6. How can the Government most effectively tackle inequalities in access and infant health outcomes for those from underserved groups including those with disabilities, or from ethnic minority or deprived backgrounds?

The government should ensure that tackling inequalities is firmly embedded in programmes and policy objectives. The Family Hubs and Start for Life programme used the Income Deprivation Affecting Children Indices as well as the geographical Rural Urban Classification system to determine the 75 areas of England that would benefit from the programme.⁴³ Whilst we understand why the government would want to account for different geographical types when allocating funds, the impact of this decision is that babies in areas with higher levels of poverty would have missed out on this support due to the geographical nature of the local authority area that they were born into. In this particular example, our proposed resolution would be to see the Family Hubs and Start for Life programme rolled out nationally so that all babies, regardless of where they live, have access to the support provided by the programme.

However, siting family hubs in areas of deprivation is recommended, as well as targeting services on the basis of need. The Children's Charities Coalition analysis of early intervention spending shows that the most deprived parts of the country are hardest hit by cuts, with spending per child falling by more than a half compared to less than a third in the least deprived areas.⁴⁴

The attachment a baby forms with their primary caregiver is key to their feeling confident to explore their environment and interact with others as they grow. A strong relationship between father/ partner and baby is shown to have a protective effect on babies. However, fathers or partners on low incomes cannot always afford to take time off following the birth when this bond can be formed. It is important that father and other partners are able to take leave to bond with their baby. As an immediate measure, government should provide six weeks' well-paid paternity and parental leave.

The government should look at existing innovations within the third sector that are delivering fantastic results. There are three examples that we would like to highlight from the many great innovations taking place within the sector. These are:

⁴³https://assets.publishing.service.gov.uk/media/624454f9d3bf7f32ac2b9407/Family_Hubs_and_Start_for_Life_Package_-_Technical_Note.pdf

⁴⁴ <https://www.actionforchildren.org.uk/media-centre/childrens-charities-coalition-urging-chancellor-to-turbocharge-investment-in-childrens-social-care>

1. Baby Buddy

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.⁴⁵ 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:

- 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.⁴⁶ 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.⁴⁷

2. Dad Matters

Developed in Greater Manchester, the Dad Matters programme is now being delivered by Home-Starts in 24 locations across the country – in several locations being delivered through Family Hubs - and is increasing the number of fathers receiving support for their mental health and improving attachment.

Recent evaluation of the Dad Matters programme in Stockport has shown that it is a successful model to engage fathers, particularly in disadvantaged areas, with measurable positive outcomes for dads, their partners, infants, and the wider community.⁴⁸

3. A Better Start

⁴⁵ For more detail on the impact of Baby Buddy visit:

www.bestbeginnings.org.uk/Handlers/Download.ashx?IDMF=aea90ba1-514f-4413-90dc-f790659bbdf6

⁴⁶ 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

⁴⁷ <https://mothersmilktool.org/#/individualcalculator>

⁴⁸ <https://dadmatters.org.uk/dmhost/stockport-evaluation>

A Better Start focuses on improving the life chances of babies and very young children by changing the way services are commissioned and delivered and involving parents as equal partners. A Better Start partnerships were established in areas where outcomes for children and families were consistently below the national average, and where inequalities were already clear.

Lessons learned from this work include:

- Early intervention and universal services are a crucial avenue to target the negative impacts of inequality.
- The benefits of place-based approaches.
- Services led by the communities they serve ensures service providers reflect the communities they serve, which can help families from minority communities feel safe and included.
- Developing a strong awareness and clear approaches to address the impact of systemic racism on family life.
- Effective data and information sharing across multiagency teams provides an important avenue for understanding local need and ensuring the necessary services are commissioned.⁴⁹

A Better Start areas have been highly effective in improving engagement rates from less heard communities through programmes such as Family Mentors, Parent Champions and Community Connectors.^{50 51}

7. What could the Government learn from examples of best practice that exist in local authorities, NHS Trusts, or internationally?

Strong examples of local practice have already been provided within this submission, including A Better Start partnerships, Dad Matters Stockport, and the Baby Buddy app. We would encourage the committee to explore these approaches in greater detail.

The health visiting challenge facing England is due to reductions in funding, workforce shortages and quality issues. By contrast, the Scottish Government has invested in health visiting and strengthened health visiting services by incorporating updated service models, including specialist public health nursing and intensive nurse-led home visiting programmes.⁵² Japan

⁴⁹ [Insight-6-Addressing-Inequalities-August-2022-002.pdf](#)

⁵⁰ <https://www.smallstepsbigchanges.org.uk/news-and-events/family-mentor-success-at-nottingham-health-and-care-awards#:~:text=The%20SSBC%20Family%20Mentors%20were,or%20by%20improving%20employment%20opportunities>.

⁵¹ <https://www.tnlcommunityfund.org.uk/media/insights/documents/Insight-3-A-Better-Start-Through-Better-Systems-Parent-Family-and-Community-Engagement-FINAL3-lo-res.pdf?mtime=20210329111948&focal=none>

⁵² <https://www.gov.scot/publications/enhancing-delivery-health-visiting-service-scotlands-health-visiting-action-plan-2025-2035/>

credits specialist public health nursing as their “hidden secret” for having the best health outcomes in the world.^{53 54}

Health visitors in Denmark have smaller caseloads and responsible for placed based areas. A health visitor sees the family during pregnancy and continuously until the child goes to school. The health visitor gets to know their families very well and works closely with other organisations. Families can contact their named health visitor directly. Health visitors in Denmark receive a wide range of additional training to support their wider understanding of working with families, babies and children.

⁵³ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01213-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01213-3/fulltext)

⁵⁴ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01483-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01483-1/fulltext)