



HM Government

The Best Start for Life

A progress report on
delivering the Vision





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Foreword by the Secretary of State for Health and Social Care



We often talk about the arrival of a new baby as a time of great joy but it can also present new challenges. Having access to timely and high-quality support during pregnancy and the first 2 years of a baby's life can help families lay the foundations for their baby's lifelong emotional and physical wellbeing.

Failing to provide the right support early on costs individuals, society, and the economy. It can also drive demand for public services by leaving issues unaddressed, with families then needing more support later in life. To give just one example, late intervention for children and young people is estimated to cost around £17 billion a year. Approximately one-fifth of these costs fall to our NHS¹.

The [government's Best Start for Life Vision](#), published in March 2021, set out 6 action areas to improve the health outcomes of all babies in England. Implementing these commitments is a critical part of putting the needs of babies at the heart of Start for Life services, delivering immediate and long-term benefits for families, the NHS and other public services.

I am proud of the progress that we have made to date. Investing in the 1,001 critical days is one of the best things we can do for our country's children. That is why the government committed over £300 million to create a new Family Hubs and Start for Life programme at the 2021 Autumn Budget. As part of this, £150 million has been dedicated to delivering new and improved infant feeding services and perinatal mental health and parent-infant relationship support. A range of guidance has also been published to support all areas to deliver the Best Start for Life vision.

There is of course more to do. Improvements to Start for Life services must be data and evidence led. The quality of early years data still varies, and the evidence base on what best helps families in different contexts needs strengthening. The focus on improving the evidence base through the Family Hubs and Start for Life programme – including the commissioning of a national evaluation – will drive improvements across these areas. We must now continue on this path we have set.

Strong leadership of this agenda is also vital for success. I am delighted to announce that the Rt Hon Dame Andrea Leadsom MP will continue in her role as the Government's Early Years Adviser until the end of this Parliament. Working with Dame Andrea and ministers across the government, I will also continue to champion the needs of babies at cabinet. Together we will ensure that every baby gets the best start in life.

The Rt Hon Steve Barclay MP
Secretary of State for Health and Social Care

¹ [Early Intervention Foundation. \(2016\). The costs of late intervention: EIF analysis 2016.](#)

Foreword by the Minister for Children, Families and Wellbeing



Families are at the heart of what makes us happy and well. As Minister for Children, Families and Wellbeing, I am passionate about helping all families get off to the best start.

The government is determined to turn the vision set out in the [‘Best Start for Life’](#) report into a reality for thousands of families across the country.

We know that what happens in the Start for Life period – the critical 1,001 days from conception to age 2 – is hugely important in ensuring children do well in school, and it affects their health and wellbeing. I am proud that we are rolling out family hubs across the country. These will be ‘one stop shops’ to support parents with children of all ages.

Through the government’s £300 million investment, family hubs will include high quality services in the period from conception to age 2, such as midwifery and health visiting, together with parenting support to help to make the transition to parenthood as smooth as possible, meaning that more children are healthy and ready to learn at age 2 and ready for school at age 5.

I am delighted and grateful to be working with the Department for Health and Social Care and the Rt Hon Dame Andrea Leadsom MP on this vital agenda.

Claire Coutinho MP
Minister for Children, Families and Wellbeing

Introduction from the Government's Early Years Adviser



We all support education for every child and good health for every citizen in our country. These are rights – with the freedom and lifelong opportunities they offer – that are woven into our national fabric.

Joined up services to deliver the best start for life for every baby should be a core part of this universal offering.

It is during the 1,001 critical days – from conception to the age of 2 – that the building blocks for good lifelong emotional and physical health are laid down. Nurtured babies are able to develop strong relationships and as they grow up, they are better equipped to tackle the challenges that life throws at them.

So providing brilliant support during the 1,001 critical days will help every baby make the most of the universal education and healthcare that is their right.

Investing in Best Start for Life services is also good economics. Professor James Heckman's work shows that societies get the best results when governments invest in the earliest years. Later interventions as the child grows older become progressively more expensive and less effective². Prevention is not only kinder, but also significantly cheaper than cure.

I was delighted when, in July 2020, Prime Minister Boris Johnson appointed me to lead the Early Years Healthy Development Review. During the Review we heard from mums, dads, carers, grandparents, volunteers, professionals, academics, and cross-party parliamentarians on how we could support all families to give their babies the best start for life. In March 2021 we launched 'The Best Start for Life: A Vision for the 1,001 critical days' and since then the Start for Life team and I have focused on transforming support for every parent, carer and baby in England.

As this report shows, great progress has already been made. I have personally visited all parts of England, meeting with local authorities, NHS trusts, service providers and families. Some areas are already transforming services for families in response to the Vision. Many are fizzing with ideas for putting policy into practice.

2023 is the year of rolling out the Vision. During this year, families will really begin to see a difference in the level of support for them and their baby; they will know what help is available and where to get it; they will be able to access services face to face, virtually and in their community.

Support for building strong, secure relationships between parents and babies will be available in more areas, and help with parenting advice and with infant feeding will become the norm in new or transformed family hubs.

² [James J. Heckman. \(2008\). Schools, skills and synapses. Economic inquiry, 46.](#)

Parents and carers will be invited to their family hub to have antenatal checks, health visitor meetings or to meet other families. Birth registration may be offered in the hub to encourage every family to come along and feel welcome.

Start for Life offers will be made available to new families, with information about how to find help. And we will start to roll out Digital Personal Child Health Records with incremental improvements and features over the next two years to support every baby's health and wellbeing.

Just as Aneurin Bevan and Rab Butler introduced radical visions for universal healthcare and education that have stood the test of time, we must be equally ambitious for the Best Start for Life rollout.

I will personally continue to champion the needs of babies across and beyond government. Perhaps the happiest sound on earth is that of a laughing baby – their big eyes and tiny limbs are irresistibly cute and bring out a protective instinct in most of us. But we adults must recognise that the very future of our world depends on their happiness and wellbeing. Tiny babies do not yet have a voice of their own, so we need to raise ours in support of giving each one the best start in life.

The Rt Hon Dame Andrea Leadsom MP
The Government's Early Years Adviser



With grateful thanks to the many local authorities and their delivery partners who have opened their doors to give us the benefit of their invaluable insight, advice and support.



Photo by Hannah Lovell for Lambeth Early Action Partnership

Executive summary

The 1,001 critical days from conception to the age of two set the foundations for an individual's cognitive, emotional and physical development. Investing in this critical period presents a real opportunity to improve outcomes and tackle health disparities by ensuring that thousands of babies and families have improved access to quality support and services.

This is why in July 2020 the then Prime Minister asked the Rt Hon Dame Andrea Leadsom MP to chair the 'Early Years Healthy Development Review' ('the Review'). The goal was to create a vision for 'brilliance' during the 1,001 critical days from conception to a child's second birthday. The Review met with families, academics, frontline professionals, charities and volunteers to understand what was going well and where change was needed. The Review saw excellent examples of people helping families when they needed it most, but it also heard how hard it could be for parents and carers, grandparents and the wider family to find support.

The government published the 'Best Start for Life: A Vision for the 1,001 critical days' ('the Vision') in March 2021. The Vision set out 6 action areas to improve support for families between pregnancy and age 2. This progress update sets out the progress that the government has made in implementing the Vision since its publication. This includes:

- Announcing over £300 million to fund a new 3-year Family Hubs and Start for Life programme at the 2021 Autumn Budget. This programme is funding new or transformed family hubs and a range of Start for Life services in 75 local authorities in England
- Appointing 14 local authorities to become 'trailblazers' for the Family Hubs and Start for Life programme. These areas will lead the way in delivering the programme, making the fastest and most ambitious improvements to services for families and sharing their learning with other areas
- Investing £10 million between April 2023 and March 2025 in innovative Start for Life workforce pilots in approximately 5 areas. These pilots will test ideas on how best to support the workforce to give babies the best start in life
- Investing £12 million in a separate Family Hubs Transformation Fund to support an additional 12 local authorities across England to move to a family hub model by March 2024
- Setting up an in-depth evaluation of the £300 million Family Hubs and Start for Life programme and the £12 million Family Hubs Transformation Fund, building the evidence base of 'what works'
- Publishing guidance to support all local authorities to provide a universal Start for Life offer. This will help ensure that all local authorities in England can provide families with seamless support during the 1,001 critical days
- Publishing best practice guidance on establishing local Parent and Carer Panels. This will help all local authorities to set up Parent and Carer Panels, putting the needs of families at the heart of local services

- Providing nationally available guidance and support to local authorities not receiving additional funding to implement the Vision
- Putting in place additional training to support the Start for Life workforce to further develop their skills and capacity

These achievements sit alongside wider support for families including the government's £200 million uplift to the Supporting Families programme and support for families with the rising cost of living.

However, there is more to do to make sure that every baby gets the support they deserve through the 1,001 critical days. To achieve this, the government will focus on three priority areas over the coming months. The priority areas are:

1. To ensure the Family Hubs and Start for Life programme delivers rapid, visible support for families
2. To develop a digital version of the personal child health record to give parents easy access to information about their child and to enable professionals to understand the support babies and their families may need
3. To develop a Start for Life outcomes framework, review the regulatory framework for children's health services and ensure there is a proportionate and effective inspection regime

Working together with local authorities, local health organisations and the third sector we will make sure that every baby gets the very best start in life.





Context



The Early Years Healthy Development Review

In July 2020, the then Prime Minister asked the Rt Hon Dame Andrea Leadsom MP to chair the 'Early Years Healthy Development Review' ('the Review'). The goal was to create a vision for 'brilliance' during the 1,001 critical days from conception to a child's second birthday.

The Review met with families, academics, frontline professionals, charities and volunteers to understand what was going well and where change was needed. The passion of those working with families was impressive, and the Review saw excellent examples of people helping families when they needed it most.

But the Review also heard how hard it could be for parents and carers, grandparents, and the wider family to find support. Families struggled to understand what was available in their local area, where they could go to get help and where they could find trustworthy advice online. Information about their baby's development was also not available in a form they could easily access and share.

Big caseloads, insufficient interdisciplinary training and the coronavirus (COVID-19) pandemic made it hard for some dedicated professionals and volunteers to give the best support to families. This support was also not always developed in partnership with parents and carers to fully understand the help they needed. Sometimes, professionals and volunteers did not know what good joined-up services looked like. Some families were afraid to get help because of the stigma they might face. It was also unclear which leaders were accountable locally or nationally for the support provided during the 1,001 critical days.

Everyone the Review met agreed that joining-up services to give every baby the best start in life should be the goal. They all wanted to improve how we support families during the 1,001 critical days, recognising that this period is vital for a child's lifelong opportunities.

The Best Start for Life: A Vision for the 1,001 Critical Days

The government published the '[Best Start for Life: A Vision for the 1,001 critical days](#)' ('the Vision') in March 2021. The Vision set out 6 action areas to improve support for families between pregnancy and age 2. Through delivering these actions, we can be confident that the best support is provided to every family, laying the building blocks for their baby's lifelong emotional and physical wellbeing.

Action areas

Ensuring families have access to the services they need

- **Seamless support for families:** a coherent joined-up Start for Life offer available to all families
- **A welcoming hub for families:** family hubs as a place for families to access Start for Life services
- **The information families need when they need it:** designing digital, virtual and telephone offers around the needs of the family

Ensuring the Start for Life system is working together to give families the support they need

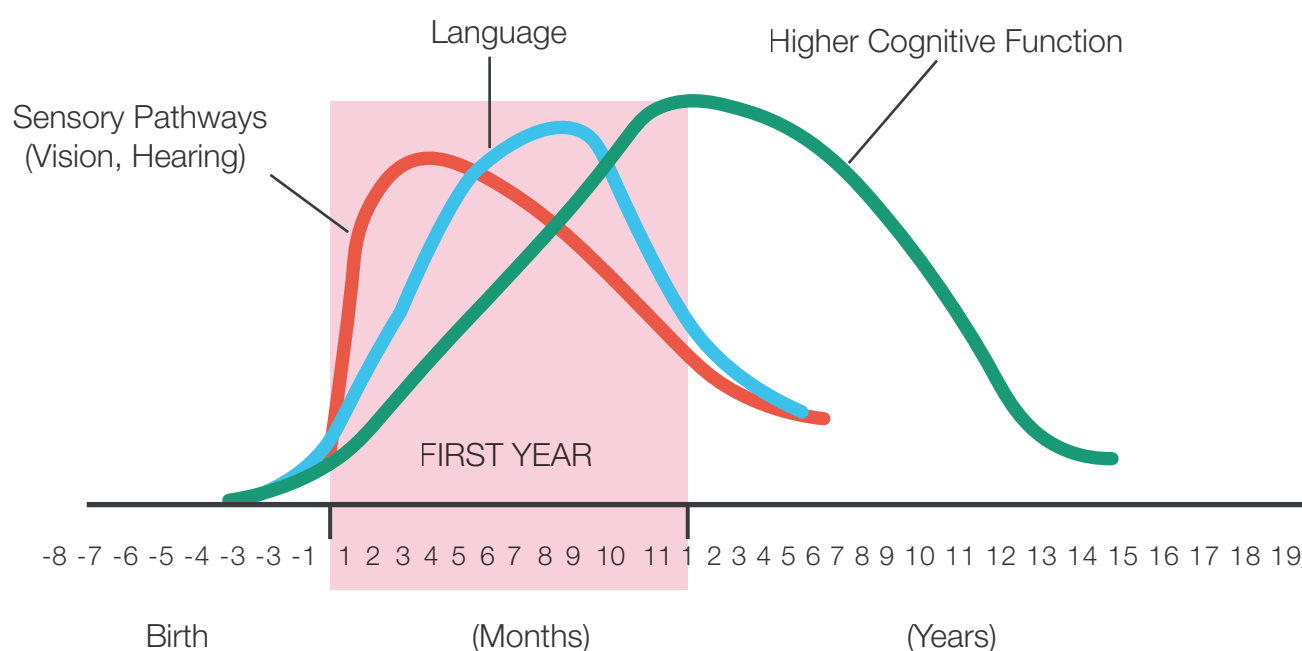
- **An empowered Start for Life workforce:** developing a modern skilled workforce to meet the changing needs of families
- **Continually improving the Start for Life offer:** improving data, evaluation, outcomes and proportionate inspection
- **Leadership for change:** ensuring local and national accountability and building the economic case

Evidence, challenges and opportunities

The international, evidence-based consensus

The Vision highlighted the international, evidence-based agreement on the importance of the 1,001 critical days. During this time, our brains lay the foundations for the emotional health, physical wellbeing and social skills needed to live a healthy, happy life.

Figure 1: Human Brain Development from the Center on the Developing Child at Harvard University, available at <https://developingchild.harvard.edu/>



Research shows that supporting babies' development can lead to lifelong benefits, including increased economic chances, longer life expectancy and reduction in crime³.

Providing high quality services and support for babies is not only good for their lifelong potential, it can also reduce demand for public services by responding to risks early. Conversely, not dealing with issues at the earliest opportunity leaves individuals requiring more support later in life. This can be expensive. To give just one example, the Early Intervention Foundation estimated the cost of late intervention to be £17 billion a year in England and Wales⁴.

³ [Early Intervention Foundation. \(2018\). Realising the potential of early intervention.](#)

⁴ [Early Intervention Foundation. \(2016\). The costs of late intervention: EIF analysis 2016.](#)

To help minimise these costs and bring lifelong benefits to babies, Start for Life support must be focused on the right things and be well delivered. There are many services that all families rely on during the 1,001 critical days. These include midwifery, health visiting, infant-feeding support and perinatal mental health and parent-infant relationship support. Some families also require additional help across a range of areas such as smoking cessation, drugs and alcohol support, domestic violence reduction and debt and housing advice.

Evidence points to several important areas that particularly impact a baby's health and development and where improvements in services are needed. This includes, but is not limited to, services that support breastfeeding, parent-infant relationships and perinatal mental health.

The importance of breastfeeding

Breastfeeding is the most nutritious food source for babies and has important benefits for both the mother and child. For example, it is associated with lower breast cancer rates for the mother, reduced risk of infections for the baby and may support the baby's cognitive development^{5,6}.

The World Health Organisation recommends that babies should be exclusively breastfed for the first 6 months of life⁷. However, the 2010 Infant Feeding Survey⁸ states that only 1% of babies in the UK are exclusively breastfed until that age (compared to 34% in Portugal⁹); over 80% of mothers who stopped breastfeeding in the first 2 weeks reported that they would have liked to have carried on for longer. More recent data appears to show a similar picture. In 2021 to 2022, just 49.3% of babies were breastfed at 6 to 8 weeks¹⁰ – a stark drop from the 73.1% of babies who had breastmilk as their first feed¹¹.

We know that breastfeeding is a skill that takes time to get the hang of and many women who choose to breastfeed encounter challenges. The reasons why women do not breastfeed, or stop breastfeeding earlier than planned, are complex. Commonly cited barriers include a lack of support (both in the community and at home), inability to access services, difficulties breastfeeding or expressing in the workplace, cultural barriers, and misinformation^{12,13}. In June 2020, a UK survey found that 28% of breastfeeding women did not feel they had the support they needed¹⁴. This feedback, combined with the high proportion of women who stop breastfeeding in the first few weeks post-birth, emphasises the need for improved support for women who want to breastfeed, particularly during the critical postnatal period.

5 [UNICEF. \(2016\). Protecting health and saving lives: a call to action.](#)

6 [Maria A. Quigley and others. \(2007\). Breastfeeding and hospitalisation for Diarrheal and Respiratory Infection in the United Kingdom Millennium Cohort Study. Pediatrics 119\(4\).](#)

7 [World Health Organisation. \(2023\). Breastfeeding.](#)

8 [NHS. \(2010\). Infant feeding survey – UK, 2010.](#)

9 [Nuffield Trust. \(2018\). International comparisons of health and wellbeing in early childhood.](#)

10 [OHID. \(2022\). Breastfeeding at 6 to 8 weeks after birth: annual data 2021 to 2022.](#)

11 [NHS Digital. \(2022\). NHS Maternity Statistics, England – 2021-22.](#)

12 [Amy Brown and others. \(2011\). Healthcare professionals' and mothers' perceptions of factors that influence decisions to breastfeed or formula feed infants: a comparative study. Journal of advanced nursing 67\(9\).](#)

13 [UNICEF. \(2017\). Removing the barriers to breastfeeding: a call to action.](#)

14 [Parent-Infant Foundation. \(2020\). Babies in Lockdown report: listening to parents to build back better.](#)

It is also important to facilitate women's choices around feeding their babies. Some women are unable to breastfeed and some decide that formula feeding is the preferred option for them. Personal choice should be respected, and objective advice and support should be offered to all parents and carers, irrespective of whether they are breastfeeding, expressing, using formula, or a combination of approaches.

There are significant regional variations in breastfeeding rates. For example, in 2021 to 2022, just 36% of babies in the North East in England were breastfed at 6 to 8 weeks, compared to 52% in the East of England. Breastfeeding is also correlated with levels of deprivation. In 2021 to 2022, babies in the least deprived areas were much more likely to be breastfed than babies in the most deprived areas¹⁵. The reasons for this are complex, but variation in local service provision may be a contributing factor. In some areas, women have access to regular peer support sessions, out of hours support, free antenatal breastfeeding education and/or specialist professional support to deal with issues such as latching difficulties or tongue-tie. However, that is not the case everywhere and many women are currently unable to access the support they need, when they need it. This shows that there is a clear need for consistent support across the country.

Given the health benefits associated with breastfeeding and England's relatively low rates, there is more to do to ensure every family can access the services they need to achieve their breastfeeding goals.



¹⁵ The rate of breastfeeding at 6-8 weeks in the least deprived 10% of areas was 59.1%, the rate in the most deprived 10% of areas was 44.5%. These are experimental statistics published by the Office for Health Improvement and Disparities OHID. 2022. Breastfeeding prevalence at 6-8 weeks after birth: annual data 2021 to 2022 after birth: [Public health profiles – OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk). Accessed 22/02/2023.

Breastfeeding support from services in Salford

18 year old Mia's* son was born with a tongue tie – the strip of skin connecting his tongue to the bottom of his mouth was shorter than normal. This made breastfeeding difficult, and Mia knew she needed help. Local services in Salford worked together to support Mia with her choice to breastfeed. Her health visitor referred Mia's baby to the tongue tie clinic and they also let Mia know about further support offered by her local Family Hub. The health visitor also gave Mia practical support with how to express and store breast milk, as well as emotional support. Mia's confidence as a new mum grew significantly with their support.

*Names have been changed.

The importance of perinatal mental health and parent-infant relationships

Parent-infant relationships and perinatal mental health lay the foundations for a baby's social, emotional and cognitive development. When babies grow up in a stable and loving environment, they are better placed to develop and flourish¹⁶.

The negative effects of poor perinatal mental health on a baby's development can be long lasting¹⁷. A report estimated that the lifetime societal cost of perinatal depression and perinatal anxiety to one mother and their child is approximately £74,000 and £35,000, respectively¹⁸.

While the impact of the COVID-19 pandemic on families is varied, emerging evidence shows that it increased instances of poor perinatal mental health¹⁹. A UK survey found that 43% of mothers showed symptoms of depression during the pandemic compared to 16% pre-pandemic, and 61% demonstrated symptoms of anxiety compared to 15% before COVID-19²⁰.

At the same time, the Royal Foundation Centre for Early Childhood found a rise in the proportion of parents who feel uncomfortable asking for help with how they are feeling. 18% of parents felt this way before the pandemic, rising to 34% during it²¹. The same report suggested this may be due to not knowing who to contact, a fear of being judged or shame at feeling unable to cope.

These apparent consequences of the pandemic may have lasting effects on some parents, carers and their babies' emotional, cognitive and physical development²². This makes it even more important that families receive the best possible support during and beyond the 1,001 critical days.

16 [Sarah Cattan and others. \(2022\). Early childhood and inequalities, IFS Deaton Review of Inequalities.](#)

17 [Nicholas Kofi Adjei and others. Impact of poverty and family adversity on adolescent health: a multi-trajectory analysis using the UK Millennium Cohort Study. The Lancet Regional Health-Europe, 13.](#)

18 [Centre for Mental Health. \(2014\). Costs of perinatal mental health problems.](#)

19 [Adenike Motunrayo Adesanya and others. \(2022\). Impact of the COVID-19 pandemic on expectant and new parents' experience of pregnancy, childbirth, breast feeding, parental responsiveness and sensitivity, and bonding and attunement in high-income countries: a systematic review of the evidence. BMJ Open, 12\(12\).](#)

20 [Victoria Fallon and others. \(2021\). Psychosocial experiences of postnatal women during the COVID-19 pandemic. A UK-wide study of prevalence rates and risk factors for clinically relevant depression and anxiety. Journal of psychiatric research, 136.](#)

21 [Ipsos MORI. \(2021\). State of the Nation: Understanding Public Attitudes to the Early Years.](#)

22 [The Royal Foundation's \(2020\) State of the Nation report.](#)

Becoming parents in lockdown

Mario and Amy had twin boys during the COVID-19 pandemic in June 2020. Necessary restrictions to limit the spread of the virus meant that Mario was unable to join Amy for some of her pregnancy scans. He then briefly accompanied her for the birth of their twins, before having to leave the hospital.

The birth was complicated with one of the twins needing the hospital's neonatal intensive care unit. Amy was in hospital for a total of 12 days, but Mario was only able to give Amy support and see his new baby boys over video calls.

Eventually Amy and the twins came home, but she had found the experience traumatic.

Her GP was sympathetic and offered antidepressants but what Amy wanted was to talk to a therapist. Lockdown also made it harder for Mario and Amy to get support from friends and family during the exciting but challenging time after the birth of their twins.

They said that “the Vision’s commitment to joined-up Start for Life services will ensure that families like ours receive the support they need before and after birth. It will also reduce the time that parents spend repeating their health history to different front line professionals”.



An increasingly challenging context

The rising cost of living means that Start for Life services support families in a challenging context. A survey by the Children's Commissioner in March 2022 found that 42% of parents with children under 3 said it was fairly difficult or very difficult to 'make ends meet'²³.

While all families need support during the 1,001 critical days, families living in poverty can struggle with additional challenges. Evidence shows that poverty is linked with adverse childhood experiences, low birth weight and poor physical and mental health. A review from the Institute for Fiscal Studies (IFS) noted research that shows children growing up in deprived families have poorer outcomes later in life²⁴.

However, the consequences of these challenges can sometimes be reduced. To give just one example, the IFS found that 58% of children in the poorest households with a high level of positive parenting had a 'good level of achievement' in the first year of school compared with 19% of children in the poorest households with low-quality parenting²⁵. The Vision will play an important part in addressing this, ensuring that families have access to the right support, where and when they need it.



23 [Children's Commissioner. \(2022\). Family and its protective effect: Part 1 of the Independent Family Review. Annex: FLS Data Table - Parents and Children.](#)

24 [Kathleen Kiernan and others. \(2022\). Families and inequalities, IFS Deaton Review of Inequalities.](#)

Investing in change

The government is committed to supporting families and, as part of this, it confirmed it would be investing over £300 million in a new flagship Family Hubs and Start for Life programme at the 2021 Autumn Budget. Since then, the Department of Health and Social Care (DHSC) and the Department for Education (DfE) have led jointly on designing the programme.

The programme will fund 75 local authorities in England until March 2025 to provide more support to families. At the heart of this will be new and improved Start for Life services delivered through family hubs. Family hubs support families with children of all ages, from conception to 19, or up to 25 for those with special educational needs and disability (SEND).

The 75 eligible areas were chosen by prioritising places with the greatest need while also ensuring the programme can build the evidence base in urban and rural settings. To achieve this, local authorities were first pre-selected using the Income Deprivation Affecting Children Indices (IDACI) – Average Rank scores. The highest scoring 25% of local authorities from each Rural Urban Classification were pre-selected for the programme. The remaining local authorities were pre-selected in rank order using the IDACI – Average Rank scores, irrespective of their Rural Urban Classification. Further information on the selection process can be found on [GOV.UK](https://www.gov.uk).

Objectives for the Family Hubs and Start for Life programme

- Provide joined-up support for parents and carers so they can nurture their babies and children, improving health and education outcomes for all
- Contribute to a reduction in inequalities in health and education outcomes for babies, children and families across England by ensuring that support provided is communicated to all parents and carers, including those who are hardest to reach and/or most in need of it
- Build the evidence base for what works when it comes to improving health and education outcomes for babies, children and families in different delivery contexts

Eligible local authorities will now begin to deliver new and improved Start for Life services during 2023. The Family Hubs and Start for Life programme will ensure that families in their areas can access:

- Family hubs that offer family services physically, virtually and in the community. This includes a range of services, from each area's own Start for Life offer to housing advice and youth services
- Parent-infant relationship and perinatal mental health services to lay the foundations for babies' emotional, physical, and cognitive development
- Infant feeding services to help mums to understand the benefits of breastfeeding and meet their breastfeeding goals
- Parenting support to help families care for their babies
- A published Start for Life offer by April 2023 that gives families easy access to local services
- A local Parent and Carer Panel by April 2023 where families can share their views on the design and delivery of Start for Life support
- Educational support on creating effective home learning environments, to help young children to recover from the pandemic

The programme will also deliver innovative Start for Life workforce pilots in a small number of areas (approximately 5). These pilots will test ideas on how best to support the workforce to give babies the best start in life.

DfE is also investing £12 million in a separate Family Hubs Transformation Fund to support an additional 12 local authorities across England to move to a family hub model by March 2024. The family hubs will support families with children of all ages, with Start for Life services at their core. Taken together, 87 local authorities across England are receiving additional funding for Start for Life services and/or family hubs, helping them deliver the Vision.

Local authorities receiving additional funding to move to a family hubs model



Key: ● Family Hubs and Start for Life programme ■ Family Hubs Transformation Fund

| | | |
|---|---|---|
| <p>North West</p> <ul style="list-style-type: none"> ● Blackburn with Darwen ● Blackpool ● Bolton ● Halton ● Knowsley ● Liverpool ● Manchester ● Oldham ● Rochdale ● Salford ● St. Helens ● Tameside ■ Cheshire East ■ Cumbria ■ Stockport ■ Wirral | <p>North East</p> <ul style="list-style-type: none"> ● Durham ● Gateshead ● Hartlepool ● Middlesbrough ● Newcastle upon Tyne ● Northumberland ● Redcar and Cleveland ● South Tyneside ● Sunderland | <p>Yorkshire and The Humber</p> <ul style="list-style-type: none"> ● Barnsley ● Bradford ● Calderdale ● Doncaster ● Kingston Upon Hull ● North East Lincolnshire ● North Lincolnshire ● Rotherham ● Sheffield ● Wakefield ■ York |
| <p>West Midlands</p> <ul style="list-style-type: none"> ● Birmingham ● Coventry ● Dudley ● Sandwell ● Stoke-on-Trent ● Telford and Wrekin ● Walsall ● Wolverhampton ■ Solihull | <p>East Midlands</p> <ul style="list-style-type: none"> ● Derby ● Leicester ● Lincolnshire ● North Northamptonshire ● Nottingham ■ Leicestershire | <p>East of England</p> <ul style="list-style-type: none"> ● Bedford Borough ● Luton ● Norfolk ● Peterborough ● Thurrock |
| <p>South West</p> <ul style="list-style-type: none"> ● Bristol ● Cornwall ● Plymouth ● Torbay ■ Bournemouth, Christchurch & Poole ■ Dorset | <p>London</p> <ul style="list-style-type: none"> ● Barking and Dagenham ● Brent ● Camden ● Croydon ● Enfield ● Greenwich ● Hackney ● Haringey ● Hounslow ● Islington ● Lambeth ● Lewisham ● Newham ● Southwark ● Tower Hamlets ● Waltham Forest ■ Hammersmith and Fulham ■ Merton | <p>South East</p> <ul style="list-style-type: none"> ● East Sussex ● Isle of Wight ● Kent ● Medway ● Portsmouth ● Southampton ■ Brighton and Hove |

The Best Start for Life Vision sets out an ambitious programme of work to transform how we support families across England. Funding announced at the 2021 Autumn Budget for the Family Hubs and Start for Life programme is for 75 upper-tier local authorities in England – around half. Areas not receiving additional funding will be supported to implement the Vision with nationally available guidance and support.

The Start for Life Unit and the Government's Early Years Adviser have visited a range of local authorities that are making great progress in delivering the Vision, even though they have not received additional funding. This includes places such as Sussex County Council and the London Borough of Bexley. The government remains firmly committed to supporting all areas, whether receiving additional funding or not, to give every baby the best start in life.

Support to implement the Vision for areas not currently receiving additional funding

- The Family Hubs and Start for Life programme guide outlines how all areas can improve support for families by bringing together critical Start for Life services and delivering them through family hubs alongside services for older children
- Trailblazer areas have been selected to lead the way on delivering the Family Hubs and Start for Life programme. As part of this, they will share their expertise with other local authorities across England, helping them to move to a family hubs model and improve Start for Life services
- Guidance on establishing Parent and Carer Panels and publishing local Start for Life offers will help all areas understand how they can deliver important parts of the Vision
- The [National Centre for Family Hubs \(NCFH\)](#), overseen by the Anna Freud Centre for Children and Families, is providing expert advice to areas moving to a family hub model. NCFH are also establishing a range of best practice groups that will bring together local authorities to share insights and co-design solutions. The learning from these communities will then be shared with all areas across England
- A robust evaluation of family hubs and Start for Life services will help all areas understand what best helps families in different contexts
- Online training modules will ensure all those working in Start for Life services are trained to demonstrate empathy when supporting families and understand the links between different issues that families might face

All local authorities will also benefit from the £200 million uplift to the Supporting Families programme, taking the total investment to £695 million over this spending review period and supporting 300,000 families. Supporting Families is a cross-government programme led by the Department for Levelling up (DLUHC) and the Department for Education (DfE). It provides support to the most vulnerable families, including those with 0 to 2 year-olds and expectant parents. The updated Supporting Families Outcomes Framework now rewards local authorities for supporting good early years development within vulnerable families, recognising the importance of these earliest years of a child's life.

Funding provided through the Family Hubs and Start for Life programme, particularly the £100 million for perinatal mental health and parent-infant relationship services, builds on and complements the NHS Long Term Plan (LTP) expansion of specialist community perinatal mental health (PMH) services. LTP investment will mean that at least 66,000 women with moderate to severe or complex PMH needs will have access to specialist community care from pre-conception to 2 years. Specialist PMH services are increasing provision of evidence-based psychological therapies, including parent-infant, couple and family interventions. Partners of women accessing services will be offered an assessment for their mental health and signposting to support as required. Maternal Mental Health Services (MMHS) are being developed to support women experiencing moderate to severe or complex mental health difficulties directly arising from, or related to, trauma or loss in the maternity, neonatal or perinatal context.

Mother and Baby Units (MBUs) provide specialist inpatient provision for new mothers with severe mental health needs. Four new MBUs have opened in areas of particular needs since 2018/19 (in the North West, South West, South East Coast and East of England). This has brought the total number of units in England to 19.

Support for families with the rising cost of living

In addition to broader packages to help all households and families with the rising cost of living the government is providing families with a range of additional support. This includes capping typical household bills at £2,500 through the Energy Price Guarantee (EPG), saving the average household over £900. From April 2023 this will be adjusted to £3,000 until the end of March, saving the average household £500.

Support also includes an increase to benefits in line with inflation (10.1%) in April. More than 10 million working age families in receipt of working-age and disability benefits will see an increase in their benefit payments.



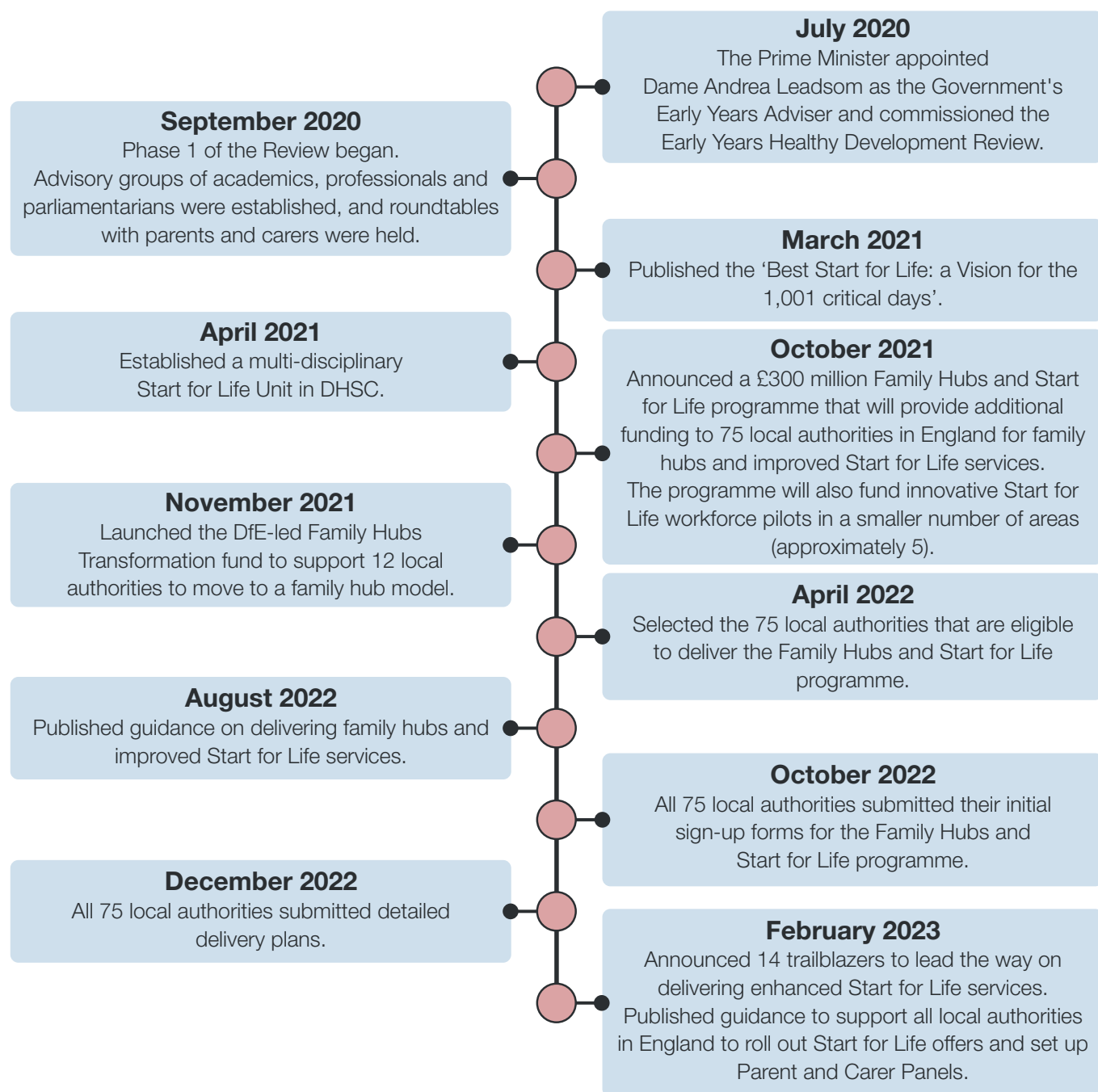
Delivering change for families



The government is working with many stakeholders to deliver the Vision. As part of this, it continues to draw on the expertise of local authorities, academics, Start for Life professionals, charities, sector representatives and, of course, many parents and carers.

Delivering the Vision has been led by the Start for Life Unit within DHSC. The Start for Life Unit has worked closely with other teams across DHSC, DfE, DLUHC and HM Treasury to provide the best possible support to families.

Timeline of achievements since the Vision was published in March 2021



Seamless support for new families

Each section in this chapter of the report begins with a recap of what the Review heard and what the Vision committed to deliver. It then outlines the progress the government has made against those commitments to date.

Achievements

- DHSC has published guidance to support all local authorities in England to develop and publish their Start for Life offers in one place, ensuring that families can identify the support and services which will help them give their babies the best possible start in life. Local authorities receiving funding through the Family Hubs and Start for Life programme will publish their local Start for Life offers by April 2023
- Through the Family Hubs and Start for Life programme, the government is providing additional funding for 75 local authorities to move to a family hub model and deliver the best Start for Life services through family hubs. Families will better understand what services are available and have easy access to improved parent-infant relationship and perinatal mental health, infant feeding and parenting support
- All 75 local authorities eligible for the Family Hubs and Start for Life programme have confirmed they will participate and have submitted detailed delivery plans

Context

During the Review, it was clear that a variety of Start for Life services are already available to families, usually delivered by a highly skilled workforce and dedicated volunteers.

Yet local Start for Life services were often patchy and disjointed. This made it difficult for families to navigate the system and get the support they needed when they needed it most. Parents also said that services sometimes fell short of their expectations, and they were often unaware of what support was there to help.

The Vision proposed a universal offer across England for seamless support that brings together 6 critical services for every new family. It explained that this includes midwifery and health visiting, parent-infant mental health support, infant feeding advice and includes targeted services for Special Educational Needs and Disabilities (SEND) and safeguarding.

The Vision was also clear that every local area should supplement the universal Start for Life offer with a 'Universal+' offer tailored to each community's needs. The Universal+ offer could cover a broad range of services on issues from smoking cessation to debt advice and from domestic violence reduction to transport in rural areas.

To help new and expectant parents to understand their local Start for Life offer, the Vision called for local authorities to publish their offers in print and online, display them in the places that families visit and ensure they are understood by frontline staff.

The Children's Commissioner, Dame Rachel de Souza, has since reinforced the importance of promoting support to families. In her [Independent Family Review](#), she found that a common reason that parents did not access services was because they simply did not know that they existed. This was due to information often not being readily available to them on local websites.

The 6 Universal Start for Life services



Midwifery

Midwives provide personalised support to families throughout pregnancy and labour.



Health Visiting

Health visitors work with other Start for Life professionals after childbirth in supporting families. They are responsible for the 5 mandated child development reviews.



Parent-Infant Mental Health

These services ensure that parents, carers and babies are forming a secure bond and, where needed, provide mental health and relationship support.



Infant Feeding

Infant feeding services support parents with feeding their babies, breastfeeding support and advice on nutrition.



Special Educational Needs and Disability

Special educational needs and disability services support disabled or seriously ill babies and their families.



Safeguarding

Safeguarding services seek to protect babies from abuse and maltreatment.

Commitments made in the Best Start for Life Vision

- Action 1.1 – Our vision is that Start for Life offers will be co-designed with Parent and Carer Panels. Each local authority will be able to provide a Universal offer to every family and a Universal+ offer to meet the needs of their specific local communities. We will work with local authorities, the NHS, DHSC, Public Health England or its successor body, DLUHC, DfE, the Department for Digital, Culture, Media and Sport (DCMS) and others to implement this
- Action 1.2 – We will share the lessons of best practice, including how local authorities design and promote their Start for Life offers. During the implementation phase of this Review, we will work with local leaders to identify and implement best practice in the Start for Life offer
- Action 1.3 – Working with local leaders and across the Start for Life sector, we will design a set of principles that will be a freely available guide for the effective design of Start for Life offers across all local authorities
- Action 1.4 – Alongside this, we will support every local authority to publish its Start for Life offer, allowing new parents moving home to consider where the best place might be to raise their baby



Progress against these commitments

DHSC has worked closely with local authorities, charities, Start for Life professionals and volunteers and workforce representatives to deliver these commitments. As part of this, DHSC has published guidance to support all local authorities to publish their universal Start for Life offer. This will help ensure that all areas in England can provide families with seamless support during the 1,001 critical days.

The Family Hubs and Start for Life programme is then providing additional funding for 75 local authorities to bring together the 6 universal Start for Life services and deliver them through local family hubs alongside services for families with older children. These areas have also been awarded funding to grow and improve 3 services at the heart of their Start for Life offer. This includes £100 million to improve parent-infant relationships and perinatal mental health, £50 million to deliver infant feeding support and £50 million for new and improved parenting support.

Local authorities will also deliver a Universal+ offer through family hubs and the wider early help system, connecting a wide range of local services that meet families' needs.

But just providing better services does not go far enough. Families need to know what support is available to them and getting access to the help they need should be easy for everyone. Funding provided through the programme will ensure that, by April 2023, expectant parents in the 75 eligible areas receive a physical copy of their local Start for Life offer before giving birth and are able to find it online. In addition, posters, leaflets and frontline staff will connect parents and carers to other services they might need. Local areas not receiving additional funding will also be able to use the guidance published by DHSC to bring together easily accessible information on support for families.

What this will mean for families

- All parents and carers should have access to a clear Start for Life offer, which sets out the services available to them in their local area. They will not have to seek out this information. Instead, the support on offer will be clearly promoted
- Parents and carers in 75 local authorities across England will have access to new and improved Start for Life services. The support they need most will be delivered through a joined-up universal offer, and they will have access to enhanced infant feeding and parent-infant relationship and perinatal mental health support

Just One Norfolk – a single site for Norfolk families

Feedback from families in Norfolk suggested that some families struggled to identify what support was available to help them give their babies the best start in life. Information on local services was disjointed and did not focus on local issues. Parents and carers felt they could not relate to the information online and it was not in a format they could access easily. (Similar experiences were also reported in the Review.)

In 2018, Norfolk and Waveney Children and Young People's Health Services created Just One Norfolk, a single website that brings together self-care advice and guidance and information on local support for families. The website ensures that families can easily find information about local Start for Life services and advice on caring for their baby. For example, parents can use the site to access online training on how to support their child's speech and language development or to read tips about weaning.

The interactive family friendly platform is integrated within delivery of Norfolk and Waveney's Children and Young People's Health Services. All information on the website has been sourced and approved by Start for Life professionals and validated by external stakeholders. The service has also worked with local parents and carers to ensure the website is relevant, helpful and easy to understand.

Norfolk and Waveney Children and Young People's Health Services work closely with a range of partners including the Integrated Care Board and Children's Services to reach families through a range of other activity. This includes sharing information in social media groups and putting printed posters and flyers in community spaces such as libraries and GP practices. This helps ensure that as many families as possible can learn about the resources they can access through Just One Norfolk.



Listening to the voices of parents, carers and families

Achievements

- The Start for Life Unit has consulted widely with parents and carers on Start for Life policy development. As part of this, it set up a national Parent and Carer Panel to inform the design of the Family Hubs and Start for Life programme
- As well as funding 75 local authorities to establish local Parent and Carer Panels by April 2023, DHSC has published guidance to support all areas in England to establish or further develop Parent and Carer Panels. This will put families' voices at the heart of local service design

Context

During the Review there were good examples of organisations putting parents' and carers' voices at the heart of their Start for Life services. This improved support and helped families through the 1,001 critical days.

However, the Review heard that groups such as ethnic minorities, LGBT parents, adoptive parents and far too many dads felt ignored by the system. Services they relied on during the 1,001 critical days then fell short of meeting their needs.

The Vision committed to giving all parents and carers a voice in national policy making and local service delivery. It called for Parent and Carer Panels to be rolled out across England, providing families with a place to share feedback on their local Start for Life offers.

The parents and carers that the Review spoke to were very supportive of this. These panels will ensure that services meet the needs of local communities, including marginalised groups. Decision makers will never doubt what mums, dads and carers need to give their babies the best start in life.

Commitments made in the Best Start for Life Vision

- Action 1.1 – Our vision is for Start for Life offers to be co-designed with Parent and Carer Panels and include a Universal offer for every family and a Universal+ offer to meet the needs of their specific local communities. We will work with local authorities, the NHS, the Department of Health and Social Care, Public Health England or its successor body, the Department for Levelling Up, Housing and Communities, the Department for Education, the Department for Digital, Culture, Media and Sport and others to implement this
- Action 3.1 – We will work with Public Health England or its successor body, NHS England and NHS Improvement to map out the Start for Life journey of parents and carers that captures how they experience digital, virtual and telephone-based services during the 1,001 critical days
- Action 5.3 – We will promote the development of Parent and Carer Panels, where professionals and parents work together to co-design services. We will celebrate and share the excellent practice we have seen during our Review
- Action 6.1 – We will consult with local partners, parents and service providers to establish the Parent and Carer panels that help local leaders to co-design the Start for Life offer and also provide effective and meaningful feedback to ensure continuous improvement. We will also ensure that the voices of parents, carers and families inform national policy and decision making



Progress against these commitments

Putting parents' and carers' voices at the heart of national policy

The government has put families at the heart of early years policy development. As part of this, the Start for Life Unit set up a national Parent and Carer Panel to help design the Family Hubs and Start for Life programme.

“The panel exceeded my expectations. I liked that I was able to give opinions and see them be implemented.”

– Mum on DHSC's national Parent and Carer Panel.

The panel met 6 times during 2022 and heard from a range of voices, including fathers, parents from ethnic minority groups and families living in rural areas. The views that families shared during these conversations then directly influenced national Start for Life policy.

The Start for Life Unit also worked with the Policy Lab to look at how families access information and support during the critical 1,001 days. They conducted ethnographic research with 16 families, producing thematic films and detailed maps of participants' support networks and where they went to get advice. This showed what information families find helpful and the barriers they experience, enabling the government to develop policy that better meets their needs. To give just one example, hearing about dads' experiences led to an even greater focus on improving perinatal mental health support for dads and co-parents through the Family Hubs and Start for Life programme.



Examples of how the national Parent and Carer Panel actively shaped government policy

“There should be more tailored perinatal mental health support for dads and co-parents. We also need to normalise these groups seeking support during the 1,001 critical days.”

- The Family Hubs and Start for Life programme sets the expectation that the 75 local authorities receiving additional funding should consider providing group and one to one support for dads and co-parents
- The Family Hubs and Start for Life programme sets the expectation that the 75 local authorities receiving additional funding should train staff to assess families and refer to appropriate perinatal mental health support
- DHSC will launch a national public health campaign, part of which will focus on empowering dads and co-parents to seek support

“We want more proactive, joined-up infant feeding support, with services offered in advance of the moment of need. Services also need to be more accessible, including virtually and in places parents already visit for other reasons.”

- Through the Family Hubs and Start for Life programme, 75 local authorities will:
 - Offer proactive support in the immediate postnatal period
 - Provide accessible virtual infant feeding support to all parents
 - Ensure the family hub provides designated breastfeeding space for mothers, access to a range of breastfeeding services and the opportunity to meet other breastfeeding parents
- DHSC is exploring how to expand the National Breastfeeding Helpline’s opening hours from 09:30 to 21:30 to a 24/7 service so that parents and carers can access out-of-hours support for infant feeding

Putting parents' and carers' voices at the heart of local services

The Vision called for every area to set up a Parent and Carer Panel. The Family Hubs and Start for Life programme is providing additional funding to 75 local authorities to establish Parent and Carer Panels by April 2023. This will mean that parents' and carers' needs and interests will be championed in their local area.

These panels will bring together a diverse range of local parents and carers, including pregnant women (or their partner) and parents and carers of babies under the age of 2. They will report back to each local authorities' Start for Life leader, ensuring that families have a direct line to those leading local decision making.

DHSC has also published best practice guidance on establishing local Parent and Carer Panels. This will help all areas – including those not receiving funding from the programme – to set up Parent and Carer Panels, putting the needs of families at the heart of local services.



What this will mean for families

- Parents and carers have had a direct say in national policy development, including in the design of the Family Hubs and Start for Life programme
- Families will have a voice in the design and delivery of local Start for Life services, ensuring that the support offered meets their needs. This will be via local Parent and Carer Panels and regular consultation with families, even if they are not members of their local Parent and Carer Panel

Listening to parents and carers in Lambeth

Since 2016, Parent Champions have played an important role in Lambeth's Start for Life offer for families. Parent Champions are parent volunteers who use their local knowledge to help families access services and support. They also gather feedback from parents and carers which is then shared with those making decisions on local services.

Parent Champions reflect the diversity of community they serve. 3 in 5 Lambeth residents describe their ethnicity as other than White British and 150 different languages are spoken as a first language across family homes in Lambeth. Having Parent Champions that reflect the wider population makes them well equipped to understand the cultural contexts of the families they help.

Lambeth also runs regular 'People in the Lead' sessions, where local parents and carers share their opinions, experiences and ideas on Start for Life services. To ensure that everyone can attend, parents and carers are offered use of a free crèche, a voucher and breakfast or lunch. Feedback from these sessions directly informs local Start for Life services. For example, Lambeth recently changed how they described the early speaking and literacy support on offer after parents said it was hard to understand.

Lambeth Council will be one of 75 local authorities receiving additional funding through the [Family Hubs and Start for Life programme](#). They are looking forward to building on their work to amplify the voices of parents and carers through the establishment of a Parent and Carer Panel.



A welcoming hub for the family

Achievements

- A range of guidance has been published to support all areas in moving to a family hub model. Families can also be confident that their local family hubs are drawing from national best practice
- Funding 87 local authorities to roll out family hubs or further develop existing ones. The family hubs will bring together a range of services to ensure families have a single point of access to the support they need. This includes 75 local authorities funded by the Family Hubs and Start for Life programme and 12 local authorities funded via the Family Hubs Transformation Fund

Context

Family hubs join up services to improve how families access support, encourage professionals to work together and help families build trusting and supportive relationships. The Vision called for Start for Life offers to be at the core of what family hubs do. This means that local family hub networks should offer Start for Life services, including midwifery, health visiting, parent-infant mental health support, parenting courses and infant feeding advice. Family hubs also provide support for families with children of all ages, helping them to access a range of services from housing advice to youth clubs and from mental health support to drug and alcohol services.

The Review heard that having a welcoming local hub which families can drop into is vital, but this will not meet everyone's needs. Families were keen to return to face-to-face services after the coronavirus (COVID-19) pandemic, but they also wanted the convenience of accessing support virtually. Local family hub networks should therefore offer services virtually, in the community, and in family hub buildings so that all families can get the support they need.

Parents and carers also said that accessing support must be destigmatised so that no one feels shame when they reach out for help. Research from the Royal Foundation Centre for Early Childhood published after the Vision showed that 15% of parents find it difficult to ask for support because they do not want to feel judged. Meanwhile, 16% struggle because they want to avoid showing weakness.²⁵

²⁵ [Ipsos Mori for The Royal Foundation. \(2020\). State of the Nation: Understanding Public Attitudes to the Early Years.](#)

The Vision encouraged Start for Life professionals to explore innovative ways of introducing families to local hubs, destigmatising the support they provide. As part of this, it encouraged family hubs to provide birth registration services so that all families can engage with their local hub at birth. Since the Vision was published, local areas have also said that offering antenatal midwifery appointments in hubs could be another way to do this.

“My team and I are currently providing antenatal midwifery care from a local hub. By attending appointments there, families are not only introduced to the environment, but the array of resources available too. If all midwifery care was provided in similar local family hubs, we could break down barriers in accessing community services and significantly increase engagement.”

– Midwifery Practice Leader, Lambeth Early Action Partnership Caseload Midwifery Team.



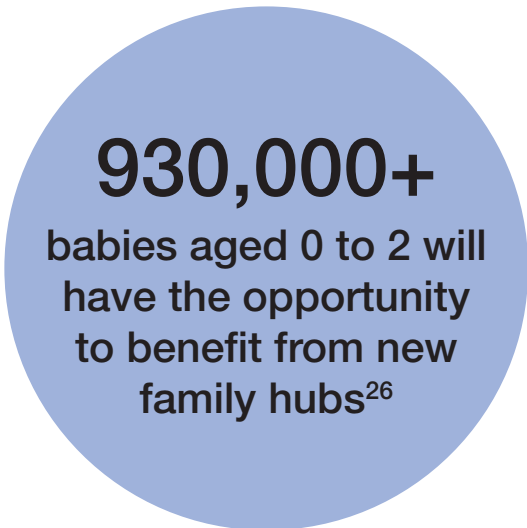
Commitments made in the Best Start for Life Vision

- Action 2.1 – We will work with local partners to maximise the resources and facilities they already have, in order to ensure the best offer is made available to families. We will also work with the National Centre for Family Hubs to ensure councils understand how best to build a family hub network, including incorporating existing Sure Start Children's Centres into their network where appropriate
- Action 2.2 – We will work with DfE, the National Centre for Family Hubs and others in the health system to encourage all family hubs to include a specific Start for Life offer
- Action 2.3 – In the next phase of the Review, we will work with the National Centre for Family Hubs, DfE and DHSC to identify the practical steps that should be taken at a national and local level to reduce the stigma some experience when asking for help. Every parent and carer needs to know it's perfectly normal to need help
- Action 2.4 – In the next phase, we will work with the Home Office, the National Centre for Family Hubs, DfE, DLUHC and to identify the best way to introduce families to their local Hub. We will encourage local authorities to consider offering birth registration services at the family hub

Progress against these commitments

The government is encouraging all local authorities across England to roll out family hubs for their communities, with a Start for Life offer at their core. Through the Family Hubs and Start for Life programme, 75 local authorities will receive additional funding to move to a family hub model or to develop the model further in the first half of 2023. These areas will also receive funding to provide parents, carers and babies with new and improved Start for Life services during the 1,001 critical days.

This is in addition to £39.5 million already committed to championing family hubs. As part of this, £12 million has been invested in the Family Hubs Transformation Fund to support another 12 local authorities to move to a family hub model.



930,000+
babies aged 0 to 2 will
have the opportunity
to benefit from new
family hubs²⁶

²⁶ This is rounded to the nearest 10,000 and based on most recent population estimates (mid-2021) from ONS on the number of babies and toddlers aged 0 to 2 in the 87 local authorities with funding to deliver family hubs. Source: [Estimates of the population for the UK, England, Wales, Scotland and Northern Ireland – Office for National Statistics \(ons.gov.uk\) \(mid-2021 edition\)](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandlife/birthsdeathsandmarriages/population/population-estimates).

Taken together, 87 local authorities are receiving additional funding for family hubs. Some areas which are not receiving additional funding such as Westminster, Essex, Leeds and Sefton are also choosing to roll out family hubs for their local communities. The number of families who can benefit from accessible, joined-up services will therefore be even greater.

As part of the £39.5 million investment, DfE is supporting a range of projects to support local areas across England to implement family hubs. This includes:

- A National Centre for Family Hubs, overseen by the Anna Freud Centre for Children and Families, to provide expert advice to areas moving to a family hub model. They have developed the [Family Hubs Implementation Toolkit](#), which provides practical guidance to all local authorities on moving to a family hub model that delivers Start for Life services. Parents and carers in all areas across England can be confident that their local family hubs can draw from national best practice
- A family hubs evaluation fund to build the evidence base of what works
- Data and digital products to support the practical implementation of family hubs by helping local professionals share information and improve how families access services
- Grants to accelerate the opening of family hubs awarded to local authorities across all 9 English regions

Families must feel comfortable accessing family hubs. They will provide services within hub buildings, online and in the community. Local authorities delivering the Family Hubs and Start for Life programme have also been asked to consider providing birth registration services and antenatal midwifery appointments at local hubs. This will encourage new parents and carers to visit a family hub at the earliest opportunity, destigmatising the support they provide and increasing awareness of how to get help.

What this will mean for families

- Parents, carers and babies across England will have access to universal, welcoming family hubs, where they can access a range of joined up Start for Life services alongside services for older children
- Through the local family hub network, families will be connected to virtual Start for Life services and support available in their communities
- Start for Life services will be better integrated, including with help for families who also have older children, providing wrap-around, holistic support
- Families will know where to get help when they need it

Pioneering family hubs in the Isle of Wight

The Isle of Wight was one of the first places in the country to establish a family hub network in 2015. Since then, Isle of Wight Council has continued to improve their offer for local families.

There are currently 3 large family hub centres across the island, supported by a series of smaller satellite hubs that are used for community outreach. The hubs are in buildings that families already go to and are on main bus routes to ensure they are accessible and in communities of greatest need.

The design of the family hub network has been informed by parents and carers' opinions and needs. For example, before introducing their current family hub set up, the Isle of Wight consulted widely with parents and carers via face-to-face community events, outreach work, phone calls and emails.

Over time, the Isle of Wight's family hub network has expanded to provide a greater range of services, through close working with the community, and voluntary and social enterprise sectors. Families can access many different kinds of support through the family hub network, including health visitors, targeted groups for dads, peer support for new parents and play sessions led by volunteers. Families can access services in person and online, so they are able to get support in a way that suits their needs. One example of this hybrid approach is the Isle of Wight's evidence-based parenting programmes. The programmes moved to a virtual delivery model during the coronavirus pandemic and were very well attended. As a result of this, the programmes are now offered both in person and online. The courses are promoted through the Family Hubs website and partner websites. Families can get printed copies of materials in community spaces such as schools, in family hubs and from healthcare workers.

To ensure that all families are aware of the services they can access through the family hub network, parents and carers can have their first midwifery appointment at a family hub. A family expecting a new baby is then signed up to access family hub services and given a tour of the local family hub by their midwife. This means that if parents and carers need support later on they know where they can find it. The Isle of Wight are also exploring the possibility of families registering new births at family hubs in future.

An empowered Start for Life workforce

Achievements

- Funding 75 local authorities to boost the capacity and capability of the Start for Life workforce, ensuring families can access the best possible care during the 1,001 critical days
- Funding innovative Start for Life workforce pilots in approximately 5 areas to explore how we can improve continuity of care through a multi-disciplinary Start for Life team with a key contact for each family. DHSC has led the design of the pilots. Engagement with eligible areas will take place over spring 2023, with the pilots due to begin in summer 2023. Further information on the eligibility criteria will be released shortly
- Introducing training in summer 2023 that will help Start for Life professionals in all areas across England to provide the best support for parents, carers and babies

Context

At the heart of achieving the Best Start for Life for every baby is an empowered, skilled and empathetic workforce that supports families through the 1,001 critical days. The Review heard from a number of parents and carers who did not know how they would have managed without the volunteers and professionals around them.

However, the Review also heard that in some areas the Start for Life workforce was significantly stretched and, in addition, a lack of join-up between some professionals left parents feeling unsupported and unable to care for their babies. Some parents also shared experiences of what they perceive to be racism, and others said professionals had not understood specific health issues affecting particular groups or had failed to show empathy for their concerns.

The Vision outlined a blueprint for a Start for Life workforce made up of a range of professionals and volunteers, each bringing skills, knowledge and empathy to interactions with families. From the first time they meet frontline staff, every parent and carer must feel they can ask for help and get joined-up support. This will only be possible if we have a workforce that understands the needs of families and how different professionals support them, has the capacity and empathy to build trust with parents and carers, and values the contributions made by volunteers.

Commitments made in the Best Start for Life Vision

- Action 4.1 – There needs to be a strong focus on sharing best practice within the Start for Life workforce. We will work with the Local Government Association, Public Health England or its successor body, the education sector (including Health Education England) and others to develop improvements to interdisciplinary training and development
- Action 4.2 – The importance of demonstrating empathy should continue to be at the heart of training and development for the Start for Life workforce. We will help local partners share best practice so that this becomes a central part of how we build a Start for Life workforce that supports all families
- Action 4.3 – We will work with local leaders and the National Centre for Family Hubs to further explore the concept of a ‘key contact’ for every family. The ‘key contact’ can ensure a good level of continuity within the multidisciplinary team providing support to babies and families
- Action 4.4 – We will work with the Start for Life sector, professional bodies, the education sector, DHSC, DLUHC and HM Treasury to develop costed proposals to strengthen the Start for Life workforce. This will include how to increase diversity in professions, how to address issues with workload and supervision, and how to ensure we are training and retaining the skilled professionals needed to support families
- Action 4.5 – We know that health visitors are central to how we support families. Because of this, we will work with the health visiting profession, the Government’s Principal Adviser for Public Health Nursing, the Nursing and Midwifery Council, Health Education England and others to ensure health visiting is viewed as an attractive career and that skilled health visitors are developed and supported so they stay in the profession. This will form part of our wider work on how to develop a modern, diverse and skilled Start for Life workforce

Progress against these commitments

DHSC is supporting the Start for Life workforce to further develop their skills and capacity. The Family Hubs and Start for Life programme will boost the workforce’s capacity and capability in 75 local authorities across England by funding:

- **Staff dedicated to supporting families with infant feeding, parent-infant relationships and parenting.** Parents and carers in these areas will be able to access the right support from the right professionals and volunteers when they need it. For example, local authorities might set up well-supervised peer supporters to give parents practical advice on overcoming infant feeding challenges
- **A range of support to help the Start for Life workforce provide the best possible support to families.** This includes, for example, ensuring that all staff who provide parent-infant relationship support can access advice from a senior supervisor. Staff will also be offered training commissioned by Health Education England on evidence-based parent-infant relationship interventions, which is due to start from April 2023

The programme will also invest £10 million between April 2023 and March 2025 in pilots to explore innovative ways of organising the Start for Life workforce, with a focus on skill-mix and building workforce capability. A skill-mix approach is where a range of professionals and volunteers work with midwives, health visitors and other services to increase capacity. Participating areas will be expected to co-produce their model with families to ensure their thoughts on the skills and support they need are fed into the design. These pilots will build the evidence base on what increases capacity and job satisfaction in the workforce. As part of this, they will evaluate options for improving skills, recruitment and retention within the Start for Life workforce so that front line professionals can provide empathetic care to every family.

The pilots will also look at how we can improve continuity of care by ensuring that each family has a key contact with the necessary skills to support them and connect them to other professionals depending on their needs. In universal cases, the key contact could be an early years worker with the right skills to support the family, supervised by a health visitor. Participating areas will have the opportunity to shape the details of their workforce model to suit their local need and circumstances around this common framework.

By thinking more creatively about how we provide public health support during the 1,001 critical days, we hope that more families will receive the help they need and see the benefits of a key contact they know and trust. The importance of this has been highlighted by the Children's Commissioner. In her [Independent Family Review](#), she argued that every family accessing support should have a single key contact that guides them through the system. Engagement with eligible areas will take place over spring 2023, with the pilots due to begin in summer. Further information on eligibility criteria will be released shortly.

New training is also being put in place to support the Start for Life workforce in all areas across England, including those not receiving additional funding. This includes:

- Investing in the future pipeline of mental health professionals by funding an additional 11 places on courses to train new clinical psychologists and child and adolescent psychotherapists
- New online training modules that will train busy frontline staff to remember the importance of demonstrating reassurance and empathy when supporting families. This will also enable the workforce to understand the links between different issues that families might face so that they are better equipped and more confident in providing holistic support. These e-learning modules are currently in development and will be published by Health Education England this summer

What this will mean for families

- Parents, carers and babies will benefit from additional staff dedicated to infant feeding and parent-infant relationships, perinatal mental health and parenting support programmes in their local area
- Parents, carers and babies will benefit from a Start for Life workforce that is better supported and trained in delivering joined-up support where and when they need it

Compassionate, joined-up care in Cornwall

In Cornwall, a range of front-line professionals, from health visitors to infant feeding volunteers, work together to provide holistic Start for Life support for families. As part of this, they have 19 Best Start in Life (BSIL) practitioners that provide targeted support to parents and carers with babies from conception to age 2.

When a family is referred to the BSIL programme, a group of early years professionals, including a BSIL Team Manager, a specialist health visitor for perinatal mental health and parent-infant relationships, and a senior educational psychologist, work out together how to best support the family. The BSIL practitioner then works closely with the family as their named contact alongside other frontline professionals and volunteers to ensure that they get the help they need.

Ali's* mum was struggling with her mental health after a difficult pregnancy and birth, and needed support. She and Ali were referred to Cornwall's BSIL programme in March 2022. Ali's mum was very worried about Ali's health. Ali had no speech at 15 months old and his Mum did not have the confidence to take him outside.

The BSIL practitioner focused their first visits on building trust and providing a safe, empathetic space for Ali's mum to share her feelings and concerns. They then helped the family to get baby clothes from a local charity and worked with Ali's mum to support his language development, seeking advice from Cornwall's speech and language therapy services.

This support helped build Ali's mum's confidence so the BSIL practitioner then connected them to a local toddler group. They went with the family on their first visit, ensuring that Ali's mum felt supported. After this, she felt able to take Ali to local toy libraries and soft play areas.

Throughout this period, the BSIL practitioner ensured that the families' health visitor was kept updated on progress via Cornwall's data-sharing platform for children's services. The health visitor said that she has "no doubt that Ali's mum wouldn't be where she is today if it wasn't for the Best Start in Life support".

*Names have been changed.

Evaluating and identifying best practice

Achievements

- Designed and launched a comprehensive evaluation of the Family Hubs and Start for Life programme. This will help to improve services for families and inform future investment decisions in the 1,001 critical days
- Selected 14 local authorities to become 'trailblazers'. These areas will lead the way in delivering the Family Hubs and Start for Life programme and support other areas with their expertise
- Promoted the sharing of best practice with local authorities on 'what good looks like' when delivering Start for Life services

Context

The Review saw some excellent evidence-based services that meet the needs of local communities. It also found encouraging examples of local areas sharing best practice.

However, Start for Life offers in some areas were not based on the best evidence of what helps families most. Not all services were evaluated well and efforts to collect comprehensive data on outcomes varied. 97.3% of local authorities in England reported data on breastfeeding at 6 to 8 weeks in 2021 to 2022. However, only 51.3% passed all data quality checks²⁷. Therefore, while many local authorities have some data available on breastfeeding outcomes, we cannot be confident in the quality of this data in some areas. It is also sometimes challenging to pull together a reliable national picture.

The Vision committed the government to share best practice, including on how to design and promote a Start for Life offer, how to empower the workforce, and how to establish strong local leadership of Start for Life services.

It also committed to improving the evaluation of Start for Life offers. This will give local authorities, health commissioning bodies and families confidence that the support offered in their local area will deliver continuous, cost-effective improvements during the 1,001 critical days.

²⁷ Sufficient data is defined as local authorities where the sum of those infants with recorded data on breastfeeding status is between 95% and 100% of the total number of infants. [Source: OHID. \(2022\). Breastfeeding prevalence at 6-8 weeks after birth: annual data 2021 to 2022.](#)

Commitments made in the Best Start for Life Vision

- Action 1.2 – We will share the lessons of best practice, including how local authorities design and promote their Start for Life offer. During the implementation phase of this Review, we will work with local leaders to identify and implement best practice in the Start for Life offer
- Action 4.1 – There needs to be a strong focus on sharing best practice within the Start for Life workforce. We will work with the Local Government Association, Public Health England or its successor body, the education sector (including Health Education England) and others to develop improvements to interdisciplinary training and development
- Action 5.1 – We will work with others to better understand why existing data collection requirements are not universally met. We will look to find the quickest way to achieve long-lasting compliance for the collection of relevant data within existing resourcing. We will also promote data sharing where it is proportionate
- Action 5.2 – We will work with others to identify the best and most cost-effective ways to implement ‘what works’. This will include exploring whether the remit of the Early Intervention Foundation means it is best placed to lead this work or whether we need a new body
- Action 6.6 – In the next phase we will work with local leaders and the lead minister in conjunction with colleagues in HM Treasury to understand efficiencies and to build the economic case for further investment in the Start for Life



Progress against these commitments

Evaluating what works

The Family Hubs and Start for Life programme is a brilliant opportunity to improve our shared understanding of what helps families. The 75 local authorities delivering the Family Hubs and Start for Life programme cover a range of urban and rural settings, enabling us to understand what works in different places and contexts.

The programme also strikes a balance between minimum criteria that all local authorities must meet and having flexibility for areas to go beyond these in different ways, depending on local need. This is set out in the [Family Hubs and Start for Life programme guide](#) published in August 2022. This balance of national specificity and local flexibility provides a good opportunity to learn about different ways of helping families. It also encourages local authorities that are ready and able to be ambitious in the services they provide for families.

All 75 local authorities delivering the programme will provide regular data on its impact. This could include, for example, data on parental attachment and whether babies are meeting important development milestones. We will also do more in-depth evaluation with a smaller group of local authority areas to build a detailed understanding of how to provide every baby with the best start in life.

All of this learning will add to the evidence base that DfE is developing on family hubs and the early years, including:

- An in-depth evaluation of family hub delivery in 10 of the areas receiving funding from the £12 million Family Hubs Transformation Fund
- Research to better understand how to improve access to family hubs. [A behavioural insights programme](#) will explore what works to drive the uptake of family hub services, particularly by families most in need. This is alongside research into ways of introducing parents and carers to family hubs, including through the birth registration process
- A family hub [evaluation innovation fund](#) to build the evidence base around family hubs in Doncaster, Leeds, Essex, Suffolk, Bristol and Sefton
- [Longitudinal research](#) that will follow children during the first 5 years of their lives, and potentially beyond, shedding new light on the factors that can influence their development in the early years

It also complements the wider work on improving the evidence base for early intervention that will be delivered by merging the Early Intervention Foundation and What Works for Children's Social Care. The newly created organisation, operating initially under the working name of What Works for Early Intervention and Children's Social Care, will create a single centre covering the full range of support for children and families, including Start for Life services.

This progress and the evaluation of the Family Hubs and Start for Life programme will improve our understanding of what best delivers positive outcomes for babies. As part of this, it will strengthen the evidence on providing excellent Start for Life support through family hubs and alongside services for older children.

Evaluating parenting support in Bradford

Born in Bradford (BiB) is an internationally recognised applied research programme which works with local partners to improve children's health and wellbeing through the development and evaluation of interventions. Bradford is an ethnically diverse area with many families living in income deprived households, and many children facing a challenging start in life.

As a part of the Community Funded Better Start Bradford programme, BiB have evaluated a number of antenatal parenting support programmes, working in partnership with Bradford Council. They gathered data on referrals, enrolment and completion rates for each programme. They also used questionnaires to understand families' experiences of the programmes.

The results showed that 2 of the parenting courses had lower completion rates, especially among women living in deprived areas and those from Pakistani and black ethnic backgrounds. However, one programme had much higher completion rates and very positive feedback. 98% of parents who responded said they were happy with the programme, and 95% said that the information they received was useful to them.

Bradford Council's children's services have used this evidence to recommend that the successful programme is rolled out more widely across Bradford in place of other programmes. The research team continue to evaluate this successful programme, with plans to understand if parental mental health and parent-infant relationships improve as a consequence of parents attending the programme. This will provide greater insight into how best to support parents and babies during the 1,001 critical days.



Sharing best practice

DHSC is working with DfE and the National Centre for Family Hubs to support local authority areas across England to identify and share best practice. As a result, all areas will be able to understand the best ways to support families.

As part of this, the National Centre for Family Hubs are establishing a range of best practice groups that will bring together local authorities and partners to share insights and co-design solutions. The learning from these communities will then be shared with all local authorities across England.

Following a competitive bidding process 14 local authorities have been selected to become 'trailblazers' for the Family Hubs and Start for Life programme.

Trailblazers will be awarded additional funding for the first financial year of the programme to go further, faster in delivering some or all of the Start for Life services funded by the programme. This additional funding will enable trailblazers to be more innovative and ambitious in transforming or expanding these services.

As national programme leaders trailblazers will lead on sharing learning and best practice with all local authorities across England.

DHSC is also identifying and promoting good practice on specific policy areas to benefit all local authorities. For example, guidance on rolling out Start for Life offers and Parent and Carer Panels has recently been published. Similarly, the workforce pilots will also identify innovative best practice for building multidisciplinary Start for Life teams in all areas across England.

What this will mean for families

- No matter where they live, parents, carers and babies should be able to access high quality support tailored to their needs. This support should be based on national good practice and the best available evidence of 'what works'
- Families will have access to publicly available information on what good looks like and know where to access the best support, enabling them to challenge local service providers if they have concerns

The 14 trailblazers for the Family Hubs and Start for Life programme



| Local authority awarded trailblazer status | Services that the trailblazers will be expected to go further, faster in improving | | |
|--|--|----------------|-------------------|
| | Perinatal mental health and parent-infant relationships | Infant feeding | Parenting support |
| 1. Blackpool | | | |
| 2. Cornwall | | | |
| 3. County Durham | | | |
| 4. Coventry | | | |
| 5. East Sussex | | | |
| 6. Hull | | | |
| 7. Isle of Wight | | | |
| 8. Kent | | | |
| 9. Manchester | | | |
| 10. Northumberland | | | |
| 11. Salford | | | |
| 12. Sheffield | | | |
| 13. Sunderland | | | |
| 14. Torbay | | | |

National and local leadership

Achievements

- Established a Start for Life Unit in DHSC to work with other departments and the Government's Early Years Adviser to champion the 1,001 critical days across government
- The Vision set the expectation that all local authorities should identify a single local leader responsible for designing and delivering Start for Life services. Since then, the 75 local authorities receiving additional funding have each formally agreed to establish this local leadership

Context

Many government departments and local partners support parents, carers and babies through the 1,001 critical days. At a national level, this includes, to name a few, DHSC, DfE and DLUHC²⁸. Local authorities, local health organisations, the third sector and many volunteers then provide a range of local services. The Review heard that this limited the national and local accountability for giving every baby the best start for life and that this sometimes meant that decision-makers did not put the baby at the centre of what they do. The Review also found that investment in Start for Life services was not always prioritised when and where it needed to be.

The Vision called for the government to establish a cabinet minister with clear oversight for Start for Life policy, supported by a cross-government team – a Start for Life Delivery Unit. Together, they would deliver the Vision and transform support for families.

Locally, the Vision championed each local authority appointing a single identifiable leader to oversee the delivery of services. This would ensure high-quality services and support, joined-up and overseen by strong visible leadership accountable to parents and carers.

The Vision also committed to ensuring that Start for Life is integrated into all relevant government policy and implementation. This included ensuring that Start for Life is integral to Integrated Care Systems and working with NHS England and Improvement to consider the commitments already made in the NHS Long Term Plan.

²⁸ Formerly known as the Ministry of Housing, Communities and Local Government.

Commitments made in the Best Start for Life vision

- Action 6.2 – Our vision is that delivering support and services to families during the 1,001 critical days will be the responsibility of a single, identifiable leader who would be accountable for the Start for Life offer in their area. This leader ensures that the 1,001 critical days are prioritised and that excellent services are co-commissioned across the public and third sectors as part of the Integrated Care Systems core offer
- Action 6.3 – A Cabinet Minister will oversee implementing the agreed actions from this Review and for ensuring that Start for Life is kept at the heart of policy-making decisions across government
- Action 6.4 – The minister will be supported by a cross-government team – a Start for Life Delivery Unit – that will work across government and with the wider sector to implement this Vision and transform the support for families during the 1,001 critical days. The Chairman of the Early Years Healthy Development Review (Rt Hon Andrea Leadsom MP) will continue her work as the government’s adviser in this area
- Action 6.5 – We will ensure the needs of babies and their carers are at the heart of policy development and implementation. We will work with NHS England and NHS Improvement to take into account the commitments already made in the NHS Long Term Plan, particularly on maternity services and the introduction of parent-infant support

Progress against these commitments

The government remains committed to providing strong national Start for Life leadership. The Start for Life Unit was established in April 2021 to implement the Review’s recommendations. The Unit reports to the Secretary of State for Health and Social Care and works with teams across the government to champion the needs of babies. DfE, in particular, play a critical role in delivering the Family Hubs and Start for Life programme.

The Government’s Early Years Adviser, the Rt Hon Dame Andrea Leadsom MP, will also continue in her role until the end of this Parliament. Together with the Secretary of State for Health and Social Care, the Minister for Primary Care and Public Health and the Minister for Children, Families and Wellbeing, Dame Andrea will provide a powerful voice on the importance of the 1,001 critical days in national policymaking.

The Start for Life Unit has already achieved a number of early successes. For instance, the Unit has:

- Secured funding as part of the 2021 Autumn Budget announcement of over £500 million of support for families. Over £300 million of this was funding for the Family Hubs and Start for Life programme, led jointly by DHSC and DfE
- Worked with NHS England to identify how the Family Hubs and Start for Life programme can best complement the NHS Long Term Plan's existing commitments. This includes, for example, the programme's focus on perinatal mental health support for dads and co-parents
- Worked with other teams across DHSC to put babies' needs at the heart of the new governance structures responsible for delivering and commissioning local health services
- Through the Health and Care Act, Integrated Care Boards must outline the steps they will take to address the needs of children and babies when planning and commissioning local services. Moreover, DHSC has published guidance for Integrated Care Partnerships that says they should specifically consider how to improve the health and wellbeing of babies

At a local level, the Start for Life Unit has also taken steps to ensure clear accountability and leadership for Start for Life services. All 75 local authorities eligible for funding from the Family Hubs and Start for Life programme have agreed to identify a single accountable leader responsible for improving Start for Life support. In visits to local authorities across the country, the Government's Early Years Adviser has also strongly encouraged all areas to appoint local Start for Life leaders.

What this will mean for families

- Parents and carers will be confident that changes to government policy are made with their baby's wellbeing in mind
- Parents and carers in at least 75 local authorities across England will have a single identifiable leader accountable for Start for Life services

Priority areas for further work



Every baby deserves world class support during the 1,001 critical days. This report has outlined the government's progress over the past 2 years in delivering the Vision. But there is more to do, and the government remains committed to giving every baby the best start for life.

This section sets out the areas that the Start for Life Unit will focus on over the coming months.

| | |
|-----------------|--|
| Priority Area 1 | Ensure the Family Hubs and Start for Life programme delivers rapid, visible support for families. |
| Priority Area 2 | Develop a digital version of the personal child health record to give parents easy access to information about their child and to enable professionals to understand the support babies and their families may need. |
| Priority Area 3 | Develop a Start for Life outcomes framework, review the regulatory framework for children's health services and ensure there is a proportionate and effective inspection regime. |



Priority Area 1: Ensure the Family Hubs and Start for Life programme delivers rapid and visible support for families

The Family Hubs and Start for Life programme is a brilliant opportunity to change the lives of thousands of parents, carers and babies across England. National and local government, the health sector and Start for Life professionals must use this programme to deliver better services for families, develop our understanding of ‘what works’ and build the evidence base for future investment decisions.

As part of this, the Start for Life Unit will:

- Support all local authorities to deliver new and improved Start for Life offers to local families. The Start for Life Unit has recruited regional delivery experts who, alongside the National Centre for Family Hubs and What Works for Early Intervention and Children’s Social Care (created through the merging of the Early Intervention Foundation and What Works for Children’s Social Care) are supporting local authorities to implement ambitious plans tailored to local need
- Share the programme’s learning and best practice with all local authorities across England. This will ensure that parents and carers can be confident that their local services and support are based on ‘what works’. In particular, we will work with the programme’s 14 trailblazers to help all areas understand how to improve their Start for Life offers
- Evaluate the 75 local authorities receiving additional funding through the programme to build the evidence base for future investment decisions. Working with independent evaluation partners, local authorities and the health sector, the Start for Life Unit and DfE will gather and assess data on the programme’s delivery and impact. This will be a critical part of informing future decisions on how we ensure every baby gets the best Start for Life
- Support the Start for Life workforce to provide the best possible care for families. The Start for Life workforce pilots are due to launch in 2023 in a small number of areas (approximately five). Evidence from these pilots will be used to develop innovative workforce models, which include skill-mix, building the capabilities of the workforce and considering the benefits of a key contact for every family. A skill-mix approach is where a range of professionals and volunteers work with midwives, health visitors and other services to increase capacity. This will empower the Start for Life workforce to provide the best possible care for families. Engagement with eligible areas will take place over spring 2023, with the pilots due to begin in summer 2023. The Start for Life Unit will also continue to work with other government departments to consider how else we can support the early years workforce

Priority Area 2: Develop a digital version of the personal child health record

The Vision committed NHSX (now part of NHSE) and DHSC to work closely with parents and carers to develop a Digital Personal Child Health Record (DPCHR) by April 2023.

Commitments made in the Best Start for Life Vision

- Action 3.2 – We will work closely with NHSX and in consultation with parents and carers to develop the Digital Personal Child Health Record, replacing the existing paper Personal Child Health Record or ‘Red Book’
- Action 3.3 – We will work closely with NHSX and local partners to roll out a Digital Personal Child Health Record for every new birth by April 2023
- Action 3.4 – We will support NHS England and NHS Improvement as they develop additional features for the Digital Personal Child Health Record

The government has done a great deal of work on this and remains committed to delivering a Digital Personal Child Health Record (DPCHR). The roll-out will begin in April 2023. Many parents already have digital access to their child’s records. Once the NHS App includes proxy access to records, millions more will have access. There will be a rolling delivery of improvements and further features over the next 2 years – this will enable NHSE to put the needs and experience of parents and families at the heart of the design process, while integrating the new functionality with the NHS App and Electronic Patient Record programme. The roll-out will be completed by March 2025.

The completed DPCHR will improve data sharing between different parts of the Start for Life system. This will reduce the burden of data collection on frontline staff and make it easier for them to understand the full picture of a babies’ development and identify early warning signs of health issues or abuse.

The DPCHR will also improve parents’ experiences, limiting the number of times they must retell their story to different professionals and giving them one digital record of their baby’s development. This will include vaccination records which play an important role in promoting every baby’s health and wellbeing.

The Start for Life Unit will continue to work with NHSE as they design and deliver the DPCHR. We will ensure the needs and interests of parents, carers and babies are central to its development.

Priority Area 3: Drive continuous improvement in Start for Life services

The Vision was clear that there needs to be a shared purpose for everyone delivering Start for Life services. Families also need assurance that services are high-quality and continually improving.

The Start for Life Unit will build on this by developing a Best Start for Life outcomes framework. It is vital that any Start for Life outcomes framework has broad support and is aligned with other child and family outcomes frameworks. Only then will it focus the sector on the needs of babies and ensure that local family services are delivered in a joined-up way.

The Start for Life Unit will work across and beyond government to explore the best way to implement a Start for Life outcomes framework. As part of this, it will:

- Compare existing outcomes frameworks across the Start for Life, early years and family support sectors and identify metrics which are common indicators for a range of positive outcomes for babies, both during and beyond the 1,001 critical days
- Work closely with experts, the third sector, local authorities, service providers and local health organisations to ensure any new outcomes framework has broad support across the early years and family sector, delivers positive change for babies and complements existing frameworks for local government and public health
- Ensure any new outcomes framework supports local areas to focus their services on the results that matter and provides parents with easily accessible information on outcomes in different areas

Commitments made in the Best Start for Life vision

- Action 5.4 – We will engage across the system to develop an Outcomes Framework that has broad support
- Action 5.5 – We will work across government and the public sector to identify opportunities to improve the regulatory framework, ensuring it is proportionate. This framework will give parents and carers vital assurances about the quality of services in their local area and, at a national level, give government a clear overview of performance

The Start for Life Unit will consider other ways to drive continuous improvement in Start for Life services. As part of work on action 5.5, it will identify opportunities to review the regulatory framework for children's health services, and consider if a targeted inspection of those services would improve support for families. It will:

- Review how parents and carers are provided with vital assurances about the quality of local services
- Consider how regulation, inspection and other continuous improvement approaches for Start for Life services can promote and support the delivery of high quality local services. Any changes will be designed to be useful for local areas, to empower professionals and to consider Start for Life services as part of a wider package of support for families tailored to local needs. The Start for Life Unit will work closely with other government departments, especially DfE, as proposals are developed
- Ensure that the regulation, inspection and other approaches to driving continuous improvement to Start for Life services align with existing initiatives where appropriate, such as the approaches taken for other children's services. This will mean that assurance is provided to families in a recognisable and comparable way. It will also give families confidence that every service they access can provide joined-up support for their child and that those individual services are not assessed or operating in isolation







