



# THE PARENT-INFANT PREMIUM

## Investing in Our Future

**The Parent-Infant Premium is an innovative policy proposal to drive system change and support science-led, collaborative local efforts to tackle inequalities at the earliest opportunity.**

Based on the Pupil Premium, this new spending would focus attention on reducing inequalities in outcomes for children from pregnancy and in the early years, so that our children start school ready to explore, play and learn.

This briefing explains how the Parent-Infant Premium would work and how it would help the Government to deliver against a number of its priorities for this Autumn's spending review: levelling up opportunities, investing in people and improving outcomes.

Our babies are our future. Investing in their early development is critical to ensure the UK has a strong, productive economy and a healthy society for decades to come. This proposal is led by the science.

There is a wealth of evidence that shows that pregnancy and the earliest years provide an opportunity to have substantial impact on a child's lifelong health, happiness, learning and earning power. Research also clearly shows that investment in the early years can result in significant benefits for society and the economy, including reducing the need for public services later in a child's life.<sup>1</sup>

The Parent-Infant Premium is therefore a "win, win, win" proposal – a win for babies and their families, a win for society, and a win for the economy.

September 2020

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# What is the Parent-Infant Premium?

The Parent-Infant Premium is an exciting new policy proposal, which would provide additional funding for local partners to spend collaboratively to improve the life chances of children in their area, through reducing inequalities in early outcomes. It would be a distinct grant, paid quarterly to local commissioners, according to the number of babies and young children in their area from disadvantaged families from the last trimester of pregnancy until their third birthday.

Local partners would have the freedom and flexibility to spend the money in the best way to improve outcomes and reduce inequalities for young children in their area. They would be both supported and held to account for spending the funding effectively. The Premium would provide local decision makers with sustained and predictable additional resource and place new focus on improving outcomes for the most vulnerable children from before birth.

## The case for a Parent-Infant Premium

There are unacceptable inequalities in the early life experiences and opportunities of many children in this country. If we are to “level up”, effectively tackle health inequalities, improve life chances and create a more productive and prosperous nation, we must address these issues at the earliest opportunity. There must be a sharp focus on improving outcomes for children from more disadvantaged communities from the start. The Parent-Infant Premium provides that focus.

The Parent-Infant Premium is modelled on the Pupil and Early Years Premiums which enable schools and early years settings to close achievement gaps between disadvantaged children and the rest. Since 2011, the Pupil Premium has provided schools with additional funding with the aim of improving outcomes for the most disadvantaged pupils. The policy has “enjoyed substantial support”<sup>2</sup> and “played a significant role in encouraging schools to concentrate on improving the outcomes of disadvantaged pupils.”<sup>3</sup>

We believe that the concept of premium payments should be extended to begin before birth, creating a relentless focus on improving outcomes and addressing inequalities throughout childhood.

The science tells us that inequalities begin and are often embedded long before children start school, with disadvantage typically widening with age. Research shows that home has a bigger impact on children’s outcomes in the early years than childcare settings.<sup>4</sup> It is therefore clear that to “level up” successfully and achieve a significant and sustained reduction in inequalities, there needs to be a premium payment focused on supporting families through pregnancy and the early years.

**“Income-related learning gaps are both wide and deep. These gaps are already present by the age of three (and in some cases even earlier) and then steadily increase as children grow older.”**

Early Intervention Foundation<sup>5</sup>

**The Pupil Premium addresses gaps in learning which already exist. The Parent-Infant Premium could prevent these gaps in the first place.**

There are significant gaps in funding for services that support families in the first 1,001 days from conception.<sup>6,7</sup> Research has also found that very often, the needs of babies are not identified, understood, supported or prioritised at a local level.<sup>8</sup> Attention is often focussed on late, rather than early intervention.<sup>9</sup> Therefore, additional resource is essential, but it must also be targeted and accompanied by clear direction and accountability in order to translate into better services (and hence better outcomes) for babies and their families.

The Parent-Infant Premium would provide additional funding to local areas across England to support strategic, joined-up efforts to improve outcomes in the first 1,001 days and beyond. It is not a one-off spend or a single initiative but a sustained investment that will drive system change.

# An example

Maya is 18 months old. She lives with her mother in poor-quality, private rented housing in a small town. Maya's mother suffered from domestic abuse while she was pregnant and struggled to bond with her when she was born. Maya's mother works part-time and during that time Maya is with friends and family members as they cannot afford formal childcare.

The family struggle to make ends meet and have few books or toys in the house. They have a supportive network of friends and community members and enjoy attending toddler groups at the local church. There is no library or children's centre in their town.

Maya's mother had a phone call contact with their health visitor when Maya was nine months old. They will not have contact with the health visiting service again for another year.

**With Parent-Infant Premium funding, local commissioners could help Maya and her family and tackle factors which we know put Maya's early development at risk. Approaches might include:**

- **Funding a local specialist parent-infant relationship team to provide individual or group work interventions for families struggling with their early relationships because of factors such as domestic abuse or poor parental mental health. This would ensure Maya's mum could provide the sensitive, nurturing care which we know is essential for Maya's cognitive, social and emotional development.**
- **Supporting Maya's church play group to establish a toy and book library so that children like Maya have more enriching learning and play materials at home.**
- **Ensuring all health visiting contacts are face-to-face and creating more capacity within the health-visiting team to provide additional contact with families.**
- **Enabling the health visiting team to establish partnerships with charities like Home-Start and Best Beginnings, which would enable Maya's mum to get information, advice and volunteer support throughout Maya's early childhood.**

# Why should the Parent-Infant Premium be considered in the 2020 Spending Review?

## The Parent-Infant Premium is informed by the science

Evidence demonstrates that pregnancy and the first years of life are a critical period in development. This is a time of uniquely rapid growth. Babies' brains are most 'plastic' or adaptable in this period as many millions of neural connections are made and then pruned as the architecture of the brain is developed.<sup>10</sup>

Although children's futures are not determined by the age of two, wellbeing and development in the early years are strongly linked to later outcomes.<sup>11</sup> The science shows that by supporting families effectively during pregnancy and the earliest years, we have an opportunity to put children on a positive developmental trajectory, better able to take advantage of other opportunities that lie ahead.

Conversely, if babies have a difficult start, it can lead to an increased risk of a wide range of poor physical and mental health, social, educational and economic outcomes.<sup>12,13</sup>

## Pregnancy and the early years are THE BEST TIME to level up

The Government has set out a clear ambition to level up opportunities and outcomes across the country. Inequality begins even before birth: children in low income families are more likely to be born prematurely and to have a low birth weight, factors which influence early development.<sup>14</sup> Gaps in early cognitive development are clear by age three, and often earlier.<sup>15</sup> Income-related language gaps are present by 18 months and entrenched by age

three. These make it harder for children to thrive at nursery and school and have knock-on consequences for their ability to achieve their potential. But this is not inevitable.

Early action can address gaps in development. For example, there is strong evidence intensive home-visiting support can improve cognitive development during toddlerhood.<sup>16</sup> The antenatal period and the early years are the key time to invest in tackling inequalities. But there is no single, simple solution to address gaps in early development: comprehensive and multifaceted action is required.

## The Parent-Infant Premium could be a core part of COVID recovery

During the COVID-19 pandemic, things have been tougher for families and gaps in outcomes are likely to have widened. Our survey of over 5000 parents has shown that COVID-19 affected babies and their families in very different ways, but some parents struggled enormously and described feeling abandoned or falling through the cracks.<sup>17</sup>

Importantly, the research showed that families already at risk of poorer outcomes have suffered the most. Many families with lower incomes, from Black, Asian and minority ethnic communities and young parents have been hit harder by the COVID-19 pandemic. This is likely to have widened the already deep inequalities in the early experiences and life chances of children across the UK.

COVID-19 revealed and exacerbated the huge inequalities in the resources available to families in

the UK and the experiences and life chances of children. As we recover from this national crisis, we have a chance to do things differently: to be ambitious and to make change. The Parent-Infant Premium does this. It is an innovative way to build new support for parents and drive a system-wide focus on addressing early disadvantage. It provides a new opportunity for local partners to harness the voices of parents of all backgrounds to find new solutions, innovate and build systems of support and services that deliver to their needs and the needs of their children in the 2020s and beyond.

## The Parent-Infant Premium will build skills and strengthen the economy

The Government's top priority for the spending review is to strengthen the UK's economic recovery by prioritising jobs and skills. Skill creation begins at birth and economic outcomes are associated with what happens in the first years of life.

The science shows us that children's development at just 22 months is linked to their qualifications at 26 years.<sup>18</sup> Good early development, including cognitive, social and emotional development, increases the chances that children will go on to achieve their potential in later life and contribute to society and the economy.<sup>19</sup>

## The Parent-Infant Premium invests in our people

Investing in physical infrastructure – roads, rail, buildings – is important. But our real potential is only realised when we invest in our people. In the future, remote and virtual working may be more of a norm, but our workforce's cognitive, social and emotional skills will still be critical to national productivity and competitiveness.

The Parent-Infant Premium is an investment in our people, our future workforce. It holds a key to breaking cycles of disadvantage, levelling up opportunity and improving future productivity.

Nobel Laureate economist, Professor James Heckman has shown that the highest rate of economic return comes from the earliest investments in children. His work shows “the economic benefits of investing early and building skill upon skill to provide greater success to more children and greater productivity and reduce social spending for society.”<sup>20</sup>

## Improving outcomes in public services

After a decade of austerity, services for babies and their families across the country are depleted. There is also huge variation in the provision of support for families. For example:

- CAMHS services in 42% of CCG areas in England have no mental health offer for children under two.<sup>21</sup>
- Within health visiting services, 65% of 9-12 month reviews and 79% of 2-2 ½ year reviews are delegated to practitioners who are not health visitors. In many local areas, these are being offered by phone or letter, rather than being a face-to-face appointment or home visit.<sup>22</sup>
- 20% of children nationally miss out on their important 2.5-year-old development check, this rises to 65% in some local areas.<sup>23</sup>

The Children's Commissioner's recent report highlighted that in the last year, 29% of five-year-olds were not at the expected level of development, rising to 45% of children who are eligible for Free School Meals. 185,000 children each year who are not starting school ready to learn.<sup>24</sup>

It is vital that Government tackles the shortfall in core funding for essential services. In addition to this, the Parent-Infant Premium would provide extra resource and focus local attention on improvements to support for families in the early years. This policy, which includes support for local decision makers, and increased accountability, should start to address the unwarranted local variation in the provision, quality and effectiveness of services for families.



# How does the Parent-Infant Premium work?

In this briefing, we set out a pragmatic way that this policy could be implemented quickly. Our proposals have their limitations, grounded in broader issues such as the current lack of integration and limitations in outcomes measures. We have made suggestions for broader improvements to tackle these issues. Funding for babies should not wait until these wider issues are resolved, but it is important that we are also ambitious about solving the wider challenges in the system.

## Identifying need

The Pupil Premium is given to schools according to the number of children who claim free school meals, looked after children, and children of armed forces families. Funding does not have to be spent on interventions that are only for eligible children. It can be used to support any local action that will close gaps in outcomes.

Child development is shaped by what happens before birth, so the Parent-Infant Premium should be paid from the third trimester of pregnancy until the age of three (when the Early Years Premium begins). This would create a continuous premium payment that follows the child through childhood.

The Parent-Infant Premium could be linked to the number of babies and toddlers in an area whose families are in receipt of specific benefits/credits, similar to Free School Meal eligibility. Income is a significant factor in influencing early development and can act as a proxy for wider disadvantages.

As the aim of the policy is to reduce inequalities, funding might also be allocated on the basis of the number of babies and toddlers in other disadvantaged groups, such as those from Black, Asian and minority ethnic communities and families with young parents. Government must assess where there is high quality data about the occurrence, and co-occurrence, of risk factors amongst babies and work with stakeholders to understand how levels of need could be robustly measured to inform spending allocations.<sup>i</sup>

## Recipients

Because there is not a single service (like schools) which the new premium can go to, it should go to local commissioners. Commissioning of services for families in this life stage is complex and fragmented and currently there is no clear leadership/ overarching responsibility for pregnancy and the early years. Ideally the funding should be given to a local multi agency group to enable a joined-up response, but no multi agency group currently has commissioning powers. Therefore, we propose that the funding should be given to local authorities to spend collaboratively with health commissioners and other partners on the Health and Wellbeing Board.<sup>ii</sup>

Going forward, the Government should be clear on which local commissioning partnership has responsibility for improving outcomes from pregnancy to age three and enable partners to pool or align budgets and commission together against shared outcomes.<sup>iii</sup>

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- i. We support the call to use children's NHS numbers as a unique, consistent identifier which would help ensure good quality local data about all children. This would both support information exchange between professionals caring for a child and could also provide more accurate data on risk factors affecting children of specific ages at a local level.
  - ii. We can also see an argument for it to be given to health commissioners to spend with partners, including local authorities, through their Integrated Care System.
  - iii. Lessons could be learned from Children's Trusts which were developing joint commissioning approaches in the early 2000s.

## Outcomes

The Parent-Infant Premium should be focused on improving outcomes for babies and toddlers from disadvantaged backgrounds. There are two outcome measures currently used in the early years to assess children's development. The ASQ-3 which is used in the 2-2.5 year-old check carried out by health visiting services and the EYFS Profile which is used by schools when children are in reception year (the year they turn five).

In terms of timing, the ASQ is the best outcome measure to use for the Parent-Infant Premium. However, there are limitations of this measure:

- The ASQ-3 is a developmental delay screening tool rather than an assessment of development and as such the percentage of children meeting the threshold is relatively high.<sup>25</sup>
- The ASQ-3 is conducted as part of health visitor checks and the strain on health visiting services influences whether it is carried out, and the quality of the assessment. Research by the Office of the Children's Commissioner suggests that on average 20% of children do not receive their 2.5-year-old check, with as many as 65% of children in some local authorities missing it.<sup>26</sup>
- The ASQ-3 does not measure social and emotional development which we know is critically important in the early years. The ASQSE does do this and is used alongside the ASQ3 by some services.

There is clearly a need for a wider discussion about whether we have an accurate picture of the wellbeing and development of two-year-olds in England, and how we might improve the collection and use of outcomes data.

In the meantime, the ASQ-3, ideally used with the ASQ-SE, could be used to measure and monitor the impact of the Parent-Infant Premium.

## Funding

The Pupil Premium payments for children eligible for free school meals in England are currently £935 per secondary school pupil and £1320 per primary school pupil. A larger payment is given for looked after children.

We recommend that the Parent-Infant Premium should be £1000 per baby in families identified as meeting the eligibility criteria. Just as with the Pupil Premium, a larger payment could be given to looked after children.

In January 2020, 17.3% of pupils across all schools in England were eligible for the Pupil Premium.<sup>27</sup> Assuming the same percentage of young children would be eligible for the new premium, this would equate to around 343,000 pregnant women, babies and young children<sup>iv</sup> with **an annual spend of around £343m**. In addition to this, further resource would be required to ensure the money is used effectively, for example, a grant to the Early Intervention Foundation to share best practice.

## Ensuring that the Parent-Infant Premium improves outcomes

Whilst additional funding is necessary to drive change, it is not sufficient and must be accompanied by clear leadership, joined-up strategic action and policies that better equip and encourage local systems to implement effective services and hold them to account for failure to deliver.

Learning from the Pupil Premium shows that support and accountability to local decision makers is important to ensure funding is targeted effectively.<sup>28</sup>

iv. Using the 2019 live births data there were 610,505 live births in England in 2019. 17.3% of this number is 105,617. The third trimester to age 3 is 3.25 annual cohorts of babies.



A suite of measures could be used to ensure that the Parent-Infant Premium achieves its objectives:

- 1 Outcomes data must be monitored, and local breakdowns published.** Local commissioners must be held to account for their performance. Central Government, perhaps through a national partner organisation or arm's length body, must scrutinise local performance and provide support and challenge to those areas where performance is poor.
- 2 Local authorities must publish a strategy for how they will use the premium,** demonstrating how their approach is informed by evidence and insights from local communities. The strategy must demonstrate clear partnership with other local commissioners and service providers, including charities.
- 3 A national body, such as the Early Intervention Foundation, must share best practice and support evaluation.** The Early Intervention Foundation could provide a toolkit for how the Premium might be used and support local evaluation of its impact, as the Education Endowment Fund does for schools.

## How the Parent-Infant Premium might in be used

Our imagined case study on page two provides some examples of how the Premium could be used to improve outcomes. £1000 per baby per year could be invested in improvements to evidence-informed and evidence-based interventions which would make a clear difference to early outcomes.

Two examples of such interventions below are taken from the Early Intervention Foundation's Guidebook<sup>29</sup>, but there are of course many others that can be delivered by universal, targeted and specialist services in the statutory and voluntary sectors.

There are also many promising interventions which are not yet evidenced which is why supporting evaluation is critically important.

- **The Solihull Approach Parenting Group** is a universal parenting intervention where parents attend 10 weekly two-hour sessions for groups of 12 parents. Parents identify personal goals and the strategies that will help meet them and reflect on their child's behaviour and their relationship with their child. The Solihull Approach emphasises containment, reciprocity and behaviour management.

The programme begins with a home visit where parents are expected to identify personal goals. Parents then monitor their progress in relation to the goals originally identified at the first home visit. Parents can be signposted into more intensive programmes if it is felt that their needs are not being met. This intervention costs less than £100 per family and there is some preliminary evidence<sup>v</sup> that it improves children's behaviour.

- **Circle of Security (COS)** is a group programme that improves parent-infant relationships among socially disadvantaged children between the ages of one and five. It is delivered by highly skilled practitioners – such as those working in specialised parent-infant relationships teams – to groups of six parents who attend twenty 90-minute group sessions.

The sessions make use of an individualised treatment plan developed for each parent-child dyad based on issues identified during an initial assessment. Strategies are developed to help parents reflect on their behaviours through the use of video-feedback guidance used in the 20 group sessions. This intervention costs between £100 and £500 per family and has preliminary evidence of improving attachment security which is linked to a wide range of later outcomes.

v. The EIF rate this evidence as "level 2", which is described as preliminary evidence. To meet this level, the programme has evidence of improving a child outcome from a study involving at least 20 participants, representing 60% of the sample, using validated instruments.

# An important footnote

The Parent-Infant Premium is an exciting and promising proposal that will direct specific new resources towards families with the highest levels of need. It would catalyse change and a new joint focus on outcomes in the earliest years. However, it does not fully address the underfunding of services for families with children under three. Sustainable investment in support for babies, children and families is long overdue.

To secure world-class support for families there must be a significant and sustained improvement in core funding for local authorities and Clinical Commissioning Groups to spend on services that support families from conception to age two and beyond, including statutory services, charities and community groups. Lessons from the Pupil Premium show us that uplifts in core funding are necessary if the Parent-Infant Premium is to create additionality rather than plugging gaps in funding for essential services.

Investment set out in the Comprehensive Spending Review would make an enormous difference to the support offered to families in the critical early days and years of life. Going forward, we need clear leadership at a Cabinet Level accompanied by joined-up strategic and sustained action across Government to give our babies the best start in life.

## What next

On 24th September, we will be submitting a representation to the Treasury setting out the case for the Parent-Infant Premium.

If you wish to support the representation and join us in campaigning for this new policy, please get in touch with Sally Hogg, Head of Policy and Campaigning at the Parent-Infant Foundation ([sally@parentinfantfoundation.org.uk](mailto:sally@parentinfantfoundation.org.uk)).



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# About us



Best Beginnings works to inform and empower parents of all backgrounds during pregnancy to their child's fifth birthday, giving them the knowledge and confidence to look after their mental and physical health and to give their children the best start in life. In collaboration with parents, professionals, other charities and academics, we develop, disseminate and evaluate our core service, the free NHS-approved Baby Buddy app.

Through personalised and empowering daily information and 300+ films, Baby Buddy guides parents through pregnancy and early childhood and links them to other support including the 24/7 Baby Buddy Crisis Messenger service. In line with our commitment to reduce inequalities, Baby Buddy is a "Proportionate Universalism" intervention: universally available across the UK it is disproportionality used by parents whose voices are seldom heard and whose children are at increased risk of poor outcomes. Best Beginnings convened the Early Years Digital Partnership, of which Home-Start and the Parent-Infant Foundation are both members and sits on the steering group for the First 1001 Days Movement.

[bestbeginnings.org.uk](https://bestbeginnings.org.uk)

Charity Number: 1120054



Home-Start is a local community network of trained volunteers and expert support helping families with young children through their challenging times. We are there for parents when they need us most because childhood can't wait. Home-Start works with families in communities right across the UK. Starting in the home, our approach is as individual as the people we're helping. No judgement, it is just compassionate, confidential help and expert support.

Families struggling with postnatal depression, isolation, physical health problems, bereavement and many other issues receive the support of a volunteer who will spend around two hours a week in a family's home supporting them in the ways they need. Across all four nations of the United Kingdom, 13,500 home-visiting volunteers support over 27,000 families and 56,000 children to transform their lives. There are almost 200 local, independent Home-Starts working in 71% of local authority areas across the UK. Home-Start UK sits on the steering group for the First 1001 Days Movement.

[home-start.org.uk](https://home-start.org.uk)

Charity number: 1108837



The Parent-Infant Foundation is the national charity proactively supporting the growth and quality of specialised parent-infant relationship teams across the UK. There are currently only 30 across the UK. These are infant mental health teams that work with families experiencing severe, complex and/or enduring difficulties in their early relationships, where babies' emotional wellbeing and development is particularly at risk.

Through collaborative leadership we grow more local teams and support the sustainability of existing ones; increase the quality of parent-infant teams; generate evidence to create a compelling case for further investment and campaign at the national level on behalf of babies and their families. The Parent-Infant Foundation also provides the secretariat to the First 1001 Days Movement, an alliance of over 140 organisations, of which we are also a member.

[parentinfantfoundation.org.uk](https://parentinfantfoundation.org.uk)

Charity number: 1152082