A Manifesto for Babies

First 1001 Days Movement

A Manifesto for Babies is published by the First 1001 Days Movement – a coalition of over 200 charities and professionals who believe that babies' emotional wellbeing and development matters. Our members deliver a wide range of services that protect and support vulnerable babies and their families.

These recommendations for UK policymakers are based on a survey of our membership.

The Manifesto for Babies was developed by a Steering Group comprised of Future Men, the Institute of Health Visiting, NSPCC, the National Children's Bureau, Home-Start UK, the Anna Freud Centre, AiMH-UK, the Association of Child Psychotherapists, SANDS, Blackpool Centre for Early Child Development, Best Beginnings, Approachable Parenting, Fatherhood Institute, Oxpip, the Parent-Infant Foundation and elected individual experts; Professor Eunice Lumsden, Bethany Boddy and Emma Carey.

The recommendations represent the collective views of the First 1001 Days Movement, and not necessarily the individual policy positions of each and every member organisation.

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Introduction

The first 1001 days of life – from pregnancy through the first two years of a baby's life – is a crucial period.

Millions of connections are made every second in a baby's growing brain as they learn how to navigate the world around them and interact with others. Sensitive, nurturing care and a strong bond with their parent or main carer is what a baby's brain needs to develop healthily. A baby's relationship with its mother, father or main carer is the foundation that underpins healthy development.

But not every baby grows up supported and nurtured. At least one in ten babies in the UK experiences fear and distress because of disturbed or unpredictable care. Some parents and carers are overwhelmed by their circumstances – living with domestic abuse or drug or alcohol addiction. Others were neglected or abused when they were young and need support to break the cycle. Postnatal depression or a traumatic birth can affect bonding. More than one in ten women report struggling to bond with their baby in the first few weeks after birth.[1]

Getting help fast in the crucial early months can avert tragedies. If we fail to help vulnerable babies, we see the consequences in rising rates of mental health conditions in children and children being taken into care. A baby's future is not an inevitability. We know how to address many of the risk factors and can help break intergenerational cycles of trauma.[2]

Investing in the early years is not just the right thing to do. It is also highly cost effective. But over the last decade investment in prevention and the early years has fallen. This manifesto aims to change that.

The First 1001 Days movement is a coalition of over 200 charities and professionals who believe that babies' emotional wellbeing and development matters. Based on research, experience and insights from across the sector, we make five headline recommendations today for national policymakers. With a general election looming, we urge every parliamentary candidate to consider these recommendations. Babies may be too young to vote, but supporting the youngest members of our society is both the right thing to do and the smart thing to do.

This manifesto has been endorsed by the First 1001 Days Steering Group, including Future Men, the Institute of Health Visiting, NSPCC, the National Children's Bureau, Home-Start UK, the Anna Freud Centre, AiMH-UK, the Association of Child Psychotherapists, SANDS, Blackpool Centre for Early Child Development, Best Beginnings, Approachable Parenting, Fatherhood Institute, Oxpip, the Parent-Infant Foundation and elected individual experts; Professor Eunice Lumsden, Bethany Boddy and Emma Carey.

1. New survey finds NICE guidance on bonding is not being followed – Parent-Infant Foundation (parentinfantfoundation.org.uk)
2. Home | EIF Guidebook

Summary of Recommendations

Recommendation 1

An ambitious cross-government strategy to support babies' healthy development

- A Cabinet Committee made up of relevant Secretaries of State, reporting to the Prime Minister, to join up government
- An ambitious cross-government strategy for babies that aligns government departments to work towards common outcomes

Recommendation 2

Invest more in prevention

- Sustainable funding of preventative services, including health visiting, with public health budgets ring-fenced from day-to-day and capital spending
- The Treasury to recognise the full benefits of services that improve outcomes in both the short and long term and across departments
- Extending funding for the Start for Life programme until every neighbourhood has a Family Hub or Children's Centre
- The NHS Long Term Plan to include preventative mental health services for babies

Recommendation 3

Tackle health inequalities so that all babies have a good start to life

- A national strategy to support babies in the first 1001 days should include targeted approaches to reduce inequalities
- The next government to commit to tackle child poverty and scrap the two-child limit policy
- Integrated Care Systems to be held accountable for their statutory duty to reduce health inequalities and invest in services that support babies' social and emotional development
- Services to be co-produced with families to reach the most vulnerable babies in marginalised and isolated families

Summary of Recommendations (continued)

Recommendation 4

Develop a workforce plan for children's social care and the early years

- Adequate staffing levels to support babies and provide safe care in all settings
- Collaborating with professional bodies to accurately estimate and address workforce gaps across services
- A workforce plan for social care and the early years workforce to complement the NHS Workforce Plan
- A review of training pathways to explore new entry routes to careers in the NHS, early years, social care and the voluntary sector

Recommendation 5

A rapid review of the tax and benefits system for parents and carers of under-2s

- Government to recognise that supporting babies' healthy development is equally important a policy objective as getting new parents back to work
- Parental choice to return to work to be supported
- Government to provide six weeks' well-paid paternity and parental leave to help fathers play a more active role
- Training in infant mental health for nursery staff and all those working in paid settings caring for under-2s

Recommendation 1: An ambitious cross-government strategy to support babies' healthy development

We call for:

A Cabinet Committee made up of relevant Secretaries of State, reporting to the Prime Minister, to join up government.

An ambitious cross-government strategy for babies that aligns government departments to work towards common outcomes.

Why? What's the problem?

Programmes and services that support babies sit in different government departments, with different aims and priorities. This fragmentation, with different approaches taken by different departments, can frustrate evaluation and accountability for improving babies' outcomes. It is understandable how this situation has arisen. When babies need help, the GP or maternity service may be the first point of contact (services designed and funded by the NHS). But equally, early problems are often picked up by health visitors (who are funded by local authorities). More vulnerable babies should be supported by social services. Specialised services like parent-infant relationship teams receive funding from an array of sources including Children and Adolescent Mental Health Services, Start for Life and the voluntary sector. This patchwork of funding and services is reflected at the level of national government.

Although the Department of Health and Social Care oversees the majority of services that babies rely on, the Minister for Children, Families and Wellbeing sits in the Department for Education. Meanwhile the Department for Work and Pensions leads programmes to reduce parental conflict (which profoundly affects babies). Three different government departments are currently in charge of the Supporting Families programme, although thankfully this will soon transfer to the Department of Education. This complex Venn diagram of those responsible for babies brings challenges. With different services designed and funded by different parts of government, the experience of families can be disjointed.

At a service level, we rightfully say that a family shouldn't have to tell their story more than once. To children and their families, a service is a service – they don't know which government department delivers or funds that support, and they should not need to. So why is policy development, implementation and evaluation still operating in a silo?

The current approach also risks inefficiencies. We recommend a joined-up strategy across government departments so that policymakers can make best use of the full suite of public services and policy levers. This needs to be led at the highest level of government. The Minister for Children, Families and Wellbeing is currently a junior ministerial post, so they do not attend Cabinet. Babies and children deserve to be represented at the top table, so we recommend a Cabinet Committee. This would bring together Secretaries of State to coordinate programmes sited in different government departments and should report to the Prime Minister.

A Cabinet Committee would co-ordinate work across departments and deliver an ambitious cross-government strategy for the first 1001 days. A unified strategy, championed by the Prime Minister, could make use of the full array of policy levers available and coordinate services provided by different public agencies and government departments.

A cross-government strategy, with Cabinet-level oversight, could take better account of the wider impact of decisions taken by one government department but felt in another. For example, the impact of cuts to preventative services like health visiting that are felt later in school readiness. It also allows policymakers to recognise the benefits to babies of policies that support families to rebuild broken relationships or overcome mental health challenges. A joined-up strategy would support local services to work together towards achieving shared outcomes and improve data sharing. Finally, it could help synchronise both the funding and evaluation of different programmes and interventions.

As noted by the Children's Charities' Coalition, "the personal commitment of both the Prime Minister and the Chancellor to cross-cutting programmes of Government is key to achieving transformational change".

Which services do families with babies use?

Have seen a health visitor

97%

Have seen a midwife

88%

Have seen a GP

87%

Have accessed a Family Hub or Children's Centre

15%

Have seen a Family Support worker or Early Help worker

2%

Ref: Children of the 2020s: first survey of families at age 9 months – GOV.UK (www.gov.uk).

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Recommendation 2: Invest more in prevention

We call for:

Sustainable funding of preventative services including health visiting, with public health budgets ring-fenced from day-to-day and capital spending.

The Treasury to recognise the full benefits of services that improve outcomes in both the short and long-term and across departments.

Extending funding for the Start for Life programme until every neighbourhood has a Family Hub or Children's Centre.

The NHS Long Term Plan to include preventative mental health services for babies.

Why? What's the problem?

In recent years a greater proportion of public spending has gone on late interventions like youth justice services and safeguarding, rather than early interventions, like health visiting, which can prevent and avert problems. Analysis undertaken by The Children's Services Funding Alliance found that spending on early interventions (such as children's centres, family support services and services for young people) declined by 48% between 2010–11 and 2019–20, while expenditure on late interventions increased by 34%.[3] This is a false economy because it is more expensive to fix problems later than prevent them early.

As the Health Foundation and Demos have observed, during times of budgetary constraint, preventative programmes are more likely to fall foul of short-term more acute demands for funding. Government departments looking to meet holes in their revenue budgets have an irresistible incentive to use pots of money earmarked for prevention to make up the shortfall. To overcome this, a new funding mechanism to delineate and ring-fence spending on prevention from day-to-day spending and capital budgets is recommended.

We support their recommendation as a mechanism that could address the persistent problem that effective preventative interventions lose out to programmes that can deliver results sooner, but overall, have less impact.

3. A decade of change for children's services funding | Pro Bono Economics

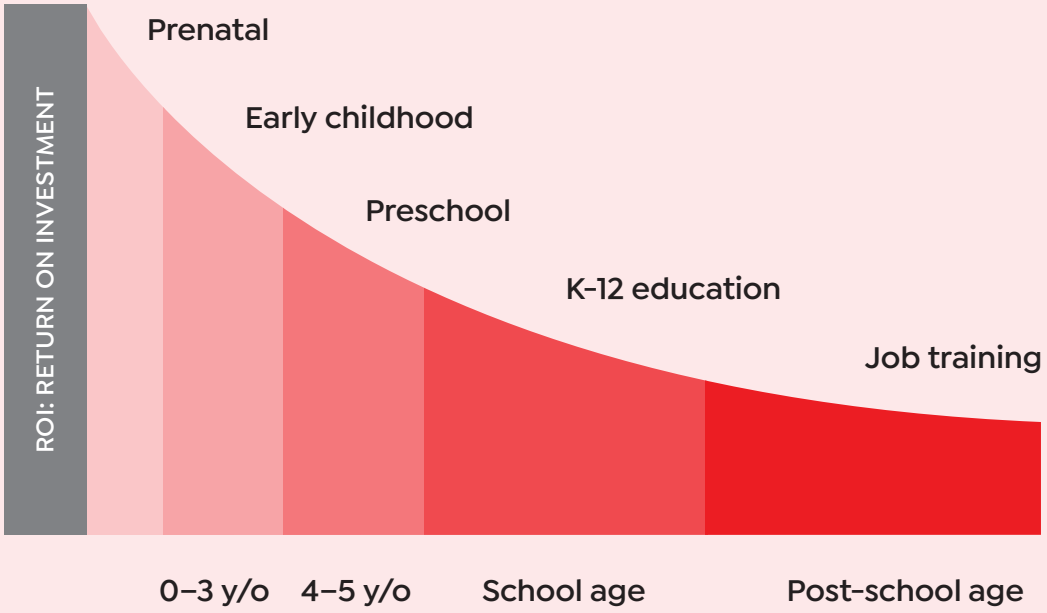
During austerity, hundreds of Sure Start and Children's Centres closed and many hundreds more reduced their opening times and services. After a decade of decline, in 2020 the government backed a new model – the Family Hub. In 2021 a new programme, Start for Life, was announced alongside the Family Hub programme. It focused on providing advice and services to parents and carers of babies and children.

Around half of upper-tier local authorities in England receive funding under the Start for Life programme, but funding only runs until 1 April 2025. This means that 2024 is a crucial year for consolidating Start for Life's future.

We recommend extending the programme to every local authority so that every family can access a Family Hub or Children's Centre in their neighbourhood. Continuation of funding through the next parliament would also make it possible to evaluate the programme fairly. As we learnt from Sure Start, it can take several years to measure the impact of new programmes.

Some Start for Life funding went towards complementing and bolstering services that were funded primarily by the NHS. Most notably, £100 million of Start for Life funding was allocated to perinatal mental health and parent-infant relationship support. This has supported the establishment of new parent-infant teams in several areas. However, the coverage remains well below recognised levels of need.

Economic impact of investing in early childhood learning



The Heckman Curve shows that the highest rate of economic returns comes from the earliest investments in children.

Source: The Heckman Curve - The Heckman Equation

Specialised services are key to supporting the mental health both of parents and babies. The NHS Long Term Plan includes the ambition that at least 66,000 women with moderate to severe perinatal mental health difficulties should have access to specialist community care from pre-conception to 24 months after birth (over five years).

Although recent policy initiatives to improve perinatal mental health have made huge progress, one in four people are still not yet being asked about their mental health by their midwife.[4] Continued effort is needed to deliver specialist services that meet national quality standards.

This national target has driven the system to scale up perinatal services. But there is no target for reaching vulnerable babies, so services that centre on the baby remain patchy. It is time to commit to an equivalent national target for babies to address this. Start for Life recognises that an estimated 10% of babies are at risk of disorganised attachment.

We call for the NHS Long Term Plan to include a target to reach 60,000 babies, over the next five years.

With rates of mental health conditions rising in children, this is an urgent priority. Intervention in the early years is crucial to improving childhood mental health, as outlined in a recent report from the Royal College of Psychiatrists.[5]

> "It is increasingly clear that intervening in the parent-infant relationship during pregnancy or in the earliest days/ weeks of a baby's life has major impact on developing a loving bond between parents and infants. The earlier the better – it is a critical stage and the baby is so vulnerable that we need to get to any issues as early as possible – preferably in the ante-natal stage."
>
> Quote from our survey

Public health services that reach babies at home are also crucial to identifying those parents and babies who need support. Health visitors may be the only professionals who see babies at home in the pre-school years. But they have declined in number. Data from the NHS and independent providers in England suggests that, as of 2023, there were just 6,441 full-time equivalent health visitors in the country – a decline of more than 40% since 2015.

1 in 5 babies are missing their health visitor check at one year.[7]

Over the last decade, while funding for NHS England has increased in real terms, there has been a 26% real-terms per person cut in the public health grant, which funds the health visiting service.[6] One in five babies are missing their health visitor check at one year.[7] Health visitor checks are a crucial opportunity to identify babies in need. If preventative measures are not taken, we know that more complex and costly problems will develop.

> "Many parents in my area wouldn't need NHS services if they could get access to targeted support for common issues such as feeding, walking, talking, and potty training, but this support is often non-existent."
>
> Quote from our survey

4. Maternity survey 2022 – Care Quality Commission (cqc.org.uk)
5. RCPsych urges Government to act as children under five face lifelong mental health conditions
6. Public health grant
7. Office for Health Improvement and Disparities (2023) Official Statistics. Health visitor service delivery metrics: annual data. April 2022 to March 2023. Published 7 November.

Recommendation 3: Tackle health inequalities so that all babies have a good start to life

We call for:

A national strategy to support babies in the first 1001 days should include targeted approaches to reduce inequalities.

The next government to commit to tackle child poverty and scrap the two-child limit policy.

Integrated Care Systems to be held accountable for their statutory duty to reduce health inequalities and invest in services that support babies' social and emotional development.

Services to be co-produced with families to reach the most vulnerable babies in marginalised and isolated families.

Why? What's the problem?

Health inequalities have grown over the last decade – a challenge that pre-dates the Covid-19 pandemic. The gap in life expectancy between the most and least deprived deciles of the population in England increased to 10.4 years for males and 8.6 years for females in 2021.

To address this, we need:

- efforts focused on tackling the determinants of poor health
- a robust universal preventative public health service to reach all families and identify vulnerable babies and young children from pregnancy to age 5
- targeted interventions to support those at the greatest risk of poor outcomes.

The Joseph Rowntree Foundation report that 3.8 million people in the UK experienced destitution (where they could not afford to meet their most basic physical needs to stay warm, dry, clean and fed) in 2022. This included around one million children.

Among the groups of people identified as facing particularly high rates of poverty are families where the youngest child was aged under 5. Exposure to certain environmental risks during critical periods of development and growth (preconception, pregnancy and in early months and years) can have significant consequences both for physical and mental health.

Poverty is a major driver of health inequalities. As noted by the latest review of health inequalities by Professor Marmot: "Poverty experienced during childhood harms health at the time and throughout the rest of life."[8]

We support the Child Poverty Action Group's recommendation to scrap the two-child-limit policy, which would be the most cost-effective way to reduce child poverty.[9] While an array of policy changes would be needed to address every driver of health inequalities.

Abolishing the two-child limit is an important first step to begin levelling the playing field for babies.

Introduced in 2017, the two-child-limit policy restricts the financial support provided to families through Tax Credits and Universal Credit to two children per household. This means a baby who happens to be the third or fourth child is not supported as their older siblings were. The impact of this may fall on all the children, but the obvious inequity of effectively penalising babies who happen to be born into families with two or more children is immoral. It should be abolished at the earliest opportunity.

"Expand targeted services for young parents such as the Family Nurse Partnership model. Invest in developing pathways of mental health care for parents who do not have English as a first language..."

Quote from our survey

8. Health Equity in England_The Marmot Review 10 Years On_executive summary_web.pdf
9. The two-child limit: our position | CPAG

At a regional level, Integrated Care Systems (ICSs) in England have a statutory duty to reduce health inequalities. We are encouraged to see many ICSs cite 'the first 1001 days' as a priority in their strategies. However, this welcome statement of good intentions must translate into improved service provision. ICSs need to invest in services that deliver meaningful and measurable improvements in babies' outcomes, particularly focusing on those in greatest need. For example, there is now clear evidence to show that Family Nurse Partnership services have the potential to improve the life chances of vulnerable children and improve cognitive development.[10]

Yet these services are not available in every area. Similarly, there is no longer a target date for services to deliver Midwifery Continuity of Carer (MCoC), which improves outcomes for most women and babies, but especially women of Black, Asian and mixed ethnicity and those living in the most deprived neighbourhoods.

In the UK, rates of pregnancy loss and baby deaths are higher among Black and Asian babies compared with white babies.

These differences have been evident for decades, yet there has been little progress in addressing them. If, in the period 2017 to 2021, stillbirth and neonatal death rates for Black and Asian babies had been the same as for white babies, 1,704 more babies would have survived.[11]

Currently there is little consistency in how outcomes are measured and reported at system level. The development of Integrated Care Systems presents an important opportunity for the range of public services that support babies and children to work towards common outcomes so there is better accountability.

However, this requires better data sharing between services. Every baby born has an NHS number, but social care, secure or early years settings do not necessarily use or connect with the NHS system. This makes it harder for services supporting vulnerable babies to share information and "join the dots". Information sharing is key to providing better services and preventing harm. We recommend a unique child identifier for every baby, used by all relevant public services, to address this. To measure progress, we also recommend a shared outcomes framework. First 1001 Days member – For Baby's Sake – has outlined the need to establish a core set of outcomes, indicators and measures that all services can work towards.[12]

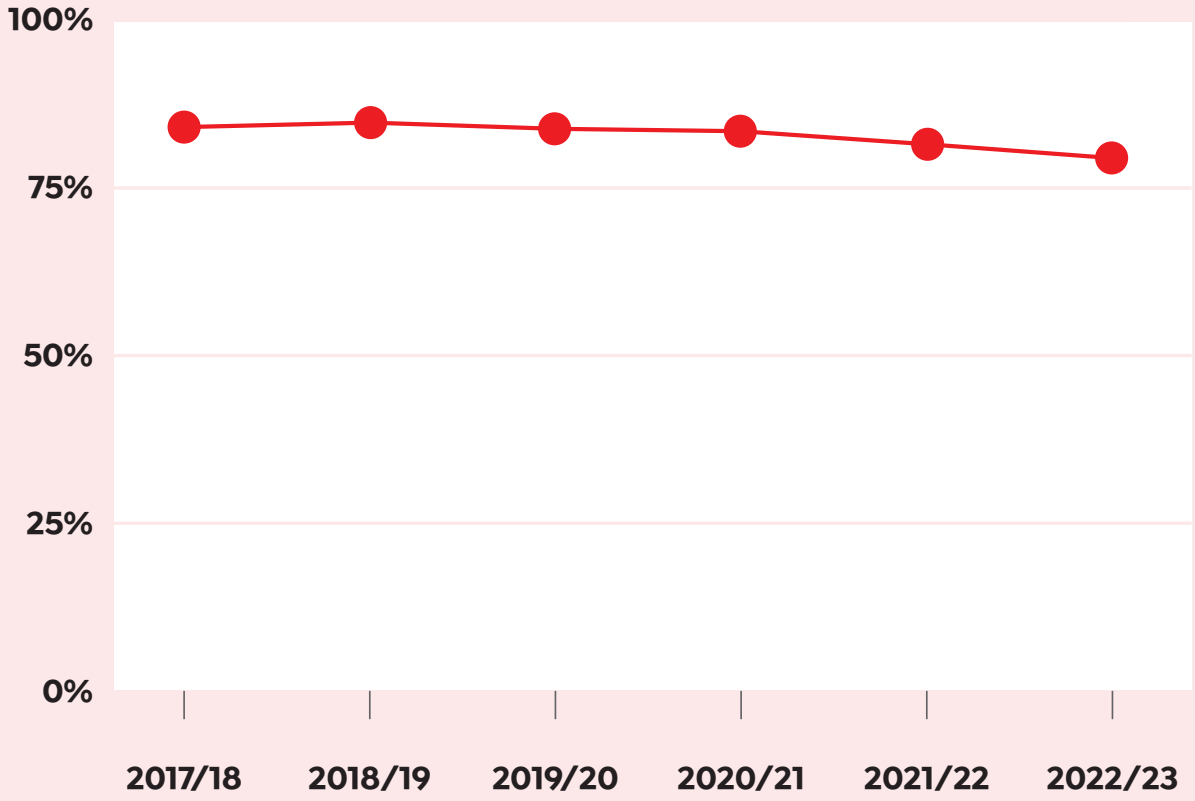
Disparities in child development are visible early – in babies. Development in the first years of life predicts both school readiness and also longer-term outcomes in education and employment. So it is concerning that the percentage of children achieving a good level of development overall is declining.[13] This is measured at two to two and a half years in England – through the Healthy Child Programme – with a review undertaken by health visitors.

National government must do more to end the current postcode lottery of health visiting support.

10. Worth the wait: new evaluation data shows positive impacts of Family Nurse Partnership on school readiness and attainment | Early Intervention Foundation (eif.org.uk)
11. Sands Listening Project 2023
12. Core Outcome Set for domestic abuse – For Baby's Sake (forbabyssake.org.uk)
13. Child development: percentage of children achieving a good level of development at 2 to 2 and a half years

1 in 5 two-year olds are below their expected development level

- Health visitors assess baby and toddlers' levels of development at two to two and half years.
- Over the last five years fewer toddlers have been meeting expected levels of development.
- Latest figures show that one in every five toddlers is below their expected level of development.



Source: Office for Health Improvement and Disparities: Child development outcomes at 2 to 2 and a half years: annual data April 2022 to March 2023.

Local areas should be held to account for providing health visiting services in line with national policy and guidelines.

Office for Health Improvement and Disparities (OHID) has been instructed to work with local government, the NHS and health professionals to drive improvements in outcomes, with a particular focus on speech, language and communication needs and school readiness. Meanwhile, the Labour Party has promised to boost child development with "half a million more children hitting early language targets by 2030", should they win the next election. These commitments are welcome, but social and emotional development are equally important to a child flourishing and achieving their potential.

The Ages and Stages Questionnaire SE (social and emotional domains) measures self-regulation, compliance, social-communication, adaptive functioning, autonomy and interaction with others. Supporting babies who are behind in these developmental areas is equally crucial to preventing mental health conditions in childhood and equipping children for school.

The good news for policymakers is that early intervention programmes can drive improvements in more than one domain.

That does, though, involve a comprehensive strategy for the first 1001 days, with the ambition and scope of Sure Start (or a much expanded Start for Life).

Commissioners should involve the voluntary sector both in strategic and advisory decisions and also as delivery partners. Charities are often embedded in local communities, so can bring frontline insights of challenges on the ground and also the perspective of families and children. Moreover, they are often best placed to build relationships of trust with families who need additional support to access services.

Services should be co-produced with the sector, working directly with families, to reach the most vulnerable babies in marginalised and isolated families.

There is good practice to draw on here from the five A Better Start partnerships, based in Blackpool, Bradford, Lambeth, Nottingham and Southend. The five partnerships have developed ways to embed parent voice in service development and delivery, for example through parent mentors. This approach ensures service providers reflect and reach the communities they serve, which can help families from minority communities to feel safe and included.[14]

14. Insight-6-Addressing-Inequalities-August-2022-002.pdf (tnlcommunityfund.org.uk)

Recommendation 4: Develop a workforce plan for children's social care and the early years

We call for:

Adequate staffing levels to support babies and provide safe care in all settings.

Collaboration with professional bodies to accurately estimate and address workforce gaps across services.

A workforce plan for social care and the early years workforce to complement the NHS Workforce Plan.

A review of training pathways to explore new entry routes to careers in the NHS, early years, social care and the voluntary sector.

Why? What's the problem?

Persistent staffing vacancies and rising caseloads have drastically affected the care many babies, toddlers and families receive. The Institute for Health Visiting reports that the health visiting workforce is at an all-time low, with a shortfall of 5,000 health visitors. Similarly, the Royal College of Midwives reports a shortfall of 2,000 midwives and the Early Years Alliance says that 8 in 10 early years settings are struggling to recruit staff. Political parties must commit to fund sufficient training places and posts to plug these gaps and ensure safe, high-quality care.

Published in 2023, The NHS Workforce Plan was a welcome development. However, as the name indicates, it only covers the NHS workforce. We recommend an equivalent plan that considers workforce needs in children's social care and staff working in early years settings who also provide vital support to babies and families.

> "The childcare workforce is struggling hugely – wages too low, low recruitment, low morale. Insufficient staff to meet the demand of expanded provision."
>
> Quote from our survey

Some services that support babies and families are run by voluntary sector organisations, and these can be subject to short-term or unpredictable funding arrangements. Organisations in the voluntary sector are receiving an increasing number of referrals from public sector providers. As a result, they are supporting more babies and families – often those with more complex needs. Additional funding does not always follow the increased workload.

Commissioning arrangements already in place may preclude essential support for staff, such as training and time for reflective practice. But with a more complex workload it is essential that the early years and voluntary sector workforce is adequately trained and supported, both on safeguarding and infant mental health.

Retention is a serious concern across many workforce groups. For example, there has been a 40% reduction in health visitors since 2015. This can be attributed to reductions in the Public Health Grant that funds the service, workforce shortages and locally driven cuts to health visiting service delivery models. Overstretched staff are leaving due to the stress of an unmanageable workload.

Persistent staffing vacancies and rising caseloads has drastically affected the care many babies, toddlers and families receive. This has been cited by midwives, health visitors, GPs and a host of other staff groups who provide crucial support to families in the First 1001 Days.

In social care, the lack of training opportunities and low pay also hinder recruitment and retention. The Independent Review of Children's Social Care reported that 8.6% of the social care workforce left in 2020–21. Equally, we are aware of early years workers moving to retail and hospitality roles for higher pay and better opportunities. We recommend a social care and early years workforce plan to complement the NHS Workforce Plan, help plug workforce gaps and improve staff retention.

Recommendation 5: A rapid review of the tax and benefits system for parents and carers of under-2s

We call for:

Government to recognise that supporting babies' healthy development is equally important a policy objective as getting new parents back to work.

Parental choice to return to work to be supported.

Government to provide six weeks' well-paid paternity and parental leave to help fathers play a more active role.

Training in infant mental health for nursery staff and all those working in paid settings caring for under-2s.

Why? What's the problem?

In their first two years babies need sensitive nurturing care that meets both their physical and emotional needs. This provides the foundation for both their healthy physical development and their brain development.

The attachment a baby forms with their primary caregiver is key to their feeling confident to explore their environment and interact with others as they grow. Psychologists observe babies expressing a strong preference for a primary caregiver at six to seven months. This is not the only crucial milestone in babies' emotional development, and more research is needed, but given current maternity pay time frames, and time frames for shared parental leave, a review is urgently needed of the impact of the phasing of government policies on babies' development.

Parental mental health following birth affects the care that a baby receives. Good support for maternal mental health is key, and we welcome recent investment in improving perinatal mental health services.

Fathers and partners provide crucial support too. A strong relationship between father/partner and baby is shown to have a protective effect on babies. However, fathers or partners on low incomes cannot always afford to take time off following the birth when this bond can be formed.

> "I absolutely believe in the importance of 'parenting' education but I believe much of the effort risks being wasted if parents cannot afford to spend enough time engaging with their children in these early years."
>
> Quote from our survey

Since the onset of the cost-of-living crisis, A Better Start partnerships report that many parents are under significantly increased pressure.[15]

Families feel overwhelmed juggling parenthood and working to pay rising bills. As an immediate measure, government should provide six weeks' well-paid paternity and parental leave as recommended by First 1001 Days member the Fatherhood Institute.[16]

> "We have to provide financial support for parents to be parents – not having to work two jobs while also parenting."
>
> Quote from our survey

In a context of a slow economy, it is understandable that the focus of recent government childcare announcements has been on supporting parents to return to work. However, while there is good evidence that paid-for childcare (providing it is of sufficient quality) benefits 3- and 4- year-olds, this evidence base does not extend to 1- and 2-year-olds.

The planned extension of subsidised childcare to babies aged 9 months from September should therefore be assessed both for its impact on parental mental health and on babies' health and development.

Parental choice should be supported, and it should be a real choice.

15. Written evidence from 'A Better Start'
16. Our campaigns | Fatherhood Institute

We call for a rapid review of the tax and benefits system for parents and carers of under-2s focusing on supporting babies' development. This should consider that parents need time to care for young children, but also support parental choice to return to work. It should also consider how to support grandparents, kinship carers and other family members who care for babies.

Whoever looks after a baby needs both the skills and time to nurture and support the baby.

In paid settings staff need both training and sufficient time to provide nurturing and responsive care. Staff/child ratios are therefore an important consideration. Members of the First 1001 Days Movement are concerned by recent changes that allow childcare providers to increase the ratio of staff working with 2-year-olds from 1:4 to 1:5 in England. This could leave staff struggling to provide responsive care and should be fully evaluated. Additionally, staff in early years settings must be well trained and properly supported. We recommend staff working with 1- and 2-year-olds have paid time to undertake training in infant mental health. This training is freely available.[17]

> "The emphasis is on employment not the needs of babies. Any additional funding should support a level playing field for parents to have the option to care at home. Home environment and care from primary caregiver has the best outcomes for babies and should be supported and at least not penalised."
>
> Quote from our survey

17. Perinatal mental health | Health Education England (hee.nhs.uk)

First **1001** Days Movement

1001days.org.uk **@first1001days**