

# Barnardo's Representation to the Spending Review 2025

Submitted on 7 February 2025

## About Barnardo's

At Barnardo's, our purpose is clear - changing childhoods and changing lives, so that children, young people, and families are safe, happy, healthy, and hopeful. Last year, we provided essential support to 356,200 children, young people, parents and carers through 760 services and partnerships across the UK. For over 150 years, we've been here for the children and young people who need us most – bringing love, care and hope into their lives and giving them a place where they feel they belong.

For more information contact on this representation please contact *Jennifer Crisp, UK Public Affairs Manager*, [jennifer.crisp@barnardos.org.uk](mailto:jennifer.crisp@barnardos.org.uk)

[www.barnardos.org.uk](http://www.barnardos.org.uk)

## Executive summary

Barnardo's representation to the 2025 Spending Review highlights a number of critical areas for investment, focusing on the urgent need **to shift from crisis-driven interventions to proactive, preventative support for children, young people, and families.**

Currently, funding is heavily weighted toward high-cost, late-stage interventions. While these services are vital for safeguarding and addressing immediate risks, an over-reliance on crisis responses places a growing long-term strain on public resources and limits opportunities to improve outcomes earlier. Years of underfunding in children's services have entrenched a vicious cycle, where the escalating demand for urgent care restricts the capacity for early support.

To break this cycle, specific and targeted additional investment in early intervention and prevention is essential. **By strategically investing in early intervention and prevention, the government can achieve better outcomes for children and families, and realise substantial cost-savings for the taxpayer – in many cases from in-year savings.**

Importantly, this approach must complement, not replace, the funding of urgent safeguarding and care services, ensuring that immediate needs continue to be met while building a more sustainable system for the future.

At present, too many children and families are failed, receiving support only when they reach a crisis point. **Our response outlines specific, evidence-based early interventions across several key areas that will reduce demand for costly crisis interventions, and unlock significant savings to the public purse:**

- [Invest £2.8bn to create a network of family centres to support children and families in every community](#)
- [Invest £2.6bn in a network of ‘family help’ teams to support families with identified needs and reduce the number of children entering the care system](#)
- [Provide £500m for an enhanced package of financial support for care leavers aged 18-25, to support them in their transition to adulthood](#)
- [Tackle food insecurity and nutrition inequality by investing £1.1bn in expanding Healthy Start vouchers, free school meals and the Holiday Activities and Food Programme to ensure that every child can access healthy food](#)
- [Invest £353m in a rapid roll out of Mental Health Support Teams plus school counsellors \(MHST+\) to tackle the crisis in children's mental health, improve wellbeing, and reduce pressure on CAMHS](#)
- [Invest £130m in facilitating social prescribing for children and young people to reduce pressure on acute health services](#)
- [Urgent reform of the work and benefits system to better support families with children including £1.7bn to end the two-child benefit cap, to ensure that no family has to choose between heating and eating](#)
- [Invest to ensure that all child victims of abuse and exploitation can access child-centred support and advocacy services](#)

We appreciate that this is a significant ask for government at a time when money is short. However, we believe that this document demonstrates that investment at this scale would generate transformational reductions in child poverty, children going into care, and health inequalities, all in this Parliament. It would also generate in-year savings that, in most cases, will pay for themselves; and contribute to cross-government commitments on increasing school readiness, improving attendance and attainment at school, reducing youth crime, reducing violence against women and girls, and reducing NHS waiting lists.

[Annex 1](#) sets out a summary of these asks, as well as the investment required, cost-benefits and long-term savings.

[Annex 2](#) sets out the full cost-benefit analysis for our early intervention family hubs programmes in Sandwell which has yet to be published, but which we have referred to in our submission.

## **Invest £2.8bn to create a network of family centres to support children and families in every community**

### ***What is the issue?***

Families face mounting pressures from the lingering effects of COVID-19, the high cost of living, and economic uncertainty. These challenges impact children's mental health, school attendance, and early development, while financial stress on parents can affect their wellbeing and their children's outcomes.

At the same time there have been reductions in community-based support for families which has left many families with nowhere to go for support, contributing to poor outcomes for children:

- In 2022/2023, **only 67% of children aged five were considered school ready**, dropping to **just 52% to those on free school meals**<sup>1</sup>
- **25% of all five-year-olds** experience tooth decay<sup>2</sup> and dental extractions, and preventable tooth decay remain a top reason for hospital admission of children<sup>3</sup>
- **More than one fifth (21.5%) of children** in state-funded mainstream or special schools were **persistently absent from school in spring 2024** – this is rise of 67.8% since autumn 2019 (pre-pandemic)<sup>4</sup>

The combined impact of a lack of family support services and the increasing pressures families are facing has not only left many children and families struggling, but it has had a significant impact on local authorities, leaving them with little choice but to **spend an increasing proportion of their limited funds on late intervention services to cope with the growing number of families that need high end support**. Recent analysis by Pro Bono Economics on behalf of Barnardo's and the other leading children's charities shows that spending on late intervention, such as care placements and child protection, **increased by £560 million in the last year alone, and England now spends over 11 times more on late intervention than on preventative services like family centres and youth work**<sup>5</sup>.

### ***What is the evidence about what works?***

Since the early 2000s there have been a number of different initiatives in this space, including the Sure Start centres developed in the wake of the Excellence in School white paper in 1997, to the network of over 3500 children's centres developed as part of the Every Child Matters agenda. These provided welcome support for families; however, too often they have not had longevity. Short-term policy making has prevented the development of a long-term established structure of family support in communities across England. This needs to change.

Barnardo's has significant experience in delivering family support. In 2023–24, we supported 223,867 children, young people, parents and carers through our 75 family centres (we use this term to include children's centres and Family Hubs, as defined by the Department for Education). We believe that family support is most effective when embedded within communities. At their best, family centres act a 'local nerve centres' in the community, providing everything from stay-and-play groups to job support under one roof, and adapting to the needs of the communities they serve.

There is a range of evidence that demonstrate the model's success:

- Evaluation of the original Sure Start Children's Centres has shown that children who lived within a short distance of a centre for their first five years performed 0.8 grades better in their GCSEs than those who did not<sup>6</sup>.
- An initial evaluation of some of the local authorities who were early adopters of the Family Hub model found that the hub had had a positive impact of children's

---

<sup>1</sup> Social mobility commission (2024) [Level of development at age 5 - Social Mobility Commission State of the Nation - GOV.UK](#)

<sup>2</sup> Public Health England (2020) [National Dental Epidemiology Programme for England: oral health survey of five-year-old children 2015 A report on the prevalence and severity of dental decay](#)

<sup>3</sup> Public Health England (

<sup>4</sup> Department for Education (2024) [Pupil absence in schools in England, Autumn and spring term 2023/24 - Explore education statistics - GOV.UK](#)

<sup>5</sup> Larkham J (2024) [Children's services spending 2010-2023. Final report.pdf](#)

<sup>6</sup> IFS (2024) [SS\\_NPD\\_Report.pdf](#)

education<sup>7</sup>. The evaluation showed that there had been a statistically significant positive differences on the percentage of 3-4-years-old children benefiting from funded early year education, and on the percentage of Key Stage 4 children going to or remaining in education or employment.

Investment in family support services, delivered through a network of family centres, could potentially deliver significant savings in both the short and long term. Given the range of services that are offered through centres and the variation that exist at a national level, it is difficult to calculate the exact savings that a national programme of family centres could provide over the long term – however looking at some of the individual programmes offered through Barnardo's family centres provides an indication<sup>8</sup>:

- We deliver *Welcome to Parenthood (Triple P for Baby)*. This is a programme for parents delivered as part of our service offer through the Sandwell Family Hub. It is an eight-week programme which supports with setting boundaries, routines and to become a calmer parent/carer, and is offered on a universal basis with the only eligibility criteria being the child's age (antenatal to the first year). The programme helps improve parental mental health and reduce the risk of social service involvement which can be shown to deliver cost savings in the long term. **Our calculations suggest that the Welcome to Parenthood service delivers £2.44 in benefits for every £1 spent or £3,624 per course participant<sup>9</sup>.**
- We have developed the Cygnet parenting programme for parents and carers of children and young people, aged 5-18, who are autistic. The programme gives parents and carers an opportunity to develop their understanding of autism and consider ways to support their child. It has been shown to significantly improve parenting competency, and may boost child wellbeing as an indirect benefit. Our calculations suggest that these outcomes also deliver cost-savings to the state. We estimate **the Cygnet parenting programme delivered benefits of around £3.82 for every £1 spent, or £3,030 per course participant<sup>10</sup>.**

Given the range of services that hubs have to offer, Barnardo's believes that investment in these services is key to achieving several of the government's stated policy commitments including:

- **Reducing child poverty** – an ambitious network of community-based family support services could play a critical role in helping to reduce child poverty, and investment in community-based services should be a central part of the forthcoming child poverty strategy. Centres can provide non-stigmatising help both to increase incomes (such as support to find employment, access training, and manage debt) and to alleviate impacts of living on a low income (such as advice on eating healthy on a low budget).
- **Improving children's health** – The government has a stated ambition to raise the healthiest generation of children with a Children's Health Action Plan expected to be published later in 2025. Delivering on this pledge will involve putting health prevention measures at the heart of communities and investment in hubs will provide a place for families to go for non-stigmatising advice and support for their children's health. The family centres that are already in existence offer a range of health support. Barnardo's hubs offer a range of health services in partnership with health agencies. For example, last year our Birmingham Forward Steps family centre provided 1,861 parents with

---

<sup>7</sup> Department for Education (2023) [Family hubs innovation fund evaluation: final research report](#)

<sup>8</sup> See Annex 2 of this Spending Review submission.

<sup>9</sup> See Annex 2 of this Spending Review submission.

<sup>10</sup> See Annex 2 of this Spending Review submission.

breastfeeding support, 467 with weaning support, 1316 with help on food and nutrition and 3720 with advice on oral health<sup>11</sup>.

- **Achieving the commitment to halve knife crime and youth violence in a decade.** Family hubs do not just provide support for parents or youth children but can have a key role in supporting those with teenagers too such as providing advice and guidance on matters such as online safety. Family centres can provide a place to help coordination of youth services. Barnardo's hubs in Plymouth, for example, provide a range of youth services including boxing, graffiti art and dance. Centres are well placed to provide the space for the government's planned 90 "youth hubs" which will have a specific aim of helping to prevent young people's involvement in youth violence, and also enable services to take a 'whole family' approach, working with young people themselves to divert them away from involvement in crime and with parents to ensure they are well placed to support teenagers when involvement in youth crime is a risk.

### **What level of investment is required?**

The previous government invested £301.75 million over three years to establish family hubs in 75 communities, resulting in around 388 hubs—a fraction of the 3,632 children's centres that existed at their peak.

**Barnardo's is calling on the government to commit £2.8 billion in the Spending Review to expand the Family Hubs and Start for Life programmes, in order to create a network of up to 3,500 family centres serving families from pre-birth to age 19 (or 25 for SEND), with a focus on roll out to the communities in greatest need. This funding should be ring-fenced to ensure comprehensive national coverage, comparable to the 2009 network of children's centres.**

**Actual costs may be slightly lower if local areas leverage additional funding sources.** We know that some local authorities have already established hubs using alternative funding sources and the government should learn from and share best practice about these funding models to maximise resource efficiency.

## **Invest £2.6bn in a network of 'family help' teams to support families with identified needs and reduce the number of children entering the care system**

### **What is the issue?**

The legacy of the pandemic combined with the cost-of-living crisis is putting substantial demand on local authority children's services. For example, the number of children needing help from councils for mental health issues has increased by nearly 53% since 2018,<sup>12</sup> and the police made almost a quarter of a million referrals to social services for domestic abuse in 2020/21, an increase of 8% on the previous year<sup>13</sup>. Since 2010/11 these challenges combined with a lack of support being available to help prevent families reaching crisis point has resulted in the number of children in care in England increasing substantially. There are now over 80,000 children in care in England – an increase of by 28% since 2010-11 and there nearly 400,000 children in need<sup>14</sup>.

---

<sup>11</sup> Barnardo's (2024) [25278\\_Annual\\_Report\\_Accounts\\_2023-24\\_DIGITAL3.pdf](#)

<sup>12</sup> LGA (2022) [Social workers seeing record numbers of children with mental health problems](#)

<sup>13</sup> NSPCC (2022) [Record numbers of children affected by domestic abuse leads to call for better recovery support](#)

<sup>14</sup> Department for Education (2024) [Children looked after in England including adoptions, Reporting year 2024 - Explore education statistics - GOV.UK](#)

It can be difficult for families who are facing problems to access help early. While the threshold to receive help as a 'child in need' is set in statute, a survey of Directors of Children's Services found that "*the application and interpretation of thresholds and the management of risk..., varies between authorities*"<sup>15</sup>. The same survey found that around half of respondents observed that there had been threshold change in their local authority in the last two years which had made a difference to the level of safeguarding and early help activity.

**The result is that children's social care is locked in a vicious cycle. Chronic under-funding has led to too many children reaching crisis point meaning the number of children who need to enter the care system rises. This leaves local authorities with little choice but to spend an increasing proportion of their limited funds in late intervention services, and to reduce investment in early support for families and young people.**

### ***What is the evidence about what works?***

The Independent Review of Children's Social Care in England, published in May 2022, set out a vision to break this cycle. It proposed a significant investment in multi-agency 'family help' teams across the country. These teams would work both with families who meet the statutory criteria for help under 'children in need' and those who are entitled to what local authorities usually refer to as 'targeted early help' (which is non statutory). The teams would be made up of professionals such as family support workers, domestic abuse workers and mental health practitioners - who, alongside social workers, would provide timely support to families – preventing problems escalating. These 'family help' teams would be based in community settings, including family hubs (and the government should therefore also invest in this infrastructure as outlined above).

**Funding family help teams will require upfront investment; however there is evidence that investment in these types of services can reduce entries into care. For example, research published in the Children and Youth Service Review demonstrates how between 2012 and 2019, each additional £100 spent on preventative services for adolescents was associated with an average decrease of 1.9 per 10,000 sixteen- and seventeen-year-olds entering care the following year<sup>12</sup>. This means that such support can be effective in enabling children to stay safely living with their birth families – but can also achieve savings in the longer term. Barnardo's has conducted its own analysis which compared the cost of running one of their intensive family support services to the costs associated with high-end interventions that would likely be necessary if support was not provided. Using this comparison, we estimated that for every £1 invested in the service, the savings in costs to the state is approximately £2.60. Based on the number of families the service supported last year, it has saved approximately £1 million per annum to the state<sup>16</sup>.**

### ***What level of investment is required?***

**Barnardo's is calling for the government to commit a minimum of the £2.6bn that was identified as required in the Independent Review to achieve a large-scale transformation in the capacity of family help teams. The review calculated that this money was the amount of investment needed in 2022; it should be noted that a lack of investment in the intervening period means that the funding required will likely be slightly higher than this, taking into account inflation during this time as well as further rises in the looked after child population. Note that the money recommended by the review includes both £2bn for the investment in a nationwide network of multidisciplinary family help teams along with**

---

<sup>15</sup> ACDS (2021) [ADCS\\_Safeguarding\\_Pressures\\_Phase7\\_FINAL.pdf](#)

<sup>16</sup> Barnardo's (2021) [It takes a village](#)

£0.6bn to aid elements such as digital reform of the system that were identified in the review as necessary to ensure the long-term success of the reform program.

## Provide £500m for an enhanced package of financial support for care leavers aged 18-25 to improve their outcomes in adulthood

### What is the issue?

Many care-experienced young people continue to experience poorer outcomes than their peers:

- 38% of care leavers aged 19-21 are not in education, employment or training compared to around 13% of all young people<sup>17</sup>.
- Just 14% of care leavers go to university compared to 47% of all young people<sup>18</sup>.
- One in three care leavers become homeless in the first two years after they leave care<sup>19</sup>.
- 24% of the adult prison population have previously been in care<sup>20</sup>.

To help address these inequities, the Children and Social Work Act (2017) required local authorities to publish local offers of support for care leavers up to age 25 in their area. While this requirement is welcome, there is a significant variation in the quality of the package between different local areas. There are pockets of good practice, with some areas working together to provide more comprehensive support than they could do for their area alone. For instance, the Greater Manchester Care Leavers Guarantee is a series of entitlements including free bus travel and council tax exemptions for care leavers<sup>21</sup>. However, the local offer has limitations, namely a) there are no minimum requirements and b) they only cover entitlements within the remit of a local authority.

### What is the evidence about what works?

Barnardo's is calling for a national statutory offer of support for care leavers aged 18-25 in England. We are also calling for all government departments to be bound by corporate parenting responsibilities and a requirement to propose measures which would help level the playing field for those who grew up in care. Care-experienced children and young people should be directly involved in the process, and it should contain the following measures to better support care leavers at a national level and ultimately improve their long-term outcomes.

- **Free bus travel for care leavers:** Our Transport for Freedom report recommends all care experienced young people 18-25 are given access to free bus travel<sup>22</sup>. This would help them access employment, training and to visit family and friends.
- **All care-experienced young people who qualify for Universal Credit should receive the over-25 rate:** Young people who have just left care can struggle to make ends meet as a result of receiving a lower rate of benefits than older adults. Care leavers living independently need to cover basic costs such as food, energy and transport and many don't have family to rely on to help them meet rising living costs.
- **Better support to access accommodation, particularly in the private sector:** A national policy requiring all local authorities to support care leavers seeking to rent –

---

<sup>17</sup> Department for Education (Nov 2024) [Children looked after in England including adoptions, Reporting year 2024 - Explore education statistics - GOV.UK](#)

<sup>18</sup> CIVITAS (2023) <https://civitas.org.uk/content/files/Breaking-the-care-ceiling.pdf>

<sup>19</sup> All- Party Parliamentary Group for Ending Homelessness (2017) [appg\\_for\\_ending\\_homelessness\\_report\\_2017\\_pdf.pdf \(crisis.org.uk\)](#)

<sup>20</sup> House of Commons Library (2023) [Berman\\_2013.pdf \(antoniocasella.eu\)](#)

<sup>21</sup> Greater Manchester (2019) [circulated-care-leavers-guarantee-booklet.pdf](#)

<sup>22</sup> Barnardo's (2022) [Transport for Freedom - Barnardo's.pdf](#)

including the possibility of providing assistance with rent deposits and guarantors – would significantly support young people to have better access to properties.

- **Access to free prescriptions, as well as making it easy for care leavers to access mental health support:** This could greatly help to improve care leavers health outcomes and reduce the health inequalities that exist between this group and the general population.
- **Improving access to further and higher education for care leavers:** This should include the extension of the role of the virtual school head to care leavers up to the age of 25, so they can work with local colleges and universities and a requirement to tackle practical barriers such as lack of access to accommodation, particularly in the holidays.

### **What level of investment is required?**

Failing to provide care leavers with sufficient support creates a higher long term bill for taxpayers. Research estimates that the costs to the state of poor outcomes for care leavers, such as providing ongoing mental health support, homelessness services, welfare support, and the consequences of engagement with the criminal justice system is around £1,816m<sup>23</sup>. Investing in simple schemes enabling for example care-experienced young people to have access to good quality accommodation or employment would therefore reduce the risk of homelessness and improve overall outcomes for this group – saving money in the longer term.

The exact level of investment required for a comprehensive national offer for care leavers would depend on the component parts. However, Barnardo's has developed indicative costings of some of the elements we would expect to form part of such an offer. These include:

- **Free bus travel** - the annual cost of a care leavers' concessionary bus travel scheme would be around **£77m<sup>24</sup>**.
- **Providing all care leavers who qualify for Universal Credit with the over 25 rate** – There is no official data on the exact number of care leavers currently in receipt of Universal Credit so it is difficult to establish exactly how much extending the over 25 rate to all care leavers would cost the public purse. However, published statistics show that there were around 25,000 care leavers aged 18 to 25 in 2024. Using the NEET figures this would require an investment of around **£24.8m a year (this should be treated as a rough estimate as it does not include any allowance for care leavers who are NEET who do not claim Universal Credit for example because they are part of a couple or those who are entitled to claim part of the benefit as a result of being in low paid work)**.
- **Rent deposit and guarantor schemes** - We have calculated this would require a one-off investment of around **£30m** to establish a scheme in every local authority, along with a much more modest ongoing cost of around **£6.4m** per year<sup>25</sup>.

**Given these indicative costs, Barnardo's is calling for the Spending Review to commit £500m over the three-year period to enable the development of a national offer for care leavers.** The amount of funding required should be reviewed as the offer is developed to ensure it is sufficient to meet the needs identified by care-experienced young people.

---

<sup>23</sup> PwC and Homes for Good (2021) [Delivering better outcomes for children in care](#)

<sup>24</sup> Barnardo's (2022) [Transport for Freedom - Barnardo's.pdf](#)

<sup>25</sup> Barnardos (2023) [Rent guarantor - FINAL.pdf](#)



## **Tackle food insecurity and nutrition by investing £1.1bn in expanding Healthy Start vouchers, free school meals, and the Holiday Food and Activities programme, to ensure every child can access healthy food**

### **What is the issue?**

Many groups of children in the UK – including children living in poverty, asylum-seeking children, children from Black and Minoritised Ethnic communities, and care-experienced children – experience health inequalities: unfair and avoidable disparities in health and access to health services.

Nutrition is one of the key drivers of these inequalities. Food insecurity – a situation in which households are forced to reduce the variety or quality of their diet – limits families. Across the UK, **2.4 million children (17% of all children) are living in food-insecure homes, with an additional 10% in marginal food security**<sup>26</sup>. This is having a huge impact on children’s health, development, and wellbeing, both within childhood and throughout their lives. **Children living in food insecurity are at least twice more likely to report not being in good health, with a higher risk of physical, mental**<sup>27</sup>. Malnutrition in children has risen steeply in the UK in the 21<sup>st</sup> century, increasing by 76% between 2007 and 2022, accompanied by the return of so-called ‘Victorian diseases’ such as rickets and scurvy<sup>28</sup>.

### **What is the evidence about what works?**

The Healthy Start scheme in England, Wales and Northern Ireland is among the main food assistance programmes supporting low-income families to access healthier food. Evaluations of Healthy Start have been positive, with participants reporting that the scheme provides a vital nutritional safety net that helps improve their children’s diets<sup>75</sup>.

However, there are persistent barriers preventing the scheme from fully achieving its potential. Take-up of Healthy Start is low, and many families who could be claiming the vouchers are not doing so. Some families are unaware of the scheme’s existence, whilst others – especially those facing challenging situations – are unable to complete the application process. Most recently available data for take-up rates of those eligible are as follows<sup>29</sup>:

- 66% in England
- 69% in Wales
- 55% in NI

Furthermore, the value of Healthy Start vouchers has not kept pace with the rapidly rising price of fresh produce, limiting the scheme’s impact on diet, and making applying for the voucher feel like it may not be worth the administrative burden. The use of the pre-paid Healthy Start vouchers is also associated with a significant amount of stigma, and even families who find the support provided by the scheme helpful still feel stigmatised<sup>30</sup>. This acts as a barrier to applying, even for families who would most benefit from the support of the scheme.

---

<sup>26</sup> Empty Plates and Cold Homes, Barnardo’s, 2024

<sup>27</sup> Gundersen and Ziliak (2015) [Food Insecurity And Health Outcomes | Health Affairs](#)

<sup>28</sup> NHS (2023) [Admissions for scurvy, rickets and malnutrition - NHS England Digital](#)

<sup>29</sup> Healthy Start: Healthcare Professionals. NHS Healthy Start Uptake Data (n.d.) [Healthcare professionals – Get help to buy food and milk \(Healthy Start\)](#)

<sup>30</sup> Barrett, M., Spires, M. & Vogel, C. The Healthy Start scheme in England “is a lifeline for families but many are missing out”: a rapid qualitative analysis. *BMC Med* **22**, 177 (2024).

<https://doi.org/10.1186/s12916-024-03380-5>

However, **take-up of Best Start Foods, the devolved equivalent of Healthy Start in Scotland, is higher at over 90%. This has been attributed to the higher value of the scheme, and the broader eligibility criteria that simplify the application process<sup>31</sup>.**

Similarly, food at school provides an opportunity for children living in food insecurity to reliably access nutritious food and address dietary health inequalities. Food eaten at school makes up 30% of what a child in primary school eats in a day, and since eating habits and patterns are formed in early years, expanding the availability of nutritious, free school meals represents a real opportunity to reduce nutrition-related inequalities<sup>32</sup>.

However, the provision of free school meals and breakfast clubs is also complicated by barriers. In particular, families in England claiming Universal Credit can only claim means-tested free school meals if they earn below £7,400 a year (after tax). Because of this, **1.7 million children whose families are entitled to Universal Credit – 69% of this group – are not eligible for free lunches. More broadly, the provision of free school meals has led some parents and children to feel excluded or stigmatised**, with some pupils reporting that they are offered different food or are sat separately from non-FSM children<sup>33</sup>.

**It is essential for achieving the government’s manifesto commitment to “raise the healthiest generation of children in our history”** that barriers to accessing healthy food are reduced. Addressing dietary-related health inequalities is an essential component in reducing barriers to opportunity in society, alleviating pressure on the NHS and other statutory services, and preventing long-term illness among children and young people.

Therefore, **Healthy Start should be expanded, with an annual uprate in line with other benefits, the eligibility criteria extended in line with free school meals (an earnings threshold of £20k per annum before benefits), for all families under the age of 5.**

**As set out above, the government should also immediately extend the eligibility of Healthy Start on a statutory footing to include all families with no recourse to public funds and those currently restricted from applying due to immigration controls.**

Similarly, **expanding eligibility for Free School Meals in England to all primary pupils would eliminate barriers to children being able to access school food. Steps should be taken towards this goal, including establishing an auto-enrolment system and an immediate extension of entitlement to all children living in families in receipt of Universal Credit.** The Mayor of London announced the delivery of universal free school meals in London in 2023. An independent evaluation of the policy found that it had been successful in improving children’s access to healthy food; over the 2023/2024 academic year, 60% of parents were able to spend more money on food because of the policy, and 55% of children were eating a more varied diet due to the increased access to food<sup>34</sup>.

**We are also calling for the extension of the Holiday Activities and Food Programme (HAF).** HAF supports children on free school meals with food and activities during holidays, benefiting

---

<sup>31</sup>Sustain (2024) [Healthy Start map: Estimated loss to families in 2024 | Sustain](#)

<sup>32</sup> Parnham et al. (2022) Cambridge University Press, [School meals in the UK: ultra-processed, unequal and inadequate | Public Health Nutrition | Cambridge Core](#)

<sup>33</sup> Child Poverty Action Group (2021) [Discretion, Dignity and Choice: Free School Meals](#)

<sup>34</sup> Impact on Urban Health (2024) [More than a meal: An independent evaluation of universal primary free school meals for children in London](#)

**600,000 children** in summer 2022<sup>35</sup>. The programme also has benefits beyond addressing hunger; research amongst parents in Birmingham with children attending the programme reported reduced stress and 73% said their children were less likely to engage in anti-social behaviour<sup>36</sup>. With an estimated **3 million children at risk of holiday hunger** and **900,000 ineligible (as they are ineligible for free school meals) despite living in poverty**, the programme should be extended beyond 2026, with eligibility widened to all households in receipt of Universal Credit.

#### ***What level of investment is required?***

Costing undertaken in the National Food Plan **for an expansion of Healthy Start range between £82-£132m, depending on the level of uptake**, bringing the total annual cost of the scheme up to £165-285m.<sup>37</sup>

**The Plan's costing of an extension of Free School Meals to all families in receipt of Universal Credit would cost £790 million annually<sup>38</sup>.**

**Cost-benefit analysis conducted by PwC found that the cost of expanding Free School Meals to all children in receipt of universal credit would produce a total return of £1.38 for each £1<sup>39</sup>.** The same analysis found that full expansion of universal free school meals would produce a return on investment of £1.71 for every £1 invested. It has also been estimated that the provision of universal free universal FSMs would cost an additional £1.8bn across the UK<sup>40</sup>.

The cost of the existing Holiday Activities and Food (HAF) Programme is **around £200 million per year delivered over a three-year cycle.**

## **Invest £353m in a rapid roll out of Mental Health Support Teams plus school counsellors (MHST+s) to tackle the crisis in children's mental health, improve wellbeing, and reduce pressure on CAMHS**

#### ***What is the issue?***

Around 1.3 million children aged 6–16 in England (1 in 5) have a diagnosable mental health condition, rising to 1 in 4 among 17–19-year-olds<sup>41</sup>. Poor mental health in children and young people has wider impacts beyond their overall health and wellbeing, including as a result of missing education. School attendance has not recovered to levels seen before the Covid-19 pandemic and 19.2% of pupils were persistently absent in autumn and spring 2023/24.<sup>42</sup> Barnardo's is commissioned by the Department for Education to provide attendance mentors, supporting persistently absent children back into education. An evaluation of this work has

---

<sup>35</sup> UK Government (2022), '[Press Release: Holiday help: holiday activity clubs continue in 2023](#)'

<sup>36</sup> UK Government (2021), '[Press Release: More than half a million children benefitted from healthy food and activities during summer](#)'

<sup>37</sup> National Food Strategy (2021), The Plan: [www.nationalfoodstrategy.org](http://www.nationalfoodstrategy.org)

<sup>38</sup> *ibid.*

<sup>39</sup> [Expanding free school meals: a cost benefit analysis - Impact on Urban Health](#)

<sup>40</sup> Covid Realities and Child Poverty Action Group, 2021; [Fixing Lunch: The case for expanding free school meals](#)

<sup>41</sup> NHS England, 2023 [NHS England » One in five children and young people had a probable mental disorder in 2023](#)

<sup>42</sup> UK Government, 2024; <https://explore-education-statistics.service.gov.uk/find-statistics/pupil-absence-in-schools-in-england>

found that children experiencing mental health conditions are more likely to be absent from school, and unmet mental health needs are a key reason for referral to the service.<sup>43</sup>

For children experiencing poor wellbeing or with mental health conditions, many lack access to early intervention and prevention support in schools and communities, leading to missed opportunities to address conditions early before they deteriorate further with a more significant impact on children's lives, as well as increased demand for overstretched Child and Adolescent Mental Health Services (CAMHS), longer waiting lists, and cases closed without support.

Schools and colleges are key to early mental health support, offering whole-school approaches and connecting students to specialist services. MHSTs, like the 12 currently run by Barnardo's, provide vital mental health support in schools, providing support to children and young people with mild to moderate conditions and referring severe cases to CAMHS. **However, only 50% of schools in England have access to MHSTs. Urgent investment is needed to ensure nationwide coverage.**

#### ***What is the evidence about what works?***

Barnardo's report *It's Hard to Talk*<sup>44</sup>, found MHSTs to be a highly cost-effective mental health intervention, with **a return on investment to the state of £1.90 for every £1 invested in MHSTs.**

The report found that MHSTs are effective at supporting young people with mild to moderate-level mental health support needs, with **an average improvement of 57% across a range of symptoms** including low mood and anxiety. However, for children with more complex support needs and for younger children, the Cognitive Behavioural Therapy model provided by MHSTs is less appropriate and effective. This creates a **"missing middle" in support for children with moderate or complex needs who are currently underserved by MHSTs, and do not meet the threshold for CAMHS support. To address this gap, Barnardo's recommends an MHST+ model, including a school counsellor to provide targeted support.**

Nearly half of schools already commission counsellors alongside MHSTs. **Expanding the MHST+ model across England would ensure consistent early intervention, reduce pressure on CAMHS and schools, and support the government's manifesto commitment to having a mental health professional in every school.** Benefits include improved attendance and attainment, and improved health and wellbeing outcomes.

#### ***What level of investment is required?***

New analysis from the Future Minds Coalition of charities suggests that achieving **full coverage of MHSTs to 100% of schools and colleges would cost £455.5 million a year, a funding increase of £228 million from current MHST spending.**<sup>45</sup> Furthermore, Barnardo's analysis has found that **each MHST in its present form creates savings of up to £2million to the state, and the cost of inaction could reach £1.8billion.**<sup>46</sup>

A report from Public First, with Citizens UK and BACP (British Association for Counselling and Psychotherapy) found that **universal access to counselling for children in England would**

---

<sup>43</sup> York Consulting LLP, 2024; Department for Education Evaluation of the WaterTower Pilot: An Attendance Mentor Intervention [Evaluation of the Watchtower Project pilot: an attendance mentor intervention](#)

<sup>44</sup> Barnardo's (2022) *'It's Hard to Talk'; Expanding Mental Health Support Teams in Education*

<sup>45</sup> Future Minds, 2025; [Future Minds Report](#)

<sup>46</sup> Barnardo's, 2022; [It's hard to talk: Expanding Mental Health Support Teams in education | Barnardo's](#)

generate lifetime fiscal benefits to the government of £1.9 billion, against an annual cost of about £250 million, equating to around £350 per child benefitting from counselling support.<sup>47</sup>

This equates to a cost of £353 million per annum to reach the 50% of schools currently without an MHST to provide MHST+ and £125 million to provide a school counsellor within existing MHSTs. Total annual cost of roll out and MHST+ therefore reaches an estimated £478 million. Given existing challenges with recruitment and retention in the sector we advocate working with existing MHST+ providers to shape the roll-out.

## **Invest £130m in social prescribing for children and young people to reduce pressure on acute services**

### ***What is the issue?***

Approximately one in five GP appointments are for non-clinical reasons<sup>48</sup>. In addition, up to 40% of A&E visits are for inappropriate or avoidable reasons including a lack of access to primary care, social care or admissions caused by social factors<sup>49</sup>.

Social prescribing services connect people to local, non-clinical services in their area to support their health and wellbeing. Referrals to social prescribing services can be made by both GPs and other healthcare professionals, as well as schools, housing associations and other community organisations<sup>50</sup>. Examples of the type of support provided include:

- group activities such as crafting and cinema clubs to reduce loneliness;
- walking groups to improve low activity levels and reduce the effect of long-term conditions;
- outdoor activities and exercise including gardening or swimming to reduce anxiety and improve wellbeing<sup>51</sup>.

**If social prescribing were applied across England, it could reduce the need for GP appointments by 2.5-3% annually. This would save between 2.8-3 million appointments, reducing pressure on and costs for GP and other primary care services<sup>52</sup>.**

Evidence from Barnardo's report "The Missing Link"<sup>53</sup> demonstrates that social prescribing improves mental health and wellbeing outcomes for children and young people and supports them to with school attendance and connecting with their communities. In addition, there is evidence that social prescribing interventions improve children's physical health and supports healthy child development.<sup>54</sup>

---

<sup>47</sup> Public First, BACP and Citizens UK, 2024; [School counselling report](#)

<sup>48</sup> Voluntary Sector NW, 2022; [Social prescribing programme could lead to 4.5 million fewer GP appointments per year, according to new analysis by NASP](#)

<sup>49</sup> British Journal of General Practice, 2013; [Reducing inappropriate accident and emergency department attendances](#)

<sup>50</sup> NHS England, 2024; [What is Social Prescribing?](#)

<sup>51</sup> Indeed, 2024; [What is social prescribing? \(A guide for healthcare\)](#)

<sup>52</sup> The Open Data Institute and Frontier Economics, 2021; [The Role of Data in Unlocking the Potential of Social Prescribing](#)

<sup>53</sup> Barnardo's, 2023; The Missing Link; Social Prescribing for Children and Young People <https://www.barnardos.org.uk/research/missing-link-social-prescribing-children-young-people>

<sup>54</sup> Hayes et al, 2023; <https://socialprescribingacademy.org.uk/media/lrif2emh/evidence-review-the-impact-of-social-prescribing-on-children-and-young-peoples-health-and-wellbeing.pdf>

### ***What is the evidence about what works?***

Social prescribing is an effective early intervention for children and young people experiencing a range of symptoms including anxiety, social isolation, and low mood. Early evaluations of social prescribing interventions demonstrate a range of positive impacts<sup>55</sup>. For example, Barnardo's research found that a small sample of 44 children and young people using the Outcomes Rating Scale to measure the impact of the service between October 2022 and June 2023, 66% made a statistically significant improvement. Children and young people using the service report feeling less isolated, improved relationships, increased emotional awareness and resilience, as well as feeling more confident and empowered to manage their wellbeing and seek help when required.<sup>56</sup>

Services are also cost effective. **Barnardo's cost-benefit analysis suggests a potential return to the state of £1.80 for every £1 invested, due to reduced need for more intensive mental health support as less children and young people reach crisis point<sup>57</sup>.**

Barnardo's social prescribing services support children and young people to access activities and interventions in a range of settings including nature spaces, communities, schools and colleges. The service provides nonclinical interventions that reduce pressure on primary care as well as on specialist mental health services. Our evidence shows that social prescribing is an effective preventative and early intervention for children. However, the current funding model for social prescribing services for children and young people is unsustainable, and service provision and effectiveness are at risk without increases that reflect service costs.

### ***What level of investment is required?***

Social prescribing for children and young people is often delivered by link workers, funded through the Additional Role Reimbursement scheme (ARRs). However, ARRs limit service expansion, as it only covers salaries, with just £200 allocated per role for additional costs like training, management, room hire, and transport—which is insufficient to meet service needs.

**Barnardo's analysis shows that ARRs funding of £38,160 per role falls short by £14,477 when accounting for essential costs such as management, training, property, IT, and transport<sup>58</sup>.** These are critical for delivering accessible, community-based services that don't feel clinical and for supporting a whole-family approach. This additional funding is crucial to ensuring that link workers have the resources they need to receive professional support and training, as well as to reach children in their communities, and help them to overcome barriers to accessing support and activities.

In the NHS Long Term Workforce Plan published in 2023, the government set an ambition for 9,000 social prescribing link workers to be in post by 2036/37. Meeting this target will require an additional 5,500 ARRs funded link workers on top of the approximately 3,500 existing posts, at a cost of £209.8 million. **Barnardo's recommends an additional investment of £130 million,** the cost of uprating funding for existing and additional link worker roles, to ensure that ARRs

---

<sup>55</sup> Hayes, D., Jarvis-Beesley, P., Mitchell, D., Polley M., & Husk K. [On behalf of the NASP Academic Partners Collaborative]. (2023). 'The impact of social prescribing on children and young people's mental health and wellbeing'. London: National Academy for Social Prescribing.

<sup>56</sup> Barnardo's, 2023; *The Missing Link: Social Prescribing for Children and Young People* <https://www.barnardos.org.uk/sites/default/files/2023-10/report-missing-link-social-prescribing-children-young-people.pdf>

<sup>57</sup> Barnardo's 2023; *The Missing Link: Social Prescribing for Children and Young People*

<sup>58</sup> Barnardo's 2023; *The Missing Link: Social Prescribing for Children and Young People*

funding meets the real costs of service provision and create sustainable and effective social prescribing for children and young people.

**We recommend:**

- **An uplift in ARRs funding to cover the full cost of sustainable social prescribing services.**
- **Expansion of ARRs to allow Primary Care Networks (PCNs) to recruit multiple link workers, ensuring consistent access for children and young people.**

## **Urgent reform of the work and benefits system to better support families with children including £1.7bn for ending the two-child benefit cap, £19bn for an Essentials Guarantee, to ensure that no family has to choose between heating and eating**

### **What is the issue?**

Over one in four children in the UK live in poverty, with around one million in destitution, impacting their education, health, and well-being<sup>59</sup>. Barnardo's report, Empty Plates and Cold Homes<sup>60</sup>, highlights how rising living costs are worsening child poverty:

- **1 in 4 parents (25%) struggled to provide sufficient food for their child** in the last 12 months, up from 1 in 5 parents (20%) in October 2022. We estimate this is affecting 3.4 million children.
- **1 in 3 parents (33%) have cut back on energy bills** (e.g. gas, water and electric) to save money, up 2% from February 2023.
- **8% of parents made use of a local food bank**, up 2% from February 2023. We estimate there are over **1 million children** in families in this situation.<sup>61</sup>

Families often face impossible choices between heating and feeding their children, leading to poor health, hunger, and difficulty concentrating at school.

**Many asylum-seeking families face extreme poverty due to the No Recourse to Public Funds (NRPF) rule.** Under the Immigration and Asylum Act 1991, those who have made an asylum claim and do not yet have a decision on their case are eligible to claim Section 95 financial support, which is insufficient in providing basic essentials. The following are the sole eligible Section 95 payments:

- £49.18 weekly per person in self-catered housing, or £8.86 in catered accommodations.
- A one-off £300 maternity grant.

Reform of the work and benefits system is urgently needed to better support families with children.

### **What is the evidence about what works?**

These key reforms should be included in the forthcoming Child Poverty Strategy and provision made in the Spending Review:

---

<sup>59</sup> Government statistics show that more than 1 in 4 children live in poverty: Department for Work and Pensions (2024), '[Households Below Average Income, Summary Results – 1995 to 2023](#)'

<sup>60</sup> Barnardo's (2024); [Empty plates and cold homes: What it's like to grow up in poverty in 2024](#)

<sup>61</sup> This estimate is consistent with analysis conducted by the Trussell Trust, the UK's largest network of foodbanks. Between April 2023 and March 2024 the Trussell Trust distributed 1.1 million emergency food parcels to children: Trussell Trust (2024), '[End of Year Stats](#)'

- End the two-child limit:**  
The two-child limit on Universal Credit and Child Tax Credit, denies families up to £3,455 per additional child annually<sup>62</sup>. This policy disproportionately affects larger families, increasing food insecurity and fuel poverty<sup>63</sup>. Without change, **51% of larger families** will live in poverty by 2028-29<sup>64</sup>. Ending this limit would provide critical support to families struggling to meet basic needs.
- NRPF and Asylum Support:**  
**We urge the exemption of families with children under 18 from NRPF conditions, the principal poverty driver for asylum-seeking and migrant children.**  
Barnardo's practitioners report that displaced families struggle with mental health issues, lack of access to services, and food insecurity. Rising costs, particularly for essentials like baby formula (£11.93 per pack) and school uniforms, worsen these challenges. **Increases in Asylum Support Allowances must reflect the increase in average food prices, particularly affecting families with young children**
- Sustain the Household Support Fund (HSF):**  
The HSF funds local crisis support for families facing financial hardship, covering essentials like food and energy. In 2023/24, it financed **65% of local welfare spending**<sup>65</sup>. Without it, the LGA says that **60% of councils** would be unable to offer additional support<sup>66</sup>. The HSF should be extended beyond March 2025, with a long-term plan for sustainable local crisis assistance.
- Implement an Essentials Guarantee:**  
Proposed by the Joseph Rowntree Foundation and Trussell Trust<sup>67</sup>, this would set a legal minimum Universal Credit level to cover essentials like food and fuel. Currently, Universal Credit falls **£29 short per week** of this threshold—or **£48 for under-25s**. Around **5 in 6 low-income households** are going without basic essentials like food and fuel<sup>68</sup>. The policy has **72% public support** and would benefit **3.9 million families with children**, reducing food and fuel poverty<sup>69</sup>.

### What level of investment is required?

- Ending the two-child limit**  
Ending the 'sibling penalty' is one of the most cost-effective means of lifting children out of poverty. It would lift 490,000 children out of poverty at a cost of £1.7bn per year.<sup>70</sup>

<sup>62</sup> Institute for Fiscal Studies (2024), '[The two-child limit: poverty, incentives and cost](#)'

<sup>63</sup> Food Foundation (2022), '[New data shows 4 million children in households affected by good insecurity](#)'; University of York (2022), '[Rising Fuel Poverty](#)'

<sup>64</sup> Food Foundation (2022), '[New data shows 4 million children in households affected by good insecurity](#)'; University of York (2022), '[Rising Fuel Poverty](#)'

<sup>65</sup> End Furniture Poverty (2024), '[A Bleak Future for Crisis Support 2023/24](#)' End Furniture Poverty (2024), '[A Bleak Future for Crisis Support 2023/24](#)'

<sup>66</sup> <https://www.local.gov.uk/about/news/lga-6-10-councils-will-be-unable-provide-extra-local-welfare-support-when-fund-ends>

<sup>67</sup> Trussell Trust (2024), '[Essentials Guarantee](#)'

<sup>68</sup> Joseph Rowntree Foundation (2024), '[Report: Guarantee our Essentials: reforming Universal Credit to ensure we can all afford the essentials in hard times](#)'

<sup>69</sup> Ibid.

<sup>70</sup> Resolution Foundation (2024), '[Press release: two-child limit data analysis](#)'



- **No Recourse to Public Funds (NRPF):**

In London, the cost over 10 years of lifting the NRPF restriction amounts to **£1.74 billion**, however, the combined social and economic benefits of the proposed policy change would exceed the costs to the public sector through savings made facilitating better outcomes in education, health and childhood development. Over ten years, the gains made amount to **£2.62 billion**, and therefore the overall cost-benefit of lifting NRPF restrictions amounts to a saving of **£872 million in London** alone over 10 years, with greater savings if expanded nationally.<sup>71</sup>

This is also in the context of the financial support local authorities provide in supporting families who are subject to the NRPF condition. In 2023, **82 councils** spent **£77.6 million** supporting NRPF households. London councils spend over **£60 million annually**, with central government spending nearly **£100 million**<sup>72</sup>.

In addition at a very minimum, the **Healthy Start Scheme should extend eligibility** to families with NRPF status.

- **Asylum Support**

Current asylum support rates fail to meet basic needs amid rising living costs.

Barnardo's is calling for:

- Asylum-seeking families to be able to benefit from the implementation of an 'Essentials Guarantee' (see above) however, failing this we advocate for the reintroduce of the Home Office's previous policy of calculating the weekly asylum support payment to **70% of the standard rate of Universal Credit**, as was the case prior to 2008 with Income Support.
- Increasing **Section 95 and Section 4 maternity grants** as a minimum to **£500**, matching the Sure Start Maternity Grant.
- Raising the additional payment for babies under 1 to **£11.93**, reflecting the CPI increase in formula costs.
- In England, we call for the **end of the post-code lottery for the amount of support offered for uniform costs by requiring local authorities in England to provide a minimum grant amount**. Even with the Children's Wellbeing and Schools Bill bringing in proposed changes to limit the number of mandatory branded uniform items, there is still a need to provide this kind of support with overall school uniform costs to families most in need.

- **Household Support Fund (HSF)**

An extension of the existing scheme for another six months would cost £500m, however this does not account for likely cost savings. In a study cited by the National Audit Office, an investment of £0.5million by one local authority into its local welfare assistance scheme generated £9.7million in savings to other public services.<sup>73</sup>

---

<sup>71</sup> Centre for Analysis of Social Exclusion Research at London School of Economics (2022); [Social Cost Benefit Analysis of the no recourse to public funds \(NRPF\) policy in London](#).

<sup>72</sup> NRPF Network (2024); [NRPF Connect Data Report](#)

<sup>73</sup> National Audit Office (2016), '[Local Welfare Provision](#)'. The National Audit Office highlighted the evidence from Milton Keynes Council, which used the New Economy's Unit Cost Database to estimate the cost savings to other public services of their local welfare scheme. It estimated that over a full year awards made by the local authority worth £0.5 million led to a total estimated combined saving for central and local government of £9.7 million. The council examined the fiscal, economic and social value derived from a sample of 592 local welfare provision awards it made from January to July 2015.

- **Essentials Guarantee**

Fully implementing the Essentials Guarantee would cost £19 billion a year.<sup>74</sup> This investment would yield long-term savings in public services by reducing food insecurity, fuel poverty, and the broader impacts of child poverty.

These targeted investments would reduce child poverty while generating long-term savings for public services.

## **Invest to ensure that all child victims of abuse and exploitation are able to access child-centred support and advocacy services**

### ***What is the issue?***

Evidence shows that 1 in 5 children will be exposed to domestic abuse before turning 18 years old<sup>75</sup>, and that 1 in 20 children will experience child sexual abuse in their childhood.<sup>76</sup>

These children too often face a **postcode lottery when trying to access child-specific advocates**, including Child Independent Domestic Violence Advisers and Child Independent Sexual Violence Advisers (CHIDVAs and CHISVAs).

### ***What is the evidence about what works?***

Advocacy services, which include but are not limited to Child Independent Sexual Violence Advisers (CHISVAs), Child Independent Domestic Violence Advisers (CHIDVAs) and Independent Child Trafficking Guardians (ICTGs) provide a vital service for child victims of abuse and exploitation. Advocates support children with the practical challenges and emotional trauma of facing abuse and exploitation, and help them to understand and navigate support services, the criminal justice system, and social care services.

The abuse that children experience is likely to look different from the abuse that adults experience, impacting them in different ways. This requires a separate response which can include different risk factors, safeguarding processes and separate safety planning. A report from SafeLives found that adult domestic abuse services are not always equipped to meet children and young people's needs.<sup>77</sup>

**An FOI request by Barnardo's found just 16.9% of all advocates commissioned by Police and Crime Commissioners to support victims of domestic abuse and sexual abuse in the financial year 2023-24 were there to specifically support children**, in the form of CHIDVAs and CHISVAs.

**Furthermore, the FOI found that more than an additional 1,900 FTE CHIDVAs and almost 500 FTE CHISVAs were needed to sufficiently support the number of child victims of domestic abuse and sexual abuse** identified by local authorities.

At present, the Independent Child Trafficking Guardian (ICTG) Service, run by Barnardo's in England and Wales, on behalf of the Home Office, provides support and advocacy for child victims of human trafficking and modern slavery. **Referrals are increasing, not because of prevalence, but due to increased identification and awareness of signs of human trafficking and modern slavery.** We also support a growing number of children who are victims of modern slavery or human trafficking who are Unaccompanied Asylum-Seeking Children.

---

<sup>74</sup> Ibid.

<sup>75</sup> NSPCC, 2019; Child Abuse and Neglect in the UK today

<sup>76</sup> NHS England, nd; Spotting the Signs of Child Sexual Abuse [Spotting signs of child sexual abuse - NHS](#)

<sup>77</sup> Safe Lives. [Safe Young Lives: Young People and domestic abuse](#)

An independent evaluation of the ICTG Service conducted by the Modern Slavery & Human Rights Policy & Evidence Centre, found that it, ‘delivers a flexible, multi-layered ‘pyramid of service support’ enabling positive outcomes for the safeguarding, protection, well-being, and recovery of children and young people with lived experience of modern slavery improving the outcomes for trafficked or exploited children.’<sup>78</sup>

**We therefore strongly support the extension of the service to incorporate all of England and Wales and we also support an extension of the scope of the service and funding, to provide support to all Unaccompanied Asylum-Seeking Children. This is currently the case in Scotland and Northern Ireland.** We also advocate for an ambitious reintroduction of post-18 transitional support, including direct and indirect support through the allocation of additional funding through the next tender award.

***What level of investment is required?***

**Barnardo’s is calling on the Government to place a duty on local agencies to commission sufficient, specific support and advocacy services for child victims. Investment makes economic sense – Barnardo’s and Pro Bono Economics evidence from 2011 found that, for every £1 invested in specific support services for child sexual exploitation, it can save the taxpayer up to £12, with savings being shared by multiple agencies and government departments.**<sup>79</sup>

As well as having a devastating impact on victims of child abuse and exploitation, there is also an economic and societal cost to this harm. In 2019, the Home Office estimated the cost of domestic abuse in England and Wales for the year ending 31 March 2017 to be approximately £66 billion.<sup>80</sup> **In 2021, the Home Office published a study into the costs relating to children whose sexual abuse began or continued in the year ending March 2019. The estimated cost to society exceeded £10 billion, this estimate is restricted to the costs of contact child sexual abuse and does not include online sexual abuse so the full costs will be much higher.**<sup>81</sup>

---

<sup>78</sup> Modern Slavery & Human Rights Policy & Evidence Centre (2024); [Outcomes for children and young people affected by modern slavery](#)

<sup>79</sup> Barnardo’s and Pro Bono Economics, 2021. [An assessment of the potential savings from Barnardo’s interventions for young people who have been sexually exploited.](#)

<sup>80</sup> Home Office, 2019. [The economic and social costs of domestic abuse.](#)

<sup>81</sup> Home Office, 2021. [A report on the economic and social cost of contact child sexual abuse in England and Wales for victims who experienced abuse in the year to 31<sup>st</sup> March 2019.](#)

## Annex 1 - Summary of our asks, investment required, cost-benefits and long-term savings

Ask	Investment required	Timeframe	Cost-benefits / Longer-term savings	Notes
<b>Family centres</b>	£2.8bn	Over 3 years	<ul style="list-style-type: none"> <li>• £2.44 return for every £1 spent on parenting programmes (e.g. Welcome to Parenthood).</li> <li>• £3.82 return for every £1 spent on autism parenting support programmes (e.g. Cygnet).</li> <li>• Long-term savings from reduced late intervention costs (e.g. care placements).</li> </ul>	Contributes to improving outcomes in relation to health, child poverty, and potentially youth violence.
<b>'Family help' teams</b>	£2.6bn	Over 3 years	<ul style="list-style-type: none"> <li>• £2.60 saved for every £1 invested in intensive family support.</li> <li>• Reduction in care entries by 1.9 per 10,000 adolescents for every £100 spent on preventative services.</li> </ul>	Breaks the cycle of late intervention and reduces long-term costs of care
<b>Enhanced support for care leavers</b>	£500m	Over 3 years	Savings in relation to costs associated with care-experienced having far poorer outcomes than their non care-experienced peers in relation to education, employment, homelessness, mental health and entering the criminal justice system.	Improves outcomes for care leavers, reducing homelessness and unemployment.
<b>Tackle food insecurity and nutrition</b>	<p>Healthy Start:£82-132m</p> <p>Free school meals for those on UC: £790m</p> <p>Holiday Food and Activity Programme: £200m</p>	<p>Per year</p> <p>Per year</p> <p>Per year</p>	<ul style="list-style-type: none"> <li>• £1.38 return for every £1 invested in Free School Meals for families in receipt of Universal Credit .</li> <li>• £1.71 return for universal free school meals.</li> <li>• Improved health outcomes and reduced NHS pressure.</li> </ul>	Improves health outcomes for children.
<b>Full roll-out of Mental Health Support Teams + (MHSTs)</b>	£353m	Per year	<ul style="list-style-type: none"> <li>• £1.90 return for every £1 invested in MHSTs.</li> <li>• Savings to the state of up to £2 million per MHST.</li> <li>• Lifetime fiscal benefits of £1.9 billion from universal counselling access.</li> </ul>	Reduces CAMHS pressure and improves health outcomes.

<b>Social prescribing for children and young people</b>	£130m	Per year	<ul style="list-style-type: none"> <li>• £1.80 return for every £1 invested.</li> <li>• Reduces GP appointments by 2.5-3% annually, saving 2.8-3 million appointments.</li> </ul>	Reduces pressure on acute health services and improves health outcomes.
<b>Reform of the work and benefits system to better support families with children</b>	2 child limit: £1.7bn	Per year	<ul style="list-style-type: none"> <li>• Ending two-child limit: Without change, 51% of larger families will live in poverty by 2028-29. Lifts 490,000 children out of poverty.</li> </ul>	Lifts families out of poverty and improves health outcomes.
	Essentials Guarantee: £19bn	Per year	<ul style="list-style-type: none"> <li>• Essentials Guarantee: Has 72% public support and would benefit 3.9 million families with children, reducing food and fuel poverty .</li> </ul>	
	HSF: £500m [£1bn]	6 months [Per year]		
	Lifting NRPF restrictions (indicative cost for London only): £1.74bn	Over 10 years	<ul style="list-style-type: none"> <li>• HAF Programme: 3 million children at risk of holiday hunger and 900,000 ineligible (as they are ineligible for free school meals) despite living in poverty.</li> <li>• HSF: An investment of £0.5million by one local authority into its local welfare assistance scheme generated £9.7million in savings to other public services</li> <li>• Lifting NRPF restrictions saves £872 million in London alone over 10 years.</li> <li>• Increases in asylum support rates and maternity grants improve outcomes for asylum-seeking families.</li> </ul>	
<b>Child-centred support and advocacy services for child victims of abuse and exploitation.</b>	Calling on the Government to place a duty on commissioners to commission sufficient, specific support and advocacy services	<i>No costings available.</i>	<ul style="list-style-type: none"> <li>• Savings of £66 billion from reduced domestic abuse costs.</li> <li>• £10 billion saved from reduced child sexual abuse costs.</li> <li>• For every £1 invested in specific support services for child sexual exploitation, it can save the taxpayer up to £12, with savings being shared by multiple agencies and government departments.</li> </ul>	Ensures child-specific support and reduces long-term societal costs.

## Annex 2: Sandwell Family Hubs Outcomes and Financial Impact February 2025

### Introduction and Executive Summary

This annex assesses the outcomes and financial savings achieved by two programmes delivered by Barnardo's as part of the Sandwell Family Hubs offering: **Welcome to Parenthood** (Triple P for Baby) and **Cygnets**.

We conclude that both programmes achieve positive outcomes for many of the participants and pay for themselves, delivering financial benefits that exceed the costs of delivery.

Our calculations suggest that the **Welcome to Parenthood** parenting programme delivered benefits of around **£2.44 for every £1 spent** or **£3,624 per course participant**.

Our calculations also suggest that the **Cygnets** parenting programme delivered benefits of around **£3.82 for every £1 spent**, or **£3,030 per course participant**.

We believe these are conservative assessments and that the benefits to the state and the wider economy could extend considerably beyond this.

The rest of this annex provides more details on each of these services and on our impact assessments.

### Section 1 – Welcome to Parenthood (Triple P for Baby) Introduction

**Welcome to Parenthood** (*Triple P for Baby*) is an 8-week program designed for parents and carers seeking support in learning new strategies to help navigate the challenges they face with their infant. This programme supports with setting boundaries, routines and to become a calmer parent/carer. This is a universal service available to all, with the only eligibility criteria being the child's age (antenatal to the first year).

### Outcomes

Welcome to Parenthood service users are asked to complete a parent/carer self-report questionnaire that gathers parental perceptions about the child, and the parent-infant relationship, using the Mother Relation object Scale (MoRS). Users are assessed across two scales:

- **Warmth** – This assesses a parent/carer's perception of how warm their infant is towards them.
  - Scores range from 0 to 35, with the average around 29. The tool's guidance<sup>1</sup> is that a score lower than 20 may indicate grounds for *possible concern*. 11 or less indicates *concern*.
- **Invasion** – this assesses the extent to which a parent/carer feels a sense of unwelcome invasion or control by their infant.
  - Scores range from 0 to 35, with the average around 10. Higher than 12 may indicate grounds for *possible concern*. 17 or more indicates *concern*.

Paired outcomes (i.e. scores recorded *before* and *after* the 8-week treatment) were collected for 30 parents/carers who used the service over 12-months commencing in November 2023<sup>2</sup>.

**Figure 1** below reports the results. It shows how all users' outcomes were rated as normal, of possible concern or of concern across both scales, pre- and post-treatment. As can be seen:

- Most users registered scores that either increased, decreased or were unchanged after support, but stayed within the *normal* range.
- One user (user 24), who fell into the *possible concern* range from the *normal* range, regressed.
- Two users (1 & 17) registered pre-treatment scores that indicated *concern*. *But both fell* into the *normal* range post-treatment.
- A further eight users recorded pretreatment scores that indicated *possible concern* but of these six fell back into the *normal* range after support with the other two remaining in the *possible concern* range.

Overall, positive outcomes were achieved by a significant proportion (eight of the 30) of users.

**Figure 1 – MoRS paired outcomes**

User	Warmth		Invasion	
	Pre	Post	Pre	Post
1	Concern	Normal	Normal	Normal
2	Normal	Normal	Normal	Normal
3	Possible concern	Possible concern	Normal	Normal
4	Normal	Normal	Normal	Normal
5	Normal	Normal	Normal	Normal
6	Normal	Normal	Normal	Normal
7	Normal	Normal	Normal	Normal
8	Possible concern	Normal	Normal	Normal
9	Possible concern	Normal	Normal	Normal
10	Normal	Normal	Normal	Normal
11	Normal	Normal	Normal	Normal
12	Possible concern	Normal	Normal	Normal
13	Normal	Normal	Normal	Normal
14	Normal	Normal	Normal	Normal
15	Normal	Normal	Normal	Normal
16	Normal	Normal	Normal	Normal
17	Possible concern	Normal	Concern	Normal
18	Normal	Normal	Normal	Normal
19	Normal	Normal	Normal	Normal
20	Normal	Normal	Possible concern	Possible concern
24	Normal	Normal	Normal	Possible concern
25	Normal	Normal	Possible concern	Normal
26	Possible concern	Normal	Normal	Possible concern
27	Normal	Normal	Normal	Normal
28	Normal	Normal	Normal	Normal
29	Normal	Normal	Normal	Normal
30	Possible concern	Normal	Normal	Normal

Key

Normal
Possible concern
Concern

## Cost Savings

A difference-in-difference approach has been adopted to estimate the financial impact of the Barnardo's Welcome to Parenthood service. This considers the costs of two scenarios:

- I. The **factual** scenario: the costs associated with running the service.
- II. The **counterfactual** scenario: the fiscal, economic and social costs that would have been incurred by service users in the absence of the service. These can be interpreted as cost savings<sup>3</sup>.

To calculate the costs of scenario II we have used the unit cost database produced by The Greater Manchester Combined Authority (GMCA) Research Team (formerly New Economy). The database brings together more than 600 cost estimates in a single place, most of which are derived from Government reports and academic studies.

The database provides estimates of costs that are incurred by the state for a family facing the highest level of risk for a particular outcome, such as social services or poor parental mental health. For example, the database assesses what the cost would be of needing to provide long term mental health support or to place a child on a child protection plan.

Based on the descriptions of the costs in the database, user feedback and advice from service practitioners, we have matched these with the relevant outcomes captured by the service. We consider this the best estimate/approach possible given the lack of peer-reviewed studies on the outcomes of such programmes.

In this exercise, we assume cost savings are only realised by those users who transitioned from the *possible concern* or *concern* ranges pre-treatment to the *normal* range post-treatment:

For the two users who indicated *concern* pre-treatment, we assume two cost saving streams:

### 1. Social Services

- Service practitioners advised that the users who fell into this category may have been at risk of being put on a social care statutory plan in the absence of the service. Following the programme however, they were not<sup>4</sup>.
- Given the slightly different risk profiles for the two users, we assume one would have required a Child in Need plan and the other a Child Protection plan. The estimated cost savings for the latter are considerably higher (see **Figure 2** below).
- Since both users registered post-treatment scores in the *normal* zone, we attribute 100% of these social service-related cost saving to the service.
- Note, these cost savings are per child. In total, there were 44 children across the 30 users, which translates to 1.5 children on average per user. This is the figure we have used to apply these cost savings per user, where applicable.

### 2. Mental Health

- We also allocate a mental health cost saving, this time proportional to the average improvement made by these users comparing start and end MoRS scores. That was c50% for this group – see **Figure 3**.
- Post-treatment user feedback heavily centred around a sense of improved happiness and positivity because of the programme. These range from a sense of greater confidence and better relationships to an improved ability to independently regulate emotions and stressful situations. **Figure 4** below details positive outcomes experienced by some of the programme users.
- Service practitioners noted that poor mental health and wellbeing (impacted child/parent relationship, anxiety, lack of parental confidence) would likely to have resulted if the treatment had not taken place. This would have led to the users needing support from wellbeing services and/or increased contacts from health professionals.



For the users who indicated *possible concern* pre-treatment, we assume only savings associated with **mental health**. Again, this are assessed in proportion with this group's average improvement in MoRS scores. That was c15% for this group – see **Figure 3**).

For all other 19 users we assume no cost savings were generated, even if improvements were registered, as they did not fall into either of these two pre-treatment categories.

**Figure 2 – Cost Savings**

Risk Profile	User Count	Cost Saving		
		Social Services		Health
		Child Protection (per child)	Child in Need (per child)	Mental Health (per user)
Concern (1)	1	£37,423		£6,792
Concern (2)	1		£3,890	£6,792
Possible Concern	6			£2,085
Normal	17			-

Source: Greater Manchester Combined Authority (GMCA) Research Team (formerly New Economy)

**Figure 3 – Average MoRS improvements**

User type	Count	Warmth - Avg Change	Invasion - Avg Change	% Improvement
Possible Concern	2	8	4	16%
Concern	6	24	13	53%

**Figure 4 – Examples of User Feedback**

<i>“ I feel this course has come at the right time as I was suffering with postnatal depression ... coming to the session each week really helped to identify triggers, and the techniques learned were applied helping me to better understand how to deal with the different emotions my child was experiencing ”</i>
<i>“ Understanding baby better and how to manage his moods better without becoming stressed ”</i>
<i>“ More confidence, tips with sleeping, crying, bonding has helped. Relationship and communication have increased with partner, so a happier routine and environment ”</i>
<i>“ Learnt coping statements around contact to use when experiencing high intense emotions/stressful situations. Feel like we play, praise, and talk more now we've completed the course. Learnt new settling techniques to meet A's needs ”</i>
<i>“ Coming to these sessions has made me feel much more confident and has helped me to let go of negative thoughts and emotions ”</i>
<i>“ Spending lots of time together, playing and going out together ”</i>
<i>“ Making it easier to deal with different situations ”</i>
<i>“ Understanding his emotions and my confidence and skills are improving more ”</i>

We assume that in the absence of intervention a family would stay at the same outcome risk level they would have been assessed at had they entered the service (this is a conservative assumption as in reality without intervention many families could end up at increased risk).

We have also made some assumptions regarding the non-staff/resource costs, associated with running the service. These are mainly service charges, utility and other miscellaneous property costs but not rent as the local authority is responsible for this under the programme contract. We have estimated these costs by assuming they are akin to those at another Barnardo's Family Hub in Worcestershire, that offers a similar range of services, and which has similar contractual arrangements to Sandwell. We therefore believe this to be a reasonable proxy.

We use the cost estimates and average reduction in risk scores to produce an estimate of the reduced costs to the state the service achieves. We can then compare the running cost of the service with these fiscal, economic, and social costs if families did not receive any intervention.

**Using the above approach, our calculations suggest that the Welcome to Parenthood service delivers benefits of around £2.44 for every £1 spent or £3,624 on average per participant.** The benefits to the state and the wider economy could extend beyond this, as we have not been able to quantify any improvements associated with the users' children beyond the social services ones specified (i.e. related to their mental health, wellbeing and prospects). We also believe the treatment is likely to provide additional savings for these families in subsequent years.

## Section 2 – Cygnet Introduction

**Cygnet** is a support programme for parents and carers of children and young people, aged 5-18, who are autistic. The support programme gives parents and carers an opportunity to develop their understanding of autism and consider ways to support their child, while also providing the opportunity to meet other people in a similar position and exchange experiences in an informal but supportive atmosphere. This is also a universal service, available to those with a child on the pathway or diagnosed with autism.

The core Cygnet programme is delivered over seven two-and-a-half-to-three-hour sessions which include:

- Introductory session
- An overview of autism with parent and carer experience
- Thinking & Sensory
- Social Interaction & Communication
- Understanding and supporting behaviour
- Analysing behaviour
- Group choice

### Outcomes

Under Cygnet, service users use a self-report questionnaire to assess their own confidence in managing different aspects of the relationship with their child. The questionnaire contains 12 questions with users able to select a response anywhere from 0 (*none*) to 5 (*completely confident*).

56 users were supported between April and December 2024. Responses to these questions were recorded pre- and post-course (see **Figure 5**).

Improvements were seen across all twelve questions, by a magnitude of 1.7 points on average – or by 31% relative to the tool's 5-point scale – and demonstrates the positive impact of the programme on participants.

Figure 5 – Cygnet outcomes

Question	How much confidence do you have...	Before Cygnet (Avg)	After Cygnet (Avg)	Improvement (Avg)
1	<i>When your child becomes agitated or distressed by certain sounds, light, smells etc (sensory impact)?</i>	2.0	3.9	1.9
2	<i>With eating, sleeping or toileting?</i>	1.8	3.4	1.6
3	<i>When your child follows routines rigidly?</i>	2.2	3.8	1.6
4	<i>When your child is trying to communicate with you?</i>	2.5	4.0	1.5
5	<i>With using communication resources (e.g. visual supports)?</i>	1.7	3.7	2.0
6	<i>When your child becomes distressed by change?</i>	1.8	3.6	1.8
7	<i>When your child becomes aggressive with you or others?</i>	1.7	3.2	1.5
8	<i>When your child finds it hard to understand the feelings of others?</i>	1.6	3.3	1.7
9	<i>When your child interrupts conversations?</i>	2.0	3.7	1.7
10	<i>When your child talks excessively about a particular topic?</i>	2.7	4.1	1.4
11	<i>When your child spends an excessive amount of time engaged in a particular interest or activity?</i>	2.7	4.1	1.4
12	<i>When your child finds it hard to see that there may be another way of completing a task?</i>	2.0	3.8	1.8
<b>Overall (avg)</b>		<b>2.1</b>	<b>3.7</b>	<b>1.7</b>

*n=56*

## Cost Savings

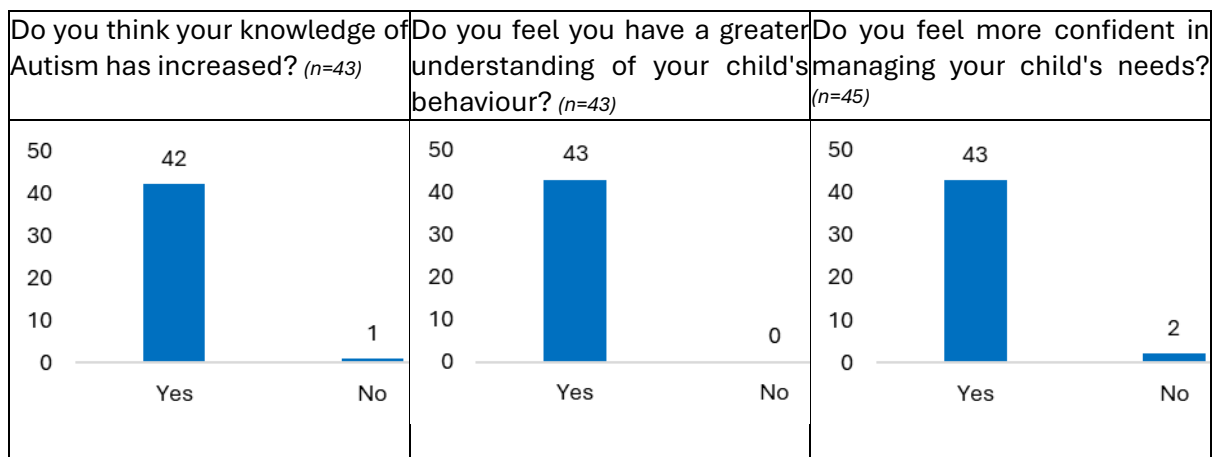
We adopt the same difference-in-difference framework that we used in Section 1 for the Welcome to Parenting programme to estimate the impact of the Cygnet service.

We assume this programme will only generate cost savings due to improvements in **wellbeing**:

- We have identified several benefits associated with the use of support services like Cygnet for parents and carers:
  - Positive impacts from group support/support from friends.<sup>i</sup>
  - Improvements in parenting self-efficacy by taking part in certain support interventions, alongside an improvement in parent set goals.<sup>ii iii</sup>
  - Improvements in parenting competency and reducing parenting stress by taking part in support.<sup>iv v</sup>
  - Improvement in child outcomes such as understanding of language and severity of autism characteristics because of interventions delivered by parents.<sup>vi</sup>

- Though limited, there are also specific studies that point to the benefits of the Cygnet programme itself.
  - One such study<sup>vii</sup> found a statistically significant (at .05 level) positive correlation in the Intervention Group scores between perceived competency and wellbeing and perceived wellbeing and child behaviour. Put differently, the Cygnet intervention was found to boost parent/carer-perceived competency and parent/carer wellbeing relative to a situation where support was absent.
- The above together with the user feedback from the service (see **Figures 6 and 7**) suggest it is reasonable to attribute an improvement in parent/carer wellbeing to participation on the programme.

**Figure 6 – End of Programme User Reflections**



**Table 7 – Examples of User Feedback**

<i>“ It has made me understand my son better and helped me see where I was going wrong in raising my voice or feeling stressed, I now stay calm and control the situation ”</i>
<i>“ I am able to better support my child and help regulate them. Finding out why they are overwhelmed and then inputting the correct methods to help or if they have a sensory overload ”</i>
<i>“ I have more tools and feel more confident. Course was great and leaders was amazing ”</i>
<i>“ I now feel that I am not on my own ”</i>
<i>“ I can see things before they happen, understand triggers and better understand with communication styles ”</i>
<i>“ The programme has given me the tools to help manage my child's needs. I feel a lot more confident. The course has given me the confidence to help and support my child more especially in school. They gave me extra contacts to help me in my child's journey into school ”</i>

To assess cost savings, we use the Treasury's estimate of a one-point increase in life satisfaction and scale this by each individual user's average improvement (i.e. if a user made an average 1-point improvement across questions, this would translate to a cost saving of £2,9564 – 20% of the full £14,781 cost saving).

This then provides an estimate of the reduced costs to the state the service achieves. We can then compare the running cost of the service with these fiscal, economic, and social costs if families had not participated in the course.

So as not to overstate the benefits we only include those users who made improvements across at least 75% (i.e. 9 of 12 questions asked: 27 of the 56 participants).

Again, we assume that in the absence intervention a family would stay at the same outcome risk level they would have been assessed at had they entered the service.

**Using the above approach, our calculations suggest that the Cygnet parenting programme delivers benefits of around £3.82 for every £1 spent, or £3,030 on average per participant.** For the same reasons given in Section 1 for the Welcome to Parenting programme, we again believe that the benefits to the state and the wider economy could extend considerably beyond this.