



HM Government

Delivery expectations for funded services 2025–26

**Family Hubs and Start for Life
programme guide**

February 2025

The Family Hubs and Start for Life Programme is jointly overseen by the Department of Health and Social Care and the Department for Education.

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Introduction

This publication is intended to be read alongside the [Family Hubs and Start for Life programme guide 2025–26](#)¹. Following the announcement of the continuation of funding for the Family Hubs and Start for Life programme for 2025–26, this document sets out the minimum expectations for local authority delivery and options to ‘go further’ for each of the programme’s funded strands for this extension period, namely:

- parenting support for families
- parent–infant relationships and perinatal mental health support
- early language and the home learning environment
- infant feeding support
- parent and carer panels and
- publishing the Start for Life offer

The document describes the minimum expectations and ‘go further’ options for each of these strands.

The programme guide document sets out the programme’s aims for 2025-26 and describes the expectations of local authorities for this period. There have been some small changes to a few of the minimum expectations; the details of these changes are also set out in the programme guide (see page 8). There have been some small changes to the delivery expectations for the family hubs transformation for 2025-26 and these are listed in the Family Hubs Service Expectations and the Family Hubs Model Framework published: [Family Hubs and Start for Life programme: local authority guide 2025 to 2026](#).

¹www.gov.uk/government/publications/family-hubs-and-start-for-life-programme-local-authority-guide-2025-to-2026

Parenting support for families with children aged 0–2

The parenting support funding should be used for provision of an offer to help make the transition to parenthood as smooth as possible, which promotes bonding, attachment and stresses the importance of sensitive, responsive caregiving. This should include both universal provision and additional targeted programmes available for parents/carers with further needs.

This funding must be invested in services for families with babies aged 0–2 and must promote bonding and attachment, with a focus on sensitive and attuned parenting, laying strong foundations for both socio-emotional and cognitive development.

Three pillars of parenting support

Parenting support offers should centre around 3 types of activity: evidence-based parenting interventions, peer support and community outreach.

Using evidence-based interventions should be considered the best method for strengthening the consistency and quality of parenting support services. They focus on increasing practitioners' knowledge of scientifically proven theories of change and providing them with effective methods for engaging vulnerable families. They also include quality-assurance frameworks that address common delivery issues. We strongly encourage you to use the Early Intervention Foundation guidebook² or similar to select the programmes that best suit local needs and circumstances.

By peer support, we mean support provided by fellow parents and carers. This might be in the form of parent and baby groups which provide a safe space for parents to form a strong network. This kind of informal relationship-building between parents can play a pivotal role in sharing advice, messaging and support. Empowering Parents, Empowering Communities (EPEC) is one example of a formal model that is already used in many areas across England, and which has been proven to show a significant effect on children's social, emotional and behavioural outcomes, parenting, family resilience and social capital. A good-quality peer-support programme should provide one-to-one and/or tailored support for a diverse range of parents and carers (including those from seldom heard groups, for example LGBTQI+ families and those from culturally diverse backgrounds, or families who have required neonatal care). Your offer should extend to fathers, and you may wish to expand reach to co-parents, foster carers and kinship carers.

By community outreach, we mean activities that are not evidence-based interventions, led either by practitioners or volunteers and often taking place outside the family hub building. This may be outreach through a particular voluntary, community or faith sector

² <https://guidebook.eif.org.uk/>

organisation for example, informal stay-and-play sessions with parents through a local church that signpost parents to the other services on offer via the family hub. It may also be targeted to groups who are less likely to engage with family hubs, such as fathers. You must demonstrate the ways in which you actively engage with families from your seldom-heard communities, who may be less likely to seek out parenting support.

Minimum expectations

Services available face-to-face at a family hub building

- All families should have access to a key contact within the family hub who can help them to understand the parenting support that is available to them.
- They provide initial appropriate information to assist new and expectant parents/carers during their transition to parenthood.
- Staff can have sensitive conversations, promote the universal open-access parenting support offer and connect families to targeted evidence-based parenting interventions (prioritising those who would benefit most).
- There are integrated multi-agency referral pathways and community partnerships in place to support new parents and carers. Practitioners (including health visitors, midwives, early years practitioners and VCS partners) can identify and refer parents to peer-support, targeted community outreach activities and evidence-based parenting programmes.

Virtual services available through the family hub, including static online information and/or interactive virtual services

- A universal online parenting support offer is available to all new parents in your local area for those new parents/carers who want and need it.
- You make use of digital/social media platforms (for example Zoom, Instagram, Facebook, mobile apps and community discussion forums) to provide a virtual space that enables any new parents/carers to access virtual peer support with other new parents/carers during times that are convenient to them.

Services available through the family hub and received elsewhere in the network (for example, via outreach, at a youth centre, a clinical setting such as a maternity hub, VCS organisation and/or a faith setting)

- Peer support and targeted voluntary, community and faith sector outreach activities (both digital and face-to-face, including parent champion models) are available to expectant and new parents/carers, in particular to reduce barriers associated with stigma for those parents/carers least likely to use family hubs services, including fathers and co-parents/carers.

- There are improved connections between voluntary, community and faith sector as well as education settings and parenting services delivered through the family hub network.
- Voluntary, community and faith sector suppliers are commissioned as part of the integrated family hubs outreach workforce alongside the wider family hubs network (for example as parenting champion co-ordinators for pregnancy and new parents).
- Delivery of targeted, evidence-based parenting interventions for new parents/carers.

‘Go further’ options

Services available face-to-face at a family hub building

- Where appropriate, the hub building offers opportunities for parents to build social networks which will be flexible to meet local needs. For example, times that are suitable for families (which may include out-of-hours) and targeted sessions for under-served/seldom-heard groups, such as foster carers, fathers or co-parents/carers.
- Voluntary, community and faith sector providers are able to use family hubs buildings for delivering parenting support and targeted outreach activities such as fathers/male carers and toddler groups.

Virtual services available through the family hub, including static online information and/or interactive virtual services

- Bespoke digital products are provided to improve your parenting offer for local parents. This might be to engage new parents/families in greatest need; enhance peer support networks; access to a key contact or local helpline; or support for a greater range of targeted outreach interventions.

Services available through the family hub and received elsewhere in the network (for example, via outreach, at a youth centre, a clinical setting such as a maternity hub, sector (VCS) organisation, or a faith setting):

- There is a strategy to grow, encourage and invest in voluntary, community and faith sector organisations and education settings working towards shared outcomes on parenting within the family hub network, not just the partnerships themselves.

Parent–infant relationships and perinatal mental health support

The funding for parent-infant relationships and perinatal mental health support is for parents and carers with mild-to-moderate mental health needs or who would benefit from universal parent-infant relationship support.

Prior to the programme, most families in England did not have access to parent-infant relationship support; specialist parent-infant relationship teams existed in only parts of England and most of these focused on complex relational difficulties.³ Investment through the NHS Long Term Plan was primarily for moderate-to-severe perinatal mental health difficulties, particularly focused on mothers. The programme's focus is transforming the type of preventative support that is provided to babies, parents and carers.

Good perinatal mental health and parent-infant relationship support is underpinned by a knowledgeable, skilled and confident workforce. An important aspect of the change driven through the programme has been developing the capability of the workforce. This has taken place at 3 different levels:

- **Understanding and assessing needs:** The ability of the workforce to identify babies, parents and carers who could benefit from support is essential to the success of the programme. With programme funding, you have rolled out training to increase awareness of perinatal mental health and parent–infant relationships. In March 2024, guidance was published to help frontline practitioners start conversations with parents and carers to explore their relationship with their baby, in order to identify support needs.⁴
- **Helping and supporting families:** You have invested in specialist evidence-based training. This may have included utilising places from 2 national training programmes to support parent–infant relationships: Triple P for Baby and Video Interaction Guidance (VIG).
- **Supervising practitioners:** Access to good, reflective supervision is a critical part of providing high-quality support for babies and their parents and carers. You have had access to national training in supervision skills, commissioned through the Start for Life programme. Since May 2024, the National Centre for Supervision of Parent–Infant Relationships has been providing online reflective supervision to practitioners who do not have access locally.⁵

For 2025-26, we expect to see you build on and consolidate your strengthened capability to support babies, parents and carers. This will mean ensuring practitioners can put their training to use with families, with opportunities for continuous development and access to

³ <https://parentinfantfoundation.org.uk/network/locations/>

⁴ DHSC (2024). [Reflecting on parent–infant relationships: a practitioner's guide to starting conversations](#)

⁵ <https://ncspir.org.uk/>

reflective supervision either locally or via the National Centre for Supervision of Parent-Infant Relationships.

You will continue to embed integrated ways of working. One of the minimum expectations of the programme is the development of a multi-disciplinary strategy for parent-infant relationships and perinatal mental health. You may have created a standalone strategy or you may be incorporating your strategy into other broader local strategies.

Parents and carers should be seamlessly connected to all services set out in the below expectations via their local family hub. In practice, there may be some overlap in support for parenting, perinatal mental health, and parent-infant relationships within a family hub. We anticipate that services and support should helpfully build on each other and reduce the risk that babies and families slip through the net of available support.

Minimum expectations

Services available face-to-face at a family hub building

- The family hub has a designated welcoming, safe and secure space where parents can speak to practitioners, volunteers, or other peer supporters about their wellbeing and mental health.
- Information leaflets and brochures are available in the family hub to help destigmatise mental health and parent–infant relationship difficulties, and to raise awareness of support available.
- Offer antenatal classes (face-to-face and/or online) which include advice on mental health and the importance of early relationships with babies, including support for fathers and co-parents/carers.
- Parents and carers can access face-to-face support for mental health and parent–infant relationships in the family hub, through enhancing existing services and/or new offers.
- Staff within the family hub are appropriately trained and have the knowledge and skills needed to provide early help, support, and connect parents who may need it to additional services (for example, via video feedback).

Virtual services are available through the family hub, including static online information and/or interactive virtual services

- Information about perinatal mental health and parent–infant relationships is available online with clear signposting to services available.
- Remote/virtual/digital support is promoted and is accessible.

- Existing mild-to-moderate perinatal mental health and parent–infant relationship services offer interventions online as well as in person, according to clinical need and family preference.

Services available through the family hub and received elsewhere in the network (for example, via outreach, at a youth centre, a clinical setting such as a maternity hub, VCS organisation, or a faith setting)

- Early help services are promoted locally to raise awareness of the support available via GP surgeries, libraries, churches, community centres, schools and similar.
- Specific focus and additional/1:1 support is available to support vulnerable groups and those less likely to access family hubs. This is provided by trained peers and professionals and provided proactively in a range of settings.
- Professionals and peer supporters can connect parents and carers who are struggling with their mental health or relationship with their baby to help available through alternative venues, community initiatives and support groups within the wider community.
- Community initiatives that destigmatise mental health and promote good early attachment relationships are encouraged.

Systems-level initiatives

- A multidisciplinary parent–infant relationship and perinatal mental health working group is established or identified (including all key delivery partners) to have oversight of the delivery of the strategy.
- There is a multidisciplinary perinatal mental health and parent–infant relationship strategy with clear referral pathways for families. This ensures a coherent and joined-up approach between services for babies (including those who have had a neo-natal care episode) and their families.
- Universal assessment of parent–infant relationships and perinatal mental health through the healthy child programme is routinely conducted, recorded and analysed to inform service design.
- Frontline professionals, including peer support volunteers, receive appropriate training to enable them to understand and identify mild-to-moderate perinatal mental health difficulties and parent–infant relationship difficulties, as well as to promote trauma-informed care and inclusive practice.
- More specialist training is available to develop and build on core competencies in perinatal mental health and parent–infant relationships to improve access to early help, for example, training in video-feedback interventions. This will build capability

in the workforce and improve the quality of referrals sent to more specialist services.

- Health, care and early years professionals work together in an embedded way, with the right supervision structures, skills and capacity to provide families with the support they need. This includes open access, universal and targeted support.

‘Go further’ options

Services available face-to-face at a family hub building

- One-to-one support is available to parents and carers with mild mental health difficulties and parent–infant relationship difficulties. This may be through a peer-support service or staff with appropriate additional training. Peer supporters should represent the diverse communities they serve and offer support to fathers and co-parents/carers as well as mothers.
- Regular drop-in sessions are available through the family hub, which are flexible to meet local needs. For example, times that are suitable for families (which may include out-of-hours) and targeted sessions for underserved groups, such as foster carers, fathers or co-parents/carers.

Virtual services available through the family hub, including static online information and/or interactive virtual services

- Peer-support groups include a virtual offer. For example, the peer-support group may run virtual meet-ups or offer individual peer support through video calls.
- Parents have access to a local support app or online platform where they can self-refer to support services offering evidence-based interventions.
- Out-of-hours virtual support, or a local helpline, is available to provide quick access to support whenever it is needed.

Services available through the family hub and received elsewhere in the network (for example, via outreach, a clinical setting such as a maternity hub, VCS organisation, or a faith setting)

- Home visits are offered above and beyond the statutory expectations, including for fathers and co-parents. This could be achieved through the additional capacity available within family hubs, as well as those trained to deliver additional interventions, such as video feedback.

- Clear notification, triage and referral pathways are in place to connect and help families receive the appropriate level of support for their mental health and parent–infant relationship.
- Families who are at risk or vulnerable are actively identified, prioritised and offered support.
- An approach to engage families who may be less likely to access services is in place, which recognises local need and barriers to access.
- Professional and peer-support sessions are carried out in alternative venues, as required or appropriate.
- Peer support is representative of the community and has links into the community/wider support groups.
- Services are available to support families for whom English is an additional language.
- Creative use is made of community assets to raise awareness, to disseminate messages and to engage parents who might struggle with mental health.

Systems-level initiatives

- A local support network is established to build stronger relationships with wider community networks and maximise the use of community assets.
- Joint-commissioning roles (new or existing) support potential workforce pressures and draw on existing parent–infant and perinatal mental health expertise and skills, for example, NHS Talking Therapies for Anxiety and Depression services.
- Parent–infant teams and specialist community perinatal mental health teams are integrated and/or co-located.
- Opportunities for joint working across the parent–infant teams and community perinatal mental health teams are identified and implemented, for example, consultation and joint-delivery.
- Joined-up approaches to training and supervision are established, where appropriate.

Early language and the home learning environment (HLE) with children aged 2-4.

Funding received for the HLE service strand must be used to build on your existing family hubs HLE delivery to date; to implement targeted, evidence-based interventions that train practitioners to support parents with the HLE and early language.

We want to ensure all children are 'school ready' by reception and are keen for you to provide early support for parents with their children's home learning environments to help break down barriers to opportunity.

We have extended the age range from 3 to 4 years to 2 to 4 years to provide additional flexibility for local authorities. In year 4, we want you to centre service focus on consolidating and broadening your service offer for children aged 2-4. We want you to continue to embed existing evidence based HLE and early language interventions through cross-sector partnerships that includes a developing enhanced community outreach and peer support approaches to improve access to effective service-provision for minority, isolated and disadvantaged families

Approaches could include:

- establishing strong partnerships and commissioning local voluntary, community and faith services, schools and businesses to create a broader community of HLE support for disadvantaged families
- targeted place-based strategies to engage the specific needs of seldom-heard families who may be isolated or facing multiple challenges ensuring that support is relevant, effective and equitable
- fostering peer-to-peer support networks to empower parents by connecting them with others in similar situations, providing mutual encouragement and sharing best practices
- leveraging various digital tools and platforms to engage and support families. This includes creating and maintaining a user-friendly website with resources and information, utilising digital channels to share updates and tips, and employing messaging services for direct communication. Additionally, consider hosting virtual workshops and webinars to provide accessible learning opportunities for parents.

- Integrating the Little Moments Together campaign, re-launched on 16 January 2025, to provide parents with practical tips and resources for enhancing the reach and effect of HLE services. The aim of the campaign is to increase school readiness by alerting parents (of 0-4 year olds) to the importance of the early years and their critical role in their child's development.
- This campaign is a partnership with the Department for Health and Social Care, Little Moments Together is one strand of the wider Start for Life campaign and plays a core role in the Best Start in Life pillar of the Opportunity Mission, supporting the goal to significantly improve child development at the age of 5 years. Links below will provide you with more information and access downloadable resources:
[Early learning and development - Start for Life - NHS - NHS](#)
[Better Health Start for Life Home Learning Environment 2025 | Better Health Start for Life | Campaign Resource Centre](#)
- Utilising digital platforms and community events to promote early childhood development activities that parents can easily incorporate into their daily routines

Minimum expectations

Services available face-to-face at a family hub building

- Access to a key contact in the hub who can provide appropriate information to support parents of pre-schoolers with their HLE, identify need and connect families to targeted evidence-based HLE interventions (prioritising those who would benefit most)

Virtual services available through the family hub, including static online information and/or interactive virtual services

- Parents can directly refer themselves to online support for their child's early speech and language development programmes and resources to enhance the home learning environment.
- The online family hub provides resources on enhancing the home learning environment and allows parents to sign up to additional services
- Hubs should link to 2 or more platforms providing advice to parents on supporting their child's speech and language development, one of which must be the Start for Life: Early learning and development website.

Services available through the family hub and received elsewhere in the network (for example, via outreach, at a youth centre, a clinical setting such as a maternity hub, a voluntary and community sector (VCS) organisation, or a faith setting)

- Staff in the hub are trained to deliver targeted, evidence-based interventions via outreach to parents of **2- to 4-year-olds** who would benefit most (for example, children from disadvantaged backgrounds or with additional needs).
- All local families have access to timely HLE support provided by staff, community outreach, voluntary and community sector, and faith partnerships across the hub network.
- Parents of pre-schoolers can access HLE programmes through speech and language therapists, health visitors, midwives, early years practitioners, voluntary, community and faith sector organisations and other relevant organisations or professionals.

‘Go further’ options

Services available face-to-face at a family hub building

- Where appropriate, evidence-based HLE interventions may be provided directly to families of pre-schoolers in the hub.
- A speech and language therapist co-located in the hub can support early triage and connect families to HLE interventions.

Services available through the family hub and received elsewhere in the network (for example, via outreach, at a youth centre, a clinical setting such as a maternity hub, VCS organisation, or a faith setting)

- All local families, including those living in rural communities, refuges, prisons and other challenging environments have access to timely HLE support provided by staff and local VCSF partnerships as part of the family hub network.
- Local authorities are encouraged to take innovative approaches to target and support families in diverse situations, ensuring that no family is left behind.

Infant feeding support

Infant feeding is critical to a baby's healthy growth and development and the benefits of breastfeeding for child and maternal health are significant and well established.⁶ We want to ensure that every parent and carer understands these benefits and has access to the high-quality infant feeding services they need to achieve their infant feeding goals.

The funding for infant feeding support is being, and should continue to be, used to promote breastfeeding and support parents to meet their infant feeding goals. However, it's important that all families are supported to make the choices that are right for them and that they receive non-judgemental advice and can access high-quality infant feeding services, no matter how they choose to feed their baby.

Programme investment is being used to increase the range of advice and specialist support and peer support available. In year 4, we want you to continue to consolidate, embed and enhance your multi-component infant feeding support offer around local family needs.

This includes continuing to work closely with local services and partners to ensure families receive seamless support across SfL infant feeding services and local maternity and health visiting services. You should continue to join up and embed services through the antenatal and postnatal period so that families can access support when they need it and complex issues are identified and responded to early.

You should continue to ensure infant feeding services are easily accessible and available when families need them. This should include face-to-face and virtual support. Families should be able to access support in family hubs and in a location that suits them, this could be at home or in a hospital setting. You should continue to ensure that services are there for all families and improve outreach and support offer for families who are less likely to breastfeed and access support.

It's important that families receive non-judgemental advice that helps them achieve their infant feeding goals and supports them through the challenges, no matter how they choose to feed their babies. You should continue to support the development and training of infant feeding specialists and peer supporters so that they can provide holistic, person-centred care.

While there is limited evidence of the effectiveness of specific infant feeding services and interventions, evidence indicates that multicomponent strategies are the most effective

⁶ https://www.who.int/health-topics/breastfeeding#tab=tab_1

way to increase breastfeeding rates.⁷ The minimum expectations and ‘go further’ options were developed on that basis.

Minimum expectations

Services available face-to-face at a family hub building

- Your family hub has a designated welcoming, safe and secure breastfeeding space for mothers to breastfeed and meet other breastfeeding parents.
- Physical information (for example, leaflets/brochures) is available at the family hub so parents/carers know how to access local support in your area.
- Antenatal classes are offered to all expectant parents, including fathers/partners, to provide consistent advice on the importance of early relationships and the benefits of breastfeeding for the health and wellbeing of the baby and mother.
- Parents should be given the opportunity discuss infant feeding antenatally. This should include discussion about the benefits of breastfeeding, potential feeding challenges and the support available.
- All parents have access to one-to-one practical help on hospital wards and in family hubs (from healthcare professionals and/or trained peer supporters) to support breastfeeding initiation, responsive feeding and relationship building during the immediate postnatal period.
- Mothers are actively contacted and offered infant feeding support in the immediate postnatal period.
- An infant feeding peer-support service is provided.
- Face-to-face infant feeding support (from healthcare professionals and trained peer supporters) is provided via the family hub* and the workforce has the knowledge, skills and education to promote breastfeeding (obtained via an accredited training programme).

⁷ Brown, A. (2017). Breastfeeding as a Public Health Responsibility: A review of the evidence, *Journal of Human Nutrition and Dietetics: The Official Journal of the British Dietetic Association*.

<https://onlinelibrary.wiley.com/doi/10.1111/jhn.12496>

Sinha, B., et al, (2015). Interventions to improve breastfeeding outcomes: a systematic review and meta-analysis. *Acta Paediatrica: Nurturing the child*. <https://pubmed.ncbi.nlm.nih.gov/26183031/>

- Staff are trained to identify and respond to more complex infant feeding needs, and timely support is offered to all families who need it so they can continue breastfeeding for as long as they would like to.
- Best endeavours are made to improve timely access to tongue-tie support and treatment
- Drop-in infant feeding support sessions/groups are available at the family hub.
- Equipment is available on loan from the family hub for parents who need it (for example, breast pumps) and staff sensitively support parents to use it.
- All families have access to a key contact within the family hub who can help them to understand the infant feeding support that is available to them.

Virtual services available through the family hub, including static online information and/or interactive virtual services

- Parents are connected to online infant feeding information, so they are aware of the reliable and evidence-based resources available and how to access them.
- Parents are actively directed to virtual and out-of-hours infant feeding support and resources like the National Breastfeeding Helpline and Better Health Start for Life's Breastfeeding Friend.
- Remote/virtual infant feeding support is available and accessible to all parents.

Services available through the family hub and received elsewhere in the network (for example, via outreach, at a youth centre, a clinical setting such as a maternity hub, a voluntary and community sector (VCS) organisation, or a faith setting)

- Infant feeding services are promoted locally to raise awareness of the support available in your area.
- Peer supporters are representative of the community, where possible, and have links into the community and/or into wider support groups.
- Specific focus and additional/1:1 support is available to support those less likely to breastfeed, for example, younger, first-time and more vulnerable parents/carers.
- Tailored support from healthcare professionals and trained peer supporters is provided proactively in a range of settings for those least likely to engage with services.
- Language services are offered to those who need them.

- Healthcare professionals and peer supporters are well-trained in providing infant feeding support and in having sensitive conversations with families from different communities.
- Healthcare professionals and peer supporters connect parents/carers to alternative venues, community initiatives and support groups within the wider community which educate and promote breastfeeding-friendly places.
- Community initiatives which promote the value of breastfeeding and welcome feeding in public places and workspaces are encouraged.

Systems-level initiatives

- A multidisciplinary infant feeding strategy is developed and embedded which ensures services are tailored to your local communities and there is a coherent and joined-up approach between staff and organisations.
- All staff and volunteers receive appropriate, accredited training to enable them to identify infant feeding issues in a timely manner, intervene early, and bring in specialist support where this is required.
- Health professionals, paid/volunteer peer supporters, the early years workforce and similar are supported to work together in an integrated way, with the right leadership, supervision structures, skills and capacity in place to provide families with the help they need.

‘Go further’ options

Services available face-to-face at a family hub building

- Tailored antenatal infant feeding education is offered to underserved groups, for example fathers/partners, younger mothers, and/or more vulnerable parents/carers.
- Mothers are actively contacted and offered face-to-face infant feeding support in the immediate postnatal period.
- Your infant feeding peer-support service is enhanced or expanded This could include: expanding the service so more peer supporters are available; extending the hours that peer supporters are available; providing a face-to-face, virtual and outreach services; peer supporters providing support on postnatal wards.
- Regular infant feeding drop-in services are provided through your family hub. This could include: offering drop-in sessions on a more regular basis and/or at more

flexible times (including out-of-hours); running drop-in sessions for specific groups, for example those less likely to engage with services.

Virtual services available through the family hub, including static online information and/or interactive virtual services

- Your infant feeding peer-support groups have a virtual element. This could include: the peer support group running virtual meet-ups; individual peer support being available via video calls, and similar.
- Virtual support is available in a way that is convenient for parents/carers whenever issues occur, and that goes above and beyond the minimum expectations. This could include: parents having access to a key contact or local helpline when they need advice quickly or are keen to understand what local face-to-face services are available and suitable for them; creating a local support app or online forum where parents can access peer-to-peer support; establishing a virtual forum where parents can report problems, professionals/peers triage the issues, and parents receive a follow up contact quickly.
- A local out-of-hours infant feeding support service is provided.

Services available through the family hub and received elsewhere in the network (for example, via outreach, at a youth centre, a clinical setting such as a maternity hub, VCS organisation, or a faith setting)

- Home visits are offered above and beyond the midwifery and health visiting statutory requirements where there is specific need.
- All of your maternity units have dedicated infant feeding staff providing support, acting as breastfeeding and infant feeding champions, and overseeing training and continuous professional development within the maternity setting.
- An enhanced targeted approach is in place which recognises local need and the barriers to accessing services, and that incorporates specific interventions which will be most likely to engage families who are known to be less likely to use services.
- Infant feeding support sessions with healthcare professionals and trained peer supporters are provided in alternative venues as required.
- Community tongue-tie clinics are provided.
- Creative initiatives are developed to promote a breastfeeding-friendly environment and drive a cultural shift in attitudes, for example through outreach in schools and your wider community.

- Community assets are used creatively to raise awareness, to disseminate messages and to engage parents and provide them with the language or community support that will help create a breastfeeding-friendly environment for them.

Systems-level initiatives

- A multidisciplinary infant feeding working group is identified or established to have oversight of the delivery of your infant feeding strategy.
- A local infant feeding support network is established that links into national infant feeding networks so best practice and learning can be shared.
- You build strong relationships with wider community networks to maximise the use of community assets.

National initiatives

Infant feeding initiatives have also been introduced at a national level. In August 2023, a brand-new [e-learning package](#) was launched to raise awareness among early years workers about the links between breastfeeding and perinatal mental health. The e-learning is freely available to all NHS staff and provides tools and guidance to support early years workers to deliver self-reflective, person-centred care.

[The National Breastfeeding Helpline](#) is supporting many women to access virtual breastfeeding support. A volunteer-led service, it offers breastfeeding support via a telephone helpline, language lines, webchat, social media, and a 'drugs in breastmilk' pharmacy service. Demand for this service increased dramatically during the COVID-19 pandemic and has remained high ever since. In March 2024, the government began trialling extended opening hours for the helpline, meaning support and advice is now available at all times of the day and night, every day of the year. Programme investment is also helping to increase capacity of the service by supporting additional volunteers to be trained and putting in place permanent staff to run the voicemail and pharmacy services.

Parent and carer panels

People who have used the support provided to babies and their families bring valuable insight and perspective to the design of services. We can learn from all of people's experiences – including those who did not access the services.

Every local authority in the programme has established a parent and carer panel. These are the groups where parents and carers will work together with local service commissioners to co-design and evaluate services.

Focused on the period from pregnancy to age 2, these panels are allowing families to share their views and experience on the design and delivery of family hubs and Start for Life services. By involving families in the design, local authorities are shaping their offer and continually improving services to meet local families' wants and needs. We have seen local authorities using their panels to improve services and change their approaches to better suit families, for example introducing new weekend sessions for parents and carers who are at work during the family hubs' week-day programme.

Now that panels have been established, we expect that local authorities will continue to make sure that the panels meet the following minimum expectations.

Minimum expectations

- Members of the panel should be diverse and include pregnant women (or the partner of a pregnant woman) as well as parents and carers of children under age 2. Parents with children who have recently used Start for Life services but are over age 2 can also be considered as members. Membership should be refreshed annually.
- Parents and carer panels should ensure everyone's views are heard by being flexible in length and/or structure (for example, breakout groups).
- Parent and carer panels should be held regularly, with the frequency being determined jointly with the parents and carers on the panels. We would expect the panel to meet, at a minimum, every second month.
- Parents and carers should be actively supported to attend and contribute to panel discussions, including through providing expenses (for example, qualifications, food and drink, vouchers, funded childcare).
- You should pass on insights gathered from the parent and carer panel to your single accountable leader so they can shape local service design, planning and delivery.
- You should provide an option of accessing the parent and carer panel digitally. This could be achieved by alternating meetings from face-to-face.

'Go further' options

- You engage with participants in between panels and with more parents and carers outside the panel. This could be done via existing organisations/programmes (for example, phone calls, surveys) or via a parent-champion model to encourage parents to network and build skills.
- You seek input from parent and carers at multiple layers of business planning, for example, when initially planning which services could be on offer, through to improving existing service offers.
- You receive feedback from the parent and carer panel on various aspects of the Start for Life Offer and family hubs, including breastfeeding, mental health and parenting support. You then act on this by ensuring services meet the needs of parents and carers (for example, producing reports on how services have improved and sharing the findings with cabinet, executive committees).

We want to make it as simple as possible for local authorities to involve people who use services in the development process. In February 2023, we [published guidance](#), to support all local authorities to establish parent and carer panels. We are also working with a team of co-design experts to develop tools for better local co-design. By spring 2025, local authorities will have access to a simple and effective toolkit they can use to co-design Start for life services with their parent and carer panels.

We also want local authorities to ensure that those from seldom-heard groups and/or those less likely to access services are being involved in parent and carer participation and service co-design in a way that meets their needs. This may be as part of a Parent and Carer Panel, or by alternative targeted/outreach efforts where this is more suitable.

Publishing the Start for Life offer

We want to make sure that every new family receives seamless support through a single offer, bringing together services that are particularly important for giving a baby the best start in life. It is essential that families can understand the services and support available to them. Just providing good services is not enough: getting access to help should be easy for everybody.

During the first phase of the programme, local authorities have been expected to work with local partners, parents and carers to bring together information about local services in one clear and easy to understand format.

All 75 local authorities have now published their Start for Life offer. Information is being made available in a variety of ways – both digitally and physically – ensuring it reaches as many families as possible. Some local authorities are using new methods such as QR codes on the badges of all support staff, enabling parents and carers to access information instantly, even during home visits.

While Start for Life offers have now been developed, we expect that they will continue to be kept up-to-date.

Minimum expectations

- You publish your offer digitally – bringing together all Start for Life services and support in a single online space.
- All parents-to-be to receive a hard-copy of the local Start for Life offer prior to birth.
- Physical materials such as posters and leaflets are available in the places that parents and carers go (for example, libraries, community and recreational centres, faith centres, GP surgeries, family hubs, and midwifery units).
- Staff interacting with parents and carers in family hubs can connect families to the Start for Life offer.

‘Go further’ options

- Your Start for Life offer is accessible with a single-click from the main webpage.
- Physical materials for specific issues are made available in the places parents and carers go (for example, libraries, family hubs and GP surgeries).
- You raise awareness of your Start for Life offer through social media and additional outreach methods according to the needs of local communities.
- You work with neighbouring local authority areas to ensure that information about Start for Life support in neighbouring areas is accessible to parents and carers where relevant.



HM Government

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