British Association for Child & Adolescent Public Health

Inquiry on First 1000 Days of Life, 2025

BACAPH response

This response has been developed by the British Association for Child and Adolescent Public Health (BACAPH). BACAPH is a partnership organisation between Faculty of Public Health (FPH) and Royal College of Paediatrics & Child Health (RCPCH).

We welcome the Committee's inquiry into the first 1000 days of life. BACAPH has chosen to submit evidence for consideration as our purpose is to advocate for child and adolescent public health, including the development and implementation of evidence-based programmes. BACAPH ask the Committee to prioritise consideration of preventative health related issues including poverty, nutrition, workforce, clean air, housing and vaccination.

Poverty and nutrition

There is significant evidence linking poverty to poor health in infancy. Families with infants under 12 months are at particular risk of child poverty and should be a policy priority group. There is mounting evidence of the impact of austerity and the cost of living crisis on health in childhood and beyond.

Consequences of living in poverty are becoming more pronounced in the preconception, antenatal and post partum periods with impacts on infant health. The graph below taken from Walsh and McCartney (2025) depicts the impact of austerity on prematurity and low birth weight infants in Scotland.

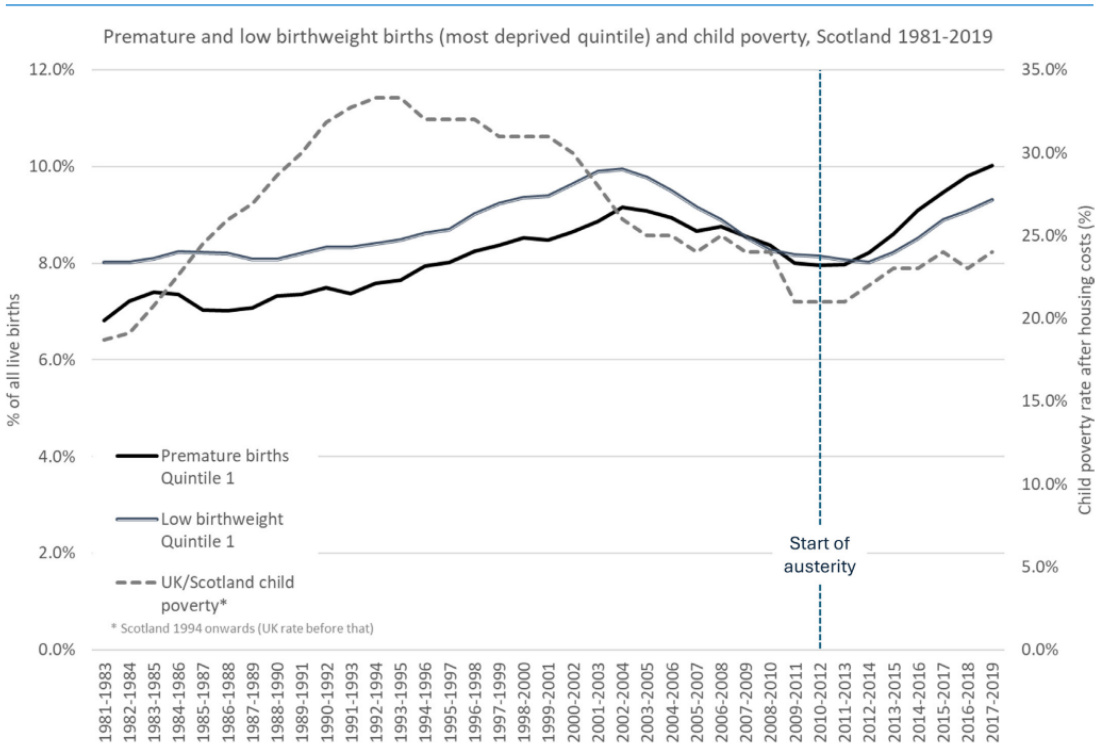
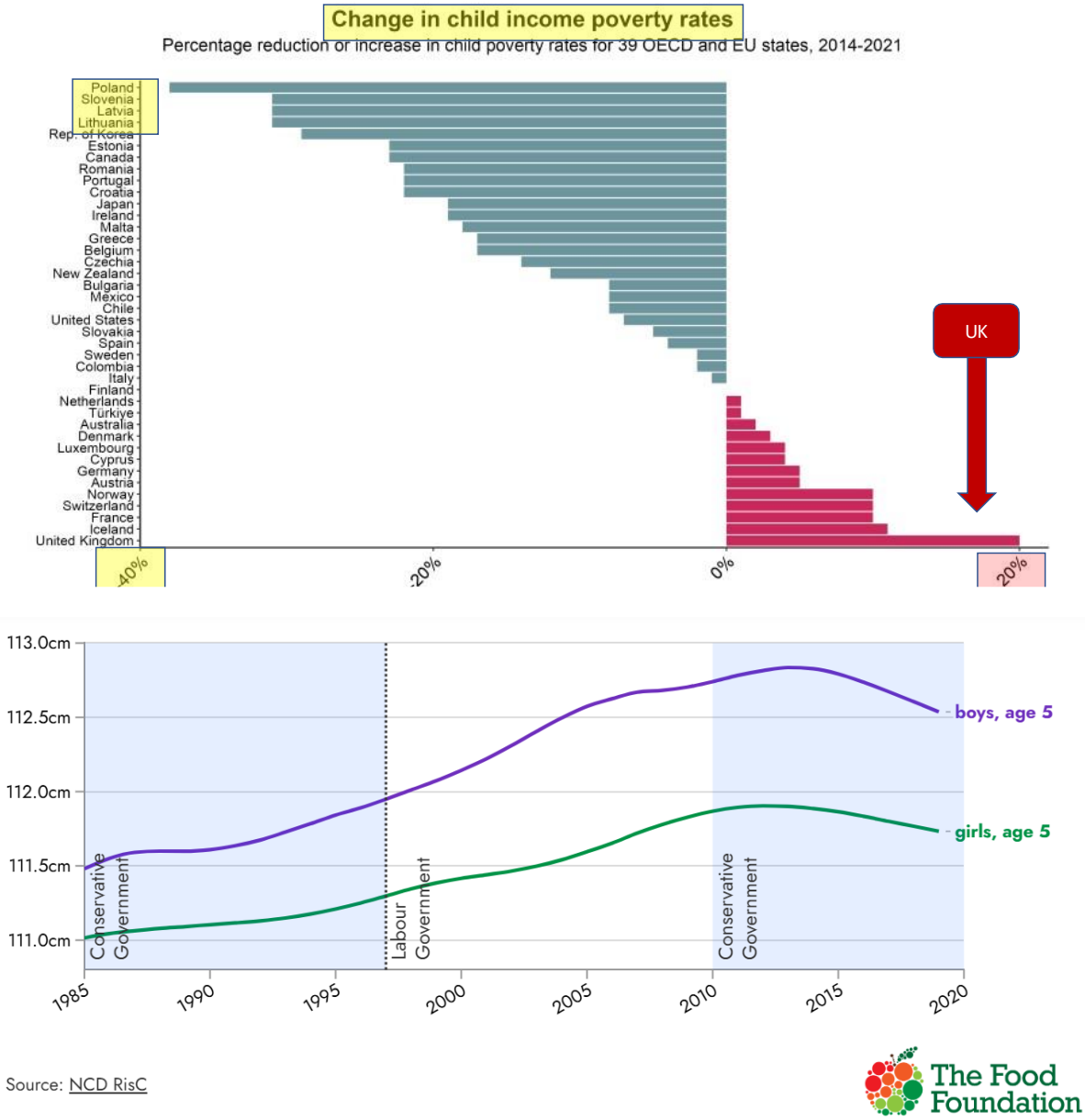


Figure 1 Rates of premature and low birthweight births in the most deprived 20% of neighbourhoods, and child poverty, Scotland 1981–2019. Adapted from Watson *et al* 2024.[3]

Austerity in the early years has been linked to poor growth, with the height of children now faltering in the UK compared to other nations (Food Foundation, 2024). The graph below demonstrates how the height of 5 year old children started to decline five years after the implementation of austerity measures in the UK.

Additional figure



The FPH (2024) has previously called on the government to remove the two-child limit and the benefit cap for universal credit. This would deliver significant income gains for the poorest families and have resulting positive impact on the health of mothers and their babies.

There is a direct relationship between maternal and childhood obesity. Despite the Government's target to half childhood obesity by 2030, prevalence is increasing. It is projected that by 2040, 40% of children at the end of primary school will be overweight or obese (House of Lords, 2024). The previous government had taken an interest in improving infant nutrition, setting out draft guidelines on the prohibition of added sugars and salts in baby foods (Cabinet Office and DHSC, 2019). Proposed legislation is yet to emerge. We urge this inquiry to re-examine the evidence and act accordingly.

Breastfeeding is a public health priority, yet most UK infants are exclusively or partially formula fed by the age of six to eight weeks. There is a paradox where infants living in poverty, in food insecure households, are arguably more likely to benefit from breastfeeding but are much less likely to be breastfed. Increases in household costs since 2021 has impacted the cost of healthy diets for breastfeeding mothers and increased the cost of formula milk. Cuts to public sector funding have impacted breastfeeding support services. The third sector has filled gaps, but support is inconsistent. This undermines efforts to meet infant feeding targets and impacts the health and wellbeing of this vulnerable cohort. We ask the Committee to include support for infant feeding services and provisions to comply with the findings and recommendations from the Competition and Markets Authority's (CMA 2024) infant formula and follow-on formula market study within the scope of the inquiry.

The Healthy Start scheme offers support to women who are pregnant or have young children and are receiving benefits to buy foods such as milk or fruit. It currently falls short on monetary value. The scheme's eligibility criteria mean those with no recourse to public funds miss out. The accessibility of the scheme is reflected in the poor uptake: many who qualify do not use it. This inquiry should consider how the value and uptake of Healthy Start can be increased.

Workforce: the role of health visitors

Health visitors are a specialist public health workforce whose aims are entirely consistent with those of this inquiry. Analysis from the Royal College of Nursing (RCN) showed that the number of health visitors in England declined by 32% between 2009 and 2024. This is projected to collapse further in the next five years (RCN, 2024). The inquiry could use health visiting services as an example when they consider the principles of proportionate universalism. Any effort to make improvements to the first 1000 days must include of focus on re-establishing and strengthening this vital profession.

Clean air

Exposure to air pollution is the second leading risk factor for death in children under five years, in the UK and globally (RCPCH, 2025). Poor air quality disproportionately impacts children, particularly those who live in the most deprived areas. Among the RCPCH's recommendations on this topic are the enactment of a Clean Air Act, monitoring and enforcement of levels of the most dangerous pollutants near schools, and the phasing out of domestic woodburning in urban areas.

Housing

Babies and young children suffer when they live in housing that is damp or mouldy. BACAPH support the introduction of Awaab's Law to help address these issues in socially rented homes. We ask that the inquiry consider the benefits of proposing the extension of Awaab's Law to all UK nations – and to families who live in privately rented households.

Temporary accommodation has contributed to the deaths of at least 74 children in England in the last five years – almost 80% of these children were less than one year old (APPG for Households in Temporary Accommodation, 2025). Government guidance recommends local authorities provide safe sleeping arrangements for these families. We ask that this becomes a legal requirement. We recommend that this Committee review the findings of the recent Housing, Communities and Local Government Select Committee report *England's Homeless Children: The crisis of temporary accommodation* and consider the implications for the first 1000 days inquiry.

Vaccination

Vaccination is a hugely valuable and cost-effective public health tool. Most childhood vaccinations are given within the first 1000 days. There has been a steady decline in vaccination coverage for children over the past decade. This can result in the resurgence of infectious diseases such as measles (Parums, 2024). We are pleased that the inquiry will consider how programmes vaccinating children in infancy can be strengthened. This could include identification and removal of barriers to providing opportunistic vaccination in acute paediatric settings.

What should the Government prioritise in upcoming funding allocations for early years services?

Quality-of-life in the first 1000 days is very dependent on parental well-being so protection from the well-known hazards to health in this period would include:

- parental mental health especially maternal depression
- parental learning difficulties
- parental substance misuse (including alcohol in pregnancy)
- domestic violence

Promotion of positive health determinants (assets) would include:

- breastfeeding
- good nutrition (including calorie reduction)
- promoting language development
- reducing injuries

Engagement with services would include:

- proportionate antenatal care tailored to needs
- proportionate post natal care delivered by health visiting teams
- more flexible immunisation delivery to improve uptake
- evaluation of population health management approaches.

Improved use of data from child health promotion to define the population needs, evaluate and delivery of services and measure equity and outcomes. Use of "school readiness measures" as proxy outcomes for preschool provision should be explored.

What are the key barriers to delivering high-quality early years services, particularly in Family Hubs and through neonatal and paediatric services and how can they be addressed?

Key barriers include:

- lack of key data and improvement cycles reflecting the purpose and practice within the first 1000 days.
- Unclear purpose and outcomes shared across the different agencies involved.
- High costs of childcare.
- Lack of investment in "child public health provision" reflected by a workforce shortage.
- Insufficient investment in "integrated care" between neonatal, paediatric, community child health, social care, early years education, special needs.

How can vaccine uptake be most effectively increased and supported in the first 1000 days?

- Improved population database.
- Flexible delivery times and places to suit local population (particularly working parents)
- Greater clarity regarding immunisation indications and contraindications.

How can the Government most effectively tackle inequalities in access and infant health outcomes for those from underserved groups including those with disabilities, or from ethnic minority or deprived backgrounds?

This is an equity issue. Two forms of equity those in the general population relating to income and poverty and those relating to health service delivery including access, experience and outcomes. Both require practical evaluated service provision followed by shared learning so that "what works" can be disseminated rapidly. Macroeconomic approaches include increasing the minimum wage, increasing tax thresholds, increasing child benefits, creating affordable housing, decreasing the costs of childcare. Children are this generation's investment in the future and impart will determine future national prosperity.

Health service equity includes reversing the "inverse care law".

What could the Government learn from examples of best practice that exist in local authorities, NHS Trusts, or internationally?

See OECD Improving Early Equity From Evidence to Action

Marmot Places https://www.instituteofhealthequity.org/taking-action/marmot-places

References

Faculty of Public Health (2024) A Vision for the Public's Health

Walsh D & McCartney G (2025) Pernicious impact of austerity

Food Foundation (2024) Shortening stature: Addressing the decline in children's health

House of Lords. Food, Diet and Obesity Committee (2024). Recipe for Health: A Plan to Fix Our Broken Food System.

Cabinet Office and DHSC (2019) Advancing our health: prevention in the 2020s – consultation document

Royal College of Nursing (2024) Specialist nurse workforce on track to halve in size compared with two decades ago, as RCN urges government to intervene on eve of Darzi review

Royal College of Paediatrics and Child Health (2025) Air Pollution Companion

APPG for Households in Temporary Accommodation (2025) Child Mortality in Temporary Accommodation

Walsh D & McCartney G (2025) Social Murder?: Austerity and Life Expectancy in the UK. 1st ed. Bristol University Press

Public Health Scotland (2024) Infant Feeding Statistics Scotland Financial Year 2023/24; A National Statistics release for Scotland Publication date: 12 November 2024 retrieved 19th December 2024

Scottish Government (2024) Tackling child poverty priority families overview available at Poverty rates amongst priority family types - Tackling child poverty priority families overview - gov.scot accessed on 19th December 2023

Parums (2024) A Review of the Resurgence of Measles, a Vaccine-Preventable Disease, as Current Concerns Contrast with Past Hopes for Measles Elimination

Competition and Markets Authority (2025) Infant Formula and Follow-on Formula Market Study: Final Report