

# Infants, Parents and Carers Bill: Briefing on Amendment 1

## Summary

**Amendment 1 aims to strengthen the Bill by making it clear that, in implementing the legislation, Ministers must pay attention to outcomes for babies and their parents, and inequalities in those outcomes.**

Specifically, the amendment would require the Secretary of State, when assessing need and reporting on services, to consider the safety, health and wellbeing of babies and their parents, and inequalities in these outcomes.

This amendment, tabled by Jess Asato MP, has the support of a number of charities and coalitions including Start Strong, Anna Freud, Barnardo's, Birth Companions, The First 1001 Days Movement, For Baby's Sake Trust, Home-Start, NCB, NSPCC, Royal College of Paediatrics and Child Health, and Tessa Jowell Foundation.

## Background

The "Infants, Parents and Carers Bill" is intended to give a stronger statutory footing to services in pregnancy and early childhood. The substantive content of the Bill is covered in four clauses.

**Clause 1** requires the Secretary of State to use regulations to define infant support services.

**Clause 2** requires the Secretary of State to assess the expected level of need for infant support services, including seeking the views of parents, carers and expectant parents.

**Clause 3** requires the Secretary of State to secure an appropriate level of provision of the specified services.

**Clause 4** requires the Secretary of State to report annually to Parliament on the level of provision of infant support services and their contribution to securing positive outcomes.

**Amendment 1** will require the Secretary of State to include information on outcomes, and inequalities in outcomes, in their assessment of need for infant support services under Clause 2. The Secretary of State will then also have to report on the same outcomes and inequalities under Clause 4. The specific wording for a draft amendment is set out on page 3 of this document.

## The case for action

### Why outcomes matter

Ultimately the purpose of all infant support services is to improve parents and babies' early experiences, health, wellbeing and development. In assessing need, it is important that governments assess current outcomes to understand where there is a need for action and improvement.

Reporting on whether services are available tells us only whether government has provided an input; reporting on outcomes helps us understand whether those services are sufficient and if they are making a positive difference.

### Why inequalities matter

At present in the UK, there are stark and stubborn inequalities in outcomes. Factors including ethnicity, family income, geography or disability are all associated with differences in parents' and babies' likelihood of

surviving pregnancy, birth and the first years of life, being healthy and developing well. Recent data from the OECD shows that gaps in early childhood outcomes in England are greater than in other countries<sup>i</sup>.

Overall improvements can also mask persistent or widening inequalities. An improvement in the average outcome does not necessarily mean that outcomes are improving for every group of babies, or that gaps between groups are narrowing. Reporting on inequalities helps us to understand if services are working for all babies and young children, particularly those who need them most.

### **Examples of early inequalities in early outcomes by ethnicity, income and region.**

Significant inequalities exist in many of the most fundamental measures of babies' health and development:

- Babies of Black ethnicity are more than twice as likely to be stillborn than babies of White ethnicity<sup>ii</sup>.
- Babies living in the 10% most deprived areas are more than twice as likely to die as babies in the 10% least deprived areas.<sup>iii</sup>
- There is significant regional variation in breastfeeding. For example, 41% of babies in the North East of England are breastfed at 6 to 8 weeks old compared with 60% in the South West of England<sup>iv</sup>.
- Women living with poverty face a higher risk of domestic abuse<sup>v</sup>. Domestic abuse contributes to a wide range of poor health and wellbeing outcomes for both women and their babies, and was identified in more than half of cases where babies were seriously harmed or killed<sup>vi</sup>.
- Factors including young parenthood, poverty, insecure housing and current or previous trauma and abuse, increase the risk of babies experiencing poor outcomes. The more adversities a family experiences, the greater the risk of poor outcomes.

These differences represent thousands of babies and their parents experiencing different chances of surviving, being healthy and developing well.

### **Stronger accountability**

At present, the Babies' Bill gives future Secretaries of State considerable discretion over which services are specified. This flexibility is valuable, but it also means that accountability could change as government priorities change. A focus on outcomes provides a more stable basis for accountability: governments could change how services are delivered while remaining accountable for whether babies and their parents are healthy, safe and developing well, and whether inequalities are narrowing.

The proposed amendment would not prescribe which services Government must provide, nor require Government to achieve specific outcomes through any single service. It would instead require Government to understand and report on whether babies and their parents are doing well, where inequalities exist, and whether these are changing over time. This preserves flexibility over how services are designed and delivered while strengthening accountability for their ultimate purpose.

Putting these requirements on the face of the Bill would ensure that outcomes and inequalities remain a consistent part of the Government's assessment and reporting, regardless of future changes in policy, priorities or the services specified under the Act.

### **A gap in the Bill at present**

Clause 2 requires the Secretary of State, when assessing need, to take reasonable steps to ascertain the views of parents, carers and prospective parents and carers. However, it does not explicitly state that the Secretary of State should attend to outcomes for babies and parents, or what those outcomes may indicate about unmet need for services. This should also be explicit on the face of the Bill.

The views and experiences of parents and carers are essential to understanding need, but they cannot provide the full picture. It should not be the responsibility of parents and carers to identify every area in which services may not be achieving the expected outcomes for them and their babies.

## Public interest

Reporting inequalities also matters because it can generate public interest and strengthen pressure on governments to act and sustain action. Research by More in Common for Start Strong shows that people across demographic groups and political preferences care about inequalities in early childhood and can be particularly concerned when they see the scale of differences in outcomes.<sup>vii</sup> Regularly reporting these inequalities would make them more visible to the public, the media and Parliament, creating greater public interest in, and scrutiny of, what Government is delivering for babies.

## Amendment 1

Amendment 1 does three things:

- It requires government to assess the outcomes that infant support services are intended to influence.
- It requires government to identify inequalities in those outcomes.
- It creates a clear basis for reporting to Parliament.

The wording of the amendment is as follows:

Clause 2, page 2, line 4, at end insert—

“(1A) An assessment under subsection (1) must consider—

- (a) the well-being of infants, parents, carers and prospective parents and carers, and
- (b) inequalities between infants, parents, carers and prospective parents and carers.

(1B) In this Act “well-being” means—

- (a) physical, mental and emotional health, and
- (b) in respect of infants, protection from harm and neglect.”

The language used in the proposed amendment reflects language used in the 2006 Childcare Act (which also covers the provision of integrated early childhood services).

Only Clause 2 needs to be amended. Introducing a requirement to assess outcomes and inequalities in outcomes into Clause 2 would also strengthen Clause 4, which requires the Secretary of State to report on the same content as covered in Clause 2.

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<sup>i</sup> OECD. (2026). *Building strong foundations for life: Results from the 2025 early learning and child well-being study*.

<sup>ii</sup> Draper, E. S., Gallimore, I. D., Smith, L. K., Kurinczuk, J. J., Fenton, A. C., Smith, P. W., Manktelow, B. N., & MBRRACE-UK Collaboration. (2025). *MBRRACE-UK perinatal mortality surveillance: State of the nation report – UK perinatal deaths for births from January to December 2023*. The Infant Mortality and Morbidity Studies, University of Leicester.

<sup>iii</sup> Office for National Statistics. (2025). *Child and infant mortality in England and Wales: 2023*.

<sup>iv</sup> Office for Health Improvement and Disparities. (2026). *Breastfeeding prevalence at 6 to 8 weeks*. Fingertips: Public Health Data.

<sup>v</sup> Fahmy, E., Williamson, E., & Pantazis, C. (2016). *Evidence and policy review: Domestic violence and poverty*. Joseph Rowntree Foundation.

<sup>vi</sup> Child Safeguarding Practice Review Panel. (2026). *Protecting all vulnerable babies better: national review into the broader safeguarding issues raised by the death of baby Victoria Marten*. Gov.uk

<sup>vii</sup> Start Strong (2026). *A Stronger Story: Building public support for babies and young children*.