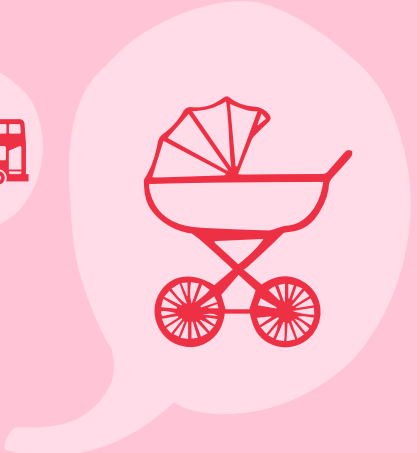


[SEPTEMBER 2025]

Co-Design Research Report

Mothers' Voices.

Cash transfers for health and wellbeing
in the first 1001 days of life



PRODUCED BY

THE
LIMINAL
SPACE

COMMISSIONED
AND FUNDED BY

Impact
on **Urban**
Health

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MOTHERS' VOICES.

Executive summary



Executive summary

The first 1001 days of life, from conception to age two, build the architecture for life: the experiences of mothers and infants in this period shape lifelong learning, behaviour and health. In the UK, this window is a stated policy priority (Best Start for Life). Evidence from early cash-transfer studies shows that predictable cash in mothers' hands can reduce stress.

Impact on Urban Health commissioned The Liminal Space to explore whether direct financial support could support maternal wellbeing and child health in these foundational years. This covered two aspects: firstly to work with women to develop the principles of designing an equitable research trial, and secondly to understand their views on how to operationalise direct cash transfers.

The Liminal Space produced a co-designed research process in the spring of 2025 with thirty mothers of young children receiving Universal Credit, or living in precarious housing, in the London Boroughs of Lambeth and Southwark, including Black, Latin American and White British participants.

We used creative methods to explore and ideate on different aspects of trialling cash transfers, including amount, timing, delivery and eligibility. Co-design followed Design Justice principles with reciprocity, value for participants, and childcare and food provided to support participation.

Workshop insights were synthesised with evidence and expert interviews and workshops with thirteen academic specialists and local support organisations, including Lambeth Early Action Partnership (LEAP), to draw policy implications for any future trial or programme.

This report sets out what mothers themselves said would make the greatest difference, and how this should shape future policy and research design.



Executive summary

Key recommendations: running a research trial

These insights are helpful for any research trial that would invite participation from mothers regardless of whether relating to cash transfers or more broadly.



Study how support is best administered

Compare release structures, timing windows, channels and support bundles.



Make maternal mental health primary

Prioritise stress reduction and agency; use low-burden, parent-proxy measures (e.g. optional maternal biomarkers).



Support over surveillance

No in-home observation; neutral venues; trauma-informed design throughout.



Real reciprocity

Guaranteed childcare, short skills modules, warm referrals and voluntary “Mum MOT” check-ins within the trial (as per delivery).



Consent and clarity

Plain, non-institutional language; transparent data use; regular participant feedback loops.



Inclusive recruitment

Universal/low-barrier opt-in; approaches tailored to reach hidden-risk groups (in work, unsafe relationships).



Design tension test

Randomise between a default timing in the administration of cash vs. participant-customised timing, to understand whether to prioritise choice for individuals, or administrative simplicity.



Pre-trial warm sessions

Run community information events to build trust, answer questions and set expectations before enrolment.





Executive summary

Key recommendations: rolling out cash transfers (programme delivery)

Mothers are resourceful but face relentless financial strain, complex family pressures and a welfare system often experienced as dehumanising. Self-care is deprioritised; the desired outcome is stability, dignity and a believable path to better futures for mothers and their children.



<p>★ Mothers want to be in control</p> <p>Participant-triggered release (mothers “press go”) with a lump sum, ideally after the 20-week scan, and top-ups.</p>	<p>★ Keep it distinct from Universal Credit</p> <p>Default bank transfer with administration symbolically and operationally separate.</p>	<p>★ Low-burden</p> <p>Minimal paperwork/appointments; digital self-service with a human fallback.</p>	<p>✦ Safeguards by choice</p> <p>Opt-in vouchers where budgeting or safety (e.g. coercive control) makes them preferable.</p>
<p>★ Low-barrier access</p> <p>Use self-attestation and design for the hidden majority, not just for women who receive Universal Credit (in-work poverty, stigma-averse, unsafe households).</p>	<p>☾ Local models</p> <p>Co-design with community partners. Fund place-specific variants and a cross-borough learning loop.</p>	<p>● Pair cash with practical support</p> <p>Resource childcare, skills/employment, mum MOT access, housing/problem-solving (incl. SEND-related needs).</p>	<p>★ Trust-first communications</p> <p>Plain language, community facilitators, clear privacy/consent; in-person touchpoints where possible.</p>



MOTHERS' VOICES.

The co-design approach



A co-design approach: what we did

The Liminal Space conducted a series of workshops with thirty mothers of young children living in poverty in Lambeth and Southwark including Black, Latin American and White British participants. Participants were part of local networks and groups run by Parent Action and the Better Start St Stephen's Children's Centre.



All participants received Universal Credit. Many were living in precarious housing or caring for multiple children.

To protect privacy, no workshops were recorded. Written note-taking was the only mode of capturing discussion. Sessions were led by a community facilitator with support from The Liminal Space, and one workshop was facilitated in both English and Spanish.

This ensured a relaxed, informal environment in which people could bring their ideas openly. As a result, we are confident that the insights reflected the realities of those most affected by financial and social pressures. This report summarises the findings from these workshops.

Workshops were underpinned by a set of carefully designed creative methods from The Liminal Space, which introduced sensory and physical interaction alongside conversation. Methods were able to flex with whatever happened in the space, whether a toddler wanted to join in, or participants needed to check on their baby next door in the crèche.

The co-design process followed our participative principles:

01 TRANSPARENCY

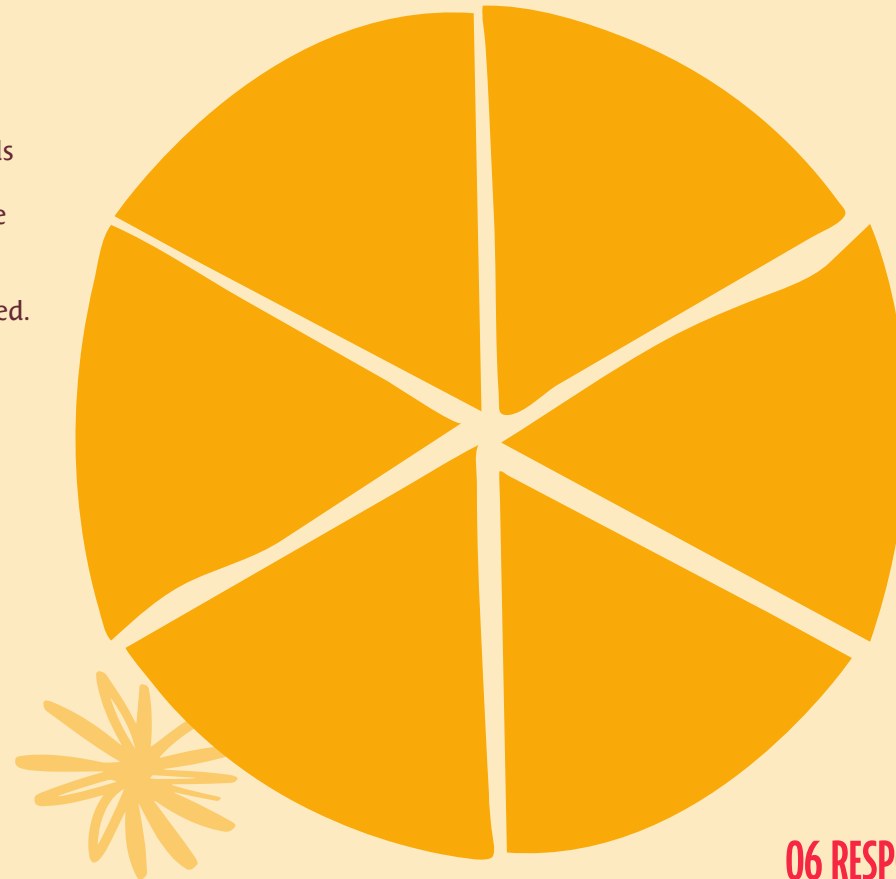
Ensure communications of aims and process are shared openly (including data, analysis, methods and interpretive choices) so that others can evaluate them. We are open with all our stakeholders so that they know why we need their input and how it will be used.

02 DIVERSE EXPERTISE + PERSPECTIVES

As well as working with leading experts, we look laterally to see what could be learned from innovators doing things differently, emerging practice on the margins, and different fields of knowledge.

03 HIGHLY COLLABORATIVE

We play a broker role to build relationships between stakeholders, and act as a 'translator', ensuring that each can understand the other's point of view and any negative power dynamics are minimised.



04 RECIPROCAL

This is to ensure that all stakeholders (including participants) recognise that there is benefit to themselves in taking part in a design process. This includes appropriate payment for their time and considering the balance of research conversations with other interactions or experiences that are valuable for them.

05 FLEXIBLE

People have specific preferences in terms of contribution and reflection. We work flexibly to enable different levels and types of engagement, which allow all stakeholders to fit the programme into their schedules and preferred style of interaction.

06 RESPONSIVE

We build in the ability to iterate to allow everyone to learn and reflect as we go along. We are not afraid to change our approach if the collaboration needs adjusting to get the most out of sessions.

Key features of the approach were:

Scent as a path to participation

To create a trusted space for discussing support in the first 1001 days, we introduced a creative anchor activity: bespoke perfume making. Guided by a specialist facilitator, participants blended their own fragrance – a rare moment of focused time for themselves.

For many, designing something to their own brief is not part of daily life; choices are constrained by budget, systems and caring responsibilities. The exercise created a felt experience of agency: testing options, making trade-offs, selecting what works for them.



The perfume-making wasn't simply a fun add-on but was integral to the process:

- ✦ It brought entry into complexity. Cash transfers are conceptually complex. Perfume blending mirrors this in an enjoyable way. There is no single “right” answer; multiple solutions exist.
- ☾ Sampling contrasting ingredients produced strong, divergent reactions. Disagreement became visible, legitimate and even enjoyable – a social permission that carried into policy choices.
- Choosing and formulating their perfume helped participants shift mindset from recipient of services to author of a specification.
- ✦ The take-home scent served as a gift and a marker of contribution, reinforcing that the process valued their time and judgement.
- ✦ Closure and continuity. Returning to the perfume at the end provided a physical anchor for reflection, helping consolidate insights after intense discussion.



Beautifully designed assets

Materials were visually and physically engaging, making the process of exploring them feel special. This design emphasis elevated participants' experience and signalled respect for their contributions.

Embodied activities

One tool we used was the “positioning rope” - a rope laid out on the floor with two opposing viewpoints marked at either end (for example: “every woman should get support” versus “only those who need it most should get support”). Participants were invited to stand at the point on the rope that best represented their view.

Element of chance

A lucky dip bowl introduced a playful mechanism for selecting prompts or questions. This added unpredictability and energy, encouraged spontaneous responses and helped surface views that might not have otherwise emerged.



Feedback: strong engagement and value

All participants completed a feedback survey, with unanimous positive responses. These results demonstrate both the accessibility of the methods and the value participants placed on the experience.



100% found the workshop interesting

100% said they learnt something new

100% would recommend the workshop to peers in similar circumstances

100% felt able to actively participate and share their ideas





MOTHERS' VOICES.

Insights and recommendations

Motherhood while living in poverty



Mothers living in poverty are resilient and resourceful, yet they must navigate a welfare system that often feels dehumanising, difficult to work with, and not worthy of their trust.

 **When mum is less stressed that is better for our kids.** 

 **If our kids see us looking after ourselves then they will learn good lessons from us.** 

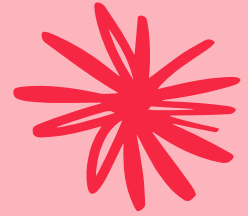
Motherhood unites women through shared experiences, but their needs are diverse and often hidden or complex. Pressures can come from multiple directions, including abusive partners or extended families, creating unrecognised burdens that compound their struggles. Mental health is a constant concern, yet self-care is routinely deprioritised under the weight of parenting responsibilities. Many described feeling as if something would eventually “break,” acknowledging the need to “sort out their oxygen mask first”.

While many expressed a strong desire to move away from dependency on the state, they were equally aware of the precarious nature of low-paid work, which can sometimes leave them worse off than remaining on Universal Credit. Above all, what they want and need is hope for the future, something that would benefit both them and their children.

 **Every 20p makes a difference to me, it adds to the next thing I have to buy.** 



Delivering cash transfers



Offer autonomy on spending

Mothers consistently prioritised spending on baby essentials, food, bills, housing and the costs of “getting set up” when a new baby arrives. They were clear that autonomy over how funds are used is critical. Some emphasised that government support should directly benefit children, or that particular circumstances, such as having an autistic child, meant they needed flexibility to buy from specific shops.



How much?

Most felt that £500 in total would be helpful but insufficient; £1,000 to £2,000 was seen as more realistic in today’s context. Mothers preferred an initial lump sum, ideally followed by smaller top-ups, with the flexibility to access funds at the right moment for them.

Format for delivery

Most preferred direct bank transfers for their simplicity, though some valued vouchers for the structure and protection they provided, especially in abusive households. It was important that this money should feel distinct from Universal Credit; bundling with Universal Credit was seen as undermining its purpose. Mothers wanted an easy process that avoided bureaucracy or unnecessary appointments.

Timing of cash transfer

Timing was important: the first few weeks after birth can be overwhelming, particularly following a difficult labour or C-section, leaving some women unable to apply for or access support. There was a strong preference for a lump sum payment to be made after the 20-week scan but before birth as the first months of pregnancy would feel too early. Some mothers preferred the idea of receiving some of the amount after birth or even a few months later as this would support them during a period which can be financially demanding.

Eligibility

Eligibility should be universal or as low-barrier as possible to avoid stigma and complexity, with some warning against processes that would make them feel like they were begging. Participants were keen that a cash transfer should be available, too, for the “hidden majority” (e.g. in work but experiencing poverty, or in coercive relationships): avoid rigid means-tests that exclude people like this.

Delivering cash transfers

“It would be great if we could decide when we get it, when we press the GO button.”

“Can't it just land in my bank account?”

“Mothers will know how to spend it.”

“If it's a gift, then make it feel like a gift. Don't just lump it in with Universal Credit... Extra needs to feel extra.”



“It shouldn't be a dehumanising experience because mothers are the backbone.”

“If I have cash then I spend it. I would prefer vouchers because I would have more awareness about how I spend it.”

“The only criteria is you're pregnant... If it's for mothers, then it's for all mothers.”





Designing a cash transfer trial

Good communications

Mothers indicated that they would be more open to research if the trial was framed with clear, supportive and non-judgemental messaging. Communication should be empathetic and straightforward, avoiding institutional language, and should emphasise choice and autonomy in how cash transfer elements are delivered. Building trust would require warm, community-rooted events and regular check-ins, with a feedback loop that allows participants to feel heard. Face-to-face contact was considered particularly valuable.

Reducing stress burden

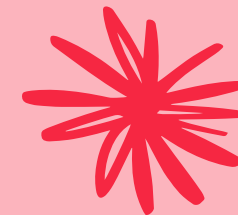
There were significant concerns that must be addressed. Mothers feared being judged in their role as parents, and many worried about the impact of the trial itself on their mental health. Others expressed anxiety that data might be used against them, even leading to the removal of their children. A more appealing framing would be to embed practical support workers within delivery as part of the offer.

Testing and monitoring

Mothers were strongly against their children's mental health being directly tested. Instead it was felt more suitable to make maternal mental health an explicit primary outcome for any trial/programme. Women said they preferred to act as proxies themselves, for example by providing hair samples to assess long-term stress levels, which they considered far more acceptable. In-home observation was also seen as intrusive, with a strong preference for the trial to take place in neutral venues. Voluntary "Mum MOT" wellbeing check-ins (light, opt-in) would offer more value to participants over clinical assessments.

Reciprocity

Finally, reciprocity was seen as vital. Mothers were clear that if they were to take part, they would want tangible benefits beyond money or the long-term promise of "making a difference". They emphasised the need for real, enriching support embedded in trial delivery, not simply surveillance and monitoring.

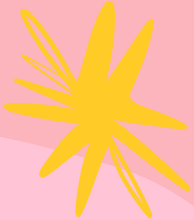


✦ Designing a cash transfer trial

“ I’ll be more honest if it’s in person and this feels more human. ”



“ I would like to be trusted to choose what’s right and what’s needed for me. ”



“ What if they do a hair sample and they find that I’m really stressed out and then they want to remove my kids? ”




“ I’m worried that it will make me feel more stressed to think that my stress is impacting on my kids’ mental health. That feels like something that would add even more stress and pressure to my life. ”





A different direction?



“We don’t need a trial to prove that money helps – of course it does.”

Beyond cash

For many mothers, however, the need for additional money was seen as self-evident and therefore cash transfers were not something that warranted a trial. As they explained, of course extra money would make a difference, and there was frustration at the idea of having to prove what felt obvious.

Opportunity and stability

What they wanted instead was meaningful, practical support. This included help with form filling, housing issues, mental health, jobs and skills, and childcare. There was particular enthusiasm for training and skills development, especially when childcare was included. Non-stigmatising, easy-access services were seen as essential, with childcare provision a critical enabler.

Community-led design

Above all, mothers stressed that support should be designed by the community, for the community, rather than imposed through a top-down, one-size-fits-all model.



A different direction?



“ I want to improve my chances so I'd want employment skills that could help me progress in work. ”

“ What works in Southwark may not work in Lambeth. ”



“ I'd love to go somewhere with childcare where I could learn new skills for work. ”

“ The doctor signed me up for some counselling but I'm a single mum with no childcare so how can I go even if I want to? It would be great to get that kind of support as part of this. ”



MOTHERS' VOICES.

The wider context



Existing evidence on cash transfers



Through desk research and our own interviews and roundtables with academic experts, we confirmed that poverty has well-documented negative effects on mothers and children, particularly through increased maternal stress. Recent evidence also shows that cash transfers may have modest potential to improve family wellbeing and child outcomes, but impacts of trials vary depending on design, context and the specific challenges families face.

The link between poverty and poor mental health

- The number of children growing up in poverty in the UK is rising, with disproportionate impacts on Black and Minority Ethnic families, as well as lone parents, who are twice as likely to experience poverty as couples with children.
- The relationship between poverty and poor mental health is well established for both mothers and children. Among children, poverty is strongly associated with emotional and behavioural difficulties, though the evidence for depression is less clear. For parents, financial strain intensifies stress, which in turn negatively affects children's wellbeing and development.
- Several theoretical frameworks help explain these dynamics. The Family Stress Model suggests that poverty creates economic pressure, leading to parental stress and conflict that disrupt positive parenting. The Investment Model highlights the need for financial resources to support children's development through essentials such as books, toys, nutritious food and safe spaces to play and learn. The Bandwidth Model shows how poverty depletes parents' mental capacity, reducing their ability to cope and make effective decisions. Bronfenbrenner's Ecological Systems Model reminds us that child development is shaped by interconnected systems at the family, community and societal levels.

Evidence around cash transfer impact on mental health

- Nesta's April 2024 report highlighted three US trials that are particularly significant because they aim to isolate the effect of cash alone on child and parent outcomes. Findings from these programmes are still emerging and could have important implications for UK cash transfer design.
 - o The Baby's First Years (BFY) study, the first randomised controlled trial of poverty reduction in early childhood, provides low-income mothers with either \$333 or \$20 per month. Early results in 2022 suggested improvements in infant brain function linked to cognitive development, but more recent data (2024–2025) show more mixed effects. Families receiving higher payments invested more resources and time in their children, yet there was no detectable impact on birth weight, maternal employment, fertility or short-term maternal mental health. Effect sizes on child outcomes remain small and varied, with further long-term assessments underway.
 - o The Cash Transfers to Address Child Welfare Involvement study provides \$500 monthly unconditional transfers to families engaged with the child welfare system, aiming to test whether financial support reduces child maltreatment by alleviating economic stress. Outcomes are still pending.
 - o A third study on Parent/Child Interactions delivers \$400 monthly unconditional transfers to assess whether reducing financial strain improves the quality of parent–child engagement, measured through audio recordings and natural language processing. Findings have not yet been released.
- Taken together, these trials differ in design, amount and focus but share a commitment to avoiding confounding conditions, making them valuable in isolating the causal impact of poverty reduction. They will likely offer important insights for UK policy exploration, though it is still too early to draw conclusions.
- The Prenatal-to-3 Policy Impact Centre has reviewed additional US research showing that cash transfers do increase household resources and can improve child development and health outcomes. However, the optimal amount, frequency and targeting of payments remain uncertain. Concerns about disincentivising employment or fuelling inflation are not supported by the evidence to date.
- The Scottish Government's Best Start Grant and Scottish Child Payment, introduced in 2018 and 2020 respectively, offer an early opportunity to understand cash transfer effects in the UK. However, assessments to date focus mainly on application processes and utilisation. Long-term outcomes are less clear, partly due to small evaluation samples; for example, fewer than 200 relevant respondents have completed the Family Resources Survey in Scotland. Early indications do not yet show measurable impacts, though evaluation is ongoing.
- The Camden Cash Transfer Trial started in Spring 2025. It is concentrating on population level impacts, but it is too early to assess impacts.
- Across the rest of the world, small-scale studies indicate modest reductions in children's emotional and behavioural difficulties following cash transfers. Evidence for maternal mental health and parenting practices is more mixed. The most consistent finding is that cash enables families to increase child-related spending and spend more time together.
- In summary, in low- and middle-income countries, where conditional cash transfer schemes are common, impacts are stronger and more consistent, largely because of greater baseline poverty and fewer existing supports. In the US, families face high income volatility and weak social safety nets, which makes cash impactful but also harder to evaluate in isolation. For higher-income/higher-welfare contexts such as the UK, careful adaptation to local circumstances – including poverty levels, service availability and data capacity – is essential. Overall, there is little evidence that cash transfers reduce work effort or fertility, and no strong indication that they drive inflation. Findings to date indicate that effectiveness depends heavily on design factors such as amount, frequency, timing and the groups targeted.

MOTHERS' VOICES.

Appendix



Experts consulted as part of this programme:

- 1. Kathleen Boyd**
(Department of Health Economics & Wellbeing, University of Glasgow)
- 2. Prof. Carmine Pariante**
(Department of Psychological Medicine, King's College London)
- 3. Raul Chavez PhD**
(School of Social Welfare, University of California, Berkeley)
- 4. Naomi Eisenstadt**
(Co-author of Parents, Poverty and the State – 20 years of Evolving Family Policy)
- 5. Sophie Humphreys OBE**
(Founder of Pause and SHiFT, Independent Safeguarding Expert)
- 6. Prof. Kitty Stewart**
(Department of Social Policy, The London School of Economics and Political Science)
- 7. Laura McFarlane and Sophie Woodhead**
(LEAP Lambeth)
- 8. Josephine Namusisi-Riley**
(Citizen UK - Parents and Communities Together Project)
- 9. Sara Ogilvie**
(Child Poverty Action Group)
- 10. Mary Reader PhD**
(The London School of Economics and Political Science)
- 11. Jolene Skordis**
(Head of the Research Department for Environmental and Community Health, UCL Institute for Global Health)
- 12. Claire Spencer**
(Department of Maternity Care, Guy's and St Thomas' NHS Foundation Trust).
- 13. Carla Stanke and Benny Souto**
(Camden Cash Transfer Trial)

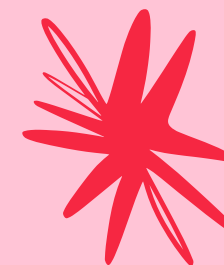


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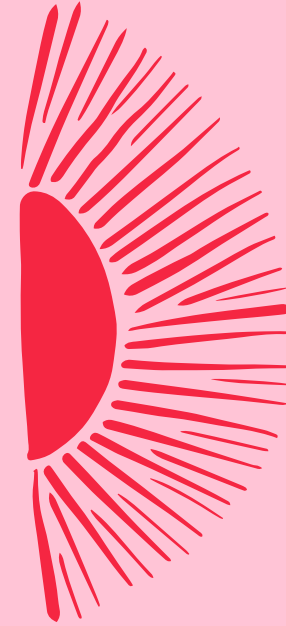


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