

University of Strathclyde Glasgow

Fraser of Allander Institute

Mapping the value of prevention: An illustrative model for estimating the potential cost savings supported by Open Kindergarten

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Disclaimer

The analysis in this report has been conducted by the Fraser of Allander Institute (FAI) at the University of Strathclyde. The FAI is a leading academic research centre focused on the Scottish economy.

The report was commissioned by Parenting Across Scotland.

The analysis and writing-up of the results was undertaken independently by the FAI. The FAI is committed to informing and encouraging public debate through the provision of the highest quality analytical advice and analysis. We are therefore happy to respond to requests for factual advice and analysis. Any technical errors or omissions are those of the FAI.

Foreword from Parenting Across Scotland

Open Kindergartens are a long-standing form of family support in the Nordic countries. Groups of parents, carers and their young children meet regularly in family centres, with highly-qualified early years staff working alongside to develop parents' skills, confidence and knowledge.

Parenting Across Scotland, Midlothian Sure Start and Children in Scotland have worked together for many years to bring Open Kindergartens to Scotland. We've tested out the approach with hundreds of families and seen the big difference it makes to them. We have reams of quotes from parents and carers outlining the importance of having access to gentle, non-judgmental spaces where you can find connection and support. Their testimony is powerful and compelling.

But in these straightened times, it really helps to be able to make the financial case for services and programmes alongside the emotional one. That's why we're so grateful to the Fraser of Allander Institute for this value for money evaluation of Open Kindergartens.

The report examines the cost of delivering Open Kindergartens, the outcomes they may help to prevent, and the potential value of those outcomes to individuals, public services and wider society. Its analysis is clear, level-headed and credible. It neither sugar coats the evidence nor exaggerate the claims. But what the report does, is make a very strong case for preventative spend and the value for money that Open Kindergartens provide.

We will use this report to help build the case for further investment in Open Kindergartens across Scotland. We hope it also persuades others to act – whether they are service planners, commissioners, or practitioners interested in embedding Open Kindergartens within their offer to families.

We also want the report to be useful to organisations that share the ethos of Open Kindergartens. We know that holistic, relationship-based support works for families, and should be more readily available to everyone who need it. By drawing on all the evidence at our disposal, we can continue to make the case for long-term, sustainable investment. We hope this report helps turn that ambition for families into reality.



Amy Woodhouse | CEO

Parenting Across Scotland

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Key Findings

Open Kindergarten is a free, drop-in, play-based service where families can connect with others and access informal support from skilled early years practitioners. This report considers the programme from an economic evaluation perspective: what it costs to deliver, the outcomes it may help to prevent or lessen, and the potential value of those outcomes to individuals, public services and wider society.

The analysis is illustrative rather than a full cost-benefit analysis. Existing evaluation data did not include standardised before-and-after outcome measures or a comparison group, so it is not possible to establish how far Open Kindergarten caused the outcomes observed, or what would have happened to families without the programme. The monetary estimates therefore show the scale of costs associated with outcomes that Open Kindergarten is working to prevent or reduce, rather than savings that the programme has demonstrated.

- Open Kindergarten cost around £95,300 to deliver over approximately twelve months. This equates to around £418 per session, £383 per family reached and £305 per child reached. Staffing accounted for almost three-quarters of expenditure, reflecting the importance of skilled practitioner time to the model. These costs should be treated as indicative: the programme was still in an establishment phase, while donated venues and some partner inputs mean that not all resource costs appear in the accounts.

- Drawing on evidence from previous evaluations, we identified nine potential preventative outcomes across three broad areas: outcomes for parents, outcomes for children and outcomes at a wider system level.

- From these, we selected three outcomes for illustrative economic analysis, where the qualitative evidence was relatively strong and a credible UK cost estimate was available. We also distinguish between different types of economic value: savings to public services, wider economic costs such as lost productivity and earnings, and wellbeing impacts expressed in monetary terms.

    - Parental mental health: Published UK evidence estimates the lifetime societal cost of one case of perinatal depression at around £107,000 in 2025–26 prices. On a whole-society basis, preventing or substantially reducing the severity of around one case would therefore represent value of a similar scale to the annual cost of Open Kindergarten. However, only around £14,000 per case falls directly on public services, meaning the equivalent threshold is closer to seven cases when considering public-service savings alone.

    - Isolation and loneliness: Severe loneliness is estimated to cost around £12,750 per person per year, with most of this reflecting the effect on individual wellbeing. After applying the recommended adjustment for changes that may have happened anyway, around nine adults would need to move out of or avoid severe loneliness for one year for the estimated total value to be comparable with the programme's annual cost. Phase 3 did not measure loneliness using the standard scale underpinning these values, so this remains illustrative.

    - Earlier identification of family difficulty: A parent leaving a domestic abuse situation before a child becomes aware of it avoids an estimated lifetime societal cost of around £70,200 per child. Early intervention in two such cases would result in a societal value that exceeds the estimated annual cost of the programme.

- The report also considers several outcomes that cannot currently be given a credible monetary value. These include parenting confidence, reduced stigma and increased help-seeking, children's early socialisation and development, smoother transitions into funded childcare and better multi-agency working. The absence of a monetary estimate does not mean these outcomes are less important; some may represent an important part of the programme's longer-term value.

Taken together, the findings suggest that there are credible pathways through which Open Kindergarten could generate substantial social and economic value. However, the available evidence is not sufficient to calculate a return on investment or demonstrate realised savings. The case-study values also overlap and should not be added together.

Strengthening the evidence in future would require clearer specification of the outcomes Open Kindergarten aims to influence and more consistent collection of quantitative alongside qualitative data. This does not necessarily mean introducing burdensome assessment into a low-threshold model, but it would allow future evaluation to move from illustrating what may be at stake towards estimating what difference the programme actually makes.

1. Introduction

Open Kindergarten is a free, drop-in model of play-based support for parents, carers and their children. Adapted from the open preschools that have operated for decades in Sweden, Finland and Norway, it offers a relaxed, relational space in which families can play, meet others and talk informally with a skilled early years practitioner, without a referral, booking or charge.

Phase 3 of the Open Kindergarten Project ran from July 2024 to February 2026. It was led by Parenting Across Scotland and delivered by Midlothian Sure Start, with Children in Scotland as learning partner, and was funded through the Scottish Government's Whole Family Wellbeing Fund. The Open University evaluated the phase, and its report (Hale, 2026) concluded that the model filled a clear gap in provision and was highly valued by families.

The project partners asked the Fraser of Allander Institute (FAI) to consider a different question: does Open Kindergarten represent good value for money? Put simply, what does it cost to run, what might it help to prevent, and what are those outcomes worth to public services and to society?

Answering this question in full would require a cost-benefit analysis, with data on how families' outcomes change and a comparison group showing what would have happened without the programme. We do not have this data for Open Kindergarten, which is common among community-based preventative programmes. This partly reflects the design of the programme itself: an offer built around having no referral, assessment or paperwork does not generate the administrative records on which evaluations normally rely.

Instead, this briefing takes an illustrative approach, similar to our recent work on the New Routes mentoring programme (FAI, 2025). We combine the programme's costs with the qualitative evidence on what it does, and with published estimates of the costs associated with the outcomes it seeks to prevent. Where credible estimates exist, we show what is at stake. Where they do not, we explain why savings may, or may not, arise.

It is important to be clear from the outset that this paper does not estimate the causal impact of Open Kindergarten. The values presented are illustrative: they show the scale of the costs the programme is working to avert, not savings it has been shown to deliver.

This briefing is structured as follows:

- Section 2 sets out the context for evaluating preventative programmes, and our approach.
- Section 3 presents the costs of delivering Open Kindergarten in Phase 3.
- Section 4 summarises the evidence on how Open Kindergarten may generate value.
- Section 5 presents three illustrative case studies on the potential value of outcomes the programme seeks to prevent.
- Section 6 discusses the outcomes we cannot value, and the reasons savings may or may not materialise.
- Section 7 sets out what would strengthen the evidence in future.

2. Evaluation Context and Methodology

2.1 Why economic evaluation matters for prevention

Scotland has a long-standing commitment to prevention. The Christie Commission (2011) estimated that as much as 40% of public spending was accounted for by interventions that could have been avoided through a preventative approach. The figure is a high-level estimate rather than a precise measurement, but it remains the reference point for the prevention agenda in Scotland. In England and Wales, the Early Intervention Foundation (2016) estimated that 'late intervention' for children and young people (the acute and statutory services needed once problems have escalated) cost nearly £17 billion a year, around £287 per person. No equivalent estimate exists for Scotland.

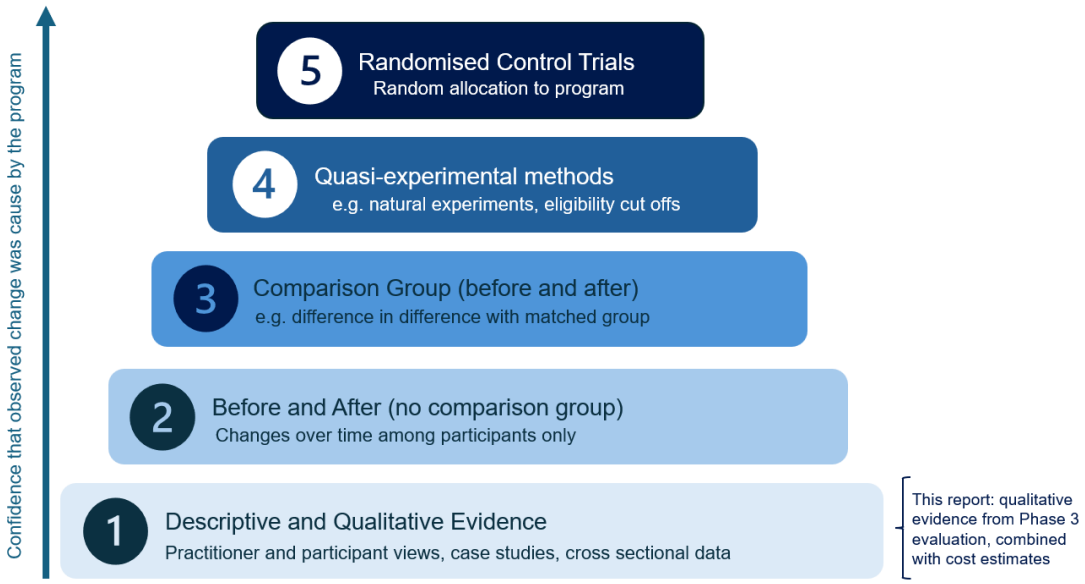
Early childhood sits at the centre of this agenda. The FAI's analysis of the Scottish Budget by preventative purpose found that childhood development and poor health are the two outcomes linked to the highest levels of preventative spending, each at over £1 billion (FAI, 2026).

Yet preventative spending is difficult to protect when budgets are under pressure. This is because benefits tend to arrive years later, are spread across several organisations and are hard to evidence. Third sector organisations are often asked to demonstrate value for money as a condition of funding, but rarely have the data, time or expertise to do so robustly. Economic evaluation is one tool that can help measure this. It allows decision-makers to compare options on a consistent basis, helps providers understand which parts of a programme matter most, and makes clear who bears the costs of doing nothing.

2.2 Methods for evaluating policy

Evaluations differ in how confidently they can attribute change to a programme. Figure 1, adapted from the scoring guide developed by the What Works Centre for Local Economic Growth, and used in previous FAI work, ranks common approaches by the strength of that attribution. At the top are randomised trials, which compare people who were randomly offered a programme with people who were not. At the bottom is descriptive and qualitative evidence, such as the views of participants and practitioners.

Figure 1: Adapted scoring guide for the strength of evaluation evidence



Source: What Works Centre for Local Economic Growth; Fraser of Allander Institute.

Broadly speaking, evidence can be split into both quantitative and qualitative.

Qualitative research gathers participants' experiences, perceptions, and behaviour, such as via surveys or interview questions. It helps answer questions about how and why a policy or programme works, rather than simply how many people are affected or how much change occurs. While qualitative evidence provides valuable insights into participants' experiences and the mechanisms through which outcomes may arise, on its own it is generally less suited to quantifying the scale of change or establishing the causal impact of an intervention.

However, qualitative evidence remains valuable because it provides context and insights that quantitative evidence alone may not capture. In particular, evidence drawn from people's lived experiences can provide important insights into how services are accessed, experienced and valued, including identifying barriers to engagement and outcomes that may not be reflected in quantitative measures. This is particularly relevant for preventative, community-based programmes such as Open Kindergarten, where understanding families' experiences is central to assessing how the programme works and the difference it may make.

Quantitative methods involve the collection and analysis of numerical data to identify patterns, measure relationships, and estimate the scale or impact of an intervention. They are typically used to answer questions such as how much, how many, or to what extent a policy or programme has produced a particular outcome.

To measure impact, methods that include robust quantitative analysis are required. These methods tend to use either survey-based or administrative data sources, and typically use econometric analysis to determine and estimate a causal impact of policies or programmes by comparing an intervention group to a control group, tracking changes over time.

The chosen econometric method usually depends on what is appropriate given the policy or programme in scope, and the data that is available. The use of quantitative analysis still brings differing degrees of reliability, as shown in Figure 1.

The most useful evaluations often combine both types of evidence, referred to as a 'mixed methods' approach.

The standard economic framework for valuing a programme like Open Kindergarten is cost-benefit analysis (CBA), as set out in HM Treasury's Green Book (HM Treasury, 2026). A CBA requires four things:

- the monetary cost of implementing and running the programme;
- a comprehensive list of the outcomes it produces;
- an understanding of what would have happened to those outcomes without the programme (the 'counterfactual'), usually established through a comparison group; and
- monetary values for those outcomes, both with and without the programme.

We can meet the first requirement in full, and the second and fourth in part. We cannot meet the third. This report therefore sits at the bottom of Figure 1: it cannot establish impact, but it can set out a transparent, evidence-informed account of where value is likely to arise and what it could be worth.

Box 1: What is Open Kindergarten and who does it support?

The Model: Open Kindergarten sessions are free, drop-in groups for parents and carers and their young children, mostly aged under three. There is no referral, registration requirement or fixed arrival time. Sessions are play-based and child-led, and are facilitated by trained early years practitioners whose role is relational: welcoming families, noticing how they are, normalising everyday difficulties and, where needed, gently connecting them to other support.

Origins: The model draws on Nordic open preschools. In Scotland it was developed following a 2015 Churchill Fellowship study visit, a 2018 feasibility study, and a 2019–20 pilot in Edinburgh and Midlothian evaluated by the University of Stirling (2020).

Phase 3 delivery: Fifteen groups ran between October 2024 and August 2025 across Midlothian, East Lothian, West Lothian and the City of Edinburgh, in community centres, early learning and childcare (ELC) settings, libraries, GP practices and parks. Groups met weekly for one to two hours and included outdoor, evening, weekend and young parents' groups. In total, 228 sessions were delivered to 249 parents and carers and 312 children. Of the children whose age was recorded, 94% were aged three or under and 19% were under one. Average attendance grew from eight to eleven people per session over the project. Groups were staffed by a Development Manager (0.94 FTE) and two Development Officers (0.4 FTE each) based in Midlothian Sure Start's perinatal team. Phase 3 was evaluated by Open University in 2026, which this economic evaluation builds on.

Who attends: Families came from across the full range of Scottish Index of Multiple Deprivation (SIMD) deciles. Of the 21 survey respondents who answered the relevant

question, 19 identified with at least one circumstance associated with additional vulnerability, including disability in the household, larger families, minority ethnic backgrounds and lone parenthood: four of the six priority family types in Scotland's child poverty strategy.

Source: Hale (2026)

2.3 Challenges in evaluating universal, low-threshold programmes

Many of the features that make Open Kindergarten effective also make it difficult to evaluate. Because families can simply walk in, there is little routine record of who attends, how often, why they came or what happened next. Asking for detailed personal information at the door risks deterring precisely the families the model is designed to reach, a tension the Phase 3 evaluation itself recognises (Hale, 2026, p.69).

The project does not formally set out the outcomes it expects to achieve and how. The Phase 3 evaluation is qualitative-led, drawing on a short survey of 66 parents and carers, eight interviews, two focus groups, five structured observations, and practitioner and parent diaries. It provides rich evidence on how the model works, but it did not use standardised before-and-after measure, did not include a comparison group, and did not follow families after they stopped attending.

As in our New Routes work, this creates a two-tier outcome framework:

- Preventative, short- and medium-term outcomes, such as reduced isolation, greater confidence and earlier contact with services, which the programme can plausibly influence directly and for which there is qualitative evidence.
- Long-term outcomes, such as perinatal mental illness, poorer child development or family crisis, which carry the largest costs but which the programme can influence only indirectly and which the evaluation could not observe.

The evidence sits mainly in the first tier; the monetary values sit mainly in the second. Much of this briefing is about the bridge between the two.

It is also important to recognise that Open Kindergarten was not designed primarily to generate financial savings or deliver a measurable economic return. Its central purpose is to provide accessible, preventative support to families, with any potential cost savings arising as a wider benefit of improving outcomes for parents and children, rather than being the primary objective of the programme.

2.4 Our approach

Our work assessed the costs and outcomes of Open Kindergarten:

- Costs: We used Midlothian Sure Start's financial accounts for Open Kindergarten to estimate the total cost of delivery and unit costs per session, family, child and group, alongside a record of the assumptions involved (Section 3).

- Outcomes: This had four stages. We first identified likely preventative outcomes from the Phase 3 evaluation, the 2020 Stirling evaluation and the Nordic evidence, and confirmed these with the project team. We then looked for evidence of each outcome in the Phase 3 findings, described the mechanisms through which the programme could bring it about, and reviewed the literature for credible monetary values, prioritising recent UK and Scottish evidence. Each outcome was then classified according to whether it could be valued:
    - Monetisable: a credible per-case value exists that can anchor an illustrative figure.
    - Partially monetisable: a value can be approximated, but the link to Open Kindergarten is weak and must be heavily caveated.
    - Discussion only: a benefit that cannot be credibly valued without bespoke data collection, where we discuss the direction and logic of any saving instead.

For outcomes with a credible value, we present illustrative case studies (Section 5). Each takes a published estimate of the cost of an outcome, expresses it in 2025-26 prices,[1] and compares it with the programme's cost in two ways. The first is a break-even calculation: how many cases would the programme need to prevent for their value to equal its cost? This avoids assuming an effect size we cannot observe, and lets readers judge for themselves whether the threshold is plausible. The second is a set of simple scenarios, in the style of our New Routes analysis.

Throughout, where possible, we distinguish between three kinds of value.

- Savings to public services are costs that fall on public budgets such as health, social care, education and justice, and are the narrowest measure.
- Wider economic costs include lost productivity and earnings.
- Wellbeing values express changes in quality of life in money terms.

All three are legitimate in Green Book appraisal, but only the first appears in a budget.

Finally, we have deliberately not borrowed headline returns on investment from evaluations of other early years programmes. Some evaluations of broadly similar parent-infant support report very high returns, but these can rest on strong assumptions, and are based on programmes which are very different in delivery.[2] Given these differences and the uncertainty around how transferable such estimates are, it would not be appropriate to apply these headline returns directly to this programme.

[1] Monetary values taken from the literature are expressed in 2025-26 prices using the GDP deflator series that underpins HM Treasury's GDP deflators (June 2026 update). Programme costs are reported in outturn prices as recorded in Midlothian Sure Start's accounts. Where source studies report lifetime costs, their authors have already discounted future costs to a present value, at the Green Book rate of 3.5% a year, so we apply no further discounting, unless otherwise stated. Readers should be aware that HM Treasury has accepted a recommendation to reduce this rate to 3.0%; a lower rate would raise the present value of long-run preventative benefits. See Appendix A.

[2] For example, the evaluation of the Healthy Little Minds parent-infant programme (Centre for Mental Health, 2025) reports a return of £9.84 for every £1 spent.

2.5 Limitations

It is important to restate the limitations of our approach. It offers a narrative of how the programme is likely to generate value, drawing on qualitative evidence, alongside published estimates that show the scale of the costs associated with the outcomes it seeks to prevent. Again, we cannot measure the causal impact of Open Kindergarten on these outcomes.

Those published estimates come from other studies, populations and years; several are more than a decade old. They describe what an outcome costs, not what an intervention achieves. The values in different case studies overlap and should not be added together. And although the case studies reflect experiences described in the Phase 3 evaluation, we cannot claim that Open Kindergarten prevented any particular case.

We set out practical suggestions of how Open Kindergarten could move towards a more robust evaluation in Section 7.

3. What does Open Kindergarten cost?

3.1 Total Cost

Midlothian Sure Start's accounts show total expenditure of £95,292 on Open Kindergarten during Phase 3 (Table 1). We treat this as the cost of around twelve months of delivery: staff salaries relate to October 2024 to October 2025, and groups ran from October 2024 to August 2025.

This is the cost to the delivery organisation. It excludes the costs of the Phase 3 evaluation, Children in Scotland's e-learning module and Parenting Across Scotland's coordination and grant-holding role. These were costs of developing and testing the model rather than of running it, and a provider delivering Open Kindergarten in future would not necessarily incur them. The full Scottish Government award for Phase 3 was £158,921.

Table 1: Open Kindergarten delivery costs by category, Phase 3

Cost category	What it includes	Cost (£)	Share
Staffing	Salaries, employer National Insurance, pensions, staff benefits and training	69,216	73%
Premises and overheads	Overheads (recruitment, HR, equipment lease, phones, audit, insurance), office base, venues.	11,985	13%
Development, management and strategic	Management and development of the programme	11,093	12%
Travel, supplies and marketing	Travel, supplies, marketing	2,999	3%

Source: Midlothian Sure Start; FAI calculations. Figures may not sum due to rounding

Staffing accounts for nearly three-quarters of the total, which is what we would expect of a model whose central input is skilled, relational practitioner time. By contrast, venue costs were

strikingly low: £1,626 across 228 sessions, or around £7 per session, because most venues were provided free or at nominal cost by partner organisations.

3.2 Unit Costs

Table 2 expresses the total cost per session, per family, per child and per group.[3]

Table 2: Unit costs of Open Kindergarten, Phase 3

Unit cost	Amount	Based on	How to read it
Cost per session	£418	228 sessions	The average cost of delivering one session, including all staffing, venue, materials, travel and overheads.
Cost per family reached	£383	249 parents and carers	The average cost of reaching one family over the period. A family attending once and a family attending every week count the same.
Cost per child reached	£305	312 children	Lower than the per-family figure because some families brought more than one child.
Cost per group	£6,296	15 groups	The average cost per group over the programme.[4]

Source: FAI calculations using Midlothian Sure Start accounts and Hale (2026).

3.2 Interpreting the costs

Several features of the data mean these figures should be treated as a guide rather than a precise benchmark. The caveats pull in different directions:

- They reflect an establishment phase as the total includes over £11,000 of development, management and strategic costs, as well as the training and equipping of fifteen new groups. A mature service would incur fewer of these costs, so the figures are likely to *overstate* the steady-state cost of delivery.
- As the venues were largely donated, a provider paying commercial rates for community space would face materially higher costs. This means the figures may *understate* the full cost of space.
- Staff time contributed by partners, venue administration and time spent by health visitors and others promoting groups do not appear in the accounts, so the true resource cost is higher.
- Fixed costs are spread across fifteen groups. A provider running one or two groups would face a higher cost per session; adding a group to an existing service would cost less than the average.

[3] A group is a series of Open Kindergarten sessions delivered regularly in a specific location. For example, there were two groups in East Lothian; one in Dunbar and one in Musselburgh.

[4] The cost per group is total cost divided by the fifteen groups. Groups ran for an average of around fifteen sessions each, so this should not be read as the annual cost of operating a single weekly group, which would be higher.

Taken together, we consider £95,300 a reasonable estimate of the annual cost of running a multi-site Open Kindergarten programme of this scale in its first year. For the rest of this briefing, we use it as the benchmark against which illustrative values are compared.

4. How might Open Kindergarten generate value?

4.1 Outcome Mapping

Our outcome mapping identified nine candidate preventative outcomes across three levels: parents, children and the wider system of support (Table 3). Parent-level outcomes have the strongest evidence; system-level outcomes have the clearest link to public spending. In this section we draw out the main mechanisms, using evidence from the Phase 3 evaluation (Hale, 2026). Page references in this section are to that report.

Table 3: Candidate preventative outcomes

Level	Outcome	Strength of evidence in Phase 3 Evaluation	Can it be monetised in available literature?
Parent	Reduced social isolation and loneliness	Strong	Monetisable
Parent	Improved parental mental health	Strong	Monetisable
Parent	Increased parenting confidence	Strong	Discussion only
Parent	Reduced stigma and increased help-seeking	Moderate to strong	Discussion only
Child	Early socialisation, play and emotional regulation	Moderate	Partial
Child	Smoother transitions into ELC	Moderate	Discussion only
System	Soft entry point to earlier identification and support	Strong	Partial
System	Emotional de-escalation and avoided crisis	Moderate	Monetisable
System	Multi-agency working and coordinated support	Moderate	Discussion only

Source: FAI analysis of Hale (2026). 'Strong' indicates evidence across the survey, focus groups and practitioner accounts; 'Moderate' indicates evidence that is thinner or relies on international studies.

The below sections describe the mechanisms of change associated with Open Kindergarten, setting out how and why the programme is expected to contribute to the identified outcomes.

4.1 A low-threshold, universal space

Almost every benefit described in the Phase 3 evaluation flows from one design choice that families can simply turn up. There is no cost, referral, booking or expectation that they arrive on time or take part in a particular way. Parents repeatedly contrasted this with structured classes and groups, where they described feeling watched, pressured or out of place. One

explained that other services made them feel they needed to 'have a reason to go', whereas at Open Kindergarten *'I could just walk in and be with people'* (p.52).

More than four in five survey respondents had not previously used a parent-and-child group, suggesting that for many families Open Kindergarten was their first experience of organised support. A model that reaches families before a problem has been formally identified, and without the stigma that deters help-seeking, is the necessary condition for any preventative saving.

4.2 Peer connection

Reduced isolation was the strongest single theme in the evaluation. Loneliness cut across ages and backgrounds, affecting new parents, those who had moved to a new area, families in new housing estates with little community infrastructure, and parents in more affluent areas. Before attending, one parent said they *'felt like [they were] disappearing a bit'* (p.55). Parents described forming friendships, joining local WhatsApp groups and, in one practitioner's words, finding *'a village'* (p.37).

Loneliness is associated with poorer mental and physical health and with lower productivity, and it is a driver of several of the other outcomes discussed here. We consider its value directly in Case Study 2.

4.3 Routine

Sessions ran weekly, in the same place, at the same time, with the same practitioners. Parents described the predictability itself as valuable: a fixed point in a week, and a reason to leave the house. Repetition allows practitioners to notice change over weeks and parents to raise concerns at a pace of their choosing.

This routine was also important for children. Parents' most common reason for attending was to give their children opportunities to play and socialise. The Nordic evidence associates open preschool attendance with better early social skills, language exposure and emotional regulation, and with easier adjustment to preschool routines (pp.9–10). The Phase 3 evaluation describes Open Kindergarten as a 'stepping stone' into more structured provision, including ELC (p.67). These child-level outcomes were not directly measured in Phase 3, and we return to them in Section 6.

4.4 Relational practice

Practitioners are deployed not to deliver a curriculum but to build relationships: welcoming families by name, noticing how they are, asking without probing and treating everyday difficulty as unremarkable rather than as a concern to be escalated.

The programme reached many parents experiencing low mood, anxiety, sleep deprivation and the after-effects of traumatic births. Parents consistently reported feeling better after attending (*'you always feel better after'*, p.48), and some described gradual improvements that became visible only over months. One described the space as having 'stopped things getting worse' (p.52). Practitioners achieved this through attentive, non-judgemental conversation, by normalising common difficulties and by providing a predictable weekly routine.

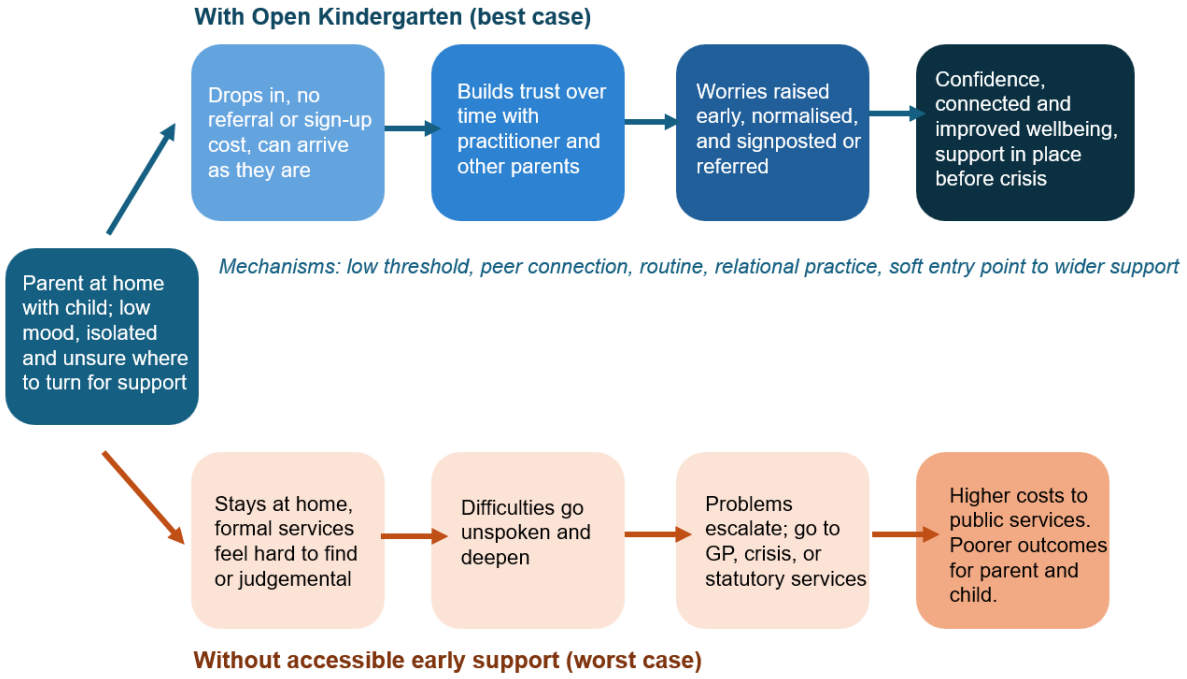
Mental health problems in pregnancy and early parenthood are common and costly, and much of the cost falls on children's longer-term outcomes. We consider this in Case Study 1.

4.4 A soft entry point to wider support

The trust families built with practitioners meant that concerns surfaced earlier and felt easier to raise. Parents described practitioners who *'tease out anything that is bothering you'* (p.48). Practitioners reported supporting families experiencing domestic abuse, severe anxiety, financial hardship and suicidal thoughts, in several cases following up through home visits or referrals to other services (p.48). Where common themes such as sleep or feeding emerged, practitioners invited relevant professionals to attend sessions, giving families informal contact with services that can otherwise sometimes feel hard to reach (p.67). Survey respondents reported greater awareness of, and ease in engaging with, other forms of family support (p.31). It is also the pathway through which the largest potential savings arise, which we illustrate in Case Study 3.

Figure 2 brings these mechanisms together, contrasting an illustrative best-case pathway for a parent who finds Open Kindergarten with a worst-case pathway for a parent without accessible early support.

Figure 2: Illustrative pathways of best and worst case scenario for a parent of a young child, with and without Open Kindergarten.



Source: Fraser of Allander Institute, drawing on Hale (2026). Pathways are illustrative and do not describe any individual family.

5. Exploring the counterfactual: illustrative case studies

We cannot evidence how far Open Kindergarten changes the likelihood of the outcomes in Table 3. We can, however, look at the costs associated with those outcomes, and therefore

at the potential value of avoiding them: in effect, the difference in cost between the best-case and worst-case pathways (Figure 2).

We present three case studies, each for an outcome where the Phase 3 evidence is strong and a credible UK estimate of cost exists. Each follows the same format: the evidence, the published cost, and an illustrative analysis. The case studies overlap. Reduced loneliness is one route to better mental health, and parents' mental health affects children's outcomes, including their risk of harm. The values should therefore be read side by side, not added together.

Case Study 1: Parental mental health

Perinatal mental health problems are those arising during pregnancy and in the first year after birth. Recent evidence from England suggest that perinatal mental health problems affect up to one in four women who give birth (UK Government, 2025). Depression and anxiety are the most common. The Phase 3 evaluation shows that Open Kindergarten reached parents with low mood, anxiety and the after-effects of traumatic birth, and that it gave them a routine, a relationship and a route into further support that they experienced as protective.

The most comprehensive UK estimate of the costs of perinatal mental illness is by Bauer et al. (2014), for the Centre for Mental Health and the London School of Economics. They estimate the lifetime cost of a single case of perinatal depression at around £74,000 in 2012-13 prices, around £7 in every £10 of which relates to impacts on the child, through pre-term birth, emotional and conduct problems and additional educational needs.[5] Expressed in 2025-26 prices, this is around £107,000 per case.

Importantly for a public sector audience, most of this cost does not fall on public budgets (Table 4). Around 13%, or £14,000 per case in today's prices, falls on health and social care, education and criminal justice. The largest component reflects losses in health-related quality of life. These are costs to mothers and children, but they are not cash costs to government.

[5]A later peer-reviewed version of the same analysis (Bauer, Knapp and Parsonage, 2016) reports a slightly higher total of £75,728 per case. We use the 2014 figures because they are the most widely cited and are presented by who bears the cost. Both are present values of lifetime costs, discounted at 3.5% a year.

Table 4: Lifetime cost of one case of perinatal depression, by type of cost

Type of cost	2012-13 prices	2025-26 prices	Share
Public services (health and social care, education, criminal justice)	£9,659	£13,967	13%
Productivity losses	£7,965	£11,517	11%
Health-related quality of life losses[6]	£48,738	£70,475	66%
Other (out-of-pocket expenditure incurred by families, costs of unpaid care and costs of crime falling on victims)	£7,460	£10,787	10%
Total	**£73,822**	**£106,746**	**100%**

Source: Bauer et al. (2014); HM Treasury (2026); FAI calculations.

Box 2: Illustrative analysis: parental mental health

How many cases of perinatal depression would Open Kindergarten need to prevent, or substantially lessen, among the parents and carers it reached for the value to equal its cost?

Input	Value
Parents and carers reached in Phase 3	249
Single year programme cost (Midlothian Sure Start, Phase 3)	£95,300
Lifetime cost of one case of perinatal depression (2025-26 prices)	£106,700
of which public services and productivity	*£25,500*
of which public services only	*£14,000*
Cases of perinatal depression that would need to be prevented annually to equal total programme costs	
Including all sources of savings	**0.9**
Including productivity & public service savings only	**3.7**
Including public service savings only	**6.8**

[6]Health-related quality of life losses are valued at £25,000 per quality-adjusted life year (QALY), the mid-point of the range used by the National Institute for Health and Care Excellence. These represent a monetary valuation of health and wellbeing, not a cash cost.

If Open Kindergarten prevented…	Total savings to society (public services, productivity, health, and households)[7]	Savings to public services only
1 case of perinatal depression (0.4% of parents reached)	£107,000	£14,000
3 cases (1.2% of parents reached)	£320,000	£42,000
5 cases (2.0% of parents reached)	£534,000	£70,000

Source: Bauer et al. (2014); Hale (2026); Midlothian Sure Start; FAI calculations.

On a whole-society cost basis, Open Kindergarten would need to prevent, or substantially reduce the severity of, around one case of perinatal depression among the 249 parents and carers it reached to generate value equivalent to its annual cost. Given how common perinatal depression is, and how many attendees described low mood and anxiety, this is a modest threshold.

The picture is different on a narrower basis. Counting only savings to public services, the programme would need to avert around seven cases to cover its annual cost. This is a considerably more demanding bar, and it makes an important point: most of the cost of perinatal mental illness is borne by mothers and, above all, their children, over many years, rather than by public budgets in the short term.

Several caveats apply to these figures. Bauer et al estimate what a case costs; they are not evidence that Open Kindergarten prevents one. Open Kindergarten is not a clinical intervention, and Phase 3 did not measure mental health using a validated scale. The estimates relate specifically to the perinatal period, whereas many attendees had children older than one (around one in five attending children were under one). The estimates here cover only depression in mothers, not fathers' mental health or anxiety/psychosis.

Case Study 2: Isolation and Loneliness

Isolation was the strongest theme in the Phase 3 evaluation, and many parents described Open Kindergarten as the first place they had found connection since becoming parents.

The reference estimate for the UK is the Loneliness Monetisation Report, produced by Simetrica for the Department for Digital, Culture, Media and Sport (Peytrignet et al., 2020). It values the annual cost of one person experiencing severe loneliness[8] (feeling lonely "often or

[7] The total' estimate in Table 4. Savings are over a lifetime for both mother and child.
[8] The question this measure is based on is "How often to you feel lonely?". The potential answers are "never, hardly ever, occasionally, some of the time, often always". This is a standardized ONS based question from their 2018 guidance on measurement of loneliness.

always") at £9,537 in 2019 prices, or around £12,748 in 2025-26 prices. The estimate is built from three separately derived components (Table 5).

Table 5: Annual cost of one person experiencing severe loneliness, by type of cost

Type of cost	Who bears it	2019 prices	2025-26 prices
Wellbeing	The individual	£9,537	£12,187
Additional healthcare use	Public services	£109	£139
Productivity (Days of work lost to ill health, Lost productivity at work)	Employers	£330	£422
Total		**£9,976**	**£12,748**

Source: Peytrignet et al. (2020); FAI calculations. Values are for one year. The wellbeing figure is the authors' conservative lower bound; their central estimate for the most severe category is as high as £17,043 in 2019 prices, or around £21,964 today.

The wellbeing component is derived using the Wellbeing Valuation method endorsed by the Green Book: the loss of life satisfaction associated with severe loneliness is converted into the rise in income that would produce an equivalent improvement. As the report's authors are explicit in stating, this is neither money in anyone's pocket nor a saving to the state. It is a legitimate benefit in Green Book appraisal, and it is the right measure of what loneliness does to people, but it will not appear in any public sector budget line.

The costs that do fall on public services are relatively small: around £139 per person per year in 2025-26 prices. The authors derive this from modelling of additional GP visits, hospital admissions, emergency service use and outpatient care. This is because severe loneliness has a major adverse effect on health. It is considered a risk factor for depression, heart disease, stroke and dementia – among other conditions. In fact, the effect of loneliness and isolation on mortality is comparable to the impact of obesity and smoking cigarettes.

The report also recommends that, where there is no comparison group, a 19% 'deadweight' deduction is applied to allow for reductions in loneliness that would have happened anyway.[9] 'Deadweight' refers to change that would have happened without the programme. For example, some parents would have become less lonely anyway; they might have met someone at the park, gone back to work, or engaged in another support service.

Illustrative analysis: reducing loneliness

What would the gain be if a share of adult attendees moved out of severe loneliness for a year?

Input	Value
Adult attendees (parents and carers)	249
Annual programme cost (Midlothian Sure Start, Phase 3)	£95,300

[9] The 19% deduction is the adjustment recommended in the Loneliness Monetisation Report for community and social interventions evaluated without a comparison group.

Annual cost of one person experiencing severe loneliness (2025-26 prices)	£12,748
Annual cost of one person experiencing severe loneliness (2025-26 prices) *(less 19% deadweight deduction)*	£10,326
of which wellbeing costs	£9,871
of which costs to employers	£342
of which costs to public services	£113
Cases of severe loneliness that would need to be prevented annually to equal total programme costs …	
Including all sources of savings	**9**
Including employer savings only	**279**
Including public services savings only	**845**

If Open Kindergarten prevented … of severe loneliness	**Annual total savings to society (wellbeing, employer costs, public services)**	**Annual savings to public services only**
25 cases (10% of parents reached)	£258,140	£2,820
62 cases (25% of parents reached)	£640,187	£6,995
125 cases (50% of parents reached)	£1,290,699	£14,102

Source: Peytrignet et al. (2020); Hale (2026); FAI calculations. Values are for one year.

Looking at the wider benefits to society, the threshold for economic benefits is relatively low. If around ten people moved out of or avoided severe loneliness for one year, the value generated would be enough to match the programme's annual cost. If one in ten adult attendees moved out of or avoided severe loneliness for a year as a result of attending, the wellbeing gain would be around £260,000 after allowing for deadweight: roughly two and a half times the programme's annual cost. Put another way, the programme would need to prevent or improve severe loneliness for ten people each year for the wellbeing value to equal its cost.

The picture is very different if we look only at direct savings to public services. The estimated saving is around £139 per person per year, meaning the programme would need to help more people than it actually reached to recover its costs through public spending savings alone. Even under an optimistic scenario, the saving would be around £14,000 compared with a programme cost of £95,300.

These figures also have some important caveats. The Loneliness Monetisation Report draws on the Office for National Statistics (ONS, 2018) recommended measures of loneliness. In particular, it uses the direct question *"How often do you feel lonely?",* with responses recorded on a five-point scale: *never, hardly ever, occasionally, some of the time, and often/always*. The report classifies people responding often/always as experiencing severe loneliness, while occasionally or some of the time is treated as moderate loneliness.

Phase 3 did not measure loneliness using a directly comparable question or response scale. We therefore do not know how many parents would have been classified as experiencing severe loneliness when they first attended, or how many moved from severe to a lower level of loneliness over the course of the programme. This means the monetised values should be interpreted as illustrating the scale of benefit that could be generated if severe loneliness were reduced, rather than as an estimate of benefits actually achieved by the programme.

Some more important caveats are that the higher scenarios should be read as a ceiling rather than an expectation: the 50% scenario requires at least half of all attendees to have been severely lonely beforehand. We value only one year of benefit, and do not know how long any improvement lasts. And because reduced loneliness is one route to better mental health, these values overlap with Case Study 1 and should not be added to it.

Case Study 3: Earlier identification of family difficulty

The soft entry point function is where the programme's link to high-cost outcomes is most direct, but also where evidence is hardest to gather. The Phase 3 evaluation shows that practitioners support families through domestic abuse, severe anxiety, financial hardship and suicidal thoughts, with follow-up through home visits and referrals. Without a trusted, informal point of contact, some of these difficulties might have surfaced later, at greater intensity and in more costly settings.

Domestic abuse and child maltreatment can have profound and lasting impacts on individuals and families, which cannot be fully captured in monetary terms. However, understanding the wider societal costs associated with these experiences can help illustrate the potential value of earlier identification, support and prevention.

Herbert et al. (2025) model the lifetime societal costs of childhood exposure to maltreatment and to domestic abuse between parents. Their estimates cover consequences across health and social care, criminal justice, education and lost productivity, including the costs of intergenerational transmission where children exposed to abuse go on to perpetrate it as adults[10]. Importantly, the study reports different costs depending on the nature and severity of exposure, rather than a single cost per case (Table 6).

[10] The inclusion of intergenerational effects in the economic modelling should not be taken to suggest that children who experience or witness abuse will necessarily go on to perpetrate abuse themselves. These estimates reflect risks across populations, rather than inevitable outcomes for individuals. As recognised in Scotland's Equally Safe strategy (Scottish Government and COSLA, 2023), prevention and early intervention can play an important role in addressing violence and abuse and supporting those affected.

Table 6: Lifetime societal cost per child, by type of exposure

Type of childhood exposure	2019 prices	2025-26 prices
Parental domestic abuse alone	£16,639	£21,400
Parental domestic abuse, where the child was aware of it	£71,037	£91,600
Any maltreatment and/or exposure to parental domestic abuse (average)	£71,309	£91,900
Maltreatment with co-occurring parental domestic abuse	£100,756	£129,900

Source: Herbert et al. (2025) FAI calculations. All figures are discounted lifetime costs per non-fatal exposure. Fatal maltreatment is estimated at £1.29 million per case in 2019 prices and is not considered here.

The distinction between the first two estimates is particularly relevant to the role that earlier identification might play. The estimated lifetime societal cost associated with parental domestic abuse where a child is aware of it is substantially higher than the estimated cost associated with parental domestic abuse alone. In 2025–26 prices, the difference between these estimates is around £70,200 per child.

This does not mean, and we are not suggesting, that Open Kindergarten could be expected to prevent parental domestic abuse alone. A more plausible pathway is that earlier identification and support could, in some circumstances, help prevent an already difficult family situation from worsening or continuing to the point at which a child experiences greater exposure to it.

Illustrative analysis: the potential value of preventing escalation

The analysis below therefore does not assume that the programme prevents domestic abuse altogether. Instead, it illustrates the scale of societal costs associated with different levels of childhood exposure.

Input	Value
Programme cost (Midlothian Sure Start, Phase 3)	£95,300
Lifetime societal cost associated with parental domestic abuse alone (2025-26 prices)	£21,400
Lifetime societal cost where the child is aware of parental domestic abuse (2025-26 prices)	£91,600
Difference in estimated lifetime cost where escalation in a child's exposure is avoided	*£70,200*
Children whose exposure would need to be prevented for the value to exceed the programme's cost	**2**

Source: Herbert et al. (2025); Hale (2026); Midlothian Sure Start; FAI calculations.

We cannot claim that Open Kindergarten prevented or lessened any case of maltreatment or domestic abuse.

To illustrate the scale involved, if earlier identification and support enabled a parent to leave or resolve an abusive situation before a child became aware of it, the difference between the two relevant lifetime cost estimates is around £70,200. This is equivalent to approximately 74% of the programme's annual cost. If two children avoided this escalation, the associated value would be around £140,400, exceeding the programme's annual cost of £95,300.

These figures should be interpreted cautiously. The analysis does not demonstrate that Open Kindergarten prevented any case of domestic abuse from escalating, nor that earlier identification would avoid the full £70,200 difference in lifetime costs.

Rather, the comparison illustrates the potential scale of value associated with the programme's early-identification function. Where practitioners identify serious difficulties earlier and connect families with appropriate support, even relatively small changes in the severity or duration of children's exposure could have substantial long-term societal value.

6. Other outcomes, and why savings may or may not occur

Several of the outcomes in Table 3 cannot be credibly valued with the evidence available. This does not make them unimportant; some may be where much of the programme's long-run value lies. Here we set out why each is hard to value and what the literature does allow us to say, before considering the reasons why some savings may not materialise.

6.1 Outcomes without a credible monetary value

Parenting confidence. We found no transferable monetary value for parenting confidence. Valuing it would require knowing both how much confidence improved and how much parents value that improvement, which would need a bespoke survey. It is better understood as a stepping stone to other outcomes than as an end in itself: more confident, less anxious parents tend to interact more responsively with their children, which is where the value is ultimately realised.

Reduced stigma and help-seeking. This is what turns a universal play session into earlier contact with services. No study prices a reduction in stigma, and measuring the effect would mean comparing when attendees and similar non-attendees first seek help. Its value is realised through the outcomes in Case Study 3 rather than separately.

Children's early socialisation and emotional development. The long-run literature here is the most compelling, but also the furthest removed from Open Kindergarten. For example, the Nobel Laureate economist James Heckman (2016) estimated that every dollar invested in early childhood programs yields a return of $7 to $13 in economic benefits long term.

The Institute for Fiscal Studies' evaluation of Sure Start in England found that every £1 of spending generated £2.05 in long-run benefits, including savings in health, special educational needs and children's social care, and higher lifetime earnings (Carneiro et al., 2025). Recent IFS analysis finds that peer and emotional problems in childhood are associated with lower adult earnings and poorer adult mental health, although conduct problems are, perhaps surprisingly, associated with higher earnings, so the economic case depends on which skills are affected (Del Bono et al., 2026).

None of these returns can be directly transferred to Open Kindergarten. For example, Sure Start was far larger and more intensive, and even it found few effects on the most severe needs. Heckman's work relates to intensive, full-time, centre-based programmes for highly disadvantaged children with high costs per child. What this literature does establish is that early childhood is a period in which modest improvements can have long-lasting economic consequences.

Smoother transitions into Early Learning & Childcare (ELC). No unit value exists for this. The plausible savings, such as less settling-in time and better take-up of funded ELC among eligible families who might not otherwise use it, are unmeasured. A funded entitlement that goes unused is a missed preventative investment. A simple follow-up of ELC registration among attendees would allow this to be tested.

Multi-agency working. Better coordination between Open Kindergarten, health visitors and other local services is an efficiency argument rather than a costed saving, and valuing it would require activity data from every partner.

6.2 Why savings may not occur, or may be smaller than they appear

A balanced assessment must also consider why the values in Section 5 might not be realised in practice. Some reasons could be:

- Earlier identification can raise costs before it reduces them. When concerns surface earlier, referrals rise. Demand for health visiting, perinatal mental health support or social work may increase in the short term, before any saving materialises, and the costs and savings may fall on different budgets. This is a feature of prevention rather than a flaw, but budget holders will see the costs first.
- Reach into the highest-need families. The largest costs are concentrated among families facing the greatest adversity. The evaluation found that universal access did not by itself guarantee equitable access: families in chaotic circumstances, and some for whom English was not a first language, took longer to engage (p.48). The programme's value depends heavily on its reach into these groups.
- Duration and persistence over time. Groups ran for around fifteen sessions each on average, and practitioners observed that attendance often built towards the end of a block. Benefits may fade if provision stops, and short delivery windows limit the time needed to embed in a community.
- Expanding the program. The evaluation is clear that the model's value rests on skilled relational practice, manageable caseloads and practitioner support. Expanding delivery without these conditions could dilute outcomes while costs remain.

6.3 How costs may change as the programme scales

The costs presented in this report reflect a relatively small-scale phase of Open Kindergarten, covering fifteen groups and approximately one year of delivery. They should therefore not necessarily be interpreted as the cost structure of a larger or more established programme.

There are reasons to expect that some economies of scale could arise as the programme matures or expands. Some of the costs incurred during Phase 3 relate to developing, managing and establishing the model, including setting up new groups. These costs would not necessarily increase in direct proportion to the number of groups or families reached. Similarly, some management, training and administrative functions may be able to support a larger number of groups without increasing at the same rate as delivery. If these relatively fixed costs were spread across more sessions, families and children, the average cost per participant or session could fall.

This has implications for how the illustrative economic findings in this report are interpreted. If a larger programme were able to reach more families while its total costs increased by less than its reach, the cost per family or child would fall. The number of positive outcomes required for the programme's total benefits to equal its costs would still depend on the overall cost of delivery, but those outcomes could represent a smaller proportion of the total population

reached. In other words, expansion could make the programme more cost-effective if additional families can be supported at a relatively low marginal cost.

For example, the current analysis compares potential benefits against an annual delivery cost of around £95,300. If future delivery reached substantially more families without costs increasing proportionately, the programme would have more opportunities to generate the preventative outcomes described in this report while spreading its fixed costs across a larger population. This could strengthen the economic case even if the effectiveness of the programme for any individual family remained unchanged.

However, economies of scale should not be assumed. Some costs will rise as delivery expands, particularly practitioner staffing, and expansion into new areas may require additional management, training, premises and partnership-building. The Phase 3 evaluation also suggests that the value of the model depends on skilled relational practice and manageable levels of practitioner support. Scaling in a way that reduced the quality or intensity of that support could weaken outcomes, offsetting any reduction in unit costs.

A future evaluation could examine this more directly by distinguishing between fixed, variable and one-off establishment costs, and tracking how total and unit costs change as additional groups are introduced. This would allow the marginal cost of reaching additional families to be estimated and provide a stronger basis for assessing whether Open Kindergarten experiences economies of scale as it develops.

7. Assessing economic impacts of social programmes in the future

In considering the potential economic impact of a programme, it is important to understand which negative outcomes (and, therefore, which costs) the programme is likely to prevent. In this report, we have considered postpartum mental health, parental loneliness, and domestic violence, due to the volume of evidence that the Open Kindergarten project has already collected. However, other outcomes are likely to have occurred. Identifying what these may be, and then collecting data to evidence them, is an important first step.

A thorough cost benefit analysis, as we discussed in Section 2.1, is the best way to understand the economic impact of a programme. However, a CBA can be costly and time-consuming, which may not be desirable or achievable for a programme, especially in the short term.

In that case, a mixed-methods illustrative approach, as we have used here, can help identify and evidence potential cost savings, even though we cannot use them to demonstrate that cost savings actually occurred. This approach involves three key steps.

1. **The programme needs to identify where they hope to evidence economic impacts;** i.e., do they aim to impact household or business finances, government expenditure, individual health and wellbeing, or wider societal impacts? It is important to understand which perspective is desirable for evidencing cost savings; for instance, if the goal is to understand savings to households specifically, evaluating government and broader economic impacts through businesses do not need to be explored.
2. **The programme needs to identify a range of outcomes where economic impacts are likely to occur**. This may be through savings to a household, e.g., through

reduced childcare or other costs; the local government, e.g., through preventative or early interventions resulting in reduced use of costly services; the broader economy, e.g., through changes in purchasing or employment; or in terms of non-monetary benefits to the individuals themselves, e.g., through improved health and wellbeing.

3. **The programme needs to gather robust quantitative and qualitative data around these outcomes**. This allows us to understand in more detail how and why the programme influences the identified outcomes.

While this method is easier than a traditional CBA, there are some caveats to it, which we have discussed throughout this report. Importantly, this method relies on evidence of cost savings that have already been evidenced in other literature. Because of this, some things that likely have an economic impact may not have a relevant or known valuation attached to them.

It can also be difficult to identify the range of potential economic benefits at the start of a programme. It may be better to establish an early concept of the potential benefits, such as through a theory of change model, and then to engage with participants throughout the programme to understand these benefits further.

Some aspects are likely to have an identifiable positive impact, however, depending on where the programme hopes to evidence savings. Understanding cost savings to households is much easier to establish than savings to the economy more widely. For instance, the Open Kindergarten programme noted that it provided individuals with vouchers for food banks on a few occasions. If a parent received a voucher that allowed them to redirect £10 from their food budget to a different expenditure, we can directly attribute £10 of savings to households to the programme's intervention.

Regardless of the scale of the challenge with laying out an illustrative case study, a programme needs to gather both quantitative and qualitative data. Surveying participants is the best way to gather the necessary quantitative data, but for a programme like Open Kindergartens, which allows parents to attend or not as they see fit, this process can be especially difficult, and potentially even undesirable. Exploring qualitative data can also be a challenge, although there are multiple qualitative methods that work for this purpose.

Appendix A: Price adjustment

Values from the literature are expressed in 2025-26 prices using the HM Treasury's GDP deflator series. Index values are averages of the relevant quarters, so that 2025-26 = 100.

Table A1: Price adjustment of literature values

Source	Price base	Deflator index (2025-26 = 100)	Uplift Factor	Original value	2025-26 value
Bauer et al. (2014)	2012-13	69.16	1.446	£73,822	£106,746
Peytrignet et al. (2020)	2019	78.2576	1.278	£9,537	£12,291
Herbert et al. (2025)	2019	78.2576	1.278	£71,309	£91,121

Source: ONS; HM Treasury (2026); FAI calculations.

Programme costs are not uprated. They are recorded in outturn prices for October 2024 to October 2025, which is close to the 2025-26 price base; restating them would change the figures by around 1%.

Fraser of Allander Institute
University of Strathclyde
199 Cathedral Street
Glasgow G4 0QU
Scotland, UK

Telephone: 0141 548 3958
Email: fraser@strath.ac.uk
Website: fraserofallander.org
Follow us on X via @Strath_FAI
Follow us on LinkedIn: FAI LinkedIn

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