EQUALITY IMPACT ASSESSMENT (EIA)

POLICY/PROPOSAL:	Future of Best Start Family Hubs Support Services
DEPARTMENT:	CYPCD
TEAM:	Early Help
LEAD OFFICER:	Simon Topping, Family Hub Service Manager
DATE:	17 August 2026

EIA Guidance is available online, please reach out to equality@brent.gov.uk for any further support.

SECTION A – SCREENING

1. Briefly and clearly describe the policy, proposal, change, or initiative, and what it is trying to achieve.

The proposal seeks Cabinet approval to insource Best Start Family Hubs (BSFHs) support services, currently delivered by Barnardo's Services Limited, when the existing contractual arrangements come to an end on 31 March 2027. The recommendation supports a more integrated, Council-led Family Hub and Early Help model from 1 April 2027.

National policy continues to position Family Hubs as a central mechanism for improving outcomes for children and families through integrated early intervention and prevention. Locally, BSFH support services directly support Brent's priorities to improve outcomes for children, reduce inequalities, strengthen school readiness and parenting capacity and ensure families can access help at the earliest opportunity.

2. Are there any groups who may be impacted by your proposal? For reference, Q4 lists all protected groups.

Yes, see Q4

3. If no groups are affected, explain why.

N/A

4. Mark with an “X” the potential impact of the policy or proposal on different groups. You can mark more than one box for each group.

Characteristic	IMPACT		
	Positive	Neutral/None	Negative
Age - People of different age groups.	X		
Care Experience - People who have been in care for any period of their childhood.		X	
Disability - People with physical, sensory, learning, and mental health disabilities, long-term conditions, and non-visible disabilities.	X		
Gender reassignment - Transgender and non-binary people, including anyone who is proposing to, started, or who has completed a process to change their gender.		X	
Marriage and Civil Partnership - Applies mainly in the workplace, people who are married or in a civil partnership.		X	
Pregnancy and Maternity - People who are pregnant, on maternity leave, or new parents.	X		
Race and Ethnicity - People of different ethnicity, nationality, and skin colour.	X		
Religion or belief - People of all faiths, and those with no religious belief.		X	
Sex - Differences between men and women, including disparities in pay, career progression, and health outcomes.	X		
Sexual Orientation - People who identify as lesbian, gay, bisexual, queer, asexual, or any other non-heterosexual identity.		X	

Socio-Economic Status – People who are experiencing poverty or socio-economic disadvantage.		**X**	
Other relevant groups* *[replace this text and specify where appropriate]*		**N/A**	

* Other relevant groups could include Carers, Refugees or Asylum Seekers, Veterans, among others. Review the EIA Guidance for more information.

5. Complete **each row** of the checklist with an "X".

SCREENING CHECKLIST		
	YES	**NO**
Does the policy or proposal have implications for eliminating discrimination, advancing equality of opportunity, or fostering good relations among different groups?	**X**	
Does it relate to an area with known inequalities?		X
Would it add, change, or remove services used by any groups listed in Q4?	**X**	
Does it have negative or positive equality impacts on any groups listed in Q4?	**X**	
If you have answered YES to ANY of the above, proceed to section B. **If you have answered NO to ALL the above, proceed straight to section C.**		

SECTION B – IMPACTS ANALYSIS

6. What data and evidence have you used to understand potential impacts? This could include service user data where relevant. If there is little or no evidence, explain why, and note any plans to improve data collection in future, adding this to the Action Plan in Section E.

BSFH collect data on services users accessing activities across the Hub network. This includes demographic data where this has been provided at the point of registration. There is a bi-annual satisfaction survey completed with families which is a qualitative analysis regarding families views of quality of provision, outcomes and impact and ideas for service improvement.

7. For each characteristic:
    a. Provide detail for the impact listed in the response to Q4 in the left-hand box.
    b. Provide data and evidence to explain how you reached your conclusion in the right-hand box.

   Relevant data sources for Brent and its residents can be found in the EIA Guidance document.

Age	
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
The insourcing of the majority of BSFH Support Services from 1 April 2027 will create a fully integrated Council-led Family Hub and Early Help model that strengthens accountability, consistency of practice, quality assurance, service integration and value for money. Bringing the service in-house will provide greater flexibility, stronger operational control and clearer accountability as neighborhood working across local authority services and with the health sector and integrated Early Help arrangements develop across the borough. It is anticipated service improvements made through the in-house model will improve: • engagement from families with young children • access and attendance for some BSFH activities • more families achieving positive outcomes and impact.	A review of the current commissioned delivery model has identified persistent operational, management and quality assurance challenges within the current commissioned model. These relate particularly to service integration, accountability, workforce stability and alignment with Brent's Family Hub operating model. Although these issues have been addressed through contract management and operational discussions, they have persisted over time and continue to limit the Council's ability to deliver a fully integrated Early Help and Family Hub offer. This has also impacted on service delivery and family engagement such as: • Some activities being cancelled at short notice due to sickness • Feedback from families regarding the quality of delivery of some activities • The ability to deliver reliable early years offer, impacting family engagement.

To note the eligibility criteria for accessing BSFH services will remain unchanged following transfer to the in-house model. Existing accessibility arrangements, translation/ creche support, communication channels and service standards will be maintained during the transition.	

Care Experience	
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
N/A	

Disability	
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
It is anticipated service improvements made through the in-house model in partnership with the new Best Start Inclusion Practitioners will improve: • Engagement and attendance from families with SEND children • Identification of children with SEND • Connecting families into the SEND Local Offer and Experts At Hand offer • more families with SEND children achieving positive outcomes and impact. To note the eligibility criteria for accessing BSFH services will remain unchanged following transfer to the in-house model. Existing accessibility arrangements, translation/ creche support, communication channels and service standards will be maintained during the transition.	Supporting data and evidence will include: • Numbers of families with SEND children registering for Family Hubs • Attendance of families with SEND children accessing activities • The number of SEND children identified, supported and connected into specialist provision where appropriate • Monitoring outcomes and impact of families with SEND children i.e. WellComm assessment data for children with Speech Language Communication Needs.

Gender Reassignment	
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
N/A	

Marriage and Civil Partnership	
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
N/A	

Pregnancy and Maternity	
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
It is anticipated service improvements made through the in-house model in partnership with Midwifery and Health Visiting services will improve: • Engagement and attendance from families with new birth children • The numbers of children receiving 6-8 week physical checks • The numbers of families choosing to breastfeed and accessing specialist support where necessary • More families with new birth children achieving positive outcomes and impact. To note the eligibility criteria for accessing BSFH services will remain unchanged following transfer to the in-house model. Existing accessibility arrangements, translation/ creche support, communication channels and service standards will be maintained during the transition.	Supporting data and evidence will include: • Numbers of families with new birth children registering for Family Hubs • Attendance of families with new birth children accessing activities • The number of new birth children identified, supported and connected into specialist provision where appropriate • Monitoring outcomes and impact of families with new birth children.

Race and Ethnicity	
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
BSFH are located in areas with high levels of deprivation supporting families from ethnic minorities, with English as an Additional Language, and disadvantaged backgrounds. It is anticipated that service improvements made through the in-house model will: • Improve engagement and attendance from ethnic minority families that reflect the catchment areas of the BSFH	Supporting data and evidence will include: • Numbers of ethnic minority families registering for Family Hubs • Attendance of ethnic minority families accessing activities • The number of ethnic minority families supported and connected into specialist provision where appropriate • Monitoring outcomes and impact of ethnic minority families.

• Reduce the impact of health and socio-economic inequalities • Increase the number of ethnic minority families achieving positive outcomes and impact. To note the eligibility criteria for accessing BSFH services will remain unchanged following transfer to the in-house model. Existing accessibility arrangements, translation/creche support, communication channels and service standards will be maintained during the transition.	

Religion or Belief	
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
N/A	

Sex	
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
As part of the national Best Start in Life and Family Hubs programme there is a focus on supporting Mums and Dads during the first 1,001 days of a child's life. It is anticipated that service improvements made through the in-house model will: • Improve engagement and attendance from Dads via the Dads worker/ programme of activities and support • Increase parents, with young children, to access specialist support such as accredited parenting programmes, infant feeding support, parent and infant relationship support services • Improve the co-production of BSFH services by ensuring the voices of families with young children are actively listened to • Increase the number of families with very young children achieving positive outcomes and impact.	Supporting data and evidence will include: • Numbers of families with young children registering for Family Hubs • Numbers of Dads registering for Family Hubs • Attendance of families with young children accessing activities • Numbers of Dads accessing activities • Numbers of families with young children supported and connected into specialist provision where appropriate • Monitoring outcomes and impact of families with young children.

To note the eligibility criteria for accessing BSFH services will remain unchanged following transfer to the in-house model. Existing accessibility arrangements, translation/creche support, communication channels and service standards will be maintained during the transition.	

Sexual Orientation	
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
N/A	

Socio-Economic Status	
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
N/A	

Other Relevant Groups	
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
N/A	

8. Summarise any engagement activities with relevant groups (this may replicate some of the information listed in Q7). State whether those involved represent the people affected by your proposal, or whether more engagement is needed, which should be added to the Action Plan in Section E.

Following Cabinet approval regarding the decision to bring the services in-house we will consult with families on the proposal. The engagement plan is detailed in section E. A separate EIA will be completed for staff transferring as a result of the proposal if agreed.

9. Provide more detail on any areas identified as requiring further data or detailed analysis.

No further data is needed at this stage.

SECTION C – CONCLUSIONS

10. Summarise your overall conclusions based on the analysis:
    - If there are no impacts, state that here, and **do not complete sections E or G.**

- If you decide not to move forward, explain why, and **do not complete sections E or G.**
- If there are negative impacts, explain what you'll do to reduce them. If you choose to continue despite negative impacts, or if negative impacts remain following your action plan, provide a justification for your decision.
- If there are positive impacts, explain how these could be strengthened, where possible.

No negative equality impacts have been identified. The proposed transfer from a contracted service to an in-house service is expected to have either a neutral impact on most characteristics and a positive impact on some families identified with protected characteristics.

Bringing the BSFH support services in-house will provide greater flexibility, stronger operational control and clearer accountability as neighborhood working across local authority services and with the health sector and integrated Early Help arrangements develop across the borough. This will help to improve:

- service integration and standards
- accountability procedures
- workforce stability, access to training and skills
- responsiveness to service users changing needs
- engagement from families with young children
- access and attendance for some BSFH activities
- alignment with Brent's BSFH operating model
- more families achieving positive outcomes and impact.

The transition of the support services from the current externally commissioned provider may initially create some instability in the delivery model. However, this will be mitigated against via robust transition planning and monitoring, effective communication and engagement with stakeholders and ensuring staff feel supported and valued throughout the process.

SECTION D - RESULT

Select one of the following options with an "X".		
A	**CONTINUE WITH THE POLICY/PROPOSAL UNCHANGED**	**X**
B	**JUSTIFY AND CONTINUE THE POLICY/PROPOSAL**	
C	**CHANGE/ADJUST THE POLICY/PROPOSAL**	
D	**STOP OR ABANDON THE POLICY/PROPOSAL**	

SECTION E - ACTION PLAN AND MONITORING

Unless your proposal has no equality impacts or you are not moving forward, complete the table below to track specific actions to:

- Reduce negative impacts and increase positive outcomes.

- Monitor actual or ongoing impacts.
- Record plans to improve data collection.
- Plan any further engagement or analysis that may be required.

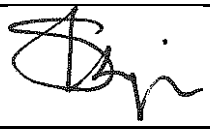
Use the 'Status' column on the right to indicate whether the action is yet to start, is in progress, or has been completed.

Issue Identified	Action	Lead Officer	Completion Date	Status
Engagement with families	Consult with BSFH Parent/ Carer Voice Forum	Simon Topping	Autumn term 2026	Not started
Engagement with families	Consult with BSFH Local Steering Groups (which includes parent representation)	Simon Topping	Autumn term 2026	Not started
Engagement with families	Consult focus groups with families with the characteristics identified and impacted above.	Simon Topping	Autumn term 2026	Not started

11. Describe how you will monitor the actual, ongoing impact of the policy or proposal?

Following implementation of the in-house model quarterly/ annual service data will be monitored and analysed to determine if the anticipated benefits of the in-house model have been achieved. Appropriate monitoring arrangements will be maintained throughout implementation to ensure any unforeseen impacts are identified and addressed promptly.

SECTION F – SIGN OFF

	Signature	Date
Officer:	Simon Topping	17/08/2026
Reviewing Officer or Head of Service		17/08/2026

SECTION G – REVIEW

EIAs are live documents and should be reviewed regularly, especially if there are actions still to be completed or if the proposal has significant equality impacts.

When to review

- Review every 6 months until all actions in the Action Plan above are complete.
- If new data, feedback, or changes to the service arise, revisit the EIA to make sure it's still accurate.

Who should review

- The same officer who completed the EIA should carry out the review. If there's been a staffing change, the new lead officer should take over.

What to update

- Use the Status column in the Action Plan above to show progress (e.g. Not Started, In Progress, Completed). Add comments and updates in the table below — include any new data, evidence, or feedback.

When reviews can stop

- Once all actions are complete and no further equality impacts are expected, you can stop reviewing the EIA.
- Add rows to the table below as necessary until all actions are completed.

Date of 1st Review:	
Officer:	
Comment on progress toward specific actions, and provide any data and evidence updates:	
Reviewing Officer or Head of Service:	
Date of 2nd Review:	
Officer:	
Comment on progress toward specific actions, and provide any data and evidence updates:	
Reviewing Officer or Head of Service:	
Date of 3rd Review:	
Officer:	

Comment on progress toward specific actions, and provide any data and evidence updates:	
Reviewing Officer or Head of Service:	