Brent NHS West and North London	**Brent Health and Wellbeing Board** 9 November 2026
	Report from the Corporate Director, Children, Young People and Community Development
	Lead Cabinet Member for Children's Services, Employment and Climate Action – Cllr Jake Rubin

Best Start Family Hubs update 2025-26

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
List of Appendices:	Appendix 1 - Family Wellbeing Centre Annual Report (2025-26)
Background Papers:	0
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1. Executive Summary

1.1. This report provides an update on the progress of the Best Start Family Hubs (previously known as Family Wellbeing Centres) (BSFHs) for the 2025-26 financial year. The DfE requested the name change from Family Wellbeing Centres to Best Start Family Hubs to comply with the national branding from 1 April 2026. The BSFHs delivery model has continued to evolve through new partnerships and the expansion of services across all Hubs. The BSFH annual report 2025-26 is attached as Appendix 1.

2. Recommendations

2.1 The Health and Wellbeing Board is asked to note the progress and impact of the Best Start Family Hubs in improving access to integrated early help, health and wellbeing services, and their contribution to prevention, early intervention and reducing health inequalities for children, young people and families.

2.2 The Health and Wellbeing Board is asked to support strengthened system-wide partnership working through the Best Start Family Hubs and to identify opportunities for closer alignment of health, local authority and voluntary and community sector resources, with a focus on improving reach to underserved communities and evidencing measurable improvements in population health and wellbeing outcomes.

3. Detail

3.1 Contribution to Borough Plan Priorities and Strategic Context

3.1.1 The BSFH offer a wide range of support to families and link to the Borough Plan priorities:

- Prosperity and Stability in Brent
- Thriving Communities
- The Best Start in Life
- A Healthier Brent.

3.1.2 The BSFH also support the Digital Inclusion strategy and help to address the impact of cost-of-living challenges and childhood poverty.

3.2 Background

3.2.1 Brent has a well-established Early Help service that BSFHs are an integral part of. The BSFHs provide a universal 'front door' for families to access a wide range of early help and preventative services, including some targeted support.

3.2.2 There is a core service offer across all the BSFHs and some variation depending on local needs and what other services are delivered in the community. A description of the BSFH service offer is detailed in appendix 1 and includes health and wellbeing, education and childcare, parenting and relationship, and activities for children of all ages and stages.

3.2.3 BSFHs are at the heart of Brent's Early Help community-based offer and are a priority in the Borough Plan (2023-27). The BSFHs provide an integrated 'whole family' (for children aged 0-18 years old, and up to 25 for those with SEND), bringing together a wide range of services and support into a single offer. This arrangement helps the co-ordination and delivery of services for more vulnerable children using contextual safeguarding approaches.

3.2.4 BSFHs are open full time with several centres offering early evening youth activities. There is some Saturday opening on rotation across the BSFHs to facilitate additional sessions including for families / children with SEND. Each BSFH is shaped by a Local Steering Group (LSG) of stakeholders and there is integrated working across Brent's Early Help network to efficiently and effectively respond to the needs of local families using a holistic approach. The LSG link to the BSFH Family Hub and Start for Life Steering Group which has multi-agency representation at senior officer level.

3.2.5 The Willow BSFH is predominantly a SEND hub providing support services to families of children with SEND using an approach to identify children's needs early and putting in place interventions to prevent an escalation of need. All BSFHs have SEND navigators promoting and signposting families to Brent's Local Offer and other relevant support.

3.2.6 The Willow BSFH is co-located with a nursery for children aged 9months - 4yrs. The nursery is registered to provide full-time care for 98 childcare places. The places are managed flexibly to accommodate the needs of the community. The nursery offers 27 enhanced places for complex SEND children and 28 part-time places for Children in Need (CiN).

3.2.7 BSFHs work closely with Brent Community Hubs to ensure there are effective working relationships in place to support Brent's residents. Managers from the respective services meet periodically to review service delivery, update on current developments, and address any partnership working challenges.

3.2.8 The BSFHs focus is on prevention and early intervention, using a whole family approach to stop problems escalating and requiring higher tier and more costly support. An early help approach achieves better outcomes for families and reduces the impact of Adverse Childhood Experiences, enabling families to thrive.

Outcomes

3.2.9 The outcomes and impact achieved for families through the BSFHs is wide ranging and dependent on what services families are accessing, how well they engage, and the length of the intervention. For example, some families access ad-hoc stay-and-play sessions, whereas others receive targeted family/led professional support lasting up to 1 year and, as part of this work, multiple agencies may be involved. The full range of support on offer that improves family outcomes is detailed on page 30 of the annual report attached as appendix 1. Outcomes and impact are evidenced through contract monitoring data from commissioned services, case studies, case files, direct work tools, service user feedback, outcome/impact reports following the completion of interventions, assessment tools, and bi-annual parent satisfaction surveys. During the 2025-26 financial year 19,490 families were supported to achieve positive outcomes in the following 10 key areas:

1. Improved family finances and reducing the impact of the cost-of-living crisis
   - CAB supported 1,262 families to achieve financial gains of £1,019,214
2. Improved family nutrition, weight management and access to fresh fruit and vegetables
   - The Felix Project donated food items equivalent to over 50,000+ meals including fresh fruit and vegetables supporting families with the cost-of-living crisis and improved health and wellbeing
3. Improved parenting capacity leading to better relationships between parents and their children, reducing children's behavioural problems and better communication
   - 709 parents attended accredited parenting programmes and workshops
   - 51+ families participated in HENRY parenting programmes
4. Reducing health inequalities for the most vulnerable families
   - 400+ families participated in Busy Feet and other family fitness related programmes
   - Health and BSFH staff engaged with 4,000+ families regarding the risks of smoking during pregnancy and the importance of smoke free environments at home
   - 1,755 families were triaged and connected into appropriate support including Talking Therapies, Kooth, Health and Wellbeing Workshops and Counselling services
5. Improving children's school readiness
   - 4,000+ mums benefited from activities for under 2's
6. Increasing refugee and asylum seeker engagement with early help and preventative services
   - A specialist Triage Officer engaged with 200+ refugee and asylum seeker families, some families are given Oyster cards with regular credit to enable access to the BSFH, families also benefit from vouchers for clothing during winter
7. Preventing family problems becoming more complex and entrenched by intervening earlier and providing the right support at the right time
   - 1,755 families were triaged and connected into appropriate support, 159,000+ contacts were made with 19,490 families engaging with universal and some targeted services

8. Reducing the risk of domestic abuse and improving outcomes for families impacted by domestic abuse
   - Advance Independent Domestic Violence Practitioners (adults and children's) are co-located at the BSFH and supported over 100 families and women accessed the Freedom programme
9. Supporting parents and young people into employment and to access educational and work experience opportunities
   - Family Work Coaches are collocated at the BSFH and helped 150+ parents into employment
   - Connexions PAs are collocated at the BSFH and helped 100+ young people into education, employment or training
10. Reducing the impact of caring responsibilities on children and improved understanding by schools/partners regarding the issues that impact young carers leading to better educational outcomes
    - 132+ Young Carers were identified and supported during the year

Outcome of the key priorities for 2025-26

3.2.10 A summary of the BSFH key priorities for 2025-26 are detailed below including an update on the outcome achieved:

1. **Deliver the final year of the Start for Life programme and exit planning** - the Start for Life delivery plan was successfully implemented across all strands, and regular updates were provided to the DfE who visited a BSFH during the year to review progress. The Start for Life programme transitioned to the Best Start Family Hub and Healthy Babies programme in April 2026. The programme has created an integrated one-stop shop of family support services to prevent developmental issues escalating into more complex needs. This includes for example improved school readiness outcomes, integrated neighbourhood health services, reducing inequalities and simplified access to support.

2. **Increase the number of families registering** – the number of families registering has decreased by 1,146 (13%) from last year. Following further analysis this was an expected position, following the transition to the BSFH delivery model in 2021 and the initial spike with more families being eligible to register given the expanded service user criteria. The reduction this year is partially due to Key Workers transitioning into the new Family Support Teams and Granville BSFH being temporarily closed while it decanted to new premises. There was also a technical issue with the registration portal which temporarily prevented families from registering online which has since been resolved.

   To note, even though registrations have fallen the number of contacts with families has increased and the number of unique families worked with has also increased. This means that whilst registrations have fallen, more families currently registered are being supported to achieve positive outcomes and impact as detailed in section 3.2.9 above. An active communication and outreach plan is in place with the aim of ensuring registrations continue to be maintained. Work continues with all partners to promote BSFH registration and take-up of services, ensuring that partners recognise this as a shared responsibility.

3. **Develop the BSFH youth offer linked to the refreshed Youth Strategy and delivery plan** – the BSFH youth offer has continued to grow at some BSFHs. Activities have included for example Arts and Crafts, Homework Clubs, Mixed Martial Arts, Teen Space, Gaming, Hair and Beauty and girls only sessions. More CVS partnerships have been established, such as hosting Ansar at Preston Park BSFH who are funded externally to deliver activities. The impact on CYP includes for example: improved physical and mental wellbeing, reducing isolation, expanding social network, build essential life and employability skills, creating a sense of community and belonging, to help reduce the risk of involvement with crime and anti-social behaviour by providing safe spaces and access to trusted adult mentors.

4. **Supporting the development of the new Early Help and Social Care family support model to ensure the service is fit for purpose and works effectively in partnership with the BSFH** – the new Family Support Teams are now in place and embedding. Family Support Workers are linked to their respective geographical BSFH. However, further work is needed to ensure that Family Support Workers continue to use the BSFH to meet families, promote registration and service take-up. Guidance has been issued requesting that Family Support Workers are present at the BSFH at least 1 day per week. The impact of the changes means that families only need to tell their story once, the number of handover points for families has reduced and there is greater consistency for families with a single practitioner being involved.

5. **Supporting the development of the new Targeted Prevention Hub ensuring BSFH are a key partner with strong links** – the Targeted Prevention Hub has been established and links are in place with the BSFH to refer young people and parents into the support offer. Targeted Prevention Hub staff can hot desk at the BSFH to encourage co-location and service integration. The Targeted Prevention Hub is still in development but outcomes for young people include reducing anti-social behaviour, lowering youth reoffending, increased mental health and wellbeing, improve school attendance and connect at-risk youth with education and employment.

6. **Capitalising on the redeveloped outside play areas to deliver a greater range of environmental projects and activities** – the aim is to encourage more outdoor play and learning. A range of outdoor activities and environmental projects take place across the BSFH and the outside play areas are well used. Outdoor activities include for example: gardening clubs, growing vegetables/herbs, composting, stories and exploring mini beasts. Childminding networks also use the BSFH resources, including the outside play areas. Being outdoors is crucial for children's development and improves their mental health/wellbeing, physical fitness and social skills. Exposure to nature helps to reduce stress and build resilience and self-esteem through safe, adventurous and stimulated play.

Challenges

3.2.11 To ensure continuity of service delivery across the BSFH estate, work is progressing to ensure that links between the new Family Support Teams and BSFH remains strong and families are connected into the wider early help offer. New posts, such as Best Start Inclusion Practitioners, at the BSFH will be created using Best Start Family Hub funding and this will help to increase staffing numbers.

3.2.12 The high number of partnerships involved increases the complexity of the operational delivery model. This includes at times for example resource limitations, time lags, communication issues or conflicting agency agendas. Strong governance arrangements at strategic and operational levels help to ensure that multi-agency partnership working is effective, issues are addressed as and when they arise and escalated for more senior input when necessary.

3.2.13 Families continue to present at the BSFH significantly impacted by the cost-of-living crisis. Families are triaged and connected into appropriate support as quickly as possible. The Triage service piloted a new Crisis Response fund (Brent Council funded) to provide one off payment to support families in financial crisis. Payments are received promptly. The pilot was successful and will be embedded across the BSFH.

Forward planning

3.2.14 The BSFH improvement priorities for 2026-27 are:

1. Deliver year 1 of the Best Start in Life, Family Hub and Healthy Babies programme and rebrand the BSFH to Best Start Family Hubs. Working in partnership with multi-agency stakeholders towards achieving the DfE targets of 76% Good Level of Development and 79% take-up of Early Years Free Entitlement by 2029
2. Expand the out of hours delivery model, including access to support via telephone and video appointments, using a hybrid delivery approach
3. Support the development of wider system reforms including the Family First Partnership programme, SEND, Early Years and Working in Neighbourhoods (WiN)
4. Expand the Family Financial Resilience programme and deliver Financial First Aid training to multi-agency front line practitioners
5. Complete capital transformation works to St Raphaels, Preston Park and Willow BSFH. Develop plans for the new Granville BSFH that is being constructed as part of the South Kilburn regeneration programme.

4. Stakeholder and ward member consultation and engagement

4.1 Significant consultation has taken place during the reporting period, including with the then Lead Member for Children, Young People and Schools. Various focus groups were delivered during the design and consultation period with multi-disciplinary staff, stakeholders, partners and parents.

4.2 Well established governance arrangements are in place with multi-agency representation at strategic and operational levels. Parents are involved with governance at the operational level via the BSFH Local Steering Groups.

4.3 A Parent Carer Voice Forum was established to ensure there was a strong parent voice in shaping the offer. Parents were recruited with children at different ages and stages, children with SEND, dads and pregnant parents to ensure a diverse group and a wide range of views were captured.

4.4 A Youth Panel is used to co-produce and develop the CYP offer.

4.5 Feedback mechanisms are in place to capture the views of service users, and this is used to improve the BSFH model to help ensure services and support offered, actively engages families and meets their wide-ranging needs. Overall service user satisfaction rates are high across the BSFH, as evidenced by the autumn term 2024 parent/ carer survey which had over 2,000 responses, and demand for services continues to grow. Another service user satisfaction survey is due to be completed spring term 2027.

5. Financial Considerations

5.1 There are no direct financial implications as a result of this report being considered by Health and Wellbeing Board.

5.2 The Best Start Family Hubs delivery is supported through existing Family Hubs funding, Public Health grant, early years budgets and resources within the wider system.

6. Legal Considerations

6.1 The statutory obligations in the Childcare Act 2006 ("the 2006 Act") concern "young children", which essentially are those aged between 0-5. Section 1 of the 2006 Act imposes on local authorities a general duty in relation to the well-being of young children to:

a) improve the well-being of young children in their area, and
b) reduce inequalities between young children in their area in relation to:
    - Physical and mental health and emotional well-being
    - Protection from harm and neglect.
    - Education, training and recreations.
    - The contribution made by them to society
    - Their social and economic well-being.

6.2 Section 3 of the 2006 Act sets out specific duties the council has in relation to early childhood services which includes early years provision and provides that the council must make arrangements to secure that early childhood services in their area are provided in an integrated manner which is calculated to facilitate access to those services, and maximise the benefit of those services to parents, prospective parents and young children. In discharging its duties, the council must have regard to any guidance given from time to time by the Secretary of State.

6.3 Section 5A ("Arrangements for provision of children's centres) requires arrangements to be made by the Council so that there are sufficient children's centres, so far as reasonably practicable, to meet local need.

6.4 Section 5D (Children's centres: consultation) requires the Council to undertake such consultation as it thinks appropriate before making arrangement for the provision of a children centre or before any significant change is made in the services provided through a children's centre or before anything is done that would result in a children's centre ceasing to be a children's centre.

7. Equity, Diversity & Inclusion (EDI) Considerations

7.1 The public sector equality duty, as set out in section 149 of the Equality Act 2010, requires the Council, when exercising its functions, to have "due regard" to the need to eliminate discrimination, harassment and victimisation and other conduct prohibited under the Act, to advance equality of opportunity and foster good relations between those who have a "protected characteristic" and those who do not share that protected characteristic. The protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

7.2 Having due regard involves the need to enquire into whether and how a proposed decision disproportionately affects people with a protected characteristic and the need to consider taking steps to meet the needs of persons who share a protected characteristic that are different from the needs of persons who do not share it. This

includes removing or minimising disadvantages suffered by persons who share a protected characteristic that are connected to that characteristic.

7.3 There is no prescribed manner in which the Council must exercise its public sector equality duty but having an adequate evidence base for its decision is necessary.

7.4 An Equality Impact Assessment (EIA) in relation to BSFHs was completed as part of the Cabinet report submitted in October 2019. A further Equality Impact Assessment was completed as part of the Family Hub and Start for Life programme in 2023.

8. Climate Change and Environmental Considerations

8.1 A range of services are provided from BSFHs that include consideration of climate initiatives.

9. Human Resources/ Property Considerations (if appropriate)

9.1 N/A

10. Communication Considerations

10.1 A communications plan is in place detailing who, how, when and where we publicise information regarding the BSFHs. This includes posters, leaflets, social media, partnership forums, a video, the website, multi-agency meetings, schools, health, VCFS and Police. Most families are connected into BSFH support services via a professional they are working with, or via word of mouth from another service user. Work continues across the BSFH partnership to promote registration and take-up of services. Improved communications have resulted in an increase demand for services.

10.2 A focus continues to improve communication with schools and this has included attendance at school cluster meetings and Designated Safeguarding Lead / SENDCo forums, publicising the offer in the Headteachers bulletin / Schools Extranet / Governors termly newsletter, via Family Support Workers linked to schools, joint outreach to schools to attend coffee mornings, parent programmes/ workshops and the CYP Wellbeing Alliance network (a termly meeting that brings together statutory and non-statutory partners to share information/ new service developments and provide a forum for agencies to connect, with a focus on early intervention and prevention).

10.3 Public Health implemented an enhanced promotional campaign including print, digital and social media to raise awareness of breastfeeding and peri-natal mental health services and promote access to and use of BSFHs by more disadvantaged communities. This includes attending community meetings, videos (with translated subtitles), digital ads (with translated versions), printed flyers, posters and promotional maternity packs.

Report sign off:

Nigel Chapman
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