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Dear Member

SEND IMPROVEMENT TASK AND FINISH GROUP - MONDAY, 2 NOVEMBER 2026

I am now able to enclose, for consideration at the Monday, 2 November 2026 meeting of the SEND Improvement Task and Finish Group, the following reports that were unavailable when the agenda was published.

Agenda No	Item	Page
3.	Priority Impact Area 4	(Pages 3 - 8)
4.	Priority Impact Area 5	(Pages 9 - 12)

Yours sincerely

Clerk

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Torbay SEND Improvement

Priority Action 4: Waiting Times and Support

Reducing health waits and strengthening support to children and families waiting

The Task and Finish Group is asked to:

- note the progress in reducing waiting times, including a reducing trend in Speech and Language Therapy, alongside stronger control in other health pathways;
- recognise the broader and more accessible support now available to children, young people, families and schools including those waiting for a specialist health assessment.

1. Executive summary

This paper sets out the Torbay Local Area Partnership response to Priority Action 4 following the March 2025 Area SEND inspection. It presents the inspection baseline, changes made since inspection, evidence currently available and the impact that can be demonstrated by October 2026.

Overall judgement: Torbay Local Area Partnership has made clear progress in reducing health waiting times and strengthening support available to children and families waiting. Speech and Language Therapy, Neurodiversity, Mental Health service and community pediatrics waiting times are reducing. Children, young people and families have access to a broader range of support across mental health, neurodiversity, therapy and schools. This provides a strong foundation for the continued focused on sustaining improvement and accelerating recovery in neurodiversity and Occupational Therapy while strengthening evidence of reach, outcomes and family experience.

Key areas of improvement are:

- Speech and Language Therapy waiting times are reducing.
- Occupational Therapy waits over 18 weeks have reduced from 54 in July 2025 to 17 in October 2026.
- Focused Neurodiversity recovery work has reduced the waiting list from 7,500 in December 2025 to around 5,500 after January–April 2026 activity. Including clinical validation, partnership working and communications with those waiting.
- Expansion of support while waiting, including advice lines, workshops, school support, digital interventions, navigation and communication campaigns.

2. Purpose and context

Priority Action 4 requires leaders to reduce waiting times across health services and strengthen support for children, young people and families while they wait for assessment or diagnosis. The inspection highlighted the risk that long waits and gaps in provision allowed needs to escalate and families to reach crisis.

Improvement activity has focused on three connected areas:

- Improving and sustaining timely access to health pathways
- Strengthening Support and Communication Whilst Waiting
- Achieving better outcomes and experiences for families

Reporting periods and geographical coverage vary, so measures are presented with their relevant caveats.

3. Improving and Sustaining timely access to Health Pathways

Inspection baseline: too many children and young people waited an unacceptable time for health assessment and diagnosis, with inconsistent access to timely support.

Speech and Language Therapy

- No children under 5 are waiting for speech and language therapy due to easy access drop-in's
- Waiting times for over 5's are reducing.
- All schools have been allocated and have started working with their linked-therapist.
- SENCO link meetings, easy access drop-ins and the launch of SuperPenguin strengthen the availability of early advice and access to support.
- Focus continues on sustaining improvements in waiting times for the over 5's.

Mental Health Services (MERS - previously CAHMS)

- The Mood Emotion and Relationships Service (MERS) has worked to significantly reduce waiting times.
- As of October 2026 there are 5 young people waiting over 18 weeks for an initial assessment, all of whom have been offered an appointment within 18 weeks, with delay linked to cancellation or non-attendance.
- The average wait for an initial assessment with MERS is 9 weeks.
- The phased introduction of SilverCloud, an online mental-health programme that provides structured help with anxiety, low mood and emotional wellbeing, will support eligible 15–18-year-olds awaiting cognitive behavioural therapy.
- Support from a named clinician will ensure weekly reviews and support, providing feedback and offering support as needed during the pilot phase.

Community Paediatrics

- Waiting times for community paediatrics have been consistently reducing, with no waits over 40 weeks and 59% waiting less than 18 weeks.
- Work has also focused on improving community with families waiting, including reviewing the language used in appointment letters with experts by experience to ensure it is clear and accessible.

Occupational Therapy and Torbay Home Adaptations (Disabled Facilities Grant)

- Work to reduce waiting times for Children and Family Health Devon Occupational Therapy has resulted in a reduction from 54 (July 2025) to 17 children waiting more than 18 weeks in October 2026, a reduction of 68.5%.
- 48 requests for home improvements and adaptations through a Disabled Facilities Grant were received between April 2022 and October 2026, with 21 resulting in adaptations.
- Average time from allocation to work starting on site is 44 weeks for most adaptations and 84 weeks for extensions or conversions.

- Allocation to a local authority Occupational Therapist averages 24 weeks.
- Complex building work, family-agreed design changes and planning requirements continue to affect timescales. Understanding of baseline information will support clearer tracking of end-to-end improvement.
- A contractor framework is now helping to reduce delays in obtaining quotations and securing contractors.

Neurodiversity

- Considerable recovery work has resulted in the waiting list reducing by approximately 2,000 from 7,500 in December 2025 to 5,500 in 2026.
- Focused activity included investment into private assessment capacity for those waiting the longest, clinical validation and additional clinical capacity enabling MDT assessments to be completed at pace, for example during weekend clinics.
- Time and motion studies and changes to the pathway processes have released increased assessment capacity going forward.

4. Strengthening support and communication while waiting

Before inspection	Position now
Families could not consistently find or access help while waiting, increasing the risk of escalating need and crisis.	Advice lines, workshops, school-based support, digital interventions, pathway navigation and coordinated communications provide broader and more timely needs-led support.

Mental health and school support

- The Mental Health Support Teams cover 100% of Torbay schools as of September 2026, providing whole-school work, targeted early intervention, workshops for children and parents, staff sessions and enhanced Year 6 transition support.
- Lumi Nova provides immediate digital access for children aged 7+ experiencing anxiety. More than 1,100 children in Devon and Torbay have accessed the game-based provision.
- Over 90% reported improvement or stabilisation of their symptoms after engaging with the programme.
- A new emotional health and wellbeing offer, MyWay was launched in 2025 following extensive co-production and focused commissioning.
- Delivering a combination of workshops, online and face to face counselling and community offers the service supports children and young people at the earliest opportunity, with the aim to prevent the need for referrals into specialist services.

Neurodiversity, Occupational Therapy and universal 0-19 support

- LEAP (Learn Empower Advocate Prepare) and face-to-face parent workshops, delivered in partnership across SEND Family Voice Torbay and Children and Family Health Devon, offer practical support on a wide range of topics as requested by parent, carers and professionals.
- A county wide neurodiversity advice line and SENDCO support offer provides advice, signposting and support to families and professionals based on need rather than diagnosis.

- The Occupational Therapy advice line, launched in 2025, answered 58 calls between October and December 2025 and received average feedback of 9.9 out of 10.
- The 0–19 public health service set-up up fortnightly drop-ins in every Torbay secondary school following requests from schools, parents and young people. They are open to pupil, staff and carers providing face to face advice, guidance and support with accessing further services as appropriate.

Communication and reach

- A back-to-school campaign ran by the mental health services reached 20,419 people between 20 July and 2 September 2026 through social channels, web content and newsletters.
- Newsletters, videos, blogs, webinars, podcasts, social media and websites were utilized to share information around support and explain next steps when supporting children to move into secondary education.
- A review of engagement with the digital offer from CFHD evidenced 3,152 combined followers across the platforms, with substantial growth in followers and reach since 2024.

5. Improving outcomes and experience

Participation and feedback-driven change

- Young Experts by Experience worked with Occupational Therapy in the eating-disorders pathway to develop group activities supporting confidence and engagement in meaningful activity.
- Children, young people and families co-developed a Communication Passport so reasonable-adjustment information can be shared across Children and Family Health Devon without repeated retelling.
- Language used in Autism assessment reports were reviewed with families and young people to ensure it was neuro-affirming and appropriate in highlighting the positive aspects of neurodivergence. This has been rolled out across the CFHD pathways.

Experience evidence

Over 270 pieces of feedback were reviewed and found to describe children feeling listened to and safe, receiving compassionate communication and experiences of staff advocating for their needs.

Compliments included highlighting professional expertise supporting children and young people to feel more confident, emotionally regulated and able to access suitable equipment.

6. Before inspection and now: summary view

Theme	Before inspection	Position now	Next Steps
Speech and Language Therapy	Long waits and escalating need.	Significant reduction in waiting times for under 5's and roll out of balance system	Sustained reduction in over 5's waiting times.
Emotional Wellbeing and Mental Health	Gaps between school support and specialist thresholds.	100% MHST coverage, enhanced digital and face-to-face offers, significantly reduced waiting times – average 9 weeks (MERS)	Continued reduction in average wait,

Theme	Before inspection	Position now	Next Steps
Occupational Therapy	Long waits and delayed adaptations.	Over-18-week OT waits reduced from 54 to 17; home-adaptation timescales and a contractor framework are now established.	Track end-to-end adaptation times and demonstrate sustained improvement.
Neurodiversity	Long waits for assessment and high demand	Focused recovery has reduced list by approximately 2,000. Needs-led support offer expanded.	Embed sustainable redesign and continue to reduce waits.
Support while waiting	Offers were limited and difficult to navigate.	Enhanced advice, workshops, school support, digital tools and navigation across pathways.	Continue to promote reach, review outcomes and increase family confidence.
Lived experience	Families reported crisis and repeated retelling.	Communication Passport and neuro-affirming reports developed.	Representative feedback and consistent pathway measures.

7. Conclusion

Torbay can demonstrate substantial progress against Priority Action 4, with notable reductions in waiting times across key health pathways, including Speech and Language Therapy, Neurodiversity and Mental Health Services. There is evidence of significant expansion of support available while families wait, and increasing evidence of positive experiences and outcomes for children, young people and families. Some challenges remain, particularly in neurodiversity demand and home adaptation timescales, but sustained improvement activity and strengthened support systems are helping to reduce the risk of unmet needs escalating to crisis.

Children and young people are receiving earlier advice and ongoing support while awaiting neurodevelopmental and speech and language assessments.

The impact for children and young people has been:

- Improved access to support while waiting through OT advice line, Speech and Language link therapists and easy access drop-in's, Mental Health Support Teams, workshops, digital interventions and co-produced resources.
- More children are receiving help sooner through the Speech and Language Therapy link-therapist model and wider early-support arrangements.
- Improved family confidence and resilience through feedback from CFHD services access to advice, practical strategies and ongoing support.
- Reduced waiting times across pathways despite continued high demand.

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Torbay SEND Improvement

Priority Action 5: Preparing for Adulthood

Transitions across health, adult social care, post-16 education and employment

The Task and Finish Group is asked to:

- note the progress made in strengthening oversight and joint working for preparation for adulthood;
- recognise the emerging evidence of earlier planning, improved coordination and better post-16 outcomes, while noting that consistency and lived-experience evidence remain developing;
- comment and advise on the next phase of assurance, including outcome tracking across health, social care, education, employment and community participation.

1. Executive summary

This paper sets out the Torbay Local Area Partnership response to Area for Improvement 5 following the March 2025 Area SEND inspection. It summarises the inspection baseline, changes made since inspection, evidence currently available and the impact that can be demonstrated by October 2026.

Overall judgement: Oversight and joint working for preparation for adulthood have strengthened significantly. Earlier planning, dedicated transition governance, weekly multi-agency panels and clearer post-16 oversight are supporting better coordination. Encouraging progress is evident in reduced NEET levels, supported internships and young people's positive experiences of health transition clinics. The next phase will focus on embedding these improvements consistently across the system and building a broader evidence base of sustained outcomes and lived experience.

- Health partners have established transition governance and workstreams covering physical health and learning disability, mental health and neurodiversity.
- Transition planning is starting earlier in some services; Occupational Therapy begins planning from age 14, aligned with national guidance that transition should start no later than 14.
- Adult Social Care participation in relevant EHCP reviews, weekly Transition Panels and Year 9 information packs support earlier identification and coordination.
- EHCP-related NEET numbers reduced by approximately 55% between January and May 2026, and the not-known rate reduced from 2.4% to 1.2% without a concurrent increase in NEET.
- Supported internships and employment pathways have expanded, including four council pilot placements in 2025/26 and more than 80% of Aspire interns accessing paid NHS work.

2. Purpose and context

Area for Improvement 5 requires local area partnership leaders to improve oversight and strengthen joint working across services supporting preparation for adulthood. It specifically includes joining children's and adult health services so that transition is easier and more accessible for children and young people with SEND.

This report considers four connected themes: health transitions; transition to Adult Social Care; post-16 education, employment and NEET; and information, co-production and lived experience. For each theme it sets out the inspection baseline, partnership response, evidence of delivery and emerging impact, and the current confidence gap.

3. Health transitions: earlier planning and joint working

Inspection baseline: preparation for adulthood did not start early enough, and transitions between children's and adult health services could be fragmented, difficult to navigate and inconsistent.

Partnership response

- Established dedicated transition governance across acute trusts, Children and Family Health Devon (CFHD), Devon Partnership Trust, adult health, social care and local authority partners.
- Created a CFHD Transition Steering Group with workstreams for physical health and learning disability, mental health and neurodiversity.
- Used contract review and service-delivery arrangements to implement national transition guidance, with planning expected to begin from age 11–12 and no later than age 14.
- Maintained responses to requests for EHCP health advice, including for young people aged over 16, although current data does not distinguish by age.

Evidence and emerging impact

- Occupational Therapy transition planning begins from age 14 through collaboration with Adult Social Care Transition Teams.
- Joint CAMHS and Adult Mental Health meetings, multidisciplinary discussions and priority processing of transfers are intended to reduce cliff edges.
- Joint children's and adult eating-disorder assessments and coordinated handovers have been introduced.
- Rheumatology, diabetes, epilepsy and cardiac clinics bring paediatric and adult teams together before transfer.
- Young people attending transition clinics reported feeling better prepared, less anxious about leaving children's services and more confident in managing their health needs.
- The My Way emotional health and wellbeing service supports young people up to age 25, alongside workshops, family support, neurodiversity offers and digital resources.

4. Transition to Adult Social Care

Before inspection	Position now
Transition planning was not consistently early, coordinated or sufficiently focused on Preparing for Adulthood outcomes and the young person's voice.	New EHCP formats, relevant Adult Social Care attendance at reviews, weekly multi-agency Transition Panels and Year 9 information packs provide stronger routes for earlier identification and coordination.

Delivery and emerging impact

- Young people likely to have Care Act eligible needs are identified earlier, including those not already known to social care.
- Transition Panel arrangements have been reviewed and strengthened, with findings from multi-agency tracking and quality assurance informing actions.

- Adult commissioners are ‘reaching back’ into children’s services with meetings with education settings including Mayfield to develop greater understanding of need to support earlier resource planning.
- Monthly Commissioning Oversight Group includes representation from children’s, adults and public health commissioners, to support identification of shared need and joint opportunities, for example short break provision.
- Multi-agency audits have increased, and workforce development has prioritised Mental Capacity Act and Deprivation of Liberty Safeguards training.
- Transition packs, Easy Read resources, Family Hub information and clearer guidance on Direct Payments and Adult Social Care are improving access to information.
- Quality assurance suggests consistency is improving, while embedding arrangements across the whole system remains a priority.

Co-production and current limitations

SEND Family Voice Torbay, participation teams and family feedback have informed resources, feedback tools and improvement planning. Response rates remain relatively low, so the partnership cannot yet evidence lived experience at scale. The next test is consistent recording of young people’s voice, family experience and outcomes following transition.

5. Post-16 education, employment and NEET

Before inspection	Position now
Oversight of EHCP learners who were NEET, annual-review quality and pathways into adulthood required strengthening.	Named officer allocation, annual-review tracking, cohort deep-dives, preventative casework and multi-agency oversight are embedded, supported by a developing post-16 pathway model.

Evidence and impact

- EHCP-related NEET numbers reduced by approximately 55% between January and May 2026.
- Each young person is allocated to an officer for statutory oversight, reintegration support or planned cessation, with NEET oversight embedded as business as usual in the EHC Team.
- Preparing for Adulthood content has been built into EHCP and annual-review paperwork from October 2025 through phased implementation.
- Supported internships reportedly increased by 500% between 2024/25 and 2025/26.
- Four students completed council pilot placements in 2025/26, and more than 80% of Aspire interns accessed paid work within the NHS.
- A Preparing for Adulthood conference reached more than 80 stakeholders and strengthened awareness of supported employment pathways.

Pathway development

- The developing post-16 model includes vocational, academic, community inclusion and transition pathways.
- The SEND Employment Forum, Connect to Work, Torbay Youth Hub, supported internships, apprenticeships and employer partnerships broaden the offer.

- The Extended Provision Pathway at South Devon College opened in September 2026 for young people with severe emotionally based school avoidance, combining outreach with an accessible, sensory-informed learning environment.

6. Before inspection and now: summary view

Theme	Before inspection	Position now	Next test
Oversight	Fragmented ownership and limited system visibility.	Dedicated governance, themed workstreams and clearer escalation.	Evidence that risks are resolved and improvement is sustained.
Health transitions	Late, inconsistent and difficult-to-navigate transitions.	Earlier planning, joint meetings, clinics and coordinated handovers.	Age-disaggregated completion, quality and post-transfer outcomes.
Adult Social Care	Inconsistent early identification and PfA content.	Weekly panels, review attendance, Year 9 packs and audits.	Consistent young-person voice and outcomes across the system.
Post-16 and NEET	Reactive case management and underdeveloped pathways.	Named oversight, deep-dives, falling NEET and broader pathways.	Sustained destinations and comparable longitudinal measures.
Employment	Limited coordinated routes into work.	Expanded internships, employer links and council placements.	Paid-work retention, progression and reach across cohorts.
Lived experience	Young people and families experienced uncertainty and cliff edges.	Positive clinic feedback and clearer information resources.	Representative feedback and measured experience at scale.

7. Conclusion

Torbay has made strong and tangible progress in strengthening preparation for adulthood. Governance and partnership oversight are clearer, health and social-care transitions are increasingly coordinated, post-16 oversight is more systematic, and education and employment pathways have broadened.

This progress is supported by encouraging evidence, including the reduction in EHCP-related NEET, expanded supported internships and council placements, positive employment outcomes for Aspire interns, and feedback showing that young people attending transition clinics feel better prepared, less anxious and more confident in managing their health needs.

The partnership is now well placed to build on these foundations by embedding successful approaches consistently across services and strengthening evidence of sustained destinations, transition quality and lived experience across the wider SEND community.

The next phase will focus on making earlier planning routine, developing comparable outcome tracking across agencies, demonstrating how young people and families continue to shape services, and maintaining a clear evidence trail from partnership oversight to improved outcomes in adulthood.