

Friday, 06 March 2026

**CHILDREN AND YOUNG PEOPLE'S OVERVIEW AND SCRUTINY  
SUB-BOARD**

A meeting of **Children and Young People's Overview and Scrutiny Sub-Board**  
will be held on

**Monday, 16 March 2026**

commencing at **3.00 pm**

The meeting will be held in the Banking Hall, Castle Circus entrance on the left  
corner of the Town Hall, Castle Circus, Torquay, TQ1 3DR

**Members of the Board**

Councillor Law (Chairwoman)

Councillor Fellows (Vice-Chair)  
Councillor Nicolaou

Councillor Tolchard  
Councillor Twelves

**Co-opted Members of the Board**

Jo Hunter, Church of England Diocese

Ndubisi Obasi, Primary Academy Parent Governor

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**A Healthy, Happy and Prosperous Torbay**

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**Governance Support, Town Hall, Castle Circus, Torquay, TQ1 3DR**

Email: [governance.support@torbay.gov.uk](mailto:governance.support@torbay.gov.uk) - [www.torbay.gov.uk](http://www.torbay.gov.uk)

# CHILDREN AND YOUNG PEOPLE'S OVERVIEW AND SCRUTINY SUB-BOARD AGENDA

1. **Apologies**  
To receive apologies for absence, including notifications of any changes to the membership of the Board.
2. **Minutes** (Pages 5 - 10)  
To confirm as a correct record the Minutes of the meeting of the Children and Young People's Overview and Scrutiny Sub-Board held on 9 February 2026.
3. **Declarations of Interest**
  - a) To receive declarations of non pecuniary interests in respect of items on this agenda  
  
**For reference:** Having declared their non pecuniary interest members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.
  - b) To receive declarations of disclosable pecuniary interests in respect of items on this agenda  
  
**For reference:** Where a Member has a disclosable pecuniary interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.  
  
(**Please Note:** If Members and Officers wish to seek advice on any potential interests they may have, they should contact Governance Support or Legal Services prior to the meeting.)
4. **Urgent Items**  
To consider any other items that the Chair decides are urgent.
5. **Special Educational Needs and Disabilities (SEND) Performance** (Pages 11 - 18)  
To receive update on Torbay Local Area Special Educational Needs (SEND) Joint Inspection Improvement Notice.
6. **Child Exploitation and Missing Children Update** (Pages 19 - 34)  
To receive an update on child exploitation and missing children.
7. **Ofsted Report** (Pages 35 - 46)  
To receive the latest Ofsted Report.

- 8. Best Start in life – Torbay’s Local Plan** (Pages 47 - 126)  
To consider the Best Start to Life – Torbay’s Local Plan and make recommendations to the Cabinet.
- 9. Children and Young People's Overview and Scrutiny Sub-Board Action Tracker** (Pages 127 - 130)  
To receive an update on the implementation of the actions of the Sub-Board and consider any further actions required (as set out in the submitted action tracker).

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**Minutes of the Children and Young People’s Overview and Scrutiny  
Sub-Board**

**9 February 2026**

**-: Present :-**

Councillor Law (Chairwoman)

Councillors Foster, Nicolaou, Tolchard and Twelves

Co-opted Members

Sue Lockwood, Church of England Diocese  
Ndubisi Obasi, Primary Academy Parent Governor

Non-voting Co-opted Members

Mike Cook (Voluntary and Community Sector and Alternative Provider Education)  
Nigel Yelland (Devon and Cornwall Police)

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**40. Apologies**

It was reported that, in accordance with the wishes of the Conservative Group, the membership of the Sub-Board had been amended to include Councillor Foster in place of Councillor Fellows. Jo Hunter Co-opted Member was represented by Sue Lockwood.

The Chair welcomed Dr Ndubisi Obasi who had joined the Sub-Board as a Statutory Primary Academy Parent Governor Representative.

**41. Minutes**

The minutes of the meeting of the Sub-Board held on 19 January 2026 were confirmed as a correct record and signed by the Chair.

**42. Declarations of Interest**

No declarations of interest were made.

**43. Spotlight Review on Education**

The Children and Young People’s Overview and Scrutiny Sub-Board undertook a spotlight review on education. The following people attended the meeting and provided responses to questions:

- Councillor Bye – Cabinet Member for Children’s Services
- Nancy Meehan – Director of Children’s Services

- Hannah Baker – Divisional Director Education and SEND
- Dan Hamer – Head of vulnerable pupils and Virtual School
- Claire Talbot – Head of Education and Corporate Services – Schools Capital
- Brian Gale – Department for Education and SEND Advisor

The Cabinet Member for Children's Services outlined the engagement that had taken place with schools over recent weeks. He reported admirable work being carried out in schools despite the serious financial and operational pressures caused by falling birth rates. He also highlighted challenges relating to attendance and exclusions and noted that work continued with families to keep children engaged in mainstream education wherever possible.

### **School Improvement**

The Department for Education SEND Adviser, Brian Gale, explained that many of the challenges experienced in Torbay, including rising exclusions and concerns around elective home education, were also reflected in nearby localities such as Devon and Plymouth. He reported that Torbay will undergo a stock-take of progress in March and emphasised the importance of ongoing scrutiny and shared learning between local authorities.

Officers outlined the wider education landscape in Torbay, noting that falling birth rates continued to place significant pressure on schools. Several schools that once operated as three-form-entry now function as two-form-entry, and officers anticipate that reductions in pupil numbers will soon reach the secondary phase following the end of the recent bulge cohorts. Some schools had begun to re-utilise existing spaces, such as sensory rooms, to address changes in demand.

The Divisional Director Education and SEND described the three targeted projects being delivered through the RISE programme. The first project focuses on improving transition from Year 6 to Year 7, particularly for vulnerable pupils, by introducing enhanced, summer-based transition arrangements. The second project concentrates on attendance and behaviour, with specific attention given to highly mobile pupils who move frequently between schools. The third project aims to strengthen long-term aspiration through a cradle-to-career approach. All primary schools and non-selective secondary schools had already committed to taking part in this summer's enhanced transition initiative.

Members asked a number of questions about the progress of school improvement initiatives. They asked what support was available to young people who aspire to attend university, and officers confirmed that aspiration was a major theme raised by headteachers and that RISE was working to develop consistent frameworks to track and encourage aspiration. Members questioned how the Council could evidence positive outcomes from the RISE projects without clear baseline data. Officers acknowledged this gap and confirmed that they had asked the DfE to provide a governance and KPI framework, which had been used in other parts of the country.

Members also sought clarity on the high levels of pupil movement within Torbay. Officers reported that 180 pupils did not finish the academic year in the school

where they began it in 2025, and this mobility had a measurable impact on GCSE outcomes. The reasons vary but often relate to family circumstance, sense of belonging to the school community, or the complexity of Torbay's selective and non-selective school landscape. When asked whether children who transfer from Grammar Schools to other settings feature significantly in local data, officers responded that such cases occur but not in high volume, and the more pronounced patterns were found in non-selective schools. Members also queried how many internal transfers involve South Devon High School; officers explained that slightly more than 30 pupils transferred last year, although the school remains oversubscribed and entry was restricted to Year 9 and includes a cognitive test.

Discussion continued about school collaboration, with officers emphasising that some schools work well together to support pupil movement but that collaboration varies and needs strengthening. Members also asked whether single-academy schools were seeking to join larger trusts. Officers reported that this had not occurred so far but may become more common as financial pressures increase. Members asked about school viability in the context of falling numbers, and officers explained that while schools can combine year groups, this practice was less acceptable to modern parents. Some larger trusts were currently shielding individual schools from financial difficulty, which may mask underlying viability concerns.

### **Exclusions, Suspensions and Attendance**

Officers reported that most exclusions involve assaults or threats of violence, which was consistent with national patterns. They emphasised that school leaders frequently reported growing social and emotional needs among pupils and that resources were becoming increasingly stretched. While overall exclusion numbers had fallen, exclusions for pupils with Education, Health and Care Plans remain stagnant, and concerns persist about the limited availability of specialist provision.

Attendance had improved significantly across Torbay, aided by Early Help Panels, improved youth hub engagement, new school nurse provision, and regular termly meetings with every school. Officers highlighted the substantial improvement made by Cuthbert Mayne, which was now among the twenty most improved schools nationally. However, illness-related absences had risen following a flu-heavy start to the year, and attendance in special schools requires continued focus.

Members asked whether the Council was meeting its statutory responsibility to ensure that permanently excluded pupils were placed in full-time education by the sixth day of exclusion. Officers confirmed that this was not always the case, particularly in primary settings, due to limited specialist capacity and the constraints of the Safety Valve arrangements. They expect to be fully compliant by the third week of the next term. Members asked what factors were triggering exclusions in younger children, and officers explained that an increasing number of Key Stage 1 pupils display very challenging behaviours even before receiving an EHCP diagnosis. Officers also identified concerning patterns of sexualised behaviour in older primary pupils, which require sensitive family engagement that was not always accepted.

Members asked what support exists to prevent exclusions. Officers described the primary behaviour outreach service, case conferences involving a range of partners, and the use of Section 29A powers to facilitate managed moves. They also confirmed that secondary schools collaborate through Loadstar to provide outreach support as an alternative to exclusion.

Members raised questions about isolation units and how lost learning was recovered. Officers explained that when isolation was used constructively and for brief periods, it can be effective; however, when used punitively or for extended periods, it creates additional challenges and may result in an "invisible exclusion" effect. The Government was considering expanding the use of isolation nationally, but there was currently no clear guidance on how schools should implement it.

Members sought clarification on penalty notices for non-attendance. Officers explained that penalty notices were issued only when support had been offered and when it was clear that engagement had not led to improvements. A significant proportion of notices relate to holiday absence, for which schools had no discretion under national rules. Only 5% of notices were issued to families of pupils with EHCPs, indicating that vulnerable children were not disproportionately penalised. Members asked how many parents fail to pay penalty notices, and officers reported that non-payment rates were low, with only a small proportion progressing to prosecution.

### **Elective Home Education**

Officers noted a rising trend in elective home education (EHE). They explained that families often cite dissatisfaction with school, unmet social or mental health needs, or differences in professional and parental perspectives as reasons for withdrawal. Officers acknowledged that families frequently struggle to access mental health services, which contributes to frustration and disengagement.

The Council continued to support EHE families through advice visits (where consent was given), SENDIASS, early help signposting, and the Youth Hub. Officers confirmed that safeguarding risks among EHE children remain low and that families were generally cooperative.

Members enquired about mental health concerns in EHE cases. Officers explained that many of the reasons given by families were based on their own observations rather than clinical diagnosis, and that some parents disagree with professional assessments. When asked about Section 19 funding, officers confirmed that financial support was provided only when a child was medically unable to attend school and that most EHE cases do not meet this threshold.

Members asked what proportion of EHE pupils would be eligible for free school meals, and officers estimated this to be around two-thirds. For this reason, the Holiday Activities and Food (HAF) programme had been extended to include home-educated children. Members were concerned about access to examinations, and officers explained that EHE children must pay for exam entries privately, with typical costs of around £140 per subject. The Wellbeing Bill under consideration may create a duty only to signpost families to exam centres. Officers stated that while precise tracking of EHE NEET outcomes was difficult, around 150 to 160

young people attend South Devon College programmes each year, offering some positive engagement opportunities.

### **Free School Meals**

The Sub-Board received a brief update confirming ongoing improvements to free school meal access through the introduction of automatic enrolment. The early years expansion of eligibility was noted as a positive step, and Members welcomed the benefits for family wellbeing and the importance of supporting uptake.

### **Schools Capital Programme**

Officers reported continued progress with the Private Finance Initiative arrangements and academy conversion processes, particularly at Homelands, where the process had required additional legal support due to complexity. The relocation of Mayfield School to the MyPlace building was proceeding well and remains within budget, with full relocation anticipated by September. Members expressed satisfaction that the Parkfield site had now found a sustainable long-term use. Positive engagement from Mayfield was noted and appreciated.

### **Special Educational Needs and Disabilities (SEND)**

Officers highlighted significant progress in SEND pathways, including a 500% rise in supported internships over the last three years. The SEND employment forum recently received praise for Torbay's achievements with the local authority being commended for assuming a leadership role across the wider system. Officers explained that grant funding had enabled this progress and that securing continued investment will be a key challenge for the future.

Members asked what internship opportunities were currently available within the Council itself. Officers confirmed placements in areas such as SENDIASS and Business Support and expressed an ambition to expand opportunities further. Members raised the disconnect between encouraging employment and the timing of concessionary bus passes for disabled people not necessarily aligning with the start or end of the working day. Discussion also covered the Graduated Response and the SEND Pledge, both of which will soon be relaunched with updated frameworks designed in collaboration with schools to ensure consistency across the borough.

Resolved, unanimously,

1. that the Department for Education be invited to a future meeting to discuss in detail the governance and KPI's of the projects covered by RISE;
2. that the Senior Democratic and Overview and Scrutiny Officer circulate the National Readiness School Survey to all Board Members;
3. that the Director of Children Services arrange a visit to Mayfield School at Parkfield for Members of the Children and Young People's Overview and Scrutiny Sub-Board;

4. that the Children and Young People's Overview and Scrutiny Board request the Cabinet to source alternative funding to replace the NTDI grant (ends in March 2026) for the SEND employment forum; and
5. that the Cabinet be requested to consider options for amending the start time of concessionary bus fares for disabled people to enable them to engage in work.

Chair

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## Children and Young People's Overview and Scrutiny Sub-Board

### Special Educational Needs and Disabilities (SEND) Performance Report

#### Purpose of report

The purpose of this report is to brief the Children and Young People's Overview and Scrutiny Sub-Board on the partnership arrangements in place following the SEND Inspection in Torbay and the positive actions that the Council and Partners have undertaken to improve outcomes for children and young people with SEND.

#### Recommendations

1. To note the content of the report.
2. To be assured that the appropriate monitoring and improvement processes are in place to address the findings and deliver the necessary positive changes for Torbay's children and young people with SEND and their families.

#### Background

Between 17<sup>th</sup> - 21<sup>st</sup> March 2025 Ofsted and the Care Quality Commission (CQC) inspected the arrangements within Torbay to meet the needs of children and young people with Special Educational Needs and Disability (SEND). This was the second local area inspection for Torbay, but the first under the new 2023 framework.

Inspectors published their report ([50279699](#)) on 25<sup>th</sup> June 2025, which judged the local area partnership to have widespread or systemic failings. The report outlined several key areas for improvement, including four areas for priority action, as well as acknowledging the progress made by the partnership to improve local SEND services since the previous inspection. The partnership accepts the outcome of the inspection and apologises to those children, young people and their families in Torbay that have not been receiving the service they need and deserve. The partnership recognises that further urgent improvements need to be made.

As a result of the inspection outcome, the local authority was issued an Improvement Notice and will be subject to monitoring visits, followed by a monitoring inspection approximately 18 months after the report was published. This will be followed by a full inspection in 3 years.

In response to the report, the local area partnership was required to produce a detailed 'Priority Impact Plan' (PIP). [Priority Impact Plan - Family Hub](#)

Torbay's PIP was co-produced with stakeholders, including parents and carers, and is the improvement plan for SEND and replaces the previous Written Statement of Action. The plan sets out what needs to be delivered in the next 18 months with key actions and expected impact. Unfortunately, due to the timing of the published inspection report (25<sup>th</sup> June), the planning and development of the PIP took place throughout the summer holidays. It is recognised that this created challenges in ensuring full partnership representation, e.g. schools, in the development of the plan's content.

Torbay's PIP was reviewed by the DfE and Regional NHSE officials. On the 9<sup>th</sup> October 2025 the local area partnership was informed that the plan meets the criteria outlined within paragraph 148 of the Area SEND Inspection Handbook, and is an actionable plan focused on the Areas for Priority Action outlined in the inspection report.

The PIP covers five key priority impact areas:



Area 5: 'Preparation for Adulthood' was identified as an area for improvement in the inspection report. However, following discussion at the SEND Local Area Improvement Partnership Board (SLAIP), it was agreed that this area required greater focus and scrutiny, so it is presented as a fifth priority area for the purpose of monitoring improvements.

## **Governance Arrangements**

Revised governance processes have been put in place to;

- Ensure strong strategic and operational oversight from a multi-agency perspective.
- Ensure that the voice and influence of the child/young person and parents/carers are heard and acted upon at the highest level by their direct involvement.
- Ensure that SEND improvement is firmly cemented within the overall children's strategy and that of the Integrated Care Partnership

A refreshed SEND Local Area Improvement Partnership (SLAIP) Board was established in January 2025 to provide strategic leadership, assurance and oversight for the priority actions; this has been enhanced further following the inspection. The board is using its influence and accountability to set a clear vision, champion change and innovation, and drive improvements across the Local Area, and is chaired independently.

The Board is committed to ensuring the voice and lived experience of children, young people and their families shape its work. Direct input from children, young people and families feeds into Board discussions and champions extending the participation reach and engagement.

The SLAIP Board sits within Torbay and One Devon's broader governance for children, young people and families and is accountable to Anne-Marie Bond, Chief Executive of Torbay Council and Libby Ryan-Davis, Acting CEO of One Devon Integrated Care Board.

The Board reports to the Children's Continuous Improvement Board (CCIB), not only to seek constructive challenge and support, but to ensure the activity and impact is fully integrated into Torbay's wider strategic vision and governance for children, young people and families. The CCIB has senior representatives from across education, health and care as well as political and corporate representation, which ensures there are clear routes for dissemination and alignment with wider priorities.

SEND Family Voice Torbay, the formal Parent Carer Forum for the local area, gathers information from families and wider parent groups and represents their voices at the board. The voice and lived experience of children and young people with SEND is also heard regularly, and the board is strengthening its work with Torbay's SEND Youth Forum. There are also links to the Local Education and Inclusion Board so that school leaders can be fully engaged in this improvement work.

An operational delivery group has been established to ensure that the actions from both the priority impact plan and board meetings are delivered.

### **Monitoring Arrangements**

Local areas are required to implement the DfE's and NHS England's monitoring, support, and challenge arrangements to improve their SEND service delivery. This process involves several key steps:

- **Monitoring:** Continuous oversight of the local area's SEND arrangements to ensure they meet the required standards.
- **Support:** Providing guidance and resources to help local areas address any identified weaknesses.
- **Challenge:** Holding local areas accountable for making necessary improvements.

A comprehensive 'stock take' review will be conducted by the Department for Education (DfE) and NHS England, during March 2026. The purpose of this visit will be to assess the progress made by the local area in addressing the issues identified in the improvement notice. Following the first stock take, a series of 'deep dive' sessions will then take place. Each deep dive activity will be a thorough and detailed examination of each priority area, to review and actions and assess the difference it is making to children and young people.

Ofsted and CQC will undertake the formal monitoring visit from December 2026.

### **Summary of Progress Since the Inspection**

The partnership's approach to improving support and services to meet the needs of children and young people with SEND in Torbay continues to be based on the long-term vision, which focuses on the areas parents and carers identified as meaning the most to them:

- SEND is everybody's business – embedding the vision and values into the practice of everyone who works with children and families from 0-25.
- Identify and respond to needs early – in ways that value lived experience and expertise and offer personalised care and support.
- Deliver in the right place at the right time – always asking 'so what difference are we making in the life of children or young people'?

This vision, along with the commitments outlined in the Co-production Charter and Children and Young People's pledge informs and guides the improvement work across the partnership.

**Area 1: Governance: Work faster and better together. Improve Co-production and relationships with parents and carers.**

- A Review of all governance arrangements has been completed.
- An independent chair is in place and holds the local area board to account.
- A plan for improvement is being delivered at pace with full engagement for all local area partners.
- Arrangements for strong and robust governance is swift.
- A communications plan is a key priority for creation and delivery this term to ensure that these changes are being communicated positively with families.

**Area 2: Commissioning: Identify gaps where no support or provision exists and create support and services for these areas**

- A new Torbay Joint Strategic Needs Assessment (JSNA) has been completed.
- A workshop to share and act on the new JSNA took place on the 27<sup>th</sup> January and involved representation from across the partnership.
- Following proposals, the DfE have approved the change in designation of Coombe Pafford School to create of 40 ASC special school places for September 2026. Dual designation will run during transition years, with the school becoming fully ASC specialist by 2030. This addresses a critical gap in local specialist provision for autistic children.

**Area 3: Multi-agency working: Work together to improve support for those children without an EHCP**

- Local Authority Statutory SEND Services have been reviewed, restructured, and reshaped. This will lead to improving timeliness for EHCPs and a better quality of EHCPs; improved quality according to our Envision auditing tool has already reached one of our key performance indicators.
- An Intervention Grant has been successfully acquired, which means Support, Information and Guidance is being delivered to 15 mainstream schools to enhance and strengthen inclusion. An uplift in this grant means that a further 10 schools should be supported during 2026.
- The Local Authority has invested in a new Head of Service for Quality First Teaching role to strategically support inclusion across Torbay.
- The DfE RISE Teams have been working across Torbay on three new workstreams which will positively impact SEND children; attendance and behaviour, Y6-7 Transition and a Cradle to Career project.
- A review of the implementation of the Graduated Response has started with a Torbay map of Neurodiversity Support being launched in January 2026.
- A new role has been implemented to quality assure all Alternate Providers and ensure outcomes for children are at the heart of this support.
- Attendance and suspensions and exclusions area wide is still a challenge, but officers and colleagues from across the partnership are continuing to work on these areas.

## **Area 4: Waiting Times and Support: Reduce waiting times for health assessments and improve the support available whilst waiting**

### **Reduce waiting times**

- Focused waiting list recovery work has resulted in no children and young people waiting more than 18 weeks for an assessment by the Mood, Emotions and Relationships Team (MERS – previously known as CAMHS).
- Community Paediatrics have worked to reduce the waiting time for assessment. There are currently no children or young people waiting over 40 weeks and 40% of those waiting are being seen within 18 weeks.
- An out of hours end of life nursing service began in October 2025, providing a 24 hour on call service for patients who require complex symptom management or who choose to have end of life care at home.

### **Improve the support available whilst waiting**

- The MERS service is piloting an enhanced triage process to extend the support while waiting offer. The aim is that all referrals accepted for getting help will receive a telephone triage assessment from a mental health practitioner within 2 weeks of referral.
- MyWay Emotional Wellbeing and Mental Health service, delivered by Young Devon in Partnership, launched in July 2025 and is currently supporting 2000 young people through a variety of wellbeing pathways across Devon and Torbay. Wellbeing sessions have been delivered at South Devon College and two schools, and future delivery plans are being confirmed with partners.
- Luminova - an online therapeutic game designed to support children and young people self-manage worries and build resilience is available to all young people in Torbay. 93% of young people reported a reduction in their anxiety and 97% of young people with SEND showed reliable improvement in their condition following accessing the service.
- The 0-19 public health nursing team has launched regular school drop-ins across all primary and secondary schools in Torbay with good initial uptake by parents. Information and feedback are being collected and will be used to inform future offers of support to families and schools.
- The second year of the Partnership in Neurodiversity in Schools Programme (PINS) began in September 2025, with 4 school benefitting from a support offer tailored to their needs, as well as 5 schools from last year continuing to receive support through a community of practice offer.

## **Area 5: Preparation for Adulthood: Improve processes for transition from Childrens' into Adults' services so that young people are better supported across education, health and care**

- Due to new EHCP processes NEET levels for EHCPs are currently better than Torbay's statistical neighbours.
- Using our NTDi Grant and expertise a family conference for Preparation for Adulthood will take place in March. Five family workshops will also be held at Secondary schools about supported employment and a workshop for colleagues during National Careers week (w/c 2<sup>nd</sup> March).
- Links have been made with the Connect to Work programme which will deliver a supported employment model for young people aged 18+ with disabilities, health conditions or complex challenges.
- Adult Social Care (ASC) colleagues actively engage in transition planning, attending EHCP reviews and weekly transition panels for young people with known or likely Care Act eligible needs.
- A gap has been identified in the referral routes for schools to be able to refer children with EHCP's who are not known to the additional needs team into transitions panel for consideration and tracking.
- The monthly Commissioning Oversight Group meeting brings leads from Children's and adult commissioning together to share emerging trends and themes. These then inform future agendas for our provider forums.
- Commissioning plans including the Adult Social Care Market Blueprint 2020-2030 provide information on our market supply and commissioning intentions.

## **Conclusion**

Following the SEND Inspection, Torbay's Local Area SEND partnership has worked hard to review and redesign the governance structures and establish strengthened partnership arrangements to deliver the required improvements as set out in the Priority Impact Plan.

It is recognised that much of the work, since September, has been focused on delivering actions to improve the system and as such it is too early to fully measure the impact this will have on the outcomes for children and young people with SEND in Torbay.

It is also acknowledged that it will also take time for these changes to be fully felt by families and the ongoing engagement and co-production with children, young people, parents and carers will be critical to ensure the partnership is making a difference.

## **Key Issues for Overview and Scrutiny to Discuss**

1. How can the Overview and Scrutiny Committee support the work of the SEND Partnership Board in improving outcomes for children and young people with SEND in Torbay?

Children and Young People's  
Scrutiny Board

Child Exploitation and  
Missing Children Update

March 2026

Child Exploitation Team Manager –  
Children's Services

# Update on Service Delivery – Exploitation Team from September 2025

- Increase of 3 Family Help Lead Practitioners – highly skilled and experienced in different areas
- Statutory duties for Return Home Conversations (within 72 hours)
- Piloting direct interventions with children to reduce missing episodes and vulnerability
- Increase of availability to develop existing and new relationships across the partnership; including:  
SPOCS for schools  
Representation across all Panels where contextual safeguarding could be discussed  
Child Centred Policing colleagues

## What does Ofsted think?

Page 21

*“Children who are potentially at risk of exploitation are recognised early, with key factors such as dips in school attendance or changes in peer groups triggering a cohesive response that focuses on reducing risk from medium to low rather than responding to critical incidents.”*

*Risk assessments are thorough, showing a strong understanding of the child’s needs and risk factors. When children go missing, skilful engagement by members of the exploitation team builds a wider view of the child’s lived experience, leading to effective safety plans.”*

**Youth Anti  
Social  
Behaviour  
Forum**

**Everyday good  
practice –  
thinking and  
sharing  
infomation**

**Transition  
Panel**



**Family Help  
Panel**

**Youth  
Homeless  
Panel**

**Peninsula Peer  
Groups**

**Risk of  
Exclusion  
Panel**

**Networking  
through  
Training and  
Development**

**MAPPA/MARA  
C**

**Torbay  
Safeguarding  
Children's  
Partnership**

**Everyday good  
practice**

**MACE  
(monthly)**

**Peer Group  
Mapping**



**Location  
Mapping**

**CEMOG  
(monthly)**

**Triage (weekly)**

**Exploitation  
Local Profile**

**Adult Network  
Mapping**

## However, there is still much work to do:

- Increasingly complex forms of exploitation
- Refocus on sexual exploitation (national and local learning indicates this is needed)
- Impact of poor mental health, school attendance and conflict at home for children who are repeatedly missing
- Ability to respond and be as 'ruthless' as organised exploitative networks
- Identification younger for prevention rather than response
- Victim outcomes and support (particularly where there are Court cases taking months/years)
- Continued training for the Safeguarding Partnership

# Missing Children 2025

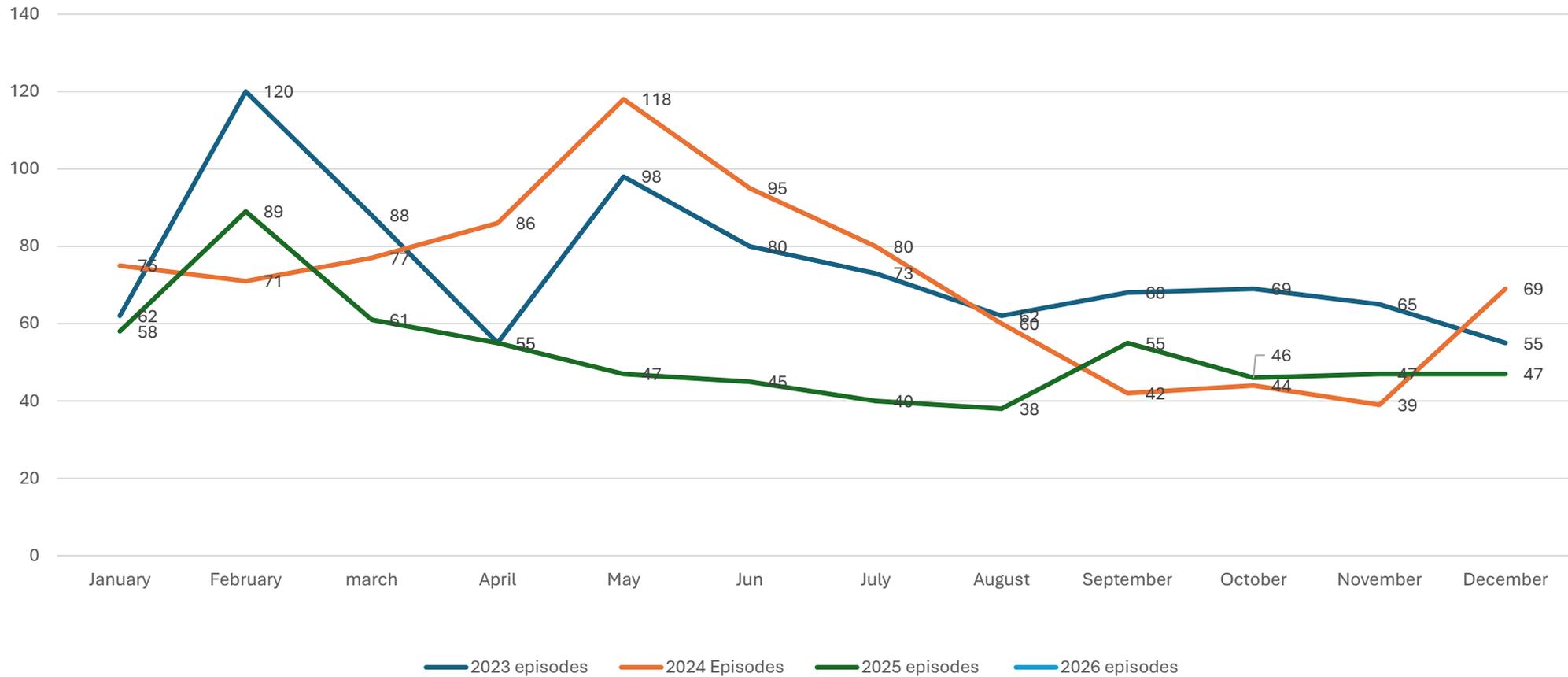
- Total Missing episodes= 532
- Individual Missing Children = 181

Multiple repeated missing children – most missing child 60+ episodes (reduced in 2026 so far)

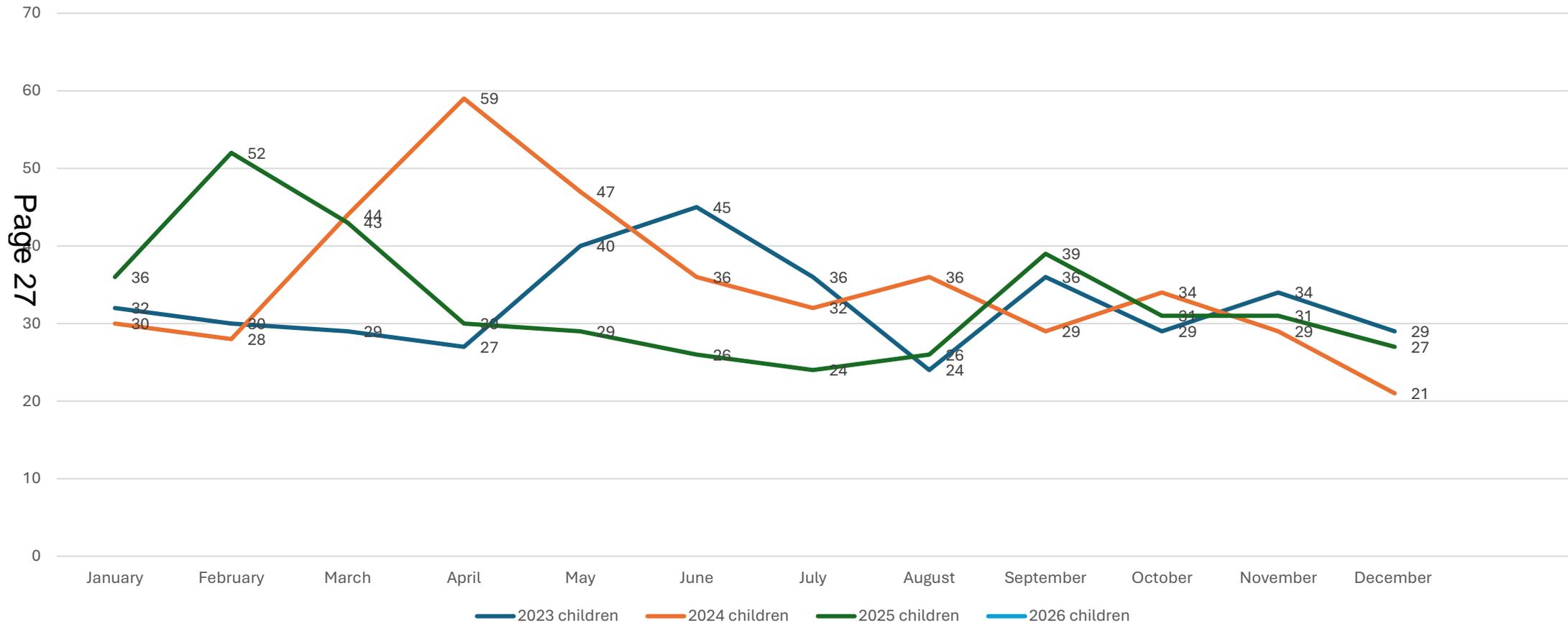
Main themes from RHC's: Mental health, conflict with parents/carers, reduced timetables or suspected/excluded from school

# Missing episodes– Overview – 3 year comparable

Page 26



# Individual missing children – overview – 3 year comparable



# Example: Repeatedly missing child

16 year old male with Autism and intrusive thoughts which result in high conflict with his mum and self harm  
Repeatedly missing and located in unsafe places (railway, bridges)

## **Approach/intervention:**

- Multi agency planning with Social Work Team, Learning Disability Team, Building Futures (supporting mum), School and police
- Consistent member of the Exploitation Team offering weekly appointments for RHC's
- Weekly vulnerability management meetings instigated
- Appointment planning is trauma informed and informed by specialist advice
- Philomena (missing) protocol written with his mum for fast information sharing with police, including risks and vulnerabilities

## **Achievements from this approach:**

Mum is regaining confidence in trauma informed parenting and boundary setting, as well as following agreed protocols for missing episodes and return to home

Young Person has actively sought out safe places when feeling overwhelmed (including Children's Services offices)

Communication and co-ordination with police has reduced his flight responses and being held for repeated mental health assessments or arrests

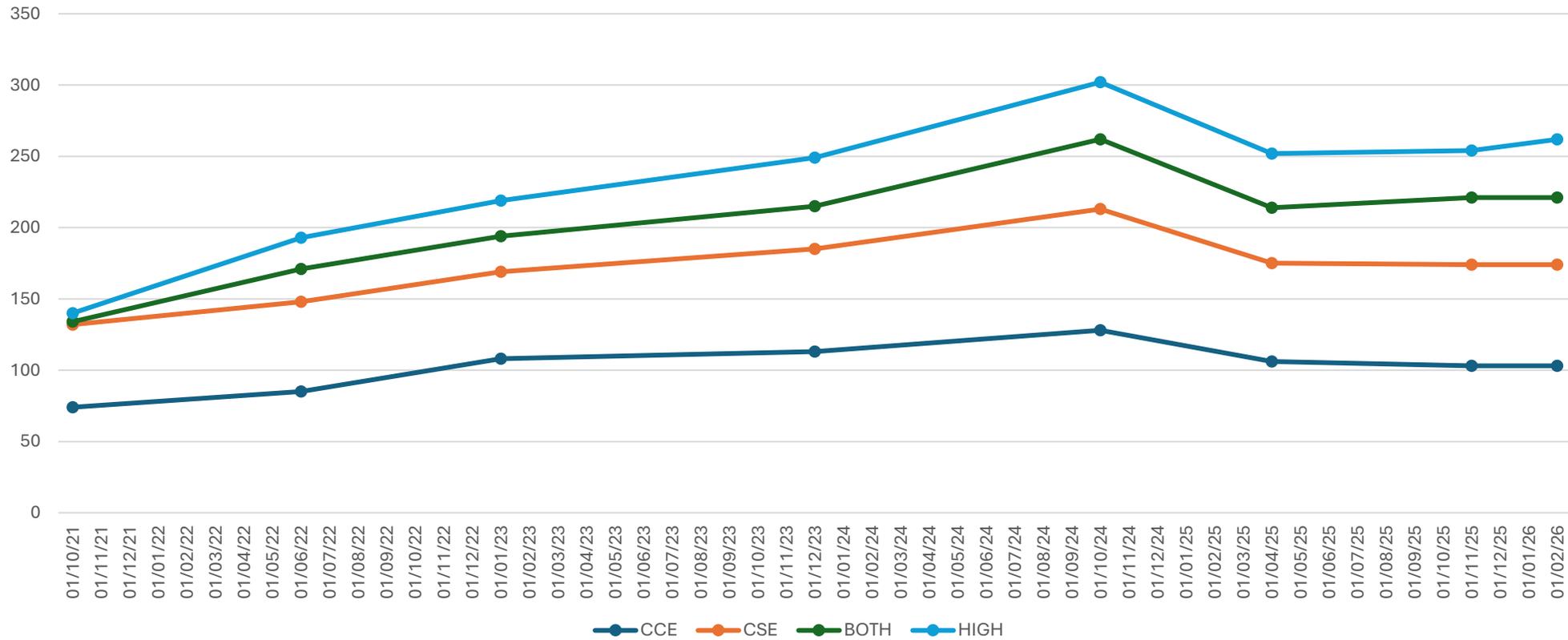
Increased self regulation and ability to express how he is feeling with safe adults who are in close communication with his mum.

Last reported missing episode now over 3 weeks ago and last police intervention shortly after that.

# Identification of child exploitation in Torbay

Identification of exploitation

Page 29



## Local practice messages

- Open mindedness to sexual exploitation – aware of becoming de-sensitised
- Early prevention – including active assessment of younger siblings of exploited children
- Mapping of locations and peer groups is working – leading to earlier interventions and targeting vulnerable groups for prevention and protection
- Disrupting adults/networks can be time consuming and frustration but we can have success through working together to gather evidence and make statements to Court
- Our forums work for information sharing and shared responsibility for taking action

# Example: Exploited child

- 14 year old– has entered into a relationship with a 17 year old
- Mapping/sharing information on their missing episodes evidenced them being together when both denied this
- Timely and inquisitive information sharing between accommodation providers/care staff, police and Social Work Team to identify and assess exploitation (for them both)
- Previous exploitation toolkits and chronology for the 17 year old male has helped to understand his profile and behaviours
- Joint strategy meeting for both children when both were subject to a violent attack in Exeter
- Exploitation Team have allocated 2 workers – 1 to focus on the male and 1 to focus on the female
- Child Abduction Warning Notice served by police on the 17 year old and his grandmother
- Address of the 17 year old raised and being monitored by Torbay MACE for disruption and protection of grandmother and any other child visiting

## **Results so far:**

Excellent information sharing between support/care teams for both children to respond to changing risks and their relationships

Female has been given safe space to explore the concerns that professionals have and has talked about the impact of the incident in Exeter

Whilst the male is declining offers of any support and feels that services are intrusive, he is in social media communication with his Social Worker = small win.

## 2026 – keep building positive work (next steps)

- Policy to support good practice: Finalising of updated missing and NRM policies and procedures – including upload to Tri Ex and TSCP web pages
- Consolidation of the offer from the Exploitation Team – identifying most effective use of limited resources
- Continued Integration and joint working between Exploitation Team and Child Centred Policing Team – joint training and team development with some time co-located?
- Exploitation into development of Multi Agency Child Protection Teams (MACPT development)
- Enhancing ethos and practice values of ‘keeping children local’ via placement sufficiency and ‘wrap around safety plans’ with a focus disrupting perpetrators instead

## 2026 – keep building positive work (next steps)

- Training: renewed TSCP module “Tackling Child Exploitation in Torbay” – 1<sup>st</sup> session fully booked with positive feedback
- County Lines training programme - 2x trainers accredited to run this on behalf of Ivison Trust and National County Lines Co-Ordination Centre
- Review and renew attendance and engagement with MACE
- Integrated disruption of exploitation and organised crime – NWG Disruption Toolkit – ‘Faces, Spaces and Places’
- Extend established , strong links with Peninsula Exploitation Leads (Devon, Cornwall, Plymouth) further afield into Somerset, Dorset, Hampshire.

**Thank you for  
your time**

- Any questions/comments
- Look forward to seeing you again in 6 months

# Inspection of Torbay local authority children's services

**Inspection dates:** 12 to 16 January 2026

**Lead inspector:** Steve Lowe, His Majesty's Inspector

<b>Judgement</b>	<b>Grade</b>
The impact of leaders on social work practice with children and families	Good
The experiences and progress of children who need help and protection	Good
The experiences and progress of children in care	Good
The experiences and progress of care leavers	Good
Overall effectiveness	Good

Senior leaders and politicians have a clear strategic intent to achieve what is best for the children of Torbay, addressing the areas for improvement identified at the last inspection. They have also delivered the first stages of transformation aligned with the social care reforms with clarity, drive and purpose, taking their staff with them and not losing sight of the potential impact of wholesale reform on children and families. Morale is high. Staff are motivated by the potential of this new way of working.

Importantly, the change to a more localised, multidisciplinary approach has led to improvements in several key areas of practice, with families receiving support to make changes early rather than allowing problems to escalate. The council's 'hotels to homes' initiative stands out as an example of a hard-fought victory in extending options for care leavers, engaging the local business community in corporate parenting.

For 2 small but significant groups of children, those who are suffering long-term neglect at home and those children cared for in unregistered accommodation, there is more to do. In both cohorts, some children live in those circumstances for too

long. Senior leaders have begun to harness the creativity and urgency shown elsewhere to address these complex areas of practice.

## What needs to improve?<sup>1</sup>

- The response to children who have suffered long-term neglect. (outcome 3, national framework)
- The range and supply of homes for children in care. (outcome 4, national framework)
- The frequency and quality of supervision. (enabler 3, national framework)

## The experiences and progress of children who need help and protection: good

1. Children in need of early help benefit from appropriate levels of support at the earliest point. Increasing numbers of children are helped before difficulties at home cause them harm. A comprehensive array of support in the community, allied with family intervention teams, prevents the need for statutory intervention for most families. In line with the social care reforms and building on already strong services in early help, approximately 10,000 families are now receiving help from family hubs and supportive family networks.
2. For children who may need help and protection, timely and effective identification of their needs and risks ensures that the right decisions for children are made at the outset. Support from partner agencies is timely, with appropriate information-sharing. Children's voices are sought directly or through their trusted adults and meaningfully inform initial risk assessments.
3. When risks to children are more significant, strategy meetings are timely, with strong multi-agency attendance and decisions underpinned by collaborative information-sharing. The meetings consistently identify the immediate actions that children need to keep them safe, but occasionally lack clarity on when these actions should be completed. Child protection enquiries are detailed, with robust multi-agency involvement, a clear analysis of the level of risk to children and proportionate action planning.
4. The response to children in emergency situations outside normal office hours is effective. Most children and families receive a proportionate and timely response in relation to their circumstances.
5. There is a clear focus on children's needs when assessing the potential for early help or child in need plans. Assessment of children's needs, leading to early help or child in need plans, focuses on children. Plans are mostly analytical and clearly identify what help children require. The voice of the child is consistently evident in plans. Following the recent restructure, workers are better able to spend

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<sup>1</sup> The areas for improvement have been cross-referenced with the outcomes, enablers or principles in the [Children's Social Care: National Framework](#). This statutory guidance sets out the purpose, principles for practice and expected outcomes of children's social care.

meaningful time getting to know families and their histories, providing prompt, bespoke practical help that is relevant to them.

6. Child protection planning ensures that children are seen regularly, and risks are monitored effectively. Initial child protection conferences are mostly timely, with evidence of appropriate safety planning, particularly when children are victims of domestic abuse. Review child protection conferences and core groups are purposeful. Positively, child protection plans are matched to the assessed level of risk and build both resilience and support. For a small number of children, their plans are not always time limited or reprioritised when risks endure.
7. For a small but significant number of children who experience neglect and are subject to a mixture of child in need and child protection plans over time, progress is too slow. Children are visited but not always with a purpose linked to their plan, and escalation into the pre-proceedings phase of the Public Law Outline (PLO) is too late, with letters to parents not clearly laying out what is expected of them. Again, for this group of children, opportunities for workers to reflect and problem-solve are not frequent enough. However, in general, the quality of social work in, and leading up to, the court arena is effective. This has led to an increasing number of children being able to remain safely at home. Recent evidence shows that social workers are using the additional rigour of the PLO more quickly when parents do not make progress.
8. All children with disabilities and additional needs who are supported by a long-term child in need plan have recently been reviewed to assure families that children are safe, and to see if they can benefit from the newly constituted family help hubs. Subsequent changes to the level and type of help they receive have resulted in more families receiving help to prevent safeguarding concerns.
9. Over 500 children have been identified as carers due to a renewed focus on their visibility and recognition. Group and social activities are widely accessible for these children, but support is not always tailored to their specific needs, due to a lack of depth in assessment and planning. Senior leaders have already identified this as an area to strengthen.
10. Unborn babies and very young children continue to be protected effectively by a joint approach between social care and health professionals. Early assessments of the potential risks to unborn children are thorough and impactful. Multi-agency panels pre- and post-birth ensure that safeguards are in place and understood by parents.
11. Children who are potentially at risk of exploitation are recognised early, with key factors such as dips in school attendance or changes in peer groups triggering a cohesive response that focuses on reducing risk from medium to low rather than responding to critical incidents. Risk assessments are thorough, showing a strong understanding of the child's needs and risk factors. When children go missing,

skilful engagement by members of the exploitation team builds a wider view of the child's lived experience, leading to effective safety plans.

12. When allegations are made against adults working with children, the response of the local authority designated officer is strong and effective, and includes learning from trends to inform training of childcare professionals.
13. Children aged 16 and 17 who present as homeless know their rights and are helped to stay at home whenever possible, with imaginative support that helps families understand the reasons for conflict and rebuilds fractured relationships. If this is not possible, these children are accommodated quickly and appropriately, but with a view to returning them home when safe to do so.
14. The local authority has a secure oversight of children who do not attend school but should, and takes effective action to safeguard and support these children to receive their educational entitlement. When children are educated at home, effective support recognises that this is not always a parental choice but is driven by difficulties in keeping children in school. The virtual school responds well, with an appropriate level of challenge to schools when this is a factor.

### **The experiences and progress of children in care: good**

15. The majority of children come into care at the right time and when it is right for them. Children understand the reasons for coming into care, as their care plans are written to them in a language that they understand. Children are visited frequently, and their plans are updated based on their changing needs. The time social workers spend with children has meaning and helps them to understand their lives through engagement that is linked to children's interests. Children's records are written to them with a clear focus on presenting a picture of the child as a whole person, leading with their strengths and interests rather than their behaviour as a result of past trauma. Typically, children are described with phrases such as 'a sociable, funny and intelligent 14-year-old who enjoys biking and going to the beach', or 'a curious and inquisitive child who enjoys exploring how things work'.
16. Children are supported to maintain relationships with people who are important to them, helping to promote continuity, identity and enduring family connections. Children's permanency needs are considered and monitored effectively prior to, and following, their entry into care.
17. Children attend their reviews, or they are helped to share their views by their advocates or social workers, and have an opportunity to influence their care

plans. Independent reviewing officers make sure that the majority of children's plans are progressed in a timely way.

18. Children in care receive effective support for their academic and therapeutic development from the virtual school, which helps them stay in the same school whenever possible.
19. Disabled children in care receive appropriate support that considers their additional needs, including how they communicate and their level of understanding. For many children, this ensures that they are as fully involved in planning their future as possible.
20. Children in long-term foster care secure safe and stable matches with their foster carers at the time that is right for them. Where possible, special guardianship assessments are considered and completed to a good standard. Children living with kinship carers receive comprehensive and well-coordinated support that helps them to continue to live with trusted members of their family.
21. Children are helped to return to their families when safe to do so, with appropriate and sustainable support plans. Care orders are discharged in increasing numbers, based on stability, well-managed risks and a strategic understanding that children being at home is a better plan for them.
22. A small but significant number of children under 16 live in unregistered settings. This is due to the local authority not securing a wide range and choice of the right homes. Most children make progress. Some achieve multiple improvements based on the strategic intent to keep them in Torbay, but care planning often reflects a long-term normalisation of these illegal arrangements and a reliance on temporary or seasonal accommodation, limiting children's sense of stability, permanence and belonging. Persistent efforts are made to encourage providers to seek registration, with some recent progress. Senior leaders and practitioners maintain regular and comprehensive oversight of these arrangements and attempt to secure alternatives. Social workers and commissioners visit with increased frequency. Leaders are tenacious in their efforts to secure the right home for children, with evidence that some will transition to more suitable accommodation in the near future.
23. A significant number of children who cannot return home are adopted successfully. Decision-making for these children is timely and well evidenced. Child permanency reports are of good quality, analytical and clearly describe the children's needs and histories. From a position of stability and permanence, these children maintain appropriate contact with their parents and siblings.
24. Relationships between the regional adoption agency (Adopt South West) and the local authority are strong. Adopters report feeling well supported overall, although describe variability in communication with children's social workers and inconsistencies in the quality and timeliness of life-story work and later life letters.

This limits some children's ability to understand their past, identity and circumstances as they move into a new phase of their lives.

25. Strong leadership and independent scrutiny of the fostering service support safe, stable homes for children. However, the intended impact of the fostering hub has not been realised in terms of generating carers that match the needs of local children, hindering progress of the local authority's sufficiency plan. Despite foster carers generally feeling well supported, staffing pressures, inconsistent out-of-hours support and variability in supervision records affect continuity and responsiveness for some. Training meets basic needs but lacks flexibility and therapeutic depth, with plans in place to strengthen a trauma-informed approach.
26. Children in care are increasingly involved in developing policies and services with the help of participation workers. This helps to ensure that services are child focused and shaped in response to children's lived experiences.

### **The experiences and progress of care leavers: good**

27. Most care leavers make good progress, supported by a service that is largely open, accessible and considers young people's wide-ranging needs. Recent changes have strengthened this response, with a tangible shift towards being a more proactive corporate parent.
28. While most children in care meet their personal adviser (PA) in good time before turning 18, the purposefulness and impact of this work is variable. In stronger examples, consistent visiting builds trust and informs planning. In weaker examples, limits on PAs' time reduce focus and impact. As a result, young people have inconsistent experiences of establishing relationships with their PA at this significant point of change.
29. Once young people turn 18, PAs forge positive relationships with care leavers. Consistent and dedicated PAs speak about young people with huge pride and compassion. They know young people's histories, needs and strengths well. Regular contact and practical, tailored help mean young people are clearly 'held in mind', and held in general, with their achievements recognised and confidence built to support greater levels of independence.
30. Care leavers are well supported to build and sustain relationships that are important to them, including culturally sensitive help for former unaccompanied asylum-seeking children, reducing their sense of isolation following traumatic voyages to the UK.
31. Most care leavers are in good physical and mental health or are being helped to access the support they need, with recently improved resources that provide emotional support, for example the use of online access to face-to-face counselling and ongoing contact with specialist nurses they are familiar with from when they were children in care.

32. Care leavers have what they need to move forward with their lives. In general, PAs are highly knowledgeable about the services and opportunities available, connecting young people with these opportunities without delay.
33. Care leavers benefit from a comprehensive local offer. Senior leaders have already identified the need to refine some of the language in the offer to promote greater clarity about entitlement and have plans in place to review and strengthen how it is written, with input from care leavers.
34. PAs remain alert to changes in indicators of risk and take timely action in response to help keep care leavers safe.
35. Education and employment are a clear priority for PAs. Planning and support are generally well aligned to young people's interests and ambitions. As a result, the number of care leavers in education, employment and training is incrementally improving, with aspirational targets across all age groups.
36. Collaborative pathway planning supports most care leavers to plan how they will achieve their goals and aspirations. This is an improvement since the last inspection.
37. Recent changes to practice have improved the experiences of older care leavers. While a small number have needed to seek help from the service after their support was ended too soon, young people are now offered continuing support after the age of 21 and, should they opt out, they receive regular contact via birthday cards and newsletters. They often call on PAs whom they know to ask for help. Care leavers are met with quick and responsive support should they contact the team when in need of help again, providing them with a safety net as they move through adulthood.
38. While support for care leavers in custody is getting better, there have been some gaps in identifying these care leavers systematically when they are not allocated a PA. Systems for tracking care leavers' release are not fully embedded, meaning some inconsistency remains in coordinating plans for their future.
39. Most care leavers live in homes that are appropriate to their assessed needs. The circumstances and vulnerabilities of the small number who live in temporary accommodation are monitored effectively at fortnightly meetings of senior leaders while appropriate solutions are identified.
40. Impressively, the council has recently increased access to stable housing through 9 new-build properties for care leavers, enabling some young people to move out of temporary accommodation into properties with long leases and the option to buy in the future – an option rarely seen in local authorities. Similar projects that integrate local businesses into corporate solutions are already in the planning stage.

## **The impact of leaders on social work practice with children and families: good**

41. Non-partisan political and corporate support for children's services is proactive and clearly child centred in Torbay. The recent decision by the council to make care leavers a protected characteristic is backed up by successfully bringing online new, high-quality accommodation for care leavers and a strong local offer. Corporate parenting is a core principle of the council and runs consistently through all strands of governance.
42. Senior leaders invariably know the circumstances of individual children in detail. They know children incredibly well, led by a director of children's services who brings passion, commitment and high expectations of what is right for children.
43. Relationships with partners across the Torbay Safeguarding Children Partnership continue to improve.
44. In response to the social care reforms, clear, visible leadership has communicated the vision and purpose of a wholesale transformation well, based on several years of planning and consolidation. As intended, there is a positive impact of increased early help and family support. Newly formed child in need teams are preventing escalation into statutory processes for an increasing number of families. Analytical management oversight and weekly drop-in surgeries have helped maintain workers' confidence in their practice throughout the process of organisational change. Importantly, practitioners have maintained a consistent level of practice standards through the transformation, and leaders have a clear and tangible strategy for the next steps.
45. Alternatively qualified practitioners possess clarity and definition about their role, and they add value for families with an increasingly diverse range of skills and expertise in frontline teams, including teachers, youth workers and health practitioners.
46. Keeping families together safely is a key pillar of the council's sufficiency strategy, and it is starting to gain traction. However, ensuring that there is sufficient, registered provision to accommodate the needs of children in care is an area that requires further and sustained attention.
47. A 'Language that cares' initiative to challenge practitioners to write to children in a way that makes sense to them has made a sizeable improvement to the quality and sensitivity of children's records, with the vast majority written to children, bringing their experiences to life and focusing staff at all levels on what impact their work is having on children's lives.
48. Staffing overall continues to show the improvements seen at the last inspection, with a low vacancy rate, apprenticeships demonstrating the success of a 'grow your own' approach and a high rate of permanent workers across the service.

Specialist teams such as Building Futures, the vulnerable pupils' team and the exploitation team ensure that early support identifies and reduces potential risks.

49. In general, workloads for social workers are manageable. Although some teams are at the edge of their capacity, this is closely monitored. The training programme is geared towards contemporary practice issues as well as a concrete induction programme for those new to the revised model of practice. Regular and impactful reviews, including deep dives by the chief executive, clearly show that senior leaders, including politicians, have an active and accurate understanding of trends and patterns through a suite of performance meetings that work well alongside the quality assurance activity undertaken across the service areas. In fact, quality assurance is an integrated, whole-system approach including audit, midpoint reviews and practice weeks in identifying training needs and ensuring compliance. Learning from practice is an increasingly 'live' and dynamic process.
50. Management oversight and supervision are inconsistent, with weaker examples exhibiting limited reflective focus and clear timescales for actions. In stronger examples, supervision is regular and detailed and responds effectively to children's needs. When children are facing complex issues, such as long-term neglect, supervision lacks the rigour and challenge needed to accelerate progress.
51. Additional capacity in the participation team has further strengthened the voice and influence of children and young people, and this is a key priority for politicians and senior leaders. The Children in Care Council provides a highly valued sense of solidarity and belonging for those who take part, creating a good platform for the impact of children's voices to become stronger. Children reported to inspectors that they are not sure it is making a difference quickly enough, but senior leaders have responded well to the challenge. In addition, families report an increasing level of satisfaction with the support that they receive under the new structure, with their view on what has been a success being pivotal to evidencing impact.

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**Meeting:** [Children and Young People's Overview and Scrutiny Sub-Board](#)

**Date:** [16 March 2026](#)

**Wards affected:** [All](#)

**Report Title:** [Best Start in life – Torbay's Local Plan](#)

**When does the decision need to be implemented?** [Immediate](#)

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## 1. Purpose of Report

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- 1.1 The purpose of this report is to provide members with the draft Best Start in Life (BSiL) Plan, which is due to be published on the Council's website by 31 March 2026. The Plan sets out how Torbay will achieve its locally set targets for the proportion of children reaching a Good Level of Development (GLD) by age five (end of the Early Years Foundation Stage). It outlines the vision, strategic approach, and delivery mechanisms that will be used to meet these targets.
- 1.2 Publication of the BSiL Plan by 31 March 2026 is a requirement of the Department for Education (DfE), and this draft is presented to members to support transparency and oversight ahead of final approval.
- 1.3 Sign off the final Plan in order to meet the required deadline will be by the Director of Children's Services, Nancy Meehan, in consultation with the Lead Member for Children's Services, Nick Bye.

## 2. Reason for Proposal and its benefits

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- 2.1 The proposals in this report help us to deliver our vision of a healthy, happy and prosperous Torbay by strengthening the foundations of early childhood development and ensuring that every child has the best possible start in life. The Plan sets out how Torbay will address and meet the locally set targets for children meeting a Good Level of Development (GLD) by age five. It provides a coordinated, targeted, evidence-informed programme of support from pregnancy to age five, focusing on improving children's development, reducing inequalities, and ensuring more children are ready to learn and thrive when they start school.
- 2.2 The reasons for the proposal and need for the decision are to formally adopt the Best Start in Life Plan as directed by the Department for Education and enable delivery of a coordinated, system-wide approach to improving early childhood development across Torbay. The plan responds to clear evidence of need, including lower levels of developmental attainment at age two to two-and-a-half, persistent gaps in Good Level of Development (GLD) at age five, and widening inequalities affecting disadvantaged children.

## 3. Recommendation(s) / Proposed Decision

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- 3.1 That Members of the Children's Overview and Scrutiny Board review the draft Best Start for Life Plan set out at Appendix 1 to the submitted report and make recommendations to the Cabinet.

## Appendices

Appendix 1: Best Start for Life Plan.

## 5. Background Documents

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None

### 6. Introduction

- 6.1 The Best Start in Life Plan sets out how Torbay intends to meet the government-set early years development targets detailed in table one.
- 6.2 The plan has been co-written with stakeholders across the Early Years system, including the Local Authority, Torbay and South Devon NHS Foundation Trust (TSDFT), and Action for Children.

*Table one: Torbay's GLD Targets 2024 - 2028*

Year	All Children reaching GLD		FSM Children reaching GLD target	
	Percentage	Number	Percentage	Number
2024/2025*	68.5%	749	50.7%	109
2025/2026	71%	776	55%	118
2026/2027	74%	809	58%	125
2027/2028	78%	850	62%	132

*\* 2024/2025 figures represent actual performance, not targets*

- 6.3 The plan uses Torbay's local data to illustrate where children are performing well and where the most significant developmental gaps remain.
- 6.4 The Plan provides the approach to improving early childhood outcomes from pregnancy to age five, ensuring that more children achieve a Good Level of Development by 2028. It outlines the key strengths of the current system, organised across major areas of the early years offer:
- 6.5 **Home Learning Environment**  
The plan highlights the continued development of Torbay's HLE offer, including home-visit support, PEEP, Chat-Play-Read messaging and the Early Years Development Pathway. It reflects how coordinated work across the early years system is helping to strengthen parent-child interaction and early language development.
- 6.6 **Parenting**  
Torbay's parenting support offer is well established and delivered through a wide range of evidence-based interventions. The plan describes how this support is now more coordinated, accessible and responsive to parental need, with antenatal, postnatal and early childhood pathways increasingly aligned through Family Hubs.

## 6.7 **Early Education, Childcare and SEND**

The plan describes strong quality across early years settings, high engagement from providers and a maturing SEND offer including Portage, Small Steps and strengthened referral pathways. It also highlights where capacity, sufficiency and inclusion continue to require targeted action.

## 6.8 **Healthy Babies**

The Healthy Babies programme brings together infant feeding, perinatal and infant mental health and wider maternal health support. The plan reflects the progress of these programmes and their role in strengthening early relationships, improving emotional wellbeing and reducing the inequalities that contribute to poorer child development.

## 6.9 **System enablers**

The plan identifies the foundational features that underpin the early years system, including Best Start Family Hubs as the central access point, workforce development, family involvement and improvements in data sharing, monitoring and evaluation.

6.10 Alongside these strengths, the Best Start in Life Plan sets out the gaps that continue to affect children's early development, together with the actions required to address them and the anticipated impact of doing so.

6.11 These gaps relate particularly to:

- The timeliness and consistency of early identification
- The reach of services into communities
- Workforce capacity
- Limitations of current data and digital systems
- Limitations to co-production

6.12 Supported by actions designed to address these issues and demonstrate the impact of doing so, each section of the plan includes a dedicated gaps section that identifies where the system is not yet meeting children's needs, the action needed to address the gap and how these changes will contribute to improved early years outcomes across Torbay

## 7. **Options under consideration**

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7.1 No other options have been considered as this is a DfE requirement.

## 8. **Financial Opportunities and Implications**

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8.1 Not applicable

## 9. **Legal**

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9.1 None.

## 10. Engagement and Consultation

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- 10.1 We have engaged with a wide range of stakeholders in developing the BSiL Plan, including colleagues from across directorates and partner organisations such as TSDFT, Action for Children and wider system partners.
- 10.2 Feedback from families was gathered through Family Hub activity, service-led engagement and routine parent insight, giving us a clear picture of how families understand child development and how they experience current support.
- 10.3 Family involvement and co-production is a core theme throughout the Plan with actions associated with the need to strengthen co-production, improve the reach of services to families who do not routinely engage, and provide clearer, more consistent child development messages. These findings shaped actions across the Plan, ensuring it reflects lived experience and supports inclusive, accessible delivery.

## 11. Procurement Implications

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- 11.1 Not applicable

## 12. Protecting our naturally inspiring Bay and tackling Climate Change

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- 12.1 Not applicable

## 13. Associated Risks

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- 13.1 N/A

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A large version of the "BEST START IN LIFE" logo, with the text in a bold, purple, sans-serif font. The words "BEST", "START", and "IN LIFE" are stacked vertically. To the left of each word is a colored square: yellow for "BEST", pink for "START", and blue for "IN LIFE".A large, light grey watermark of the Torquay Council logo, which is a stylized 'T' shape, is positioned behind the main title text.

# Torbay's Local Plan

# Best Start local plan for Torbay

## Contents

1. Vision and Approach .....	4
<b>Vision and approach</b> .....	<b>4</b>
2. Early Child Development: Targets, Tracking and Current Position.....	5
<b>Targets</b> .....	<b>5</b>
<b>Current position</b> .....	<b>6</b>
<b>How children’s progress will be tracked</b> .....	<b>7</b>
3. Case for Action .....	10
<b>Demographics</b> .....	<b>10</b>
<b>Existing services</b> .....	<b>12</b>
<b>Summary of key strengths</b> .....	<b>12</b>
<b>Summary of key gaps</b> .....	<b>13</b>
4. Best Start in Life Services – Early Child Development .....	15
<b>Home Learning Environment interventions</b> .....	<b>15</b>
<b>Parenting interventions</b> .....	<b>17</b>
<b>Early Childhood Education and Care access and quality</b> .....	<b>19</b>
<b>Transition to school and Reception year</b> .....	<b>20</b>
<b>SEND support</b> .....	<b>21</b>
<b>Early child development gaps, actions &amp; impact</b> .....	<b>23</b>
5. Best Start in Life Services – Healthy Babies and Wider Maternal Health .....	31
<b>Infant feeding</b> .....	<b>31</b>
<b>Perinatal Infant Mental Health and Parent Infant Relationship</b> .....	<b>33</b>
<b>Healthy Babies gaps, actions &amp; impact</b> .....	<b>37</b>
<b>Wider maternal and early years health services</b> .....	<b>39</b>
6. Best Start in Life - System enablers.....	41
<b>Best Start Family Hubs</b> .....	<b>41</b>
<b>Workforce capacity and capabilities</b> .....	<b>42</b>
<b>Family involvement</b> .....	<b>43</b>
<b>Monitoring, evaluation and learning</b> .....	<b>44</b>
<b>System enablers gaps, actions &amp; impact</b> .....	<b>46</b>
<b>Accountability and governance</b> .....	<b>50</b>

Funding..... 50

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## 1. Vision and Approach

### Vision and approach

Our vision is that every child in Torbay has the best possible start in life, where they can grow up safe, happy, healthy, learning well, and connected to a strong community.

Together with families and partners across all sectors, we are committed to closing gaps in early development and ensuring that more children are ready for school and confident to learn. We will achieve this by delivering joined up, preventative, and relationship-based support from pregnancy to age five.

By understanding where the gaps are, we will remove barriers, strengthen early identification of need, and offer support to families at the earliest opportunity, including those who feel un-heard and underrepresented. Together, we will create the conditions where every child can thrive, develop with confidence, and be ready for school and lifelong learning.

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## 2. Early Child Development: Targets, Tracking and Current Position

### Targets

Torbay's target is that by 2028, 77.8% of children overall and 61.6% of children accessing Free School Meals (FSM) reach a Good Level of Development (GLD) by the end of Early Years Foundation Stage (EYFS), or age five. This equates to 101 additional children achieving GLD overall and 23 additional children achieving GLD on Free School Meals (FSM) by 2028, see table one below.

Table 1: Torbay's GLD Targets 2024 - 2028

Year	All Children reaching GLD		FSM Children reaching GLD target	
	Percentage	Number	Percentage	Number
2024/2025*	68.5%	749	50.7%	109
2025/2026	71%	776	55%	118
2026/2027	74%	809	58%	125
2027/2028	78%	850	62%	132

\* 2024/2025 figures represent actual performance, not targets

Table two shows the projected number of children not expected to reach a GLD over the next three years, based on Torbay's falling birth rate. It compares outcomes if performance stays at the current 68.5% rate with Torbay meeting its yearly targets. Children in the second column represent those most likely to require targeted support, identified through Torbay's data on groups least likely to achieve a GLD.

Table two: Projected number of Torbay children not expected to achieve a GLD by the end of EYFS.

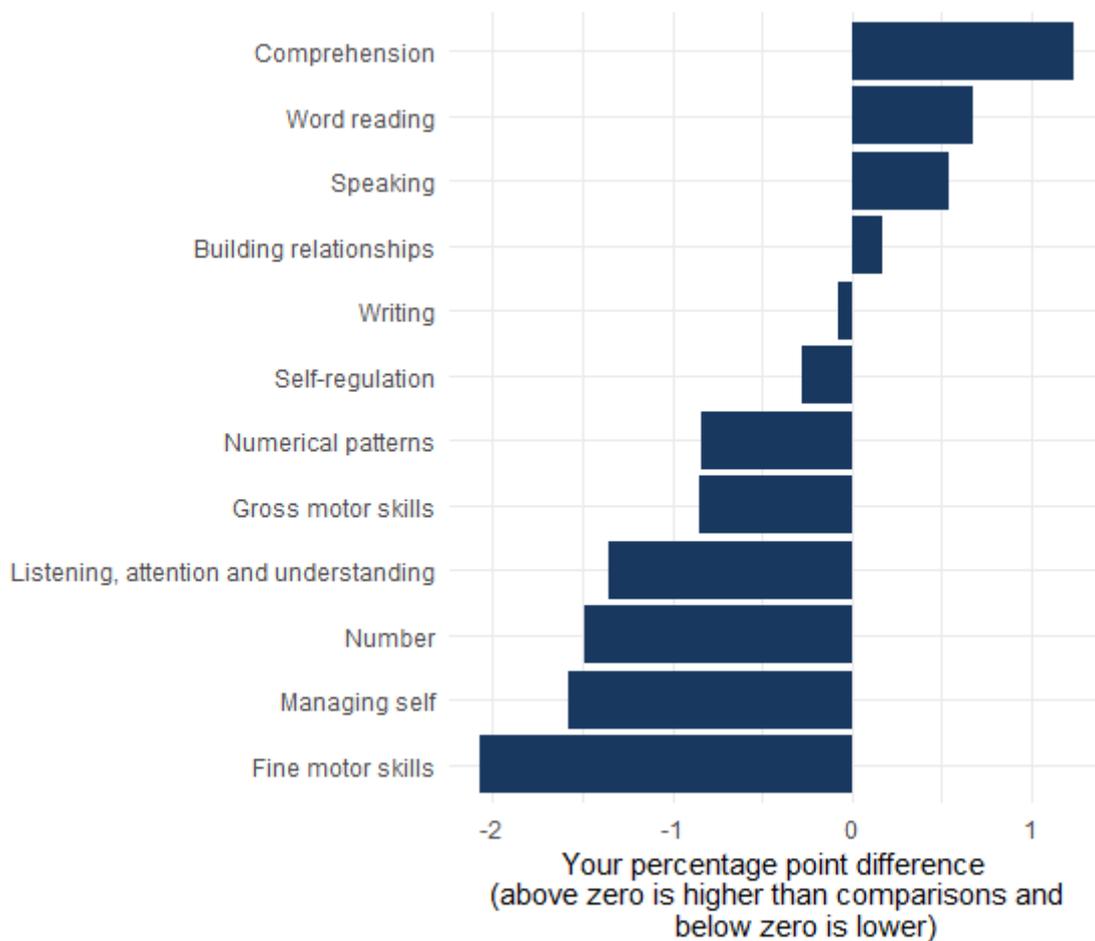
Year	No of children not expected to reach a GLD based on current achievement rate of 68.5%	No of children not expected to reach a GLD based Torbay meeting the yearly set targets
2025/2026	330	304
2026/2027	320	264
2027/2028	307	216

## Current position

By reviewing the Early Learning Goals (ELGs) which are the individual measures that contribute to GLD, a more granular understanding of those areas where Torbay has a good foundation as well as where greater focus is needed (fig. 1).

Torbay's strongest areas are in comprehension, word reading and speaking, which sit at or above national levels. The greatest gaps are in fine motor skills, managing self, number, listening and attention, and early maths related goals. These domains require focused improvement to accelerate progress towards GLD targets.

Figure one: Percentage of pupils reaching each early learning goal (ELG) in Torbay compared with national averages for the 2024 to 2025 academic year



Source: Early Years Foundation Stage Profile 2024/25 results for your local authority and national 2024/25 data from the DfE

Different groups of children in Torbay achieve a GLD at different rates. Boys, children with an Education, Health and Care Plan (EHCP), and children with no identified special educational needs perform slightly above national averages, despite these groups typically performing less well nationally. Children who speak English as an Additional Language (EAL) show the largest gaps compared with their peers and

remain well below national levels, highlighting the need for focused attention. Children eligible for free school meals (FSM) also continue to fall slightly behind.

Ages and Stages Questionnaires (ASQ3), used at the Health Visitor led 2.3 year developmental review, show that although Torbay achieves very high coverage, (98.6% of children received an ASQ3), outcomes across all five developmental domains are below national levels.

Torbay records children who score in the “grey” band just below the expected level as not meeting expectations. Nationally, however, children scoring in the grey band are generally classified as meeting the expected level. This difference in reporting means Torbay appears to perform significantly below national averages. In practice, though, children in Torbay who fall within the grey band or lower are provided with additional intervention.

Table three: ASQ-3 data for Torbay and England 2024 - 2025

Year 2024/2025	All Children reaching ASQ-3		
Development Area	Torbay % at or above expected level	England %	Difference (Torbay Vs England)
Overall (all five areas)	70.7%	81.4%	-10.7 pp
Communication	82.9%	87.5%	-4.6 pp
Gross Motor	86.8%	93.6%	-6.8 pp
Fine Motor	84.6%	93.7%	-9.1 pp
Problem-Solving	87.9%	93.0%	-5.1 pp
Personal-Social	84.0%	92.3%	-7.7 pp

Data analysis of GLD outcomes at both ward level and individual school level make it clear where the children who are not reaching their developmental milestones live in Torbay and which settings they will attend. This enables support to be targeted with much greater precision.

### How children’s progress will be tracked

The table below sets out how Torbay will systematically track children from birth to age five to monitor progress toward GLD targets. It shows the key data sources used at each stage, who holds that data, how it will be gathered and interpreted, and how the information will trigger targeted interventions.

Table four: Tracking mechanisms for children at risk of not achieving GLD

Stage of tracking	What data is used	Who holds the data	How data is collected, collated and analysed
Early Identification (Ages 0–4)	<ul style="list-style-type: none"> <li>• 1 and 2.3 year Health Visitor development reviews:               <ul style="list-style-type: none"> <li>○ Ages and Stages Questionnaires (ASQ) assessing across five domains.</li> <li>○ Early Language Identification Measure (ELIM),</li> </ul> </li> <li>• Section 23 Notifications.</li> <li>• Targeted Groups of Children:               <ul style="list-style-type: none"> <li>○ Funded 2 Year Olds.</li> <li>○ Early Years Pupil Premium.</li> <li>○ Disadvantage funding.</li> <li>○ SEND.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Public Health Nursing teams.</li> <li>• Early Years settings.</li> <li>• Local Authority.</li> <li>• Family Hubs.</li> </ul>	<ul style="list-style-type: none"> <li>• Shared from Public Health Nursing into Early Years Panels.</li> <li>• LA collates ASQ, ELIM, S23 and vulnerability indicators.</li> <li>• Analysed to spot children at risk of not achieving GLD.</li> <li>• Multi-agency use via a shared dashboard and reporting to the BSIL Board and operational workstreams.</li> </ul>
Pre-school	<ul style="list-style-type: none"> <li>• EYPP take up.</li> <li>• Funded Two Year olds.</li> <li>• Section 23 Notifications.</li> <li>• Targeted Groups of Children:               <ul style="list-style-type: none"> <li>○ Early Years Pupil Premium.</li> <li>○ Disadvantage funding.</li> <li>○ Boys.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Early Years Providers.</li> <li>• Local Authority.</li> <li>• Family Hubs.</li> <li>• Public Health Nurses.</li> <li>• Early Help.</li> </ul>	<ul style="list-style-type: none"> <li>• Locally coproduced data collection system.</li> <li>• Local Authority combines Early Years Pupil Premium, EAL, S23 and observation data with ward level deprivation and population profiles to identify -localities with higher risk.</li> <li>• Multi-agency review via shared dashboard and Early Years Panels.</li> </ul>

	<ul style="list-style-type: none"> <li>○ Summer Born cohorts.</li> <li>○ EAL.</li> <li>● Children performing below expected levels of development from observations.</li> </ul>		
<p>Reception Baseline &amp; In year EYFS Checks</p>	<ul style="list-style-type: none"> <li>● Baseline assessments.</li> <li>● Targeted Groups of Children: <ul style="list-style-type: none"> <li>○ Free School Meals.</li> <li>○ Children from areas of deprivation.</li> <li>○ Boys.</li> <li>○ Summer Born cohorts.</li> <li>○ EAL.</li> </ul> </li> <li>● Children performing below expected levels of development from observations.</li> </ul>	<ul style="list-style-type: none"> <li>● Schools.</li> </ul>	<ul style="list-style-type: none"> <li>● Data analysed at school level to identify children not on track for GLD and monitor -in year- progress.</li> <li>● Shared across services through the Local Authority dashboard and EYFS forums.</li> </ul>
<p>End of Reception Year</p>	<ul style="list-style-type: none"> <li>● Early Years Foundation Stage Profile.</li> </ul>	<ul style="list-style-type: none"> <li>● Schools.</li> <li>● Local Authority.</li> <li>● Department of Education (DfE).</li> </ul>	<ul style="list-style-type: none"> <li>● Statutory EYFS returns submitted by schools, collated by Local Authority and DfE.</li> <li>● GLD and ELG level gaps analysed to inform targeted support.</li> <li>● Reported through Local Authority dashboards and EYFS Forum's for systemwide action.</li> </ul>

### 3. Case for Action

#### Demographics

Around 139,500 people live in Torbay, and children make up an important part of the population. Table five shows the breakdown by educational life-stage for Torbay.

Table five: Torbay's profile of children and young people under the age of 18

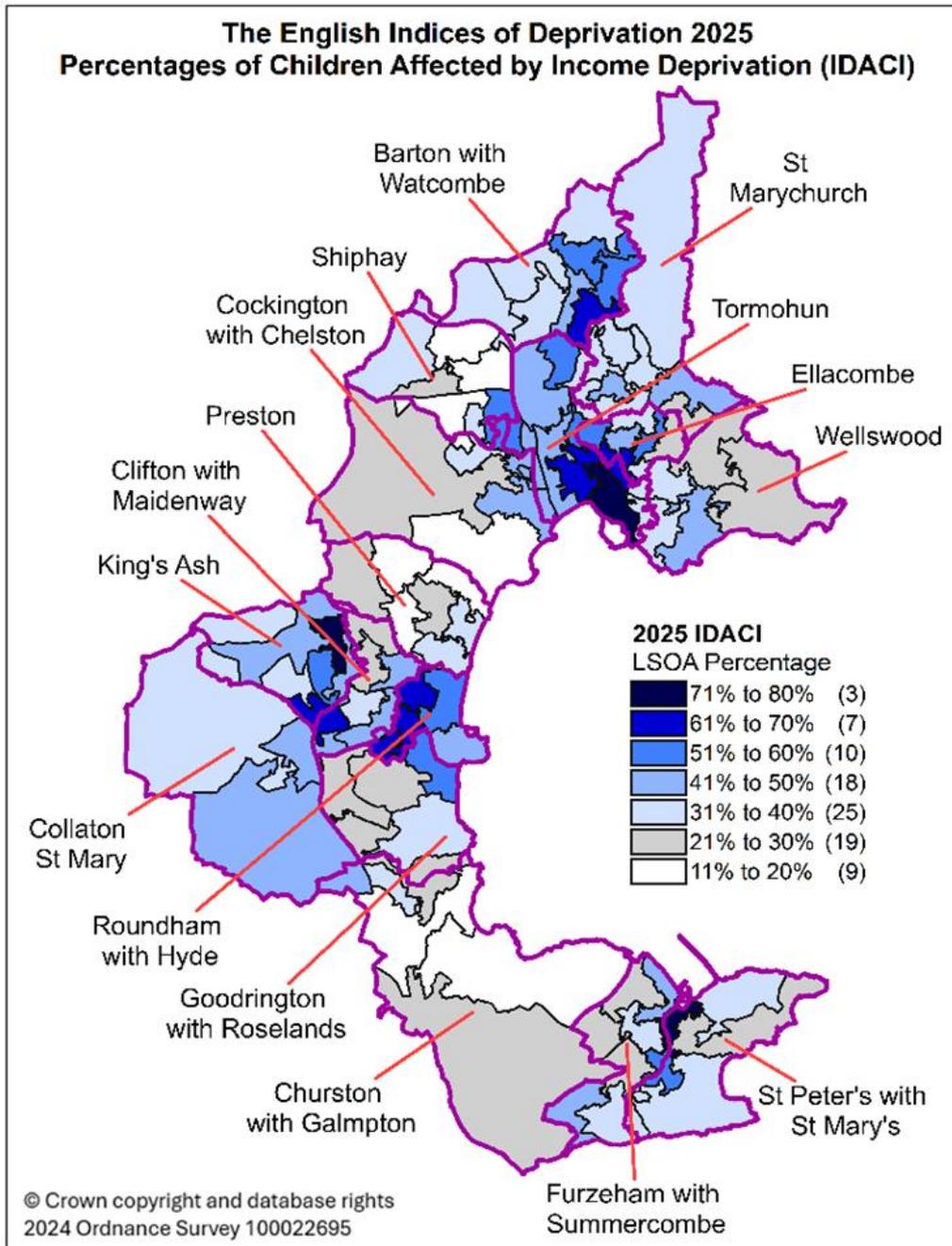
School age	Years of age	Number
Pre-school age	0-4	5,389
Primary school age	5-10	8,456
Secondary school age	11-16	9,395
Further education age	17-18	2,988

Source: the Office of National Statistics (ONS) mid-year population estimates for 2024

Deprivation is a feature of Torbay's local context. The English Indices of Deprivation 2025 contains information around local authority deprivation. This shows that Torbay was ranked as the 39<sup>th</sup> most deprived upper tier local authority out of 153 in England (Based on rank of average rank). Approximately 26% of Torbay's population live in areas amongst the 20% most deprived in England.

In relation to income deprivation, Torbay is ranked as 51<sup>st</sup> most deprived out of 153 upper tier local authorities. Within this, there is a measure of 'Income Deprivation affecting Children' in which Torbay is ranked as 52<sup>nd</sup> most deprived out of 153 upper tier local authorities and the most deprived in the South West. This measures the proportion of children aged under 16 who are living in income deprived families. In Torbay, this equates to 41% of children. There are significant differences between areas as shown by the map below with the percentage of children living in income deprived areas ranging from 11% to 80% (Fig 2).

Figure two: Income Deprivation Affecting Children Index: Map showing children living in income deprived families, Torbay, 2025



Educational and developmental needs are a significant part of Torbay's local context, with around three in every hundred children having Special Educational Needs and high numbers of referrals into children's social care, reflecting the complex and varied challenges many families experience.

For some, family life in Torbay is also shaped by further challenges. High levels of mental health need, homelessness and economic vulnerability affect household stability and can impact children's early experiences and outcomes. Furthermore, some early health concerns appear very young; more than a quarter of five-year-

olds have visible dental decay and almost a quarter of children aged four to five are already overweight or obese. These early challenges can shape a child's development and future health.

### Existing services

Following the receipt of Family Hubs and Start for Life funding in 2022, a broad and diverse network of services that support children and families across the early years has been developed and implemented. These services span home learning, parenting, early education and childcare (ECEC), health, community engagement, and early help.

They are delivered collaboratively by Torbay Local Authority, Torbay and South Devon NHS Foundation Trust (TSDFT), Action for Children and early years settings. The diagram below maps the current support and activities against the locally adapted *Every Child Matters* outcome framework, covering Safe, Happy, Healthy, Learning and Community domains.

Figure three: Torbay early childhood development support and activities mapped to the *Every Child Matters* framework



### Summary of key strengths

Torbay's early years system has developed into a collaborative and well-integrated partnership, with strong alignment between the Local Authority, Public Health Nursing, Torbay and South Devon NHS Foundation Trust (TSDFT), Early Years providers and the voluntary and community sector. This joined up approach is one of the

system's most prominent strengths, creating a coherent offer for families from pregnancy to age five and ensuring children receive timely, coordinated support rather than isolated interventions. Key contributions to this include:

- The Family Hubs model, which has been central to this transformation. Co-location of services, consistent pathways and shared values have created a system that families experience as supportive, relational and accessible.
- A high-quality Early Years sector, with 98% of inspected providers rated Good or Outstanding and consistently high take-up of funded entitlements, meaning most children access high-quality provision early in life.
- Strong health visiting coverage, with 98.6% of children receiving their ASQ3 assessment, enabling almost universal early identification of need.
- Growing capability in data interpretation and use, allowing partners to better understand children's development and target support more effectively.
- Improved data sharing across partners, supported by pathways such as the Early Years Development Pathway, which align assessment information to strengthen early identification and reduce duplication.
- A wide range of evidence-based interventions, including PEEP, Solihull, Early Talk Boost, Incredible Years, Triple P and Video Interaction Guidance (VIG), all contributing to improvements in communication, early relationships- and parental confidence.
- Strong Perinatal Infant Mental Health and infant feeding support, with breastfeeding rates rising to 58% at 6–8 weeks and Public Health Nursing achieving UNICEF Baby Friendly Initiative (BFI) Gold accreditation.

### Summary of key gaps

Despite strong foundations, Torbay continues to face several systemwide gaps that limit progress in early child development and constrain the pace at which inequalities can be reduced. While services are increasingly coordinated, outcomes show that some groups of children are still not benefiting fully from the local offer, and areas of inconsistency across practice, pathways and engagement exist. These gaps highlight the need for greater reach, stronger alignment and more targeted use of evidence-based approaches. Key challenges include:

- Persistent inequalities in early child development, with disadvantaged children, those eligible for FSM, children with English as an Additional Language, boys and summer born children achieving lower outcomes across the Early Learning Goals (ELGs) that contribute to GLD.
- Underperformance in key developmental areas, particularly fine motor skills, early maths, self-regulation, listening and attention, and managing self, all of which significantly influence whether children achieve a GLD.
- Inconsistent engagement from priority families, including young parents and families with EAL, who are not routinely accessing HLE, parenting or Healthy Babies interventions despite being most likely to benefit.

- Limited capacity to deliver evidence-based interventions at scale, affecting reach and reducing the system's ability to intervene early and consistently for children identified as at risk.
- Variation in approaches to school readiness and transitions, with no single standardised transition process or shared understanding of school readiness expectations across settings, schools and professionals.
- SEND pathways that are not uniformly understood, leading to variation in early identification, differing interpretations of Ordinarily Available Provision, and inconsistent referral routes across partners.
- Gaps in data and digital integration, particularly around tracking children's development between the 2.3-year ASQ review and school entry, and continued reliance on manual data collation across multiple systems.
- Under-representation of priority cohorts in co-production and parent voice activity, alongside inconsistent "you said, we did" feedback loops, meaning lived experience is not always fully embedded in service development.

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## 4. Best Start in Life Services – Early Child Development

This section examines Torbay's Early Child Development system, which includes the Home Learning Environment (HLE), Parenting Programmes, Early Years Access and Childcare Provision, Transition to School and Reception year and SEND provision. It outlines what is currently in place within each component of the system and concludes with a summary of the identified gaps, the actions that will address these gaps, and the impact this will have on child development.

### Home Learning Environment interventions

#### Current situation

Since receiving Family Hubs funding in 2022, the HLE offer has continued to evolve, extending across Public Health Nursing, Early Years, Family Hubs, the NHS, and local community and voluntary sector partners. In response to the developmental challenges faced by children in Torbay, including a marked rise between 2020 and 2025 in Education, Health and Care Plan (EHCP) applications for children aged five to ten, see figures four and five, an Early Years Pathway was developed and implemented. This pathway ensures that children's needs are identified as early as possible and that a strong, coordinated package of support is delivered consistently across the Early Years sector.

Figure four: Number of EHCPs – Torbay

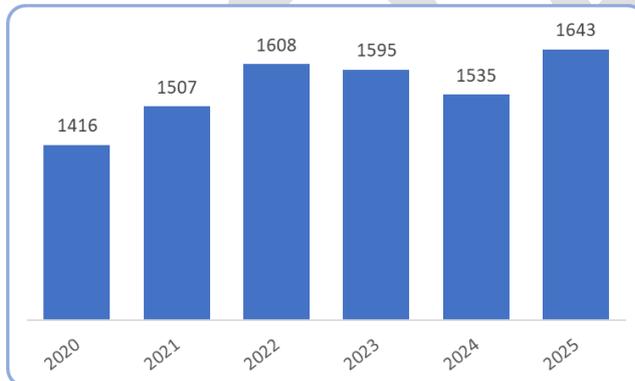
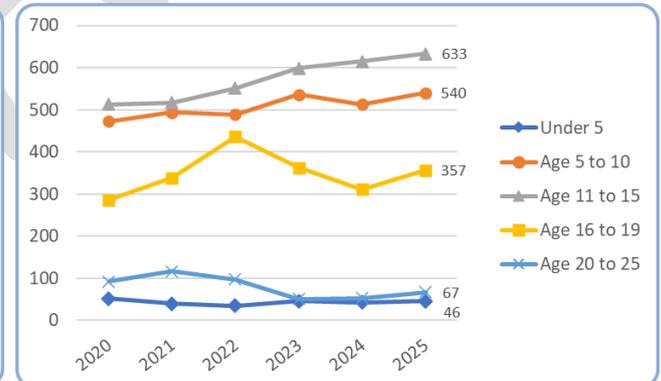


Figure five: EHCPs by age - Torbay

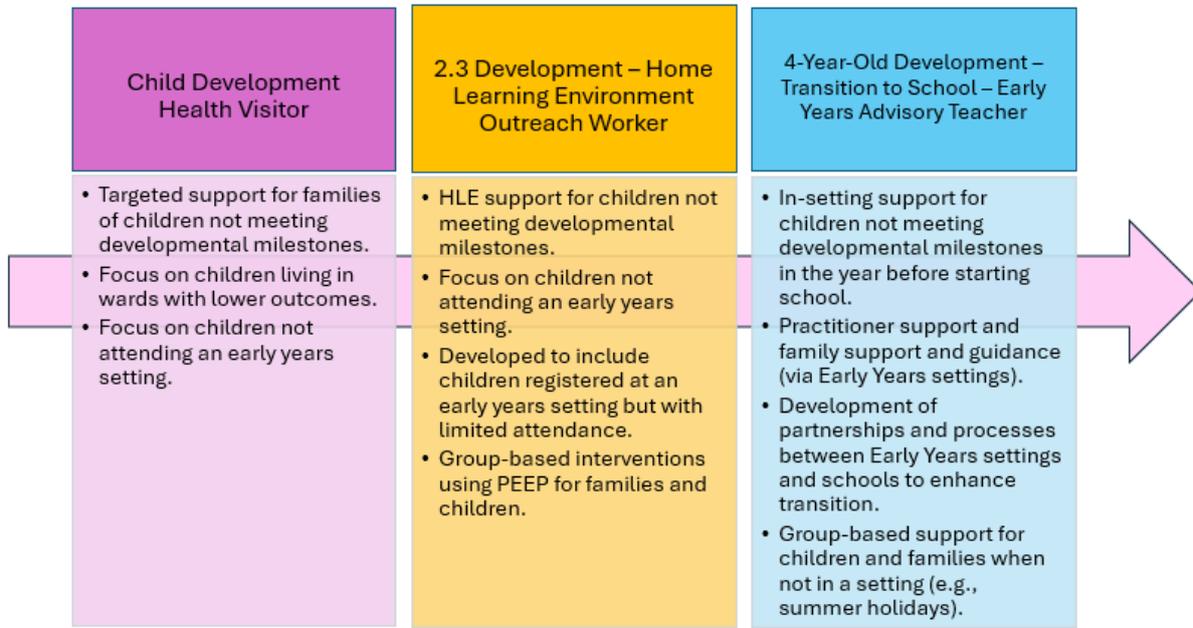


#### What's in place

Torbay is embedding its HLE approach through consistent, evidence based key messages focused on Chat, Play, Read, using a 'pass it on' model. Training, resources and locally tailored messages have been developed and shared with key professionals and partners through training sessions and networks, who then cascade these messages to families across the area. Additional physical and digital resources are also available to support direct communication with families.

Diagram three below illustrates a targeted early identification and support pathway within the Best Start Family Hubs framework, structured around three key developmental stages: 1 year, 2.3 years, and 4 years. Across all stages, the approach is underpinned by consistent messaging promoting Chat, Play, Read, and the importance of the Home Learning Environment.

Figure six: Early Identification of Need – targeted support



The Child Development Health Visitor provides targeted support for families where children are not expected to meet their 1-year and 2.3-year developmental milestones. The role focuses on children living in areas with lower outcomes and on those not attending an Early Years setting, ensuring they are identified early and referred into the Early Years Pathway.

The HLE Outreach Worker delivers targeted support for children who are not meeting developmental milestones at their 2.3 ASQ3 assessment, particularly those not attending an Early Years setting or attending with limited consistency. The role strengthens practitioner understanding of the importance of the home learning environment and delivers PEEP-based group interventions and Chat, Play, Read support for families.

The Early Years Advisory Teacher provides insetting support for children who are not meeting developmental milestones in the year before school. The role focuses on practitioner guidance, strengthening partnerships between Early Years settings and schools, and supporting high-quality transitions. Additional group-based work is offered during periods when children are not in a setting, such as the summer holidays, ensuring continued access to developmentally supportive activities.

HLE services have been developed based on identified needs of children and their families. Through the Home Visiting service, it was established that many families were experiencing levels of anxiety on leaving the home which was stopping them accessing the wider support offer of the Family Hubs. In response these families were invited to smaller, evidenced based PEEP workshops delivered by the HLE Outreach worker. These sessions help families build confidence, develop relationships with peers, and connect with staff and volunteers. Workshops focus on supporting parent-child communication and interaction and are offered weekly in Family Hubs and community venues.

A comprehensive suite of training and resources has been created to reinforce Torbay's Chat, Play, Read messaging. Practitioners across Public Health Nursing, Action for Children, Early Years settings and libraries have received training, and a dedicated section of the Family Hub website promotes these resources to families. Targeted engagement has taken place in areas of higher deprivation, including attendance at community led coffee mornings in local venues, schools and Early Years settings.

A collaborative programme involving Public Health Nursing and Early Years providers led to the development of a local Early Years Development Pathway, incorporating both the ASQ3 assessment at the 2.3 year development review and the Progress Check at age two. This pathway strengthens early identification of need and ensures coordinated support for children and families, including interventions delivered in Early Years settings and the home.

Across the Family Hub network, a range of groups, including Thriving Child and Little Explorers, offer opportunities for children and families to engage in activities that support child development. These groups also provide advice and guidance on supporting learning within the home environment.

One-on-one Talk and Play Sessions offer tailored advice to families on supporting their child's communication and language development. Referral pathways between these sessions and PEEP groups ensure families continue to receive appropriate support once individual sessions have ended.

## Parenting interventions

### *Current situation*

Torbay's Family Hubs parenting programme has been operational since the introduction of Family Hubs funding in 2022 and is now a well-established part of the early years system. The programme is built around Early Help principles, offering timely, accessible support to families and helping to prevent challenges from escalating. Parenting support is delivered through a coordinated partnership of

services working across Family Hubs, early years settings and health and community providers, ensuring families receive help that is consistent and tailored to their needs.

The programme places strong emphasis on building parental confidence, strengthening parent–child relationships and supporting positive home environments that contribute to early development and improved long-term outcomes. A wide range of DfE approved evidence-based interventions (EBIs) are available, reflecting the diverse needs of families across Torbay, from universal guidance for all parents, to more targeted and intensive support for families experiencing additional challenges.

### *What's in place*

Torbay delivers a wide range of parenting support spanning pregnancy, the early years and middle childhood, with coordination improving as the system continues to develop. Support begins in the antenatal period through Solihull Antenatal groups, followed by postnatal Solihull groups delivered both in Family Hubs and community settings.

Parents can access a full suite of online Solihull courses and bitesize videos through the Family Hub website, providing flexible support alongside in person group delivery.

A newly appointed Parenting Lead within Public Health Nursing is helping to strengthen coordination and ensure families are consistently linked to appropriate parenting pathways and are supported specifically with child development.

Portage delivers weekly Small Steps sessions for children with emerging developmental needs, while PEEP groups and Family Wellbeing activities support early learning, relationships and parental confidence.

Community outreach events across early years settings, Family Hubs and wider settings promote Early Help, Solihull and other parenting offers, helping parents understand available support and how to access it.

Reducing Parental Conflict sessions and programmes such as Standing Tall offer further support for families experiencing relationship difficulties or requiring additional help to maintain a stable and nurturing home environment.

Across all ages, Torbay provides targeted one-to-one interventions through Early Help and Family Support pathways, including Triple P Baby, Video Interaction Guidance, Incredible Years Pre-School and one-to-one Solihull parenting. These EBIs allow practitioners to tailor support to families who require more intensive or therapeutic help, ensuring a continuum from universal advice through to structured relational interventions. Parenting support is matched to need through the Family Help Panel, helping reduce duplication and ensuring families receive timely, appropriate support.

An annual programme of Solihull training and facilitator development maintains delivery capacity across the workforce, enabling consistent, evidence informed practice.

## Early Childhood Education and Care access and quality

### *Current situation*

Currently 98% of Torbay's Early Years Providers who have received a graded inspection from Ofsted are Good or Outstanding. This means that most early years children are accessing their funded entitlements in high quality early years provision.

The most recent Early Years Sufficiency Survey showed that across Torbay there is a 94% occupancy rate for early years places. This indicates that there is some capacity within the system, but some families may find it difficult to access provision in the areas or days/times they require. Further analysis shows that occupancy rates vary between wards ranging from 76% occupancy to 100% occupancy.

The most recent data shows that 77.1% of targeted two-year-olds are taking up a funded place, this is in line with the DfE locally set target of 77.1% take up. 95.1% of 3 & 4-year-olds are taking up their funded entitlements, in comparison to 93.1% nationally.

### *What's in place*

An annual sufficiency survey is carried out and collects a snapshot of place availability within all Early Years Settings. This is broken down by age ranges. The report also seeks to capture parent/carer feedback on childcare availability in Torbay. The report also details quality of provision, sustainability and specific support for children with SEND.

Through both the School Based Nursery Grant and the Early Years Capital Expansion, 12 projects have been supported locally. Once all are completed this will generate approximately 110 additional places. Ongoing engagement with the School Based Nursery Programme has resulted in an additional bid for Phase 2, with support advice and guidance provided to the school to complete their application. This bid will increase sufficiency of places for 2-year-old children in an area of high disadvantage.

The Home Learning Environment and Early Years Team offer advice, support and guidance to all Early Years Provision in the form of visits, training and forums/networks. Support visits are planned to offer advice and guidance to on developing practice and improving outcomes for targeted groups of children (EYPP, funded two years olds). Bespoke in-house training is offered to support current priorities within individual settings e.g. Maths Development

Links with the Southwest Stronger Practice Hubs provide a suite of training opportunities that Early Years settings can engage in. Localised specific work from the Advisory Team have resulted in the establishment of a joint Childminding Network with the Stronger Practice Hub that supports peer on peer development and ideas to develop practice.

The Early Language Consultant is Early Talk Boost trained, supporting settings to embed evidenced based interventions within provision. Currently 60% of Early Years settings are trained in Early Talk Boost, with a further 15% using an alternative evidence-based intervention. Early Talk Training is also being offered to settings to allow them to offer further Early Communication support to families. There is increasing attendance at a termly Early Communication Network, where delivery is supported by a range of professional, including Speech and Language Therapy. This provides opportunities to hear key messages and develop practice.

## Transition to school and Reception year

### *Current situation*

Transition processes in Torbay are grounded in the locally developed Transition Commitment which identifies transitions ongoing processes rather than a single moment in time. It also recognises the uniqueness of all children and the different levels of support that children and their families may need.

However, there is currently no standardised process for Transitions within Torbay with schools and settings. Each have their own working practices and associated documentation for supporting transitions.

### *What's in place*

The local Transition Commitment was developed in partnership with Early Years Settings, Schools, Public Health Nursing and Action for Children. A dedicated page on the Home Learning Environment and Early Years website holds key documents and an online video explaining the commitment and how the timelines for transition can be used to support varying levels of need.

Using the nationally published Ready Reception document, a localised and co-produced document is being developed to look at the key skills identified within it and how these may translate into the different age ranges. The aim of this document is to support early years practitioners to work with families in understanding typical child development at key milestones (1 year, 2 years and 3 years) and what skills children may require when transitioning to the next stage of their learning and development.

Schools in Torbay are currently developing a strategy to support a Cradle to Carer approach across Torbay. This is part of national RISE programme (Regional Improvement for Standards and Excellence). Supported by the Reach Foundation part of the current vision for this piece of work is that "Every child and young person in Torbay deserves the opportunity to thrive from birth to adulthood and to achieve long-term economic mobility". A key area of focus for this work is school readiness and looking at themes for development, including the 1001 Critical Days, High Quality Provision and Transitions. All areas that are fully reflected in the Best Start for Life Plan and can enhance and develop partnership working. Within Torbay the RISE programme is also running a Transition strand of work. This is currently focussed on Transition from Year 6 to Year 7, with planned expansion into Transition into Primary School.

## SEND support

### Current situation

Torbay's SEND landscape in the early years presents a varied picture. The number of EHCPs has increased significantly since 2020 in Torbay (Fig 2). The rise in rates since 2020 is lower (16%) than those of Torbay's statistical neighbours (54%). All except the Under 5 and 20 to 25 age groups have seen significant rises in the numbers of EHCP since 2020. Early educational outcomes begin to diverge once SEND is identified: in 2025, 26.3% of children receiving SEN Support achieved a GLD, which aligns broadly with national averages, while 4.5% of children with an EHCP achieved GLD, a figure that exceeds the national average.

### What's in place

Torbay has a Portage Service as part of the HLE and Early Years Team. The service is registered with the National Portage Association (NPA) and is a five-star accredited educational support service for pre-school children with the most severe and complex developmental needs. Delivery is through regular visits to family's homes where teaching strategies are offered to parents to support their children. The Portage team also run a Facebook group within excess of 150 members where families can access further support until the end of their child's first year at school. The team also liaise with health professionals and early years settings to ensure that children's needs are met and provide modelling and advice to staff.

The Portage Service also runs Small Steps groups that are accessible to any pre-school child displaying additional needs. At these sessions, 1-1 support, modelling and advice is provided. These take place weekly throughout the year, at all Family Hubs and community locations. Furthermore, the Portage team, provide workshops each term at each venue on developing independence skills, total communication and supporting play and interaction.

Referral pathways have been defined and updated to ensure that families have access to the most appropriate service at the right time. This ensures families do not

have multiple referrals, reducing the impact on waiting lists and the number of different waiting lists families are sat on.

There is an established Section 23 Notifications process in place, that includes a half termly multi-disciplinary meeting to discuss notifications received and ensure children are receiving appropriate support and interventions. This needs to be enhanced further by ensuring more referrals are received from wider health services at the earliest opportunity.

Early Years settings in Torbay can access support, advice and guidance from the Home Learning Environment and Early Years Team to support children with identified need. Regular SENCO Forums and an Autism Network provide opportunities to share the latest key messages, provide strategies for support and ongoing professional development for practitioners. These sessions are regularly attended by a wide range of professionals who have specialism in their given areas.

The Torbay Early Years Graduated Approach Toolkit (TEYGAT) provides a one-stop-shop, for all Early Years providers to promote inclusive practice and support the additional needs of early years children at a targeted level. It highlights the importance of a quality adaptive response, which addresses the needs of all children. It supports practitioners working with children to identify strategies and appropriate resources to meet need. A current review of the toolkit is underway, with the support of the Council for Disabled Children, this will include input from families, providers and a range of professionals with the aim of developing a localised response to Ordinarily Available Provision (OAP).

Torbay was successful in its application to be part of the Comic Relief funded Dingleys Promise Training. This has proved 10 high quality online training modules to support the development of SEND practice across Torbay. This training is available across the Early Years Workforce, including partners within the Family Hubs and Parent/Carers. Completion of training allows for settings to apply for a Mark of Achievement to show inclusive practice. There are currently 15 out of 45 settings in Torbay who have achieved this.

Monthly allocation meetings, which are multi-disciplinary, to discuss and priorities Educational Psychology referrals, ensure timely access to support and early identification of children who may require specialist support.

**Early child development gaps, actions & impact**

<b>Table six: Home Learning Environment gaps, actions and impact</b>		
<b>Gaps</b>	<b>Actions</b>	<b>Impact</b>
<p>Children identified early as being at risk of not achieving a GLD are not consistently accessing timely and targeted support, particularly in the developmental areas where Torbay underperforms most (see figure one)</p>	<ul style="list-style-type: none"> <li>• Use integrated data to identify which children are least likely to achieve ASQ3 milestones, and in which developmental areas, and provide targeted support from the one- year- development review onwards.</li> <li>• Strengthen targeted outreach pathways from the 2–2½ year ASQ3 review so that children identified as “at risk” receive automatic, proactive offers into evidence- -based interventions.</li> <li>• Use data (ASQ3, EYFS profiles, HLE markers, ward- -level insights) to identify communities, settings and cohorts most at risk.</li> <li>• Target Home Learning Environment (HLE) programmes and outreach to families most likely to benefit, including FSM, children with EAL, boys, and summer -born children.</li> <li>• Delivering evidence-based support by working with all Early Years providers to focus support on the ELGs most associated with GLD underperformance (e.g., communication &amp; language; PSED; early maths; fine motor skills).</li> <li>• Strengthen consistent follow--up and monitoring for children who do not engage in early support offers.</li> <li>• Strengthen the Section 23 Notification Process, across partners, to ensure early identification of need and appropriate support is in place.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased engagement in GLD support from families identified as “at risk” at 2–2½ years, with a higher proportion accessing targeted intervention before age 3.</li> <li>• Increased GLD attainment, especially among those identified as “at risk” at 2–2½ years.</li> <li>• Improved developmental progress at ages 3–4, particularly in ELGs linked to GLD gaps:             <ul style="list-style-type: none"> <li>○ Listening &amp; Attention</li> <li>○ Self-Regulation</li> <li>○ Fine Motor</li> </ul> </li> <li>• Numbers and number patterns</li> <li>• Reduction in GLD inequalities by narrowing gaps for:             <ul style="list-style-type: none"> <li>○ Children in receipt of FSM children,</li> <li>○ Children with EAL, boys, and</li> <li>○ Summer-born children.</li> </ul> </li> </ul>

<p>Offers not consistently developed to meet families' need in relation to access and delivery</p>	<ul style="list-style-type: none"> <li>• Development of consistent cross- organisation 'parent voice' systems to inform service provision.</li> <li>• Coproduction with families to best meet needs.</li> <li>• Development of a localised Chat, Play, Read Campaign, co-produced with families, that encompasses messages based on local need.</li> <li>• Development of a localised early maths campaign, co-produced with families, that encompasses messages based on local need.</li> <li>• Developing culturally and linguistically accessible support for EAL families.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in the % of families accessing early support</li> <li>• Increased GLD attainment, especially among those identified as "at risk" at 2–2½ years.</li> <li>• Improved developmental progress at ages 3–4, particularly in ELGs linked to GLD gaps:             <ul style="list-style-type: none"> <li>○ Listening &amp; Attention</li> <li>○ Self-Regulation</li> <li>○ Fine Motor</li> <li>○ Numbers and number patterns</li> </ul> </li> <li>• Reduction in GLD inequalities by narrowing gaps for:             <ul style="list-style-type: none"> <li>○ Children in receipt of FSM children,</li> <li>○ Children with EAL, boys, and</li> <li>○ Summer-born children.</li> </ul> </li> <li>• Increase in the % of families reporting that they understand the key messages associated with Chat, Play, Read</li> <li>• Increase in the % of families reporting that they understand the key messages associated numbers and numerical patterns</li> </ul>
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<p>Insufficient capacity to deliver evidence-based interventions</p>	<ul style="list-style-type: none"> <li>• Development of numbers of practitioners trained to deliver PEEP and HLE interventions.</li> <li>• Expansion of Evidenced Based Interventions into community venues and early years settings</li> <li>• Expansion of the Chat, Play, Read programme.</li> <li>• Expansion of the Early Maths programme.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in the number of families and children engaged in and successfully completing each programme.</li> <li>• Increased GLD attainment, especially among those identified as “at risk” at 2–2½ years.</li> <li>• Improved developmental progress at ages 3–4, particularly in ELGs linked to GLD gaps:             <ul style="list-style-type: none"> <li>○ Listening &amp; Attention</li> <li>○ Self-Regulation</li> <li>○ Fine Motor</li> <li>○ Numbers and number patterns</li> </ul> </li> <li>• Reduction in GLD inequalities by narrowing gaps for:             <ul style="list-style-type: none"> <li>○ Children in receipt of FSM children,</li> <li>○ Children with EAL, boys, and</li> <li>○ Summer-born children.</li> </ul> </li> </ul>
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**Table seven: Parenting gaps, actions and impact**

Gaps	Actions	Impact
<p>Parents of 3–4-year-olds who would benefit most from early support are not consistently being targeted.</p>	<ul style="list-style-type: none"> <li>• Develop a pathway using data (ASQ3, EYFS profiles, HLE markers, ward- -level insights) to identify communities, settings and cohorts most at risk.</li> <li>• Target Parenting EBIs and outreach to families most likely to benefit, including FSM, children with EAL, boys, and summer -born children.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in the % of families accessing early support</li> <li>• Increase in the number of families and children engaged in and successfully completing each programme.</li> <li>• Increased GLD attainment, especially among those identified as “at risk” at 2–2½ years.</li> <li>• Improved developmental progress at ages 3–4, particularly in ELGs linked to GLD gaps:               <ul style="list-style-type: none"> <li>○ Listening &amp; Attention</li> <li>○ Self-Regulation</li> <li>○ Fine Motor</li> <li>○ Numbers and number patterns</li> </ul> </li> <li>• Reduction in GLD inequalities by narrowing gaps for:               <ul style="list-style-type: none"> <li>○ Children in receipt of FSM children,</li> <li>○ Children with EAL,</li> <li>○ Boys, and</li> <li>○ Summer-born children.</li> </ul> </li> </ul>
<p>Parenting support is not yet fully aligned with the Early Years Pathway or the Home Learning Environment (HLE) offer.</p>	<ul style="list-style-type: none"> <li>• Integrate parenting support into the Early Years Pathway</li> <li>• Establish shared referral and triage process that links HLE activities, Family Hubs, Public Health Nursing</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in the % of families accessing early support</li> <li>• Increase in the number of families and children engaged in and successfully completing each programme.</li> </ul>

	<p>with parenting programmes, ensuring any child flagged for HLE support triggers a parenting offer.</p> <ul style="list-style-type: none"> <li>Align Health Visitors, Early Years Practitioners, Family Hub teams and Parent Connectors so they provide consistent guidance on parenting and HLE together, reinforcing the same key early development messages.</li> <li>Introduce shared tracking to identify families receiving HLE support but not currently linked to parenting interventions, enabling targeted follow up.</li> </ul>	<ul style="list-style-type: none"> <li>Increased GLD attainment, especially among those identified as “at risk” at 2–2½ years.</li> <li>Improved developmental progress at ages 3–4, particularly in ELGs linked to GLD gaps:             <ul style="list-style-type: none"> <li>Listening &amp; Attention</li> <li>Self-Regulation</li> <li>Fine Motor</li> <li>Numbers and number patterns</li> </ul> </li> <li>Reduction in GLD inequalities by narrowing gaps for:             <ul style="list-style-type: none"> <li>Children in receipt of FSM children,</li> <li>Children with EAL,</li> <li>Boys, and</li> <li>Summer-born children.</li> </ul> </li> </ul>
<p>Insufficient capacity to deliver evidence-based interventions</p>	<ul style="list-style-type: none"> <li>Development of numbers of practitioners trained to deliver Parenting EBIs</li> <li>Expansion of Evidenced Based Interventions into community venues and early years settings</li> </ul>	<ul style="list-style-type: none"> <li>Increase in the number of families and children engaged in and successfully completing each programme.</li> <li>Increased GLD attainment, especially among those identified as “at risk” at 2–2½ years.</li> <li>Improved developmental progress at ages 3–4, particularly in ELGs linked to GLD gaps:             <ul style="list-style-type: none"> <li>Listening &amp; Attention</li> <li>Self-Regulation</li> <li>Fine Motor</li> <li>Numbers and number patterns</li> </ul> </li> <li>Reduction in GLD inequalities by narrowing gaps for:             <ul style="list-style-type: none"> <li>Children in receipt of FSM children,</li> </ul> </li> </ul>

- Children with EAL, boys, and
- Summer-born children.

**Table eight: ECEC access and quality gaps, actions and impact**

Gaps	Actions	Impact
Parental engagement in local sufficiency planning.	<ul style="list-style-type: none"> <li>● Co-produce parental engagement mechanisms to support local knowledge of how parents choose and access childcare</li> </ul>	<ul style="list-style-type: none"> <li>● Increased take up of Early Years funded places:               <ul style="list-style-type: none"> <li>○ Targeted Funded 2 Year olds</li> <li>○ EYPP</li> <li>○ Universal 3&amp;4 Year Funding</li> </ul> </li> <li>● Increased access to high quality early years provision</li> </ul>
Insufficient real-time understanding of childcare place availability-.	<ul style="list-style-type: none"> <li>● Move to more frequent sufficiency reporting.</li> </ul>	<ul style="list-style-type: none"> <li>● Increased take up of Early Years funded places:               <ul style="list-style-type: none"> <li>○ Targeted Funded 2 Year olds</li> <li>○ EYPP</li> <li>○ Universal 3&amp;4 Year Funding</li> </ul> </li> <li>● Increased access to high quality early years provision</li> </ul>
Limited local area data available on the attainment and progress of children after their ASQ 2.3 and prior to their Early Years Foundation Stage Profile Assessment	<ul style="list-style-type: none"> <li>● Development a localised data collection model that improves the understanding of children's progress towards GLD between 2.3 years and 4 years of age</li> <li>● Targeted support for those in greatest need for support.</li> </ul>	<ul style="list-style-type: none"> <li>● Progress of children's GLD attainment between the ages of 2.3 and 4 years of age.</li> <li>● Increase in the number of children achieving a GLD.</li> </ul>

**Table nine: Transition to school gaps, actions and impact**

Gaps	Actions	Impact
No shared local understanding of school readiness: <ul style="list-style-type: none"> <li>for families</li> <li>for Professional</li> <li>for Early Years Providers</li> <li>for Schools</li> </ul>	<ul style="list-style-type: none"> <li>Co-produce and communicate a shared understanding of School Readiness across Torbay.</li> </ul>	<ul style="list-style-type: none"> <li>Increase in the % of children at achieving age related expectations.</li> </ul>
There is not a single standardised transition process embedded across all Early Years providers and schools	<ul style="list-style-type: none"> <li>Co-produce a localised and consistent Transition Process that meets the needs of children, families, early years settings and schools.</li> <li>Targeted support for identified groups</li> </ul>	<ul style="list-style-type: none"> <li>Increase in the number of providers using the Transition Process</li> <li>Increase in the % of children at achieving age related expectations.</li> </ul>
A local model for moderation of EYFS Assessment judgements	<ul style="list-style-type: none"> <li>Develop 'moderation' process to allow for reflective discussion that support understandings and shared agreement on age related expectations linked to assessments.</li> </ul>	<ul style="list-style-type: none"> <li>Increase in the number of practitioners engaged in the local moderation process.</li> </ul>

Page 81

**Table ten: SEND gaps, actions and impact**

Gaps	Actions	Measure of progress
A consistent shared understanding of the mechanisms for early SEND referral routes with the local area partnership.	<ul style="list-style-type: none"> <li>Embed agreed pathways and train all professionals to ensure this is fully understood across all local area partners.</li> </ul>	<ul style="list-style-type: none"> <li>Increased accuracy of referrals made for SEND support.</li> <li>% reduction in GLD inequalities gap</li> <li>Reduced delays in children and their families in accessing the right support.</li> <li></li> </ul>

	<ul style="list-style-type: none"> <li>• Monitor compliance with, and instances of dispute resolution instances to demonstrate understanding.</li> </ul>	
Accurate data on take up of full early years entitlements for children with SEND	<ul style="list-style-type: none"> <li>• Development of sufficiency data collections to ensure information captures % of children with SEND accessing full early years entitlements.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased take up of the full Early Years entitlement for children with SEND.</li> <li>• % reduction in GLD inequalities gap</li> <li>•</li> </ul>
A shared, consistent understanding of what Ordinary Available Provision means and how this is embedded in practice.	<ul style="list-style-type: none"> <li>• Development of Ordinary Available Provision Document to support the local areas knowledge around inclusive practice and how this is delivered within the local system.</li> </ul>	<ul style="list-style-type: none"> <li>• Improved inclusion practice in settings and schools</li> <li>• Increased take up of the full Early Years entitlement for children with SEND.</li> <li>• OAP strategies are evidenced through individual support plans</li> </ul>

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## 5. Best Start in Life Services – Healthy Babies and Wider Maternal Health

This section outlines Torbay's health provision from the antenatal period to age 2½, including the Healthy Babies programme. It summarises current support across Infant Feeding and Perinatal & Infant Mental Health (PNIMH), describing what is in place and consolidating the gaps, actions and measures of progress. It also provides an overview of the wider maternal health offer that helps give babies the best start in life.

Although these interventions do not directly determine whether a child achieves a GLD, they play a crucial role in shaping the health, relationships and early environments that underpin children's cognitive, social and emotional development, and therefore influence their readiness to learn. The actions in this section focus specifically on Infant Feeding and PNIMH because they address the foundational health and relational conditions that support early child development and create the circumstances in which more children can progress towards achieving a GLD.

Since 2022, Torbay has delivered Infant Feeding and PNIMH, Parent Infant Relationship (PIR) programmes through Family Hubs Start for Life investment, now collectively known as Healthy Babies. These programmes work in partnership to strengthen early relationships, promote infant wellbeing and ensure families receive high-quality support throughout pregnancy and the first 1,001 days. By supporting secure attachment, parental mental health, early nutrition and responsive caregiving, key drivers of child development, the Healthy Babies offer contributes to the foundational conditions that enable more children to move towards achieving a GLD. With three further years of secured funding, Torbay is well-positioned to continue integrating feeding, bonding, emotional wellbeing and early development within a single, coordinated vision.

### Infant feeding

#### *Current situation*

Positive infant feeding experiences help strengthen early bonding and support secure attachment, giving babies a strong emotional foundation from the very beginning. Breast milk provides additional benefits, offering optimal nutrition, supporting immune development and contributing to improved health and developmental outcomes throughout childhood.

Infant feeding support in Torbay is about making sure that every woman feels supported to feed her baby in the way that is right for her, with a strong commitment to prioritising breastfeeding for those who choose it. Many women stop breastfeeding earlier than they had hoped, and one in ten stops before they feel ready, underlining the importance of providing consistent, compassionate support throughout the early weeks and beyond.

In Torbay, breastfeeding rates at six to eight weeks have continued to improve, rising from 39% in 2016/17 to 58% in 2026, bringing local performance broadly in line with the national average.

In 2023, Torbay's Public Health Nurses were awarded the UNICEF Baby Friendly Initiative (BFI) Gold Award, reflecting their sustained commitment to delivering high-quality, compassionate infant feeding support. Action for Children has Level 2 accreditation, working towards level 3 assessment in 2026, demonstrating strong foundations are in place to support families.

### *What's in place*

The infant feeding support system spans maternity services, public health nursing, the community and voluntary sector and the wider community, ensuring families receive coordinated support from pregnancy through the early months of parenthood.

Regarding breastfeeding, antenatal breastfeeding masterclasses are delivered in all Family Hubs and at Torbay and South Devon hospital, through education classes with sessions on breastfeeding and parent infant relationships. These are available both face-to-face and digitally, scheduled at times that suit working families and those with other childcare commitments. In- person- sessions take place in Family Hubs, and feedback from attendees is consistently positive.

Continuity of support is maintained through the One Feed at a Time messaging which provides practical, timely and compassionate support, including access to help around the clock and support delivered in ways that suit each family's circumstances.

Breastfeeding specialist clinics run from all Family Hubs and selected community venues. Appointments can be booked directly or made through referral from health professionals. Drop in sessions are also available for families who prefer flexible, on- the- d-ay support. Both approaches are well publicised and well attended. The support offer includes access to breast pumps, ensuring families who need additional support to establish or maintain breastfeeding can access equipment quickly and with appropriate guidance.

Twenty four- hour- digital and remote breastfeeding support is available through both maternity and health visiting services, promoted across websites, social media and at hospital/midwifery discharge.

A comprehensive peer support programme is in place, offering group -based infant feeding support for new mothers. An enhanced peer support pathway is available for families identified as having additional vulnerabilities, providing proactive contact from immediately after birth through to the New Birth Visit. This programme is based on an evidence informed- model, with outcomes showing that all mothers who started the programme breastfeeding were still feeding at the end of the intervention.

Additionally, all Family Hubs operate a breastfeeding friendly policy and include designated spaces where babies can be fed in privacy and comfort, with support available if required-. These facilities are widely promoted so families know they can access a welcoming place to feed their baby. Breast feeding friendly spaces are also in Paignton and Brixham libraries.

Torbay's breastfeeding friendly business scheme continues to grow, with updated resources for participating organisations and a map locator on the Family Hub website to help families find supportive venues. A promotional video featuring parents and local businesses showcases- the scheme and encourages wider involvement.

Feed and Nurture groups run as rolling programmes across all Family Hubs, offering practical infant feeding and early nurturing support in a welcoming environment. For weaning, No Rush to Mush sessions give parents clear, evidence based- guidance as they move into introducing solids. Community based training through the Nurture Network further extends support by building the skills and confidence of volunteers and practitioners, helping ensure consistent, nurturing- and responsive feeding messages are shared with families across a wider range of community settings.

Regular service monitoring is carried out through digital surveys and ongoing parent feedback. This provides a consistent picture of how families experience the infant feeding offer, with feedback routinely highlighting the responsiveness, compassion and practical value of the support provided.

## Perinatal Infant Mental Health and Parent Infant Relationship

### *Current situation*

National data shows that perinatal mental health difficulties affect around one in five women during pregnancy or in the two years after birth, with up to 27% of new

and expectant mothers experiencing a mental health condition, and 40% of maternal deaths within a year of birth linked to mental health-related causes such as suicide and substance misuse. Fathers are also affected, with up to 1 in 10 experiencing perinatal depression or anxiety, often under-diagnosed. Parental mental health difficulties are known to impact early bonding, interaction and infant development.

Positive parental bonding plays a crucial role in supporting a baby's early emotional development, helping to build secure attachments that lay the foundation for lifelong wellbeing. Strong early relationships are consistently associated with improved cognitive, social and behavioural outcomes for children, demonstrating the powerful impact that nurturing, responsive parenting can have on long-term development.

Torbay's mild to moderate PNIMH programme, led by Public Health Nurses and supported by Action for Children, has developed significantly since receiving Start for Life funding. The programme aims to support families experiencing low to moderate mental health difficulties and parent-infant attachment concerns identified both antenatally and postnatally.

### *What's in place*

The PNIMH offer provides holistic, whole family support delivered in the home, in community settings and, crucially, in the places where families feel most comfortable and where their needs are best met. The focus is on strengthening early relationships, supporting parental emotional wellbeing and promoting positive -parent-infant- interaction.

The Parent and Infant Wellbeing service delivers a broad range of interventions tailored to individual family needs. This work is underpinned by strong connections across health visiting, Family Hubs, early years providers and wider community partners, with ongoing efforts to strengthen alignment with maternity services, voluntary sector organisations and NHS mental health teams.

A core part of the programme focuses on strengthening early relationships and supporting parents to understand and respond to their baby's cues. Baby massage sessions provide guided opportunities for bonding, relaxation and early communication, helping parents develop confidence in soothing, touch and reading their baby's signals.

Newborn Behaviour Observations (NBOs) deepen this understanding further, offering early insights into how babies communicate through movement, behaviour and responses, and supporting parents to develop sensitive, attuned caregiving.

Wellbeing sessions for mothers and fathers provide structured time for parents to focus on their own mental health, explore strategies for managing emotional demands and build peer support networks. These sessions help normalise the challenges of the perinatal period and give parents space to reflect, connect and access early emotional support.

More targeted intervention is available for families where early relational concerns are emerging. Parent–infant relationship support offers focused work to strengthen emotional connection, build secure attachment and help parents feel better equipped to meet their baby's needs. Specialist perinatal mental health and emotional wellbeing interventions are available for parents' experiencing anxiety, low mood or more complex mental health needs, ensuring that timely support is accessible when families require it.

Video Interaction Guidance (VIG) is available to help parents reflect on positive moments of interaction and build confidence in relational skills. Additional evidence informed approaches, such as parenting support for young parents and programmes including Triple P Baby and single- session- interventions, enhance the range of support available across the early months.

From Spring 2026, all families open to a Care Plan, along with targeted young parents, will be routinely offered Newborn Baby Interactions (NBO) and Video Interaction Guidance (VIG) as part of their early support pathway. This will help strengthen early attachment, deepen parents' understanding of their baby's cues and promote secure early relationships at the earliest opportunity.

Support from the Specialist Practitioner for Parent and Infant Mental Health will continue and be strengthened through increased supervision capacity, ensuring that practitioners are confident, well supported and able to deliver safe, evidence informed- relational work with families.

In September 2026, the Leeds Early Attachment Observation (LEAO) tool will be introduced into the 6–8 week review delivered by Health Visitors. This will strengthen early identification of any parent–infant relational concerns by including an observation of the baby's experience. Early recognition will allow for quicker access to support, ensuring families receive the right help at the right time and strengthening pathways into specialist PNIMH and wider early years services.

Workforce development forms an important pillar of the PNIMH offer. Practitioners receive reflective supervision from specialist clinicians, helping them work safely and confidently with families experiencing a range of emotional and relational challenges. Ongoing workforce training, delivered by specialist practitioners within the parent and infant wellbeing team, supports a shared understanding of early

relational health, infant development and perinatal mental health across all agencies. This ensures consistent, evidence informed- practice and strengthens the quality and coherence of the support families receive.

Additional resources such as the Dad Pad app help ensure that fathers have access to practical guidance and emotional support tailored to their needs, further strengthening inclusivity and the whole family- approach.

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## Healthy Babies gaps, actions & impact

**Table 11: Infant feeding gaps, actions and impact**

Gaps	Actions	Impact
<p>Limited engagement with families on barriers to breastfeeding and accessing feeding support, including lower uptake among families from Torbay's most deprived areas, EAL families and young parents.</p>	<ul style="list-style-type: none"> <li>• Co-design and deliver targeted support.</li> <li>• Strengthen accessible and culturally appropriate communication.</li> <li>• Expand delivery by partnering with key community organisations.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased attendance at support sessions from targeted populations.</li> <li>• Increased breastfeeding rates amongst targeted populations.</li> <li>•</li> </ul>
<p>Breastfeeding data across services including maternity, health visiting and action for children is not aligned, with gaps in understanding initiation rates and drop-off rates.</p>	<ul style="list-style-type: none"> <li>• Ensure EPIC reports initiation rates for Torbay specifically.</li> <li>• Develop a shared method for analysing and addressing drop-off patterns.</li> </ul>	<ul style="list-style-type: none"> <li>• Improved accuracy and consistency of data across services.</li> <li>• Better understanding of why and where drop-off occurs.</li> <li>• Increase in breastfeeding rates through earlier and coordinated intervention.</li> </ul>
<p>Antenatal and breastfeeding sessions are not consistently accessible, relevant or tailored to Torbay's most deprived areas, young parents and those with EAL.</p>	<ul style="list-style-type: none"> <li>• Co-design antenatal sessions with representation from targeted groups.</li> <li>• Develop sessions specifically tailored to priority cohorts.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in numbers of targeted populations attending feeding support.</li> <li>• Increased breastfeeding rates amongst targeted populations.</li> </ul>

**Table 12: Perinatal Mental Health and Parent Infant Relationships gaps, actions and impact**

Gaps	Actions	Impact
PNIMH Peer support is under-developed	<ul style="list-style-type: none"> <li>• Co-design a peer support programme with parents, community groups and practitioners.</li> <li>• Develop clear referral pathways from midwifery, health visiting and Family Hubs into peer support.</li> <li>• Sustainably recruit and train volunteers with lived experience to provide safe, structured support.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased number of parents accessing, engaging and benefitting from peer-led emotional support.</li> <li>• Improved early development outcomes for children contributing to GLD attainment.</li> <li>•</li> <li>•</li> </ul>
Young parents are not routinely offered a tailored parent infant relationship or PNMH offer	<ul style="list-style-type: none"> <li>• Co-design and implement dedicated Parent Infant Relationship (PIR) and PNMH support specifically for young parents.</li> <li>• Embed offers within Family Hubs, schools/colleges, and youth-focused settings.</li> <li>• Strengthen referral pathways between maternity, health visiting, early help and youth services</li> </ul>	<ul style="list-style-type: none"> <li>• Increased number of young parents accessing, engaging and benefitting from PIR and PNMH support.</li> <li>• Improved early development outcomes for children of young parents, contributing to GLD attainment.</li> <li>•</li> </ul>
The Healthy Babies PNIMH programme is not yet connected or aligned with the NHS Perinatal Mental Health Team's pathways.	<ul style="list-style-type: none"> <li>• Establish a shared PNIMH pathway between Healthy Babies and the NHS PMIMH team.</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Increased numbers of parents accessing, engaging and benefitting from support.</li> <li>• Improved early development outcomes for children contributing to GLD attainment.</li> </ul>

## Wider maternal and early years health services

Torbay's wider maternal and early years public health interventions provide the foundations that enable children to thrive and move towards a GLD. These interventions sit alongside the Healthy Babies programme and address the broader social and health inequalities shaping the early experiences of Torbay families. By focusing on immunisations, nutrition, oral health, smoke-free homes and targeted support for young parents, the system works to reduce entrenched patterns of disadvantage seen across parts of Torbay, particularly within our most deprived communities, and helps create more equitable starting points for children from birth.

Healthy eating and nutrition programmes play a vital role in supporting early growth, concentration and the ability of Torbay children to engage fully in early learning. With clear links between food insecurity, low income and excess weight in several Torbay communities, initiatives such as NCMP follow up, access to Veg Power programmes and consistent nutrition guidance for early years settings provide practical, accessible support to families. These activities help children develop positive eating habits and support their physical and cognitive development, while offering additional benefits to families living in areas where healthier food choices may be limited.

Vaccination uptake forms an important part of Torbay's wider maternal and early years public health approach, helping protect children from preventable illness and across many Early Years vaccinations, with two reaching the World Health Organisation/UK target of 95% coverage and the majority sitting within the amber range, generally above national averages. While some vaccines, such as the second dose of Measles Mumps & Rubella (MMR) and the DTaP/IPV booster for Diphtheria, Tetanus, Pertussis & Polio at age five, remain below the 90% threshold, local uptake is still higher than the England average, reflecting the impact of coordinated work across public health, immunisation providers and primary care. Targeted action, such as focused MMR campaigns in areas of deprivation, enhanced accuracy of vaccination records, and engagement with Early Years setting helps strengthen vaccine confidence and ensures children are protected early.

Torbay's focus on oral health is also crucial in supporting early development. Local data shows dental decay in young children remains significantly higher than national and regional averages, highlighting the need for preventative action across the Bay. The expansion of supervised toothbrushing into Torbay's schools and nurseries, early prevention through First Dental Steps and targeted oral health education delivered in local settings all help children avoid dental pain and disrupted sleep, issues that can affect behaviour, communication and school readiness. These interventions are particularly important for Torbay's most disadvantaged areas, where dental decay is most concentrated.

Tobacco dependency support further contributes to healthier early development in Torbay by reducing the risks associated with smoking during pregnancy and in early childhood. While Torbay has successfully brought smoking at time of delivery closer to the England average, early pregnancy smoking remains a challenge locally, especially within communities experiencing higher deprivation. Torbay's tobacco support system, including Baby Clear, Carbon Monoxide (CO) testing, and the national pregnancy incentive scheme, helps reduce exposure to tobacco smoke and supports healthier pregnancies, improved birth outcomes and safer home environments for infants.

Support for teenage and young parents addresses another inequality within Torbay. Teenage conception rates remain higher than national averages in key wards, and the impact on young parents and their children is reflected in poorer infant health, higher smoking rates, lower breastfeeding rates and greater socioeconomic instability. Torbay's targeted interventions, from housing support and safeguarding pathways to sexual health provision and youth focused relationships education, aim to reduce these risks and provide young parents with the stability, confidence and practical support needed to nurture their children. This has direct benefits for early attachment, parental wellbeing and children's developmental outcomes.

## 6. Best Start in Life - System enablers

This section outlines the system enablers that underpin the child development system, focusing on the Best Start Family Hubs network, the workforce and its capacity to deliver the ways in which families are involved in decision making- and share their views on child development. It identifies key gaps across each area, setting out priority actions, and describing the impact these actions are expected to achieve. It concludes with the governance arrangements that ensure accountability, and the financial and funding structures that support delivery.

### Best Start Family Hubs

#### *Current situation*

In 2022, Torbay was awarded Department for Education funding to establish and develop Family Hubs, becoming one of only seventy-four Local Authorities selected nationally. This investment has enabled Torbay to transform the way families access support, strengthening the ability to deliver targeted support to those who need it most. By bringing key services under one umbrella and ensuring shared ways of working, the hubs provide a central point for infant feeding support, parenting programmes, early language development, family relationships, mental health and wider wellbeing.

Torbay's Family Hubs model places an emphasis on accessibility, offering both face-to-face and digital support, flexible drop- in sessions and a welcoming environment where families can access information, advice and specialist help. This integrated model supports Early Help, strengthening prevention, improving continuity of care- and ensuring families receive the right support at the right time.

#### *What's in place*

Torbay has three Family Hubs, one located in each of the three towns that make up the area: Torquay, Paignton and Brixham. The Family Hubs have enabled Torbay to develop an early child development offer that is not only geographically well distributed but also strongly integrated across workforces. Services that once operated separately now work together around families, creating smooth pathways and more consistent support from pregnancy through early childhood.

A key strength of Torbay's model is the co-location of services within the Hubs. Midwives, Health Visitors, Early Years teams, Early Help, Public Health Practitioners, Speech and Language Therapists and voluntary sector partners are all based on site with surgeries delivering support around cost-of-living including housing and benefits. As a result, families experience a joined up and coordinated offer rather than multiple disconnected contacts, with clearer communication, quicker referrals and a more holistic approach- to meeting their needs.

A blend of child development face-to-face, in- home, remote and digital support is offered so that families can access services in a way that works best for them. This flexibility helps ensure that families with different circumstances, preferences or barriers can still receive timely and appropriate help-.

A peripatetic offer is also being developed to extend child development support into the wider community. This includes taking services into places where families spend their time, such as libraries, primary schools and Early Years settings. Strengthening these links will help broaden the reach and make support visible and accessible beyond the main Hub sites.

Referral pathways across the system are strong and increasingly integrated. Simple, clear referral and booking processes, both digital and in person, allow families and professionals to navigate support easily and ensure no one falls between services.

Torbay has invested in establishing a collaborative and trustworthy offer for families. Feedback often reflects that families do not distinguish between organisations but instead see the workforce as a single, unified team. This culture has been developed through strong working relationships, open dialogue and shared values across teams, helping ensure that families receive a seamless and supportive experience at every point of contact.

## Workforce capacity and capabilities

### Current situation

Torbay's early years and Family Hubs workforce is broad, skilled and multi-disciplinary. It encompasses professionals working across health, early education, family support, community development and specialist early years roles. It includes practitioners delivering universal services, targeted early help, and specialist interventions, supported by roles focused on coordination, quality assurance, workforce development and operational management. Working across settings and in people's homes, the workforce ensures families receive timely, consistent and relational support.

A significant proportion of the workforce delivers direct, face-to-face support with families, including practitioners focused on early years development, family support, community outreach and system navigation. These roles are complemented by those providing business, administrative and operational support, which are essential to maintaining service continuity and ensuring the system functions efficiently.

### *What we have in place*

The integrated workforce is a core strength of the local system, enabling coordinated support across maternity, health visiting, early years education, community venues, and targeted family support pathways.

Specialist expertise strengthens the universal and targeted offer. The workforce includes specialist practitioners with advanced skills in areas such as infant feeding, perinatal and infant mental health, emotional wellbeing, parenting support, early communication and language development, and child development. These roles help ensure evidence-informed practice is embedded across Torbay's Family Hubs and Early Years system.

Workforce capacity has been enhanced through investment in roles such as practice leads, early development specialists, community-based family practitioners, and navigators who support families to engage with services. These roles help extend reach, particularly for families who may face barriers to accessing more formal services.

Collaboration is a key feature of the workforce model. Cross-sector communication, joint planning forums, shared learning opportunities and aligned service approaches support consistent messaging and coordinated support for families. These structures enable practitioners from different organisations to work together with shared purpose and accountability.

Training and workforce development are supported through a blend of in-house expertise, specialist practitioners, peer learning networks and external training partners. The local offer includes programmes such as Chat, Play, Read, Nurture Network, infant feeding training, and structured development pathways across the Early Years workforce.

## **Family involvement**

### *Current situation*

Family involvement is an established and valued part of Torbay's early years system. Families regularly share their views through a mix of digital, in person and thematic engagement, and these insights increasingly shape how Family Hub services are delivered. Parents are becoming more confident in taking part in discussions about support, contributing to local learning, and participating in community-led activity. The workforce is experienced in building relationships with families, helping ensure that lived experience is recognised as an essential driver of Best Start in Life improvement.

### *What's in place*

Torbay has a structured and varied approach to gathering insight and feedback from families, with multiple mechanisms designed to capture feedback across different points in a family's journey. A quarterly thematic cycle guides deeper engagement on priority topics such as the home learning environment, infant feeding, parenting and emotional wellbeing. Additional ad hoc insight is gathered on inclusivity, child development, safety and the day-to-day- experience of using Family Hubs.

A wide range of tools support this activity. Social media, QR codes, digital surveys and brief questions through the Family Hub sign in- app enable families to provide quick feedback. Chromebooks and mobile devices help staff collect digital feedback directly in community venues, reducing barriers for families who may not have reliable access to technology at home.

The family involvement model is strengthened by trusted relationships. Practitioners, community champions and parent connectors engage families and support conversations with those who may be less likely to participate in formal feedback processes.

Parents are also taking more active roles within Family Hubs. Peer led groups and parent- initiated- activities, such as loneliness support groups and informal peer networks are also becoming more common and contribute to a strong sense of shared ownership. Torbay also gathers insight through learning partnerships and research activity, including work on relationships, wellbeing and financial resilience, and through regional maternity and neonatal networks.

## **Monitoring, evaluation and learning**

### *Current situation*

Part of the success of Torbay's Family Hubs programme can be attributed to the improvements made in data sharing across the local system. Stronger collaboration between services has enabled timelier and more coordinated support for families, while also reducing duplication. Clear data sharing arrangements set out defined roles and responsibilities from the outset, ensuring that each partner understands their function within the wider system and that information is handled safely and consistently.

As collaboration across the Early Years system has strengthened, shared data is increasingly used to inform strategic planning, helping services identify what is working well, where gaps exist, and how different communities across Torbay experience early years support.

### *What's in place*

Torbay has a system in place to ensure all BSiL services have a mechanism to gather parent carer feedback with sign in- data, surveys and participation tracking helping to measure service reach and effectiveness.

Early education data, such as attendance patterns, speech and language information and participation in early learning activities adds insight into children's progress. Feedback and outcomes from parents and carers are collected before and after interventions, supported by parent panels, group discussions and tailored feedback tools mapped to recognised outcomes frameworks.

Contact information is updated regularly to ensure effective communication with families. Families are registered at their first point of contact with the Family Hub, either in person, online or via outreach. Each service interaction is recorded through the sign in system and shared across eStart and Public Health Nursing systems.

A comprehensive system is in place to draw data together from different IT and case management- systems, allowing information from multiple early years services to be viewed and interpreted as a cohesive picture.

A wide range of early years data is routinely collected to provide a clear picture of communities and service use. Demographic information is collected consistently, including age, gender, ethnicity, household composition, socio-economic indicators and languages spoken at home. In addition, service access, health and development data, early education participation and parent carer feedback are all collected and monitored.

Health Visitor mandated contacts from pregnancy to the 2.3-year review provide reliable touchpoints for understanding family circumstances and emerging needs. Health and development data includes ASQ-3. Early Language Identification Measure (ELIM) results, and referrals to specialist services.

Data is collected by service leads across commissioned services and the Local Authority, submitted and quality assured- by Business Intelligence before final sign-off by senior leaders. A repeatable quarterly reporting cycle is embedded within a Corporate Reporting Framework.

The move to the single 'EPIC' case management system from April 2026 will support more consistent case recording and provide practitioners with a unified view of each family's journey.

## System enablers gaps, actions & impact

**Table 13: Best Start Family Hubs gaps, actions & impact**

Gaps	Actions	Impact
<p>Families who do not routinely access Best Start Family Hub services including families from Torbay's most deprived areas, young parents and families with EAL.</p>	<ul style="list-style-type: none"> <li>• Codesign targeted outreach using cultural, linguistic and community I-ed insights.</li> <li>• Targeted outreach to connects families to EYFS aligned- developmental support including Chat, Play, Read, Numbers, Fine and Gross Motor Skills.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in the % of families accessing early support.</li> <li>• Increase in the number of families and children engaged in and successfully completing programmes.</li> <li>• Increased GLD attainment.</li> <li>• Reduction in GLD inequalities.</li> </ul>
<p>The current 'spoke' offer is under-developed, limiting access through community settings.</p>	<ul style="list-style-type: none"> <li>• Expand spoke delivery by increasing provision in libraries, primary schools, Early Years settings, community centres, and voluntary sector- venues.</li> <li>• Embed early development EBIs into the spoke offer.</li> </ul>	<ul style="list-style-type: none"> <li>• More families accessing early development support closer to home.</li> <li>• Increase in the number of families and children engaged in and successfully completing programmes.</li> <li>• Increased GLD attainment.</li> <li>• Reduction in GLD inequalities.</li> </ul>

**Table 14: Workforce capacity and capabilities gaps, actions and impact**

Gaps	Actions	Impact
Current workforce is not fully aligned to delivering EBIs to meet the GLD targets	<ul style="list-style-type: none"> <li>Strengthen the Community Champion and Parent Connector roles to support the government approved HLE and Parenting EBIs.</li> <li>Embed child development aligned messages at all universal and targeted contacts.</li> </ul>	<ul style="list-style-type: none"> <li>Increase in the number of families and children engaged in and successfully completing EBIs.</li> <li>Increased GLD attainment.</li> <li>Reduction in GLD inequalities.</li> </ul>
Workforce training for government approved EBIs supporting child development is inconsistent	<ul style="list-style-type: none"> <li>Develop a workforce training offer for government approved EBIs.</li> </ul>	<ul style="list-style-type: none"> <li>Increase in the number of staff trained in delivering EBIs.</li> <li>Increase in the number of families and children engaged in and successfully completing EBIs.</li> <li>Increased GLD attainment.</li> <li>Reduction in GLD inequalities.</li> </ul>

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<b>Table 15: Family involvement gaps, actions and impact</b>		
<b>Gaps</b>	<b>Actions</b>	<b>Impact</b>
Priority families are under-represented on parent carer panels.	<ul style="list-style-type: none"> <li>Actively recruit parent carers from priority cohorts.</li> </ul>	<ul style="list-style-type: none"> <li>Increased representation of families in parent carer panels from priority cohorts.</li> <li>Broader range of lived experience influencing child development support pathway</li> <li>Improved early years decision making- that reflects diverse needs, supporting progress toward GLD.</li> </ul>
Co-production of services does not fully involve the groups least represented in services including families from Torbay's most deprived areas, families with EAL and young parents.	<ul style="list-style-type: none"> <li>Increase involvement of priority cohorts through Community Champions and Parent Connectors.</li> <li>Develop flexible, accessible co-production activities that fit families' needs.</li> </ul>	<ul style="list-style-type: none"> <li>Increase in the number of co-produced provisions, specifically from priority cohorts.</li> <li>Services are better aligned with the needs of diverse families, improving engagement in early learning activities that support GLD.</li> </ul>
Parent-led quality assurance is underdeveloped.	<ul style="list-style-type: none"> <li>Develop and implement a parent led- quality assurance model.</li> <li>Embed findings into continuous improvement cycles.</li> </ul>	<ul style="list-style-type: none"> <li>Increase in the number of parent led- quality assurance activities.</li> <li>Stronger, real time- insight into family experience across Family Hub services.</li> <li>Improved quality, responsiveness and equity of early years services, strengthening conditions for early development and GLD outcomes.</li> </ul>

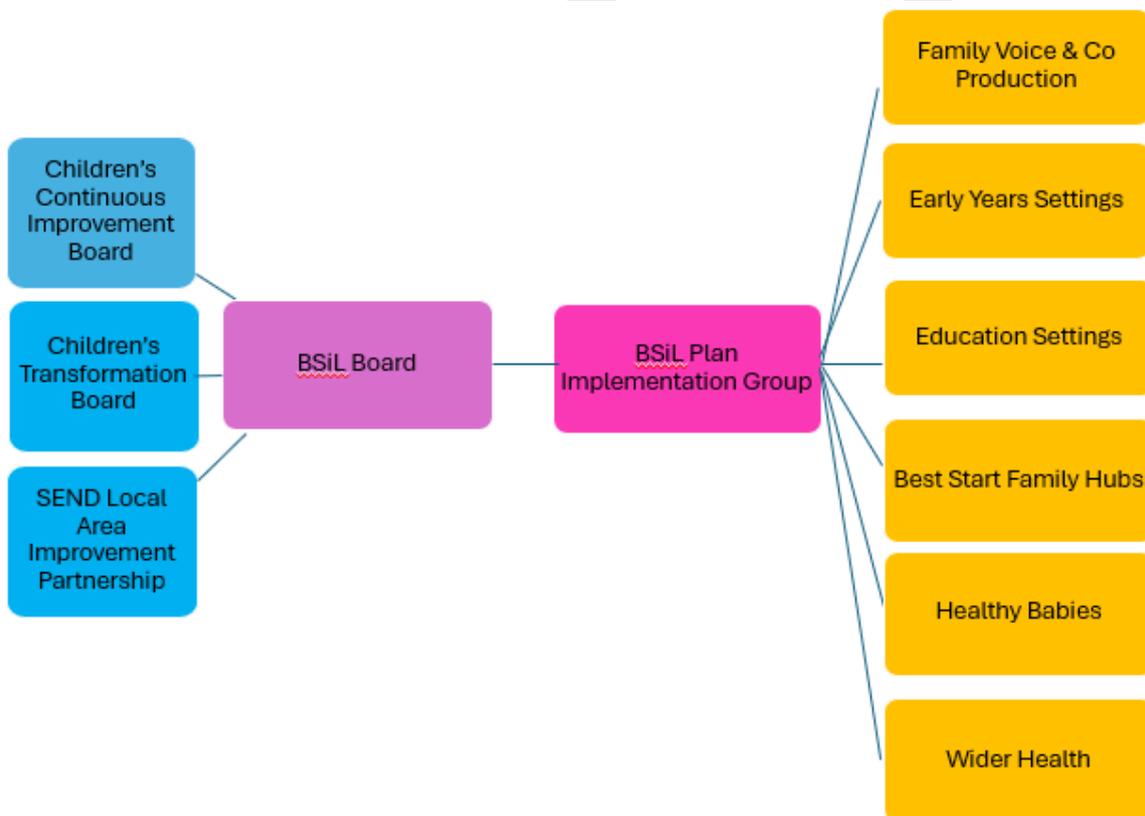
<b>Table 16: Data, monitoring and learning gaps, actions and impact</b>		
<b>Gaps</b>	<b>Actions</b>	<b>Impact</b>
Limited analytical capacity restricts the ability to turn data into actionable insight.	<ul style="list-style-type: none"> <li>• Build analytical capacity across teams to translate insight into early intervention.</li> <li>• Develop an integrated early years Power BI dashboard to support real time- analysis.</li> </ul>	<ul style="list-style-type: none"> <li>• Improved ability to identify trends, inequalities and emerging needs.</li> <li>• Increase in the number of families accessing support earlier, strengthening pathways towards GLD.</li> <li>• Increased GLD attainment.</li> <li>• Reduction in GLD inequalities.</li> </ul>
Multiple digital systems require manual collation, limiting efficiency.	<ul style="list-style-type: none"> <li>• Implement EPIC and create a shared early years data model for automated flows.</li> <li>• Align digital systems to track developmental progress, service use and outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>• More reliable and consistent data across partners.</li> <li>• Improved real-time monitoring of early years activity.</li> <li>• Improved ability to intervene early where children may fall behind GLD domains.</li> <li>• Increased GLD attainment.</li> <li>• Reduction in GLD inequalities.</li> </ul>
Parent feedback is collected but not consistently acted on.	<ul style="list-style-type: none"> <li>• Embed routine feedback loops across all workstreams.</li> <li>• Use insight to refine early development messaging, access routes and service design and delivery.</li> </ul>	<ul style="list-style-type: none"> <li>• Clearer demonstration of how parent voice shapes decisions and services.</li> <li>• Increased trust and engagement from families.</li> <li>• More responsive services tailored to family-identified priorities.</li> </ul>

## Accountability and governance

Torbay's governance structure provides a strong foundation for oversight and accountability, ensuring that work to improve outcomes for children and families is well coordinated and aligned across the system. A Best Start in Life (BSiL) Board has been operational since October 2026 and provides strategic leadership for the programme, supporting collective progress towards achieving Torbay's targeted GLD outcomes.

The governance arrangements promote multiagency ownership, shared responsibility and system-wide improvement. They also ensure that evidence, insight and lived experience shape decision making and that services remain focused on delivering high quality, equitable support across the early years system. Figure 6 illustrates how governance is organised across Torbay's Best Start in Life programme.

Figure 6: Torbay's Best Start in Life Governance Structure



## Funding

The available resources, including the Best Start in Life and Healthy Babies grants, the Public Health Ringfenced Grant, and Local Authority resource are being aligned to support the effective delivery of the BSiL Plan.

Best Start funding will be prioritised to support the delivery of EBIs for 3- and 4-year-olds, increasing reach among priority cohorts, addressing inequalities in GLD attainment, and contributing to overall improvements in GLD outcomes.

Best Start Family Hubs and Healthy Babies funding will be distributed between 2026 and 2029 in line with Department for Education allocation guidance and the percentage breakdown outlined in Table Three.

Table 17: Best Start Family Hubs and Healthy Babies grant allocation

Strand	%	How resource will be spent
Best Start Family Hubs delivery grant - programme	25%	Supporting strategic oversight and strengthening family involvement to ensure services remain on track and are equipped to contribute towards meeting GLD targets.
Best Start Family Hubs delivery grant - capital	6%	Maintaining and enhancing Family Hubs and spoke sites so they offer a welcoming, accessible environment for families.
Parenting support	12%	Increasing and expanding delivery of EBIs that equip parents and caregivers with the skills, knowledge and confidence to positively influence their child's development at ages 3 and 4, supporting readiness for school.
Home Learning Environment Support	10%	Increasing and expanding HLE-focused EBIs to help parents and carers use practical strategies and activities that strengthen the quality of learning interactions in the home.
Perinatal Mental Health and Parent Infant Relationships	29%	Continuing to provide tailored and targeted support for families including partners and co-parents on mild to- -moderate perinatal mental health needs and parent–infant relationship support, contributing to early development and positive GLD outcomes.
Infant Feeding support	17%	Continuing to offer tailored and targeted breastfeeding and infant feeding support, enabling families to make informed feeding choices while optimising breastfeeding, strengthening early attachment and supporting child development towards GLD.
Healthy Babies offers and Parent Carer Panels	2%	Promoting the Healthy Babies offer widely and expanding the Parent Carer Panel approach to ensure representation from priority cohorts.

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# The Plan for Torbay

Agenda Item 8  
Appendix 2

Page 105



**BEST  
START  
IN LIFE**

# Contents

1. Vision and Approach
2. Early Child Development: Targets, Tracking and Current Position
3. Case for Action: Demographics, existing services, key strengths and gaps
4. Best Start in Life Services – Early Child Development: HLE, Parenting, Early Childhood Education and Care, Transition to School, SEND
5. Best Start in Life Services – Healthy Babies and Wider Maternal Health: Infant Feeding, Perinatal Infant Mental Health, wider maternal health
6. 6. Best Start in Life - System enablers: Family Hubs, Family Involvement, Workforce and Capacity, Data, Evaluation and Learning, Governance, Finance



**BEST  
START  
IN LIFE**

# 1. Vision and Approach



## Vision and approach

Our vision is that every child in Torbay has the best possible start in life, where they can grow up safe, happy, healthy, learning well, and connected to a strong community.

Page 157  
Together with families and partners across all sectors, we are committed to closing gaps in early development and ensuring that more children are ready for school and confident to learn. We will achieve this by delivering joined up, preventative, and relationship-based support from pregnancy to age five.

By understanding where the gaps are, we will remove barriers, strengthen early identification of need, and offer support to families at the earliest opportunity, including those who feel un-heard and underrepresented. Together, we will create the conditions where every child can thrive, develop with confidence, and be ready for school and lifelong learning.

# 2. Early Child Development: Targets, Tracking and Current Position

Table 1: Torbay's GLD Targets 2024 - 2028

Year	All Children reaching GLD		FSM Children reaching GLD target	
	Percentage	Number	Percentage	Number
2024/2025*	68.5%	749	50.7%	109
2025/2026	71%	776	55%	118
2026/2027	74%	809	58%	125
2027/2028	78%	850	62%	132

\* 2024/2025 figures represent actual performance, not targets

Table two: Projected number of Torbay children not expected to achieve a GLD by the end of EYFS.

Year	No of children not expected to reach a GLD based on current achievement rate of 68.5%	No of children not expected to reach a GLD based Torbay met the yearly set targets
2025/2026	330	304
2026/2027	320	264
2027/2028	307	216

# Current Position

- Figure one: Percentage of pupils reaching each early learning goal (ELG) in Torbay compared with national averages for the 2024 to 2025 academic year

Page 109

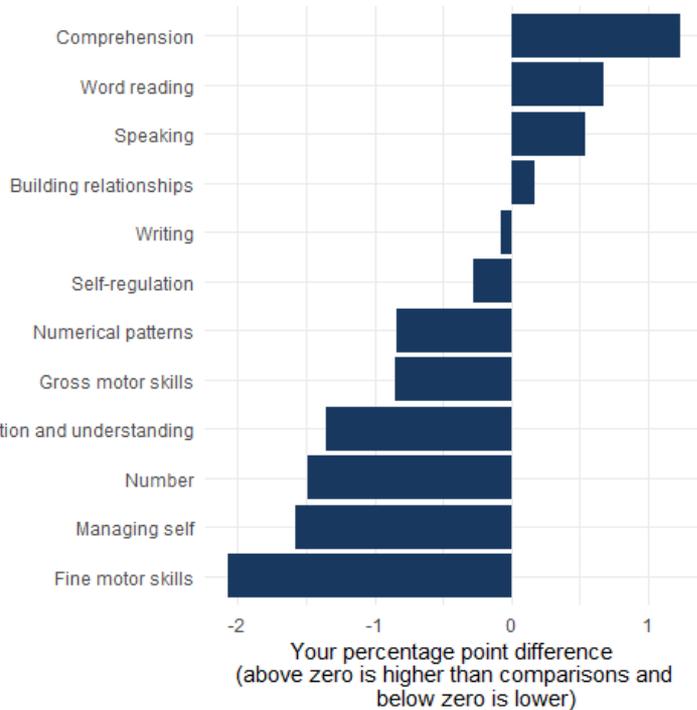


Table three: ASQ-3 data for Torbay and England 2024 - 2025

Year 2024/2025	All Children reaching ASQ-3		
Development Area	Torbay % at or above expected level	England %	Difference (Torbay Vs England)
Overall (all five areas)	70.7%	81.4%	-10.7 pp
Communication	82.9%	87.5%	-4.6 pp
Gross Motor	86.8%	93.6%	-6.8 pp
Fine Motor	84.6%	93.7%	-9.1 pp
Problem-Solving	87.9%	93.0%	-5.1 pp

Table four: Tracking mechanisms for children at risk of not achieving GLD



Stage of tracking	What data is used	Who holds the data	How data is collected, collated and analysed
Early Identification (Ages 0-4)	<ul style="list-style-type: none"> <li>• <u>1 and 2.3 year</u> Health Visitor development reviews:                             <ul style="list-style-type: none"> <li>◦ Ages and Stages Questionnaires (ASQ) assessing across 5 domains</li> <li>◦ Early Language Identification Measure (ELIM).</li> </ul> </li> <li>• Section 23 Notifications</li> <li>• English as Additional Language (EAL)</li> <li>• Areas of Deprivations</li> <li>• Boys</li> <li>• Summer-born babies</li> </ul>	<ul style="list-style-type: none"> <li>• Public Health Nursing teams</li> <li>• Early Years settings</li> <li>• Local Authority</li> <li>• Family Hubs</li> </ul>	<ul style="list-style-type: none"> <li>• Shared from Public Health Nursing into Early Years Panels.</li> <li>• LA collates ASQ, ELIM, S23 and vulnerability indicators</li> <li>• Analysed to spot children at risk of not achieving GLD.</li> <li>• Multi-agency use via a shared dashboard and reporting to the <u>BSIL</u> Board and operational workstreams.</li> </ul>

Pre-school	<ul style="list-style-type: none"> <li>• Free School Meals (FSM),</li> <li>• EAL</li> <li>• Section 23 Notifications</li> <li>• Children from areas of deprivation</li> <li>• Boys</li> <li>• Summer born babies</li> <li>• Children performing below expected from observations</li> </ul>	<ul style="list-style-type: none"> <li>• Nurseries/childminders</li> <li>• Local Authority</li> <li>• Family Hubs</li> <li>• Public Health Nurses</li> <li>• Early Help</li> </ul>	<ul style="list-style-type: none"> <li>• Providers submit assessment and vulnerability data to the LA termly.</li> <li>• LA combines FSM, EAL, S23 and observation data with ward-level deprivation and population profiles to identify localities with higher risk.</li> <li>• Multi-agency review via shared dashboard and Early Years Panels.</li> </ul>
Reception Baseline & In-year EYFS Checks	<ul style="list-style-type: none"> <li>• Baseline assessments</li> <li>• Ongoing EYFS observations</li> <li>• FSM</li> <li>• EAL</li> <li>• Children from areas of deprivation</li> </ul>	<ul style="list-style-type: none"> <li>• Schools</li> </ul>	<ul style="list-style-type: none"> <li>• Schools submit baseline and ongoing EYFS data to the LA Early Years team.</li> <li>• Data analysed at school level to identify children off-track for GLD and monitor in-year progress.</li> <li>• Shared across services through the LA dashboard and EYFS forums.</li> </ul>
End-of-Year EYFS Profile (EYFSP)	<ul style="list-style-type: none"> <li>• Formal assessment across Early Learning Goals (ELGs)</li> </ul>	<ul style="list-style-type: none"> <li>• Schools</li> <li>• LA</li> <li>• DfE</li> </ul>	<ul style="list-style-type: none"> <li>• Statutory EYFS returns submitted by schools, collated by LA and DfE.</li> <li>• GLD and ELG-level gaps analysed to inform targeted support.</li> <li>• Reported through LA dashboards and the Early Years Board for system-wide action.</li> </ul>



**Table six: Home Learning Environment gaps, actions and impact**

Gaps	Actions	Impact
<p>Children identified early as being at risk of not achieving a GLD are not consistently accessing timely and targeted support, particularly in the developmental areas where Torbay underperforms most (see figure one)</p>	<ul style="list-style-type: none"> <li>• Use integrated data to identify which children are least likely to achieve ASQ-3 milestones, and in which developmental areas, and provide targeted support from the one-year development review onwards.</li> <li>• Strengthen targeted outreach pathways from the 2–2½ year ASQ3 review so that children identified as “at risk” receive automatic, proactive offers into evidence-based interventions.</li> <li>• Use data (ASQ3, EYFS profiles, HLE markers, ward-level insights) to identify communities, settings and cohorts most at risk.</li> <li>• Target Home Learning Environment (HLE) programmes and outreach to families most likely to benefit, including FSM, children with EAL, boys, and summer-born children.</li> <li>• Delivering evidence-based support by working with all Early Years providers to focus support on the ELGs most associated with GLD underperformance (e.g., communication &amp; language; PSED; early maths; fine motor skills).</li> <li>• Strengthen consistent follow-up and monitoring for children who do not engage in early support offers.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased engagement in GLD support from families identified as “at risk” at 2–2½ years, with a higher proportion accessing targeted intervention before age 3.</li> <li>• Increased GLD attainment, especially among those identified as “at risk” at 2–2½ years.</li> <li>• Improved developmental progress at ages 3–4, particularly in ELGs linked to GLD gaps:             <ul style="list-style-type: none"> <li>○ Listening &amp; Attention</li> <li>○ Self-Regulation</li> <li>○ Fine Motor</li> </ul> </li> <li>• Numbers and number patterns</li> <li>• Reduction in GLD inequalities by narrowing gaps for:             <ul style="list-style-type: none"> <li>○ Children in receipt of FSM children,</li> </ul> </li> </ul>



	<ul style="list-style-type: none"> <li>• Strengthen the Section 23 Notification Process, across partners, to ensure early identification of need and appropriate support is in place.</li> </ul>	<ul style="list-style-type: none"> <li>○ Children with EAL, boys, and</li> <li>○ Summer-born children.</li> </ul>
<p>Offers not consistently developed to meet families' need in relation to access and delivery</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 112</p>	<ul style="list-style-type: none"> <li>• Development of consistent cross- organisation 'parent voice' systems to inform service provision.</li> <li>• Coproduction with families to best meet needs.</li> <li>• Development of a localised Chat, Play, Read Campaign, co-produced with families, that encompasses messages based on local need.</li> <li>• Development of a localised early maths campaign, co-produced with families, that encompasses messages based on local need.</li> <li>• Developing culturally and linguistically accessible support for EAL families.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in the % of families accessing early support</li> <li>• Increased GLD attainment, especially among those identified as "at risk" at 2-2½ years.</li> <li>• Improved developmental progress at ages 3-4, particularly in ELGs linked to GLD gaps: <ul style="list-style-type: none"> <li>○ Listening &amp; Attention</li> <li>○ Self-Regulation</li> <li>○ Fine Motor</li> <li>○ Numbers and number patterns</li> </ul> </li> <li>• Reduction in GLD inequalities by narrowing gaps for: <ul style="list-style-type: none"> <li>○ Children in receipt of FSM children,</li> <li>○ Children with EAL, boys, and</li> <li>○ Summer-born children.</li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>• Increase in the % of families reporting that they understand the key messages associated with Chat, Play, Read</li> <li>• Increase in the % of families reporting that they understand the key messages associated numbers and numerical patterns</li> </ul>
<p>Insufficient capacity to deliver evidence-based interventions</p> <p>Page 113</p>	<ul style="list-style-type: none"> <li>• Development of numbers of practitioners trained to deliver PEEP and HLE interventions.</li> <li>• Expansion of Evidenced Based Interventions into community venues and early years settings</li> <li>• Expansion of the Chat, Play, Read programme.</li> <li>• Expansion of the Early Maths programme.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in the number of families and children engaged in and successfully completing each programme.</li> <li>• Increased GLD attainment, especially among those identified as "at risk" at 2–2½ years.</li> <li>• Improved developmental progress at ages 3–4, particularly in ELGs linked to GLD gaps:             <ul style="list-style-type: none"> <li>○ Listening &amp; Attention</li> <li>○ Self-Regulation</li> <li>○ Fine Motor</li> <li>○ Numbers and number patterns</li> </ul> </li> </ul>
		<ul style="list-style-type: none"> <li>• Reduction in GLD inequalities by narrowing gaps for:             <ul style="list-style-type: none"> <li>○ Children in receipt of FSM children,</li> <li>○ Children with EAL, boys, and</li> <li>○ Summer-born children.</li> </ul> </li> </ul>

**Table seven: Parenting gaps, actions and impact**

Gaps	Actions	Impact
<p>Parents of 3–4-year-olds who would benefit most from early support are not consistently being targeted.</p>	<ul style="list-style-type: none"> <li>• Develop a pathway using data (ASQ3, EYFS profiles, HLE markers, ward- -level insights) to identify communities, settings and cohorts most at risk.</li> <li>• Target Parenting EBIs and outreach to families most likely to benefit, including FSM, children with EAL, boys, and summer -born children.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in the % of families accessing early support</li> <li>• Increase in the number of families and children engaged in and successfully completing each programme.</li> <li>• Increased GLD attainment, especially among those identified as “at risk” at 2–2½ years.</li> <li>• Improved developmental progress at ages 3–4, particularly in ELGs linked to GLD gaps:               <ul style="list-style-type: none"> <li>○ Listening &amp; Attention</li> <li>○ Self-Regulation</li> <li>○ Fine Motor</li> <li>○ Numbers and number patterns</li> </ul> </li> <li>• Reduction in GLD inequalities by narrowing gaps for:               <ul style="list-style-type: none"> <li>○ Children in receipt of FSM children,</li> <li>○ Children with EAL,</li> <li>○ Boys, and</li> <li>○ Summer-born children.</li> </ul> </li> </ul>
<p>Parenting support is not yet fully aligned with the Early Years Pathway or the Home Learning Environment (HLE) offer.</p>	<ul style="list-style-type: none"> <li>• Integrate parenting support into the Early Years Pathway</li> <li>• Establish shared referral and triage process that links HLE activities, Family Hubs, Public Health Nursing</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in the % of families accessing early support</li> <li>• Increase in the number of families and children engaged in and successfully completing each programme.</li> </ul>

	<p>with parenting programmes, ensuring any child flagged for HLE support triggers a parenting offer.</p> <ul style="list-style-type: none"> <li>• Align Health Visitors, Early Years Practitioners, Family Hub teams and Parent Connectors so they provide consistent guidance on parenting and HLE together, reinforcing the same key early development messages.</li> <li>• Introduce shared tracking to identify families receiving HLE support but not currently linked to parenting interventions, enabling targeted follow-up.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased GLD attainment, especially among those identified as “at risk” at 2–2½ years.</li> <li>• Improved developmental progress at ages 3–4, particularly in ELGs linked to GLD gaps:             <ul style="list-style-type: none"> <li>○ Listening &amp; Attention</li> <li>○ Self-Regulation</li> <li>○ Fine Motor</li> <li>○ Numbers and number patterns</li> </ul> </li> <li>• Reduction in GLD inequalities by narrowing gaps for:             <ul style="list-style-type: none"> <li>○ Children in receipt of FSM children,</li> <li>○ Children with EAL,</li> <li>○ Boys, and</li> <li>○ Summer-born children.</li> </ul> </li> </ul>
<p>Insufficient capacity to deliver evidence-based interventions</p>	<ul style="list-style-type: none"> <li>• Development of numbers of practitioners trained to deliver Parenting EBIs</li> <li>• Expansion of Evidenced Based Interventions into community venues and early years settings</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in the number of families and children engaged in and successfully completing each programme.</li> <li>• Increased GLD attainment, especially among those identified as “at risk” at 2–2½ years.</li> <li>• Improved developmental progress at ages 3–4, particularly in ELGs linked to GLD gaps:             <ul style="list-style-type: none"> <li>○ Listening &amp; Attention</li> <li>○ Self-Regulation</li> </ul> </li> </ul>
		<ul style="list-style-type: none"> <li>○ Fine Motor</li> <li>○ Numbers and number patterns</li> <li>• Reduction in GLD inequalities by narrowing gaps for:             <ul style="list-style-type: none"> <li>○ Children in receipt of FSM children,</li> <li>○ Children with EAL, boys, and</li> </ul> </li> <li>• Summer-born children.</li> </ul>

**Table eight: ECEC access and quality gaps, actions and impact**

Gaps	Actions	Impact
Parental engagement in local sufficiency planning.	<ul style="list-style-type: none"> <li>• Co-produce parental engagement mechanisms to support local knowledge of how parents choose and access childcare</li> </ul>	<ul style="list-style-type: none"> <li>• Increased take up of Early Years funded places:               <ul style="list-style-type: none"> <li>○ Targeted Funded <u>2 Year olds</u></li> <li>○ EYPP</li> <li>○ Universal 3&amp;4 Year Funding</li> </ul> </li> <li>• Increased access to high quality early years provision</li> </ul>
Insufficient real-time understanding of childcare place availability-.	<ul style="list-style-type: none"> <li>• Move to more frequent sufficiency reporting.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased take up of Early Years funded places:               <ul style="list-style-type: none"> <li>○ Targeted Funded <u>2 Year olds</u></li> <li>○ EYPP</li> <li>○ Universal 3&amp;4 Year Funding</li> </ul> </li> <li>• Increased access to high quality early years provision</li> </ul>
Limited local area data available on the attainment	<ul style="list-style-type: none"> <li>• Development a localised data collection model that improves the</li> </ul>	<ul style="list-style-type: none"> <li>• Progress of children's GLD attainment between the ages of 2.3 and 4 years of age.</li> </ul>
and progress of children after their ASQ 2.3 and prior to their Early Years Foundation Stage Profile Assessment	<p>understanding of children's progress towards GLD between 2.3 years and 4 years of age</p> <ul style="list-style-type: none"> <li>• Targeted support for those in greatest need for support.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in the number of children achieving a GLD.</li> </ul>

**Table nine: Transition to school gaps, actions and impact**

Gaps	Actions	Impact
No shared local understanding of school readiness: <ul style="list-style-type: none"> <li>• for families</li> <li>• for Professional</li> <li>• for Early Years Providers</li> <li>• for Schools</li> </ul>	<ul style="list-style-type: none"> <li>• Co-produce and communicate a shared understanding of School Readiness across Torbay.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in the % of children at achieving age related expectations.</li> </ul>
There is not a single standardised transition process embedded across all Early Years providers and schools	<ul style="list-style-type: none"> <li>• Co-produce a localised and consistent Transition Process that meets the needs of children, families, early years settings and schools.</li> <li>• Targeted support for identified groups</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in the number of providers using the Transition Process</li> <li>• Increase in the % of children at achieving age related expectations.</li> </ul>
A local model for moderation of EYF Assessment judgements	<ul style="list-style-type: none"> <li>• Develop 'moderation' process to allow for reflective discussion that support understandings and shared</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in the number of practitioners engaged in the local moderation process.</li> </ul>
	agreement on age related expectations linked to assessments.	

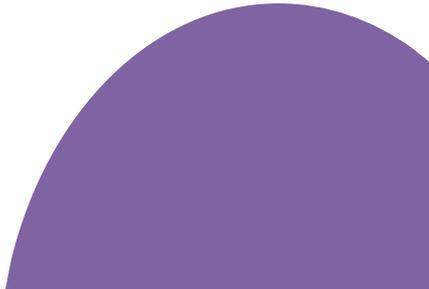
**Table ten: SEND gaps, actions and impact**

Gaps	Actions	Measure of progress
<p>A consistent shared understanding of the mechanisms for early SEND referral routes with the local area partnership.</p>	<ul style="list-style-type: none"> <li>• Embed agreed pathways and train all professionals to ensure this is fully understood across all local area partners.</li> <li>• Monitor compliance with, and instances of dispute resolution instances to demonstrate understanding.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased accuracy of referrals made for SEND support.</li> <li>• % reduction in GLD inequalities gap</li> <li>• Reduced delays in children and their families in accessing the right support.</li> </ul>
<p>Accurate data on take up of full early years entitlements for children with SEND.</p>	<ul style="list-style-type: none"> <li>• Development of sufficiency data collections to ensure information captures % of children with SEND accessing full early years entitlements.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased take up of the full Early Years entitlement for children with SEND.</li> <li>• % reduction in GLD inequalities gap</li> <li>•</li> </ul>
<p>A shared, consistent understanding of what Ordinary Available Provision means and how this is embedded in practice.</p>	<ul style="list-style-type: none"> <li>• Development of Ordinary Available Provision Document to support the local areas knowledge around inclusive</li> </ul>	<ul style="list-style-type: none"> <li>• Improved inclusion practice in settings.</li> <li>• Increased take up of the full Early Years entitlement for children with SEND.</li> </ul>
	<p>practice and how this is delivered within the local system.</p>	<ul style="list-style-type: none"> <li>• OAP strategies are evidenced through individual support plans</li> </ul>



**Table 11: Infant feeding gaps, actions and impact**

Gaps	Actions	Impact
<p>Limited engagement with families on barriers to breastfeeding and accessing feeding support, including lower uptake among families from Torbay's most deprived areas, EAL families and young parents.</p>	<ul style="list-style-type: none"> <li>• Co-design and deliver targeted support.</li> <li>• Strengthen accessible and culturally appropriate communication.</li> <li>• Expand delivery by partnering with key community organisations.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased attendance at support sessions from targeted populations.</li> <li>• Increased breastfeeding rates <u>amongst targeted</u> populations.</li> <li>•</li> </ul>
<p>Breastfeeding data across services including maternity, health visiting and action for children is not aligned, with gaps in understanding initiation rates and drop-off rates.</p>	<ul style="list-style-type: none"> <li>• Ensure EPIC reports initiation rates for Torbay specifically.</li> <li>• Develop a shared method for analysing and addressing drop-off patterns.</li> </ul>	<ul style="list-style-type: none"> <li>• Improved accuracy and consistency of data across services.</li> <li>• Better understanding of why and where drop-off occurs.</li> <li>• Increase in breastfeeding rates through earlier and coordinated intervention.</li> </ul>
<p>Antenatal and breastfeeding sessions are not consistently accessible, relevant or tailored to Torbay's most deprived areas, young parents and those with EAL.</p>	<ul style="list-style-type: none"> <li>• Co-design antenatal sessions with representation from targeted groups.</li> <li>• Develop sessions specifically tailored to priority cohorts.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in numbers of targeted populations attending feeding support.</li> <li>• Increased breastfeeding rates amongst targeted populations.</li> </ul>



**Table 12: Perinatal Mental Health and Parent Infant Relationships gaps, actions and impact**

Gaps	Actions	Impact
PNIMH Peer support is under-developed	<ul style="list-style-type: none"> <li>• Co-design a peer support programme with parents, community groups and practitioners.</li> <li>• Develop clear referral pathways from midwifery, health visiting and Family Hubs into peer support.</li> <li>• Sustainably recruit and train volunteers with lived experience to provide safe, structured support.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased number of parents accessing, engaging and benefitting from peer-led emotional support.</li> <li>• Improved early development outcomes for children contributing to GLD attainment.</li> <li>•</li> <li>•</li> </ul>
Young parents are not routinely offered a tailored parent infant relationship or PNMH offer	<ul style="list-style-type: none"> <li>• Co-design and implement dedicated Parent Infant Relationship (PIR) and PNMH support specifically for young parents.</li> <li>• Embed offers within Family Hubs, schools/colleges, and youth-focused settings.</li> <li>• Strengthen referral pathways between maternity, health visiting, early help and youth services</li> </ul>	<ul style="list-style-type: none"> <li>• Increased number of young parents accessing, engaging and benefitting from PIR and PNMH support.</li> <li>• Improved early development outcomes for children of young parents, contributing to GLD attainment.</li> <li>•</li> </ul>
The Healthy Babies PNIMH programme is not yet connected or aligned with the NHS Perinatal Mental Health Team's pathways.	<ul style="list-style-type: none"> <li>• Establish a shared PNIMH pathway between Healthy Babies and the NHS PMIMH team.</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Increased numbers of parents accessing, engaging and benefitting from support.</li> <li>• Improved early development outcomes for children contributing to GLD attainment.</li> </ul>

**Table 13: Best Start Family Hubs gaps, actions & impact**

Gaps	Actions	Impact
Families who do not routinely access Best Start Family Hub services including families from Torbay's most deprived areas, young parents and families with EAL.	<ul style="list-style-type: none"> <li>• Codesign targeted outreach using cultural, linguistic and community-led insights.</li> <li>• Targeted outreach to connects families to EYFS-aligned developmental support including Chat, Play, Read, Numbers, Fine and Gross Motor Skills.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in the % of families accessing early support.</li> <li>• Increase in the number of families and children engaged in and successfully completing programmes.</li> <li>• Increased GLD attainment.</li> <li>• Reduction in GLD inequalities.</li> </ul>
The current 'spoke' offer is under-developed, limiting access through community settings.	<ul style="list-style-type: none"> <li>• Expand spoke delivery by increasing provision in libraries, primary schools, Early Years settings, community centres, and voluntary-sector venues.</li> <li>• Embed early development EBIs into the spoke offer.</li> </ul>	<ul style="list-style-type: none"> <li>• More families accessing early development support closer to home.</li> <li>• Increase in the number of families and children engaged in and successfully completing programmes.</li> <li>• Increased GLD attainment.</li> <li>• Reduction in GLD inequalities.</li> </ul>

**Table 14: Workforce capacity and capabilities gaps, actions and impact**

Gaps	Actions	Impact
Current workforce is not fully aligned to delivering EBIs to meet the GLD targets	<ul style="list-style-type: none"> <li>• Strengthen the Community Champion and Parent Connector roles to support the government approved HLE and Parenting EBIs.</li> <li>• Embed child development aligned messages at all universal and targeted contacts.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in the number of families and children engaged in and successfully completing EBIs.</li> <li>• Increased GLD attainment.</li> <li>• Reduction in GLD inequalities.</li> </ul>
Workforce training for government approved EBIs supporting child development is inconsistent	<ul style="list-style-type: none"> <li>• Develop a workforce training offer for government approved EBIs.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in the number of staff trained in delivering EBIs.</li> <li>• Increase in the number of families and children engaged in and successfully completing EBIs.</li> <li>• Increased GLD attainment.</li> <li>• Reduction in GLD inequalities.</li> </ul>

**Table 15: Family involvement gaps, actions and impact**

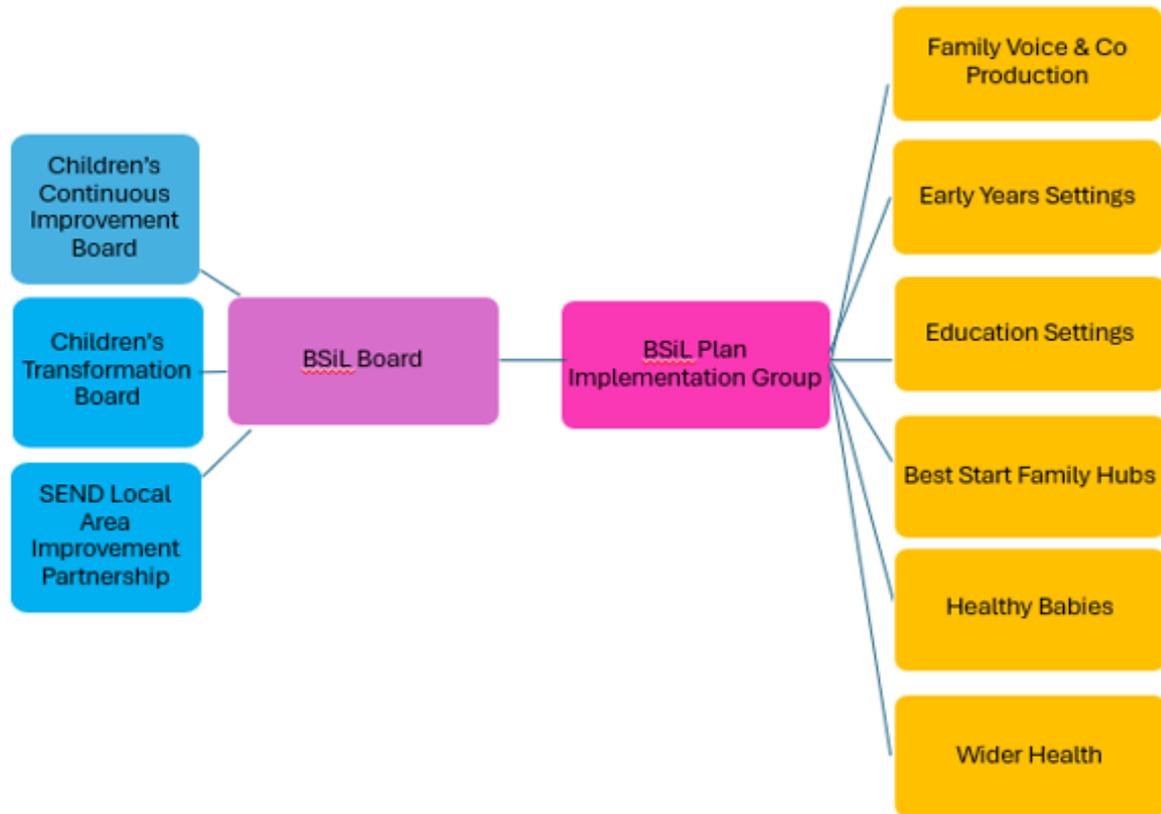
Gaps	Actions	Impact
Priority families are under-represented on parent carer panels.	<ul style="list-style-type: none"> <li>Actively recruit parent carers from priority cohorts.</li> </ul>	<ul style="list-style-type: none"> <li>Increased representation of families in parent carer panels from priority cohorts.</li> <li>Broader range of lived experience influencing child development support pathway</li> <li>Improved early years decision-making that reflects diverse needs, supporting progress toward GLD.</li> </ul>
Co-production of services does not fully involve the groups least represented in services including families from Torbay's most deprived areas, families with EAL and young parents.	<ul style="list-style-type: none"> <li>Increase involvement of priority cohorts through Community Champions and Parent Connectors.</li> <li>Develop flexible, accessible co-production activities that fit families' needs.</li> </ul>	<ul style="list-style-type: none"> <li>Increase in the number of co-produced provisions, specifically from priority cohorts.</li> <li>Services are better aligned with the needs of diverse families, improving engagement in early learning activities that support GLD.</li> </ul>
Parent-led quality assurance is underdeveloped.	<ul style="list-style-type: none"> <li>Develop and implement a parent-led quality assurance model.</li> <li>Embed findings into continuous improvement cycles.</li> </ul>	<ul style="list-style-type: none"> <li>Increase in the number of <u>parent-led</u> quality assurance activities.</li> <li>Stronger, real-time insight into family experience across Family Hub services.</li> <li>Improved quality, responsiveness and equity of early years services, strengthening conditions for early development and GLD outcomes.</li> </ul>

**Table 16: Data, monitoring and learning gaps, actions and impact**

Gaps	Actions	Impact
<p>Limited analytical capacity restricts the ability to turn data into actionable insight.</p>	<ul style="list-style-type: none"> <li>• Build analytical capacity across teams to translate insight into early intervention.</li> <li>• Develop an integrated early years Power BI dashboard to support real-time analysis.</li> </ul>	<ul style="list-style-type: none"> <li>• Improved ability to identify trends, inequalities and emerging needs.</li> <li>• Increase in the number of families accessing support earlier, strengthening pathways towards GLD.</li> <li>• Increased GLD attainment.</li> <li>• Reduction in GLD inequalities.</li> </ul>
<p>Multiple digital systems require manual collation, limiting efficiency.</p>	<ul style="list-style-type: none"> <li>• Implement EPIC and create a shared early years data model for automated flows.</li> <li>• Align digital systems to track developmental progress, service use and outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>• More reliable and consistent data across partners.</li> <li>• Improved real-time monitoring of early years activity.</li> <li>• Improved ability to intervene early where children may fall behind GLD domains.</li> <li>• Increased GLD attainment.</li> <li>• Reduction in GLD inequalities.</li> </ul>
<p>Parent feedback is collected but not consistently acted on.</p>	<ul style="list-style-type: none"> <li>• Embed routine feedback loops across all workstreams.</li> <li>• Use insight to refine early development messaging, access routes and service design and delivery.</li> </ul>	<ul style="list-style-type: none"> <li>• Clearer demonstration of how parent voice shapes decisions and services.</li> <li>• Increased trust and engagement from families.</li> <li>• More responsive services tailored to family-identified priorities.</li> </ul>

# Governance and Accountability

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Strand	%	How resource will be spent
Best Start Family Hubs delivery grant - programme	25%	Supporting strategic oversight and strengthening family involvement to ensure services remain on track and are equipped to contribute towards meeting GLD targets.
Best Start Family Hubs delivery grant - capital	6%	Maintaining and enhancing Family Hubs and spoke sites so they offer a welcoming, accessible environment for families.
Parenting support	12%	Increasing and expanding delivery of EBIs that equip parents and caregivers with the skills, knowledge and confidence to positively influence their child's development at ages 3 and 4, supporting readiness for school.
Home Learning Environment Support	10%	Increasing and expanding HLE-focused EBIs to help parents and carers use practical strategies and activities that strengthen the quality of learning interactions in the home.
Perinatal Mental Health and Parent Infant Relationships	29%	Continuing to provide tailored and targeted support for families including partners and co-parents on mild-to-moderate perinatal mental health needs and parent-infant relationship support, contributing to early development and positive GLD outcomes.
Infant Feeding support	17%	Continuing to offer tailored and targeted breastfeeding and infant feeding support, enabling families to make informed feeding choices while optimising breastfeeding, strengthening early attachment and supporting child development towards GLD.
Healthy Babies offers and Parent Carer Panels	2%	Promoting the Healthy Babies offer widely and expanding the Parent Carer Panel approach to ensure representation from priority cohorts.

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### Children and Young People's Overview and Scrutiny Sub-Board Action Tracker

Date of meeting	Minute No.	Action	Comments
29.9.25	21	1. that the Director of Children's Services be requested to undertake a dip sampling of attendance at Core Group meetings to confirm that the correct people are attending to ensure that they are meeting the children's needs and provide a written update to the Sub-Board;	1 – Audit due to be completed by 12 December 2025 – report to be circulated to Members via email
29.9.25	22	a. How many missing children were also at risk of exploitation? (A written response would be provided.)	a. – Teresa emailed Katie Buckley 7.10.25, 26.11.25 and 6.1.26
17.11.25	31	<p>3. that the Director of Children's Services be requested to explore options to incentivise foster carers, particularly those who take on older children to ensure that they can remain in placements longer; and</p> <p>4. that the Chair and Vice-Chair be requested to contact the Local Government Association to obtain any examples of any successful regional Fostering Hubs and to share that information with the Divisional Director Children's Services Transformation.</p>	<p>3. Teresa emailed Nancy Meehan 26.11.25 – chased 6.1.26</p> <p>4. Teresa emailed Chair and Vice-Chair 26.11.25 – update - work is ongoing to understand the impact of the Fostering Hubs locally. Update - Feedback from Annette Solomon who is the officer that attends their meetings and is our officer for fostering that she thinks the fostering hub is going really well and speaks very highly and passionately about it. She will be invited to a future meeting to give an update. Complete</p>
19.1.26	36	That an annual update on the implementation of the One Devon's Children's Strategic Approach and Action Plan be added to the Work Programme for the Children and Young People's Overview and Scrutiny Sub-Board.	Complete added to the Work Programme

Date of meeting	Minute No.	Action	Comments
19.1.26	37	<ol style="list-style-type: none"> <li>1. that NHS Devon be recommended to put in place training for wider partners and those who have contact with young people for diabetes care;</li> <li>2. that the results of the fuel poverty pilot be presented to a future meeting of the Children and Young Peoples Overview and Scrutiny Sub-Board; and</li> <li>3. that NHS Devon be requested to bring an annual update on long term conditions for children and young people to the Children and Young Peoples Overview and Scrutiny Sub-Board.</li> </ol>	<ol style="list-style-type: none"> <li>1. Teresa emailed 29.1.26 awaiting response from the ICB. The responsible officer is currently away but has been asked for an update when they return.</li> <li>2. Complete added to the Work Programme</li> <li>3. Complete added to the Work Programme</li> </ol>
19.1.26	38	<ol style="list-style-type: none"> <li>1. that the Best Start in Life Plan be presented to the Children and Young People's Overview and Scrutiny Sub-Board on 16 March 2026; and</li> <li>2. that the Director of Public Health be recommended to explore the roll out of auto-enrolment of free school meals to early years settings to enable it to be rolled out as soon as possible in order to benefit our younger children.</li> </ol>	<ol style="list-style-type: none"> <li>1. Complete added to Work Programme.</li> <li>2. Complete - officers are supporting early years settings directly to support auto enrolment via appropriate contracts.</li> </ol>
9.2.26	43	<ol style="list-style-type: none"> <li>1. that the Department for Education be invited to a future meeting to discuss in detail the governance and KPI's of the projects covered by RISE;</li> </ol>	<ol style="list-style-type: none"> <li>1. complete added to the Work Programme.</li> <li>2. awaiting document for circulation.</li> </ol>

Date of meeting	Minute No.	Action	Comments
		<p>2. that the Senior Democratic and Overview and Scrutiny Officer circulate the National Readiness School Survey to all Board Members;</p> <p>3. that the Director of Children Services arrange a visit to Mayfield School at Parkfield for Members of the Children and Young People's Overview and Scrutiny Sub-Board;</p> <p>4. that the Children and Young People's Overview and Scrutiny Board request the Cabinet to source alternative funding to replace the NTDI grant (ends in March 2026) for the SEND employment forum; and</p> <p>5. that the Cabinet be requested to consider options for amending the start time of concessionary bus fares for disabled people to enable them to engage in work.</p>	<p>3. Director to provide an update.</p> <p>4 and 5 – Report submitted to Cabinet on 17 March 2026.</p>

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