BEST START IN LIFE

The Plan for Torbay

Contents

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.

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 mee 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*
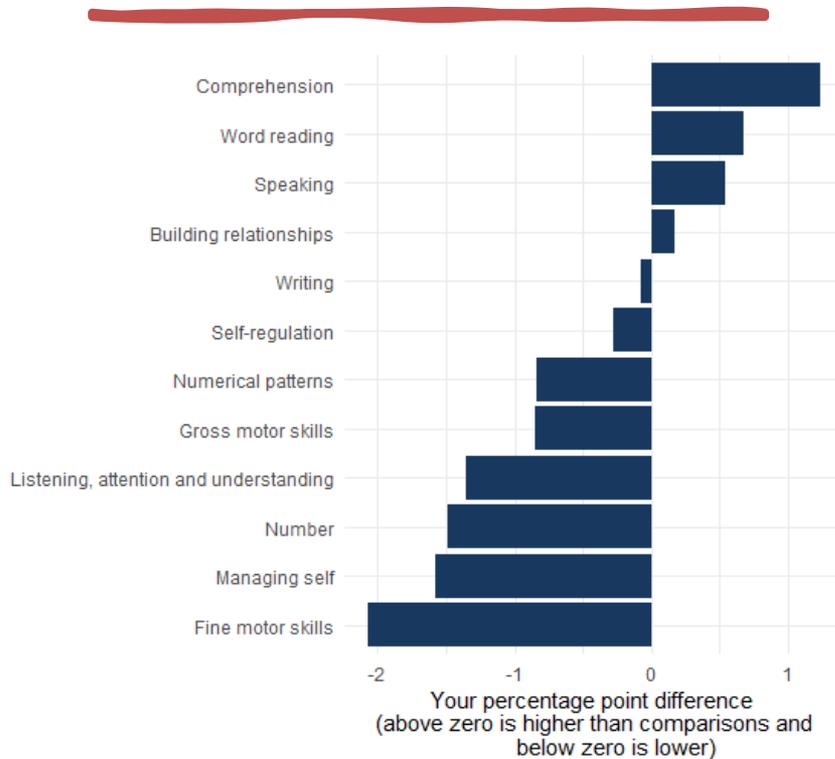

Table three: ASQ-3 data for Torbay and England 2024 - 2025

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)	• 1 and 2.3 year Health Visitor development reviews:
	  o Ages and Stages Questionnaires (ASQ) assessing across 5 domains
	  o Early Language Identification Measure (ELIM),
	• Section 23 Notifications
	• English as Additional Language (EAL)
	• Areas of Deprivations
	• Boys
	• Summer-born babies
		• Public Health Nursing teams
		• Early Years settings
		• Local Authority
		• Family Hubs
			• Shared from Public Health Nursing into Early Years Panels.
			• LA collates ASQ, ELIM, S23 and vulnerability indicators
			• Analysed to spot children at risk of not achieving GLD.
			• Multi-agency use via a shared dashboard and reporting to the BSiL Board and operational workstreams.

Pre-school	• Free School Meals (FSM), • EAL • Section 23 Notifications • Children from areas of deprivation • Boys • Summer born babies • Children performing below expected from observations	• Nurseries/childminders • Local Authority • Family Hubs • Public Health Nurses • Early Help	• Providers submit assessment and vulnerability data to the LA termly. • LA combines FSM, EAL, S23 and observation data with ward-level deprivation and population profiles to identify localities with higher risk. • Multi-agency review via shared dashboard and Early Years Panels.
Reception Baseline & In-year EYFS Checks	• Baseline assessments • Ongoing EYFS observations • FSM • EAL • Children form areas of deprivation	• Schools	• Schools submit baseline and ongoing EYFS data to the LA Early Years team. • Data analysed at school level to identify children off-track for GLD and monitor in-year progress. • Shared across services through the LA dashboard and EYFS forums.
End-of-Year EYFS Profile (EYFSP)	• Formal assessment across Early Learning Goals (ELGs)	• Schools • LA • DfE	• Statutory EYFS returns submitted by schools, collated by LA and DfE. • GLD and ELG-level gaps analysed to inform targeted support. • Reported through LA dashboards and the Early Years Board for system-wide action.

Table six: Home Learning Environment gaps, actions and impact

Gaps	Actions	Impact

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)	• 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.
	• 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.
	• Use data (ASQ3, EYFS profiles, HLE markers, ward- -level insights) to identify communities, settings and cohorts most at risk.
	• Target Home Learning Environment (HLE) programmes and outreach to families most likely to benefit, including FSM, children with EAL, boys, and summer -born children.
	• 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 & language; PSED; early maths; fine motor skills).
	• Strengthen consistent follow--up and monitoring for children who do not engage in early support offers.
		• 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.
		• Increased GLD attainment, especially among those identified as "at risk" at 2–2½ years.
		• Improved developmental progress at ages 3–4, particularly in ELGs linked to GLD gaps:
		   o Listening & Attention
		   o Self-Regulation
		   o Fine Motor
		• Numbers and number patterns
		• Reduction in GLD inequalities by narrowing gaps for:
		   o Children in receipt of FSM children,

	• Strengthen the Section 23 Notification Process, across partners, to ensure early identification of need and appropriate support is in place.	○ Children with EAL, boys, and ○ Summer-born children.

Offers not consistently developed to meet families' need in relation to access and delivery	• Development of consistent cross- organisation 'parent voice' systems to inform service provision.
	• Coproduction with families to best meet needs.
	• Development of a localised Chat, Play, Read Campaign, co-produced with families, that encompasses messages based on local need.
	• Development of a localised early maths campaign, co-produced with families, that encompasses messages based on local need.
	• Developing culturally and linguistically accessible support for EAL families.
		• Increase in the % of families accessing early support
		• Increased GLD attainment, especially among those identified as "at risk" at 2–2½ years.
		• Improved developmental progress at ages 3–4, particularly in ELGs linked to GLD gaps:
		  ○ Listening & Attention
		  ○ Self-Regulation
		  ○ Fine Motor
		  ○ Numbers and number patterns
		• Reduction in GLD inequalities by narrowing gaps for:
		  ○ Children in receipt of FSM children,
		  ○ Children with EAL, boys, and
		  ○ Summer-born children.

BEST
START
IN LIFE

		• Increase in the % of families reporting that they understand the key messages associated with Chat, Play, Read • Increase in the % of families reporting that they understand the key messages associated numbers and numerical patterns

Insufficient capacity to deliver evidence-based interventions	• Development of numbers of practitioners trained to deliver PEEP and HLE interventions.
	• Expansion of Evidenced Based Interventions into community venues and early years settings
	• Expansion of the Chat, Play, Read programme.
	• Expansion of the Early Maths programme.
		• Increase in the number of families and children engaged in and successfully completing each programme.
		• Increased GLD attainment, especially among those identified as "at risk" at 2–2½ years.
		• Improved developmental progress at ages 3–4, particularly in ELGs linked to GLD gaps:
		   o Listening & Attention
		   o Self-Regulation
		   o Fine Motor
		   o Numbers and number patterns

		• Reduction in GLD inequalities by narrowing gaps for:
		   o Children in receipt of FSM children,
		   o Children with EAL, boys, and
		   o Summer-born children.

Table seven: Parenting gaps, actions and impact		
Gaps	**Actions**	**Impact**

Parents of 3–4-year-olds who would benefit most from early support are not consistently being targeted.	• Develop a pathway using data (ASQ3, EYFS profiles, HLE markers, ward- -level insights) to identify communities, settings and cohorts most at risk.
	• Target Parenting EBIs and outreach to families most likely to benefit, including FSM, children with EAL, boys, and summer -born children.
		• Increase in the % of families accessing early support
		• Increase in the number of families and children engaged in and successfully completing each programme.
		• Increased GLD attainment, especially among those identified as "at risk" at 2–2½ years.
		• Improved developmental progress at ages 3–4, particularly in ELGs linked to GLD gaps:
		  o Listening & Attention
		  o Self-Regulation
		  o Fine Motor
		  o Numbers and number patterns
		• Reduction in GLD inequalities by narrowing gaps for:
		  o Children in receipt of FSM children,
		  o Children with EAL,
		  o Boys, and
		  o Summer-born children.

Parenting support is not yet fully aligned with the Early Years Pathway or the Home Learning Environment (HLE) offer.	• Integrate parenting support into the Early Years Pathway • Establish shared referral and triage process that links HLE activities, Family Hubs, Public Health Nursing	• Increase in the % of families accessing early support • Increase in the number of families and children engaged in and successfully completing each programme.

	with parenting programmes, ensuring any child flagged for HLE support triggers a parenting offer. • 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. • Introduce shared tracking to identify families receiving HLE support but not currently linked to parenting interventions, enabling targeted follow-up.	• Increased GLD attainment, especially among those identified as "at risk" at 2–2½ years. • Improved developmental progress at ages 3–4, particularly in ELGs linked to GLD gaps: o Listening & Attention o Self-Regulation o Fine Motor o Numbers and number patterns • Reduction in GLD inequalities by narrowing gaps for: o Children in receipt of FSM children, o Children with EAL, o Boys, and o Summer-born children.
Insufficient capacity to deliver evidence-based interventions	• Development of numbers of practitioners trained to deliver Parenting EBIs • Expansion of Evidenced Based Interventions into community venues and early years settings	• Increase in the number of families and children engaged in and successfully completing each programme. • Increased GLD attainment, especially among those identified as "at risk" at 2–2½ years. • Improved developmental progress at ages 3–4, particularly in ELGs linked to GLD gaps: o Listening & Attention o Self-Regulation
		o Fine Motor o Numbers and number patterns • Reduction in GLD inequalities by narrowing gaps for: o Children in receipt of FSM children, o 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.	• Co-produce parental engagement mechanisms to support local knowledge of how parents choose and access childcare	• Increased take up of Early Years funded places:
		   o Targeted Funded 2 Year olds
		   o EYPP
		   o Universal 3&4 Year Funding
		• Increased access to high quality early years provision

Insufficient real-time understanding of childcare place availability-.	• Move to more frequent sufficiency reporting.	• Increased take up of Early Years funded places:
		   o Targeted Funded 2 Year olds
		   o EYPP
		   o Universal 3&4 Year Funding
		• Increased access to high quality early years provision

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	• 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 • Targeted support for those in greatest need for support.	• Progress of children's GLD attainment between the ages of 2.3 and 4 years of age. • Increase in the number of children achieving a GLD.

Table nine: Transition to school gaps, actions and impact		
Gaps	**Actions**	**Impact**
No shared local understanding of school readiness: • for families • for Professional • for Early Years Providers • for Schools	• Co-produce and communicate a shared understanding of School Readiness across Torbay.	• Increase in the % of children at achieving age related expectations.
There is not a single standardised transition process embedded across all Early Years providers and schools	• Co-produce a localised and consistent Transition Process that meets the needs of children, families, early years settings and schools. • Targeted support for identified groups	• Increase in the number of providers using the Transition Process • Increase in the % of children at achieving age related expectations.
A local model for moderation of EYFS Assessment judgements	• Develop 'moderation' process to allow for reflective discussion that support understandings and shared	• Increase in the number of practitioners engaged in the local moderation process.
	agreement on age related expectations linked to assessments.	

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.	• Embed agreed pathways and train all professionals to ensure this is fully understood across all local area partners. • Monitor compliance with, and instances of dispute resolution instances to demonstrate understanding.	• Increased accuracy of referrals made for SEND support. • % reduction in GLD inequalities gap • Reduced delays in children and their families in accessing the right support.
Accurate data on take up of full early years entitlements for children with SEND	• Development of sufficiency data collections to ensure information captures % of children with SEND accessing full early years entitlements.	• Increased take up of the full Early Years entitlement for children with SEND. • % reduction in GLD inequalities gap •
A shared, consistent understanding of what Ordinary Available Provision means and how this is embedded in practice.	• Development of Ordinary Available Provision Document to support the local areas knowledge around inclusive	• Improved inclusion practice in settings. • Increased take up of the full Early Years entitlement for children with SEND.
	practice and how this is delivered within the local system.	• OAP strategies are evidenced through individual support plans

Table 11: Infant feeding gaps, actions and impact		
Gaps	**Actions**	**Impact**
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.	• Co-design and deliver targeted support. • Strengthen accessible and culturally appropriate communication. • Expand delivery by partnering with key community organisations.	• Increased attendance at support sessions from targeted populations. • Increased breastfeeding rates amongst targeted populations. •
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.	• Ensure EPIC reports initiation rates for Torbay specifically. • Develop a shared method for analysing and addressing drop-off patterns.	• Improved accuracy and consistency of data across services. • Better understanding of why and where drop-off occurs. • Increase in breastfeeding rates through earlier and coordinated intervention.
Antenatal and breastfeeding sessions are not consistently accessible, relevant or tailored to Torbay's most deprived areas, young parents and those with EAL.	• Co-design antenatal sessions with representation from targeted groups. • Develop sessions specifically tailored to priority cohorts.	• Increase in numbers of targeted populations attending feeding support. • Increased breastfeeding rates amongst targeted populations.

Table 12: Perinatal Mental Health and Parent Infant Relationships *gaps, actions and impact*		
Gaps	**Actions**	**Impact**
PNIMH Peer support is under-developed	• Co-design a peer support programme with parents, community groups and practitioners. • Develop clear referral pathways from midwifery, health visiting and Family Hubs into peer support. • Sustainably recruit and train volunteers with lived experience to provide safe, structured support.	• Increased number of parents accessing, engaging and benefitting from peer-led emotional support. • Improved early development outcomes for children contributing to GLD attainment. • •
Young parents are not routinely offered a tailored parent infant relationship or PNMH offer	• Co-design and implement dedicated Parent Infant Relationship (PIR) and PNMH support specifically for young parents. • Embed offers within Family Hubs, schools/colleges, and youth-focused settings. • Strengthen referral pathways between maternity, health visiting, early help and youth services	• Increased number of young parents accessing, engaging and benefitting from PIR and PNMH support. • Improved early development outcomes for children of young parents, contributing to GLD attainment. •
The Healthy Babies PNIMH programme is not yet connected or aligned with the NHS Perinatal Mental Health Team's pathways.	• Establish a shared PNIMH pathway between Healthy Babies and the NHS PMIMH team. •	• Increased numbers of parents accessing, engaging and benefiting from support. • Improved early development outcomes for children contributing to GLD attainment.

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 derived areas, young parents and families with EAL.	• Codesign targeted outreach using cultural, linguistic and community-led insights. • Targeted outreach to connects families to EYFS-aligned developmental support including Chat, Play, Read, Numbers, Fine and Gross Motor Skills.	• Increase in the % of families accessing early support. • Increase in the number of families and children engaged in and successfully completing programmes. • Increased GLD attainment. • Reduction in GLD inequalities.
The current 'spoke' offer is under-developed, limiting access through community settings.	• Expand spoke delivery by increasing provision in libraries, primary schools, Early Years settings, community centres, and voluntary-sector venues. • Embed early development EBIs into the spoke offer.	• More families accessing early development support closer to home. • Increase in the number of families and children engaged in and successfully completing programmes. • Increased GLD attainment. • Reduction in GLD inequalities.

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

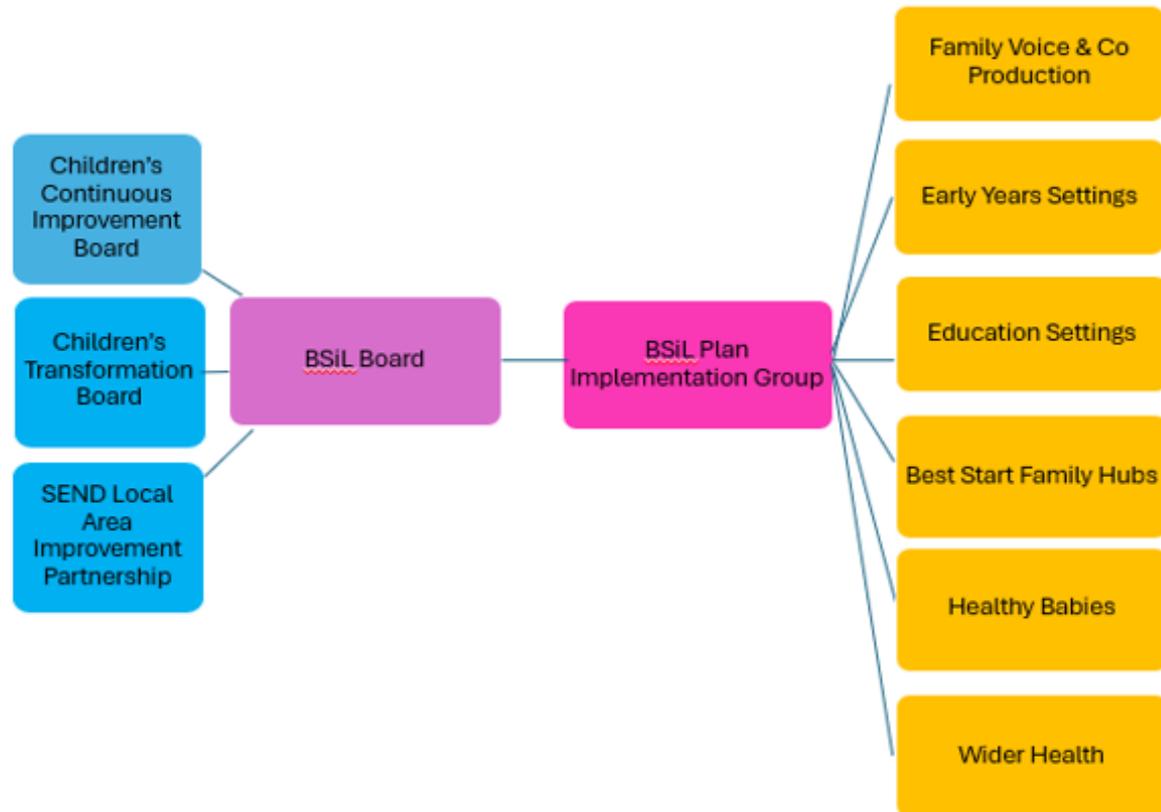| Gaps	Actions	Impact
Current workforce is not fully aligned to delivering EBIs to meet the GLD targets	• Strengthen the Community Champion and Parent Connector roles to support the government approved HLE and Parenting EBIs. • Embed child development aligned messages at all universal and targeted contacts.	• Increase in the number of families and children engaged in and successfully completing EBIs. • Increased GLD attainment. • Reduction in GLD inequalities.
Workforce training for government approved EBIs supporting child development is inconsistent	• Develop a workforce training offer for government approved EBIs.	• Increase in the number of staff trained in delivering EBIs. • Increase in the number of families and children engaged in and successfully completing EBIs. • Increased GLD attainment. • Reduction in GLD inequalities.

Table 15: Family involvement gaps, actions and impact

Gaps	Actions	Impact
Priority families are under-represented on parent carer panels.	• Actively recruit parent carers from priority cohorts.	• Increased representation of families in parent carer panels from priority cohorts. • Broader range of lived experience influencing child development support pathway • Improved early years decision-making that reflects diverse needs, supporting progress toward GLD.
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.	• Increase involvement of priority cohorts through Community Champions and Parent Connectors. • Develop flexible, accessible co-production activities that fit families' needs.	• Increase in the number of co-produced provisions, specifically from priority cohorts. • Services are better aligned with the needs of diverse families, improving engagement in early learning activities that support GLD.
Parent-led quality assurance is underdeveloped.	• Develop and implement a parent-led quality assurance model. • Embed findings into continuous improvement cycles.	• Increase in the number of parent-led quality assurance activities. • Stronger, real-time insight into family experience across Family Hub services. • Improved quality, responsiveness and equity of early years services, strengthening conditions for early development and GLD outcomes.

Table 16: Data, monitoring and learning gaps, actions and impact		
Gaps	**Actions**	**Impact**
Limited analytical capacity restricts the ability to turn data into actionable insight.	• Build analytical capacity across teams to translate insight into early intervention. • Develop an integrated early years Power BI dashboard to support real-time analysis.	• Improved ability to identify trends, inequalities and emerging needs. • Increase in the number of families accessing support earlier, strengthening pathways towards GLD. • Increased GLD attainment. • Reduction in GLD inequalities.
Multiple digital systems require manual collation, limiting efficiency.	• Implement EPIC and create a shared early years data model for automated flows. • Align digital systems to track developmental progress, service use and outcomes.	• More reliable and consistent data across partners. • Improved real-time monitoring of early years activity. • Improved bility to intervene early where children may fall behind GLD domains. • Increased GLD attainment. • Reduction in GLD inequalities.
Parent feedback is collected but not consistently acted on.	• Embed routine feedback loops across all workstreams. • Use insight to refine early development messaging, access routes and service design and delivery.	• Clearer demonstration of how parent voice shapes decisions and services. • Increased trust and engagement from families. • More responsive services tailored to family-identified priorities.

Governance and Accountability

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.