

Thursday, 29 January 2026

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

An Education Spotlight Review meeting of **Children and Young People's Overview and Scrutiny Sub-Board** will be held on

Monday, 9 February 2026

commencing at **2.00 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 Committee

Councillor Law (Chairwoman)

Councillor Fellows (Vice-Chair)

Hunter

Councillor Nicolaou

Representative

Councillor Tolchard

Representative

Councillor Twelves

A Healthy, Happy and Prosperous Torbay

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Email: governance.support@torbay.gov.uk - www.torbay.gov.uk

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

EDUCATION SPOTLIGHT REVIEW - AGENDA

1. **Apologies**
To receive apologies for absence, including notifications of any changes to the membership of the Board.
2. **Minutes**
To confirm as a correct record the Minutes of the meetings of the Children and Young People's Overview and Scrutiny Sub-Board held on 19 January 2026. (Pages 5 - 12)
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. **Spotlight Review on Education**
To carry out a Spotlight Review on Education covering the following areas: (Pages 13 - 28)
 - School Improvement
 - Exclusions, Suspensions and Absences
 - Elected Home Educated
 - Free School Meals
 - Schools Capital Programme
 - Special Educational Needs and Disabilities (SEND)

(Note: representatives from the Department for Education, Regional Director South West, Director for Children's Services, Cabinet Member for Children's Services, Divisional Director – Education, Head of Virtual School and Vulnerable Pupils, Divisional Director - Children's Services Transformation, Head of Quality First Teaching and Head of Education and Corporate Services – Schools Capital have been invited to the meeting.)

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

19 January 2026

-: Present :-

Councillor Law (Chairwoman)

Councillors Fellows (Vice-Chair), Foster, Nicolaou and Tolchard

Statutory Co-opted Member

Jo Hunter (Church of England Diocese - virtual)

Non-voting Co-opted Member

Jim Funnell (Voluntary and Community Sector and Alternative Provider (Education))

(Also in attendance: Councillors Bye, Chris Lewis and David Thomas)

33. Apologies

Apologies for absence were received from Nigel Yelland (Non-voting Co-opted Member) and 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 Spacagna for this meeting.

34. Minutes

The minutes of the meeting of the Sub-Board held on 17 November 2025 were confirmed as a correct record and signed by the Chair.

35. Declarations of Interest

No declarations of interest were made.

36. NHS Devon - One Devon's Children's Strategic Approach and Action Plan

The Director of Women and Children's Improvement NHS Devon - Su Smart presented the submitted report on One Devon's Children's Strategic Approach and Action Plan and responded to questions. The key themes from the report were:

- A focus on six strategic initiatives including Special Educational Needs and Disabilities (SEND), safeguarding, mental health access, neurodiversity, early identification, prevention, and multi-agency working.
- An emphasis on reducing waiting times for mental health and ADHD/ neurodiversity assessments.

- Shift to digital technologies, community-based care and reducing hospital reliance.
- Target improvements in neighbourhood teams, exploring co-location possibilities with schools and Family Hubs.
- Challenges managing children with complex needs in the community without funding following them.

Members heard first hand from a young person who shared their experiences highlighting stigma, lack of early recognition in schools and challenges explaining mental health.

The following questions were raised:

- The Strategy was very high-level, what exactly was changing on the ground to make it happen?
- How would results be shared across health providers and schools, and how would ADHD assessments be completed more quickly?
- How “integrated” would the system be? Would this model reflect the Adults’ integrated system (GPs, hospitals, community teams)?
- What happens during transition from Children’s Services to Adults’ Services, e.g. for young people with epilepsy but without SEND?
- What was meant by an Integrated Board, and how was this different from Adults’ Services?
- How would funding and team organisation work?
- What would co-location of neighbourhood teams look like? Where would this be based? How would joint working between social care, police, and health be implemented?
- How many children were waiting for ADHD/Neurodiversity assessments, and how were they prioritised?
- How does shifting traditional acute care into communities work in practice for short-term, high-intensity needs?
- Why was there no place for those “suffering silently” with complex mental illness?
- Why do schools fail to recognise autism or anxiety early enough?
- How could culture change so young people were better understood?
- How do we overcome parental distrust of a new system and improve access?

Members received the following responses:

- Multiple internal and partnership work programmes underpin the Strategy.
- Additional investment had been put in place for ADHD and Neurodiversity assessments to increase capacity. A recovery programme was increasing assessment throughput and there was support for families on waiting lists.
- Information Governance and IT programmes (including EPIC hospital system) aim to improve secure information sharing with schools and community services.
- The Children’s model would not fully mirror the Adults’ integration model. The Integrated Care Board (ICB) was the funder, while the ICO (Integrated

Care Organisation) was reviewing its operating model for delivery of adult social care.

- Children's Services were structured differently from Adults' Services, with future locality-based multi-agency teams planned.
- Planning for transition starts age 14–16, working with Adults' Services and NHS providers. Gaps may still occur due to team capacity limitations.
- Health services were currently provided from the John Parks Unit at Torbay Hospital.
- Co-location may include Schools (e.g. speech and language therapists working inside schools), Family Hubs and community spaces rather than traditional office settings.
- ADHD and Neurodiversity assessment prioritisation was based on clinical need, medical urgency, or for safeguarding concerns. All referrals undergo clinician triage and could be escalated if new risks emerge.
- Community-based acute care supports children earlier to avoid hospital admission. Short-term high-intensity needs could be managed by community teams to reduce inappropriate hospital stays.
- The system acknowledges trauma caused by late recognition and welcomed the feedback from the young person. There were plans for more mental health support in schools, staff training to improve awareness and multi-agency commissioning changes based on feedback from young people.
- Building parental trust would require a culture shift, more transparency and consistent relationships with families. Digital tools and multi-agency hubs aim to make access easier.

Resolved (unanimously):

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.

37. NHS One Devon Children and Young People Long Term Conditions

The Director of Women and Children's Improvement - Su Smart and Children's Commissioning Manager NHS Devon – Georgina Minifie presented the submitted report on Long Term Conditions for Children and Young People Plan and responded to questions. The key themes were:

- Asthma admissions were high, with Devon the fifth worst Integrated Care Board (ICB) area in England for children at high/very high asthma risk.
- A fuel poverty pilot in two Primary Care Network (PCNs) showed improvements in inhaler use and risk reduction.
- Major improvements had been made in diabetes care due to hybrid closed-loop technology, with a rise in uptake from 40% to 73%. A transition pilot in Torbay had successfully re-engaged 32% of patients.
- Gaps remained in asthma care with not enough cases diagnosed or with action plans.
- There were multi-agency challenges with housing, damp/mould, and other environmental factors impacting on asthma.

Members also received feedback from a young person and their experiences.

Members asked the following questions:

- Asthma attacks and deaths were often avoidable, what was being done to improve asthma care?
- Why was Torbay-specific data hard to provide? Could data be broken down further than "Devon averages"?
- What was the role of schools, school nursing, housing, and wider services in preventing asthma episodes?
- Were 65% of children truly in high/very high-risk categories, and why was this so high?
- What was the cost of the diabetes transition pilot, and was it sustainable after NHS England pilot funding ends?
- How many children get home visits from health visitors?
- What power do health professionals have to require landlords to fix damp and mould?
- What was the difference between Type 1 and Type 2 diabetes in children?
- Could obesity-related diabetes be considered neglect?
- Why were some children and young people not given diabetes training?
- What training exists for teachers and youth workers?
- 65% of asthma-risk sits in primary care — what work was ongoing with GPs?
- Were children being directly educated about asthma management?
- What was the fuel poverty trial measuring, did this include heating or temperature? What were its triggers, and how would the findings be used?
- Why were Devon's admissions higher, despite lower accident and emergency attendances?
- How were long-term conditions managed if diagnosed late (e.g. age 16–17)?

The following responses were received:

- Asthma care improvements included ensuring annual reviews, follow-up after hospital attendance, correct medication, and personal asthma plans including school copies.
- National minimum standards were used as framework.
- Data was often aggregated at Devon ICB level. PCN - and hospital-level data was available and used internally. It was acknowledged that Devon averages could mask Torbay trends.
- There was a role for the wider system for example Housing/Health Group to address damp, mould, and environmental triggers. Work with education to create "asthma-friendly schools". Environmental Health were involved in dealing with hazardous housing conditions.
- The Diabetes transition pilot was funded by NHS England and there were outcomes presented through a business case which had now been adopted permanently in Torbay and South Devon.

- Regarding enforcement of damp and mould, health visitors could report concerns. The Legal powers differ between private landlords and social housing. Awaab's Law strengthens requirements for timely landlord action.
- The difference between the types of Diabetes were Type 1: autoimmune, not lifestyle-related and Type 2: linked to childhood obesity, was increasing globally was reversible with lifestyle changes.
- Very rare cases of obesity-related harm could reach child protection thresholds.
- School staff receive diabetes training from local teams. Training outside education (e.g. youth workers) was limited and identified as a gap.
- GPs were responsible for most asthma monitoring including annual checks. It was recognised that education for children could reduce admissions with work ongoing through schools and family hubs.
- The fuel poverty trial looked at triggers including indoor/outdoor air pollution and home energy efficiency. This was carried out by Exeter Community Energy and the report had not yet been published.
- Torbay allows direct short-stay paediatric referrals from GPs, which reduces Emergency Department attendances but increases admissions.
- For young people receiving a late diagnosis e.g. 16–17 year olds transition planning begins immediately upon diagnosis.

Resolved (unanimously):

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;
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
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.

38. 0-5s with School Nursing and Family Hubs - Update

The Director of Public Health – Lincoln Sargeant and the Public Health Specialist – Children and Families – Joanne Needham presented the submitted report which provided an update on the 0-5 with school nursing and Family Hubs contract (previously known as 0-19) and responded and responded to questions. Key points included:

- A new 9-year contract for 0-5s with school nursing and Family Hubs commenced in April 2025.
- There was good performance on mandated indicators but there were challenges with meeting the targets for the New Birth Visit within 10–14 days due to priority for continuity of care and a part-time workforce as well as babies being cared for on the Special Care Baby Unit (SCBU) or mothers remaining in hospital.
- Universal plus targeted offer through school nursing had increased staffing investment.

- The aim was to increase Good Level of Development (GLD) to 78% by 2028 and this required 9% improvement over 2023/2024 baseline figures.
- Speech and language support was aligned through the locality model with the 0-5s with School Nursing Service supporting children who were below the threshold for specialist support.

The Sub-Board asked the following questions:

- Could the Sub-Board have a document showing percentage of Good Level of Development (GLD) achievement for pupil premium and free school meal (FSM) children?
- Why don't primary schools receive Specialist Community Public Health Nurse (SCPHN) support when early childhood was when issues arise such as communication, speech and medical conditions?
- How do pupil premium and FSM families access the targeted offer?
- How often do school nurses attend primary and secondary schools?
- How does confidentiality work when secondary pupils disclose issues to nurses? When does the school get informed of what had been discussed?
- How does speech and language therapy integrate without duplicating or creating gaps?
- What would happen to early years development if all 0-5s received free school meals?
- What was happening with the Best Start in Life Plan, and when would it be published?

The following responses were received:

- Currently 68.5% of children achieved GLD and 50.7% of children eligible for Free School Meals (the following update was received after the meeting: for 2024/2025, Torbay had 68.5% of children at a good level of development (GLD) overall and 50.7% of children eligible for free school meals reaching a GLD. The overall target for children reaching a GLD by 2028 was 77.8% and for children eligible for free school meals was 61.6%).
- Focus on pupil premium would be examined.
- The School Nursing Service had been agreed following positive feedback through primary-aged workshops where schools and families were happy with the support being provided. There were limited resources which required focus on GLD and early speech/language. Early years and primary support is available through early language consultants and advisory teachers as part of the wider Home Learning Environment Programme.
- Targeted offer used data systems linked to Family Hubs and 0-19 services and looked at families who miss developmental checks to proactively contact families.
- School nursing is offered to every primary school through a weekly clinic led by registered nurses and community nursery nurses and every secondary school through fortnightly drop-in sessions with the SCPHN.
- Nurses follow strict guidelines about disclosures and only certain issues must be shared with parents/school.

- Children who need support for speech and language were referred to specialists, with the service supporting families while awaiting specialist input. There are speech and language therapists located within Family Hubs to remove duplication and ensure timely access.
- Most early years settings were not run by the local authority and therefore rollout of free school meals for 0-5s was complex. Benefits included improved cognition, nutritional health, and reduced inequalities. A detailed impact sheet would be circulated following the meeting.
- The Best Start in Life Plan is being prepared. The report is scheduled to be published by 30 March 2026.

Resolved (unanimously):

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
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.

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

The Sub-Board noted the contents of the submitted action tracker.

Chair

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Agenda Item 5

Education Spotlight Review Report – Children and Young People’s Overview and Scrutiny Sub-Board – 9 February 2026

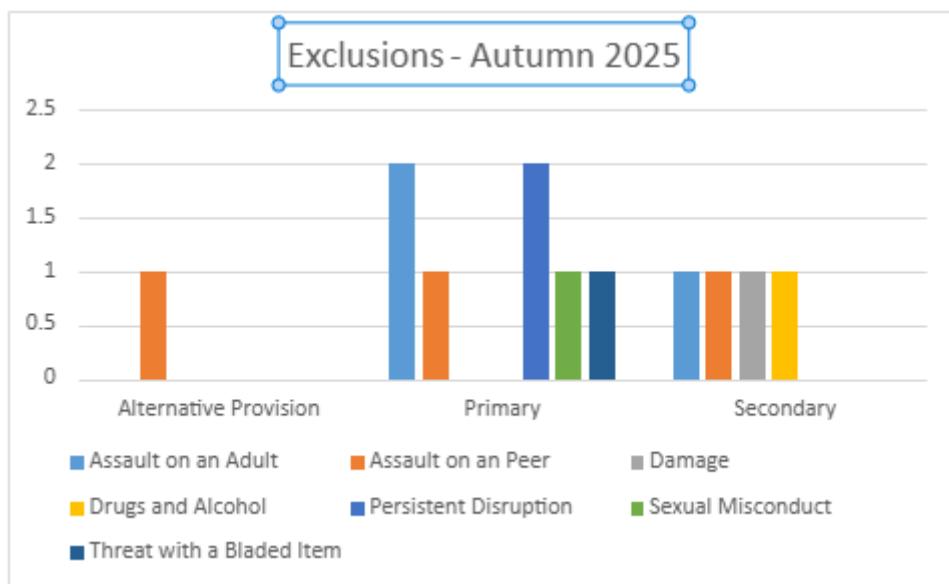
Exclusions, Suspensions and Absences:

To understand the reasons for exclusions, suspensions and absences and what action the schools are taking to reduce them.

Exclusion and Suspension:

The most common reason for exclusion is for assaults or threatening behaviour towards adults and/or peers.

The most common reason for suspension is disruptive behaviour. This is generally children and young people not following staff instructions.



Conversations with school leaders reference children with significant Social, Emotional or Mental Health needs who have presenting behaviours beyond that which they feel they can reasonably address without external placements and/or resourcing.

Absence:

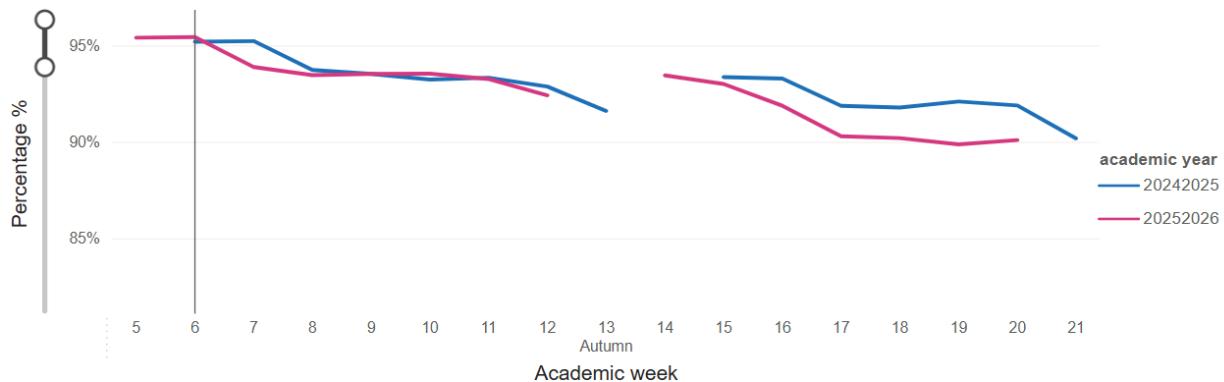
The most usual reason for absence is illness. This is usually parent reported rather than via a health professional.

Schools in Torbay have invested significant resources in improving school attendance. They have access to the Young Devon 'My Way' programme, Mental Health Support Teams and CAMHS as well as providing trained staff in school. These staff variously include counsellors, support staff and teaching staff working in smaller groups.

The work is supported by the offer of Early Help and Youth Hub interventions from the LA, alongside a School Nurse with a specific responsibility for school attendance.

LA Attendance Improvement Officers hold termly meetings with each school to identify cohorts for focus over the next term. They also work with schools, families and Children's Services colleagues to provide guidance and signpost support.

The attendance improvement at St Cuthbert Mayne is exceptional and they were named as one of the 20 most improved schools nationally using 2024/25 data.



Year on Year figures for attendance show a declining picture in the Autumn Term after a promising start. Nationally, this is due to an unusually early and severe flu season coupled with a winter vomiting virus. It is suggested that figures should recover as we are less likely to see a significant flu outbreak in the Spring Term. We are seeing the start of this recovery in the last weeks of the term.

To consider if there are schools with disproportionate numbers and how a more uniformed approach could be encouraged.

Exclusion and suspension are often based on context, particularly the make-up of the cohort, peer relationships, community coherence and inclusivity, health needs and special educational needs. From this it is not possible to describe any school's activity as disproportionate although there are always improvements that could be made in any setting. It is possible to identify schools where suspension and exclusion are used more frequently.

2024	E	K	N	Total
Primary School	70	47	9	126
Secondary School	251	422	387	1060
Special School	107		3	110
Total	437	494	412	1343
2025	E	K	N	Total
Primary School	37	64	19	120
Secondary School	145	324	287	756
Special School	149		7	156
Total	331	388	313	1032

There have been no mainstream schools in Torbay with a significant increase in suspension or exclusion. In two notable cases the reverse is true with a 34% drop at St Cuthbert Mayne and a 63% decrease at Paignton Academy in the Autumn Term 2025 when compared to the previous Autumn.

Suspension rates by school are set out at Exempt Appendix 1.

What restorative work is being undertaken to prevent exclusions, suspensions and isolation?

The Virtual School provides Trauma Informed Practice training free of charge to all schools in Torbay. The Relational Practice Lead and the Learning Academy offer other training and support. The two partners also held a Relational Practice Conference in the Autumn Term with keynote speakers and examples of best practice being shared.

There is also a secondary phase locality pilot led by TSAT and Lodestar Academy, working with schools to support children before suspension by understanding need, modelling best practice and creative use of the spaces at Lodestar.

Education Psychology and the Primary Behaviour Outreach Service also provide advice and guidance to schools in support of children at risk of exclusion or suspension.

Three schools are engaged with the Paul Dix 'When the Adults Change' programme.

Schools determine their own approaches to relational and restorative work, but we believe the reduction achieved in the secondary phase is due to the schools' increasing the availability of trained staff, creating safe spaces, making reasonable adjustments and sharing best practice.

Regarding 'isolation', many secondary schools use reflection, or retracking provisions with removal from lessons to address unwanted behaviour. The DfE and LA have no data on these removals as there is no requirement to share this information. The LA do recommend that Governors and Trustees have oversight, but we are unable to monitor the practice in this area.

How does the Council ensure that children who excluded, suspended or absent from school are safeguarded from harm?

Excluded children are provided with alternative education via a range of settings. These settings assume the safeguarding lead role to ensure consistency.

Where these settings are other than a school, they are subject to Quality Assurance and Control with clearly defined outcome measures and pathways to qualifications. At all times we are seeking to return children to an appropriate school setting at the first opportunity.

Suspended children are overseen by their on-roll setting. Guidance requires settings to consider safeguarding when making decisions on suspension or exclusion.

Children absent from school are considered case by case. In all cases guidance expects social workers to be informed if a child with a SW is suspended, excluded or absent. It is a statutory expectation that the LA is informed for all children who have missed 10 sessions.

What consideration is given to social and emotional support for these children?

Where children are considered 'unable' to attend school they are presented to the medical panel to assess whether they are eligible for support under S19 of the Education Act.

Families are signposted to social and emotional support by their schools, early help partners and the Youth Hub.

Is there a link with exclusions and parents choosing to elected home educate their children?

No – the number of children excluded who then move to home education is statistically insignificant.

Elected Home Educated (EHE):

What are the reasons why parents are taking their children out of school to be elected home educated?

Almost half of families decline to inform the LA of the reason for choosing to Home Educate. The most common reasons that are given are:

- Dissatisfaction with the school system
- Dissatisfaction with the SEND support in a school
- Mental Health and Wellbeing

Reason	Number	SubTotal
Dissatisfaction with Sch-GEN	53	
Dissatisfaction with Sch-SEND	25	
Dissatisfaction with Sch-BULLY	6	
Suggest/pressure from School	1	
Risk of school exclusion	2	87
Mental Health	69	
Physical Health	3	
Health Concerns - COVID19	3	75
Lifestyle choice	40	
Philosophical or pref reasons	16	
Religious reasons	5	61
Did not get School Preference	5	
Difficulty getting schoolplace	1	6

The LA has sought to better understand the reasons by:

- Asking at each meeting with the family
- Commissioning a review of reasons – this secured minimal addition information.

We are also working with Exeter University on a research project, employing an EHE experienced parent as a field officer to meet with families and better understand needs and reasons for home educating.

What are schools doing to reduce the number of children being taken out of school to be elected home educated?

Schools signpost support from partners and meet with parents to discuss the issues that may lead to the decision to Home Educate. EHE and Attendance Officers from the Vulnerable Pupils Team also offer advice and support to parents, attending the home or school.

The EHE team, working with Attendance, Social Care, Health and SEND are also offering informal clinics across the Bay to ensure parents have access to accurate information around the statutory expectations of, and support available to, home educating families.

What can the Council do to reduce the numbers?

The quickest and simplest approach would be to regularly and publicly celebrate the successes of the school system and local authority in meeting children's needs and securing good outcomes. Parental confidence in schools is key to securing maximal attendance, reducing movement between schools and limiting home education to those families for whom it is their preference.

Signposting families to Early Help, SENDIASS and the relevant LA teams would also support families to receive accurate and timely advice. Too often we find inaccurate advice has been given on social media platforms and through community groups by well-meaning but ill-informed people.

How does the Council ensure that children who are being elected home educated are safeguarded from harm?

The vast majority of EHE families are not at increased safeguarding risk to their school attending peers. Equally, Local Authority officers have no right to see a child or enter the home under current legislation.

This prevents routine contact and can make children invisible to the system. Officers rely on parents, partner agencies and the community to inform us of concerns through MASH and professional contact.

Where children are open to social care, officers work with the lead professional and attend safeguarding meetings as a school would. If child protection planning is in place, education is most often deemed unsuitable, and a school attendance order is pursued.

In all cases of statutory social care work, officers increase the frequency of contact with the family.

What consideration is given to social and emotional support for these children?

If a child's mental health were deemed to be declining during or at the onset of elective home education we would signpost Early Help, Young Devon MyWay and CAMHS. We would also seek advice from social care colleagues as to whether the threshold was met for a MASH referral.

Free School Meals

Overview

Torbay Council has introduced a new auto- enrolment system for Free School Meals (FSM) to ensure that all eligible pupils receive their entitlement without delay. By matching existing Council data and DWP data with School Census information, the project identified and registered pupils who qualified but were not yet claiming FSM.

This initiative was implemented at pace for the start of the autumn academic term, working closely with schools across Torbay to maximise uptake and secure improved outcomes for children and young people.

Key Outcomes

Increased Access to Free School Meals

- 234 additional pupils were successfully enrolled for FSM through the new auto- enrolment process.
- Families were given the opportunity to opt out by 8 September, though the default was inclusion to reduce administrative barriers and ensure eligible children did not miss out.

Significant Additional Funding for Schools

- The increase in registered pupils generated an estimated £300,000 in additional Pupil Premium funding for schools across the Bay.
- This funding will directly support educational attainment, pastoral interventions, and broader support for disadvantaged pupils.

Operational Improvements

Data-Driven Identification

- Cross- referencing of Council-held data and DWP data with School Census records enabled accurate and proactive identification of eligible children not yet registered.

Accelerated Implementation

- Once eligible pupils were identified, the Council and schools acted swiftly to register them ahead of the October census deadline to maximise both pupil benefit and school funding.

Opt-Out Model Introduced

- The new system enrols children automatically unless parents/carers choose to opt out—removing barriers and reducing stigma associated with applying for FSM.

Future Developments

- Annual routine auto- enrolment will now be embedded as standard practice to avoid future under- registration.
- The Council is exploring options to extend automatic entitlement checks to Early Years settings, such as nurseries, to ensure younger children also benefit from streamlined access.

Acknowledgements

The success of the rollout was underpinned by strong collaboration between:

- School leaders, staff, and pupils
- Parents and carers
- Torbay Council teams who delivered the data- matching, enrolment, and operational processes

This joint effort ensured no eligible child was left behind and established a more equitable, efficient, and sustainable approach to supporting disadvantaged families.

Next Steps

The data generated and analysed as part of the FSM auto enrolment strongly indicated an opportunity to work with early years providers that are not Local Authority maintained. Auto-enrolment for free meals in early years settings offers a strategic opportunity to address nutritional inequality, support practitioners, and improve health outcomes for children at an early point in their lives and sits well with the Best Start in Life Programme. Therefore, the next steps will be the development of a process to identify children in early years setting who will be entitled to FSM going forward as well as developing a local programme similar to the “Nourishing Our Future” programme developed by Essex Council. It is envisaged that rolling out such a programme and working closely with the Eys sector will achieve the following outcomes:-

- **Reduce Inequality:** By ensuring all children, regardless of background, receive nutritious meals.
- **Support Practitioners:** Central funding and guidance would alleviate financial pressures and enable settings to provide consistent, healthy food options.
- **Improve Outcomes:** With most children consuming up to 90% of their daily nutrients in early years settings, auto enrolment in EYs would have a significant impact on health, development, and readiness for school.
- **Facilitate Inclusivity:** Auto-enrolment could standardise allergy and dietary management, making it easier for settings to cater for diverse needs.
- **Promote Sustainability:** Developing a centralised meal provision could reduce packaging waste and encourage sustainable sourcing.

Schools Capital Programme

What is happening with the MyPlace (Parkfield) site and how does the Council ensure the covenant is being met?

Mayfield Special School

The Parkfield Site is now being used during school hours by Mayfield Sixth Form. The building have had a series of works to ensure this building is fit for purpose.

The capital project at MyPlace is progressing well and will be complete by the end of January 2026. This is ahead of schedule and the works have been delivered within budget. The project included increasing the vocational spaces within the building and the reconfiguration of other classrooms to ensure they are fit for purpose to meet the needs of Mayfield's pupils. The works also included providing an external access to the sports hall toilets so that these can be used by wider site users.

The engagement with People's Parkfield and the young people using the site during the building works has been positive. Mercury Construction the contractor has been proactive in informing both the school and the young people about progress and their social value involvement on site has been noted and appreciated by all site users.

Mayfield School and the Council have agreed the terms of the lease for MyPlace but the lease has not yet been completed. Mayfield are currently occupying the building under a licence to occupy. The final lease will align with the covenants for the Parkfield site.

There are two external bodies that have an interest in the Parkfield site, the National Trust and the Department of Education (DfE).

National Trust have a covenant on the whole site, restricting use and safeguarding public access. Permission was granted by the Trust in July 2019 for the MyPlace building to be used as an education facility. As part of the permission, clear conditions were imposed and these remain in place. The Council is not required to inform the National Trust when the occupants change and the building remains an educational and community facility.

The second party, DfE, has a Deed of Dedication on the site as they funded the building. The Deed came into force in March 2010 and runs until March 2030. Permission was sought and granted by the DfE in June 2025 for the modifications to the building and for Mayfield College to move in. They have requested sight of the final lease, when ready, just for final assurance. Once DfE have reviewed this the lease can be completed.

Young people have started moving from the old site at Occombe gradually and will be completely based on the new site by the summer term.

This opportunity has meant that young people with severe and profound learning needs have access to a building, resources and equipment which is fit for purpose

and encourages them to build skills which will enable them to prepare for their adulthood.

The young people now accessing this provision have said:

“Well we’ve got a big gym now. We play basketball and football and dodgeball now. I wasn’t sure about it at first because it was new but I love it now. It’s good being close to the shops like Poundland.” – Billy Yr 12 Student

“More shops. Walk do. (Going on local walks), P.E, its good, it’s great. Woodwork at Parkfield, can’t wait. Classrooms are great.” – Callum Yr 12 Student

“The classrooms at Parkfield are bigger, that’s good. I like our outside balcony bit. The best part is the gym, it’s got loads of room and all the students use it. Also we can literally walk to Paignton Town and visit the parks, shops, arcades and the bus station for travel training. - Kaden Yr 13 Student

“I like the gym best, I like to do Basket ball. - Jess Yr 13 Student

“I love it. It’s an amazing place! It’s a lot bigger than Occombe. You couldn’t play football much before because the ball kept going over the fence, but obviously now we’ve got the gym. We can play basketball too.

We’ve got more independence now. We can go to Paignton because it’s closer. It helps with socialising and talking to people and going to shops that you don’t know. Kayden

“Good because the gym’s bigger. Means more people can share the gym because before, it was very crowded. If I want to do football or music, I can choose which one I want to do. We’ve got the football table too so we can play upstairs now. Classrooms are bigger which means more students can fit in. Brandon

“We have more freedom, like a bigger gym than Occombe. It means I can play basketball and stuff that I couldn’t do at the other site. It has a better kitchen with more options. It makes me feel like I’m not crammed into one room. I have more space to move things. It’s closer to the town. That means when we go travel training we can just walk and we have more options. It makes me feel happy to be at Parkfield. Declan

The Headteacher of Mayfield, Stuart Heron reports:

“Mayfield College at Parkfield has already become a vibrant, positive presence in the community. The accessibility and inclusive feel of the building create a welcoming environment where our students thrive and visitors feel at home.

Access to the community from Mayfield College at Parkfield is having a transformative impact on our students. By engaging with real-world environments, local people, and everyday community spaces, our learners are building essential life skills, developing confidence, and strengthening their independence. This rich, hands-on exposure is a vital part of preparing them for adulthood—helping them navigate the world with greater assurance, purpose, and pride.

Our strong focus on community linking has opened the site to a wide range of local groups, of all ages, with immediate increases in after-school and weekend use. This growing partnership with the community not only enriches our students' experiences but also transforms Parkfield into a shared, safe and valued space for everyone.”

Youth Hub

Recently the Local Authority have been successful in gaining a grant to fund a Youth Hub at Parkfield.

Torbay faces persistent challenges supporting cared for, care experienced and SEND young people. NEET rates are within national benchmarks, but ambitions are to increase EET (Education, Employment, Training) participation to at least 70% for care experienced youth. The proposal is to use this purpose built facility to pilot a Youth Skills Hub. This proposal plans to address some of the elements that we believe will come forward in the well-being bill.

This pilot will:

- **Use facilities available at Parkfield**—we have already supported this establishment with a facility with new woodwork and music rooms funded by SEND capital funding.
- **Target Groups for specialist support:** Cared for, care experienced, SEND youth, and UASC.
- **Deliver engaging activities:** Skills development, youth club (outside school hours), community engagement, and partnership with VCSE groups and sports organisations.
- **Pilot Commitment:** Headteacher supports out-of-school hours hub, with staff already identified for delivery.
- **The pilot will particularly focus upon our care experienced cohort, in particular those who are work available but not yet in education employment and training.** We will work alongside the dedicated resource in the hub and link across to our PLACE directorate, and vulnerable pupils and virtual school to develop and establish an approach to support engaging our young people (with a focus on care experience) into being employment ready. We presently have 101 care experienced (age 19 to 21) of which 54% are in employment, education and training (National and SN, 54% and 52% respectively 24/25).

This will be piloted from January to March 2026 to consider how we can increase those care experienced into gainful employment or training. As part of this modelling, we will also review our use of pupil premium spend and consider can we be more strategic in the use of this funding stream.

Special Educational Needs and Disabilities (SEND)

What additional support is available to young people with SEND to help them into employment, education or training?

Based on feedback from our SEND Youth Forum and some specific SEND young person groups in post16 provision we know that our young people feel confused about the options open to them at age 16. For this reason our commissioning team has worked with the SEND over the past nine months to co-design and develop a “Post 16 Pathways” provision plan which explains all provision available to young people with SEND. This pathways plan is focused on providing a vocational and employment pathway, showing young people how they can follow a pathway which leads to successful employment. This pathways document is now finalised and is gaining approval imminently for a soft launch at Easter ready for the new academic year (September 2026).

The Local Authority SEND team have also been working on enhancing and developing provision for young people with SEND.

A grant provided by the NTDi (National Development Team for Inclusion) has allowed Torbay to develop a SEND employment forum. This forum meets six times per year and is attended by stakeholders by across the Partnership on post16 and is supported by SEND Family Voice Torbay. An Action plan has been codeveloped which has focused on delivering training and enhancing our infrastructure for supported employment.

This term the forum is:

- Creating an information video for young people to encourage them into supported employment opportunities.
- Holding five careers events aimed at explaining supported employment opportunities for our Secondary aged pupils.
- Delivering a conference for families on Preparation for Adulthood (including pathways into supported employment).

Over the last two years the SEND team have worked to commission new opportunities for Supported Internships including a bespoke SI pathway run by the Special Partnership Trust whereby young people at Brunel school can continue their education onto an SI pathway.

There is also a bespoke SI pathway available for young people where they can ‘build’ their own Supported Internship with specialist providers as well as the popular South Devon College Courses available.

Leading the way on supported Employment through the Council

The council have also invested in a post to support young people into working in jobs connected to the Local Authority

We are expecting to launch our new work experience programme in February 2026 building on the existing program.

What has changed:

- Identified 5 different pathways for WEX
- More inclusive - priority placements
- Direct work with Schools, the College, other local education providers
- Redesigned application form that removes generic departmental tick boxes
- Targeted questions to better understand interests and aspirations of applicants
- Managers retain full discretion - clearer information for decisions to accommodate WEX

All work experience applicants first consideration will be given to the following priority groups:

- **Priority One** – placements are considered first to people with care experience currently under Torbay Council's care, who either live in TQ1 – TQ5 or may live outside of the area but are or have been under the care of Torbay Council.
- **Priority Two** - placements are then considered to residents in the Torbay area and who attend a Torbay School or College, which consists of five postcode districts TQ1 – TQ5 covering Torquay, Paignton and Brixham.
- **Priority Three** – opportunities are extended to people who reside outside of Torbay and who attend a Torbay School or College.

We will consider applications from other people from outside of the Torbay area or another school/educational facility once priority 1,2 and 3 have been accommodated.

Work experience at the Council will be prioritised for aged 16 and over and for young people under 16, we will offer meaningful encounters as outreach within schools:

- Outreach scheme aimed at engagement with under 16's and from disadvantage backgrounds.
- Attending bespoke employability days
- Mock interviews
- Careers Fairs
- Career Insights days
- Delivered throughout the academic year – timings tailored to the needs of the school
- Collaboration with Torbay Careers Hub

Applications received from young people under the age of 16 will be directed to their school careers officers, who will coordinate these events with us. We are also developing plans for a virtual work experience offer 2027/2028. The council currently has 8 supported internships running with six providers.

Agenda Item 5

Appendix 1

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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