

Ofsted Action Plan – ILACS Autumn 2024

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Colour	Descriptor	
	Activity	Impact
Blue	Action completed.	Impact to date seen as very good & any outstanding issues fully identified.
Green	Action on track.	Evidence of some good impact.
Amber	Action mainly on track, though in early stages.	Impact of work is limited.
Red	Action, although agreed, not yet implemented.	Impact of work seen to be very limited or no impact to date.
NA	RAG-rating not applicable as work not yet scheduled to commence or already concluded.	

What needs to improve						
The range and accuracy of information used by leaders to evaluate service performance and the quality and impact of management oversight and supervision.						
Section Lead		Damian Elcock and Kate Wells				
What inspectors found		- Performance management arrangements are not consistently underpinned by accurate and up-to-date information. For example, data in relation to initial contacts at the front door or to measure the timeliness of response to children identified as living in private fostering arrangements is not accurate. This means leaders do not have a sufficiently precise understanding of the volume and pace of service responses to children. - Managers in all tiers of the organisation are not consistently maintaining a tight enough oversight and grip to ensure that effective, timely support is provided to children and care leavers. - The quality and impact of frontline management oversight and supervision are not consistently strong enough to ensure that children receive the right support at the right pace to help keep them safer and improve their experiences. A culture of ‘high support’ from managers is not backed up by ‘high challenge’ to consistently improve the impact of support that is provided to children and care leavers. Supervision records are often very brief and do not show sufficient tracking of children’s progress.				
Ref	Action	Action owner	Due by	Status	BRAG rating	
					Activity	Impact
1.	Implement a comprehensive performance management framework to support data-driven decision-making					
1.1.	Agree a core data set for leaders to review on a regular basis	Damian Elcock	June 25	Closed	To now be captured as part of Families First work to ensure performance is captured in line with new approach to service delivery	
1.2.	Establish regular reporting into SMT of performance and quality assurance, with team level data delved into during supervision	All HoS	August 25	Complete	Blue	Amber
1.3.	Set thresholds of where to expect performance to be (minimum	Damian Elcock	July 25	Closed	To now be captured as part of Families First work to ensure performance is captured in line	

	expectations), with reporting of exceptions against this				with new approach to service delivery	
2.	Strengthen the practice and recording of management oversight					
2.1.	Create management oversight template and guidance to evidence risk and safety	Keral Patel	June 25	Complete	Blue	Amber
2.2.	Review and relaunch case recording template and guidance	Keral Patel	August 25	In progress	Amber	Amber
2.3.	QA activity around management oversight/case recording - Collaborative QA with CSWT TMs to identify strengths, support needs and systems improvements	Julia Khoosal	September 25	Complete	Blue	Amber
2.4.	Design skills audit to confirm strengths and areas for development of frontline team managers	Keral Patel	June 25	Complete	Blue	Amber
2.5.	Complete skills audit to identify support and training needs	All HoS	July 25	Closed	Skills audit design (2.4) completed but determined not to be impactful to implement so action closed	
2.6.	Launch buddying offer / Reflective 1:1 session for new managers	Keral Patel	May 25	Complete	Blue	Green
2.7.	Refresh case supervision template with clear progression of actions	Kate Wells	Mar 25	Complete	Blue	Green
2.8.	Review and reissue personal supervision, supervision agreement and quality conversation expectations	Keral Patel	May 25	Complete	Blue	Amber
2.9.	Undertake spotlight audit of case supervision (building on ongoing dip	ESMT	September 25	In progress	Amber	Amber

	sampling in CIN managers performance meeting) and embed in feedback cycles					
2.10.	Adapt LL forms so management oversight regarding decision making is clearer, including: a. Update PWP form b. Add comment boxes for management authorisation to relevant forms c. Update LPM form d. Review strategy discussion form	Kate Wells	a. Dec 24 b. Jan 25 c. Mar 25 d. May 25	a. Complete b. Complete c. Complete d. Complete	Blue	Green
2.11.	Focus on purposeful use of pre-proceeding, including: a. Increased oversight and tracking by case progression manager, SM and HOS b. Work with legal regarding reducing expert assessments c. Skilling social workers up in different assessment tools d. Early identification of alternative carers through network meetings	Kate Wells	a. March 25 b. Dec 25 c. Dec 25 d. June 25	Complete/BAU	Green	Green
2.12.	Capture all management oversight re HoS chaired panels and trackers on LiquidLogic	All HOS	Ongoing	Complete/BAU	Blue	Green
2.13.	Review escalation process and put tracker to be in place with SM and HOS oversight	Julia Khoosal	April 25	Complete/BAU	Blue	Green
The impact we hope this work will have		Improved quality of management oversight and	How we will monitor and measure impact		Performance data review in SMT / ESMT / service areas	

	supervision, progressing plans and reducing drift and delay. Increased confidence of senior management in adherence to statutory requirements and practice guidance.		Spotlight audit activity Reduced length of pre-proceedings / care proceedings Numbers of escalations / complaints
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What needs to improve						
The timeliness and robustness of responses to contacts and referrals.						
Section Lead		Kate Wells and Amy Smith				
What inspectors found		- Inspectors found a small number of examples of delays in contacts being responded to and entered on the electronic recording system. In these examples, the date of contact is shown as the date the contact has been created, not the date it was received. This means some children wait a number of days before their contact is responded to, and performance data in this area is not accurate. - Responses by the CASP to contacts and referrals do not always demonstrate sufficient professional curiosity or fully consider family history. This means that children are not always receiving the support they need.				
Ref	Action	Action owner	Due by	Status	BRAG rating	
					Activity	Impact
4.	Brief team managers regarding issues with responses to contacts and referrals (including understanding and addressing any drivers of delay, ensuring the date recorded is date of contact)	Kate Wells/ Karen Dawson	In weekly CASP performance meetings	Complete	Blue	Green
5.	Ensure key messages re curiosity, history, what is keeping the child safe, day to day experiences and child's voice are evidenced in referral and decision making via - team meetings / performance meeting - reiteration of service expectations - focused curious questions for managers	Karen Dawson/ Kate Wells	April 25	Complete	Blue	Amber
6.	Review all re-referrals and NFAs at regular intervals	Karen Dawson / Kate Wells	Ongoing	Complete/BAU	Blue	Amber

7.	Review performance reporting and set what is to be picked up in the reports	Kate Wells (CSC)	LAC visiting: May 25 Contacts/referrals: Sept 25	In progress	Green	Red
8.	Review and develop step up/step down processes reviewed to ensure timely and effective application of threshold, including review of all step up/step downs and update to guidance	Kate Wells / Amy Smith	April 25	Complete	Blue	Blue
9.	Improve awareness of EH offer and service structure within CASP, alongside relationship building across CASP and clusters	Amy Smith / Kate Wells / Karen Dawson / Vibha Gohil	May 25	Complete	Blue	Green
10.	Complete spotlight audit of front door contacts/referrals	Julia Khoosal	June 25	Complete/BAU	Blue	Green
The impact we hope this work will have		Improved timeliness of recording of contacts and referrals Families getting the right support at the right time Confidence that appropriate curiosity and understanding of children's lives is informing decision making at the front door	How we will monitor and measure impact		Performance data, CASP performance meetings, spotlight audits, feedback from step up / step down panel	

What needs to improve						
The quality and consistency of care plans and pathway plans.						
Section Lead		Julia Khoosal and David Thrussell				
What inspectors found		- The quality of plans varies and while they identify needs, actions are not always sufficiently specific in terms of timescales and the outcomes being sought. Overoptimism about the sustainability of change means that some children are stepped down from child protection plans too soon. - The quality of children's plans is variable. Stronger plans are detailed, taking careful account of children's wishes and feelings, reflecting their religious and cultural needs. Weaker plans lack this level of detail and specificity. - LCAs are not always clear about what the local offer is, and a small number of pathway plans contain out-of-date information about the offer. This means that young people will not be clear about all their entitlements and may miss out on them. - The quality of pathway plans is highly variable. Some pathway plans demonstrate a strong understanding of the young person's views and needs and are very specific and detailed about how the young person will achieve their ambitions. Other written plans lack detail and do not reflect the range of work being undertaken to support the young person. When circumstances change for a young person, pathway plans are not updated to reflect the meaningful change in circumstances.				
Ref	Action	Action owner	Due by	Status	BRAG rating	
					Activity	Impact
11.	Review, update and promote the Local Offer for Care Leavers	David Thrussell	June 25	Complete	Blue	Green
12.	Strengthening Pathway Plans - Audits Review practice guidance for plans Arrange SOS Training and recording Strengthening family networks to engage hard to reach care leavers	David Thrussell	June 25	Complete/BAU	Green	Green
13.	Review of all forms and paperwork, including: a. Development of assessment that spans EH/CSC	Kate Wells	September 25	Closed	Action to be picked up as part of the Families First Partnership Programme	

	b. Clarity about what could be changed / what can't (link to v25 LL update and future updates)					
14.	Child Protection Plans					
14.1.	Ensure that any cases stepped down to CIN have clear actions identified and actions are completed prior to closure	Charlene Collins/Helen Smith	April 25	Complete/BAU	Blue	Amber
14.2.	Re-audit step downs	Megan Hill, Sarah Hanlon, Julia Khoosal	April 25	Complete	Blue	Amber
14.3.	Review of performance data re: re-referrals for CP – via ChAT and Performance Data. Identify themes.	Kate Wells with Karen Dawson, Charlene Collins, Helen Smith, Megan Hill	Bimonthly	Complete/BAU	Blue	Amber
15.	Care Plans					
15.1.	Focus on aspirational care planning: All care plans to focus both on longer term goals and steps to get there and actions to be taken in the next 6 months to progress this. - LAC service event focusing on care planning (26 th March 2025) - Good quality care plans shared - Ensure holistic assessments / intervention for CYP are integrated (CYPJS, EHCP). Clearly reference / analysis in care plans.	Rina Begum	Service event / Good quality plans shared March 25 Integrated care plans expectations - September 25	Complete	Blue	Amber
15.2.	QA of care plans and feedback from LAC reviews	Rina Begum	December 25	Not yet started		
15.3.	Family version of care plans shared, piloted and reviewed	Rina Begum	September 25	In progress	Green	Amber

The impact we hope this work will have	Improved quality of care plans, which reflect children's identity and aspirations Sustainable planning at all levels of statutory intervention To increase awareness and use of Local Offer Increase engagement of CL	How we will monitor and measure impact	Spotlight and collaborative audits, Feedback from CYPF Commendations Website Monitoring Consulting with Care Leavers Reviewing pathway plans Care Leavers Support Group
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What needs to improve						
Arrangements to identify, safeguard and support the most vulnerable children in care and care leavers, including children in unregistered children's homes.						
Section Lead		Kate Wells and David Thrussell				
What inspectors found		- The frequency of visits and monitoring activity for the small number of children living in unregistered children's homes do not provide adequate assurance about the care that they receive. - A small number of children have been or are living in unregistered children's homes. These placements are only made in emergencies when no suitable option is available. Placement searches continue and children are moved to more appropriate homes as soon as this is possible. However, during their time in unregistered homes, some of these children are not being visited more frequently by their social workers considering their potential vulnerability. IRO oversight is not regular and robust enough for these children. - When young people say they do not want support, this is sometimes too easily and readily accepted, without persistence to provide the support they may need. While based on a well-intentioned desire to recognise an adult's right to self-determination, this approach can lead to risks to more vulnerable care leavers not being identified or adequately addressed.				
Ref	Action	Action owner	Due by	Status	BRAG rating	
					Activity	Impact
16.	Unregistered/unregulated placements expectations and process signed off at SMT and shared across division (to include unregulated fostering placements)	Kate Wells	February 25	Complete	Blue	Green
17.	Monthly HoS oversight of unregistered/unregulated placements oversight and monitoring	Kate Wells / Mike Evans	Ongoing	Complete	Blue	Green
18.	Review visiting frequency, risk assessments, advocacy referrals and safety planning for all new placements	KW / ME / HL / JJ / RR	From March 25	Complete	Blue	Amber

19.	Invite IRO SM to monthly meeting to report on oversight of new and existing arrangements	KW / JJ / RR	From March 25	Complete	Blue	Amber
20.	Ongoing QA of external provision and unregulated placements via Placement and Commissioning Team and Care experienced consultants	Hannah Lacey / Sam Merry	December 25	In progress	Green	Green
21.	Spotlight audit to assess impact/adherence to expectations and QA processes	Sarah Hanlon	December 25	In progress	Amber	Amber
The impact we hope this work will have		Unregulated placements only to be used and agreed in exceptional circumstances. Children and YP in these placements have decreased support and input, with clear safety plans to meet needs.	How we will monitor and measure impact		Spotlight QA LAC reviews HOS monitoring and oversight Feedback from CYPF	

What needs to improve						
Support for care leavers who may be more reluctant to accept help, including those in custody and those facing homelessness.						
Section Lead		David Thrussell				
What inspectors found		- Most care leavers in custody have very brief pathway plans that leave most actions to the prison service or family members. LCAs do not pull those actions together into a cohesive plan, instead noting that others are doing things. As a result, LCAs do not always show drive and ambition to ensure that those care leavers in custody have their health, education or other needs met. Sometimes it is not clear how young people in custody are being helped to prepare for release. - When care leavers are not in education, employment or training, the planning and support provided to them is not always sufficiently ambitious. Their plans do not clearly or sufficiently set out what steps need to be taken and by whom to bring some structure and meaningful activity to their lives. - Most care leavers are in suitable accommodation and care leavers said that they like where they live and feel safe there. When care leavers are homeless, they are appropriately supported to find temporary, and then more permanent, accommodation. A very small number of care leavers living away from Leicester, who are vulnerable because of their histories and specific needs, are not adequately supported to find accommodation when they are at risk of becoming homeless. This means the local authority cannot be assured that they have somewhere suitable to live.				
Ref	Action	Action owner	Due by	Status	BRAG rating	
					Activity	Impact
22.	LCAs will liaise directly with Prison OM Involve prisons in pathway planning Pro-active use of consent forms to support access to prisons Liaison with LLR to discuss best practice Agree action plan with NPS and CYPJS Collaboration with regional Always Hope Project for Care Leavers in Custody.	David Thrussell	December 2025	In progress	Green	Green
23.	Work with Virtual School Team and Connexions Team to improve engagement with reluctant care leavers	David Thrussell	December 2025	In progress	Green	Green

	Encourage and promote Job fairs. Use WA broadcast system to promote EET opportunities Promote LCT ASDAN. New dedicated ET worker appointed to support NEET young people and care leavers.					
24.	Review and promote support for Care Leavers living outside LA Continue to promote band 1 status for returners to the city	David Thrussell	June 2025	Complete	Blue	Green
The impact we hope this work will have		Increased engagement with care leavers in custody and improved pre-release pathway planning. QA of all Care Leavers completed with Action Plan. Care Leavers out of area have been allocated housing out of area.	How we will monitor and measure impact		Care leavers visited in custody Oversight QA of Pathway Plans Multi agency pre-release plans Suitable Housing, EET engagement	