Presentation: Post-inspection Improvement Plan

CYPE Scrutiny Meeting date: 17.6.2026

Lead director: Damian Elcock

Useful information

- Ward(s) affected: All
- Report author: Damian Elcock
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1. Purpose of report

To provide an update on the post-inspection improvement plan for Children's Social Care.

2. Summary

Directors will deliver a presentation on the post-inspection improvement plan, progress made and priorities for the next 12 months for Children's Social Care following a full Ofsted inspection in September 2024 and an Ofsted Focused Visit reviewing services and support for Care Leavers in March 2026

3. Recommendations

That the CYPE Scrutiny Commission note the report and make any recommendations for future improvements or service development.

5. Financial, legal and other implications

5.1 Financial implications

This report is an update report and is not seeking any additional funding. Therefore there are no direct financial implications arising from it.
Mohammed Irfan, Head of Finance
01 June 2026

5.2 Legal implications

There are no direct legal implications arising from this report.

Susan Holmes – Head of Law for Social Care & Safeguarding
1st June 2026

5.3 Climate Change and Carbon Reduction implications

Whilst there are no significant climate emergency implications directly associated with this update report, service delivery by the council and partners generally contributes to the council's carbon footprint. Any impacts could be considered within delivery of

service action plans, such as encouraging the use of sustainable travel options, using buildings and materials efficiently and following the council's sustainable procurement guidance, as appropriate and relevant.

Phil Ball, Sustainability Officer, Ext 372246
4th June 2026

5.4 Equalities Implications

There are no direct equality implications arising from this report, as it provides an update on the post inspection improvement plan. However, it is important that equality considerations remain embedded throughout the implementation of the plan, ensuring that the needs and experiences of the city's diverse communities are reflected in ongoing improvements to Children's Social Care.
Sukhi Biring, Equalities Officer 4 June 2026

6. Background information and other papers:

N/A

7. Summary of appendices:

Appendix A: Post Inspection improvement plan update presentation

Post-inspection Improvement Plan Update

CYPE Scrutiny Commission
17th June 2026

Short inspection September 2024

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.	
What we have done in response	• Restructured senior management arrangements to provide clearer focus on business performance and quality assurance, supported by standardised reporting and a service-by-service review cycle • Begun to clarify strategic performance expectations at departmental level, providing a foundation for the development of clearer performance thresholds aligned to Families First • Strengthened the practice and recording of management oversight through updated guidance, refreshed supervision and recording expectations, and improvements to LiquidLogic forms to better evidence decision making • Completed collaborative quality assurance activity with Team Managers to identify strengths and areas for improvement, supported by targeted spotlight audits • Enhanced workforce support through the introduction of reflective buddying and 1:1 support for new managers • Strengthened oversight of high-risk activity, including pre-proceedings, placements and escalation routes, through clearer tracking, panel oversight and senior management assurance
Where we are now	Leadership oversight has improved through structured reporting and SMT focus, providing better line of sight, however, performance information remains fragmented and performance thresholds and exception reporting are not yet embedded. Clear guidance now exists for management oversight, supervision and recording however, impact is variable and not yet consistently evidenced across practice. Workforce support has strengthened the overall culture, with early positive impact from buddying and reflective support, including improved retention and a growing focus on learning, challenge and support for managers. Changes to LiquidLogic and recording processes are beginning to support stronger documentation and clearer evidence of decision-making in some areas.
Priorities for further improvement	1. Strengthen performance management and system grip, supported by a defined core data set aligned to Families First practice expectations, providing a single, coherent view of performance, quality and outcomes 2. Introduce clear performance thresholds and minimum expectations and embed exception reporting to ensure leaders focus on areas of risk, drift and underperformance

	3. Develop SMT-level performance clinics, creating structured opportunities for Director-level challenge, support and recognition, building on existing reporting templates Performance thresholds 4. Deliver targeted spotlight activity on management oversight, to test practice and drive improvement where required 5. Finalise and launch the case recording template and guidance, ensuring clear expectations for quality, clarity and impact 6. Develop a clear communications approach to share learning from audit and QA, including good practice, distance travelled and areas requiring further improvement

What needs to improve	
The timeliness and robustness of responses to contacts and referrals.	
What we have done in response	• Put in place process for reviewing all re-referrals and NFAs at regular intervals, improving oversight and understanding of patterns • Reinforced key expectations around professional curiosity, consideration of history and risk, focus on day-to-day lived experiences and the child's voice • Strengthened oversight of Early Help offer and pathways
Where we are now	There is now greater confidence in understanding re-referrals and NFA decisions, supported by regular review activity and evidence shows a reduction in re-referral rates, indicating early signs of improved decision-making. Step up/step down processes are more clearly defined and consistently applied, with increased awareness of the Early Help offer and service structure improving the appropriateness of referrals and allocations. QA activity shows improvement and data input improvements have increased accuracy of information, but impact on practice is not yet fully embedded or consistent.
Priorities for further improvement	• Strengthen the quality of decision-making at the front door, ensuring decision making consistently reflects a full consideration of history and risk • Build on existing oversight to ensure it drives improved practice quality, not just compliance • Ensure findings from spotlight audits and dip sampling are systematically translated into practice development, manager oversight and supervision

What needs to improve	
The quality and consistency of care plans and pathway plans.	
What we have done in response	• Strengthened the local offer and practitioner understanding • Improved practice guidance and workforce support • Delivered additional support and challenge to staff, particularly around recording and planning quality • Reviewed systems and tools to support practice
Where we are now	The Local Offer is now clearer and better understood by practitioners, supported by external validation from the March 2026 focused visit. Practice guidance and expectations are more clearly defined however, the quality and impact of pathway plans remains variable, with improvement slower than expected. **This continues to remain an area of focus, to further develop the quality and consistency of practice in this area.** Key system and form changes have been identified and are in development, but changes have not yet been implemented within systems and therefore, impact on frontline practice is not yet evident.
Priorities for further improvement	• Embed consistent application of revised guidance across all practitioners • Strengthen use of audits to drive sustained improvement in practice quality, ensuring learning from audits leads to tangible changes in practice • Increase management oversight and challenge of pathway planning quality • Improve ability to track the impact of plans on outcomes, not just completion • Progress implementation of revised forms and assessments • Explore and implement digital/AI solutions to improve efficiency and quality

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.	
What we have done in response	• Strengthened governance and oversight of unregulated and unregistered placements • Improved clarity of expectations and guidance, setting clearer expectations around practice relating to new placements • Enhanced quality assurance and scrutiny, testing adherence to expectations and processes
Where we are now	The number of unregistered placements remains relatively low and any such arrangements remain under regular review with management oversight. Oversight is now embedded at director and Head of Service level, with routine monitoring in place. Where used, unregulated placements are subject to increased scrutiny and management oversight. Despite efforts, there is some variation in practice remaining – particular in visiting frequency and consistency of assurance across all cases so further improvement is required. We have increasing numbers of vulnerable adult care leavers with complex health and social care needs. Further consideration needs to be given to how these adults can best be supported in the community on a multi-agency basis, including ASC, adult mental health, housing, police and probation.
Priorities for further improvement	• Thematic audit of unregulated/unregistered • Consider panel for vulnerable adult care leavers – consider how there is oversight of the improvements needed with regards to adults • Continue work with providers to increase registered capacity

What needs to improve	
Support for care leavers who may be more reluctant to accept help, including those in custody and those facing homelessness.	
What we have done in response	• Strengthened partnership working and system alignment: established stronger multi-agency collaboration with prisons, NPS, CYPJS, Virtual School, Connexions and regional partners • Improved access and engagement with young people: taken a more proactive approach to accessing young people, including use of consent processes and escalation where access is blocked and promoted opportunities and services to improve engagement (e.g. EET offers, job fairs, communication channels) • Enhanced capacity and targeted support: invested in additional dedicated roles to support vulnerable groups (e.g. NEET care leavers), increased visiting activity, including for those in custody and those living out of area and strengthened connections to specialist programmes and services
Where we are now	Extending our local offer to the care leavers living outside the city has improved access to this support. Further improvements have been seen with the appointment of a dedicated EET advisor and the development of a joint protocol with the housing department. Oversight of care leavers in custody has strengthened through managerial auditing of pathway plans, supported by the update of operating standards and the identified of a single point of contact within the probation service. Levels of NEET remain a challenge but this is true for the broader cohort of all young people and not just care leavers.
Priorities for further improvement	• Complete a thematic audit on care leavers living out of area • Strengthen performance reporting and data accuracy to give leaders better grip • Embed clear escalation routes where access or engagement is challenged • Improve routine oversight of access, visits, and engagement, including where partners control access • Support further management oversight • Review practice standards in respect to young people living out of area • Develop a corporate NEET action plan with appropriate governance, with clear accountability and measurable outcomes

Focused visit March 2026

What needs to improve	
The quality and consistency of pathway plans to ensure that they are ambitious and aspirational for young people	
What inspectors found	• Most pathway plans for children aged 16 and 17 are co-produced with them, contain their wishes and feelings and are contributed to by other professionals Plans are written with transition in mind but some are too long and do not clearly set out what needs to happen and why, to prepare children for independence • The quality of pathway plans was identified as an area for improvement at the last inspection. Leaders are aware that insufficient progress has been made in this area of practice and the quality of plans for care leavers is still variable. Most plans acknowledge identity and cultural needs well and reflect young people's social and family networks. For some young people, their plans contain too much historical information and do not accurately capture their current experiences, unique aspirations and the risks they are exposed to. Actions in pathway plans are not consistently timebound and this includes reviewing employment, education and training targets for young people. • The health and emotional wellbeing needs of care leavers are well considered in their pathway plans. • The identification and response to vulnerable care leavers at risk is inconsistent. Pathway plans do not sufficiently identify young people's vulnerabilities and safety needs and do not evidence how risks will be reduced

What we are doing in response	• Providing stronger routine management oversight of pathway plans to improve the quality, timeliness and ambition of pathway plans • Scaling use of AI-enabled quality assurance tools for pathway plans to support more consistent quality assurance and earlier identification of weak plans • Commissioning targeted training for staff on high-quality pathway planning to improve staff confidence and competence and ensure that pathway plans meet statutory guidance

What needs to improve	
The quality of support to care leavers over the age of 21	
What inspectors found	• Most care leavers in Leicester cease to have a LCA when they reach the age of 21. Young people are advised to contact a duty worker should they have support needs after the age of 21. The rationale as to why young people no longer have an allocated LCA is not sufficiently recorded. For some young people, the decision is made to move them to the duty system even when they have requested continued support and this increases their vulnerability. For others who have disengaged from the service, their support needs are not known at the point their LCA is deallocated. When care leavers over the age of 21 approach the service for help, they are usually supported with the presenting concern or worry but are not quickly reallocated a LCA when this might be needed. As a result, some young people over the age of 21 are left in situations of unassessed need and risk.
What we are doing in response	• Develop a central, informal drop-in space for care leavers to improve emotional and practical support and increase engagement with services

What needs to improve	
The quality and effectiveness of management oversight and supervision, including the identification and management of risk	
What inspectors found	• There is insufficient management oversight and supervision of young people at high risk. All care leavers are RAG (red, amber, green) rated by managers in line with their perceived level of risk. This risk rating does not always adequately reflect the complexity of young people's needs. Managers have recognised that more needs to be done to ensure that there is robust oversight of these vulnerable young people at high risk, to assure themselves of their safety. • There is insufficient management oversight of decision-making for care leavers. This has led to plans for some young people not being driven forward effectively, risks not always being recognised, and to reactive rather than proactive practice. Supervision records, although detailed, are mostly completed by LCAs and do not consistently evidence reflection on young people's circumstances, vulnerabilities and needs. Actions from supervision are brief and compliance focused, with an absence of management direction, challenge and reflection.
What we are doing in response	• Appointing a new Head of Service for Children in Care and Care Leavers to improve leadership capacity, support clearer accountability and improve Ofsted confidence in senior oversight

	• Recruiting a dedicated Service Manager for Leaving Care to support improved service grip and consistency, providing focused operational management for Leaving Care • Securing additional funding to recruit an additional Team Manager to reduce caseload pressures and improve management oversight

What needs to improve	
The clarity of the overarching strategic plan for care leavers, to ensure a cohesive approach across aspects of improvement work	
What inspectors found	• The absence of an overarching, cohesive strategy setting out Leicester City Council's commitment to care leavers means that ambitions for care leavers are not currently captured or communicated effectively
What we are doing in response	• Reviewing service structure, considering feasibility of a post-16 team with a mixed workforce to better align service delivery • Develop a single, stand-alone Leaving Care strategy to provide clear strategic direction and improve the visibility and ownership of priorities • Strengthen strategic planning for health and education outcomes to support improved outcomes for care leavers in health and education, formally challenging health partners to respond to Ofsted findings • Review whether current structures sufficiently address NEET care leavers to develop clearer corporate accountability and a stronger focus on disengaged young people