



Leicester
City Council

SOCIAL CARE AND EDUCATION

PRIORITIES AND PERFORMANCE AMBITIONS

QUARTER 4 2026-27 (**Pilot Quarter**)

Priority X: A slide for each priority updated each quarter

"I and We Statements" focus us on why this is a priority

Area(s) of action or reference

A RAGB rating based on progress on plans (rather than assessed impact)

I Statements

What this means for Leicester residents

We Statements

What it means for us as an organisation and our staff and leaders

A narrative in terms of progress and any obstacles and how we will overcome them.

There is also an action sheet later in the presentation for the coming quarter

Priority 1: Delivery on the improvement plans following the Ofsted ILACS, Adult Social Care CQC, HMIP Youth Justice and Area SEND Inspections

Post-Ofsted ILACS Improvement Plan

Some Obstacles

Sector Led Improvement Programme (SLIP) support from Islington for our improvement work was delayed in commencing due to staff sickness in their team. Since commencement there has been some significant progress, especially in terms of coaching support for front-line and middle manager to better equip them to lead with high support and high challenge, a precursor for good quality practice. There has also been active engagement between the leadership teams in Islington and Leicester in Care Leaver services and Domestic Abuse services. There is some future risk as the SLIP programme has been subject to national review and a new delivery model established - there have been delays in existing SLIP partners having future funding confirmed and they now know they will not get this confirmation until end of June 2026. Care Leavers focused visit by Ofsted has highlighted that whilst in some areas there has been good progress, in other areas progress has been too slow.

I Statements
I experience services that are improving, consistent, and meet expected standards.
I feel confident that concerns identified by inspections are being addressed.
I see real changes that improve my outcomes and safety.

We Statements
We act on inspection findings quickly and transparently.
We monitor progress and report openly on improvements.
We ensure learning leads to sustained, measurable change.

Priority1: Delivery on the improvement plans following the Ofsted ILACS, Adult Social Care CQC, HMIP Youth Justice and Area SEND Inspections

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Post-Adult Social Care CQC Improvement Plan

On Track

Action plan in place and progress overseen by steering group, with updates provided to Partners in Care and Health (PCH) and ASC Scrutiny. Scheduled to report to June Scrutiny. There has been some minor slippage in the safeguarding actions but with a new post of Adult Safeguarding Lead now filled we expect to catch up on these actions

Priority 1: Delivery on the improvement plans following the Ofsted ILACS, Adult Social Care CQC, HMIP Youth Justice and Area SEND Inspections

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Post-HMIP Youth Justice Improvement Plan

Some Obstacles

The Youth Justice Board have moved the service from quadrant 3 to 2 (effectively "good") recognising the improvements in the service. Issues remain in respect of the "NEC" electronic case recording system which is hampering some progress in recording good practice. This is being addressed with the provider.

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Post-Area SEND Inspections Improvement Plan

Some Obstacles

Generally progressing on track, but with some challenges around staff capacity to improve the Education, Health and Care Plan (EHCP) Annual Review backlog, which will be mitigated with agency but has taken time to implement. The government White Paper on SEND reforms has increased national demand for EHCPs which has made staff recruitment more challenging as there is competition.

Priority 2: Developing Leading Better Lives into a programme delivering early action across the city with cross council support and closely aligned to and supporting the delivery of neighbourhood health plans

I statements
I get help early, before my situation worsens.
I feel supported in my community to stay healthy and independent.
I experience joined-up support across services.

We statements
We work together across the council and health partners to intervene early.
We design services around prevention, not crisis.
We align our work with neighbourhood health plans.

Agree the LBL “road map”

On Track

Develop a Leading Better Lives Board reporting to the Health and Wellbeing Board

On Track

LBL Roadmap has been drafted following the October workshop, using the insights from this mapped against the framework of the "4 Pillars of Prevention". Governance to Health and Wellbeing Board agreed, and first Board meeting being arranged for June.

Board: Terms of Reference drafted; communication to Directors has gone out. First meeting in the process of being arranged for June.

Priority 3: Delivering locality Family Help across all six clusters and having Multi-Agency Child Protection Teams in place

I statements
I receive timely, coordinated support for my family.
I feel safe, and professionals work together to protect me.
I only have to tell my story once.

We statements
We collaborate across agencies to safeguard children effectively.
We provide consistent support through Family Help teams.
We share information appropriately to protect children.

Establishment of six Family Help Teams by June 2026

On Track

Establishment of MACPT(s) by January 2027

Some Obstacles

Family Help: Due to be operational by mid-July following extended pilot.

MACPT: LLR wide meetings have taken place to establish a unified Multi-Agency Child Protection Team model across the whole region as we share ICB and Police partners. A SWOT (strengths, weaknesses, opportunities, threats) analysis of three proposed models undertaken and findings discussed across the LLR partnership. Meeting to agree final model scheduled for 23rd June.

Priority 4: To continue our financial grip on finances and seek opportunities to deliver best value and reduce growth whilst pursuing excellence in service delivery

I statements
I receive high-quality support that makes best use of resources.
I trust that funding is used fairly and effectively.
My support is sustainable over time.

We statements
We manage public funds responsibly and transparently.
We seek best value while maintaining quality.
We monitor spending and outcomes closely.

Develop and track proxy measures such as NHS income, placement and package cost, agency spend, high needs block deficit

Not Yet Commenced

These proxy measures will be developed by the end of Quarter 2 (end of Sept 26). Outturn for the financial year 3.1% underspend in ASC and 2.6% underspend in children’s services. Benchmarking shows that residential placement costs for children have risen 38% in Leicester since 2019, the lowest in the region (Derby City +104%, Nottingham City +72%, Notts +149%).

Priority 5: To develop a maturity matrix for our Equality, Diversity and Inclusion work and to deliver on a clear plan to advance our growth

I statements
I am treated fairly, with respect for my identity and background.
I can access services that meet my cultural and individual needs.
I feel included and heard.

We statements
We actively reduce inequalities in access and outcomes.
We embed EDI in all areas of practice.
We listen to diverse voices and adapt services accordingly.

Development of maturity matrix

Development of plan for first phase of changes to increase maturity

On Track

On Track

Mission Diverse has completed analysis staff views to aid the development of an SCE focused “maturity matrix” which builds on the corporate model. (A maturity matrix is a self-assessment tool used to evaluate an organization’s progress in a specific)

The “Diverse by Design” toolkit has provided a self-assessment, which acts as a basis of a maturity assessment (in the absence of a corporate maturity matrix). The department is delivering an action plan against this.

Priority 6: Having a clear school place sufficiency and SEND Capital Programme in place with Executive agreement

I statements
I can access a suitable school place that meets my needs. I don't face long delays or travel far for education. My SEND needs are supported in the right environment.

We statements
We plan effectively for school places and SEND provision. We invest in infrastructure to meet future demand. We ensure sufficiency strategies are evidence-based.

Development of a capital strategy

On Track

The Designated Specialist Provision (Support Bases for children with SEDN in mainstream schools) Phase 3 proposal is due to be presented to the City Mayor in Quarter One (May/June) alongside a paper on long term plans for SEND capital in light of the White Paper and potential for Local Government Reorganisation impacting the city.

Priority 7: Having clear medium- and long-term strategies in place for children’s residential provision and adult supported living

I statements
I live in a place that is safe, stable, and meets my needs. I have choices about where and how I live. I feel supported to live as independently as possible.

We statements
We develop sustainable, high-quality care provision. We reduce reliance on unsuitable or distant placements. We work regionally to improve options and capacity.

Revised children’s placement sufficiency strategies in place by May 2026

On Track

Revised supported living strategies in place by May 2026

On Track

Placements Hill View children’s home is in the process of being registered with Ofsted. Capital has been agreed for the build / conversion for two further homes. A workshop on the shape of the new sufficiency strategy took place with more planned. Joint work has been completed with planning to help shape the role of independent children’s homes in the city. / **Supported Living** Innerscircle consultancy commission underway, to provide a refreshed demand analysis; market engagement; site analysis; and delivery of implementation plan, June. / **Regional Care Cooperative (RCC)** Expression Of Interest due for submission in late June.

Priority 8: Deliver a programme to develop a performance culture across the department

I statements
I experience consistently high-quality services.
I benefit from services that improve over time.
I see accountability when things go wrong.

We statements
We use data to drive improvement and decision-making.
We set clear expectations and monitor performance.
We create a culture of learning and accountability.

Deliver programme between January and June 2026

On Track

All relevant managers have attended initial sessions and been issued with a reflective workbook. All have completed a day with the Art Of Brilliance on motivation and resilience. Dates are set for sessions on Value Based leadership. Using Data sessions are being commissioned. Phase two is being planned for the autumn with a focus on quality assurance and managing change.

Priority 9: Developing a consistent methodology to underpin our quality assurance processes across the department

I statements
I receive support that is regularly reviewed and improved.
My feedback contributes to better services.
I feel confident in the quality of care provided.

We statements
We apply consistent quality assurance across services.
We learn from audits, feedback, and outcomes.
We ensure continuous improvement is embedded.

Deliver programme between January and June 2026

On Track

The revised quality assurance methodology has been approved and adopted. The summaries from a range of QA activity will now be summarised so we can look at learning across the department and more closely monitor resulting actions and impact. This will be marked as complete once this has been embedded.

Priority 10: Making technology including artificial intelligence tools available to all practitioners to help manage workload and improve efficiency

I statements
I experience more responsive services and less delay.
Professionals spend more time supporting me, not on paperwork.
My information is handled efficiently and securely.

We statements
We use technology to improve efficiency and quality.
We support staff to confidently use digital tools.
We reduce administrative burden to focus on people.

By April 2026 tools available to support easier running record keeping in liquid logic, easier running record keeping in liquid logic, Minuting meetings and supervision and support sessions

Staff confident and capable to use these tools by Nov 2026

Some Obstacles

On Track

AI Policy and Training released by Information Governance during April 2026. Co-Pilot is expected to be released at the end of May. AI project Manager now in post and is conducting three key initial workstreams:

- 1) Preparing guidance for workers across SCE
- 2) Approaching and Working with service areas & DMTs to understand key pinch points / issues / with business processes to identify where AI (or other digital transformation opportunities) can be used to support the service area.
- 3) Working to develop AI Impact Assessments with those service areas and working with DDAT / Info Governance to approve the extended use of Co-Pilot Chat or secure other AI / Digital tools) Planning to create as few of these impact assessments as possible with generic assessments used where possible.

Audio Transcription work is awaiting further progress by DDAT

Priority 11: To review our partnership plans around SEND to deliver on the new government strategy once this is clear

I statements
I receive coordinated support for SEND needs.
My education, health, and care plans are timely and effective.
I feel my needs are understood and met.

We statements
We work in partnership to deliver SEND reforms.
We improve timeliness and quality of EHCP processes.
We involve families in planning and decision-making.

Deliver programme between January and June 2026

On Track

The SEND white paper has been published and is being consulted on. A coordinated response from the Council has been submitted. There have also been announcements of SEND High Needs Block (HNB) funding which is dependent upon the approval by DfE of a Local Area SEND Reform Plan in early summer. Work is well progressed on this plan a draft plan has been submitted for initial feedback.

Priority 12: Refine and begin to deliver our plans on preparing for adulthood and transition to adult services

I statements
I am supported to prepare for adult life.
My transition between services is smooth and well-planned.
I feel confident about my future independence.

We statements
We plan transitions early and collaboratively.
We ensure continuity between children's and adult services.
We support independence and life opportunities.

Develop, engage and launch PFA Strategy by April 2026

Some Obstacles

Timescales have slipped. However, following a successful visioning event, Nov 25 a draft strategy has been created with an engagement plan to support a final draft for September 2026.

Priority 13: Begin to prepare for Local Government Reorganisation

I statements
I continue to receive consistent, uninterrupted services.
I understand any changes that affect me.
I feel reassured during transitions.

We statements
We plan proactively for organisational change.
We maintain service stability and communication.
We prioritise residents' needs throughout change.

Begin to prepare for Local Government Reorganisation

On Track

The SCE departmental management team has a full day in early April to complete SWOT and PESTEL* analyses around LGR to identify key areas for focus and planning with regards to LGR.

*Political, Economic, Social, Technological, Environmental, Legal

Key Actions for Q1 2026-27

Area	Key Actions
Post-Ofsted ILACS Improvement Plan	<ul style="list-style-type: none">• Updated Self Evaluation for submission to Ofsted by 19th May• Ofsted Annual Engagement meeting 2nd June• Launch new improvement plan on the Quality and consistency of plans
Post-Adult Social Care CQC Improvement Plan	Establish Carers Improvement Plan / Review IAG and website content inc translation function / Improve data quality re timeliness / implement Client Level Data and deliver mandatory training / onboard SA Practice Lead
Post-HMIP Youth Justice Improvement Plan	<ul style="list-style-type: none">• Youth Justice Management Board 1st June• Resolve continuing challenges around Victim work capacity
Post-Area SEND Inspections Improvement Plan	<ul style="list-style-type: none">• Submission of SEND Area Reform Plan• Proposals for DSPs and SEND Capital
Developing Leading Better Lives into a programme delivering early action across the city with cross council support and closely aligned to and supporting the delivery of neighbourhood health plans	<ul style="list-style-type: none">• Finalisation of road map• Inaugural meeting of LBL Board

Key Actions for Q1 2026-27

Area	Key Actions
Delivering locality Family Help across all six clusters and having Multi-Agency Child Protection Teams in place	<ul style="list-style-type: none">• Co-location of social work staff to remaining 5 cluster areas by end June 2026• Capital bids for essential building works at the 12 Family Hubs venues• LLR partners MACPT meeting 23rd June – to formally agree shared delivery model
To continue our financial grip on finances and seek opportunities to deliver best value and reduce growth whilst pursuing excellence in service delivery	Review year end activity and finance data against targets and trajectory – maintain project approach and agile methodology to efficiencies work
To develop a maturity matrix for our Equality, Diversity and Inclusion work and to deliver on a clear plan to advance our growth	Agree how we will arrive at a co-produced plan with staff Launch new guidance on supporting staff, including when community tensions arise
Having a clear school place sufficiency and SEND Capital Programme in place with Executive agreement	Complete DSP Phase 3 paper and SEND Sufficiency paper

Key Actions for Q1 2026-27

Area	Key Actions
Deliver a programme to develop a performance culture across the department	Deliver "Ethical and Value Based Leadership" sessions to all staff Commission "Using Data" sessions and arrange dates Plan the autumn programme
Developing a consistent methodology to underpin our quality assurance processes across the department	New QA Impact Framework approved: staff launch May 2026
Making technology including artificial intelligence tools available to all practitioners to help manage workload and improve efficiency	Launch MS co-pilot for use with specific business cases
To review our partnership plans around SEND to deliver on the new government strategy once this is clear	SEND reform plans co-produced and draft submitted to DfE
Refine and begin to deliver our plans on preparing for adulthood and transition to adult services	Engagement plan for draft strategy now agreed, engagement to happen this quarter, to support planned launch for Autumn. Service design for operational model underway, final model to be agreed

Key Actions for Q1 2026-27

Area	Key Actions
Begin to prepare for Local Government Reorganisation	<ul style="list-style-type: none">- Away day to complete PESTEL and SWOT analysis- Prepare draft “day one” plans- Consider change resources required

Performance Ambition: **An updated slide each quarter**

	Descriptor	What is the baseline?	What is the target?	What is the target date?	What is performance in this quarter?	Status
	What is it we are seeking to measure	Our starting point	What we are trying to achieve.....and by when	What does it look like this quarter?	A rating of whether we are on trajectory to hit the target

Analysis and Mitigations: Analysis is still in development but over time we will comment consistently on:

- How we compare to last quarter and a year ago
- How we compare to national, regional and LA family benchmarks
- What policy, performance and societal factors are impacting on performance, positively or negatively
- What actions we might take to change trajectory
- We will add graphs and tables where useful

We will keep ambitions under review to make sure they best reflect the impact we want to have for residents

Assessing Needs: Reduction in median and longest waiting times for assessments and reviews

	Descriptor	What is the baseline?	What is the target?	What is the target date?	What is performance in this quarter?	Status
ASC1a	Median wait for a Care Act assessment across all teams reduced from 135 days to 90 days	135 days (248 people)	90 days	31-Dec-26	79 median days (98 people)	On target
ASC1b	for reviews: proportion of people overdue for a 12-monthly review by more than 6 months falls from its current level (706 median delay) to less than 10% of cases.	706		31-Dec-26	26.3% of people (1501 of 5691) overdue by 6 months or more. (858 days median)	Currently off trajectory

Analysis and Mitigations: Work in data quality, alongside work to target waiting lists with focussed activity, has been successful in improving the reported position. Additional capacity has been secured for reviews. Initially targeted at those overdue for more than 12 months, attention will now turn to those overdue by 6 months. We expect to this position to improve over the next period.

Assessing Needs: Equitable waiting times across teams / client groups

	Descriptor	What is the baseline?	What is the target?	What is the target date?	What is performance in this quarter?	Status
ASC2	The disparity between locality teams and specialist teams in waiting times should narrow to less than 5%.	31st Mar 2026 snapshot 15% Variation Reviews	5%>	31-Dec-26	Reviews overdue by 18 months: 15% variation between service areas	Currently off trajectory

Analysis and Mitigations: This has 2 elements – assessments and reviews. As per previous, review activity is still a priority area for improvement but the targeted capacity will address the most overdue and therefore reduce disparity. Work is in progress to report on assessments wait disparity – numbers are lower and functions between teams are different so this variation needs to be reflected in the data.

Care provision, integration and continuity : Increased uptake of direct payments

	Descriptor	What is the baseline?	What is the target?	What is the target date?	What is performance in this quarter?	Status
ASC3	Increase the uptake of Direct Payments from 45% to 50% and to reduce the number of people ceasing direct payments for avoidable reasons (e.g. administrative issues) to nil.	45%	50%	31-Dec-26	41%	Currently off trajectory

Analysis and Mitigations: Direct payment uptake has dipped but is variable across the year. It will take time to increase the rate, noting the highest performing national position is 48% and the average is 25% so Leicester is a high performer comparatively. **This metric will be subject to review as we develop more sophisticated measures on the experience of carers.**

Supporting people to live healthier lives : Improved accessibility and responsiveness of information, advice, and guidance (IAG)

	Descriptor	What is the baseline?	What is the target?	What is the target date?	What is performance in this quarter?	Status
ASC4a	90 % of users report (via survey) that they can “easily find information and advice about support in a way that suits me (language, format, channel).”	2023/24 Carers: 43.3% 2023/24 ASC: 72.8% 2024/25 ASC 70.8%	90%	31-Dec-26	Carers: 45.8% ASC: 86.6%	Currently off trajectory
ASC4b	All core care planning, assessment, and safeguarding documents should routinely be available in easy-read and the top 5 local non-English languages (or as requested) within 7 days of request.		All core care planning, assessment, and safeguarding documents should routinely be available in easy-read and the top 5 local non-English languages	01-Jul-26		Currently off trajectory
ASC4c	Corporate web pages should be capable of easy digital translation		Corporate web pages should be capable of easy digital translation	01-Jul-26		Complete

Supporting people to live healthier lives : Improved accessibility and responsiveness of information, advice, and guidance (IAG)

Analysis and Mitigations:

Carers data is drawn from biannual surveys. Annual surveys capture the views of people who draw on support. Whilst access to information rates have improved and are close to target for people who use services, the carers data is well below target – this reflects the nationally reported experience for unpaid carers.

Translation: A solution is believed to be available with the roll out of co-pilot, but until this is progressed corporately, it is not possible to test or implement. On the basis this is a viable solution, this will address the action in full and make translated materials – both standard templates and individual documents – readily available.

The new website functionality has addressed the action to make web content available in local languages.

Supporting people to live healthier lives : Stronger prevention, early intervention, and support for non-eligible needs and for Carers

	Descriptor	What is the baseline?	What is the target?	What is the target date?	What is performance in this quarter?	Status
ACS5a	Measurable increase in “prevention contacts” (e.g. care navigators, minor adaptations, self-help referrals) used before more intensive support is needed.	to be defined. Draft criteria: More 'request for support' contacts for new people, with low-level Services / signposting NFA outcomes	Increase on baseline	31-Dec-26		working to establish definition and baseline
ASC5b	A reduction in new referrals to long-term support where earlier intervention could have avoided escalation.	to be defined. Draft criteria: count 'request for support' contacts for new people who progress to case - split by people who have had/did not have a prevention NFA contact previously	Reduction on baseline	31-Dec-26		working to establish definition and baseline
ASC5c	A rising proportion of people supported to avoid entering higher-cost packages (e.g. hospital readmissions, institutional care) through reablement or enablement.	to be defined. Draft criteria: a) increase in proportion of people independent after Reablement and b) if a person has a package of care after reablement, a reduction of the no of hours person has after reablement	Increase on baseline	31-Dec-26	Independent: 60.3% Reduction: 48.5%	working to establish definition and baseline
ASC5d	Increase the % of Carers accessing support groups or someone to talk to in confidence from 18.52% (SACE 2023/24)	2023/24 Carers Survey: 18.5%	Increase on baseline	31-Dec-26	2025/26 Carers survey: 24%	On target
ASC5e	Reduction in the % of Carers facing financial difficulties and an increase in the % of Carers in paid employment	2023/24 Carers Survey: Financial difficulty: 61.2% Paid Employment: 27.1%	Reduction on baseline	31-Dec-26	2025/26 Carers survey: Financial difficulty: 78.9% Paid Employment: 24%	Currently off trajectory

Supporting people to live healthier lives : Stronger prevention, early intervention, and support for non-eligible

Analysis and Mitigations:

Supporting independence: data from the Reablement service will be used going forward as the baseline and performance source against which to track the improvement trajectory. Given the nature of people supported and our national position (strong) we are aiming to a shallow but sustained increase.

Carers: further data sources will need to be explored, given the limitations of biannual national surveys.

Safe pathways, systems and transitions; Safeguarding : Better safeguarding process performance and oversight

	Descriptor	What is the baseline?	What is the target?	What is the target date?	What is performance in this quarter?	Status
ASC6a	All safeguarding alerts should have an initial outcome decision within 5 working days with full enquiry closure within 3 months (unless complexity and multi-agency involvement dictates otherwise).	5 days 84 days	All safeguarding alerts should have an initial outcome decision within 5 working days with full enquiry closure within 3 months	31-Dec-26	Alerts in 5 days: 50.1% Enquiries completed in 84 days: 55.7%	Currently off trajectory
ASC6b	Governance and audit mechanisms ensure 100 % of safeguarding enquiries are routinely reviewed and lessons logged, with “no cases left without oversight.”	TBC with new Safeguarding practice lead.	Governance and audit mechanisms ensure 100 % of safeguarding enquiries are routinely reviewed and lessons logged, with “no cases left without oversight.”	31-Dec-26		working to establish clear definition and baseline

Supporting people to live healthier lives : Stronger prevention, early intervention, and support for non-eligible

Analysis and Mitigations:

The newly appointed Safeguarding Adults Practice Lead (SAPL) will progress this work.

Safeguarding timeliness – work is needed to address data entry issues as well as any practice issues. New guidance on safeguarding timescales has been launched and will support improvement in this area. Work is needed to define ‘complex / multi-agency’ for the purposes of reasonable exclusions.

Safeguarding oversight – a new audit programme will provide insights, along with reporting on existing management oversight utilising liquidlogic functionality – this needs to be established by the SAPL

Looked After Children and Edge of Care

	Descriptor	What is the baseline?	What is the target?	What is the target date?	What is performance in this quarter?	Status
CYP1a	To ensure our unregulated placements do not exceed 1% of all children in care across the financial year	2.16% for 2025-26 Z11 court directed 0.17% (2), Z12 awaiting alternative 1.21% (14), Z13 best interest 0.78% (9) for 1,156 placements	< 1%	31-Mar-27	Q4: 1.93% of 776 placements Z11 0.26% (2), Z12 0.90% (7), Z13 0.77% (6)	Currently off trajectory
CYP1b	The average number of placement moves decreases year-on-year	2024-25 25.8% had at least one placement move. 1.35 placement moves per person moving		31-Mar-27	Q4: 10.2% had at least one placement move, with average of 1.15 moves per person moving. 2025-26: 28.1% had at least one placement move, with average of 1.33 moves per person moving.	Close to trajectory
CYP1c	Number of children entering care to have reduced by 8% by 2028 (from the 2024-25 baseline) based on rates per 10,000 of population	207 during 2024-25 Rate 23 per 10,000	Reduction of 8% on baseline	31-Mar-28	Q4: 57 2025-26: 268 (+29.5%) Rate: 29.5	Currently off trajectory

Looked After Children and Edge of Care

Analysis and Mitigations:

CYP1a: There are 5 children in unregulated placements which is 2 less than the last quarter. Most of the providers are applying to be registered with OFSTED. Where this is not the case we are pursuing alternative OFSTED regulated placements for our young people or pushing the providers to become regulated. Expression of Interest for Regional Care Collaborative and Fostering Hub and opening new LA run residential provision to improve regulated placement availability. There are no regional or national benchmarks available.

CYP1b: We will review this measure as there is benchmarking data available for a slightly different measure from other LAs which might provide us more insight into our relative performance.

CYP1c: The main driver to reduce the numbers of children in care are the Families First reforms including Family Help and Family Group Decision making. These are not yet in place but should be by September 2026 with MACPTs also in place by March 2027. Given that it is not a surprise we are off trajectory at present.

Children Subject to Child Protection Plans

	Descriptor	What is the baseline?	What is the target?	What is the target date?	What is performance in this quarter?	Status
CYP2	Number of new CP Plans – to have reduced by 8% by April 2028 (from the 2024-25 baseline)	521 during 2024-25	Reduction of 8% on baseline	31-Mar-28	Q4: 136 2025-26: 576 (+10.6%)	Currently off trajectory

Analysis and Mitigations:
 The main driver to reduce the numbers of children on child protection plans are the Families First reforms including Family Help and Family Group Decision making. These are not yet in place but should be by September 2026 with MACPTs also in place by March 2027. Since the end of Q4 the number of new plans has reduced by approximately 5%.

Attainment and NEET

CYP3a	The number of 16-17 years olds classified as NEET / Not Known to have reduced by April 2028 (from the 2024-25 baseline)	6.9% for 2024-25 (Dec-Feb average)	Reduction on baseline	31-Mar-28	Q4: 6.94% 5.83% NEET 1.12% not known	On target
CYP3b	The proportion of children in Leicester City Council achieving a Good Level of Development at the end of the 2027/28 academic year is at least 72.0%; and	64.5% for 2024-25	72%	Sep-28	No in-year progress updates	Data yet not available
CYP3c	Disadvantaged children have benefitted at least equally from this improvement; that is, that the proportion of children eligible for Free School Meals (FSM) and achieving a Good Level of Development at the end of the 2027/28 academic year is at least 63.7%	54.5% for 2024-25	63.70%	Sep-28	No in-year progress updates	Data not yet available

Analysis and Mitigations:

- GLD data will not be available until Autumn.

Attainment and NEET (Not In Education, Employment or Training)

	Descriptor	What is the baseline?	What is the target?	What is the target date?	What is performance in this quarter?	Status
CYP3d	The attainment of looked after children to have increased by September 2027	2023-24 KS2 expected standard reading: 55% KS2 expected standard writing: 59% KS2 expected standard maths: 45% KS2 expected standard grammar, punctuation, spelling: 50% KS2 expected standard reading, writing, maths: 27% KS4 average attainment 8 score: 19.2 KS4 average progress 8 score: -1.23 KS4 achieving 9-4 pass in English and Maths: 18.6	Increase on baseline	Sep-27	2024-25 KS2 expected standard reading: 50% KS2 expected standard writing: 42% KS2 expected standard maths: 29% KS2 expected standard grammar, punctuation, spelling: 50% KS2 expected standard reading, writing, maths: 29% KS4 average attainment 8 score: 17.5 KS4 average progress 8 score: suppressed KS4 achieving 9-4 pass in English and Maths: 23.8	Currently off trajectory

Analysis and Mitigations:

- 2024/25 information published 02 April 2026 in the "Outcomes for children in need, including children looked after by local authorities in England" statistical release.
- Small cohort numbers KS2 (24) and KS4 (24)

	Descriptor	What is the baseline?	What is the target?	What is the target date?	What is performance in this quarter?	Status
CYP4a	EHCP initial timeliness to improve by 15% by April 2027 (based on the 2024-25 baseline)	51.5% within 20 weeks (excluding exceptions) for 2024		31-Mar-27	Q4: 46.0% 2025-26: 55.8%	Close to trajectory
CYP4b	EHCP Reviews 12 week completion to be improved by 25% by April 2027 (based on the 2024-25 baseline)	12.8% 2024/25		31-Mar-27	Q4: 23.1% 2025-26: 11.7%	Close to trajectory

Analysis and Mitigations:

- Performance in this quarter has been impacted by a higher volume of new EHCNA requests exceeding trends due to increased demand linked to White Paper. Some capacity has also been intentionally redirected to the annual review inspection action area in order to balance the system. Efficiencies and capacity increase have been implemented through revised team formation and digital solutions. Although there remains staffing concerns which impact.
- Area has strengthened oversight with improved data and dedicated action plan and steering group, slightly below target due to legacy backlog, variability in timeliness of returns from some settings and wider system pressure from increase in ECH initial requests. Targeted backlog clearance underway, reprioritisation of officer capacity and dedicated resource to this priority area. Although there remains staffing concerns which impact.

Quality of Children's Social Work / Family Help Practice

	Descriptor	What is the baseline?	What is the target?	What is the target date?	What is performance in this quarter?	Status
CYP5	Case audit quality – by Q2 2027-28 85% of overall cases audited to be good or better	48%	85% by Q2 2027-28	30/09/2028	57%	Close to trajectory

Analysis and Mitigations:

Whilst Q4 shows a positive increase in audits rated 'good', it is noted that both this quarter and q3 have included audits graded Inadaquate, showing variation in practice. All inadequate audits are reviewed by HOS, and a QA Manager will now routinely re-audit children's cases where gradings were Inadaquate in 6 months time to provide review of practice, assurance that actions have been completed, and consider impact.

Within this quarter (as in previous quarters) audits relating to social work teams have been completed within the Safeguarding Unit only, due to front line team managers being exempt from auditing . It has been agreed that team managers will re-start auditing in May. This should allow for increased numbers of audits to be completed and will also support managers in terms of oversight of practice, their wider practice development and management oversight.