Children's Services

Quality Assurance

ANNUAL REPORT 2024/25

Author:

Karen Turner

Quality Assurance/PIP Officer

Introduction

This Annual Report provides a comprehensive overview of the Quality Assurance activities and findings for the reporting year 01 April 2024 – 31 March 2025, covering all four quarters. The report highlights key developments, audit outcomes, and areas for improvement across various aspects of Children's Social Care and Safeguarding.

The underlying principles of our QA Framework:

Child centred	Understanding children's experiences and their progress. Ensuring the voice of the child is heard and taken into account in assessment, planning and decision making.
Ensure services are effective and of high quality	To hold ourselves accountable for delivering services that meet high standards. Professional staff who work with children, young people and their families do so because they are committed to making a positive impact on children's lives.
Evaluate service deliver Impact.	We take collective responsibility for improvement. Our systems gather data from various sources to analyse local need, service, performance and individuals already receiving a service. This helps ensure services are delivered effectively meeting standards that safeguard and promote children's welfare.
Demonstrate Continuous Learning	Report quality assurance findings, give feedback to staff and managers and identify areas for improvement to develop actions plans that enhance practices.

Overview of the key QA activities this year:

The Quality Assurance team has invested substantial effort in refining the Child Journey Auditing process, addressing gap created by the vacancy in the QA Lead post (vacant for 9 months).

Upon filling the vacancy in January 2024, the key priorities were:

- enhance the clarity of the audit process
- foster accountability among auditors
- ensure that auditing work is meaningful, impactful and drives practice improvements
- provide ongoing advice and support

Work started in this year with our Sector Led Improvement Partners (SLIP) from Wiltshire to review our Quality Assurance Framework (QAF), which is overdue for an update. We have also undertaken work within End-to-End meetings to review the QAF and the updated QAF will be published in summer 2025. The work to update is on hold whilst we await the outcome of our bid to the DfE for additional SLIP support focused on QA. Should the bid be successful and we are able to fully utilise the resources and tools that will be made available to us by Wiltshire, we can ensure that our updated QAF is robust, future proof and structured around a variety of auditing activities.

Completing Child Journey Audits (CJA) remains a mandatory monthly task for our auditors (Assistant Directors, Service Managers, Team Managers, IROs and Advanced Practitioners), with

an observed increase in the completion rate of allocated case audits throughout the year. CJAs focus on the child's voice, visits, assessment, planning, management oversight/supervision, and meetings and reviews; providing a holistic view of the child's experience and the impact of our practice. These findings contribute to continuous learning and development.

In order to enhance our learning from CJAs, this year we embraced new technology, utilising Microsoft Forms instead of continuing to complete CJAs as a Word document. This has allowed us to more easily capture and collate both quantitative and qualitative data from CJAs.

Furthermore, monthly Moderation Panels have now become embedded as 'business as usual', acting as another layer of assurance in terms of auditing whilst also providing moderators (our auditors, on a rotating basis) the opportunity to read and learn from audits from a variety of their peers and develop their own practice.

The development of the Power BI performance dashboard has assisted auditors and leaders in understanding performance and for data analysis to be part of auditing work.

The majority of our management information is now provided through Power BI, offering real-time accessible reporting tools that enable leaders and managers at all levels to access, understand, analyse, and act on available data. Service Managers and Team Managers utilise this information to support their practice oversight. Furthermore, our Business Analysts produce a range of management information tailored to those service areas where Power BI reporting is still under development.

Performance information is crucial for assessing key performance indicators and benchmarking against various standards. Our objective is to analyse data effectively to continually understand and improve our services. Business Analysis and Quality Assurance provide managers with a reporting frameworks to support informed decision-making and track progress.

Our Quality Assurance approach is evolving as we gain insights. We employ various tools and methods to gather quantitative and qualitative data from multiple sources to understand practice more comprehensively. Quarterly evaluations, which include feedback from children, families, and carers, help us identify areas for improvement.

Additional to CJAs and daily performance analysis, throughout 2024/25 a high level of thematic dip sampling has been undertaken to explore and address emerging issues. These dip sample audits have been undertaken in the main by the Principal Social Worker (PSW), with some work being undertaken by the Senior Leadership Team (SLT) and, on occasion, as shared learning/group auditing work by Team Managers within End to End or Performance Management meetings. The findings from these dip samples have been reported into the Children's Improvement Board (CIB).

Feedback from compliments, complaints, and user experiences is also vital for understanding the quality of our services. Quarterly Quality Assurance reports analyse audit information to identify themes, trends, issues, and actions for improvement.

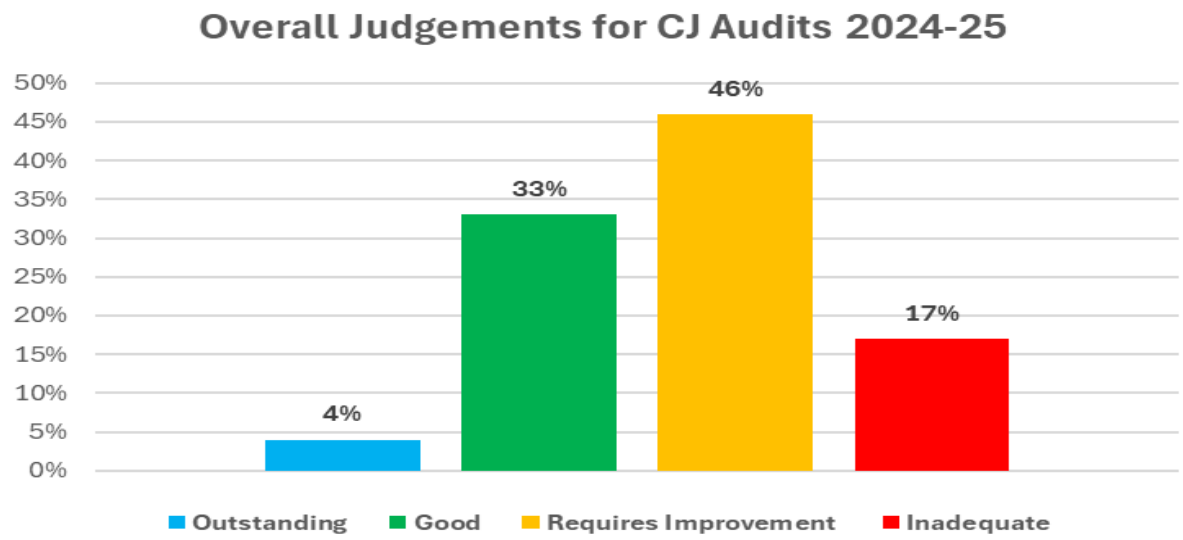
To ensure accountability, a "Closing the Loop" action tracker has been established and is sent to Team Managers on a weekly basis. It is their responsibility to update the tracker when audit actions have been completed. We continue to incorporate service user feedback into our

quarterly reports, aiming to increase the amount of feedback collected, combined with direct practice observation, to provide a more comprehensive view of our practices.

The year 2024-2025 has seen significant progress in audit quality, child-focused practice, and management oversight. While challenges remain in achieving consistency, timeliness, and analytical depth, the strategic developments and focused efforts have laid a strong foundation for continued improvement. The commitment to enhancing the quality of services provided to children and young people is evident, and the next steps outlined in this report will further support this ongoing journey.

Child Journey Audits

330 CJAs were completed in 2024/25 compared with 132 in 2023/24 which equates to a 150% increase, an additional 952 dip samples were also conducted. Audit activity is undertaken by a range of roles within Children Services, with the Director and Assistant Director taking part in this activity alongside Service Managers, Team Managers and the IRU Team.



	Outstanding	Good	Requires Improvement	Inadequate	Total for quarter
Q1	0	19	31	20	70
Q2	3	26	23	12	64
Q3	2	19	44	13	78
Q4	7	44	55	12	118
Total	**12**	**108**	**153**	**57**	**330**

Overall Judgements for our 5 Priority Areas

Visits	**Q1**		**Q2**		**Q3**		**Q4**	
	Number	%	Number	%	Number	%	Number	%
Outstanding	4	**6%**	6	**9%**	5	**7%**	24	**20%**
Good	36	**51%**	22	**34%**	37	**47%**	49	**42%**
RI	23	**33%**	25	**39%**	25	**32%**	30	**25%**
Inadequate	7	**10%**	11	**17%**	11	**14%**	15	**13%**

Assessments	**Q1**		**Q2**		**Q3**		**Q4**	
	Number	%	Number	%	Number	%	Number	%
Outstanding	0	**0%**	1	**2%**	5	**7%**	4	**4%**
Good	8	**33%**	23	**36%**	22	**33%**	40	**41%**
RI	13	**54%**	28	**44%**	28	**42%**	34	**34%**
Inadequate	3	**13%**	8	**13%**	12	**18%**	21	**21%**

Supervision	**Q1**		**Q2**		**Q3**		**Q4**	
	Number	%	Number	%	Number	%	Number	%
Outstanding	1	**1%**	3	**5%**	3	**4%**	6	**5%**
Good	25	**36%**	26	**41%**	27	**35%**	34	**29%**
RI	33	**47%**	21	**33%**	53	**53%**	67	**58%**
Inadequate	11	**16%**	14	**21%**	8	**8%**	11	**8%**

Plans & Planning	**Q1**		**Q2**		**Q3**		**Q4**	
	Number	%	Number	%	Number	%	Number	%
Outstanding	3	**4%**	5	**8%**	4	**5%**	9	**8%**
Good	27	**39%**	22	**34%**	36	**46%**	57	**48%**
RI	30	**43%**	28	**44%**	28	**36%**	38	**32%**
Inadequate	10	**14%**	9	**14%**	10	**13%**	14	**12%**

Meetings and Reviews	**Q1**		**Q2**		**Q3**		**Q4**	
	Number	%	Number	%	Number	%	Number	%
Outstanding	0	**0%**	3	**5%**	2	**2%**	10	**9%**
Good	34	**49%**	22	**34%**	11	**35%**	50	**42%**
RI	20	**29%**	25	**39%**	18	**50%**	43	**36%**
Inadequate	16	**23%**	14	**22%**	3	**13%**	15	**13%**

Quarter 1 (Q1) 2024/25

- 388 case file dip sample audits were conducted.
- PSW and SLT dip audit work for Children's Improvement Board focused on:
    - Last 50 children to become Looked After, Direct Work and S47 investigations leading to no further action (April 2024)
    - Quality of Management Oversight on Child Protection Plans and quality of Child Protection Plans (May 2024)
    - Visits (June 2024)
- 70 CJAs completed.
- CJA return rates increased from 51% in Q4 2023/24 to 60% in Q1.
- CJAs graded as 'Good' decreased from 40% in Q4 2023/24 to 27% in Q1 2024/25, with an increase in CJAs graded as Requires Improvement and Inadequate. This change was attributed to more stringent Moderation gradings, where 35% of moderated cases resulted in a lower grading.

Key events/developments

- Introduction of a Power BI dashboard linked to the Annex A report to streamline data reporting.
- Mind of My Own training provided to 70 workers.
- Inaugural meeting of a new participation working group
- Microsoft Forms CJA tool introduced to improve CJA quality and streamline data collection.
- Moderation Panels established.
- Closing the Loop (Actions log implemented)
- Monthly 'data hygiene' meetings established to provide a unified approach to overseeing and taking action on matters related to practice, performance, and system management tasks.
- Key recruitment to additional capacity Independent Reviewing Officer (IRO) posts created (following the Ofsted Focused Visit in November 2023) to address the challenges of excessively high IRO caseloads which impacted upon the ability of IROs to have adequate scrutiny or apply robust challenge. 3 of the 5 IRO posts were successfully recruited to from external candidates – all 3 began their employment within Q1, creating an immediate positive impact on caseloads.

Strengths

Audit Submission: Audit submission rates rose from Q4 and feedback received from auditors that attendance at Moderation Panel was reflective and educational.

Visits: 87% of visits reviewed in CJAs were purposeful; direct work increased from 37% to 59%; 66%, visits also included detailed observations especially for non verbal children and were often written directly to the child.

Assessments: 82% of assessments reviewed in CJAs were comprehensive and analytical; 84% led to targeted interventions; and in 82% of assessments effective tools were utilised. Good

assessments were clear, concise and included historical context and risk analysis. 67% included the child's voice; 80% included at least one parent's views.

Planning: 39% of plans reviewed in CJAs were rated 'Good', with 71% up to date a 10% increase from Q4. 52% met SMART criteria, 73% of plans involved at least one parent and 70% of plans met assessed needs and 18% increase from Q4.

Supervision: 64% of CJAs showed supervision helped advance plans; 73% had well-documented supervision.

Meetings & Reviews: 71% of CJAs found the review process effective in identifying drift and delay, up from 44% in Q4, and 75% of meeting showed consistent interagency working.

Service User Feedback: 61% of service users spoken to as part of CJAs felt listened to and understood; 68% felt social worker involvement improved their situation. Several service users praised individual social workers for their support and communication.

Areas for improvement

- Audit Judgements: Only 27% of audits were rated Good, with 44% Requires Improvement and 29% Inadequate.
- Timeliness: Visits, assessments, and supervisions often missed statutory timescales or were poorly recorded.
- Use of Theory & Research: Only 39% of assessments reviewed in CJAs incorporated theory and research.
- Fathers' voices were underrepresented in assessments, plans, and meetings.
- IRO Oversight: Only 44% of cases reviewed showed clear IRO scrutiny; documentation gaps persisted.
- Service User Feedback: While 61% of service users spoken to felt listened to, only 57% felt social worker involvement was important, and many felt less in control.

Actions required – communicated via End to End and Performance Management meetings this quarter

Visits	Ensure visits are recorded	Increase direct work	Minimise social worker changes and ensure continuity of care	Promote Mind of my own usage
Assessments	Embed theory and research	Improve timeliness by using Power Bi dashboards to flag overdue assessments and follow up	Enhance genogram use	Capture fathers' voices
Supervision	Ensure supervision policy is followed	Enhance reflection and challenge	Improve IRO documentation	

Plans & Planning	Ensure SMART planning	Increase parental involvement	Cultural and identity inclusion	Timely updates
Meetings & Reviews	Improve timeliness and documentation	Boost IRO oversight	Ensure greater attendance of partner agencies	
Child Journey Audits	Increase numbers of submitted CJA's	Utilise Moderation Panels to ensure consistency of gradings of auditors	Ensure inexperienced auditors are invited to Moderation Panels	
Service User Feedback	Improve response rates	Increase participation of families, children and young people	Act on feedback	

Quarter 2 (Q2) 2024/25

- 377 dip sample audits were conducted.
- PSW and SLT dip audit work for Children's Improvement Board focused on:
    - Last 62 children to become Looked After (July 2024)
    - Visits (August 2024)
    - Quality of Management Oversight on Child Protection Plans and quality of Child Protection Plans (September 2024)
- 64 CJAs completed.
- CJA return rates were low due to the summer holiday period, with only 48% returned.
- There was an increase in audits graded as Good to 39% from 27% in Q1, Outstanding rose to 5%, and a decrease in those Requiring Improvement, Inadequate dropped from 29% to 19%.
- CJAs downgraded at moderation panel were mainly linked to supervision and review issues.

Key events/developments

- Practice Week 2024 delivered to all staff – including Staff Conference with theme of Participation; keynote speakers included Mind of My Own Chief Exec. Throughout the week nearly 30 workshops and masterclasses held to enhance understanding, offer learning on new issues and refreshers on key social work practice - over 625 staff members across Social Care and Early Help attended one or more sessions.
- Practice Development Hub (PD Hub) enhanced and developed to offer wider resources for social care and Early Help staff. Practice Week sessions recorded and uploaded to the PD Hub for access after the event.
- Additional training sessions and workshops delivered, including "High Quality Auditing", attended by over half of current auditors.

- ❖ Social Work Health Check 2024 completed; we received 113 responses, providing insights into job satisfaction and areas for improvement.
- ❖ Business Support Review completed: all administrative teams now report to the All Age Business Support Team Manager. A new booking system has been implemented to increase meetings between social workers and information support officers, enhancing record-keeping on children's case files.

Strengths

Audits & Moderation: CJAs rated Good increased from 27% in Q1 to 39% in Q2. Outstanding ratings rose from 0% to 5%. Audits rated Inadequate dropped from 29% to 19%, and Requires Improvement decreased from 44% to 36%. The Microsoft Forms CJA tool continued to capture both quantitative and qualitative data, supporting a balanced view of practice. 61% of audits were moderated in Q2. Only 19% of moderated audits were downgraded, indicating stronger initial grading accuracy.

Assessments: CJAs noted that Good assessments highlighted strengths and areas of concern and reflected the wishes and feelings of child families and carers. Within the Good graded SWAs there was good holistic content around education and health and were deemed purposeful with clear intent, direction and were comprehensive and analytical capturing family dynamics and protective factors.

Planning: Strong permanency planning evidenced by CJAs and an increase in plans capturing the voice of the child, 95% of the plans considered the child's emotional health and contact with the family and were regularly updated following reviews. 85% of families involved in shaping the plan.

Meetings & Reviews: 76% of meetings and reviews considered by CJAs were conducted within scheduled timeframes, a 7% improvement from Q1. 76% of CLA cases showed clear scrutiny from the IRO, up from 44% in Q1. 70% of meetings included parents, up 7% from Q1. Strong evidence of agency contributions to plans and attendance at strategy meetings. Collaboration remained consistent at 70%. Minutes and records of meetings were generally detailed and clear, supporting transparency and accountability.

Supervision: Supervision was described as structured, reflective, and focused on the child's experience. It included hypotheses and space for reflection. Supervision was driving 74% of cases forward, with 57% addressing relevant challenges regarding tasks, actions, and timescales. 78% of supervision records were well-documented, IRO scrutiny improved significantly—74% of cases showed evidence of IRO involvement, up from 40% in Q1.

Visits: 93% of visits examined in CJAs were conducted within statutory timescales, a significant improvement from 60% in Q1. 90% of those visits were deemed purposeful, showing clear intent and relevance to the child's plan. 81% considered culture and identity. 63% of CJAs noted use of direct work techniques to understand children's wishes and feelings—up from 37% in Q4. Visits were well-documented, with detailed narratives that included the child's voice and emotional state.

Service User Feedback: Overall feedback remained consistent with Q1, indicating sustained quality in user experience.

Areas for improvement

- Audit Completion: Only 48% of CJAs were submitted. August and September had particularly low return rates (35%).
- Assessment Quality and timeliness: Only 36% of assessments were rated "Good"; 44% required improvement and 13% were inadequate. 37% of assessments reviewed were overdue. 24% of meetings/reviews were out of timescale or lacked a plan.
- Voice of the Child: Underrepresented in assessments (only 56%) and plans (32% lacked evidence of the child's voice).
- More consistent oversight from IRO's and CP Chairs required
- Fathers' voices were included in only 30% of assessments reviewed by CJAs.
- Supervision Gaps: 47% of cases had sporadic or missing supervision. Some lacked reflection or timely recording.
- Visit Quality: Only 49% of children were seen alone. 21% of cases had no evidence that children's wishes or feelings were considered.
- Plan sharing: Only 15% of plans were shared with the child; 55% had no evidence of sharing.
- Service User Feedback: Response rate dropped from 52% in Q1 to 37% in Q2.

Actions required – communicated via End to End and Performance Management meetings this quarter

Visits	Statutory timescales	More emphasis on children being seen alone	More evidence that children's wishes and feelings have been gathered and considered.	Complete incomplete visit records
Assessments	Better quality assessments to include genograms and theory and research	Timeliness	Younger children's voices to be captured via direct work	
Supervision	Supervision must be in line with supervision policy	More reflection and challenge required	Improved recordings on case files, template to be used	Increased IRO oversight
Plans & Planning	SMART criteria to be utilised consistently and correctly	Plans to be shared consistently with both parent and child	Plans updated after Reviews and Conferences	

Meetings & Reviews	Improve CP Chair and IRO oversight, including use of RAGs/DRP process	Improve parents' attendance at meeting especially fathers	Timely completion of review minutes and care planning records	Increase the evidence of voice of the child
Child Journey Audits	Increase number of completed CJAs	Improve CJA tool (lengthy and repetitive)		
Moderation Panels	Increase number of CJAs moderated at panel	Address dropout rate from moderation panel		
Service User Feedback	Increase efforts to contact service user	To speak to the child wherever possible		

Quarter 3 (Q3) 2024/25

- 340 dip sample audits completed.
- PSW and SLT dip audit work for Children's Improvement Board focused on:
    - Last 52 children to become Looked After (October/November 2024)
    - Effective use of the Public Law Outline and Children who have had multiple allocated Social Workers (December 2024)
- 78 CJAs completed.
- CJA return rates increased to 60% (up from 48% in Q2)
- Overall Judgment Comparison: Audits graded as Good decreased to 24%, while those Requiring Improvement increased 56% (up from 36%)
- Collaboration with social workers during audits remains lower than desired (55%)

Key events/developments

- Engagement with DFJ Trailblazers Project aimed at reducing delays in family court proceedings.
- Sector Led Improvement Partners from Wiltshire engaged to assist with reviewing and developing Quality Assurance Framework. Collaboration around auditing processes, and data management and reporting tools. Began to consider implementing Wiltshire auditing model (ARMA).
- Wiltshire SLIP provided Action Learning Sets to Team Managers with a focus around the Public Law Outline.
- Impact Project Board launched – to improve children's participation and ensure their voices are central to service delivery.
- All Team Managers began DfE funded, Research in Practice delivered Leadership Development Course – with focus on effective Supervision and Anti-Racist Practice.
- Pilot of Magic Notes – an AI based meeting summary program designed to reduce the administrative burden on workers – began with a small roll out to limited number of users.

- 2 remaining additional capacity IRO posts recruited to (internally – capacity not immediately available) and 2 agency IROs employed for limited period (to year end) to assist with reducing IRO caseloads further.
- Performance Management Group conducted a dip sample review of Case Summaries across all teams. Based on the findings, updated Case Summary guidance, templates, and examples from the PD Hub were distributed to all Team Managers for dissemination.
- Strengthened Moderation Panel attendance by including IROs and CP Chairs in rotation.

Strengths

Moderation process strengthening, with 66% agreement between auditors and moderators.

Assessment Quality: 75% of assessments reviewed in CJAs were comprehensive and analytical, incorporating a wide range of evidence and child voice. 81% of those assessments considered risk and protective factors (up from 70% in Q2). 68% included the child's wishes and feelings, a 12% improvement from Q2.

Planning and Permanency: 46% of plans were graded Good (up from 34% in Q2). Voice of the child included in 75% of plans, showing a consistent upward trend from Q2 (32%) 85% of cases had a clear permanency plan, with 79% being timely and well-matched

Meetings and Reviews: 91% of CLA cases showed clear scrutiny from IROs, up from 32% in Q1 85% RAG completion rate for CLA reviews, reflecting improved oversight and 72% of audits confirmed consistent use of agendas in meetings

Supervision and Oversight: 67% of cases reviewed in CJAs had regular supervision (up from 53% in Q2) and 77% of supervisions were reflective, supporting better decision-making.

Visits: 47% of visits graded Good (up from 34% in Q2). 86% of visits were purposeful and 76% captured child's wishes and feelings.

Service User Feedback: 44% feedback rate, up from 37% in Q2. Positive comments highlighted professionalism, helpfulness, and strong relationships with social workers.

Areas for improvement

- Assessment Quality: 33% of assessments were graded Good (down from 36% in Q2 and 46% in Q1).18% were graded Inadequate, showing a steady increase across quarters. Persistent issues include low use of genograms (18%) and theory/research (52%) 43% of assessments were not completed on time. Limited inclusion of the child's voice and direct work.
- Planning and Care Plan gaps: 35% of plans were outdated, in draft, or not signed off. Only 50% of plans reviewed were SMART (down from 86% in Q2). CLA plans were less current (55%) compared to CP/CIN (74%).
- Meetings and Reviews: 34% of meetings/reviews were not held on time (up from 24% in Q2). CP Chair oversight was inconsistent—only 50% of CP cases had evidence of clear scrutiny. Core group and CIN reviews lacked consistency.

- ❖ Supervision and Oversight: 53% of supervisions were graded Requires Improvement. 29% of supervision records lacked clarity or were poorly documented and some supervisions focused more on directives than reflective analysis
- ❖ Visit Timeliness and Recording: Timely visits dropped from 93% in Q2 to 86% in Q3. Direct work was often undocumented or lacked detail
- ❖ Workforce Stability: High number of children had 4 or more social workers since April 2024. Case transfers were delayed due to high caseloads and staffing shortages. Multiple SW changes led to delays in visits and planning.
- ❖ Service User feedback: some concerns included lack of progress, infrequent contact, and frequent social worker changes

Actions required – communicated via End to End and Performance Management meetings this quarter

Visits	Improve timeliness of visits – ensure statutory timescales are met	Improved capturing of the child's voice and evidence of family engagement	Increase use of direct work	Improve quality of recording, continuity and relationship building
Assessments	Improve timeliness of completion	Increase use of theory, research, genograms and enhance analytical depth	Strengthen the evidence of child's voice and include family perspectives	
Supervision	Improve compliance with Supervision Policy	Increase evidence of depth, clarity and reflection in case supervisions	Ensure clarity of actions and tracking.	Improve evidence of challenge and oversight.
Plans & Planning	Ensure plans are up to date and SMART	Strengthen the evidence of the child's voice and family engagement	Enhance IRO oversight	
Meetings & Reviews	Improve timeliness	Improve consistency of oversight of CP Chairs and IROs	Whilst improving, there needs to be more inclusion of the child's voice	Speedier identification of drift and delay
Child Journey Audits	Strengthen accountability for non-submission	Improve collaboration with social workers	Increase audits grading from Requires Improvement to Good	Improve Leaving Care Team Audit tool
Moderation Panels	Increase moderator capacity	Strengthen feedback loop between moderators and auditors		

Service User Feedback	Increase feedback collection rates	Improve contact	Capture more young people's voices	

Quarter 4 (Q4) 2024/25

- 176 dip sample audits were conducted.
- PSW and SLT dip audit work for Children's Improvement Board focused on:
    - Last 50 children to become Looked After (March 2025)
- 118 CJAs completed.
- CJA return rates increased by 51%.
- Good ratings rose from 24% (Q3) to 37% (Q4).
- Outstanding ratings increased from 3% to 6%.
- Requires Improvement and Inadequate ratings declined.
- 89% of moderated audits resulted in agreed gradings, demonstrating a high level of audit quality.

Key events/developments

- The Assistant Director weekly Staff Updates have proven to be very popular and it is clear that staff who attend find the information provided in each session very valuable. The sessions have addressed various topics such as Ofsted readiness, improvements for current practice, service wide improvements and feedback from quality assurance activity. Additionally, the AD Updates have facilitated:
    - the announcement regarding the new Leadership Board, with David Shaw appointed as the Director of Children's Services effective 25th July 2025.
    - Feedback and reflections from the 'Turning the Curve' conference (led by 2 Team Managers)
    - Principal Social Worker presentations on learning from Case Reviews and our Practice Priorities.
- Assistant Director Updates provided weekly staff updates on topics such as Ofsted readiness and service improvements.
- Team Managers and Senior Leaders completed the DfE funded Leadership Development course which focused on good quality supervision and Anti Racist Practice.
- Our Sector Led Improvement Partners from Wiltshire joined us to deliver 5 in person workshops:
    - Language that Cares (x2)
    - Driving Practice Improvement
    - Strengthening Practice Leadership
    - Workforce Well-being and Development
    - Embedding and Evaluating New Approaches
- The Wiltshire SLIP team also contributed to the enhancement of our Quality Assurance Framework, specifically focusing on the Child Journey Auditing process, its structure, and the supporting mechanisms for auditing, data management and reporting. A further bid has been made to the DfE for continued funding of this partnership work with Wiltshire into 2025/26.

- Microsoft Forms CJA tool for the Leaving Care Team updated and specific guidance created for auditors unfamiliar with Leaving Care Team processes as it had been identified that LCT CJA's have been unfairly downgraded due to lack of knowledge of their processes.
- 90-minute 'Lunch and Learn' session delivered on "High Quality Auditing". These sessions provided guidance on effective auditing techniques, including how to perform dip samples, focus areas based on team performance data, and understanding grading criteria.
- 14 auditors with consistently endorsed gradings will no longer require moderation.

Strengths

CJA submission rate: 51% increase in CJA submission rates – this is a significant and noteworthy success story, evidencing the efforts made to increase submission and also auditor 'buy in' to the importance of QA activity.

Assessments: 41% of assessments were graded as Good, a continued improvement from Q1, Q2 and Q3. Many assessments incorporated frameworks and models to support their analysis. Good assessments were noted for thoroughness, with clear analysis and recommendation which led to clear and concise care plans.

Supervision: CP cases had the highest evidence of reflection at 93%, and 82% of supervisions were found to be progressing the plan. Impact of Magic Notes observed in terms of supporting compliance and speedy write ups of Supervisions. Leaving Care Team supervisions reviewed to have the most robust challenge to practice. Majority of supervision recordings maintained a focus on the child's individual needs ensuring circumstances and welfare were central to decision making.

Plans and Planning: SMART planning has improved in the main, and there has been an increase to 84% of families helping to shape the plan which reflects a strong engagement and co-production with families. 71% of plans captured the child's voice.

Meetings and Reviews: Clear IRO scrutiny – much improved from earlier quarters – and most meetings reviewed in CJAs noted that there was regular attendance from key professionals.

Visits: 20% of visits reviewed were rated as Outstanding and more children were seen during the visits and 96% of the visits were considered purposeful. Social workers demonstrated strong engagement and often used direct work and activities in 74% of cases to build trust and support children.

Service User Feedback: Families spoken to for CJAs generally feel listened to, understood, and supported by social workers.74% reported an improved situation, and 69% felt social worker involvement was important. Punctuality improved, with 69% of respondents saying their social worker was punctual.

Areas for development

- Assessments: Focused work around ensuring SWAs completed annually has been undertaken – will see the results of this in future auditing. Lack of Genograms still an issue and impact chronologies only present in 63% of assessments.
- Supervision: 58% of Supervisions were rated as Requires Improvement and some were considered to too task focused and lacked reflection. Also follow ups from supervision inconsistent. Although 68% of supervision challenged practice there is a need for more reflective discussions.
- Plans and Planning: Only 57% of plans were considered SMART this is an increase from Q3 (50%) but far from the target we wish to achieve. Many plans were not updated regularly, leading to a lack of current and relevant information. Plans are still not regularly being shared with either the child families or carer. Although 83% had a clear plan for permanency the delays were often due to plans still being in draft.
- Meeting and Reviews: 33% of meetings and reviews were not held within the expected timescales and delays were most common in Care planning meetings, CIN Meetings and ICPC meetings. It was not always clear if parent or the child had been invited to the meetings. Although interagency collaboration improved to 78% there were still cases where partner contributions were unclear.
- Visits: Requirement to improve clarity and consistency in visit documentation and increase use of Direct work.

Actions required – communicated via End to End and Performance Management meetings this quarter

Visits	Improve clarity in recordings and ensure notes are comprehensive	CP visits to increase seeing the child alone	Detail types of Direct Work used	Increase evidence of the child's voice and lived experiences
Assessments	Focus on annual SWAs being completed in statutory timescales	Link findings to theory and research	Include genograms and Impact chronologies	More consideration of culture ethnicity and specifically Identity.
Supervision	Focus on regularity of supervision particularly CP cases	Ensure recommendations from previous Supervisions followed up	More consideration of the impact of decision making on the child	
Plans & Planning	SMART planning particularly timescales that are not timebound	More emphasis on sharing the plans with child and families		
Meetings & Reviews	Adress missing or unfinalised minutes	Monitor IRO scrutiny	Follow up why parents are not attending	

	especially for CIN meetings		meetings and record.	
Child Journey Audits	Address why more social workers are not involved in the CJA process	Continued monitoring of return rates and proactive reminders.	Continue Lunch and learn session for High Quality Auditing	Review current CJA tools for CLA and CP/CIN
Service User Feedback	Try to engage more young people in providing feedback	Auditors to consider contacting service users prior to completing the CJA		

Summary of progress over 2024/25

The year saw a strong commitment to embedding a culture of quality assurance across Children's Services. Audit volumes remained high throughout the year, with over 1,200 case file audits (CJAs and dip samples) completed. The introduction of Microsoft Forms for CJAs, regular Moderation Panels, and increased leadership engagement helped improve audit consistency and learning. However, audit return rates, while improving, still fell short of the 95% target, particularly during holiday periods.

Performance Across the 5 Priority Areas – as evidenced by CJAs

Assessments: While there was a steady increase in the use of analytical tools and frameworks, some assessments continued to be delayed and some not updated annually. There needs to be more consistent use of assessment tools and application of theory and research. Whilst the quality of reviewed assessments has fluctuated over the year, compliance with annual SWAs has increased (as evidenced by PowerBi reporting).

Plans and Planning: There was a positive trajectory in the quality of plans, particularly in Q3, with increased inclusion of the child's voice and more timely updates. However, many plans remained outdated or lacked SMART objectives, and the quality of CLA care plans was notably impacted by system workflow issues – an issue that, at year end, is close to being fully resolved.

Supervision and Management Oversight: Reflective supervision improved significantly, with evidence of reflective discussions captured more effectively with the use of Magic Notes. There remains work to do to improve consistency in this area.

Meetings and Reviews: Evidence of IRO scrutiny and footprint improved markedly, especially in CLA cases, due to increased staffing and reduced IRO caseloads. However, timeliness of meetings and documentation gaps persisted, particularly in CP and CIN cases. Parental engagement was variable, and the child's voice was not always clearly captured.

Visits: The quality of visits improved steadily, with more purposeful, timely, and child-focused interactions. Direct work increased, but documentation of tools used remained inconsistent.

Some visits were missed or poorly recorded, often due to high caseloads or social worker turnover.

Service User Feedback: Feedback response rates fluctuated across the year, with a low of 37% in Q2 and a high of 55% in Q4. Most service users felt listened to and understood, but concerns were raised about communication, social worker changes, and lack of updates. Young people's voices remained underrepresented, and efforts to improve engagement through tools like Mind of My Own (MOMO) are ongoing.

Moderation: Moderation panels were re-established and expanded, with growing participation from IROs and team managers. Agreement rates between auditors and moderators improved, but the 100% moderation target was not met. Some audits were downgraded due to stricter grading standards, particularly around statutory visit compliance.

Dip Sampling and Thematic Learning

Dip samples completed by the PSW, Senior Leadership Team and Team Managers provided valuable insights into practice areas such as children becoming Looked After, utilisation of escalation processes, including and especially use of the Public Law Outline and CP planning.

Dip samples are a vital tool to understand practice 'in the moment' and identify issues or themes and take action swiftly, rather than relying on CJA findings, which are always retrospective. Moving forward (see Priorities for 2025/26, below) we intend to utilise our auditor group to undertake monthly CJAs, dip samples and Direct Observations (including Senior Leader Observations of practice).

Key findings included:

- We bring the "right" children into our Care; thresholds for making a child Looked After are correctly and appropriately applied.
- Practice in respect of escalation of response through Early Help, Child In Need, Child Protection and Public Law Outline/Proceedings has improved throughout the year, with notable reductions in examples of drift and delay in escalation points.
- Increased visibility of IROs in terms of visits to Children Looked After, footprint on file, progression of RAGs through the DRP process.
- Positive impact from Family Support Workers and Stepping Stones workers/intervention.
- 'Legacy' issues related to poor performing agency SWs impacting on the progression of plans and resulting in gaps on children's files which cannot be filled (SWs have been given notice and left without completing outstanding records)
- Inconsistencies with statutory compliance with Visits.
- Variability in content and standard of Case Summaries (focused work undertaken).

Closing the Loop and Next Steps

Efforts to "close the loop" on audit findings have been strengthened through a centralised action tracker, dip sampling follow-ups, and performance monitoring. However, recurring issues—such as outdated chronologies, lack of genograms, and inconsistent supervision—highlight the need for continued focus on embedding learning into daily practice.

Across all quarters, recurring themes for moderation downgrades include Statutory timescales not being met, outdated plans and SWAs, lack of reflective supervision, inadequate documentation, and insufficient direct work with children. Addressing these issues is important for improving the quality of audits and ensuring better outcomes for children and families.

However, across the year, there has been a clear commitment to improving audit quality, child-focused practice, and management oversight. Noteworthy progress has been made in areas like visit quality, IRO scrutiny, and audit return rates – we now need to build on this to ensure consistency across these areas and our key areas of practice.

Priorities for 2025/26

Goal	How?	By when?
Ensure staff are fully sighted on learning from Quality Assurance in 2024/25	Learning Brief to be produced based on the findings in this Annual Report – to be shared within AD Updates, End to End Leadership meeting and at Staff Conference (within Practice Week – with clear links highlighted between learning from audits and topics of sessions within Practice Week).	AD Update – June 2025 End to End – July 2025 Staff Conference – September 2025
Refresh/update and publish Quality Assurance Framework – with associated 'easy read' summary to more effectively engage staff service wide	If bid for DfE funding for SLIP support from Wiltshire is successful we will continue to utilise Wiltshire colleagues' support in reviewing and overhauling our QAF – this is high priority on the agenda should the bid be successful. If the bid is unsuccessful, we will complete this work independently.	By end of summer 2025
Develop wider breadth of monthly auditing activities	A minimum of 25 CJAs will be allocated each month for completion. Other members of the auditing group will undertake dip sample audits or direct observations of practice.	From May 2025, to be reviewed on a quarterly basis (ratio of CJAs to be increased as required)
Achieve 95% compliance with all monthly auditing activities	Ensuring allocated audit tasks are distributed 1 month in advance of required completion. PIP/QA Lead to ensure regular 'check ins' with	At key points within each month.

	auditors re: submission dates. Escalation to be utilised as/when required.	
Further increase auditor's confidence in undertaking quality assurance work	Repeat 'Lunch & Learn' sessions on "High Quality Auditing" – delivered by PSW.	Lunch and Learn sessions to be offered once per quarter.
Assist the achievement of greater levels of consistency in practice in our 5 key practice areas	Link learning from quality assurance activity with training/development sessions offered in Practice Week and by Joint Training Team. Ensure learning re: impact of inconsistency and how to achieve greater consistency is discussed regularly within End to End and Performance Management Group meetings (to be added to Forward Plan for these meetings)	Practice Week sessions in September/October 2025. PSW/PIP to share Annual Report with Joint Training Operational Manager – June 2025. Monthly End to End/PMG meetings
(If bid for DfE funding for SLIP support from Wiltshire is successful) **Establish and embed a new audit management system based on Wiltshire's ARMA program.**	Establish Task and Finish/Working Group with representatives from QA, Business Analysts and IT Support to devise Project Plan to implement a Shropshire version of ARMA.	To be in place and operational by Q3 2025/26.