

Oldham Council Internal Audit

Children's Complaints Review

Draft Report

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Prepared by
Internal Audit Service

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Oldham
Council

Children's Complaints Review

1 Background

- 1.1 A review of the Children's Services Complaints process has been undertaken as part of the 2025/26 Internal Audit Plan.
- 1.2 The complaints process provides local authorities with an opportunity to listen to public concerns and use any learning to drive continuous improvement. Without an effective complaints process, local authorities could face increases in customer dissatisfaction, financial loss, service disruption and damage to reputation.
- 1.3 Depending on the nature of the complaint, it will be investigated either through the Council's corporate complaints procedure or via the statutory complaint's procedure.
- 1.4 Under section 26(3) of the Children Act 1989, every local authority is required to establish a procedure for considering certain complaints about children's services. The procedure covers complaints about:
 - the Council's services to children in need or in care
 - how a Council applies to take a child into care
 - fostering and adoption services
 - services to children leaving care
- 1.5 The guidance 'Getting the best from Complaints' provides advice for local authorities on implementing the Children Act 1989 complaints procedure for children and young people. The procedure has three stages:
 - The first is a response from the department concerned.
 - The second stage is an investigation which is overseen by an independent person.
 - The third stage is a review panel made up of three independent people.

If the customer remains unhappy with how their complaint has been dealt with they have the right to have the matter reviewed by the relevant Ombudsman, for example, the LGSCO (Local Government and Social Care Ombudsman).

2 Objectives and Scope

- 2.1 The objective of the audit is to review and test the operation of the system, including controls, to ensure that appropriate procedures and controls are in place and operating effectively. This review will be conducted in accordance with the Global Internal Audit Standards (GIAS) 2024, and the Chartered Institute of Public Finance (CIPFA) Local Government Application Note (LGAN) 2024.
- 2.2 The scope of the audit included examining whether:
 - Complaints are handled efficiently and in line with Council policy.
 - Public information relating to the complaints process is informative, clear, and accessible.
 - Complaint handling processes result in good quality responses to complainants.
 - Processes and statutory timescales have been followed in line with policy.
 - Complaint statistics are reviewed, reported and lessons learned are implemented.
 - Benchmarking across GM authorities is utilised to evaluate performance and reporting.

3 Main Findings

3.1 Policies and Procedures

Policies and Procedures help ensure that management directives are carried out, and that necessary actions are taken to address risks to achieving the Council's objectives. Whilst policies and procedures are in place for complaints, it was noted that they are not reviewed on a regular basis with many of the procedures out of date. For example, outdated policies include the Statutory CSC Complaints Policy and the Single Point of Contact Procedure.

Having a detailed, up to date, and regularly reviewed procedure, helps to ensure that consistent procedures are being followed by all staff and that they remain consistent with the Council's overall objectives.

See Recommendation 1 in Section 6 of this report.

3.2 Staff Training

Training for Children's Services is largely completed internally; however, this learning and training is not currently being documented using training logs or any other alternative method. Discussions with officers also identified that there is also a low attendance rate for the training.

Staff training and learning logs would provide a clear means of reviewing individual training history and ultimately help to identify any gaps in knowledge and make training plans for future coverage.

See Recommendation 2 in Section 6 of this report.

3.3 Case Management System

The Complaints Manager demonstrated a walkthrough of the Case Management System and explained that the technology of the platform is over 15 years old. The software was written some years ago, and there are no upgrades available to enable potential for development. This system no longer supports efficient and effective working hence the need to progress implementation of a replacement.

It is recommended that the Complaints Team embed a new electronic casework management system across all directorates including Children's Services to provide better oversight and monitoring.

See Recommendation 3 in Section 6 of this report.

3.4 Complaints Response Time

In 2024/25 the review identified that 49% of Children's Services Complaints were responded to on time. It was highlighted in discussions with Officers that the key challenges include:

- Delays in resolving service requests, resulting in escalation of complaints.
- Delays in receiving draft responses.
- Lack of consistency in response quality.
- Timeliness of responses to Ombudsman enquiries and recommendations.

It is important that investigating managers continue to communicate any expected delays to the complainants in a timely manner. Where responses to complaints are not sent within

the prescribed timescales and complainants are not notified of potential delays in responding, there is a risk of complaints being escalated.

It is recommended that the Council compare its complaints statistics with other similar Authorities as a means of determining whether the quality and level of service are comparable. It also provides an opportunity to identify areas of good practice which can be adopted as a means of service improvement

See Recommendation 4 in Section 6 of this report.

3.5 Lessons Learned

Every complaint presents an opportunity to put things right for the complainant and for the Council to learn and improve. From discussions with officers and evidence from the working papers it was found that complaint findings are not consistently shared and discussed within Children's Services Teams.

Lessons learned are not consistently shared within Children's Services Teams, and service improvements are not regularly reviewed and shared as best practice. If a service improvement is identified, an implementation date should be agreed, and management should check that it has been completed. Whilst individual services may improve as a result of feedback, the Council is unable to corporately evidence lessons learned, outcomes achieved, or changes implemented

See Recommendation 5 in Section 6 of this report.

3.6 Scrutiny Reporting Lines

Currently there is limited reporting of complaint statistics to either Children's Services DMT or members. The Complaints Team currently only report to Governance Strategy and Resources Scrutiny Board. It is recommended that a process is put in place to improve elected member oversight of Ombudsman complaints. The LGSCO is keen that Scrutiny Members play an active role in holding their Local Authority to account on complaints and has created a wide range of information to support Members to carry out the Scrutiny function for complaints handling.

A process should be put in place to notify all Senior Managers in Children's Services and relevant Cabinet Members about LGSCO cases and decisions.

See Recommendation 6 in Section 6 of this report.

3.7 Vexatious, Persistent and Unreasonable Complaints

The Policy and Guidance for Dealing with Unreasonable Customer Behaviour was reviewed in December 2024 and updated to include guidance from the Local Government Ombudsman. It makes specific reference to the use of racist, sexist, homophobic or other discriminatory language as being unacceptable.

There is currently no corporate area to record complaints which will aid in the identification of persistent, unreasonable and vexatious complainants. Vexatious, persistent and unreasonable complaints should be recorded centrally to ensure that Children's Services staff are aware of any potential risks.

See Recommendation in 7 Section 6 of this report.

3.8 Quality Assurance Checks

There is currently no formal quality assurance process in place for the purpose of reviewing complaints records and responses. Once a complaint has been drafted by the Investigating Officer, quality assurance checks should consistently be conducted by the Head of Service responsible for the area, prior to the response being returned to the Complaints Team.

Quality assurance checks would help to limit non-compliant responses and promote communication that is in line with LGSCO best practice guidance. Results of quality assurance checks could also be used to inform further training and guidance for members of the Service.

See Recommendation 8 in Section 6 of this report.

3.9 Recording of Complaints on Mosaic

Complaints and responses are not currently uploaded onto the personal Mosaic file of the complainant or the child. It is important transparent records are kept in Mosaic for continuity purposes and to provide a clear picture of the Child's journey.

Documents such as complaints, responses, emails or letters should be saved to Mosaic and not stored off-system; relevant staff should have their authorisation levels revised, if necessary, to enable them to complete this action.

See Recommendation 9 in Section 6 of this report.

3.10 Review of Ombudsman Recommendations

Where failings are identified, the LGSCO can put action plans in place for the Local Authority to remedy these. While Oldham Council saw a reduction in the overall number of complaints and enquiries escalated to the LGSCO in 2024/25, the uphold rate remained relatively high at 73%.

Recommendations raised by the Ombudsmen should be recorded on a central tracker and implementation reviewed and reported regularly to senior management to ensure that they are responded to in a timely manner. The tracker should be shared with Complaints colleagues for continuity purposes.

See Recommendation 10 in Section 6 of this report.

4 Overall Opinion

4.1 There is a **Limited level** of assurance that the controls within the Children's Complaints system are effective in supporting the Council in this area. This level of assurance is based on the following key findings:

- Our sample testing found that complaints were not always dealt with in a timely manner
- Lessons learnt and best practice are not considered as part of the complaints process.

5 Way Forward

5.1 We would like to thank all staff involved for their help in this review. In the meantime, once the report has been finalised, we would be grateful if you would complete the Customer Service Questionnaire so that we can continuously review our service delivery.

5.2 Disclaimer

This report is made solely as an internal management report to the Officers of the Council identified on the report distribution list as an aid to the effective management of Council resources, and for no other purpose. This review has been conducted in accordance with the Global Internal Audit Standards (GIAS) 2024, and the Chartered Institute of Public Finance (CIPFA) Local Government Application Note (LGAN) 2024. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone, other than those Officers for whom the report was produced, for our audit work, for this report, or for the opinions we have formed.

6. 2025/26 Draft Action Plan

The table below shows the recommendations for the findings arising from our audit review. We have prioritised the recommendations to provide you with an indication of the importance for each nominated officer. If an officer disagrees with the prioritisation, they should discuss this with the auditor as part of the finalisation process.

- High Priority** - Significant risk to the Council or Service, the recommendation is essential for sound or effective control.
- Medium Priority** - Moderate risk to the Service it is important that the recommendation is completed
- Low Priority** - Small risk to the Service it would improve control if the recommendation were to be completed.

No.	Recommendation	Priority	Management Response	Responsibility	Implementation Date
1	<u>Policies and Procedures</u> Management should ensure that all policies and procedures should be regularly updated so that they remain relevant and up to date for staff and service users.	High	As part of the Complaints Service Business Plan for 2025-2026 a full policy and procedure schedule has been included. Most policies are due to be agreed by our Scrutiny Board in October 2025. We will continue to monitor and ensure timely progress.	Assistant Director of Customer Experience	31 December 2025
2	<u>Staff Training</u> Where necessary Children's Services staff should be provided with relevant training to support their role effectively. It is recommended that a training log is produced and monitored to aid in this.	High	<u>Assistant Director of Customer Experience</u> We are developing e-learning modules to support staff understanding of complaints, which are due to go live by Q3 2025. Annual training is also offered by the Complaints Team. Additionally, we can provide further training/support as requested by Children's Services.	Assistant Director of Customer Experience Assistant Director Children's Service Integration	31 December 2025

No.	Recommendation	Priority	Management Response	Responsibility	Implementation Date
			<u>Assistant Director</u> <u>Safeguarding and Quality Assurance:</u> There were 2 training sessions delivered by the complaints team to CSC managers during 2024 and in 2025 we have had a further 2 sessions delivered on 05/08/25 and 06/08/25. These drop-in sessions are arranged as required by the service and support consistency across the service in approach to complaint responses. The implementation of the new e-learning platform will support the upkeep of accurate training logs for all staff.		
3	<u>Case Management</u> It is recommended that the Service procure a new case management system to provide better oversight and monitoring.	Medium	We are actively pursuing a new case management system in collaboration with internal colleagues. Our aim is to have a system sourced and approved by October 2025.	Assistant Director of Customer Experience	31 March 2026
4	<u>Complaints Response Time</u> All Directors and Officers should ensure that responses are completed and reviewed for quality assurance purposes within the prescribed timescales.	High	All directors and officers are aware of complaints timescales and the complaints team have presented to senior leadership meetings across Children's Services Complaints are tracked weekly by services, monitored fortnightly by senior leaders, complaints reports are scrutinised monthly at the CSC	Assistant Director Safeguarding and Quality Assurance	In Progress

No.	Recommendation	Priority	Management Response	Responsibility	Implementation Date
			<p>management meeting, themes and trends at the monthly Quality Improvement Group, reported monthly to the Children's DMT and council management board, and scrutinised quarterly by the lead member and children and young people scrutiny board.</p> <p>In August 2025 there are now 19 open complaints with 52.6% currently within timescale so far in Q2 evidencing significant improvement since April 2025.</p>		
5	<p><u>Lessons learned</u></p> <p>Lessons learned and service improvement plans should be produced and shared at senior level.</p>	Medium	Trends are monitored monthly through the Quality Improvement Group chaired by the Director of Social Care and Early Help. This informs service development plans and practitioner forum topics to ensure relevant learning is widely shared.	Assistant Director Safeguarding and Quality Assurance	Complete
6	<p><u>Scrutiny Reporting Lines</u></p> <p>Complaints reporting and monitoring should be introduced in Children's Services Management meetings, service panels and Members briefings.</p>	Medium	Complaints are tracked weekly by services, monitored fortnightly by senior leaders, complaints reports are scrutinised monthly at the CSC management meeting, themes and trends at the monthly Quality Improvement Group, reported monthly to the Children's DMT and council	Assistant Director Safeguarding and Quality Assurance	Complete

No.	Recommendation	Priority	Management Response	Responsibility	Implementation Date
			<p>management board, and scrutinised quarterly by the lead member and children and young people scrutiny board.</p> <p>In August 2025 there are now 19 open complaints with 52.6% currently within timescale so far in Q2 evidencing significant improvement since April 2025.</p>		
7	<p><u>Vexatious, Persistent and Unreasonable Complaints</u></p> <p>A corporate review of how complaints are monitored and reviewed should be conducted to ensure trends of vexatious, persistent and unreasonable complaints are monitored effectively to protect staff and service users.</p>	Medium	We plan to review our Unreasonable Behaviour Policy by October 2025. As part of this, we will strengthen oversight and reporting mechanisms, including the development of a shared SPOC database to support effective monitoring.	Assistant Director of Customer Experience	31 December 2025
8	<p><u>Quality Assurance Checks</u></p> <p>Children's Services Management are advised, as part of the assurance process to QA all responses throughout the life cycle of the complaint.</p>	Medium	<p>Complaint responses are subject to Quality Assurance oversight from the complaints team and the line manager of the complaint respondent.</p> <p>The complaint tracker is shared with the senior leadership team on a weekly basis to ensure that ownership for timely response to complaints is held at a senior level.</p>	<p>Assistant Director Safeguarding and Quality Assurance</p> <p>All Assistant Directors</p>	Complete

No.	Recommendation	Priority	Management Response	Responsibility	Implementation Date
9	<u>Recording Complaints on Mosaic</u> Documents such as complaints, responses, emails or letters should be saved to Mosaic and not stored off-system.	Medium	The complaints team hold records of complaints received and complaint responses issued. A case note will be recorded on Mosaic to ensure that a summary of the complaint is clearly recorded.	Assistant Director Safeguarding and Quality Assurance All Assistant Directors	31 December 2025
10	<u>Ombudsman Recommendations</u> Children's Services should maintain a LGSCO recommendation tracker and review and report on implementation on a regular basis.	Medium	The complaints team will report monthly to Children's DMT LGSCO recommendations as part of the monthly children's complaints overview. The tracker will be updated with information shared via Children's DMT and tracked through monthly QIG meeting.	Assistant Director Safeguarding and Quality Assurance	31 December 2025