



City of London Corporation

Children's Services Practice and Impact Review Summary

Aidhour Scrutiny September 2024 – February 2025

1. Introduction and Methodology

1.1. The City of London is committed to providing excellent services to children and their families. A Practice and Impact Review process has been designed to focus not only on compliance and provision of services, but the impact of services on the lived experience of the child. Reviewers focus on the last 6 months of practice when reviewing files, speaking with workers and children, young people and families. However, there may be wider findings from interactions predating the last 6 months which are relevant to comment upon in relation to current service delivery and service user experience. Grading indicators in relation to practice and outcomes are taken directly from the Ofsted framework and evaluation criteria for the inspections of local authority children's services (ILACS) Ofsted Evaluation Criteria & Grading Descriptors.

1.2. In July 2024, a total of 14 children and young people were selected by the City of London senior leadership team to inform this independent review by Aidhour Associates as part of their Practice Assurance Fortnight that took place between 1st and 12th July 2024. Whilst Aidhour Associates completed 12 of the audits, two were also undertaken by the Head of Safeguarding and Quality Assurance from the City of London.

1.3. From September 2024, it was agreed that a smaller cohort of Practice and Impact Reviews would be undertaken each month by Aidhour Associates as well as appropriate City of London staff. This was to embed and systematise the process while keeping independent scrutiny as a key component. A bi-monthly moderation meeting with senior managers has also been developed. This meeting enables an overview both of findings and the review process, but also to embed learning and ensure impactful quality assurance activity regarding recommendations made for improvement. The meeting provides an opportunity for transparency, and feedback and dialogue that mirrors the engagement with those who use services, practitioners, and their managers during the Practice and Impact Review.

1.4. 10 Practice and Impact Reviews have been undertaken over the last 6 months. 8 of these have been undertaken by the independent Aidhour Associate. The other 2 have been completed by City of London staff – an Independent Reviewing Officer and the Head of Safeguarding and Quality Assurance respectively.

1.5. The findings from these reviews are outlined in this report. An overview of the findings and the cohort will be presented first before more detail is provided.

2. Overview

2.1. Overview of Findings

2.1.1. Social Work Practice was judged to be Good (20%) or Outstanding (80%) in all 10 reviews. This led to outcomes for children and young people being rated as Outstanding in two thirds (6/10) and good for 20% (2/10); while 20% (2/10) were graded as Requires Improvement despite the best efforts of the social work team.

2.1.2. The distinction between Outstanding practice and outcomes that Required Improvement was a point for reflection both within the review process and at the Moderation meeting.

2.1.3. No alerts or areas of significant concern were identified in this cohort of 10 reviews.

2.1.4. A revised template has been developed to evaluate the effectiveness of the social work practice and how this impacts on outcomes for the child, young person and their family. In keeping with Ofsted criteria and best practice, attention is also paid to the contribution from partner agencies and how well the network collaborated to improve outcomes for children. Emphasis is also placed on anti-racist practice and the need to assess the impact of issues arising from identity, diversity, and intersectionality in the Social Graces.

2.1.5. Practitioners and managers welcomed and constructively engaged in reflection and the evaluation of their practice and the outcomes they had achieved. An emphasis is made on a transparent and audit process including direct conversations with practitioners, their managers, and users of the services about their experience of service delivery or delivering the service.

2.1.6. Recommendations for improvements in practice or action needed to ensure practice standards were met are identified at a child level and service level for monitoring by the Head of Service for Quality Assurance and the management team.

2.2 Overview of the cohort - Demographics

2.2.1. A mixed cohort was identified for these 10 Practice and Impact Reviews. No specific themes were identified for review.

2.2.2. The 10 reviews are as below:

Initials	Gender	Age	Ethnicity	Status	Social Worker	Supervisor
VB	M	2 months	British	Child in Care	RL	BA
NO-A	M	20	Arabic	Care Leaver	PA	SC
RK	F	3	British	Early Help	AB	KN
MA	M	21	Iraqi (Kurd)	Care Leaver	BS	BA

AS-S	M	21	Sudanese	Care Leaver	AM	SC
MW	M	21	Eritrean	Care leaver	BS	BA
HMH	M	21	Syrian (Kurd)	Care leaver	NN	SC
SY	M	16	Eritrean	Child in Care	RL	BA
AM	M	20	Sudanese	Care Leaver	LC	SC
AR-P	F	5	Mixed Black and White	Early Help	MD (student)	KN

2.2.3. Legal or practice framework for cases reviewed:

Category:	Number:
Early Help	2
Child in Need	0
Child Protection	0
Looked After Children	3
Care Experienced / Care Leavers	5

2.2.4. 8 out of 10 reviews related to children and young people identified as male. This compares to 13 out of 14 reviews in the July 2024 Cohort.

2.2.5. As in July 2024 most reviews concerned young people aged over 18 who are care leavers/care experienced – this time 5 out of 10 (50%) compared to 9 out of 14 (64%). 4 out of 10 (40%) of the young people were aged over 21 at the time of the review compared to 36% in the July cohort. Both of these cohorts were originally unaccompanied asylum-seeking children. This is reflective of the overall caseload for the City Of London.

2.2.6. The youngest child (2 months) was looked after by the City of London, before case responsibility was delegated to another Local Authority through Court Proceedings.

3. Overall Gradings and Summary of Findings

3.1. As noted above, Social Work Practice and outcomes for the child or young person are graded separately.

3.2. Of the 10 Practice Impact and Review findings the judgement for the Social Work Practice Grading was Outstanding for 8 and Good in 2 of the reviews. This compares to 6 for Outstanding, Good for 6, and 2 that Required Improvement in July 2024. 86% of the reviews rated social work practice as Good or above in July 2024 compared to 100% in this cohort.

3.3. In terms of the 10 Practice Impact and Review findings, the Outcomes for the child grading was Outstanding for 5, Good for 3 and 2 Required Improvement. 80% were rated Good or above compared to 93% in the July 2024 cohort.

3.4. 6 of the 10 reviews had findings that had Outstanding gradings both for social work practice and outcomes for the child. This compares to 5 of the 14 reviews in the July cohort. Despite 2

reviews having a grading of Requires Improvement for the outcomes for the child, social work practice was graded as Good and Outstanding, nonetheless.

3.5. Reviewers are asked to comment on the below Practice Standards

- Basic Details are up to date on the system
- Visits are undertaken in expected/statutory timescales
- Child(ren) are seen alone where required
- Is the recording updated on the file in line with Practice Standards
- Supervision is provided in line with expected frequency
- There is evidence of management oversight and supervision driving positive outcomes for children
- There is an up to date (within the last 3 months) Chronology on file
- Where required are key legal documents on file e.g. Signed Section 20 Agreement/Care Order

These Practice Standards were found to be met on most of the case records reviewed. Case Summaries and Chronologies are up to date on case records. Visits and supervision are undertaken within required timescales. Where there were deficits, these were promptly and appropriately addressed and accounted for. For example, the religion of the child or young person had to be updated on one case records, compared to two in the July 2024 cohort. This is perhaps an area that needs further reinforcement in the service.

3.6. Reviewers are asked to review practice and impact regarding the following areas and this summary report is structured accordingly in terms of strengths and areas for development or improvement.

- Journey of the Child
- Identification of needs, provision of support, and outcomes
- Management oversight, influence, and direction
- Understanding of Identity and impact on practice
- Impact and quality of multi-agency work, involvement of partners and community services

4. Areas of Strength in practice

Overall, social work practice and outcomes for children and young people were found to be mostly good or outstanding in the cases reviewed (80%). Practice Standards were consistently met.

4.1. The Journey of the Child

It was clear from these reviews how children, young people and their families came to be offered social care support by the City of London. The status of children and young people was apparent in all the reviews, as was the type and nature of the support being offered. For example, it was clear how two children came to be looked after as unaccompanied asylum-seeking children, or how five formerly looked after asylum seeking children were now supported as care leavers.

The reviews indicated that where appropriate, children, young people and their families were

offered help when needs and/or concerns were first identified. Early Help support was being provided to two children and their families after appropriate threshold decision making, for example. For one of these children, decision making and the subsequent assessment was informed by an understanding of both the history of past engagement as well as parental experiences of trauma. This promoted effective engagement that was child focused. For the other, concerns were raised by the dentist of the child and appropriately responded to through an Early Help Assessment.

While there was a possible delay in the initial referral regarding an unborn child being responded too, timely and proportionate action was undertaken when risk became evident, and the pregnancy was confirmed. This led to appropriate safeguarding activity to protect the unborn then newborn child and support his parents, which continued through a pre-birth Child Protection process and subsequently Court Proceedings in accordance with the public law outline. This action ensured responsibility was designated to the relevant Local Authority and appropriate support was in place to mitigate risk in the meantime. The reviewer saw that this child became looked after in a timely manner, and that this was in the care of his parents, while their parenting capacity and motivation was assessed. This decision was based on a clear, effective, comprehensive and risk-based assessment, and followed effective use of the Child Protection process, although a pre-proceedings process could potentially have been considered. Nonetheless, Care Proceedings were appropriately issued.

It was evident to the reviewers from the cohort reviewed, that the practitioners and their managers involved knew the children, young people, and the families that they worked with, well. This was evident both from the case records and feedback discussions with practitioners and their managers. This was also apparent on those occasions when feedback was elicited from service users who also noted that they felt well supported either as a parent or as a care leaver, for example.

On most case records, recording is up to date and of high quality. Reviewers saw evidence of consent being obtained and examples of good and helpful cross-referencing between case notes and documents. Detailed and contemporaneous Case Summaries were apparent on the case records reviewed. These helped with understanding the journey of the child or young person. This was reinforced by up-to-date Chronologies outlining the family or child's journey with the City of London seen by the reviewers. Recent photographs are included in the records which help give a sense of the child or young person. The reviewers saw that records are clear and provide a comprehensive record of important life events including for Care Leavers, when that information is available. Social workers made efforts to understand the history, journey and context of the country of origin for these young people. Children and young people have access to the CaringLife application where important records can be stored virtually.

A focus on Corporate Parenting, acting as a good parent would, was a strength noted in these reviews. This supported young people on their journey to and through adulthood. Reviewers saw evidence that most care leavers in this cohort are encouraged and supported to maintain consistent and trusting relationships with people who are important to them, and in particular their social worker. This relationship remains consistent into adulthood so young people have networks of support from tenancy support officers, the Virtual School and keyworkers, that they can rely on when they need support that keep them from experiencing loneliness and isolation.

Often the young people did not have any or regular contact with their family, so this consistency of relationships was particularly important. One young person fed back how they felt well supported by their social worker and referred to his social worker as acting “like a big sister” and that she was there for him when he needed her. Care Experienced young people, were overall seen to have long term, positive, trusting and stable relationships with their social workers.

It was evident to reviewers from this cohort of reviews that practitioners in the City of London aim to create a culture where, overall, young people want to keep in touch. Social workers were generally proactive in creating opportunities to engage with care leavers, including those who are not currently in regular contact with the Local Authority. The level of engagement with individual young people reflected their known and stated needs and preferences, and the autonomy and independence of young people was respected. However, this could have been challenged more robustly on a few occasions, when young people were not making use of their accommodation or not engaging with services. Where two young people had disengaged from contact with their social worker, employment and education, social workers were nonetheless proactive in trying to contact them. For example, a social worker devoted time and showed persistence in trying to work with a young man despite his anger and frustration with the Local Authority. However, an emphasis on responsibilities as well as rights or focus on use of resources being provided may have been appropriate.

On the whole social workers were ambitious and aspirational for the young people in the review cohort and developed plans to support this. It was apparent that care leavers have access to a range of social and recreational opportunities that help them to create and maintain supportive and positive relationships with people that are important to them and to feel a part of their community. We saw evidence of young people being actively involved in the Child in Care Council and related activity, such as attending a Christmas meal, or playing football with their peers. Creative attempts were made to ensure a young person had appropriate kit for the latter, for example.

4.2. Identification of needs, provision of support, and outcomes

The Early Help Assessments, Child and Family Assessments and Pathway Plans seen by the reviewers were holistic, proportionate and completed in a timely way. It was evident from this cohort of reviews that professionals in the City of London can identify children and young people in need of help and protection and make appropriate referrals. For example, in one instance a referral was made by a Dentist (I understand for the first time). In another, Homelessness Services appropriately raised concerns for the welfare of an unborn baby and remained engaged in the Assessment process.

Assessments were variously described by reviewers as ‘robust’, ‘dynamic’, ‘proportionate’, ‘strengths’ or ‘child focused’ and ‘well written with salient points’ addressed. Need and risk was seen to be identified and the appropriate and effective level of support and intervention offered through the clear Plans developed as a result. Overall, this support improved the lived experiences of children, young people and their families through regular visits and engagement with the multi-agency network or team around the child / family. The exceptions to this being where two of the young people chose not to engage, despite the efforts of the social workers.

Reviewers saw the family background of children and young people explored in detail in

Assessments and observed the effective use of Genograms. Evidence was seen of effective consultation with the multi-agency professional network to inform Assessments and potential support available to children and families. In Pathway Plans, the Independent Living Skills of young people are explored through the checklist and the voice of the young person articulated. Where it had not been possible for the social worker to meet the young person, other methods were used for example, one young person who is staying in Norwich was consulted with using WhatsApp.

Reviewers saw children's vulnerabilities being addressed in a timely way with appropriate intervention and services provided in the cohort reviewed. This included Early Help support through the Family Therapy Clinic; through a Gambling Clinic for one young person or through Housing and parenting support for another young person. The reviewers saw a proactive response to the risk of exploitation for one asylum seeking child through referral to the National Referral Mechanism (NRM), and the Independent Child trafficking Guardian (ICTG) and consultation with the National Transfer Service (NTS).

The reviewers saw evidence of timely and ongoing communication between social workers and partner agencies both, in and in between, formal meetings which was documented in holistic and comprehensive Assessments (including Early Help), case notes, Plans, and records of multi-agency meetings such as Child Protection Conferences or Child in Care Reviews. Information-sharing between agencies and professionals was seen to be timely, specific, effective, and lawful.

Visits to children, young people and their families were seen to be completed within the requisite timescale and informed all Assessments and Pathway Planning. In one case reviewed it was evident that an appropriate pre-birth Child Protection enquiry was undertaken and led to timely safeguarding action, informed by clear legal advice, which reduced the risk of harm. Care Proceedings were appropriately initiated and support offered through the provision of a parent and baby residential assessment. The Plan developed was dynamic and adapted in the light of a change of circumstances for the parents and required assertive engagement with the host Local Authority to ensure the needs of this child and his family were appropriately met.

As noted above, overall, reviewers identified that children, young people and families benefitted from stable and meaningful relationships and engagement with practitioners. This was apparent in several examples of feedback from service users which included care leavers as well as the parent of a child receiving Early Help support. One young person clearly benefitted from a nonjudgemental and compassionate approach from his social worker about his issues with gambling which led to him building trust with her and to an extent accessing appropriate support services.

While some care leavers chose not to engage with regular support, reviewers saw ambition and aspiration for care leavers reflected in their Pathway Plans and discussions with practitioners. Most of the children in care or care leavers in the cohort were or had been unaccompanied asylum-seeking children. The reviewers saw and heard evidence that practitioners understood the emotional well-being and mental health needs of these young people, including the potential impact of trauma and adverse life experiences. Reviewers saw evidence of an understanding of risks related to trafficking and exploitation and appropriate action taken

accordingly.

We saw evidence that most care leavers in this cohort had effective Pathway Plans. These plans were created sufficiently early, addressed young people's needs, were aspirational and set out clearly how young people would be supported to achieve their goals. The reviewers saw evidence that most Plans were dynamic and reviewed regularly, reflecting that young people's needs and wishes may change and that they may need multiple opportunities to make the choices that are right for them. We saw evidence that Pathway Plans where possible involve young people. Interventions and regular social work visits were in accordance with the Plan identified. We also saw the daily lived experience of care leavers being explored and referred to in Supervision and Pathway Plans and proactive intervention by an Independent Reviewing Officer to ensure the needs of one young person were being appropriately met.

In the cases reviewed, reviewers saw consistently that care leavers in the City of London have somewhere secure and stable to live that best meets their needs, where they feel safe and where they can develop their independence skills. This was consolidated by many of the care leavers having been supported to secure refugee status and leave to remain in the UK for 5 years. Most of the young people lived in supported accommodation, which appeared to be suitable for their needs, and regular contact with key workers and housing providers to ensure the needs of the children were being met. Reviewers saw several examples of young people working to support themselves and evidence that care leavers had developed the skills and confidence they need to become independent and successful adults, for example being able to manage their finances and parenting skills. Many of the care leavers had received and said they appreciated the practical, emotional and financial support they needed until they were 21 and were aware this was continuing until they were 25.

4.3. Management oversight, influence, and direction

Systematic management oversight and regular supervision that was effective in supporting and driving practice was evident from this cohort of reviews. Staff fed back to reviewers that they found supervision and management support helpful in informing and reflecting on their practice. The opportunity to 'stop and think' within supervision was welcomed, for example. Within the cohort reviewed, we saw decisions on screening, referrals and oversight of Assessments by suitably qualified and experienced social workers and managers. Required actions were clearly recorded and followed up in a timely way.

Reviewers saw the recording of decisions to provide accommodation, legal advice being accessed where required, and escalation where necessary. 'Tracker' meetings led by Senior Managers to explore progress for young people not in employment, education or training; progress of the reviews of Pathway Plans, Permanency Planning meetings and commissioning meetings with care providers were evident on the case record. Reviewers saw an example of a young person being challenged about his use of allowances supported the Senior Manager.

In the cohort reviewed, supervision was provided consistently and regularly in accordance with practice standards as well as in accordance with the status of the child (monthly in general or bimonthly for care leavers). The rigour and robustness of supervision recorded was of a good quality and informed by systemic principles and professional curiosity. Reviewers were aware of the opportunity both for group and individual supervision, informed by reflective models such

as ‘the bells that ring’. Comprehensive supervision records were evident and agreed actions were tracked and monitored, with new actions identified in accordance with the discussion. Reviewers saw the lived experience of the child or young person being explored, and hypotheses developed to inform planning and reflect on the impact and progress of the work. We saw supervision that drove practice in between sessions that cross reference with the various tracking meetings referred to above.

Where thematic issues were identified, the reviewers noted efforts by the service to understand and address these issues with other agencies or Local Authorities as well as within the service. For example, work with the London Asylum Seeking Consortium around failed NTS transfers or the threshold discussion meeting with Early Help partners.

4.4. Understanding of Identity and impact on practice

In most of the reviews, the reviewers were able to get a clear sense of the individual characteristics of a child or young person from the case record. This was consistent with discussions with the practitioner or their manager. This was more difficult for some young people that had expressed a wish not to work with the social worker or were not in contact. Nonetheless it was evident that individual vulnerabilities were understood as were factors that would increase risk.

It was evident from the reviews that identity and culture was seen as a strength and protective factor. Reviewers saw and heard active consideration of the Social Graces as well curiosity about the cultural heritage and customs of children, young people, or their families. The reviewers saw strong examples of the identify of young people being explored, clearly outlined and linked to both lived experience and the work undertaken. The ‘Who am I’ section of the Pathway Plans reviewed provided several good examples of this. For young people who have lost or have limited contact with their families, there is a strong sense of ‘Corporate Parenting’ to ensure their experiences of services and life in the UK are positive.

The effective use of interpreters to ensure the wishes and feelings of children and young people were understood was apparent. The need for an Interpreter was clearly identified on the case record when required. Reviewers saw some practice and services delivered in accordance with the Anti-Racist Practice standards, although more explicit reference to these standards and how they were being applied alongside the Social Graces may be appropriate.

4.5. Impact and quality of multi-agency work, involvement of partners and community services

The reviewers saw evidence of children and young people being supported or if necessary protected through effective multi-agency arrangements.

For one child, key participants attended the multi-agency Strategy meeting and contributed to the subsequent Section 47 investigation. The resulting pre-birth Child Protection Conference was an effective forum for timely information-sharing, planning, decision-making and monitoring and the help and protection provided reduced risk and met need. When Court Proceedings were initiated, the Independent Reviewing Officer (IRO) appropriately consulted with the child’s Guardian and relevant Local Authorities and agencies were contacted. For another child, proactive communication with relevant agencies such as the NRM, ICTG, and the

NTS was evident in order to identify and address risks in relation to the potential for exploitation and previous trafficking.

The reviewers saw Corporate Parenting responsibilities being taken seriously both for care leavers and for a newborn child subject to Care Proceedings. Where escalation and action was required by senior managers to ensure an appropriate response from another Local Authority this was undertaken appropriately. Services were found to be delivered to care leavers in accordance with the Local Offer and for some young people effective multi-agency support was in place, including key worker or tenancy support and the Virtual School. Social workers and their managers demonstrated a good understanding of the Local Offer and how to access relevant information.

5. Areas for development and recommendations

While the review found that for most children and young people needs and risk were addressed very effectively, and Good or Outstanding outcomes achieved, there were some areas or examples of where improvement was required in the potential outcomes for children and young people. Recommendations were accordingly made by the reviewers for individual practitioners relating to their work with the child or young person as well as for the whole service.

I have noted above, for example, the tension noted by reviewers between the quality of practice and outcomes for two care leavers. Despite the efforts of social workers and evident good practice, the social workers had difficulties meeting with two young people - one because he was in Norwich then had travelled to Ethiopia and one who was refusing to meet with services because he was angry at the appropriately challenging approach taken about his use of allowances.

5.1. Journey of the Child

The reviewers noted several inconsistencies in the approach to recording such as use of names and use of language around challenge and suggested reflection on practice standards in relation to this. In one audit the use of acronyms was challenged. In several cases, a delay in the completion of case records was noted and reflection on practice standards around contemporaneous recording as well as tracking of this was encouraged. No impact was observed on the quality of practice or outcomes for the child or young person from this.

In their feedback to reviewers, several young people expressed frustration at delays in being awarded a permanent housing offer. This was also evident from the case records noting the views of the young person who had travelled to Ethiopia to see his sister. This frustration and unmet expectation in turn impacted on the engagement of young people with services. It was queried by reviewers whether this expectation should be explored further.

I have noted above the need for religion and ethnicity to be recorded as expected on the case record. This was identified to be an issue in one review.

5.2. Identification of needs, provision of support, and outcomes

The reviewers saw one example where the Assessment document (Early Help) and one example where the Pathway Plan should have been updated to reflect current issues and lacked detail. This prevented the judgement on practice from being outstanding. The Early Help Assessment

and visits to inform it prompted the Auditor to recommend that practice standards including timescales for Early Help Assessments and visits were reviewed and made explicit, although it was noted that this was the first time this worker had undertaken an Early Help piece of work.

In two reviews, an issue with the sharing of assessments or plans was identified. The first related to ensuring that the sharing of an Early Help assessment with parents was recorded on the case file. The second related to consideration of how documents such as Pathway Plans were translated or shared with young people when English is not their first language to ensure they understood the content and decisions made,

The reviewers identified several examples where greater curiosity was potentially needed. For example, in exploring the peer networks of one young person living in Norwich and their motivation to support him, or for one young person that may have accrued significant gambling debts and what this might mean for him. Nonetheless over all practice was good and further exploration of these issues was dependent on engagement with the young person and their willingness to be open and transparent with the social worker.

5.3. Management oversight, influence, and direction

The reviewers saw evidence of several 'Tracker' Meetings or commissioning reviews providing Management Oversight. While evidence of tracker actions being cross referenced in supervision was seen, reviewers recommended that the notes articulated specific (SMART) actions arising from any concerns identified to more effectively drive practice.

The reviewers saw an example of the use of allowances being challenged with one young person and beyond that his expectations of services. However, this and several other reviews prompted reflections on how the tension between respecting autonomy and the rights of individuals against the responsibilities of care leavers could be balanced within available resources, particularly those aged over 21. One care leaver for example, had only spent a few nights in his accommodation over the last few months and was also receiving keyworker support. He was spending most of his time with friends in another Local Authority. A systematic process to oversee such situations was recommended.

In one review it was identified that the young person had requested a new social worker. A clear and considered approach to this was articulated but the auditor queried whether this should be explicitly written down – as part of the complaints policy for example.

5.4. Understanding of Identity and impact on practice

While consideration of the Social Graces was apparent in the case records and from discussions with staff this was not always consistently evident in Supervision records or Pathway Plans.

The anti-racist practice standards are a positive development. However, how the standards translate into practice needs to be more explicit on same case records.

5.5. Impact and quality of multi-agency work, involvement of partners and community services

The reviewers identified good quality multi-agency work that involved partners and community services within the City of London and with housing providers. This was not reflected, however, in one example of interaction with another Local Authority that was escalated appropriately by and through Senior Managers but was only resolved through the Court process. The reviewers within the moderation reflected on learning from this and whether an earlier escalation may have been more successful (probably not given the position of the other Local Authority).

6. Closing Remarks

The reviewers saw effective child centred practice that had on the whole improved outcomes for children and young people in the City of London. This was supported by appropriate multi-agency involvement and an emphasis on capturing the voice and experiences of the child or young person. On the whole social work practice was curious and supported by effective supervision and management oversight and a systemic approach.

The reviewers would like to thank the practitioners, their managers and the young people and families that constructively engaged in these Practice Reviews. The commitment to learning from external scrutiny and to service improvement and professional development was apparent from their engagement. The development of a Moderation meeting between reviewers and senior managers to mirror this process will reinforce improvements, the embedding of learning and the tracking of recommendations made. The process of the independent auditor working alongside City of London staff also promoted a collective approach to learning from each other as well as providing the opportunity for challenge and developing a shared sense of 'what good (if not outstanding) looks like'.

This document should be read in conjunction with the individual audits themselves, the 2024-25 Quality Assurance Recommendation and Impact Tracker as well as the previous Summary Report from September 2024.

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3rd March 2025