



# Statutory Complaints and Representations Annual Report 2016–2017

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## Introduction

This report details the feedback received by the Customer Relations Team about statutory social care children's and adult services during 2016-2017, including numbers and types of compliments, concerns, complaints and learning from complaints.

## Overview

413 new compliments, concerns, representations and complaints were received between 1 April 2016 and 31 March 2017, a 33% increase from 311 last year. The table below shows the types of feedback received.

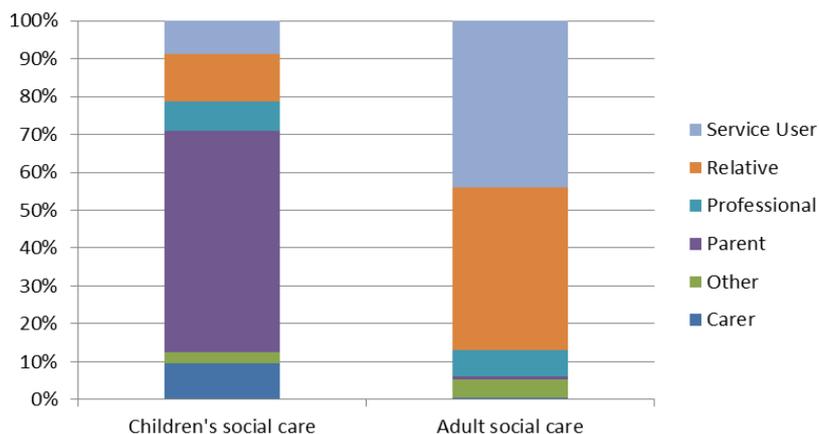
Type of Record	Children		Adults	
	No	%	No	%
Compliments	4	3%	103	36%
Concerns and representations	99	77%	65	23%
Complaints	26	20%	116	41%
<b>Total</b>	<b>129</b>	<b>100%</b>	<b>284</b>	<b>100%</b>

When a concern or representation is received, an initial assessment is made to decide whether it needs to be considered using the complaints procedure. This includes establishing whether another route is more appropriate or if relatively minor issues can be resolved very quickly and locally by a manager. The figures below show that many concerns and representations were resolved quickly to the satisfaction of complainants.

164 concerns and representations were received during the period:

- 63 were resolved (46 children's and 17 adults)
- 34 people were advised that their complaint fell outside of the complaints procedure (23 children's and 11 adults) because eg: court proceedings relating to complaint issues, person complaining had insufficient interest in child/service user, no consent from service user/young person, existence of separate appeal mechanism, insurance claim, complaints related to events which took place over a year ago
- 16 concerns were referred to adult or children's safeguarding services for appropriate investigation (6 children's and 10 adults)
- 16 were referred to another agency (6 children's and 10 adults) eg another local authority, the NHS, a prison
- 15 people contacted us but did not pursue their concerns when asked for further information (7 children's and 8 adults)
- 7 concerns about children's services escalated to complaints
- 6 concerns about adult services were referred on and responded to by the provider of a service commissioned by the Council
- 3 anonymous concerns (1 children's and 2 adults) were passed to appropriate managers for their attention but no response could be given
- 3 children's concerns were still open at the end of the period
- 1 adult anonymous whistle blowing concern about a provider was referred to another Bristol City Council department

## Who complained or complimented



The table above provides a breakdown of the type of complainant or person complimenting, split into children's and adult social care services. It is usual that the majority of complaints about children's services are made by parents of children, eg of children in care or who are subject to safeguarding investigations. A high number of compliments are received from adult intermediate care service users.

Further analysis, broken down by type of complaint, follows.

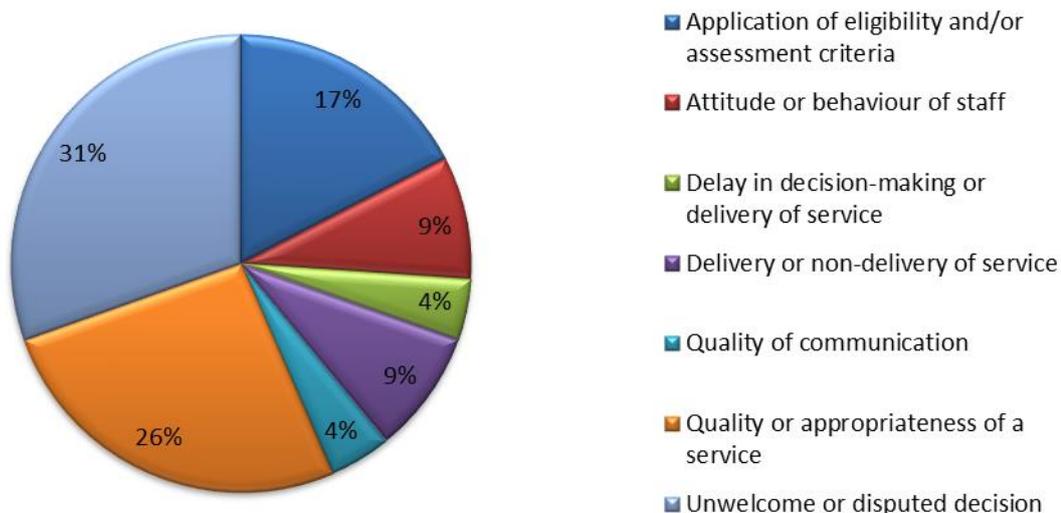
## Complaints about children's services

Appendix 1 explains the stages of the Children Act statutory social care complaints procedure. The tables in this section relate to complaints responded to during the period and do not include concerns or compliments.

The table below shows the number of complaints responded to at each stage and compares with previous years.

Children's social care				
Number of Social Care Complaints	Stage One	Stage Two	Stage Three	Ombudsman
2012 – 2013	20	3	1	4
2013 – 2014	22	3	1	5
2014 – 2015	22	4	4	2
2015 – 2016	18	4	4	5
<b>2016 – 2017</b>	<b>23</b>	<b>6</b>	<b>3</b>	<b>4</b>

## Subject of children’s social care complaints



The table above shows the main complaint subject areas. Complaints about quality of services and disputes about decisions are the dominant categories. The majority of these complaints were from parents unhappy with decisions taken by social workers investigating allegations of abuse or neglect as part of their statutory duties.

## Service areas of children’s social care complaints

Service area	No	%
Area social work	12	52%
Through care services	6	26%
First response and early help services	2	8%
0-25 social care services	2	9%
Fostering and adoption	1	4%
<b>Total</b>	<b>23</b>	<b>100%</b>

The majority of complaints about area social work were from parents or grandparents of children unhappy about a range of issues, eg communication with social workers, outcome of assessments, concerns about child’s safety with other parent not being taken seriously, children taken into care, bias in reports. Complaints about through care services were from adults and related to support for children leaving care, facilities in a children’s home, contact arrangements, communication and support for Special Guardians.

## Children’s social care complaint outcomes

The table below shows the outcomes of complaints responded to at each stage of the procedure.

Outcomes	Stage 1	Stage 2	Stage 3	Ombudsman
Not Upheld	26%	17%	33%	
Partially Upheld	57%	83%	67%	
Upheld	17%			
Maladministration with injustice				50%
Closed after initial enquiries – out of jurisdiction				50%

The Local Government Ombudsman uses distinct classifications to record complaint outcomes. Maladministration refers to Council fault. Some complaints cannot be considered by the Ombudsman, often because of court proceedings or the complainant has access to other forms of redress.

## Children’s social care response performance

There are statutory deadlines for responding to social care complaints. The table in Appendix 2 shows the structure of the complaints procedure. The deadlines for response are given at each stage with the possibilities for extensions in brackets. Extensions occur where cases are complex or there are difficulties arranging meetings with a number of professionals etc. The table below shows the percentage of complaints which were responded to on time, at each stage.

Stage of procedure	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Stage 1	80%	55%	50%	53%	52%
Stage 2	67%	100%	75%	50%	100%
Stage 3	100%	100%	50%	75%	100%
Ombudsman	67%	80%	100%	80%	100%

## Complaints about adult services

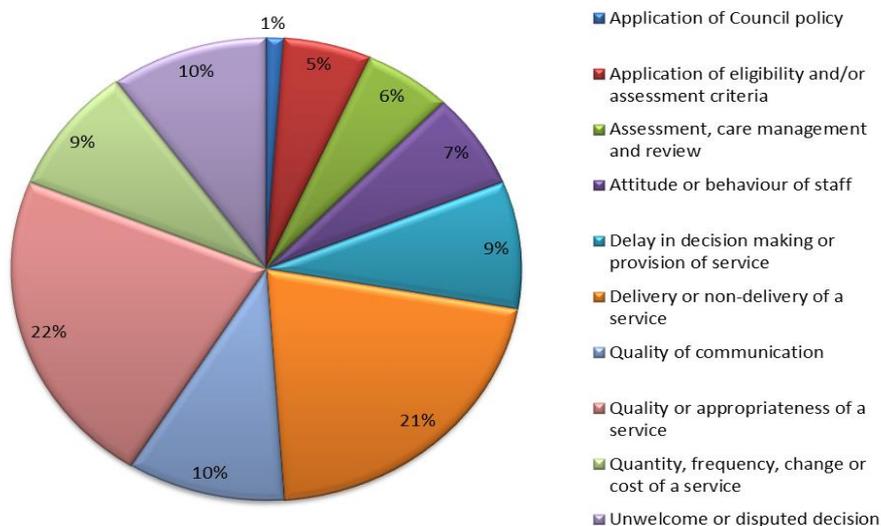
Appendix 2 explains the statutory adult social care complaints procedure which is different from the procedure for children’s services. The tables in this section relate to complaints responded to during the period and do not include concerns or compliments.

The table below shows the number of complaints responded to at each stage.

Adult social care				
Response	2013/2014	2014/2015	2015/2016	2016/2017
Response	117	119	92	90
Review	2	8	10	1
Ombudsman	6	4	3	5

### Subject of adult social care complaints

The chart below shows that the majority of complaints related to quality or appropriateness of a service or whether or not it was delivered. 30 complaints related to the quality of care provided by independent providers commissioned by the Council, 16 of which were complaints about home care, mainly about delayed or missed visits, poor communication, health and safety concerns and a lack of empathy and compassion for service users. The majority of these complaints were upheld or partially upheld.



## Service areas of adult social care complaints

The table below shows the distribution of complaints among service areas. The majority of complaints were made to area teams and included 17 concerns about providers. The remainder related to assessments, Direct Payments, support hours, communication, delays, quality of support, cost of care and respite care arrangements.

Service area	No	%
Area services	50	56%
Finance	14	16%
Hospital social work	7	8%
Commissioning	7	8%
0-25 Preparing for adulthood	3	3%
Mental health	2	2%
Care Direct (referrals)	2	2%
Immediate response	1	1%
Independent living service	1	1%
Contracts and Quality	1	1%
Intermediate care	1	1%
Safeguarding	1	1%
<b>Total</b>	<b>90</b>	<b>100%</b>

## Adult social care complaint outcomes

The table below shows the outcomes of complaints responded to at each stage of the adult procedure.

Outcomes	Response	Review	Ombudsman
Not Upheld	33%	100%	
Partially Upheld	44%		
Upheld	14%		
Withdrawn	8%		
Closed after initial enquiries – no further action			20%
Closed after initial enquiries – outside jurisdiction			20%
Upheld: maladministration and injustice			20%
Not upheld: no maladministration			40%

As for Children's Services complaints, the Local Government Ombudsman uses distinct classifications to record complaint outcomes. Maladministration refers to Council fault. Some complaints cannot be considered by the Ombudsman, often because of court proceedings or because the complainant has access to other forms of redress. Some complaints are closed after initial enquiries, for example if the Ombudsman is satisfied with the Council's actions after making enquiries.

## Adult social care response performance

The Council sets a target of 15 working days for response but deadlines can be agreed between the manager with responsibility for responding to the complaint and the complainant, within six months. The manager must keep the complainant informed of any delays, giving reasons. The table below shows the percentage of complaints which were responded to on time, at each stage.

Stage of procedure	2013/2014	2014/2015	2015/2016	2016/2017
Response	42%	52%	43%	54%
Review	50%	37.5%	20%	0%
Ombudsman	57%	50%	67%	100%

## Advocacy

Children and young people are entitled to independent and confidential advocacy support to help them make social care complaints and representations. In 2016-17 the Council had a service level agreement with Reconstruct to provide this service as part of a wider advocacy and participation project for children and young people. Reconstruct advocates work closely with children and young people in care and frequently support them to raise concerns informally with staff. Therefore the majority of issues raised directly by children and young people are resolved without using the complaints procedure. 9 young people were supported by Reconstruct to raise formal complaints during 2016-2017. A further 59 were supported by advocates to seek resolution to their concerns outside of the complaints procedure.

Complaints Procedure Advocacy (CPA), part of the Care Forum, provides support to adults making complaints on behalf of children and to adults complaining in their own right about adult social care services. Complainants are supported to look at different options and possible outcomes to equip them to make informed choices about action which may be taken. CPA works to ensure people can represent their own interests as far as possible and does not offer advice on how an individual should act. Different levels of support are provided and categorised as follows:

	Level	Description of work
1.	Information/signposting	Up to 2 calls, self-help pack provided for those who could self-advocate. Signposting to an appropriate service when out of remit.
2.	Arms-length	Information/signposting, more than 2 calls, self-help pack.
3.	Half case work	Either attend a meeting or draft letter, not both. May proof read letter. Self-help pack.
4.	Full case work	Draft letter, attend meeting.
5.	Complicated case work	Full case work, plus access or communication requirement issues, case may span more than one project within Advocacy Services, more than one organisation involved in complaint.

CPA supported 8 adults making complaints on behalf of or concerning children and young people and 30 adults or their relatives/carers complaining about adult services. In addition, it supported 12 people with brief interventions demanding 30 minutes or less of an advocate's time.

## Learning from complaints

One of the key principles of statutory social care complaints regulations is that local authorities learn from complaints and improve services. All actions agreed when complaints are concluded are monitored by the Customer Relations Team to ensure they are implemented within agreed timescales. Some examples of how individual complaints have led to service improvements are given here.

### Children's social care

A parent complained that social workers did not take seriously his concerns about his child's safety, blocked contact between him and his child and misrepresented him in assessments. Staff were asked to:

- include non-resident parents in assessments
- include recommendations of how children's views around contact may be sought when there are on-going contact disputes
- share with parents the processes used by social workers to elicit the wishes and feelings of children

A parent considered that a social work team did not ensure that his children's contact with their mother went smoothly and allowed inappropriate contact to take place. The complaint wasn't upheld. Nevertheless, relevant staff were reminded of the following:

- Parents/carers need to be fully aware of the purpose of particular court orders and the duties they impose on a local authority, ideally prior to the conclusion of care proceedings so that legal representatives can ensure they have a full understanding of what will be expected of all parties.
- Social workers are integral to making plans when court orders are made following an application by a different local authority, in order to minimise the potential for court orders being made which do not work in practice.
- Monitoring of Supervision Orders should take place frequently to ensure that statutory visits are completed.
- Records should be made, as soon as possible and as accurately as possible, of all contacts.

Prospective adopters complained about the behaviour of a social worker in relation to matching them with a potential adoptee. As a result, training offered to staff was reviewed to refresh their understanding of engaging with adopters and carers and ensure that they manage difficult conversations appropriately.

A parent considered that social workers did not take seriously his concerns about his child's safety, were rude and abrupt, and communicated poorly with him. As a result, a change was made to how work is allocated in the team and the way records are kept, to achieve a better service for families. Social workers were reminded to send copies of assessments and minutes of meetings to fathers and all those involved in the assessment.

Parents were unhappy with the Council's proposal of how to adapt their home for their disabled child to provide a ground floor toilet and the decision not to install a ground floor shower. This complaint concerned an Occupational Therapy assessment and decisions taken by the Accessible Homes team. Although the complaint was not upheld at Stage 2, there was still learning from this complaint: staff were reminded of the importance of recording any decisions taken outside of panel meetings; service users are now given a written explanation of what has been considered when a decision is made where this is requested; clarification was given to relevant staff to ensure the correct good practice guides are being used.

A Special Guardianship carer complained after being advised the Council could not support her to re-establish sibling contact after it broke down. As a result, staff were reminded of their duty to appropriately support Special Guardians.

A complaint from foster carers primarily concerned their view that they were given insufficient information and not supported to care for a young person with challenging behaviour. There were a number of individual complaints which were considered at all 3 stages of the complaints procedure. Although much of the complaint was not upheld, a number of actions were taken after the complaint to strengthen procedures, as follows:

- Procedures were reviewed to ensure that foster carers' level of training prior to registration is verified by adding this to the checklist for foster carers transferring from another agency to Bristol and completing Personal Development Plans as part of the assessment/transfer process.
- When foster carers are approved with recommendations that they need to be supported, panel minutes (with decision) are routinely sent to the relevant team manager to ensure this support is provided and regularly reviewed.
- Social workers were reminded that they need to be open and clear with foster carers not meeting care standards and report any concerns to the fostering service about potential breaches. Fostering managers address any concerns with carers and record outcomes on an allegation/concerns report.
- A more robust mechanism has been established to ensure that training levels are maintained, or further training accessed when needs are identified. A new payment and career structure has been introduced for foster carers to link training and competency with payment at each level. The training accessed by carers, together with their application of that learning, is now reviewed as part of the carers' annual review.
- The fostering team was reminded that annual reviews for every carer must be undertaken within the statutory timescales.
- Supervising Social Workers were reminded of the importance of clear communication with carers when carrying out their duties to ensure there is a clear distinction of roles, particularly when a complaint is being investigated.
- Fostering staff were reminded to routinely check for foster carer health conditions in order to ensure their support needs are met. Social workers and foster carers were reminded it is their responsibility to check for/raise any health issues that may impact their support needs.
- The training offer to foster carers was amended to include links with local free ICT competency courses that foster carers can access should they need to improve their skills in this area.

- Placement referral forms were redesigned and the sections for recording risk are titled: 'worries', 'needs', 'past' and 'future harm'. Placement finders now record on carers' records all conversations with prospective foster carers about a child and any risks they may present in placement/any mitigation or agreed follow up action.
- All out of hours communication is now recorded on carers' records.
- Staff were reminded to PIN protect their mobile phones to prevent accidentally phoning and thereby causing breaches of information security.

Grandparents complained on behalf of their daughter about how the Council managed the situation of their grandchild being taken into Police protection and temporary care arrangements. Although the complaint was not upheld, there was some learning: staff will refer to workers as 'unavailable' rather than 'out' to avoid confusion as to whether or not workers are in the office; the Child Protection Conference Service explored how to bring more clarity to their meetings especially around the scaling and the categories of abuse.

An out of area foster carer complained about the handling of the transition of the young person's support when he became 18. She was specifically concerned that no assessment was carried out of his adult social care needs and that respite support was withdrawn. There was a dispute between two Councils as to which authority was responsible for carrying out an adult social care assessment. As a result of this complaint, the Preparing for Adulthood Team has reviewed processes for disabled young people leaving care and developed a flow chart and guidance that outlines the criteria and process for deciding on the most appropriate arrangements for a young person post 18: Shared Lives or Staying Put.

### **Adult social care**

A relative complaint about home carers arriving late for calls and poor personal care resulted in all carers being reminded: of the safeguarding policy and procedure around neglect if care is not carried out correctly; of the importance of correct record keeping, including the time and tasks carried out during a call; to communicate to the office if they are going to be more than 15 minutes late allowing the client/carer to be contacted.

A relative raised concerns about timekeeping and quality of care provided to her mother by a home care provider. This revealed capacity issues which were rectified by the Council releasing more hours to the provider and the provider initiating a new recruitment drive to address the concerns about the number of different carers sent to service users.

A relative complained that the Council advised him they would not offer a service to manage payments to his brother's care home because his income was above the threshold when this was not the case. Staff were reminded that the Care Act brought in changes which mean that the Council does offer this service, for a fee.

A son complained that his mother did not receive satisfactory care whilst in her home and suffered neglect as a result of this. The need for a closer working relationship between the Council and a local dementia service was highlighted and the two organisations worked together to improve this. Social Workers were reminded to consider the emphasis and weight they place on families' views and wishes when making best interest decisions, taking into account any concerns and responding to them in a timely manner.

A service user was unhappy that she received a Direct Payment which she subsequently had to pay back following a financial assessment. This resulted in an update of finance information leaflets provided which explain how Direct Payments are set up.

A son complained about the failure to provide Direct Payments for his mother which resulted in improved training and guidance for staff.

A service user complained: a) she was not correctly advised of her right to access Direct Payments; b) was not supported to access Direct Payments over a two year period and c) was charged for a service she was not receiving. The Council was already working to simplify the Direct Payments process and appointed two experienced social workers to overview DP work and advise other staff involved in DPs. This resulted in DP processes and information for service users, carers and staff being upgraded. The implementation of a new and more modern case management system in 2015 makes it easier to support DPs. Later, Personal Budgets were reviewed and a new Direct Payment prepaid card was introduced to make it easier to manage a DP.

A service user complained about a provider's Direct Payments Support Service after an overpayment to a previous care agency was made in error. The agency implemented a new IT management system which ensured that account details for agencies and employees became disabled when no longer active. They also established a double entry system to ensure that payments to live accounts are input correctly. These new systems and processes have prevented recurrence of this issue.

A service user disputed the inconclusive outcome of a Safeguarding Vulnerable Adults strategy meeting relating to an assault on her by a health professional. The complaint was upheld and resulted in a review and strengthening of training for those undertaking safeguarding investigations which includes chairing strategy meetings, promoting the personalisation agenda and keeping the service user at the centre of the investigation. The outcome of this complaint was anonymised and shared. A template letter was developed to be sent to service users along with relevant policies at the start of the safeguarding process to explain the process and set out a timescale for the investigation.

A relative complained that his father was inappropriately told of charges for home care when he was in hospital and was not in a state to understand the implications and that the family was not involved. The complaint was not upheld as there was evidence of information being shared on more than one occasion. Nevertheless, information about charges was reviewed and made clearer and staff members were reminded of the importance of providing clear written information about charges.

A complaint from a solicitor on behalf of a vulnerable adult about the implementation of a review of their support package was not upheld but led to the following learning: discussion with staff about language used when describing transfer or closure of cases and the importance of following up decisions to transfer cases in writing, stating explicitly what this means. Supported Independence managers emphasised to staff the need for clear recording of the outcomes of their conversations and what was agreed.

A parent raised concerns about the lack of a joint approach to her son's house move to ensure his accessibility needs were met in advance of the move. This resulted in a change to the system to take a more considered approach to ensure appropriate advice and support is provided in a timely way.

## Appendix 1 – Children’s social care complaints procedure

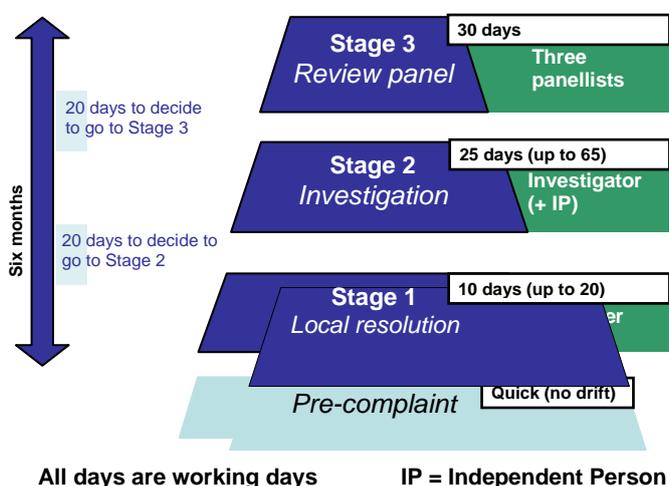
The Children Act 1989 Representations Procedure (England) Regulations 2006 requires local authorities to have in place procedures for handling complaints made by or on behalf of service users (or potential users) of social care services provided to children and young people.

The children’s social care complaints procedure consists of three stages:

- ❑ Stage 1 – Local, informal resolution (usually conducted by a first line manager)
- ❑ Stage 2 – Formal, detailed investigation (conducted by an investigator and independent person)
- ❑ Stage 3 – Formal review (considered by a panel of three independent people).

In some circumstances, a complaint can be investigated at Stage 2 of the procedure, without being considered at Stage 1. However, complainants are generally encouraged not to skip Stage 1 if local managers have not previously had an opportunity to look into the concerns raised. A review panel will only be held once a Stage 2 investigation is completed.

### Structure of children’s complaints procedure



### Ombudsman

At any time, complainants can approach the Local Government Ombudsman for a review of the case. Usually, the LGO only considers complaints once the local authority’s complaints procedure has been fully exhausted.

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## Appendix 2 – Adult social care complaints procedure

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 requires local authorities to have in place procedures for handling complaints made by or on behalf of service users (or potential users) of social care services provided to adults.

When a complaint is received, a risk assessment is undertaken as follows:

### Risk assessment

Step One: Decide how serious the issue is?

Seriousness	Description
Low	Unsatisfactory service or experience not directly related to care. No impact or risk to provision of care  <p style="text-align: center;"><b>Or</b></p> Unsatisfactory service or experience related to care, usually a single resolvable issue. Minimal impact and relative minimal risk to the provision of care or the service. No real risk of litigation.
Medium	Service or experience below reasonable expectations in several ways, but not causing lasting problems. Has potential to impact on service provision. Some potential for litigation.
High	Significant issues regarding standards, quality of care and safeguarding of or denial of rights. Complaints with clear quality assurance or risk management issues that may cause lasting problems for the organisation, and so require investigation. Possibility of litigation and adverse local publicity.  <p style="text-align: center;"><b>Or</b></p> Seriousness issues that may cause long term damage, such as grossly substandard care, professional misconduct or death. Will require immediate and in depth investigating. May involve serious safety issues. A high probability of litigation and string possibility of adverse national publicity.

Step two: Decide how likely the issue is to recur

Likelihood	Description
Rare	Isolated or “one off” – slight or vague connection to service provision
Unlikely	Rare – unusual but may have happened before
Possible	Happens from time to time – not frequently or regularly.
Likely	Will probably occur several times a year
Almost certain	Recurring and frequent, predictable

### Step three: Categorise the risk

#### Seriousness | Likelihood of recurrence

	Rare	Unlikely	Possible	Likely	Almost Certain
Low	Low				
		Moderate			
Medium					
			High		
High				Extreme	

#### Response

After this, the manager dealing with the complaint develops a Complaint Investigation Plan (CIP) with the complainant which defines how the complaint will be handled and the time frame within which it will be completed. A written response is subsequently sent to the complainant by the manager which explains how the complaint was investigated, conclusions reached and actions taken as a result of the complaint.

#### Review

If the complainant is not satisfied with the response, they can request a review by a more senior manager. Although not required by the regulations, the local authority will then decide whether a review is warranted and respond accordingly.

The local authority must complete its response to a complaint within 6 months of receipt. If it is unable to do this, it must provide a written explanation which outlines when they can expect to receive their response.

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