



Statutory Complaints and Representations Annual Report 2018–2019

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Introduction

This report outlines the feedback received by the Customer Relations Team about statutory social care children's and adult services during 2018-2019. It includes compliments, concerns, representations, complaints and learning from complaints.

Overview

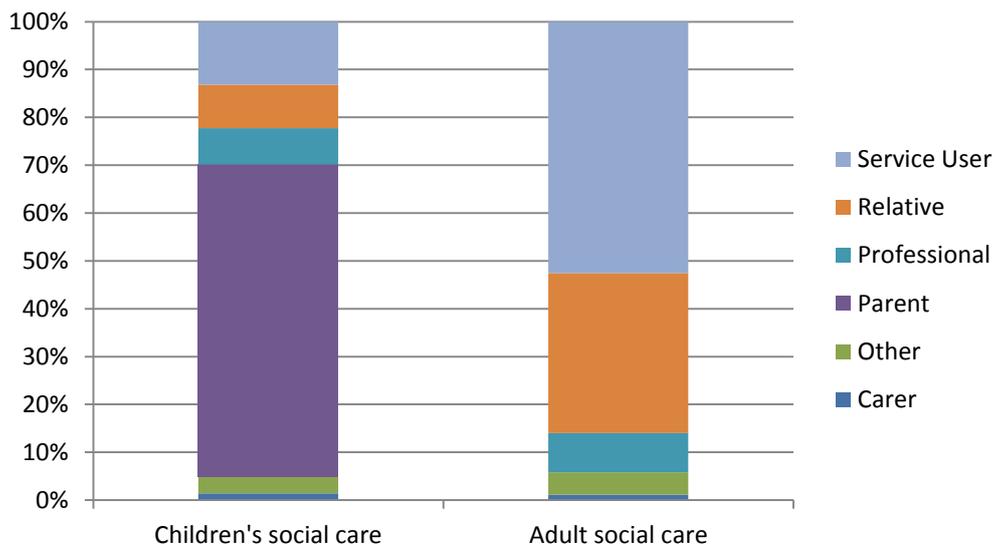
430 new compliments, concerns, representations and complaints were received between 1 April 2018 and 31 March 2019. The table below shows the types of feedback received.

Type of Record	2017/18				2018/19			
	Children		Adults		Children		Adults	
	No	%	No	%	No	%	No	%
Compliments	4	3%	93	38%	25	15%	74	27%
Concerns/representations	99	77%	64	26%	104	67%	70	26%
Complaints	26	20%	102	39%	27	18%	130	47%
Total	129	100%	259	100%	156	100%	274	100%

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 fell outside of the complaints procedure and that others were resolved quickly to the satisfaction of complainants. 174 concerns and representations were received during the period. The table below shows the outcomes.

Number		Outcome	Comments
Children	Adults		
1	3	Anonymous	passed to appropriate managers for their attention but no response could be given
7	7	No further contact	complainant did not pursue their concerns when asked for further information
9	2	Open	at end of reporting period
38	17	Outside procedure	eg court proceedings relating to complaint issues (12), complaints related to events which took place over a year ago (12), person complaining had insufficient interest in or no consent from child/service user (9), repeat complaint (6)
0	11	Provider complaints	responded to by the provider of a service commissioned by the Council
7	9	Referred to external organisation	eg another local authority, CAFCASS, DWP
36	15	Resolved	through timely discussions, meetings, explanations
6	6	Safeguarding	current safeguarding concerns are referred to adult or children's safeguarding services or area services for appropriate investigation or follow up.

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 child protection investigations.

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

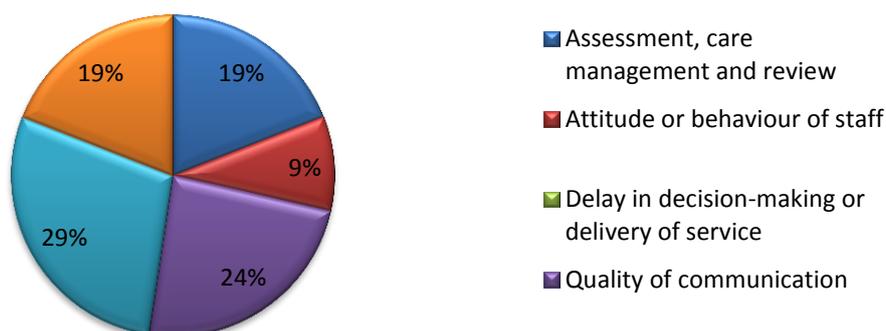
Complaints about children's services

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
2014 – 2015	22	4	4	2
2015 – 2016	18	4	4	5
2016 – 2017	23	6	3	4
2017 – 2018	27	5	2	3
2018 – 2019	21	6	1	8

Subject of children's social care complaints



The table above shows the main complaint subject areas although many complaints involve elements from other categories. The majority of complaints were from parents unhappy with actions and 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	2017/18		2018/19	
	No	%	No	%
Area social work	15	56%	13	62%
Through care services	7	26%	3	14%
Disabled children	3	11%	0	0%
First response and PDT	1	4%	3	14%
Families in Focus (early help)	1	4%	1	5%
Fostering and adoption	0	0%	1	5%
Total	27	100%	21	100%

The majority of complaints about area social work were from parents of children unhappy about a range of issues, eg bias towards one parent and against another, concerns about a child's safety with the other parent not being taken seriously, disclosure of information without consent, inaccurate recording, social worker bias towards the other parent, outcomes of assessments, lack of appropriate support.

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	7	1		
Partially Upheld	12	5	1	
Upheld	2			
Closed after initial enquiries – no further action				2
Closed after initial enquiries – out of jurisdiction				5
Upheld: maladministration and injustice				1

The Local Government and Social Care Ombudsman uses distinct classifications to record complaint outcomes. Some complaints cannot be considered by the Ombudsman, often because of court proceedings or because they are out of time.

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.

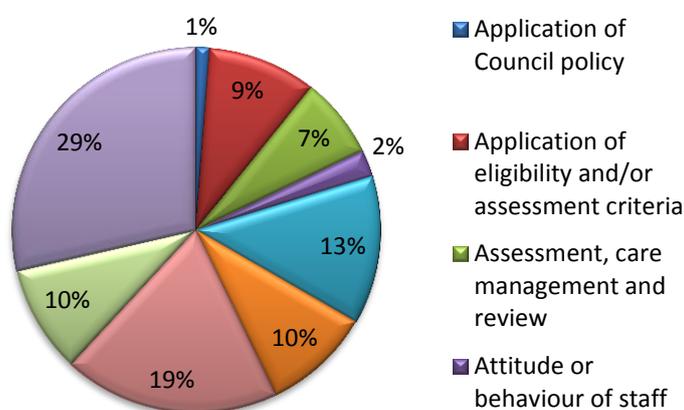
Stage of procedure	2014/2015	2015/2016	2016/2017	2017/2018	2018/19
Stage 1	50%	53%	52%	56%	67%
Stage 2	75%	50%	100%	100%	100%
Stage 3	50%	75%	100%	50%	100%
Ombudsman	100%	80%	100%	100%	100%

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.

Response	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
Response	119	92	90	84	114
Review	8	10	1	11	8
Ombudsman	4	3	5	3	7

Subject of adult social care complaints



Service areas of adult social care complaints

The table below shows the distribution of complaints among service areas.

Service area	No	%
Area services	57	50%
Hospital social work	17	15%
Finance	10	9%
Commissioning, contracts and quality	4	4%
Early intervention and targeted services	4	4%
Intermediate care	4	4%
Mental health	4	4%
Care Direct	3	3%
Other	11	10%
Total	114	100%

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	32	2	
Partially Upheld	50	3	
Upheld	28	3	
Withdrawn	3		
No conclusion	1		
Review declined		12	
Closed after initial enquiries – no further action			2
Upheld: maladministration and injustice			4
Not upheld: no maladministration			1

The review stage is discretionary. If a Head of Service is satisfied that the original complaint was fully investigated and that a complete response has been provided, a review request will be declined and the complainant signposted to the Local Government and Social Care Ombudsman. The Local Government Ombudsman uses distinct classifications to record complaint outcomes which are reflected above. Some complaints are not investigated after initial assessment if the Ombudsman decides evidence of fault would be unlikely.

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	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
Response	52%	43%	54%	42%	66%
Review	37.5%	20%	0%	64%	75%
Ombudsman	50%	67%	100%	67%	86%

Advocacy

Children and young people are entitled to independent and confidential advocacy support to help them make social care complaints and representations. National Youth Advocacy Service (NYAS) provides this service. Advocates work closely with children and young people in care and frequently support them to raise concerns informally with staff so that they can be resolved without using the complaints procedure. NYAS also supports young people using 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. 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. They undertake brief intervention work in the majority of cases to support people to reach an outcome quickly, including signposting, sending out self-help packs and supporting clients to self-advocate. Other clients are given more support, depending on their level of vulnerability.

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

Parents of disabled children complained when the Council initiated child protection enquiries which they considered were unnecessary and that the Council was insensitive towards the family when their child was very ill. A thorough investigation at Stage 2 resulted in the following actions and learning:

- Relevant staff were reminded that they need to ensure that Child in Need Review minutes and Care Plans reflect the strengths of a family and areas of need and evidence that parents have had copies of reports and have understood them.
- All staff continued to be trained on Care Planning that shows how children and families can access universal, targeted and/or specialist services and how families can themselves be a resource and should be recognised in plans.
- Staff workshops focused on ensuring that transitions children face are well planned and supported.
- The Threshold guidance produced by Bristol Children's Safeguarding Board was updated and all staff were made aware of this.

A child in care allegedly sexually abused a much younger child whilst visiting relatives of his foster carer. The investigation into the complaint identified areas for development in the independent fostering agency's (IFA) safeguarding and out of hours' processes. A commissioning manager worked with the IFA to strengthen processes which resulted in improvements to duty and reporting arrangements and additional training for staff on their responsibilities in line with Working Together to Safeguard Children 2018.

A parent complained that the Council failed to adequately safeguard his daughter who he considered to be at risk from his ex-partner's current partner, made assumptions about him which were incorrect and showed bias towards his ex-partner. Although the complaint was not upheld at Stage 2, staff were reminded to consider consulting with non-resident parents who have parental responsibility when an anonymous contact is made to First Response regarding their children.

A parent complained about: unacceptable delays in receiving reports and meeting minutes; not being able to consider child protection reports before child protection conferences; sensitive information being sent through the post; social worker bias towards her ex-partner and unprofessional behaviour and inadequate support as a domestic abuse victim. The complaint was partially upheld after the Stage 2 investigation and the following actions were taken. Social workers were reminded that it is good practice to ensure that minutes of all meetings including core groups are made available to parents. Changes to the process by which child protection conference minutes are shared with parents in a timely fashion, and addresses are carefully protected, had already been implemented and were subsequently audited to ensure minutes were sent out in a more timely way and there were no data breaches. A change of practice resulted: staff now aim to complete minutes within 10 working days for Initial Child Protection Conferences and 15 working days for Review conferences. The social worker then visits the family and provides them with the minutes in person. The process to ensure requests for minutes are sent by email was audited to ensure compliance. Some parts of the complaint were not upheld and escalated to Stage 3 and resulted in the following actions being taken. An email was sent to all social workers reminding them of the requirement that reports must be with family members in writing two days prior to conference. A practice direction was also sent to all social workers which also included practice around sharing reports with parents. Social work managers and teams were updated on current domestic abuse practices as part of South West continuing professional development.

A parent complained about flaws in the assessment process following reports of concerns about the safety of his daughter during contact visits with him and that the Council failed to safeguard his children after he reported concerns about their wellbeing in their mother's care. The following actions were taken following investigation at Stage 2. Staff were reminded that correspondence to be posted containing sensitive personal information must be clearly marked "private and confidential" and to send copies of assessments to fathers and all those involved in an assessment.

A parent complained that personal information about her was disclosed to a solicitor by a Council solicitor without her consent for a second time, after being reassured that changes had been made to prevent this happening. The information shared, regarding a health condition, had no relevance to the child protection case. The Child Protection Conference Service implemented changes to ensure that, in future, any required amendments to reports of such a significant nature are reviewed by the Child Protection Chair and sent to the Child Protection Manager for an overview, to ensure that all changes necessary have been made. Staff were reminded that reports for conference must be shared with parents before the conference. Staff and other professionals are now asked to provide reports in advance to the Child Protection Chair, so that the Chair is given ample time to read them and question any content before it is shared in the conference.

Adult social care

A parent complained that his son's support in a residential setting was not in line with his support plan and that the provider failed to deal appropriately with significant safeguarding issues. The Manager and Senior Practitioners in the Preparing for Adulthood Team attended appropriate Safeguarding Adults training. Managers worked with staff in supervision to reflect on the need for carers' assessments. A representative from the Carers Team attended a team meeting to discuss best practice.

A service user complained about the quality and amount of support received from a support provider, highlighting inconsistency and lack of understanding of mental health experience. The Contracts and Quality Team addressed the following issues with the provider as part of on-going contract management/quality assurance: the standard of the provider's complaints policy and procedures, ensuring that complaints are taken seriously without making unfair judgements about the complainant; the importance of co-production of support plans; the quality monitoring tool and quality assurance process must have a strong element of service user input. Adult social care managers were reminded of the need to better support those making complains to service providers, particularly where they must continue to rely on a service provider they are complaining about, including exploring the possibility of changing to an alternative provider and offering complaints advocacy services.

An advocate complained on behalf of a service user that an Approved Mental Health Practitioner (AMHP) did not follow procedure and behaved inappropriately when sectioning her. This resulted in AMHP Legal Update training being updated to include information on the legal framework for accessing a person's property, including the use of warrants, and data protection and confidentiality as it applies to AMHP practice.

A service user complained that an Approved Mental Health Practitioner (AMHP) could be overheard on the phone in close proximity to a neighbour's house discussing confidential information that the service user was detained under Section 2 of the Mental Health Act. She also expressed concerns that the AMHP lacked compassion in her interaction with a relative. AMHPs were reminded of their responsibility to maintain the confidentiality of people assessed under the Mental Health Act and to avoid risking a data breach. AMHPs are required to have individual and peer group reflective supervision and were encouraged through this forum to reflect on their contact with nearest relatives and carers and the impact of the assessment on them and service users and the distress this can cause. The learning from the complaint was used as an opportunity to share best practice.

A son complained on behalf of his late mother that the Council gave misleading or incomplete information about how much she would pay for her care which resulted in the family being unable to make informed decisions about her finances. A new leaflet was developed explaining how charges are calculated. Client finance officers regularly attend meetings with social work teams and their managers to update them on charging policy issues, including the issues raised by this complaint. Client finance identified a reporting gap as no alert was raised where a person is receiving home care and has a pre-existing financial contribution assessment when they move into Extra Care Housing. A new report was added to regular finance reports to identify such a change in circumstances, thereby alerting the team to review the financial assessment. New practitioner guidance was written, giving clear and robust direction for practitioners and includes: instruction on the charging and financial assessment information practitioners need to share with the public; easy links for practitioners to access the necessary information; instructions on explicitly recording that the information has been shared; information on the new charging and

financial assessment form requiring the person or a legal representative to sign a document recording that they have received the information about care charges.

A daughter complained that a social worker did not explain to her that there would be fees to pay when her mother was discharged from hospital to a nursing home. The Finance Team Manager advised social work teams of the need to explain the finance policy and procedures. Staff were reminded of the need to be clear about funding arrangements and to ensure that the finance policy is provided prior to the start of any chargeable service.

A daughter complained that the Council informed her mother her that she owed them money and that she would be taken to court if she didn't pay or make contact with them, causing her unnecessary stress as she always paid her invoices on time. The account was, in fact, in credit. The wording of letters was amended to include an explanation about credit balances.

A son complained on behalf of his late father that the Council failed to end his tenancy when he went into residential care. His father's will appointed solicitors as the executors of his estate so the estate incurred legal fees corresponding with the Council about the rent arrears. Steps were taken to improve the Council's processes to make sure that deputyship is dealt with in good time. Staffing was increased in the Financial Protection Team which improved support to front facing staff to progress cases and ensure a more timely response to cases where people lack capacity in respect of their finances and where there is no one willing, suitable or able to manager their property or affairs. Additional resources were diverted to increase the capacity of the Financial Protection Panel to consider emergency applications through a fast tracked process. A Practice note was issued to remind staff of the need to prioritise these cases. The Financial Protection Team identified similar cases to ensure they were being responded to in a timely manner.

Appendix 1 – Children’s social care complaints procedure

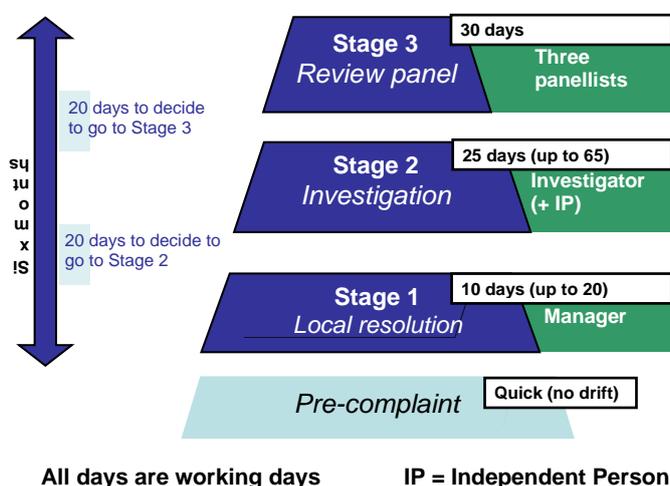
The Children Act 1989 Representations Procedure (England) Regulations 2006 requires local authorities to have in place procedures for handling complaints made by or on behalf of service users (or potential users) of social care services provided to children and young people.

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.

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	<p>Unsatisfactory service or experience not directly related to care. No impact or risk to provision of care</p> <p style="text-align: center;">Or</p> <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.</p>
Medium	<p>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.</p>
High	<p>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> <p style="text-align: center;">Or</p> <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.</p>

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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