

Annual Report 2011/2012

Children's Social Care Complaints Cambridgeshire County Council

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April 2012

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1. Executive summary

This report contains a summary of Children's Social Care feedback received by the Customer Care Team (CYPS) between 1 April 2011 and 31 March 2012.

During this period, a total of 207 contacts were received (200 complaints and 7 enquiries from members of the public). These figures represent a 9.5% increase in contacts on the year ended 31 March 2011, excluding MP enquiries which are now dealt with by the Service Director's office.

207 contacts represents 7.9% of the 2616 cases recorded as open as at 31 March 2012 (compared to 6.3% of 3144 cases last year).

The majority of complaints relate to one (or more) of the following;

1. Dissatisfaction with named staff member (54 = 26.1%)
2. Disagreement with decision making (30 = 14.5%)
3. Dissatisfaction with support provision (18 = 8.7%)

These mirror the three most frequent issues identified last year, although the proportion of complaints received for each is less for the period ending March 2012.

Of the 207 contacts received, 53 complaints (25.6%) were upheld or partially upheld, compared to 22.1%% in the same period last year. The key themes identified from complaints upheld/partially upheld include;

1. Dissatisfaction with named staff member (13 = 24.5%)
2. Communication issues (8 = 15.1%)
3. Panel Decisions (5 = 9.4%)

Whereas the most frequent theme of complaints upheld/partially upheld last year were dissatisfaction with named staff, dissatisfaction with support provision and communication issues.

The majority of complaints (139) were made by parents or carers and 28 came from another relative of the child concerned. Of 19 complaints made by a child or young person, 13 came via an advocate and 6 from the child or young person directly. 16 contacts were made by someone unrelated to the child and 5 do not involve a child or young person.

Of responses due out between 1 April 2011 and 31 March 2012; staff responded to 168 complaints (82.8%) within agreed timescales, compared to 79.4% for the same period last year. This is a positive result given that the number of complaints continues to rise (albeit at a lesser rate than for previous periods).

17 complainants requested an investigation at Stage 2. All were declined on the basis that the issues raised had already been addressed as far as possible; therefore a Stage 2 investigation would serve no purpose.

The LGO has considered 13 complaints. Of these 5 had no or insufficient evidence of maladministration, 1 was deemed premature, 4 were discontinued (remedied at local level), 1 was outside of jurisdiction and 2 are ongoing.

The actions taken as the result of complaints include;

1. Review and revision of policy and procedure.
2. Review of decisions made.
3. Provision of financial and/or other support.
4. Implementation of performance management processes.
5. Training/retraining of staff.

The number of complaints received has increased by 9.5%, whilst the proportion upheld/partially upheld has increased by 3.5%. Responding managers have (for the most part) provided clear and robust responses, as evidenced in the feedback provided by Local Government Ombudsman investigators.

The most significant development for CYPS during this period is beginning implementation of the Working for Families framework; the principles and values of which extend to all aspects of our practice, including how we work with families to resolve complaints.

2. Complaints: A definition

A complaint is described as an expression of dissatisfaction. All complaints received by Cambridgeshire County Council are dealt with under one (or more) of the following procedures;

1. the statutory social care complaints procedure
2. the Schools complaints procedure
3. the Council's corporate complaints procedure

Complaints may be received via any employee or office at any level of Cambridgeshire County Council and are then directed to the relevant department depending on the nature of the complaint. Issues regarding the delivery of social care services are dealt with under the social care complaints procedure. Complaints regarding the delivery of education services are addressed by the school's complaints process. For all other complaints, the corporate complaints procedure applies.

MP enquiries continue to be managed by the Service Director's office.

3. Complaints Policy

The framework for managing complaints is set out within the Children's Act (1989) Regulations 2006. The complaints process for CYPS social care complaints consists of three stages;

STAGE 1: Local Resolution

STAGE 2: Independent Investigation

STAGE 3: Review Panel

Complaints are received via a number of routes including telephone, letter, in person, online via our customer portal and by email. Cambridgeshire County Council aims to resolve all complaints at the earliest possible stage and at the lowest possible level. If a complaint cannot be resolved at Stage 1, complainants may request investigation at Stage 2. The Authority may decide to escalate complaints of a particularly serious nature directly to Stage 2.

If having exhausted all reasonable avenues within the Council's complaints procedure, a complainant remains dissatisfied; they may ask the Local Government Ombudsman (LGO) to consider their complaint. A complaint lodged with the LGO

before a Council has had reasonable opportunity to respond will be deemed 'premature' and will be referred back to the Local Authority complaints process.

A summary of the complaints process and applicable timescales is provided in [Appendix A](#).

ACTION

Cambridgeshire County Council's complaints and representations policy (2011) was reviewed and updated in February 2012. The accompanying staff guidance (2011) was also updated in February 2012.

Both policy and guidance will be reviewed and updated annually or as required.

4. Management of the complaints process

Since mid-March 2011, the Customer Care Team for CYPS has been made up of the Customer Care Manager (30 hours per week) and one full-time Business Support Officer (37 hours per week). For brief periods during the year, the team have received additional administrative support from colleagues from other CYPS services. This additional (voluntary) support means that the Customer Care Team has been able to manage during particularly demanding times without incurring additional financial cost to the service.

Quarterly and Annual reports have enabled staff to identify trends in complaints much more quickly than Annual reports alone allow. This means that the Authority has been able to take action in a much more timely and meaningful way.

In early 2012 the Customer Care team began using the OneServe database for recording complaints. Whilst still in the early stages and developing, OneServe is already proving to be less time-consuming and more effective than the previous 'Respond' database. The fact that OneServe already existed within the Local Authority and had spare capacity, means that the addition of Customer Care Team functions incurred no actual financial cost. Furthermore (and in contrast to Respond) ongoing support and upgrade of OneServe should incur no additional costs to the Authority as it is already covered by the existing service provision.

ACTION

As the information on Respond cannot be migrated, the Customer Care team will continue to use 'Respond' for pre-existing complaints but will record all new complaints on OneServe. At the point where all complaints for a given period are reported on OneServe, the Customer Care Team expects to be able to generate all necessary data for reporting from only one source (i.e. OneServe). This should

remove the need for the manually updated excel spreadsheet which is being used in the interim, which will improve the team's efficiency.

5. Advocacy

The Customer Care Manager continues to attend NYAS steering group meetings and has developed positive working relationships with those advocates who are most frequently in contact with the team.

During the year to 31st March 2012 a total of 19 complaints were received from a child or young person (the same as for the previous period). However 13 of these (68.4%) made use of an advocate, compared to 7 (36.8%) for the previous year.

Previously the Customer Care Manager identified an increase in the proportion of young people who access the complaints process independently (i.e. without an advocate) as a measure of success; however the increased involvement of advocates has proven to be beneficial on two counts in particular; first of all it has enabled the Customer Care Team to develop positive professional relationships with advocates which encourages partnership working and supports more effective resolution of complaints. Secondly, it has provided opportunities for the Customer Care Team to clarify complaints processes with advocates so that they can assist in managing the complainant's expectations appropriately.

In order to raise the profile of the complaints process and to make it more accessible, the Customer Care team has visited a number of residential services (in partnership with NYAS Advocates) to meet with children, young people and those who support them. These visits have resulted in children and young people raising concerns which they may otherwise have kept to themselves. Feedback suggests that the visits have also helped staff to better understand the complaints process and the support that is available.

ACTION

The complaints team will continue to work in partnership with NYAS to explore ways in which children and young people can be supported to access and engage with the complaints process.

The Customer Care team will visit relevant services at least once per year to ensure staff are kept informed regarding complaints issues and processes. Visits will provide an opportunity to develop relationships between the Customer Care Team, young people, and those who support them.

6. Training and development

As in the previous year, targeted training has been delivered to teams where a specific need has been identified. A waiting list of individuals wishing to receive training has also been maintained, with sessions being delivered when demand makes it efficient to do so. Less formal information and advice is given on a day to day basis for those who need it.

Initially, the Customer Care Team (in partnership with the Integrated Access Team) was involved in training as part of the Working for Families induction. However the Customer Care element of the induction was deleted due to other elements of the induction needing to take priority.

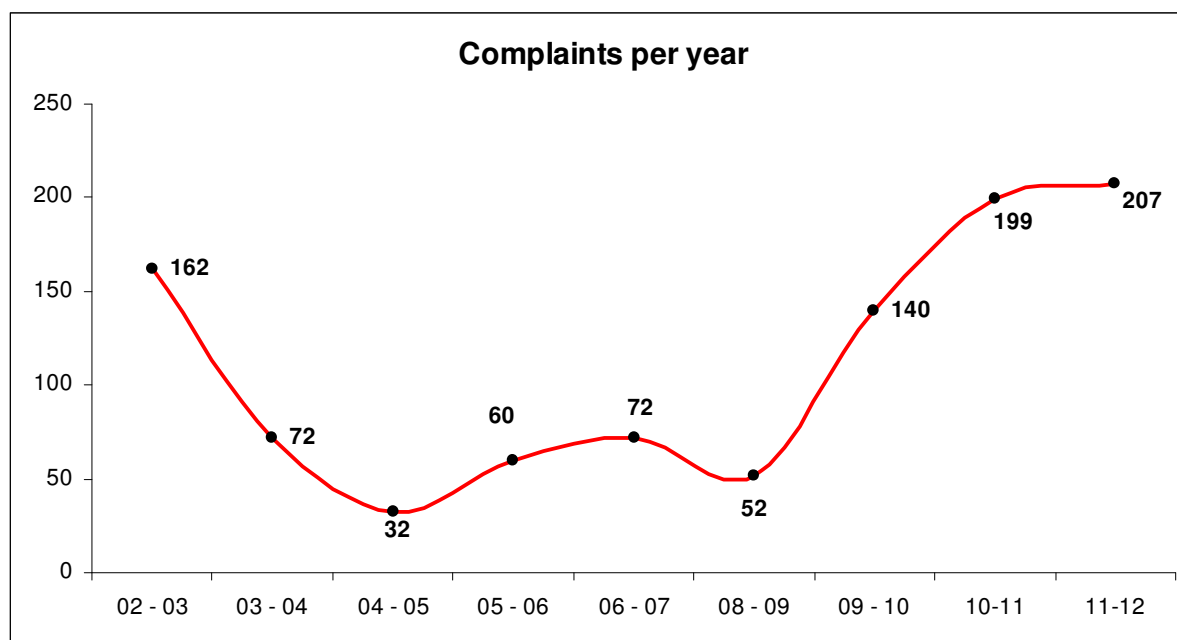
ACTION

Targeted training will continue to be delivered as and when required, via whatever means best meet participant needs (e.g. during staff meetings, mini-workshops, specific training sessions, other).

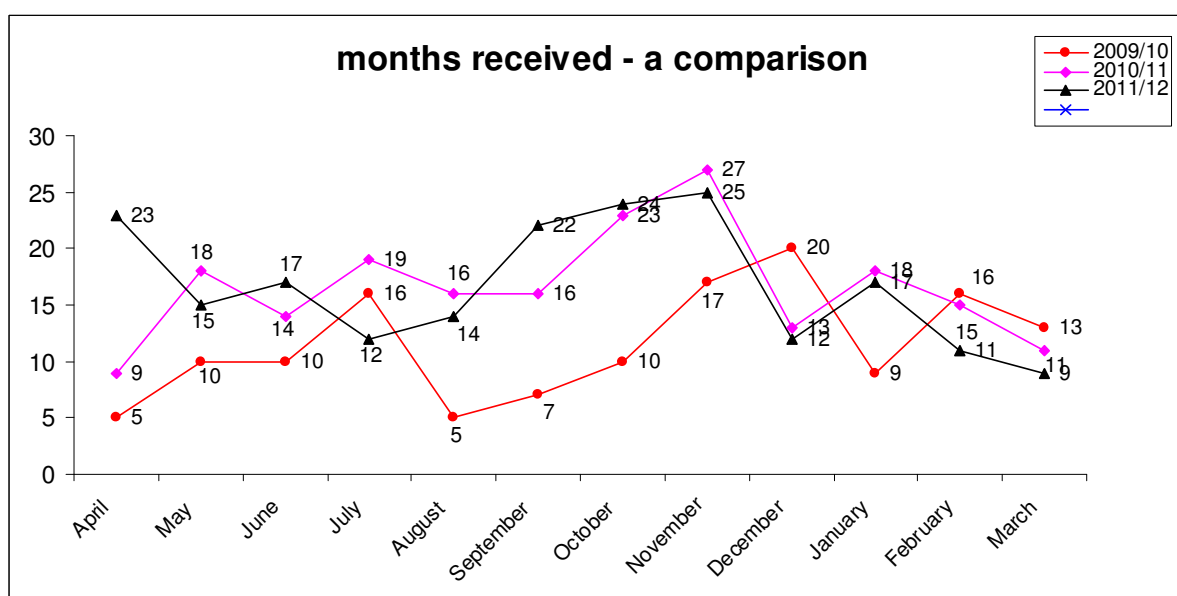
Staff will be encouraged to refer to available resources for guidance on managing complaints (and in particular the staff handbook available on camweb - see <http://camweb/search/results.htm?q=representations%20staff%20guidance>). This will reduce the amount of time spent by the Customer Care Team responding to colleague enquiries about the process and will encourage the use of a standard format for responses which best supports resolution.

7. Analysis

COMPLAINTS RECEIVED



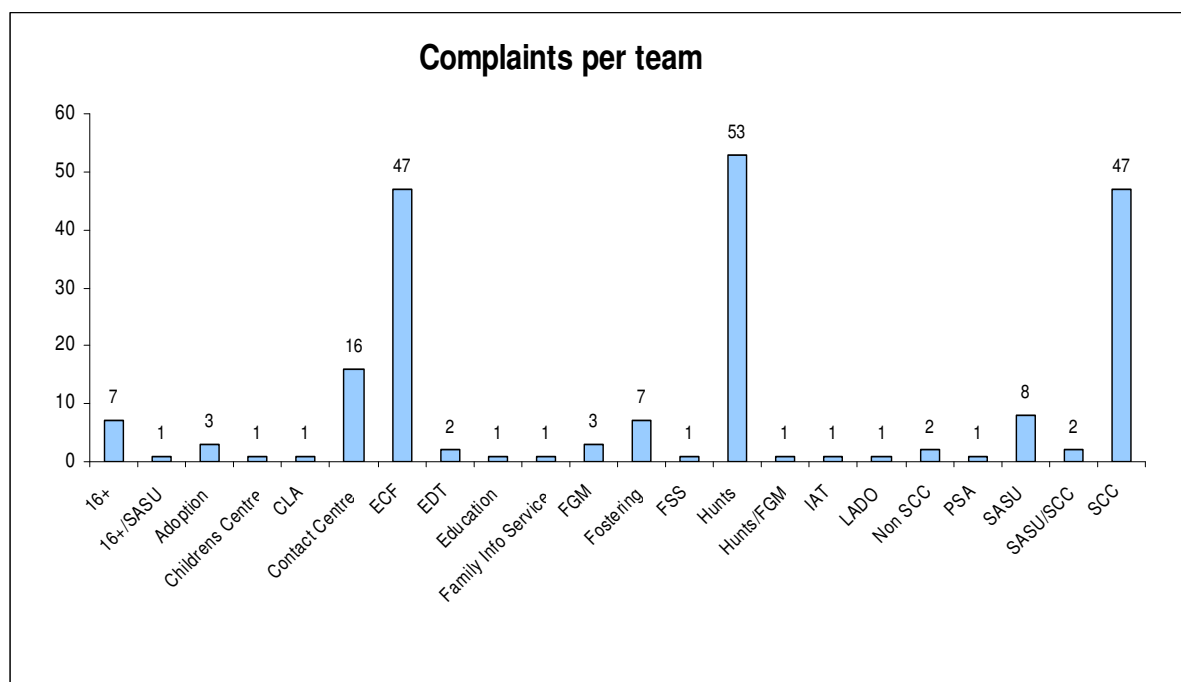
The number of complaints received each year continues to increase, although the rate of increase appears to be levelling off. It is anticipated that improved communication as the result of the Working for Families framework will reduce communication related issues; however the number of complaints received regarding Panel Decisions/support packages is expected to increase as a result of the current economic climate.



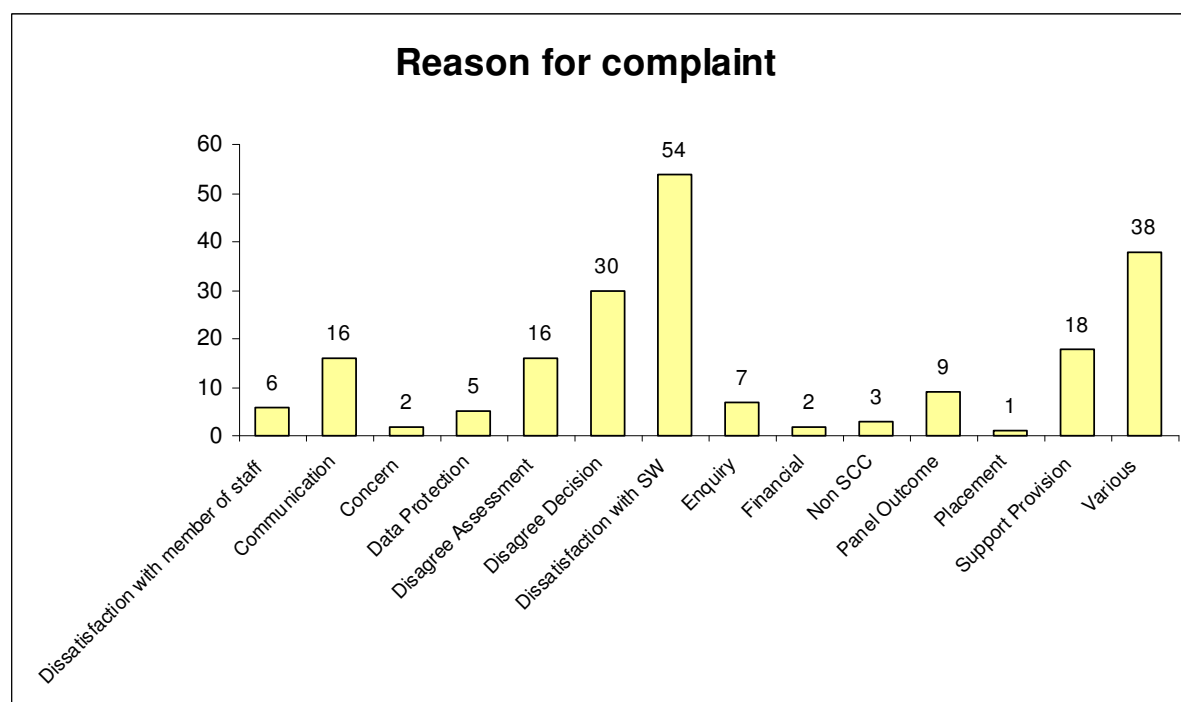
Whilst there appear to be similarities with respect to the general pattern in numbers of complaints received each month, this may well be a coincidence. It is important to note that the number of complaints received each year is not a true reflection of

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workload caused by complaints, as some complaints (and complainants) are much more resource intensive than others.



Compared to the year ended March 2011 the number of complaints received has increased for ECF (from 35 to 47) and the Contact Centre (from 6 to 16), whilst complaints received have decreased for Hunts (from 63 to 53) and SCC (from 61 to 47). A breakdown of the outcome of these complaints is given in pages 10-12 below.



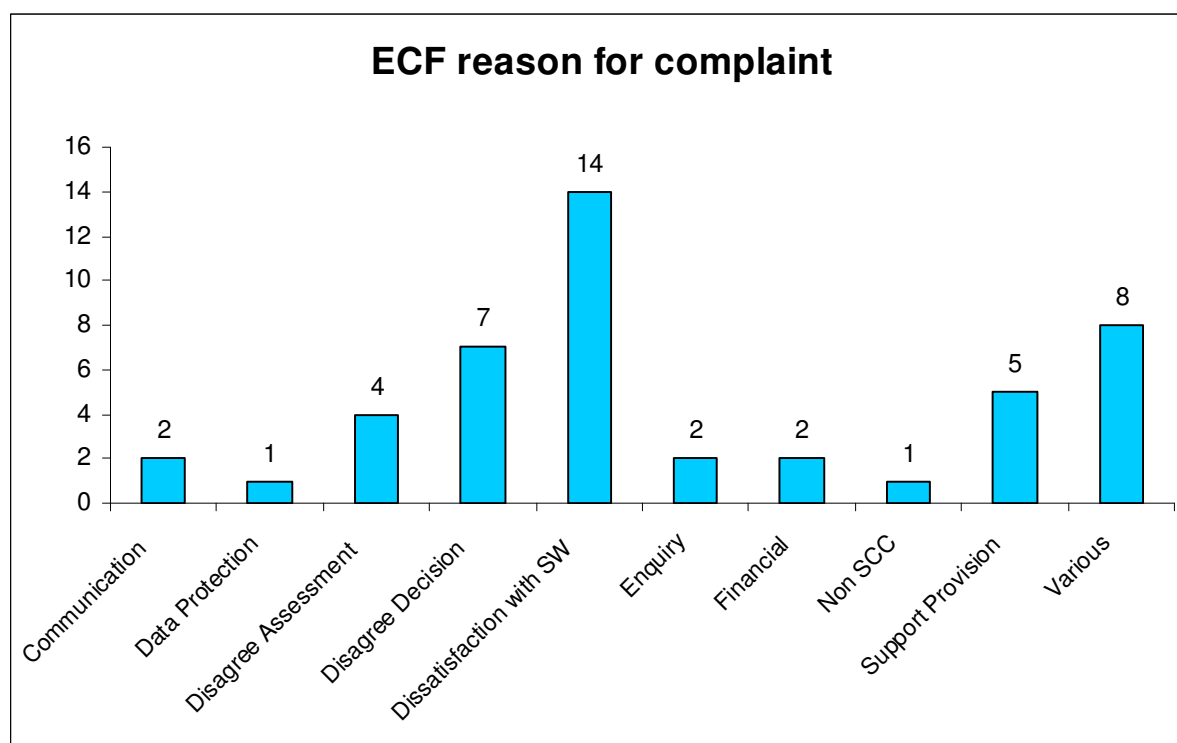
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When analysed further the majority of complaints about Social Worker's (i.e. dissatisfaction with SW) are found to be about processes or decisions rather than the Social Worker themselves. For example;

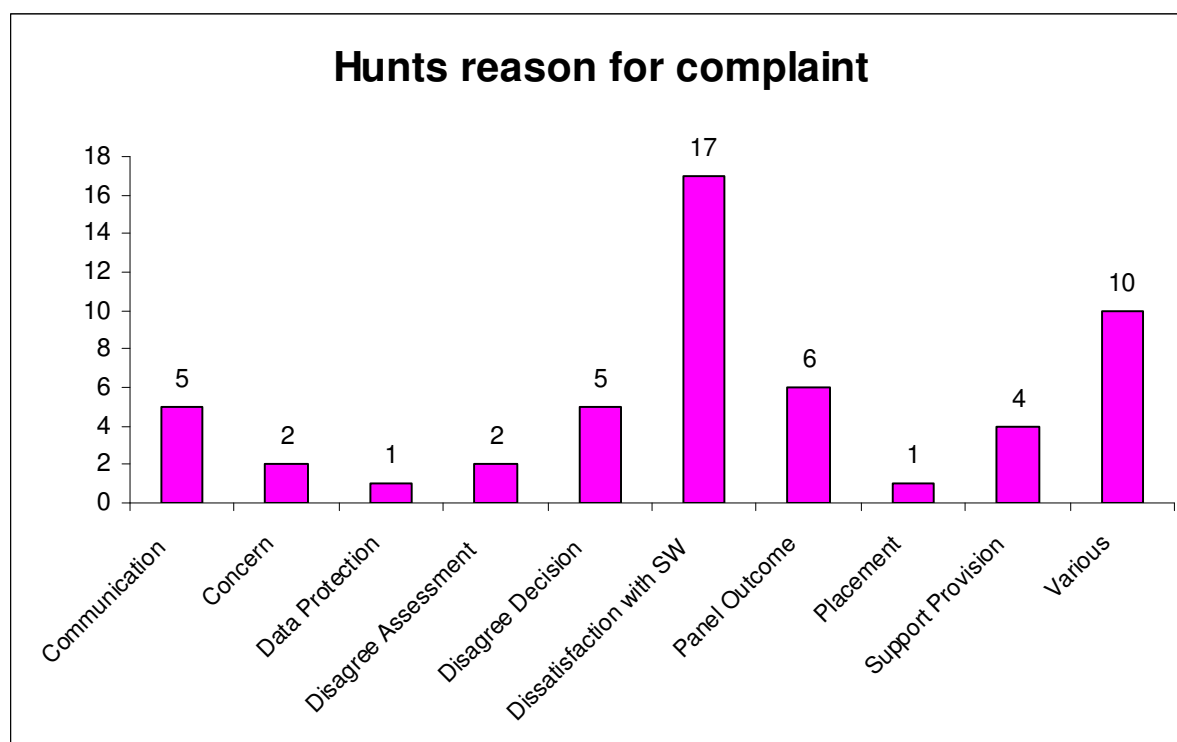
Complaint: 'My Social Worker is not doing their job properly. They lied on the core assessment.'

In fact: Complainant X is unhappy about the decision made by panel based on an assessment which contained the Social Worker's (valid) professional judgement.

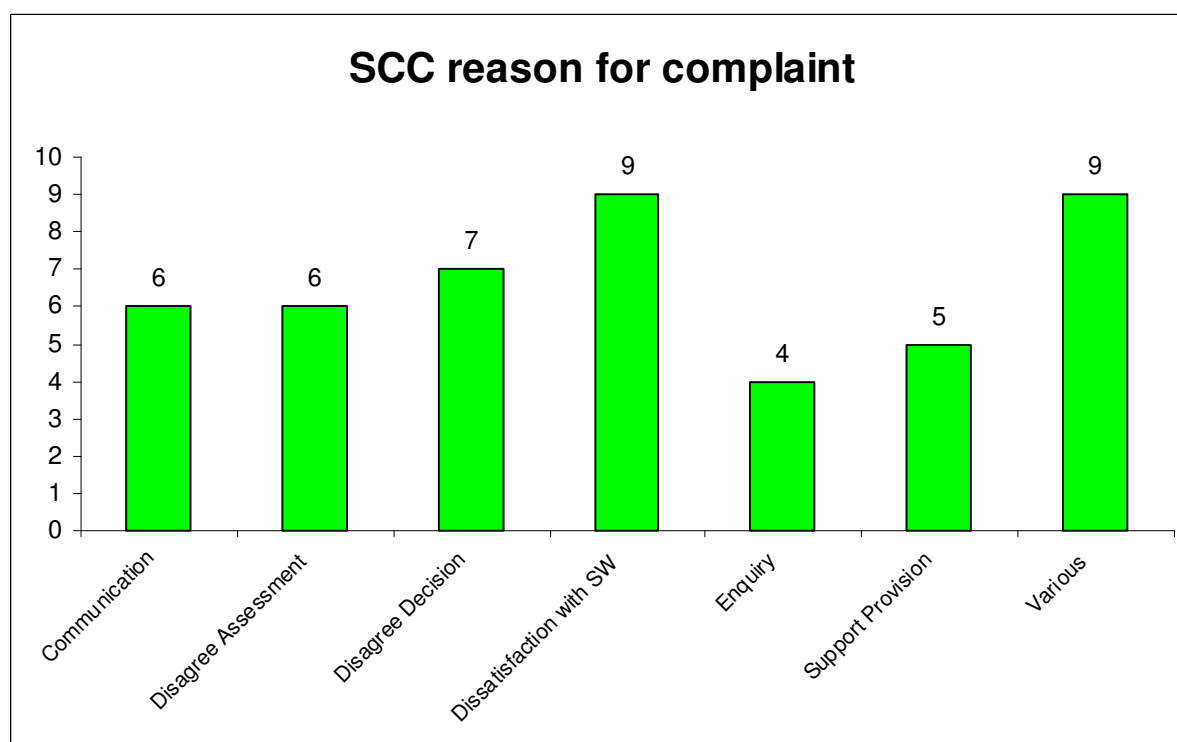
In light of this observation, the Customer Care team needs to acknowledge the implications of recording the reason for complaint as submitted by the complainant (i.e. current practice) versus the actual root cause of the complaint.



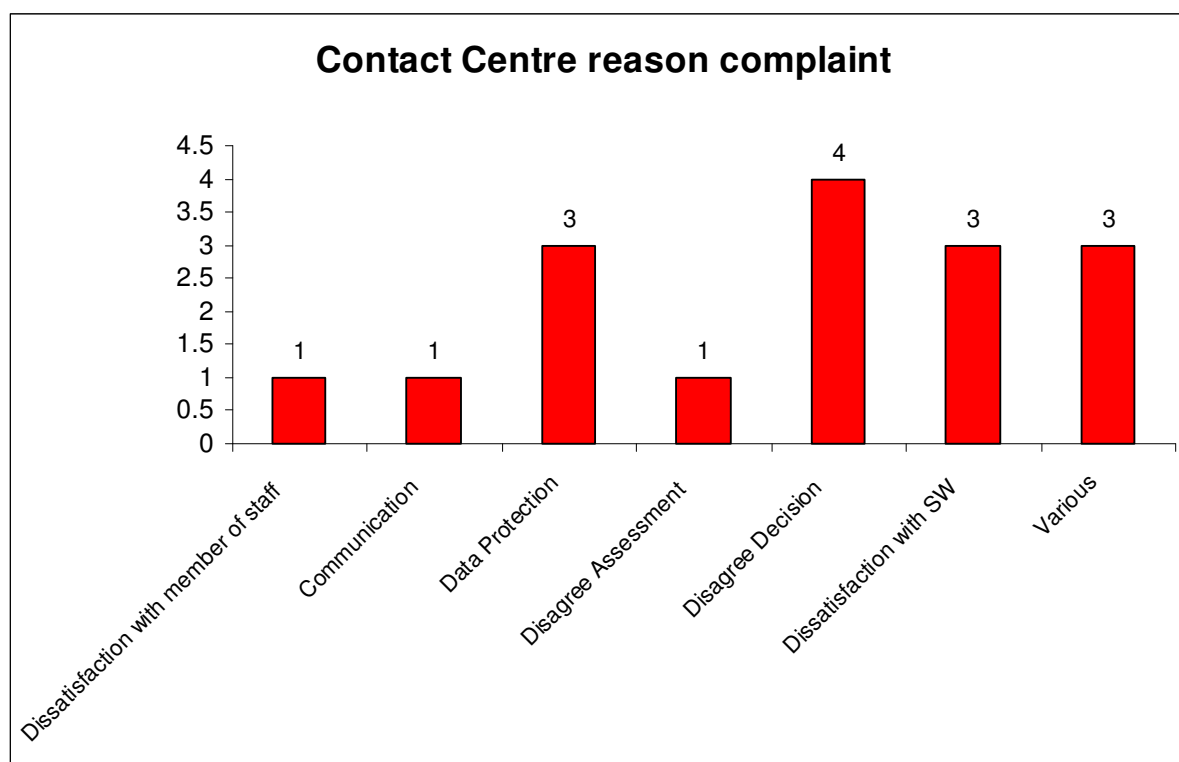
Although the number of complaints received by ECF has increased by 34.3%, only 13 of 47 complaints (27.7%) were either upheld or partially upheld.



The number of complaints received by the Hunts area team has fallen by 15.9%. Only 14 of 53 complaints (26.4%) were upheld/partially upheld.

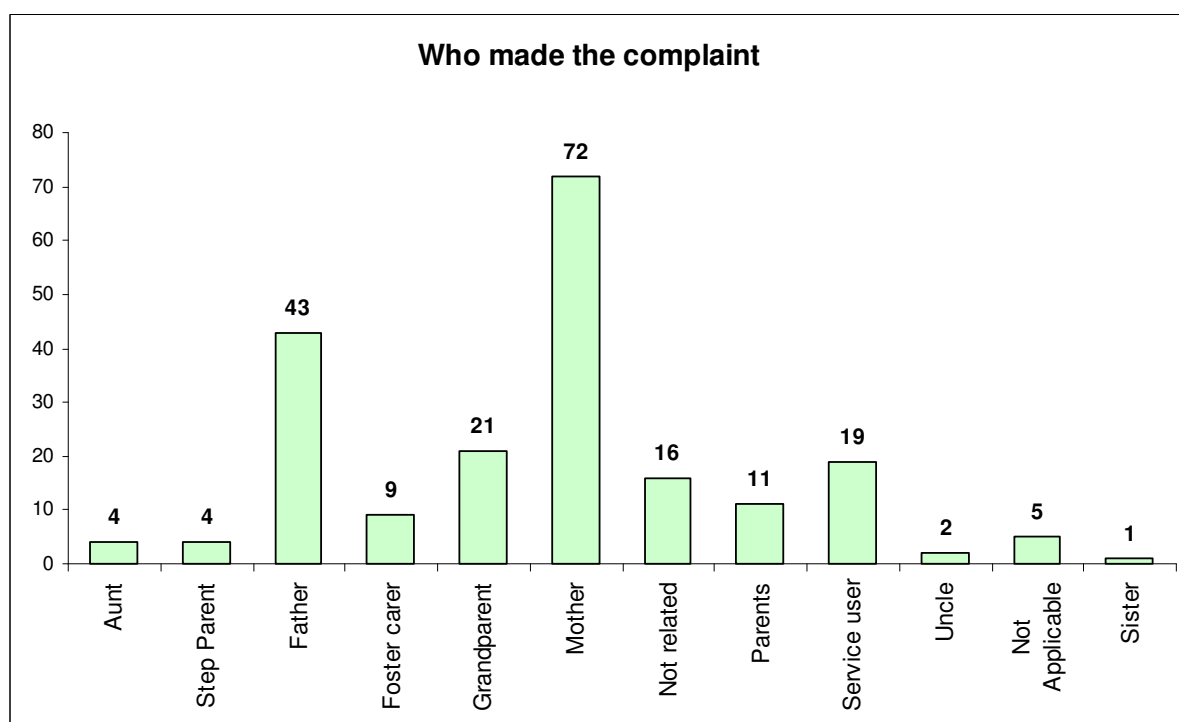


The number of complaints received by SCC has fallen by 29.8%. Only 10 of 47 of complaints were upheld or partially upheld (21.3%).



The number of complaints received by the Contact Centre has increased by 167%. The proportion of complaints upheld/partially upheld is 37.5% (6 of 16 complaints).

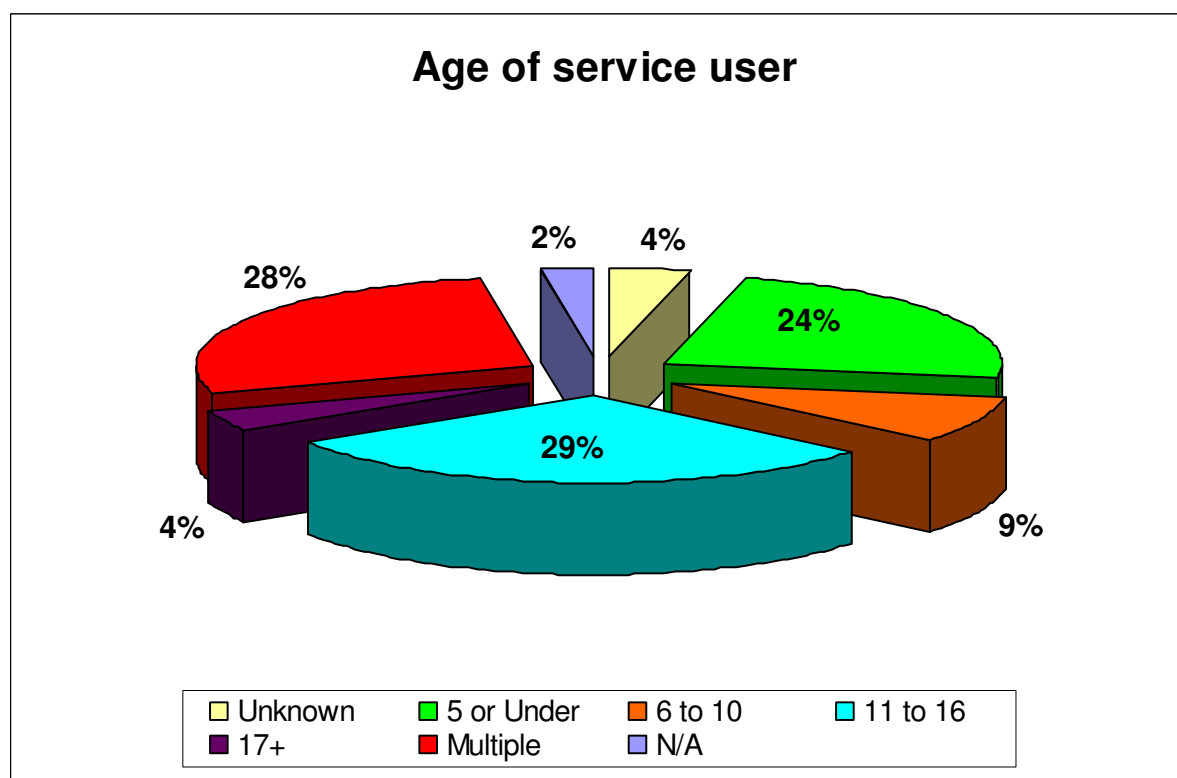
WHO ARE OUR COMPLAINANTS?



As expected, the majority of complaints are made by a parent or carer of the child or young person; however the Customer Care Team have noted an increase in the number of parents and carers being represented by friends, advocates, other

professionals. As with all complaints made on another person's behalf; the person being represented is notified that a complaint has been made on their behalf and a response sent to them only, unless written consent permits the response to be shared.

WHO ARE THE SERVICE USERS CONCERNED?

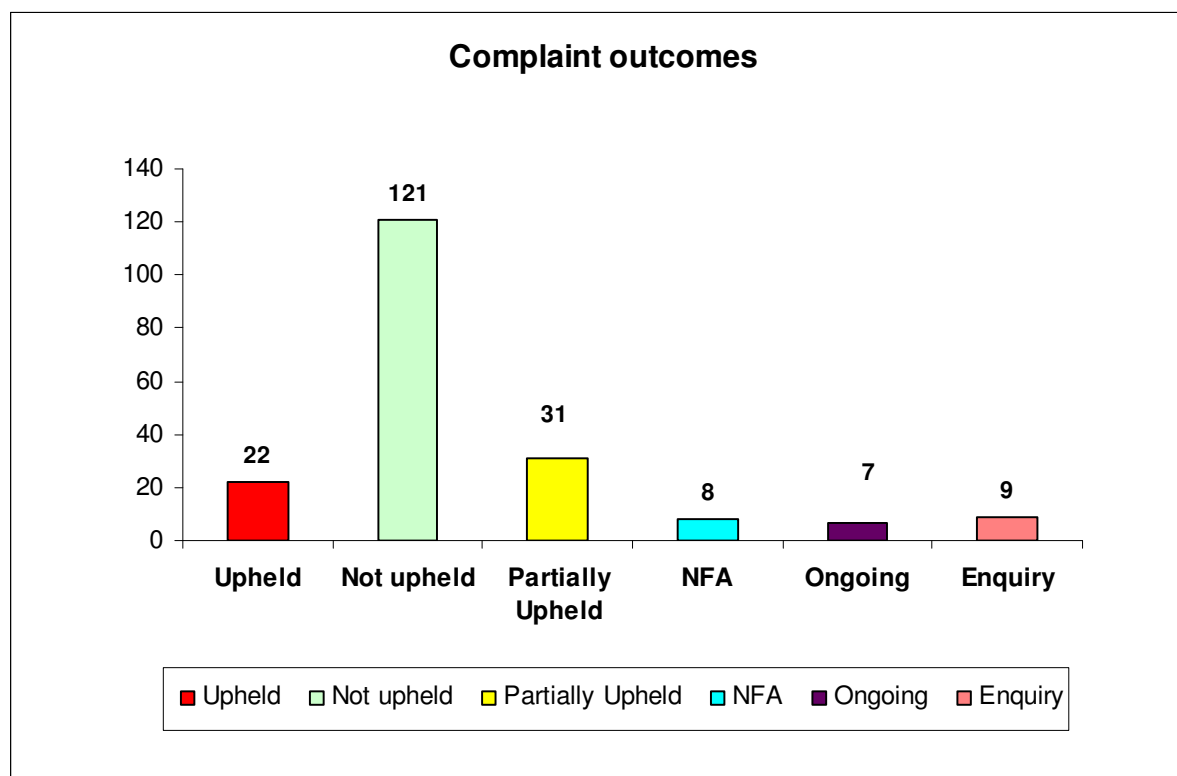


As with previous periods; the majority of complaints received relate to children aged 11 to 16 or families with more than one child. The Customer Care Manager has observed that for those children aged 11 to 16 a frequent concern for parents appears to be the level of support available to the family as the children enter teenage years/young adulthood.

ACTION

One way to address these concerns is for CYPS and Adult Social Care colleagues to further develop existing relationships between the two services, so that the young people are supported effectively during the transition between young adulthood and adulthood.

OUTCOME OF COMPLAINTS



Complaints which have been upheld or partially upheld help us to identify those areas of practice which require action.

The most frequent issues for complaint which are upheld/partially upheld include;

1. Dissatisfaction with named staff member (13 = 24.5%)
2. Communication issues (8 = 15.1%)
3. Panel Decisions (5 = 9.4%)

Often these three issues of complaint are connected. For example; customers become dissatisfied with their allocated Social Worker because the worker communicates (or fails to communicate) in a manner which is deemed to be professional and/or appropriate.

Whilst panel decisions are an increasingly frequent cause of complaint, many could be avoided if the Authority were better in communicating *how* decisions have been made (e.g. what information is the decision based upon?). For this reason, panel decision sheets should now detail what documents and evidence were considered as part of the decision making process.

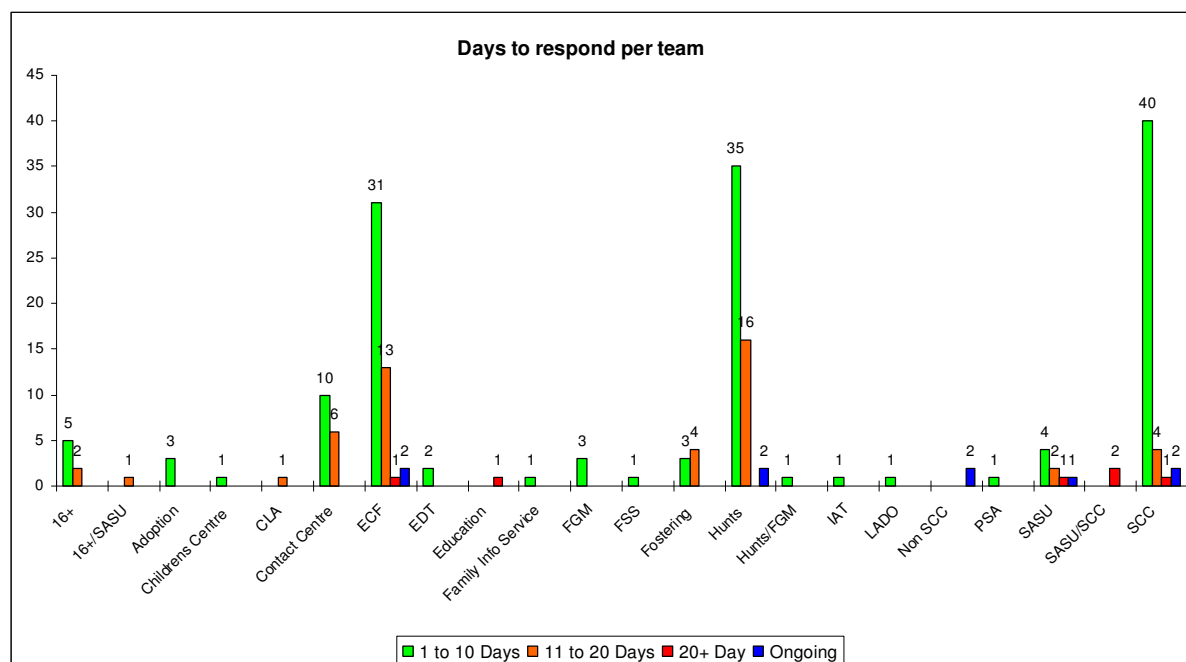
ACTION

A number of actions are identified as the result of complaints upheld/partially upheld. Details of actions taken for each of the 53 complaints upheld/partially upheld in the year ending 31 March 2012 can be seen in [Appendix B](#).

Recurring themes (whether attributable to an individual, team, or the organisation as a whole) are discussed with the relevant manager in order that actions are implemented which support the individual/team/organisation to address the issue.

Performance issues relating to staff will be addressed through the Authority's performance management processes as appropriate. Persistent or unreasonable complainants will be managed according to the persistent complainant's policy.

TIME FRAMES FOR RESPONSE



Despite the continued increase in the number of complaints received, 82.8% of complaints have been responded to within agreed timeframes. This compares to 79.4% for the same period last year. Although there remains room for improvement, the Customer Care Manager acknowledges that many of the complaints received have been more complex than previously, this adds value to the slight improvement in response times.

A number of responses have gone out late as the result of managers waiting until the due date of posting to seek advice on their proposed response. Indeed, there have been occasions where the Customer Care Manager has been asked to quality assure responses on the same afternoon, which necessitates a choice – post a response which has not been quality assured but is out on time OR post a response

late which has been quality assured? This issue could be avoided altogether if draft responses were made available in advance of the due posting date (as advised in the staff guidance on managing complaints).

Responses have also gone out late due to the relevant manager not being available to provide their signature. Experience shows that getting someone to 'pp' a complaint response is unacceptable to complainants. The need to 'pp' correspondence can be avoided if managers create an electronic signature.

Delays have also occurred because a relevant persons have been on leave and necessary information has either not been recorded or has not been recorded clearly. This has meant that the responding manager is unable to provide a full and thorough response until the person with the necessary information returns to work.

ACTION

Any unreasonable delays in providing a response will be discussed with the manager concerned.

Responding managers are reminded to notify the complaints team *in advance* of the due date if a response is going to be delayed. In the event that the relevant manager is absent for more than 3 working days, where possible they should identify an alternative colleague who can initiate/complete the investigation and response in their absence.

To avoid unnecessary delays, responding managers are also reminded to provide any draft response for comment in *advance* of the due posting date. Respondents are also asked to follow guidance provided in the staff handbook regarding the format of responses, as this saves time on quality assurance processes and also ensure that the response is as clear and thorough as possible.

All managers to create a handwritten electronic signature which can be used in their absence.

All staff to be reminded to ensure that records are clear, complete and up to date prior to going on leave. It is accepted that some records may not be up to date if a person goes on unplanned leave as a matter of urgency.

8. Lessons learned

In addition to those identified in the first, second and third quarter reports for 2011/2012, lessons learned include;

1. All correspondence to customers should be headed 'private and confidential'.
2. Correspondence via email should be avoided where possible, as the security of email correspondence between CCC and non-CCC addresses cannot be

guaranteed. On occasions where email correspondence is necessary, a disclaimer regarding security should be clearly displayed (e.g. This email address is not secure for the transmission of confidential, sensitive or unencrypted data').

3. Correspondence should always be signed by the person named as the sender. To 'pp' correspondence gives rise to complaints.
4. Managers need to ensure that relevant persons are notified if they are going to be absent for an extended period of time, and ensure that a named person takes responsibility for action in their absence.
5. Staff should be mindful that the County Council's Code of Conduct (specifically section 3.3) applies to all areas of work (including complaint responses). Section 3.3 requires that any remarks, comments and written statements about colleagues, managers, other employees or third parties that are factual are supported by reasonable evidence. Opinions should clearly be expressed as opinions.
6. Decision sheets should include a summary of documents/evidence considered in reaching the decision.

9. Compliments

In addition to those compliments reported in the first three quarters of the year, we have received the following;

'Just wanted to write a quick note of appreciation at the excellent work that x has been doing with y and the rest of her family. Very complicated situation. Child Protection. PLO processes in place. Contentious case in respect of differing agency views.

X has had an excellent handle on the case and has managed the situation and multiple agencies extremely well. X was part of a YOS vulnerability management panel in respect of y and was excellent in [their] assessment skills, understanding, ability to work with the family, maintain positive relationships and work effectively with other agencies.

Great work - and thanks!

Email to Sue Knowles from the Team Manager (Cambridge) Youth Offending Service.

'A big thank you x!'

Email to a member of the Triage Team from a referrer, regarding the promptness of feedback following a referral

10. Conclusion

2011/2012 has been a year of significant learning and development not only for the Customer Care Team but for CYPS Social Care as a whole. A number of actions have been taken and a number of lessons learned as the result of customer feedback. The introduction of the Working for Families framework is expected to address many of the issues raised by complainants, and the Working for Families philosophy will apply to services throughout CYPS Social Care.

The Customer Care Manager wishes to thank all staff who have contributed to the effective resolution of complaints, and have embraced the value of customer feedback and its benefits.

11. Appendix A – The complaints process

The Children's Social Care Complaints The Process

Complaint received by Customer Care Unit (CCU)

Details sent to relevant Manager and copied to Area Manager

CCU send acknowledgement to complainant within 3 days

Manager to investigate complaint

Manager to draft written response
OR discuss with complainant OR arrange to meet complainant

Response to be approved by Area Manager
and written response sent to complainant within 10 working days
(or 20 if complex and agreed with complainant)

Complainant has 20 days to notify if dissatisfied (Request Stage 2 - must give reasons)

Customer Care Manager (CCM) to facilitate meeting prior to
implementation of Stage 2 investigation

Dependant on outcome of meeting –
CCM to consider whether Stage 2 is appropriate.

If so, consent for access to information by Investigating Officer (IO)
and Independent Person (IP) to be obtained

IO/IP appointed within 7 days. Complainant notified in writing

Schedule of complaint agreed
(Timeframe for completion of Stage 2 now begins)

Investigation undertaken and report submitted to CCM within 25 days
or 65 days if complex
(For complaints made on behalf of a child - 3 months, extended by agreement)

Stage 2 reports passed to relevant Director

Director will confirm actions to be taken in writing and will decide if IO/IP reports will be
released to complainant. Letter will offer meeting with Director and CCM to discuss

STAGE 1

STAGE 2

↓
Complainant has 28 days from date of letter to notify if still dissatisfied.
Request Stage 3: Review Panel - must state reasons

↓
CCM will acknowledge and ask for reasons in writing

↓
Panel of 3 Independent Persons will be appointed

↓
All information to date provided to Panel members and Director

↓
Panel meeting to be arranged within 28 days of request

↓
CCU to notify complainant at least 10 days in advance of date,
time, venue, agenda and attendees

↓
Complainant may bring up to 3 persons (in non legal capacity) for support

↓
A copy of all documentation will be provided to each attendee at least 5 days in advance.

↓
Panel meeting will be informal but structured. All will have opportunity to contribute

↓
After meeting, panel will convene in presence of CCM
(CCM will not participate in discussions or decision making)

↓
Panel conclusions and recommendations are agreed and sent to identified 'Chief Officer'
(Director level or above)

↓
If recommendations lie within responsibility of another Panel or Committee (e.g. LSCB or
Adoption Panel) Chief Officer may confer with relevant party.

↓
Chief Officer will decide on action to be taken. If complainant is a child, this decision must
be made with the Chair of the Panel

↓
Chief Officer will confirm their decision in writing within 28 days of receiving Panel
recommendations (copied to complainant and Panel members and those who received
recommendations)

↓
If complainant is a child, where possible the responsible Manager will meet with the child
(prior to the letter being sent) to discuss the decision.

↓

If complainant remains dissatisfied they can then approach the LGO

STAGE 3

Appendix B – Part/Upheld complaints

The table below details those complaints which were upheld or partially upheld. This information helps to identify those areas where there is evidence of a need for learning and improvement.

	Details of complaint	Outcome	Actions Identified
1	no details of decision criteria given. Mum's health not considered.	Partially Upheld	Resubmission to panel. Feedback given to panel chair. Mum offered adult community carers assessment.
2	SW got Kray brothers mixed up in report	Partially Upheld	Apologies given.
3	SW spoke to neighbours which linked complainant to social care	Partially Upheld	Apologies given.
4	child not seen by SW regularly. Meeting notes late out. No meeting reminder. SW late to meetings.	Partially Upheld	Apologies given. SW manager to attend next meeting. SW to be monitored.
5	Failure to obtain explicit consent prior to liaising with other agencies.	Partially Upheld	Workers will be more explicit when requesting consent for the team to contact other agencies. Revision of procedures so that workers obtain clear and informed consent from parents before proceeding with enquiries.
6	Failure to communicate.	Partially Upheld	Addressed matter with staff directly
7	Failure to communicate. Travel warrants not arranged.	Partially Upheld	Apologised for errors made in absence of Team Coordinator.
8	Child's views re placement not listened to.	Partially Upheld	Child's wish to remain in current placement agreed.
9	Disagreed that payments should cease.	Partially Upheld	Payments reintroduced and backdated.
10	Poor communication. Expense incurred due to late cancellation of meeting.	Partially Upheld	Expenses reimbursed.
11	Parent not notified of need to register for service.	Partially Upheld	Apologies given.
12	Not being listened to, dissatisfaction with SW and foster carer treatment	Partially Upheld	Child's wish to be moved agreed.

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13	Carer allowed son to get drunk.	Partially Upheld	Curfew and conditions agreed between foster carer and social care.
14	Details of professional/referrer disclosed to family against referrers wishes.	Partially Upheld	Apologies given.
15	SW did not confirm delivery of clothes to child.	Partially Upheld	Apologies given.
16	Last minute cancellation of meeting and lateness to visit.	Partially Upheld	Explanations offered and apologies given
17	Frequent changes of SWs	Partially Upheld	Explanations offered and apologies given.
18	Poor communication regarding contact arrangements.	Partially Upheld	Summary of CiN meetings to be provided. Dad to be notified of future meetings. Social care to promote adherence to contact agreement by mother.
19	Identified support not implemented.	Partially Upheld	Support implemented.
20	Unprofessional comments on facebook.	Partially Upheld	Staff member reminded of expected conduct.
21	Delay in involving dad in the process. SW missed appointment.	Partially Upheld	Processes explained. Apology for missed appointment (SW transferred at short notice).
22	Difficulties in contacting specific staff.	Partially Upheld	Complainants provided with alternative numbers/means of contact.
23	Failure to communicate.	Partially Upheld	Apologies offered.
24	not all relevant people invited to CiN meetings. Minutes circulated late.	Partially Upheld	Apologies given. Situation reviewed and discussed with staff member.
25	as above (same complaint made by different professional)	Partially Upheld	as above (same complaint made by different professional)
26	SW relying on father to convey information to other parties.	Partially Upheld	SW left prior to receipt of complaint. Apologies given.
27	child unhappy with foster carers.	Partially Upheld	Alternative placement found.
28	Meetings not arranged to suit. Ongoing issues with SW.	Partially Upheld	Meeting arrangements agreed with complainants. New SW allocated.
29	Family carers not receiving financial support for school activities.	Partially Upheld	£100 paid as goodwill gesture.
30	Failure to implement care package.	Partially Upheld	Discussion with CSS around support. Rota agreed.

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31	Refusal to fund house adaptations for child.	Partially Upheld	Payment of £6k toward adaptations.
32	Lack of support regards securing private accommodation.	Upheld	Agreement to pay deposit and moving in essentials for young person.
33	Content of panel submission. Breakdown in SW relationship	Upheld	Resubmission to panel. New SW allocated.
34	Dissatisfaction with CPC chair.	Upheld	New CP meeting arranged.
35	Staff conduct at LAC review.	Upheld	New IRO assigned. Performance management processes implemented.
36	Personal details (d.o.b.) included in referral information.	Upheld	Pre-population of electronic records reviewed. Training of staff. Communications to staff re: obligations pertaining to data
37	Inadequate assessment of need.	Upheld	Reassessed
38	Lack of financial support.	Upheld	Apologies given. Monies due backdated.
39	Poor communication by SW.	Upheld	SW advised to refrain from email exchanges as these have been confusing to complainant and are unsecure. SW to contact only in person by visits, telephone and by letter in future
40	Complaint about staff and decision making	Upheld	Customer care training for staff and Performance management processes
41	Decision made regards schooling.	Upheld	Decision reviewed. Alternative schooling agreed.
42	Lack of financial support.	Upheld	Financial assistance implemented.
43	Poor communication.	Upheld	Further discussions with Team Manager to confirm arrangements.
44	Relevant persons not invited to meeting.	Upheld	Performance management processes implemented. Separate, specific invites to meetings to be sent out (rather than relying on note within minutes of previous meeting)

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45	Staff relying on third parties to convey information to parents.	Upheld	Apologies given. Team Coordinator reminded of correct process.
46	Delay in acting on concerns regarding lack of support.	Upheld	Apologies given. Referral made for support.
47	Lack of contact and communication by SW.	Upheld	Discussion with team regarding how their practice has been perceived by young person.
48	Delay in completing life-story work.	Upheld	Life-story work completed within agreed time frame.
49	Inadequate support package offered.	Upheld	Decision reviewed. Revised package of support offered
50	Delay in providing minutes of meeting.	Upheld	Apology given. Minutes sent out.
51	SW failed to keep parent informed.	Upheld	Apology for SW error. Agreement that info will be communicated directly in future.
52	Attitude of SW.	Upheld	SW sent letter personal of apology. SW received training on Customer Care.
53	Transport arriving late. Care worker arriving unannounced.	Upheld	Apologies from taxi firm and CCS for errors.