

# **FAMILIES OVERVIEW AND SCRUTINY COMMITTEE AGENDA**

**Tuesday, 18 July 2017 at 1.30 pm in the Bridges Room - Civic Centre**

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From the Chief Executive, Sheena Ramsey

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Item	Business
<b>1</b>	<b>Apologies for absence</b>
<b>2</b>	<b>Minutes of last meeting</b> (Pages 3 - 8)  The Committee is asked to approve as a correct record the minutes of the last meeting held on 15 June 2017
<b>3</b>	<b>CAMHS - Progress Update</b> (Pages 9 - 12)  Report of the Executive Director of Nursing, Patient and Safety Quality
<b>4</b>	<b>OSC Review - Children on Edge of Care - Scoping report</b> (Pages 13 - 14)  Report of Strategic Director, Care Wellbeing and Learning
<b>5</b>	<b>Update on Female Genital Mutilation (FGM) and Child Sexual Exploitation (CSE)</b> (Pages 15 - 20)  Report of the Director of Public Health
<b>6</b>	<b>Annual Report on Complaints and Representations - Children</b> (Pages 21 - 34)  Report of Strategic Director, Care Wellbeing and Learning

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## **GATESHEAD METROPOLITAN BOROUGH COUNCIL FAMILIES OVERVIEW AND SCRUTINY COMMITTEE MEETING**

**Thursday, 15 June 2017**

**PRESENT:** Councillor B Oliphant (Chair)

Councillor(s): B Clelland, A Geddes, L Kirton, K McCartney,  
C McHatton, S Ronchetti, C Simcox and D Bradford

**CO-OPTED MEMBERS** Jill Steer

### **F1 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Cllr Caffrey, Cllr Mullen, Cllr Dillon, Cllr Hall, Cllr Adams, Cllr S Craig, Cllr P Craig and co-opted members Maveen Pereira and Sasha Ban.

### **F2 MINUTES OF LAST MEETING**

The minutes of the meeting held on 6 April 2017 were agreed as a correct record.

### **F3 CONSTITUTION**

The Committee agreed the constitution of the Committee and the appointment of the Chair and Vice Chair for the current municipal year.

RESOLVED - That the information be noted.

### **F4 ROLE AND REMIT**

A report was received outlining the remit and terms of reference of the Committee.

RESOLVED - That the remit and terms of reference be noted.

### **F5 THE COUNCIL PLAN - YEAR END ASSESSMENT AND PERFORMANCE DELIVERY 2016-17**

Committee received the six month performance update report, which provided an update on performance against strategic outcome indicators.

In terms of achievements in education it was reported that the take up of free two year old places was 84%, against the national take up of 70%. The percentage of

outstanding schools in Gateshead is 38.3% which surpasses the national average of 19% and the regional average of 21.4%. It was also reported that the number of children offered their first preference school has improved to 96%. KS4 attainment remains better than the regional average with the attainment of looked after children better than the national and regional averages. In addition the results for children attaining an 'expected standard' at the end of KS1 and KS2 was good.

Achievements in social care were reported for the last year, with 100% of Child Protection reviews being held within timescale. The number of looked after children remains high, however the number who had three or more placements was within target at 5.9%. The stability of placements has improved with 88.8% of looked after children remaining in the same placement for more than two years. In addition, 98.8% of looked after children had a review within timescale.

It was noted that the level of engagement in children's centres remains steady at 55%, which meets the Ofsted requirement to engage with the 'majority of families' (51%). The rate of young people remanded to custody continues to decrease and is below the regional and national averages. It was reported that 1545 families have been engaged with under the Troubled Families programme, to date a total of 459 families have had successful outcomes and payment by result has been claimed. At the end of the financial year a total of 24% of the overall target has been achieved.

Areas for improvement were highlighted, including the increase in permanent exclusions to 0.26% from 0.19%. The increase in Gateshead is not duplicated nationally or in statistical neighbours. It was noted that the number of pupils offered their first preference secondary school has reduced from 92% last year to 88% this year and remains below the target of 95%, although this is above the national average of 84%.

In terms of areas to improve in social care it was highlighted that overall performance remains positive, however there is increasing demand on the service due to the high numbers of looked after children and children with protection plans. The rates for these both remain above the regional and national averages. In relation to care leavers engaging in education, work, apprenticeships or training remains a challenge and a dedicated group has been set up with representatives from the LAC Team and Connexions to ensure outcomes are improving for care leavers.

It was reported that there remains challenge in relation to reducing the rate of re-offending. Also, the number of registered childminders has reduced by 22 since 2015, work is ongoing to publicise the introduction of the £500 government start up grant.

Over the next six months work will continue to strengthen the Early Help Strategy to empower families, professionals, the voluntary sector and local communities to work collaboratively to improve outcomes for children and families. Thus, helping divert families from more expensive specialist interventions. Work is also ongoing to understand the significant rise in child protection plans, this is alongside the new planning framework which seeks to make plans smarter. The SEND Joint Commissioning arrangements will be overseen to ensure the key actions identified

are delivered.

Committee was advised that a number of pieces of work will be undertaken over the next six months, for example; Connexions and REALAC Team coordinating work to improve outcomes for care leavers including developing opportunities for apprenticeships within the Council. In addition, Education Gateshead will continue focused work around narrowing the attainment gap for the most vulnerable young people. A Task and Finish Group has been set up to look at the increase in permanent exclusions to identify issues and recommendations arising. The Early Years and Childcare Service will focus on preparing for the increase in statutory free childcare entitlement from 15 to 30 hours for three and four year old children, from September 2017. The Supported Housing Review is a pilot informing the future commissioning of Supported housing for care leavers and looked after children.

Committee commented that the information contained in the report is useful and should not be abridged in the future.

It was questioned as to why permanent exclusions have increased and whether there are any improvements that can be made quickly. It was acknowledged that there are no quick fixes and the LSCB has commissioned a report into the reasons why there has been an increase and what can be done to improve this. It was questioned as to which schools are permanently excluding the most pupils and whether there is any scope to pressure those schools with the highest exclusion rate to deal with the pupils before permanently excluding. It was confirmed that in terms of the school breakdown there are no outliers and increased exclusions are across every secondary school. It was also noted that as the vast majority of schools are academies the local authority has limited influence and ultimately the funding for dealing with challenging pupils has gone. The point was made that as a political organisation it should be made clear that this is a result of academisation and that the cost of looking after these pupils should be subsidised by academies. It was also suggested that overcrowded behaviour services means more damage to individual young people accessing the service and also impacts on their re-inclusion. Committee was reassured that no child would fall through the gaps even though the PRU is full at present, it was noted that the PRU will be converting to an academy due to a poor Ofsted inspection.

It was suggested that the National Troubled Families Programme was unsuccessful and the effectiveness was questioned, as the control group showed similar figures for people getting back into work who were not part of the programme. Committee was advised that this was a programme developed by government, the idea of which was to have a lead practitioner working towards employability within a household. It was acknowledged that there has been some debate as to how this is measured, however there has been some success in Gateshead with some households where the team has affected change.

It was queried why alcohol intake in pregnancy is not measured. It was noted that this is subjective and information would come from the maternity service, however it is not clear how this is recorded.

It was questioned how cost effective the Children's Centres are but it was confirmed

that no cost exercise had been carried out as yet.

- RESOLVED -
- (i) That Committee considered the activities undertaken at year end 2016/17 are achieving the desired outcomes in the Council Plan 2015-2020.
  - (ii) That Committee agreed that the report be referred to Cabinet on 18 July 2017.

## **F6 0-19 PUBLIC HEALTH SERVICE PROVISION - CONSULTATION / MODELS**

Committee received a report on the 0-19 health needs assessment, consultation findings and the proposed model for the procurement and delivery of a 0-19 Healthy Child Programme service for Gateshead. There are three key areas of the Healthy Child Programme; Health Visiting, Family Nurse Partnership and School Nursing.

It was noted that this programme will reflect the work of the 0-25 programme board which has a broader remit of considering how health and social care services can work together better and develop an integrated health and social care offer. It was also noted that the 0-19 review was necessary in order to fit procurement law and timescales.

The Health Needs Assessment incorporated performance data, a review of national and local evidence and guidance as well as consultations with service users and stakeholders. Presentations were also received from other local authorities as to how they delivered their 0-19 services, these presentations showed examples of co-located health and social care, with some being commissioned out to external providers and some being brought in-house. Following this work the service model was developed, it was noted that this model will be flexible and requires the future provider to work with commissioners to develop it further.

In terms of population projections it is anticipated that there will be a 14% increase in 11-15 year olds by 2024, therefore consideration needs to be given to the school nursing workforce in future years.

It was noted that within the children's profile there is a large proportion of looked after children on a Child Protection Plan, the majority of whom are aged between 0-9, with the largest proportion aged 0-4 years old. The largest category for Child Protection Plans is due to neglect, this accounts for 62% of cases. Therefore a focus of the 0-19 service has been on early help and how services such as Health Visiting and Family Nurse Partnership can support the early help offer.

It was acknowledged that there are a large number of children with special educational needs within Gateshead and although it is not the role of the 0-19 service to provide specialist nursing support, it is important to incorporate a health role for the purpose of developing Education Care Health Plans.

It was reported that the main issues that this service will tackle are; emotional health and wellbeing, childhood obesity, oral health, teenage pregnancy, homelessness

and poverty, substance misuse, smoking, breastfeeding, accident prevention and self harm.

The service model for 0-19's will incorporate the public health nursing functions, however this will be flexible to integrate with social care teams over the next couple of years. Through consultation with the public and service users the key findings identified five priorities;

- Positive parenting
- School readiness
- Improving emotional health and wellbeing
- Healthy eating
- Risky behaviours

These key priorities were also the same as those identified by professionals through consultation with GP's, education, children's centres, YOT and Family Intervention Team.

Through the Health Related Behaviour Questionnaire, focused on children and young people aged 0-19 years old, this is used for population based interventions aimed at improving knowledge and behaviour.

The core service that will be commissioned is captured in the 4 5 6 model for Health Visiting and School Nursing, this aims to improve access, outcomes, experience and reduce inequalities. This will have children, young people and families at its centre.

It was noted that the specification will be published on 26 July. The contract will be awarded in December with the new contract to commence 1 April 2018.

Committee questioned the existence of female genital mutilation (FGM) and child sexual exploitation (CSE) cases in Gateshead. It was confirmed that there are cases of FGM in Gateshead and the Community Safety Team are monitoring this. It was agreed that an update would be brought back to the next meeting on this issue.

- RESOLVED -
- (i) That the Committee noted the information provided in the report in relation to the health needs assessment and responses to the consultation work.
  - (ii) That the Committees comments be noted on the proposed model and service delivery for the 0-19 public health integrated Healthy Child Programme to inform further development of the proposed model and specification.
  - (iii) That Committee agreed to receive an update on the new service as part of its work programme for 2018/19.
  - (iv) That an update be provided to Committee on FGM and CSE in Gateshead.

## **F7 UPDATE - CHANGING ROLE OF LOCAL AUTHORITIES IN EDUCATION**

Committee received a report on the Council's educational statutory duties and the responsibilities of academy / multi academy trust (MAT).

It was reported that the 2016 education White Paper 'Educational Excellence Everywhere' made it clear Government's direction for the future was that all schools would move to academy status. However, due to political changes within Government the White Paper was scrapped. It was pointed out that this Government still promotes schools becoming academies and if a school is judged by Ofsted to be inadequate it is required to join a MAT.

Academy Trust freedoms and responsibilities were identified within the report.

**RESOLVED** - That the Committee noted the content of the report.

<b>TITLE OF REPORT:</b>	<b>Expanding Minds, Improving Lives: an update on the work of the collaborative commissioning of children and young people's mental health services</b>
<b>REPORT OF:</b>	<b>Chris Piercy, Executive Director of Nursing, Patient Safety and Quality</b>

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## **Summary**

The purpose of this report is to provide the committee with an update on the work in relation to Children, Adolescent Mental Health Services (CAMHS) across Gateshead and Newcastle.

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## **1. Introduction and background**

- 1.1 In January 2015 NHS Newcastle Gateshead Clinical Commissioning Group, Newcastle City Council and Gateshead Council agreed to work together with their communities to plan what needs to happen locally to transform the emotional wellbeing and mental health provision for children and young people and their families across Newcastle and Gateshead.
- 1.2 Nationally, regionally and locally there is a recognition that the emotional wellbeing and mental health needs of children and young people and their families are not being met and this project aims to address this through a fit for purpose local response.
- 1.3 "Expanding Minds, Improving Lives" is a time-limited project which has been established to drive the transformational change in Newcastle and Gateshead. "Expanding Minds, Improving Lives" is led by a Principal Public Health Consultant and benefits from a dedicated Project Manager. A small project team, made up from representatives from each of the three collaborative partners drives the day to day work of the project.
- 1.4 The project's vision is that:  
*'Our communities are enabled to improve the emotional health and wellbeing of children, young people and families, who will thrive through access to the right support at the right time.'*

## **2. Progress to date**

In February 2016 listening events commenced with key stakeholders, children young people and their families. A number of workshops explored experiences of the existing mental health services and discussed how these could be improved, alongside a call for submissions to enable the public and professionals who had not been able to attend the listening workshops to share their views on the exiting provision and how it could be improved. Engagement involved targeted listening with key stakeholder's in particular young people around their experiences with mental services and how and where they would like to access services.

Findings from the listening events have influenced a number of initiatives undertaken by Newcastle Gateshead CCG which have included:

- Commissioned additional counselling services for children and young people
- Commissioned Mental health awareness training for primary and secondary schools
- Commissioned Public Health Gateshead and the Queen Elizabeth hospital to develop and deliver self-harm training for schools
- School assemblies delivered to year 9 students around the role their local GP and primary care can help with emotional mental health wellbeing
- Extended the contract with Young Commissioners
- Developed child health leads in all GP practices

Development of two new service specifications Getting Help and Getting More Help influenced from findings from the listening phase. There was a requirement that the specifications were written in line with National guidance, however the Getting Help and Getting More Help specifications have been heavily adapted to take into account the local needs of our children and young people. Work with providers is underway to fully implement the specifications.

### **2.1 Young Commissioners**

The project commissioned Youth Focus, a voluntary organisation based in Gateshead, to recruit, develop and support a group of young people aged 13 to 19 (or up to 25 if the young person has learning difficulties or disabilities) to become co-commissioners who will help to shape future mental health services for children and young people and their families across Newcastle and Gateshead.

Over the last year a core group of fourteen young people have worked with the project team and the following has been achieved.

- Undertaken training to understand what is meant by commissioning, the legal framework, jargon busting and processes.
- Regular meetings have taken place with key staff from the project team to understand the process being undertaken and to share findings and to allow the young commissioners to discuss and contribute actively to those findings.

- Involvement in “Pledge event” regarding children and young people’s emotional health and wellbeing.
- Active participation in a tendering process for level 2 counselling provision, including the decision making process about which organisations would be awarded the contract.
- Leading work on the design of a future website/ information for services
- Developing some local Key Performance Indicators that will providers will adhere too.
- Planning, organising and leading an event planned for the 22nd of April this year for young people to raise awareness of young people’s mental health and to sign post young people to local services.

The young commissioners are a committed and passionate group of young people who have relished this opportunity to be involved in the redesigning of children and young people’s mental health services and will continue to be involved with the project as it develops.

Work is currently underway to evaluate the counselling provision contracts and will continue to influence the delivery of the new model.

### **3. The proposed model**

- 3.1 We need to provide the right support at the right time in the right place (we added ‘the right place’ as children, young people and families have clearly said that the present clinic environment does not work for them). Access to a variety of types of support and therapy should be easy to access ‘Easy in’ and when appropriate should be easy to leave ‘Easy out’ in a planned and controlled way to prevent relapse (our data highlights some children and young people appearing to be static in their care, in in care for too long). Such provision should be ‘recovery focused’ at all times, positively supporting children and young people to get back to ‘normal’ life and live the best lives that they can and this has been reflected within the newly developed service specifications.

### **4. Next steps**

Over the next few months we will continue on our transformational journey. The following bulleted points indicate the ongoing areas of work required to ensure we meet our ultimate aim to improve the emotional health and wellbeing of children, young people and families, who will thrive through access to the right support at the right time in the right place.

- Full implementation of a new service specifications with providers (to include Looked After Children and Children in Special Circumstances
- Evaluation of both service specifications
- Development of a Children and Young People friendly website
- Variation to contracts to include improved performance and activity data,

- Continued workforce development across children's workforce
- Continued work around transitions
- Continued work with our Young Commissioners
- Continue to work collaboratively with the LD transformation board on a regional and local level. This will also include how it interfaces with SEND reforms

## **5. Recommendations**

The committee is asked to note the content of the report and to provide comments on the information provided.

Agree to receive an update in 6 months in relation to;

- The development of a new Children and Adolescent Mental Health Service across Gateshead

Contact:
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**TITLE OF REPORT:** Edge of Care Review

**REPORT OF:** Sheena Ramsey, Strategic Director Care, Wellbeing and Learning

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### **EXECUTIVE SUMMARY**

During the course of this review Children and Families Overview and Scrutiny Committee have agreed to focus on support to young people and families with complex needs on the edge of care. The committee will consider the needs of these families and what actions will have the greatest impact on improving the lives of families with complex higher level needs.

This report sets out the scope of the review and processes to take it forward.

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### **LEGAL POLICY CONTEXT**

Working Together statutory guidance – outlines the requirements of LA to have an LSCB, interagency child protection procedures, how to undertake safeguarding investigations. The guidance confirms the lead role for LA social workers in:

- Responding to young people and families in need of support and help
  - Undertaking initial and core assessments as part of the Assessment Framework
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### **BACKGROUND**

1. The council is committed to making changes to service delivery in order to meet the changing demands for adolescent young people on the edge of care.
2. The National picture of adolescent young people on the edge of the care system indicates this age group makes up 45% of Children in Need, 23% of children on a child protection plan and 24% of Serious Case Reviews<sup>4</sup>. A typical new case for a social worker is just as likely to be a teenager in need of help as a child aged under five.
3. Adolescents often enter care during a crisis with their family, with the police or with their mental or emotional health. The response to this crisis and finding them a safe place tends to drive the system's immediate response.
4. The reasons for entering care and the level and complexity of need are also far more diverse amongst this group. The national picture by the age 14 years abuse or neglect accounts for just 42% of entries to care, with 45% accounted for by a mixture of acute family stress, family dysfunction and socially unacceptable behaviour.

Alongside this, many face challenges with their mental and emotional health (64%), special educational needs (38%) and substance misuse (32%). Around 9% of those aged 14 or older enter care through the youth justice system. One third of adolescents placed in foster care have been recently cautioned or committed an offence (36%).

5. Faced with this complexity, and the challenges in identifying long-term options, the care system is often caught between two competing priorities: to provide an immediate place of safety; and to develop a long-term plan based on individual needs.
6. The national picture for many adolescents is the most likely long-term placement is back with their family. One in four adolescent entrants to care almost 3,000 young people a year are looked after for less than eight weeks.

## **SCOPE OF THE REVIEW**

7. It is proposed the review focuses on;
  - The committee is asked to review the challenges facing services for adolescents on the edge of care and what might help to overcome these challenges.
  - What are the key ingredients to successful approaches to supporting young people and their families with complex needs on the edge of care.
  - What are the elements of service design that will support best practice with young people on the edge of care.
  - Strengthen service delivery to better meet the needs of local families with multiple needs at risk of becoming looked after.
  - Succeed in safely reducing the numbers of children coming into care

## **THE PROCESS**

8. The process of the review will take place through to October 2017. It will involve the presentation of evidence and research.

## **WHO WILL BE INVOLVED?**

9. It is proposed that the evidence will provide an overview of the relationship between care wellbeing and learning, health, housing and education which will further refine an understanding of the issues.

## **PROPOSED OUTCOME OF THE REVIEW**

- To strengthen design and practice delivery of services for young people with complex needs on the edge of care.
- To support the safe reduction in the numbers of adolescents entering care.

## **RECOMMENDATION**

10. The Committee is asked to agree the scope, process and timescale as set out in this report.

**CONTACT:** Elaine Devaney, Service Director  
Children and Families  
Care Wellbeing and Learning



**TITLE OF REPORT:** Female Genital Mutilation and Child Sexual Exploitation

**REPORT OF:** Alice Wiseman, Director of Public Health  
Care Wellbeing and Learning

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## **HEADLINES**

### **FEMALE GENITAL MUTILATION**

#### General Points

- We are not seeing any non suppressed data to suggest there are women attending a clinic/hospital appointment prior to the age of 18 in the Newcastle Gateshead CCG area where there is a recorded case of FGM seen.
- For cases that are recorded the majority of these procedures appear to have been carried out between the ages of 5 and 9 and took place in Northern Africa.
- According to the available non suppressed data Newcastle Gateshead CCG contributes almost all the FGM recorded in Cumbria and the North East.
- At LA level Newcastle appears to be responsible for the majority of the FGM cases recorded.

### **CHILD SEXUAL EXPLOITATION**

The Missing Sexually Exploited and Trafficked (MSET) sub group of the LSCB also has oversight of cases where there are concerns about sexual exploitation. There were 47 individual young people discussed at MSET in 2016-2017 (27 of them more than once) and this was an 8.5% increase from the previous year. It is not possible to separate how many of those cases were discussed due to missing episodes and how many due to CSE due to the overlap between the two but a CSE risk assessment was carried out for each case that was discussed.

## **PURPOSE OF THE REPORT**

1. The purpose of this report is to give the Families Overview and Scrutiny Committee an overview of female genital mutilation (FGM) and child sexual exploitation (CSE) data for Gateshead and some of the work being undertaken to address these issues.

## **BACKGROUND**

2. FGM is the deliberate mutilation of female genitalia. This is often the removal or cutting of the labia and clitoris. The World Health Organization describes FGM as any procedure that injures the female genital organs for non-medical reasons. FGM has no health benefits and is in fact very harmful to health in many ways.
3. FGM is illegal. Even if carried out by a healthcare professional or if it takes place outside the UK. It is a form of gender-based violence, it is a human rights violation and it is a form of child abuse.
4. There are several types of female genital mutilation (FGM) as defined by the World Health Organisation grouped into these categories:

Type 1 Partial or total removal of the clitoris and/or the prepuce (clitoridectomy)

Type 2 Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision)

Type 3 Narrowing of the vaginal office with the creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora with or without excision of the clitoris (infibulation)

Type 4 All harmful procedures to the female genitalia for non-medical purposes, for example: pricking piercing, incising, scraping and cauterization.

There is also 'History of FGM Type 3' and 'FGM Type 3 Re-infibulation Identified.

5. CSE is a type of sexual abuse. Children in exploitative situations and relationships receive something such as gifts, money or affection as a result of performing sexual activities or others performing sexual activities on them.
6. Children or young people may be tricked into believing they're in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed and exploited online.

7. Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs.

## **FEMALE GENITAL MUTILATION**

### **8. General Points**

- We are not seeing any non suppressed data to suggest there are women attending a clinic/hospital appointment prior to the age of 18 in the Newcastle Gateshead CCG area where there is a recorded case of FGM seen.
- For cases that are recorded the majority of these procedures appear to have been carried out between the ages of 5 and 9 and took place in Northern Africa.
- According to the available non suppressed data Newcastle Gateshead CCG contributes almost all the FGM recorded in Cumbria and the North East.
- At LA level Newcastle appears to be responsible for the majority of the FGM cases recorded.

### **9. Newly Recorded Cases of FGM (All Types) Apr 2015 – March 2016 (Local Authority)**

The key points identified are:

- For the year 2015/16 there was 5 newly recorded cases of FGM for Gateshead LA.
- Gateshead contributed 7.14% of all newly recorded cases for Cumbria and North East region (70).
- Newcastle contributed 45 cases and Middlesbrough 10, all of the other LA's had a number of cases between 0 and 4 and were consequently suppressed as per the guidelines.

### **10. Total Attendances of FGM (All Types) Apr 2015 – March 2016 (LA)**

The key points identified are:

- For the year 2015/16 there was 10 total attendances for FGM for Gateshead LA.
- Gateshead contributed 13.33% of total attendances for the Cumbria and North East region (75).
- Newcastle contributed 50 cases and Middlesbrough 10, all of the other LA's had a number of cases between 0 and 4 and were consequently suppressed as per the guidelines.

**11. Newly Recorded Cases of FGM (All Types) Apr 2015 – March 2016 (CCG)**  
**Age at Which FGM was carried out (Due to low numbers figures represent Gateshead and Newcastle CCGs)**

(Note this is the age the person was when the FGM procedure was carried out)

The key points identified are:

- For the year 2015/16 45 of the 50 newly recorded cases of FGM for the Newcastle Gateshead CCG had a non suppressed age at which the procedure had been carried out.
- There were 5 cases carried out when the girl was under 1 year old
- 10 cases carried out between the age of 1 and 4
- 15 cases carried out between the age of 5 and 9
- In 15 cases the age it was carried out was not stated, and there are 5 more cases that were either 'Not recorded', between 10 and 17, or 18+ where the number for these was between 0 and 4 and consequently suppressed.

**12. Newly Recorded Cases of FGM (All Types) Apr 2015 – March 2016 (CCG)**  
**Country where the FGM was carried out**

(Note this is the country where FGM procedure was carried out)

The key points identified are:

- For the year 2015/16 40 of the 50 newly recorded cases of FGM for the Newcastle Gateshead CCG had a non suppressed country where the procedure had been carried out.
- There were 5 procedures carried out in Eastern Africa.
- 15 cases in Northern Africa
- 10 cases in Western Africa
- In 10 cases the country it was carried out was not stated/unknown, and there are 10 more cases that were either 'Not recorded', 'Rest of Africa', 'UK', 'Western Asia', 'Rest of Asia' and 'Rest of World' where the number for these was between 0 and 4 and consequently suppressed.

## **CHILD SEXUAL EXPLOITATION**

13. The Missing Sexually Exploited and Trafficked (MSET) sub group of the LSCB also has oversight of cases where there are concerns about sexual exploitation. There were 47 individual young people discussed at MSET in 2016-2017 (27 of them more than once) and this was an 8.5% increase from the previous year. It is not possible to separate how many of those cases were discussed due to missing episodes and how many due to CSE due to

the overlap between the two but a CSE risk assessment was carried out for each case that was discussed.

14. Northumbria Police also produce a "Problem Profile" which details crimes, incidents and child concerns with a CCN marker and also locations linked to CSE intelligence. The report for 2016-2017 is not yet available and the previous report does not cover a full year's worth of data so is not represented in this report. These reports are monitored by the joint LSCB and SAB Strategic Exploitation Sub Group.
15. The 2014-2015 LSCB Annual Report detailed a highly effective piece of work where the LSCB commissioned Chelsea's Choice, a hard hitting drama workshop focusing on CSE, to be delivered to over 2,500 young people. We jointly commissioned this with a number of schools in 2016-2017 and the session was delivered to over 2,000 further young people. The sessions have been shown to impact on young people by raising awareness of CSE, how to respond, how to protect yourselves and the differences between healthy and unhealthy relationships. There is anecdotal relationships of young people radically changing the way they behave online after the sessions and also examples of young people making disclosures afterwards.
16. There is an expectation that all children who are at risk of CSE are "flagged" on the Children's Social Care electronic recording system. At year end there were 16 young people flagged as having a risk of CSE. These cases are a mix of males and females (although mainly female) and children in the Looked After system, on Child Protection Plans and Child in Need cases. Throughout 2016-2017 there were 16 cases that were "flagged" on the system and 14 cases who had their flag removed.
17. The 2015-2016 LSCB Annual Report detailed work that was undertaken by the LSCB Business Manager with colleagues from Northumbria Police and Gateshead Council Licensing to ensure that all taxi drivers licenced by Gateshead Council were aware of the signs of CSE and how to respond. This work continued into 2016-2017 and a number of additional sessions were held for new drivers to continue to raise awareness.

## **RECOMMENDATIONS**

10. The OSC is asked to note the information provided in this report.

**Contact: Lynn Wilson**

**Extn: 2580**

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**TITLE OF REPORT:** Annual Report on Children's Services Complaints and Representations, April 2016 – March 2017

**REPORT OF:** Strategic Director, Care, Wellbeing & Learning

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## Summary

This report fulfils the requirement to produce an annual report in line with the Statutory Children's Services Complaints procedure.

Cabinet considered the attached report on 20 June 2017.

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## Background

1. The Health & Social Care (Community Health and Standards) Act 2003 requires that Councils with Social Services responsibilities produce an Annual Report of their Statutory Children's Services Complaints Procedure. This annual report sets out details of the complaints and representations made during the period April 2016 – March 2017, (Appendix 2).
2. Information contained in the report provides a summary of the statistical information together with a review of the effectiveness of the procedure. Some examples of service improvement are also included together with details of future objectives.

## Annual Report Complaints and Representations

3. The Annual Report is specifically about Children Act 1989 Statutory Complaints and Representations and covers the period from 1 April 2016 – 31 March 2017.
4. The complaints procedure derives from Children (Leaving Care) Act 2000, The Adoption and Children Act 2002, The Health and Social Care (Community Health & Standards Act) 2003 and The Children Act 1989 Representations Procedure (England) Regulations 2006, which came into force from 1 September 2006. These acts set down the procedures that Councils and Social Services have a responsibility to follow when a complaint is made.
5. The report focuses primarily on statutory complaints for Children's Social Care Services, with information on complaint related queries and compliments that are received about staff or services.

## Operation of the Procedure

6. The procedure has three stages:

- **Stage 1 Local Resolution** – response within 10 working days. 20 if the complainant agrees to an extension.
- **Stage 2 Investigation** – formal response within 25 calendar days. Extensions to this must be negotiated with the complainant. Maximum is 65 working days.
- **Stage 3 Independent Review** – Panel consisting of Independent Chair and Independent Panel members who consider the complaint. Full response by Director of Social Services within 20 working days.

## Statistical Analysis

7. There was a 14% decrease in formal complaints received. (32), compared with the number received during 2015/16, (37).
8. The number of representations received also decreased by 6%, (176 from 187).
9. Over the period the number of complaints dealt with was as follows:
  - 32 statutory complaints were dealt with at Stage 1
  - One complaint was investigated at Stage 2 of the Procedure.
  - Four were considered by Stage 3 Independent Review Panels.
10. Complaint related queries (CRQ) require either advice or problem solving by either a Complaints Officer or by a Team Manager. 43% (38) of all formal concerns were CRQs. This evidences that the Services are responsive in ensuring low level issues are dealt with swiftly and resolved to the complainant's satisfaction.
11. During 2016/17, 50% of all Children's Services contacts were compliments.

## General Issues

12. The following key points may be of interest:

### In 2016/17:

- 53% (17) of complaints were regarding the Safeguarding, Care Planning Teams.
- 18% (6) of complaints were about the Looked after Children's Teams.
- 3 complaints were received directly from looked after children.
- 5 complaint related queries were also received from looked after children. All issues were resolved by the services concerned.
- 1 complaint was investigated at Stage 2.
- The Stage 2 complaint was from issues investigated during 2015/16.
- This means no Stage 1 complaint received during 2016/17 progressed to Stage 2 of the procedure
- 4 complaints were reviewed by an Independent Complaint Panel.

- All 4 reviews were from complaints investigated and responded to during 2015/16.
- Compliments increased by 14% during 2016/17, (88 from 77).
- 44%, (39) of all compliments received were about the Fostering and Adoption Services.

### **Learning from Complaints: Examples of Service Improvements**

13. At the end of every investigation the Investigating Officer identifies whether a change to service, practice or procedure is necessary. This recommendation is shared with the Complaints Manager. It outlines the necessary changes to prevent recurrence of the cause(s) of the original complaint.

### **Changes to services as a result of complaints**

- When assessments are undertaken under Section 17 of the Children Act 1989, (Children in Need Assessments), workers have been instructed that they must always obtain consent to undertake the assessment beforehand. This consent must then be recorded.
- A leaflet has been developed to explain the process of Children in Need Assessments. This will be shared with parents or young people before the assessment process commences.
- A leaflet explaining the requirements of Section 20 agreements has now been developed. This is in conjunction with a detailed Section 20 agreement form, which outlines the responsibilities of both the parent(s) and the Council. The form also fully informs on parents' rights under Section 20 of the Children Act 1989.
- Children and young people are now given an appropriate and reasonable time by which investigations into actions or behaviour by Foster Carers will be concluded. It is also important that appropriate communication is kept open between the child's fostering and care planning Social Workers during this time.
- Whenever children are removed from their parent's care, the management overview responsibility should extend to considering whether a referral to Adult Services or Health should be made if there are any significant concerns about a parent's mental health or emotional wellbeing. This decision will be made on a case by case basis.
- As a complaint investigation identified that a Social Worker did not have any experience in dealing with clients with a learning disability, the Manager of the Service invited an advocate with experience of working with those with a learning disability, to meet with the team and talk about her role and why advocates are important. This will ensure that workers understand how advocacy can support vulnerable parents to raise their views.

## **Future Objectives**

14. Objectives for 2017/18 are to:

- a. Continue to meet regularly with Senior Managers from Children's Services to consider what further action needs to be taken to;
  - i. Resolve complaints at the earliest opportunity.
  - ii. Improve the number of complaints being investigated and resolved within statutory timescales.
  - iii. Ensure that the number of complaints progressing to Stage 2 and 3 remain low.
- b. To assist the Children's Rights Officer in contacting all children who are currently being looked after by Gateshead Council, to gain their views and comments on the services they receive. All responses will be evaluated and appropriate action will be taken to resolve any concerns or queries. These views will also contribute to future service planning and delivery within Care, Wellbeing & Learning.
- c. Ensure that staff members who receive compliments continue to pass the details on to Social Care Customer Services so that they or their team receive the recognition they deserve.

## **Recommendation**

15. Committee is requested to:

- I. Consider and comment on the annual report;
- II. Indicate whether it is satisfied with the performance of Care, Wellbeing and Learning in responding to complaints and ensuring that this results in continuous service improvement.

## ANNUAL REPORT ON CHILDREN & FAMILIES SERVICES COMPLAINTS-COMPLIMENTS- REPRESENTATIONS

**APRIL 2016 – MARCH 2017**

### Introduction

The Children Act 1989 Representations Procedure (England) Regulations 2006 sets out the procedure that Local Authorities have a responsibility to follow when a complaint is made about Children's Social Services.

Regulation 13 (3) of this Act states that all local authorities must publish an Annual Report each financial year to identify the number, detail and outcomes to all complaints received.

The information within this Annual Report fulfils Gateshead Council's obligations under this regulation and covers the period from 1 April 2016 – 31 March 2017.

### The Procedure

This procedure is for all representations received from children and young people, their parents, foster carers or other qualifying adults about Gateshead Council's Children's Services.

There are three stages to the procedure:

#### Stage 1 - Local Resolution

This stage is investigated by operational managers. Complaints at this level are expected to be concluded within 10 working days, with an extension of further 10 working days, (with the agreement of the complainant), if necessary. The maximum time for a Stage 1 investigation is 20 working days.

#### Stage 2 – Investigation

Investigations at Stage 2 are conducted at arms length to the operational service complained about, with full and formal reporting to the complainant by an Adjudicating Officer, (usually at Service Director level), within 25 working days, with extension up to 65 working days if necessary.

#### Stage 3 – Review Panel

If there is any residual dissatisfaction with the outcome at Stage 2, the complainant can request that the issues are taken to a Review Panel, (Stage 3). Such consideration forms the end of the statutory requirement.

### Publicity and Information

Information about the Complaints Process can be made available in key languages and formats. Requests for information in these formats or from customers with sight or hearing impairment are provided via the Council's Communication Team.

There is also a leaflet for children and young people receiving a service. This leaflet was designed with help from the children and young people from One Voice, the Children and the Young People's Forum. The leaflet includes a pre-paid slip that can be completed and posted back free of charge.

When young people are admitted into Local Authority care, part of the 20-day review requirements state that they are to be visited by the Council's Children's Rights Officer. The young person also receives a 'Welcome' pack', which includes information, leaflets and other guidance on how to make a complaint.

Children and young people are now able to use their smartphones or tablet computers to contact the services via Mind of My Own, (MoMo). MoMo is an app which allows the child or young person to comment on their service and if necessary, to raise dissatisfaction.

The Children's Rights Officer, Independent Visitors and Independent Reviewing Officers are important links between the child and the Complaints Manager and ensure that any issues of dissatisfaction are resolved at the earliest opportunity.

### **Advocacy and Special Needs**

The purpose of advocacy in complaints procedures is to ensure that children and young people are given assistance when making or intending to make a complaint. Advocacy is about empowering children and young people to make sure that their rights are respected and that their views and wishes are fully considered and reflected in decision-making about their own lives. It is a legal requirement that any child or young person wishing to make a complaint must always be offered the services of an advocate.

### **The Independent Element**

Under the complaints procedure, there is a requirement to provide Independent Persons for all Stage 2 complaints. There is currently a consortium arrangement with South Tyneside Metropolitan Borough Council and Sunderland City Council, which provides Independent People for Children Act 1989 complaints. There is also a requirement to ensure that Stage 3 Review Panels consist of three members who are fully independent of the Council.

### **Complaints Investigation Training**

Training for Investigating Officers is undertaken on an annual basis. All investigating skills training courses are commissioned from the Local Government Ombudsman, (LGO). This ensures that investigating officers are trained to a specific standard with the focus being on swift resolution, proportionate investigations and appropriate redress. To ensure that all new Managers within Children's Services are fully able to investigate complaints, a LGO Investigating Skills Training Course took place in February 2017. 15 managers from across Children's Services and Children's Support Services attended the training.

### **Complaint Recording & Resolution in Children's Residential Facilities**

All children's residential homes have their own "in-house" complaints process to resolve low level complaints. Residential staff work with the young person and allow them to identify themselves how their issues can be resolved to their satisfaction. Information about low level complaints is retained within the facility and is available in the event of OFSTED inspections.

### **Complaints and Representations Received**

During 2016/17, 32 complaints were received regarding Children's Services. This is an 14% decrease on complaints received during 2015/16, (37).

The number of low level issues received also decreased. During 2016/17, 38 low level issues were received about Children's Services. This is a 32% decrease on the number received during 2015/16, (56). All of the issues received were dealt with directly by either the Team Manager of the service complained about or by the Complaints Section after prior discussion with the worker concerned.

The main theme identified from the low level issues received during 2016/17 was regarding the quality of the support given by either the individual worker or by the service themselves. In most cases, confusion about the role of a children's social worker was at the heart of the issues raised, especially misunderstandings in respect of who the social worker was allocated to.

## **Key Themes of Complaint**

After full consideration of all Stage 1 complaints received during 2016/17, 2 key themes were identified.

### **1. Quality of Service**

The quality of services delivered is consistently the most complained about issue. 59% (19) complaints were regarding the quality of services or support provided to either parents of children receiving a service, foster carers or the child / young person concerned.

Complaints about quality cover a number of issues and can range from low level disputes to significant concerns about the actions or decisions of the services involved.

The key theme identified from the complaints about quality was around the support provided by either the service or individual members of staff, (11). However, after considering these complaints, the lack of effective communication with family members was a key theme. If communication breaks down, parents or carers often feel that they are deliberately being ignored and as a result of this, dissatisfaction often escalates to include other areas of the social work involvement.

Effective and timely communication is key to maintaining relationships with parents or carers as this often encourages families to work with the social worker and with any plans or assessments that are developed. Good communication can also help to resolve any minor issues that may arise at the time, which means that the formal complaints procedure may not need to be invoked.

After investigation, 64% (7) of the complaints about the support offered by either individual members of staff or the service were partly upheld and 9% (1) was fully upheld. 27% (3) were not upheld.

Team Managers should always raise the importance of good communication within their own team meetings and with individual staff members. This will ensure that all are aware of their own responsibilities to maintain communication with families. It should also be reiterated that staff must share any communication difficulties with their line manager during their individual supervision sessions. Alternative ways of contact such as text messaging or emails should also be considered where possible, along with any specific communication needs of the person concerned, such as sensory problems or disability, including mental health issues.

### **2. Staff Issues**

Since April 2015, all complaints which include areas of staff actions or behaviour are recorded under the primary category of "Staff Issues". This re-categorisation does mean that the numbers of complaints received about this area will remain a key theme of dissatisfaction. However, it is important that allegations of poor conduct or practise can be readily identified and measures put in place to minimise any reoccurrence. Therefore Children's Services ensure that any allegations about staff are always placed at the centre of any investigation.

Children's Services have a legal duty to look into all concerns raised about the welfare or safety of a child / children. The Local Authority's duty is set out within "Working Together 2015". It is understandable that this involvement is not always welcomed and because of this, relationships between social workers and families may be very challenging or difficult. It is accepted, that in some cases, families raise complaints as a way to delay any action that may be necessary.

During 2016/17, almost 41%, (13) of complaints were regarding members of staff. After investigation, 54% (7) of all complaints were not upheld and 46% (6) were partially upheld.

54% (7) of the thirteen complaints received about staff cited social work conduct as their primary issue of concern. After investigation, 57% (4) of complaints about primarily about staff conduct were found to be unjustified and 43% (3) were partially upheld.

Other concerns raised were regarding alleged breaches of confidentiality, in most cases, these were about information which may have been shared with other family members during child protection proceedings. In all cases, social workers should consider the implications of sharing information with others beforehand. However, it is agreed that appropriate information sharing is vital where it impacts on the welfare of other children or young people.

The Council have a duty to adhere to the guidance set out within the Data Protection Act 1998, so all social workers should still be mindful of sharing information with those who may not have a right to know.

Complaints about staff often include allegations of bias, especially when dealing with separated parents that are disputing contact or residency. It is very difficult to maintain good relationships with families involved in family proceedings, whether it is child protection action or private family issues. However, the complainants are often requested to raise any issues about bias or social work opinion within the court arena where possible.

## All Complaints and Representations Received

Representations	2014 2015	2015 2016	2016 2017
Compliments	74	77	88
Corporate Complaints	3	4	5
Complaint related queries	64	56	38
Data Issues / Breach	5	2	1
HCPC Referrals	0	1	0
Insurance Claims	N/A	N/A	2
LGO Investigation	1	4	1
LSCB CP Unit	N/A	N/A	3
MP Referral	N/A	N/A	1
Stage 1 Complaints	45	37	32
Stage 2 Complaints	3	5	1
Review Panels	1	1	4
<b>Total</b>	<b>196</b>	<b>187</b>	<b>176</b>
<b>Trend %</b>	<b>-1%</b>	<b>-5%</b>	<b>-6</b>

Stage 1 trend	2006 2007	2007 2008	2008 2009	2009 2010	2010 2011	2011 2012	2012 2013	2013 2014	2014 2015	2015 2016	2016 2017
	22	32	18	10	19	29	36	34	45	37	32
%		45	-44	-44	90	53	24	-6	32	-18	-14

- There has been an 14% decrease in the number of Children Act Stage 1 complaints received since 2015/16.
- The number of complaint related queries received has also reduced by 32% since 2015/16. Complaint related queries are issues that must be resolved within 1 working day of receipt.
- Stage 2 investigations decreased by 80%, (1 from 5). It should be noted that the number of Stage 2 complaints received during 2015/16, (5,) was the highest number ever received by the Service. The reduction evidences the additional work that was carried out by Team and Service Managers to try and resolve residual issues after the initial investigation and response.
- No Stage 1 complaint received during 2016/17 progressed to a Stage 2 investigation. The Stage 2 complaint received had progressed from a Stage 1 complaint that was investigated during 2015/16.
- There were four Independent Review Panels during 2016/17. However, all four panels were a direct progression of the Stage 2 investigations that were carried out during 2015/16.

- The number of complaints, (32), represents 18% of all formal contacts received about Children's Services during 2016/17, (176).
- The number of formal contacts received regarding Children's Services decreased by 6% compared with the number received during 2015/16.
- During 2016/17, 50% of all Children's Services contacts were compliments.

### Specific Areas of Complaint

Service Area	2014 2015		2015 2016		2016 2017	
Safeguarding, Care Planning	62.2%	28	44.44%	20	53.13%	17
Looked After Children Services	8.8%	4	13.33%	6	18.75%	6
Referral & Assessment	11.11%	5	13.33%	6	18.75%	6
Out of Hours Duty Team	2.2%	1	2.22%	1	0%	0
Children with Disabilities	8.8%	4	6.67%	3	0%	0
Fostering Team	6.6%	3	0%	0	6.25%	2
Reviewing Unit	0%	0	2.22%	1	N/A	N/A
<b>Total</b>		<b>45</b>		<b>37</b>		<b>32</b>

- 53% (17) of complaints were regarding the Safeguarding, Care Planning Teams. This was a decrease of 15%, from 2015/16.
- Almost 19% (6) of complaints were regarding the services provided by the Referral and Assessment Team. However, the number of complaints about Referral and Assessment have stayed at the same level as the number received during 2015/16, (6).
- Almost 19%, (6) of complaints were about the Looked after Children's Teams.

Main Complaint Issues	2014 2015		2015 2016		2016 2017	
Quality	100%	45	40.54%	15	59.38%	19
Staff Issues	0%	0	40.54%	15	40.63%	13
Delay	0%	0	2.70%	1	0.00%	0
Refusal of Service	0%	0	0.00%	0	0.00%	0
Lack of Service	0%	0	16.22%	6	0.00%	0
<b>Total</b>		<b>45</b>		<b>37</b>		<b>32</b>

- During 2016/17, the number of complaints about staff decreased by 13%. However, although this decrease is positive, the Service still ensure that any issue which is predominately about specific concerns about a worker's professional actions or behaviour will be recorded under that category.
- 54% (7) of the complaints about staff issues cited attitude or conduct as their main concern.
- After investigation, 57% (4) of these complaints were found to be unsubstantiated and 43% (3) were partly upheld.
- Where there is evidence that workers did not always follow their service's processes or procedures, the matter is addressed with the staff member concerned and appropriate measures put in place to prevent any reoccurrence. If these measures do not resolve the problem, alternatives can be considered, which can also include invoking the Council's internal employment procedures.
- Quality of Service complaints increased by 27%.
- Quality of service includes:
  - Missed or late contact visits;

- Contact visits that are cancelled at very short notice;
  - Conflicting or incorrect information by workers;
  - Quality of support from the services involved in individual cases;
  - Poor communication between the workers and family members.
- 58% (11) of the complaints about the quality of the service, related to the standard of the support provided by individual workers. In particular, complainants felt that the social worker should spend more time supporting the needs of parents rather than the child or children. Although Social Workers do try to support parents with their own issues where possible, it is important that the wellbeing of the child or children remains at the centre of all Children's Services involvement.
  - Communication problems were often cited as secondary issues within the complaints received during 2016/17. Non return of telephone calls or lack of updates about individual cases were the key issues complained about. The Social Work Teams do have administrative support who can share information with parents and carers where appropriate. However, it can be difficult for social workers, dealing with a high volume of cases, to keep individuals updated on key events themselves. This issue is regularly discussed in team meetings and during workers individual supervision sessions.

## Equalities Monitoring

Gateshead Council recognises that equality monitoring of service delivery is crucial for effective planning and scrutiny of the services that it provides. This monitoring can identify which groups are using services and gauge their level of satisfaction. This information can then be used to highlight possible inequalities, investigate their underlying causes and address any unfairness or disadvantage.

- During 2016/17, there were no formal complaints from members of the BME community. Two complaint related queries were received which related to disputes regarding Section 47 reports.
- There was one complaint related queries from a member of the BME community. After consideration of the issues, there were no issues regarding racial discrimination.
- Two compliments were received from members of the BME community.

## Methods of Complaint

Method of Complaint	2014 2015		2015 2016		2016 2017	
Complaint Form	6.6%	3	8.11%	3	6.25%	2
E - mail	29%	13	29.73%	11	21.88%	7
Children's LAC Leaflet / MoMo	0%	0	0.00%	0	3.13%	1
Letter	24.4%	11	32.43%	12	25.00%	8
Personal Visit	15.5%	7	8.11%	3	9.38%	3
Telephone	24.4%	11	21.62%	8	34.38%	11
<b>Total</b>		<b>45</b>		<b>37</b>		<b>32</b>

- Email and letters are the main method of complaint referral accounting for 47% (15) of complaints. This is a 35% reduction of the number received during 2015/16, (23).
- During 2016/17, 34% (11) of complaints were received by telephone. Complaints of this nature are from those who want an immediate resolution to their problem, in particular those who disagree with information within reports that they have just received.
- Complaints brought by relatives of children receiving a service accounted for 84% (27) of referrals.

## Complaints and Concerns direct from Looked after Children

- Three complaints were received directly from looked after children.
- After investigation, one complaint was partially upheld and one complaint was fully upheld. The third complaint was closed after informal resolution by the service.
- Two complaints received were letters from looked after children. One complaint was via the MoMo (Mind of My Own) app.
- Five complaint related queries were also received from looked after children. All issues were resolved by the services concerned.

## Timescales and Outcomes

Complaints Resolved within 20 Working Days	2014 2015	2015 2016	2016 2017
Not Resolved	22	16	17
Resolved	23	19	15

- The statutory timescales for resolution is 10 working days. This can be extended to 20 working days with the complainants' agreement.
- Six complaints were completed within 10 working days.
- Fifteen complaints were completed within 20 working days.
- Seventeen complaints were not completed within 20 working days.
- As it is a statutory duty to respond to complaints within the prescribed timescales, the Service are to consider how they can improve performance in this area.

Outcomes of all categories of complaints	2014 2015		2015 2016		2016 2017	
Outstanding	0		2		0	
Closed or withdrawn	4.4%	2	14.29%	5	3.13%	1
Not upheld	42.2%	19	34.29%	12	43.75%	14
Partially upheld	44.4%	20	40.00%	14	50.00%	16
Upheld	8.9%	4	11.43%	4	3.13%	1
<b>Total</b>		<b>45</b>		<b>35</b>		<b>32</b>

- In 2016/17, almost 44% (14), of complaints were not upheld after investigation.
- This is a 17% increase on the number of complaints that were found to be unjustified in 2015/16.
- 50% (16) of all complaints were partially upheld. Complaints that are partially upheld often include a number of varied issues. After investigation, some of the issues may be found to be justified, but other issues may show that the service / worker has acted appropriately.
- In all cases, where there has been evidence of service failure, however minimal, the complainants will receive a written apology within their response.

## Stage 2 and 3 Complaints

	2014 2015	2015 2016	2016 2017
<b>Stage 2 Complaints</b>	<b>3</b>	<b>5</b>	<b>1</b>
<b>Stage 3 Complaints</b>	<b>1</b>	<b>1</b>	<b>4</b>

- One complaint was registered at Stage 2 of the Complaints Procedure.
- This is a 80% decrease from 2015/16, (5).
- The Stage 2 complaint received resulted from a Stage 1 complaint which was responded to during 2015/16.

- This means that no Stage 1 complaint received during 2016/17 progressed to Stage 2 of the procedure.
- The complaint received was regarding a number of issues, but primarily around disputes about information included within a Children in Need Assessment and the conduct of the Social Worker involved. After investigation, some elements were found to be justified. However the investigation concluded that the initial action by the Council's Referral and Assessment Team was warranted due to the nature of the referral.
- As required within the statutory complaints process, the Stage 2 complaint investigation was shadowed by an Independent Person. Independent Persons cannot be employed by the Council as they are responsible for ensuring that the complaints investigation at Stage 2 is fair and transparent.
- As Independent Persons must be external to the Council, their involvement does have a financial impact on Children's Services. During 2016/17, the costs for Independent Person fee was £854.00.
- Four complaints were considered by Independent Review Panels. Two of these complaints were from members of the same family.
- The respective Review Panel members considered the information within the Stage 2 investigations and the additional information provided by the complainants and subsequently made their recommendations. Recommendations for individual cases included;
  - Developing Section 20 information and guidance for parents;
  - Updating case files;
  - Reviewing historical information to ensure that the correct process had been followed at the time;
  - Providing apologies for any areas that had been found to be inadequate.

All improvements from Stage 2 investigations are included within this report.

### **Safeguarding Unit Complaints (LSCB)**

During 2016/17, three complaints were received which were around the management of the Child Protection Conferences. Two issues were about the conduct of the Conference Chair. Both complaints were investigated and responded to. One of the complaints was closed after the complainant refused to engage with the complaints procedure. The other complaint was partially upheld as it was felt that information or statements had been wrongly interpreted which had caused the complainants to feel uncomfortable during the Conference.

One complaint was regarding the accuracy of the information within the Child Protection Conference minutes. This issue was investigated and found to be upheld. The service agreed to amend the minutes with the correct information.

One complaint regarding the Referral and Assessment Team and one complaint regarding the Safeguarding & Care Planning Team also included issues about the Child Protection Conference Chair.

### **Complaints in relation to the Data Protection Act 1998**

- During 2016/17, one formal complaint was received about the Access to Records Process. The complaint was in relation to delays receiving personal records. Complaints of this nature are not responded to through the statutory procedure. However, a full investigation is still carried out and a response sent to the complainant. The response will also inform the complainant of their right to progress their complaint to the Information Commissioner should they remain dissatisfied.
- After investigation, the complaint was upheld. The complainant received a full explanation and apology for the delay. The Service also reimbursed the £10 Subject Access Fee.

## **Learning from Complaints**

At the end of every investigation the Investigating Officer is responsible for identifying any improvements or recommendations resulting from the complaint. Changes can include policy, procedure or staff development.

Complaints about individual practice or failure to follow procedures are dealt with by reinforcement of processes and reiterating customer care standards through Service / Team meetings or individual supervision sessions. In addition to this, if it is felt that additional or refresher training, which includes the mandatory data protection training, is required for either workers or teams, this will be progressed by the relevant Team Manager.

In all cases, if it is found that an employee has deliberately acted inappropriately or maliciously, the issue will be dealt with in line with internal employment procedures. During 2016/17, no complaint about staff conduct had resulted in any formal employment action against an individual worker.

## **Improvements to Service:**

- A Review of the internal procedures for the Child Protection Unit has taken place. The procedure now instructs Senior Clerks to verify information shared within child protection conferences in respect of family members before it is recorded within child protection minutes.
- That the Child Protection Unit use the contact information provided by family members on the attendance sheet, to check alongside the child's electronic records. This will ensure that all child protection plans and minutes are sent to the correct address to maintain confidentiality.
- The Child Protection Unit have reviewed and refreshed the Conference Agenda to include a section which prompts Senior Clerks to confirm factual information in relation to current addresses, post codes and dates of birth. It also prompts staff to confirm information in relation to any GP's that are involved with the child or significant others.
- A number of recommendations were made in respect of a complaint from a looked after child. Although these were specific to the child's case, it did highlight that social workers should ensure that they listen to the views of children / young people and, where necessary, assist them to formally raise concerns.
- That workers are sensitive of the words they use when speaking to families of children receiving a service. They should also understand how the situation may affect those who are experiencing mental or emotional issues due to the challenging situation.
- If families of children receiving a service are agreeable, the Service could ensure that they are informed of any significant information or health appointments relating to their child by either text or email.
- Across the Service, consideration is now given to alternative methods of communication / special arrangements being put in place in such circumstances where an individual has parental responsibility and specific communication needs.

All improvements and recommendations identified are set out within the complaint response letter where possible. This feedback helps to reassure the complainant that the services do use the outcomes to complaints and dissatisfaction to improve Children's Services.

All improvements highlighted within this report have been verified and have been implemented.

## Compliments

There was a 14% increase in all compliments received, (88 from 77). 50% of all representations about Children Services were compliments.

- 39 compliments were regarding the Fostering & Adoption Service;
- 18 of these were about the Adoption Process;
- 21 were in respect of the services provided by the Fostering Team;
- 16 compliments were regarding the Children with Disabilities Services including Grove House Children's Respite Facility;
- 21 compliments were regarding the Safeguarding and Care Planning Teams;
- 8 were regarding the Referral and Assessment Team;
- 2 compliments were regarding the Looked after Children Team;
- 1 compliment was about the quality of care from a children's home;
- 7 compliments were direct from looked after children and were about the quality of their service or social workers.

## Conclusions

Complaints about Children's Services decreased by 14% in comparison with the number received during 2015/16, (37). There were no Stage 2 investigations progressing from a Stage 1 complaint received during 2016/17. This means that 100% of complaints received were resolved at Stage 1.

Stage 2 complaints also reduced by 80%. This decrease is due to the willingness of Children's Services Managers offering further resolution to those dissatisfied with the outcome of their Stage 1 investigation.

Quality of services provided continues to be the most complained about area and attracted the most complaints. However, the majority of the issues raised within these complaints tend to be around support from the service or worker concerned. When Children's Services become involved with children or young people, parents and carers often misunderstand the social workers role and often assume that the worker is allocated to the adults. Although it is very important to always do a full holistic assessment of the family circumstances and consider what support may be required, the key focus of involvement must always be the welfare of the child or young person concerned.

Children's Services positively encourage feedback about their services and always ensure that publicity about complaints and compliments is available in public areas and to all families receiving a service. It is also evident that the services are generally well received as during 2016/17, 50% of formal contacts about Children's Services were compliments.