

## **DUNDEE CITY COUNCIL**

**REPORT TO: Social Work and Health Committee - 26 November 2007**

**REPORT ON: Customer Care Officer Annual Report 2007**

**REPORT BY: Director of Social Work**

**REPORT NO: 595-2007**

### **1.0 PURPOSE OF THE REPORT**

1.1 This is the second annual report to be prepared by the Customer Care Officer (Appendix 1). The report seeks to inform members about the work of the Customer Care Officer and the workings of the Complaints Procedure.

### **2.0 RECOMMENDATIONS**

It is recommended that the Social Work Committee:

2.1 approve the content of this report and;

2.2 instruct the Director of Social Work to undertake a Departmental self assessment against the Charter Mark Standard. Organisations who perform well against this standard may apply for a national award which recognises high standards of customer care and consultation.

### **3.0 FINANCIAL IMPLICATIONS**

3.1 Following self assessment against the Charter Mark Standard any movement towards achieving the award requires the involvement of an external consultant. It is estimated that this will have a cost of no more than £5000 and that this cost will be met from the staff development budget.

### **4.0 MAIN TEXT**

4.1 The Social Work Department has substantial customer contact. This contact can be at an intensive level when meeting and supporting people in need, often under very difficult circumstances. In order to maintain a professional approach in our dealings with the public a policy decision was made to introduce Customer Care Standards for Dundee City Council Social Work Department.

These standards were developed through an extensive consultation process both internal and external, which included focus groups of service users. The Social Work Committee approved the Social Work Customer Care Standards in August 2004 (2004-578). Progress continues to be made in implementing the standards with the launch of a Customer Care Charter.

The Charter underlines the Department's commitment to customers through principles of accessibility, respect, effective communication, involvement and partnership. It is a further expression of the department's customer care philosophy of 'Listen, Learn and Improve.'

The Customer Charter 'Getting it Right for Social Work Customers' was launched at the Oakland Day Centre in February 2007. The Charter informs service users about:

- the services offered;
- the standards they can expect when using social work services;
- how to contact social work services;
- how to comment on the services they receive;
- how they can make a complaint if they believe standards have not been met; and
- how they can pay a compliment or make a suggestion.

The Charter is issued to service users following assessment of their needs and arrangement of services. Copies for the general public are available in libraries, social work offices and G.P. surgeries. Existing social work customers were issued with a personal copy which was posted to their home address. This exercise brought a range of comments and compliments which were recorded and passed to the appropriate managers for action, where necessary.

The Customer Care philosophy of "listen, learn and improve" has been adopted throughout all social work services and the Customer Care Officer is involved in a range of activities which ensure that the Social Work Department applies this philosophy in practice.

These activities are detailed in the Customer Care Officer's Annual Report. This report is part of our performance management framework and it outlines the main actions taken in the areas of gathering customer feedback and the implementation of the Customer Care Standards. Much of this information is gathered from a range of surveys which are designed using good practice guidelines.

Most of the results from the surveys are encouraging but others do set the Department a challenge. Some examples and key findings are detailed below.

### **Views of Service Users who receive Services from the Supported Employment Team**

The Supported Employment Team aims to enable adults with learning difficulties to participate in meaningful employment opportunities. The purpose of the survey was to determine levels of satisfaction amongst users of the services offered by the team. The manager and team decided the areas of enquiry.

All 71 users of the service were invited to attend Service Users Fora and to participate in the questionnaire. The invitation was accepted by 48 service users.

#### **Main Findings**

- 75% said that they had been given sufficient information to help them decide on their involvement with the team.
- The majority of service users are receiving information which equips them to do the job and ensures their expectations are realistic.
- Almost all service users regarded the members of the team as approachable people who would listen and help
- A change of job in the future may be a possibility for almost half of the group.

A follow up enquiry about progress made since the survey has highlighted some interesting developments in practice.

It has been reported that although most of the respondents were happy with the level of support they received, the service has taken steps to establish what issues were around for respondents who were not happy with all of their experience.

The methodology of putting questions pictorially has now been adopted more widely in the service resulting in a positive outcome for service users. This is described more fully in the report.

### **Survey of the Views of Carers of Service Users Regarding Services Received at the Wellgate Day Centre**

The purpose of this survey was to find out from carers the levels of their confidence in and satisfaction with services offered by Wellgate Day Centre. This was a postal survey which was mailed out to carers with a stamped addressed envelope for return to the Customer Care Officer. Eight questions asked carers to rate their level of confidence in aspects of the experience of the service users on a scale ranging from 'very confident' through to 'Not at all confident'.

A further four questions enquired as to how views are listened to and overall satisfaction with the service. A total of 53 questionnaires were sent out. 40 completed questionnaires were returned - 74%- a high return for this type of survey.

#### **Main Survey Results**

- 88% agreed or strongly agreed that the information received when first in contact with day care services helped the carer and the cared for person to know what to expect.
- 79%) were very confident that the person they care for is well looked after. A further 18% were fairly confident.
- 100% were very or fairly confident that the person they care for is treated with courtesy and respect.
- 95% were fairly or very confident that the person they care for is well supported by their key worker.
- 92% were very or fairly confident that the person they care for is encouraged to participate in activities which help them to achieve all they can.
- 100% were very or fairly satisfied that their views and those of the person they care for were listened to.
- 70% were very satisfied and 30% fairly satisfied that the service received by the person they care for meets their needs and expectations.

An action point which arose from this enquiry was in the area of public information about the service. It was noted that there was no information leaflet available for service users or carers. The Customer Care Officer is working with the manager of the centre to design a leaflet. This will gather together all of the important information which carers should know prior to receiving services. Service users and staff are being consulted with regard to the content of the leaflet.

The report sets out examples of work which are currently being progressed including

- longer term evaluation of service provision
- public information and,
- staff training materials

The report also identifies improving outcomes as a priority for the Customer Care Officer in the year ahead. This will have as a main focus, improving the process for transforming the information taken from customers into actions for services.

## **4.2 COMPLAINTS**

Dundee City Council Social Work Department complaints procedure enables service users to have their complaints considered at both an informal or formal level. Both routes will ensure that a complaint made by the member of the public will be listened to, addressed and action taken to resolve any difficulties. Research has shown that complainants prefer to have complaints resolved quickly and as close to the point of delivery as possible. The informal routes to complaint resolution allows for this to happen.

This report provides information regarding complaints investigated during the calendar year January - December 2006 for comparison with the previous year and January to September 2007 for information.

The main objectives of the complaints procedure have been met and the Social Work Department has discharged its statutory responsibilities effectively. The main purpose of the complaints procedure is to ensure that service users are able to raise concerns regarding their contact with the Social Work Department and be assured that these are taken seriously.

The following performance issues have been noted.

- The number of complaints has reduced slightly during the period covered by the report.
- The overall trend in the number of complaints received is down.
- The nature and complexity of complaints now being received has resulted in very few complaints being able to be finalised within the current timeframes.
- The level of first level (informal) complaints has reduced (23 in 2005 and 21 in 2006).
- The level of formal complaints remains constant.
- The indication for 2007 seems positive.
- The number of complaints is very small, when considered against the annual volume of customer contact, which is often undertaken under difficult circumstances (1850 staff involved with over 9000 service users).

Over time there has been deterioration against response times for concluding complaints. A significant impact on these timescales has been the fact that the complaints received are much more complex often involving multiple witnesses.

As a result, the Social Work Department will review its procedural guidance and determine more realistic response times for complex complaints. Any new response times must be benchmarked against national good practice. While it is important that people have their complaints responded to timeously, it is also vital that sufficient time is available to allow complaints to be investigated thoroughly.

#### 4.3 COMPLIMENTS

Additional information regarding compliments received by the Department is also included in the report. Although the number of compliments recorded is only a proportion of the total received, it can be seen they far outnumber the complaints recorded. The recording of compliments is seen as an important step as it allows the Director of Social Work an opportunity to acknowledge the work of the member of staff or the team involved. Some comments from customers are included in the report. A further action point will be to improve the centralised recording of compliments to better reflect the number and nature received.

#### 5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti-Poverty, Equality Impact Assessment and Risk Management. There are no major issues identified.

## **6.0 CONSULTATION**

6.1 The Chief Executive, Depute Chief Executive (Support Services), Depute Chief Executive (Finance), Head of Finance and Assistant Chief Executive (Community Planning) were consulted in the preparation of this report.

## **7.0 BACKGROUND PAPERS**

7.1 None.

Alan G Baird  
Director of Social Work

Date: 16 November 2007

**DUNDEE CITY COUNCIL  
SOCIAL WORK DEPARTMENT**

**STRATEGY PERFORMANCE AND SUPPORT  
SERVICE**

**CUSTOMER CARE SERVICE ANNUAL REPORT**

**2006/07**

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## **GETTING IT RIGHT FOR SOCIAL WORK CUSTOMERS**

"Our approach to customer care is to aim to get things right first time. We will continually look at ways that will improve our service by listening to customers, by monitoring our performance and by adopting examples of best practice from other organisations.

We will base our understanding of customers' needs and expectations on effective feedback and consultation. We will achieve this through customer involvement in the monitoring and review of these standards, customer surveys and by using customer feedback mechanisms" (Dundee City Council Social Work Department Customer Care Policy Statement, 2004).

### **INTRODUCTION**

Dundee City Council Social Work Department's Customer Care Service consists of a half time Customer Care Officer with half time administrative support. The Service is based within the Social Work Department's Strategy, Performance and Support Service. Our approach to customer care is to aim to get things right first time and to put our customers at the heart of everything we do.

We continually look at ways that will improve our service by listening to customers, by monitoring our performance and by adopting examples of best practice from other organisations.

The Strategy Performance and Support Service have a key responsibility to ensure that achieving better outcomes for people is at the centre of all that the Department does. The Service also has a responsibility to support the operation and implementation of the complaints process and the gathering of required statistical information. It works in close cooperation and collaboration with operational colleagues and with those involved in partner agencies and organisations.

This is the second annual report prepared by the Customer Care Service and in addition to reporting on the work of this service it incorporates the annual report on the workings of the Departmental Complaints Procedure.

This report provides an overview of the work of the Customer Care Service over the period October 2006 - October 2007 in relation to key areas of work. It highlights the main actions taken in the areas of gathering and using customer feedback and the implementation of the Customer Care Standards. The report also details some of the priorities for the coming year. It was agreed by the Social Work Committee (581-2006) to amalgamate this report with the annual report on the workings of the complaints procedure. Some additional information will be included on customer commendations within the report.

### **LEGISLATION AND POLICY FRAMEWORK**



The Customer Care Service is supported by a legislative and policy framework. Local authorities are required to consider any complaints made regarding the discharge of their social work function. This requirement is detailed in Section 5A of the Social Work (Scotland) Act 1968 as amended by Section 52 of the National Health Service and Community Care Act 1990.

Revised guidance issued by the Scottish Office in 1996 (SWSG5/1996) encourages councils to publish information about the complaints they receive and how they respond to them. This arrangement helps councils to assess the quality and effectiveness of their social work services.

The Local Government in Scotland Act, 2003 requires councils to provide services under the principles of Best Value. A significant part of the Best Value agenda is about customer focus and delivering services that improve outcomes for service users. In order to meet the principles and expectations of Best Value it is essential that the experiences of customers are used to inform the continuous improvement and future planning of social work services.

### ***USING CUSTOMER FEEDBACK TO IMPROVE OUR PERFORMANCE***

As a Department we are committed to seeking and using the views of service users to help us by continuously review and improve our services. Research has been undertaken in this area and a range of surveys and questionnaires have been developed and used.

Some of the questionnaires use a traditional rating scale. These yield quantitative information which may allow for comparisons between service areas or can be used to measure performance over time. Whilst there are strengths and drawbacks in using this form of scale, it does allow for an approach that achieves consistency over time. In other words an improvement of measures over time is likely to represent an improvement in user perceptions.

Other survey methods utilised are the semi-structured interview and the self-completion questionnaire. These yield qualitative information which, although more difficult to analyse, gives an insight into the experience of service users.

The context for these initiatives can be found in the Social Work Department's Performance Improvement Framework under the areas of:

- What key outcomes have we achieved?
- What impact have we had on people who use our services and other stakeholders?

The Customer Care Service has been involved in this process on several levels including:

- designing, implementing surveys and compiling reports;
- designing surveys for staff to implement and report on findings;
- advising staff on questionnaire design and sampling and; and
- assisting staff by interviewing, analysing results and report writing.

## **Surveys Designed, Implemented and Reported by the Service**

### **(1) Older People in Residential Accommodation**

## **Purpose**

The manager and staff of Turriff House (a residential home for older people) worked with the Customer Care Officer to develop a questionnaire which would give information about the experience of being a resident in the home. A version of the survey was created for use by friends and relatives on their own behalf or on behalf of the resident.

## **Method**

A total of twenty interviews were completed by residents and eight questionnaires were completed by friends and relatives. Not all residents were able to answer all of the questions and certain adjustments had to be made. Despite this, the questionnaire generated some useful information and it has been possible to identify some broad areas of agreement expressed regarding the services experienced.

## **Results**

- 45% of residents felt that they had enough information to prepare them for moving in with 45% having a visit prior to moving in. In emergency situations visits were not always possible.
- 50% stated that they took part in organised activities within the home. All were satisfied with the range of activities on offer.
- Only one resident preferred to eat alone at times. All other respondents were happy to eat with other residents in the dining area.
- There were no complaints about the food.
- 60% of residents used the garden. Those who did not said it was because they did not like to sit in the sun.
- The greatest consensus of opinion was found in the area of customer care where 95% of residents interviewed found staff to be respectful, courteous and believed that staff listened to their views and explained things well to them.

Individual perceptions, health, and emotional well-being will have had an influence on how the questions were answered. Residents' views are listened to through the care plan review system, residents meetings and through individual discussions with staff. The survey offered another way of listening to residents' views and allowed relatives and friends the opportunity to give their own perspective.

## **Actions**

Although most of the residents were aware of how to make a complaint it was a concern that many did not. This issue was subsequently addressed with the launch of the Customer Charter. This launch ensured that all of the Department's customers received a personal copy which contains this information. It became clear during the information gathering process that many residents would like to get out more. This information was reported to the management team to consider any changes that could be made to facilitate this.

## **(2) Customer Feedback Gathered at 'The Event'**

### **Purpose**

'The Event' was first of its kind. It was a day planned for service users from hostels and others considered as socially excluded - the 'seldom heard'. Its aim was to offer a day of fun, information, assistance and opportunities. Feedback was required to assist in planning a future Event.

### **Method**

Through the gathering of customer feedback we hoped to find out whether the day had met its original aim. Twenty-six interviews were undertaken with randomly selected respondents (23% of participants). This choice of approach usually results in responses which are accurate and directly informed by the experience of the respondents. The information gained is therefore useful in influencing the future planning of other events.

### **Results**

- 96% stated that they had 'a lot' or 'some' fun at 'The Event'.
- 89% stated that they had acquired 'a lot' or 'some' information.
- 79% stated that they had been offered 'a lot' or 'some' assistance.
- 92% stated that they had been offered 'a lot' or 'some' opportunities.
- 100% said that if 'The Event' were to be repeated they would attend.

### **Action**

'The Event' was repeated in October 2007 taking account of suggestions made in response to the survey.

## **(3) Views of Service Users who receive Services from the Supported Employment Team**

### **Purpose**

The Supported Employment Team aims to enable adults with learning disabilities to participate in meaningful employment opportunities. The purpose of the survey was to determine levels of satisfaction amongst users of the services offered by the team. The manager and team decided the areas of enquiry.

### **Method**

The questions were given orally so that the interviewer could:

- take the interview at the participant's pace;
- reword the questions if required; and
- re-order the questions if required.

The recording method selected was devised to enable those with learning disabilities to record their views in a way which would:

- be non-threatening;
- relieve any anxieties about use of pen and paper; and
- be an enjoyable experience.

The method consisted of a board with magnets which could be placed under emoticons. This allowed participants to indicate their choice of response - 'yes', 'no', 'not sure.' There were six

questions in all and it was hoped that this choice of approach would result in responses which would be accurate and directly informed by the experience of the participants.

All 71 users of the service were invited to attend Service Users Forums and to participate in the questionnaire. The invitation was accepted by 68% of service users.

### **Results**

- 75% said that they had been given sufficient information to help them decide on their involvement with the team.
- 81% of service users are receiving information which equips them to do the job and ensures their expectations are realistic.
- 92% all service users regarded the members of the team as approachable people who would listen and help.
- 45% felt change of job in the future may be a possibility, 17% were unsure.

### **Action**

A follow up enquiry about progress made since the survey has highlighted some interesting developments in practice.

Although most of the respondents were happy with the level of support they received the service has taken steps to establish what issues were around for respondents who were not happy with all of their experience.

The methodology of putting questions pictorially has resulted in a positive outcome for the service. They say *"Since the survey we have expanded and increased the use of pictorial booklets for service users to help them better understand their work role and the step-by-step process required to complete specific tasks. This has clearly increased some people's capacity to undertake and sustain work in a way that they would never have achieved before. It has also given some people the confidence to take on new tasks without the need for continual on site support. ....the process has empowered people, given them more confidence and reduced the time the worker spends job coaching which is also more cost effective and reduces levels of dependency."*

## **(4) Report on a Survey of the Views of Carers of Service Users Regarding Services Received at the Wellgate Day Centre**

### **Purpose**

The purpose of this survey was to find out from carers the levels of confidence in and satisfaction with services offered by Wellgate Day Centre.

### **Method**

This was a postal survey which was mailed out to carers with a stamped addressed envelope for return to the customer care officer. Eight questions asked carers to rate their level of confidence in aspects of the experience of the service users on a scale ranging from 'very confident' through to 'Not at all confident'.

A further four questions enquired as to how views are listened to and overall satisfaction with the service. A total of 53 questionnaires were sent out. 40 completed questionnaires were returned - 74% - a high return for this type of survey.

## **Results**

- 88% agreed or strongly agreed that the information received when first in contact with day care services helped the carer and the cared for person to know what to expect.
- 79% were very confident that the person they care for is well looked after. A further 18% were fairly confident.
- 100% were very or fairly confident that the person they care for is treated with courtesy and respect.
- 95% were fairly or very confident that the person they care for is well supported by their key worker.
- 92% were very or fairly confident that the person they care for is encouraged to participate in activities which help them to achieve all they can.
- 100% were very or fairly satisfied that their views and those of the person they care for were listened to.
- 70% were very satisfied and 30% fairly satisfied that the service received by the person they care for meets their needs and expectations.

## **Action**

An action point which arose from this enquiry was in the area of public information about the service. It was noted that there was no information leaflet available for service users or carers. The Customer Care Officer is working with the manager of the centre to design a leaflet. This will gather together all of the important information which carers should know prior to receiving services. Service users and staff are being consulted on the content of the leaflet.

## **(5) Family Placement Questionnaire (Work in Progress)**

This enquiry aims to explore how well services offered by the family placement teams are meeting the needs of present and potential foster carers and adoptive parents.

The areas of enquiry were influenced by the following documents:

- Social Work Department Customer Care Standards;
- National Care Standards;
- 'Sharing the Care; The Qualities Sought of Social Workers by Foster Carers' Fisher, Gibbs, Sinclair and Wilson (2004); and
- 'Service Users Views of Social Service Departments' Skinner (2001).

This questionnaire was designed to elicit views from respondents which reflect their experiences of the service they received through the enquiry assessment and training stages prior to approval. It consists of a range of closed questions most of which are answered by ticking a yes/no box. This approach suits the wide coverage planned and gives an opportunity to identify trends over time if required. Comments boxes allow respondents to record their personal views and feelings.

This gives qualitative information which can be summarised and used to inform future planning. The target group for this survey are all those who expressed an interest and either proceeded or made a decision not to proceed between 13th February 2006 and 12th February 2007. A total of 217 questionnaires were mailed out in June 2007. The results have been collated and a management report is currently being prepared.

## **EVALUATION OF SERVICES**

The Customer Care Officer has responded to requests for advice and input to assist services to evaluate the impact they have on the lives of service users. Some examples are detailed below.

### **(1) Dundee Cyrenians Service User Evaluation**

This report presented the findings of a survey undertaken by the contracts section of the Social Work Department among users of supported accommodation establishments which are managed by Dundee Cyrenians. The Customer Care Officer conducted 15 face-to-face interviews with service users, collated the results and compiled the report.

#### **Main Survey Results**

- 60% were satisfied with the quality of their accommodation with a further 33% fairly satisfied.
- 100% were aware that they could personalise their own rooms with several stating that they had been encouraged to treat the accommodation as their own space.
- 87% were very or fairly satisfied with the assistance received from and the contact with their key worker
- 87% strongly agreed that the service they received was helping them to live as independently as possible.
- 93% were very or fairly satisfied that the service they received matched their individual needs and expectations.

This report was a contribution to a full service review undertaken by contracts staff.

### **(2) Mellow Parenting Evaluation through Measuring Soft Outcomes.**

There is a need to develop systems which can measure the effectiveness of our interventions - the outcomes. Outcomes are all the changes which happen as a result of an intervention.

Soft outcomes are unlike hard outcomes such as qualifications or jobs, but include achievements relating to:

- interpersonal skills and coping with authority;
- organisational skills such as personal organisation;
- analytical skills such as managing time or problem solving; and
- personal skills such as confidence and reliability.

This approach lends itself to many social work interventions. It can be used in areas of work which have up till now relied on anecdotal information to demonstrate progress.

By measuring soft outcomes we can show that a worthwhile impact has been achieved.

The benefits of measuring soft outcomes:

- giving a picture of what has been achieved by a service
- enabling monitoring and reflection
- giving information about effectiveness of interventions

Working with service users to record and monitor soft outcomes and involving them in the assessment process can be empowering. There may be an opportunity for service users to demonstrate their pre-existing skills and attributes.

The Customer Care Officer worked with a group of Mellow Parenting practitioners to share views about the best way to evidence that attending a Mellow Parenting Programme makes a difference to participants. They concluded the following:

- Mellow Parenting is described as an 'intensive intervention to change relationships'.
- The aim is to enable parents to find their own solutions to family management problems.

Evaluation outcome measures were identified as a result of the process. These include:

- Does the Mellow Parenting programme improve relationships?
- By the end of the programme are participants better equipped to find their own solutions to family management problems?

Consideration of the evaluation questions has resulted in the development of a set of indicators based on the six dimensions of parenting covered in the programme. A ten point scoring system allows participants to self assess their skills at the beginning of the programme and then again at the end. This gives participants a clear picture of what has been achieved.

The score sheet is presently being piloted by family support teams who are offering the programme. Early indications are that service users find it easy to use and appreciate the opportunity to reflect on how far they have come. All Mellow Parenting programmes between now and the end of the year will use the score sheets. The results will be collated and a management report prepared.

### **(3) Infant Massage Evaluation**

Infant Massage is delivered by qualified practitioners through family support teams. Service users may attend in small groups or individually to learn how to massage their babies. The aim is to 'empower parents through the art of positive touch.' The close interaction helps parents to improve their ability to read infant cues. They become more able to respond confidently and sensitively to infants' needs. This service has been available for several years but up till now there has been no standardised method of collecting feedback from service users.

The Customer Care Officer in consultation with Infant Massage practitioners has devised a feedback form which will give a more rounded picture of the benefits of the service. The evaluation covers:

- information;
- experience of the sessions;
- the ability to apply learning; and
- the benefits for parent and baby.

This form will be issued to participants following Infant Massage sessions for a period of one year and the information received will be collated by the Customer Care Officer and used to make service improvements.

## **IMPLEMENTATION OF THE CUSTOMER CARE STANDARDS**

### **Customer Charter**

The Customer Charter 'Getting it Right for Social Work Customers' was launched at the Oakland Centre in February 2007. The Charter informs service users about:

- the services we offer;
- the standards they can expect when using our services;
- how to contact our services;
- how to let us know what they think about the services they receive;
- how they can make a complaint if they believe we have not met our standards; and
- how they can pay a compliment or make a suggestion.

The Charter underlines the Department's commitment to customers through principles of accessibility, respect, effective communication, involvement and partnership. It is a further expression of the Department's customer care philosophy of 'Listen, Learn and Improve.'

The Charter is issued to service users following assessment of their needs and arrangement of services. Copies for the general public are available in libraries, social work offices and G.P. surgeries. Existing social work customers were issued with a personal copy posted to their home address.

The launch of the Charter brought a range of comments and compliments which were passed to the appropriate managers for action. At the same time a Webpage was opened on the Social Work Department Website. This Webpage encourages the public to email a comment to a special inbox to enable a faster response time.

## **STAFF TRAINING MATERIAL**

Within the Strategy Performance and Support Service, an essential part of our task is to develop policies and standards. Part of this process includes preparing materials and training which enable new information to be communicated to staff in a way that links a new policy, standard or procedure to their job. Some examples of this material are detailed below.



## **(1) Gathering Customer Feedback**

This presentation was compiled in order to remind staff of the importance of gathering feedback from service users. It covered the areas of:

- benefits to the organisation;
- areas of enquiry;
- quantitative methods;
- qualitative methods; and
- how to make a start.

## **(2) Introduction to the Customer Charter**

At the time of the launch the Customer Care Officer designed a PowerPoint presentation for staff for use individually or in staff groups. The aim of the presentation was to ensure that all staff were aware of the contents of the charter and its purpose. It covers the areas of:

- why we need a customer charter;
- what the charter will do for customers;
- benefits to the service;
- how the Charter was created;
- what the Charter contains;
- what staff need to do; and
- when the Charter should be issued to customers.

The presentation was used to inform both operational and administration teams prior to the launch of the Customer Charter. It would, however, still be valid for use as part of induction or team discussion.

## **(3) When Someone Complains**

This power point presentation has been designed to assist frontline staff who may receive complaints while carrying out their day to day duties.

It explains the areas of:

- legislation;
- the Customer Charter;
- how to assess a complaint;
- informal resolution
- your Right to be Heard; and
- benefits to the organisation.

This presentation is currently being piloted and evaluated. When complete it will be made available to teams and individuals to be used as part of induction and team development.

## **PUBLIC INFORMATION**

During the last year the Customer Care Officer has had input into the preparation of a range of leaflets which help to inform service users. Examples include:

- Attending the Adoption and Permanence Panel and Fostering Panel - Guidance for Birth Parents; and
- Attending the Adoption and Permanence Panel and Fostering Panel - Guidance for Young People.

These leaflets aim to give clear information and cover the following questions and issues.

- What are the Adoption and Permanence Panel and Fostering Panel?
- Who are the Panel?
- Where and when are Panel meetings held?
- Can young people attend the Panel?
- Can birth parents attend the Panel?
- Preparation before the Panel meeting
- At the Panel meeting
- After the Panel meeting.

## **FUTURE PLANS**

### **Improving Outcomes**

The Social Work Department sees gathering the views of service users and stakeholders as an essential part of developing and maintaining high quality services. Work on seeking these views has been undertaken throughout the Department by way of surveys, questionnaires and interviews. Although much of this information gathering is to a reasonable standard the Department does not have a common approach to gathering and using this information to inform planning and evaluation.

The development of a more uniform approach will be seen as a priority for the Customer Care Service over the next year. Initially the focus of this work will be on developing standards for producing survey reports that will achieve a common reporting format for the Department.

### **Charter Mark**

Charter Mark is the Government's national standard for customer service excellence. The scheme is designed to help organisations focus on, and improve, their customer service and delivery to users. Working towards the standard shows that organisations put customers first and "*go that extra mile*". Achievement of the standard is recognised by awarding the right to display the prestigious Charter Mark logo.

In November 2007 the Department will be undertaking a self assessment against the standard. This assessment will involve a range of staff and the result will enable us determine if there is more to do within the Department, or whether we are ready to be evaluated by independent consultants for Charter Mark status.

## **COMPLAINTS**

The complaints procedure operates within the context of the Department's Performance Improvement Framework under the areas of.

- How good is our delivery key processes? and
- How good is our operational management?

Dundee City Council Social Work Department complaints procedure enables service users to have their complaints considered at both an informal or formal level. Both routes will ensure that a complaint made by the member of the public will be listened to, addressed and action taken to resolve any difficulties. Research has shown that complainants prefer to have complaints resolved quickly and as close to the point of delivery as possible. The informal routes to complaint resolution allows for this to happen.

For those complainants wishing to approach complaints in a more formal manner, the procedure is in line with guidance set out by the Scottish Executive. Complainants not satisfied with the response made after an initial investigation are offered an opportunity to discuss their complaint, in person, with the Director of Social Work.

In November 2003, the function of monitoring the use of the complaints procedure and ensuring its effective application became the responsibility of the Customer Care Officer. Part of this officer's remit is to collate information from complaints received for the purpose of quality assurance and continuous improvement. The information taken from complaints, both formal and informal is now recorded on a database which was installed in 2004. The Customer Care Officer is structurally independent from operational functions and is based in the Department's Strategy, Performance and Support Service and is managed by the Senior Officer, Business and Quality.

This section of the Customer Care Officer's Annual Report provides information regarding complaints investigated during the calendar year January - December 2006 for comparison with January - December 2005 and January to September 2007 for trend information.

### **Complaints Received and Public Information**

- From 1 January to 31 December 2006 a total of 37 complaints were received.
- From 1 January to 30 September 2007 a total of 17 complaints were received.

There are a number of ways a complaint can be made and the Social Work Department's complaints procedures must be easily accessed by those people who use, or come in contact with, social work services. The Social Work Department's complaints leaflet also advises complainants of their right to complain directly to the Care Commission regarding registered services. There is also information on the role of the Public Services Ombudsman and the contact details of the Customer Care Officer. This means that letters are still the preferred method of making complaints.

During the year 2006, 27% of complainants made use of the complaints form, which is available at all Social Work offices, and also on the Council's website; 54% of complainants raised their concerns by letter; 3% on an office visit; 3% by email; 13% were made by telephone.

## **Complaints Acknowledgement**

The complaints procedure sets a target of 5 calendar days for acknowledgement of a complaint. This was achieved for 78% of complaints during 2006. This is an increase in performance over 2005 when 72% of complaints were acknowledged within 5 calendar days. We will take measures to improve our performance in this aspect of our processes.

### **First Level Complaints**

Informal complaints constitute an important part of a responsive system. The principle of local resolution is central to the procedure and complaints should be resolved as quickly and as close to point of service delivery as possible.

During the calendar year 2006, 57% of the 37 complaints were informal/first level. The complainant should receive a letter informing him of the outcome of the complaint within the 14 days of the Department receiving the complaint. The letter should advise the complainant that if s/he is not satisfied with the outcome s/he can enter a more formal stage of the complaints procedure. It should also ask her/him to confirm that s/he is satisfied with the outcome of the complaint, and state that if no response is received within 28 days it will be assumed that s/he is satisfied. It is recorded that 84% (82% in 2005) of first level complaints were not able to be resolved within the 14 days. Under these circumstances an extended timescale must be agreed with the complainer giving a reason for the delay.

### **Second Level Complaints**

During the calendar year 2006, 43% of the complaints were second level. A complaint at this stage of the complaints procedure is acknowledged within 5 calendar days and a response in writing dealing with the substance of the complaint should be issued within 28 days of the Department receiving the complaint. The letter should ask the complainant to confirm whether or not he is satisfied with the outcomes. It should also state that if he wishes the matter to be further reviewed he should respond within a further 28 days. It is recorded that 15% (27% in 2005) of complaints were completed within the timescale and similarly to first level complaints extensions have become routine practice.

It is clear that the current timescales in the complaints procedure are no longer appropriate. The nature of complaints has become much more complex and the investigation of a complaint often involves an investigating officer in numerous interviews with many witnesses. This aspect of the procedure will be addressed in the planned review of the current procedural guidance.

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SECTION	Level 1		Level 2	
	2005	2006	2005	2006
Children	6	8	8	4
Adults	8	5	1	3
Criminal Justice	9	1	2	7
Other	0	7	5	2
<b>TOTAL</b>	23	21	16	16

### Category of Service

The incidence of complaints ranges across a number of service areas within the Social Work Department. The greatest volume of statutory interventions delivered by the Social Work Department is located within Children's Services and the majority of complaints received concerned this operational section. This has been a consistent trend over time, however, it is important to note the decrease of complaints received in relation to this service area since 2004.

Since 2005 Criminal Justice Services have undertaken work to ensure that their service users are aware of their right to be heard. It is likely that the increase in complaints received by this Service is as a direct result of increased publicity on the right to complain. This service is also often required to take enforcement action under statutory powers.

*Table 2 Number of Complaints Received by Service*

SECTION	Jan - Dec 2003	Jan - Dec 2004	Jan - Dec 2005	Jan - Dec 2006	Jan - Sept 2007
Children	11	26	14	12	7
Adults	4	8	9	8	1
Criminal Justice	1	3	11	8	7
Other	2	2	5	9	2
<b>TOTAL</b>	18	39	39	37	17

### Issues Raised through Complaints

A single complaint can highlight a number of issues, which require investigation. From the 37 complaints received during the year, the main issues, which attracted complaints, were related to service provision. There has been an increase in complaints relating to breach of confidentiality (only one complaint of this nature was partly upheld). It is encouraging, however, that complaints relating to disputed assessment / decision have reduced considerably.

*Table 3 Issues Raised through Complaints*

<i>CATEGORY</i>	<b>Jan - Dec 2003</b>	<b>Jan - Dec 2004</b>	<b>Jan - Dec 2005</b>	<b>Jan - Dec 2006</b>	<b>Jan - Sept 2007</b>
Disputed Assessment/Decision	16	5	13	8	10
Breach of Confidentiality	1	1	1	6	0
Service Provision	5	18	15	16	1
Staff Conduct	10	15	9	7	6
<u>Other</u>	4	0	1	0	0
<b><u>TOTAL</u></b>	36	39	39	37	17

### **Outcome of Complaints**

The complainant receives a written account of the outcome of the investigation. There are a number of possible outcomes, which may arise from a complaint. It may be upheld in whole or in part, not substantiated, or not upheld.

Following investigation of all the issues raised, 19% were upheld in part, 51% were not upheld, a further 8% were not substantiated, 11% were withdrawn and 11% are still in progress.

*Table 4 Outcome of Complaints Jan - Dec 2006*

<i>CATEG ORY</i>	<b>UPHELD</b>	<b>PART UPHELD</b>	<b>NOT UPHELD</b>	<b>NOT SUBSTANTIATED</b>	<b>WITHDRAWN</b>	<b>IN PROGRESS</b>
Staff Conduct	0	0	2	2	2	0
Service Provision	0	6	6	1	0	3
Disputed Decision	0	0	7	0	0	0
Breach of Confidentiality	0	1	4	0	2	1
<b><u>TOTAL</u></b>	0	7	19	3	4	4

When the investigation is complete the complainant is invited to indicate whether they are satisfied or dissatisfied with the investigation and the outcome. Comments returned show that 86% (62% in 2005) of complainants were satisfied with the outcome or the proposed action to be taken. Where the complainant is dissatisfied they are asked to indicate if they wish their complaint to be considered by the Complaints Review Committee and three complaints did continue on to be reviewed by the Director of Social Work or Chief Executive. None of these resulted in the original findings being overturned.

### **Action Taken in Response to Complaints**

Complaints should be treated seriously and be acted upon promptly. This is an important principle within an effective complaints system and a range of actions were recorded as a result of complaint information received during the calendar year 2006.

Where a complaint is upheld/part upheld an apology is made on behalf of the Director of Social Work and an action plan is developed to redress the issue and ensure continuous improvement to services. During 2006 these actions included:

- safety procedures being put in place for clamping wheelchairs in buses;
- training initiatives including Autism specific training, as part of a wider training strategy within Learning Disability Services; and
- work being carried out to update personal files.

## **Conclusion**

The main objectives of the complaints procedure have been met and the Social Work Department has discharged its statutory responsibilities effectively. The main purpose of the complaints procedure is to ensure that service users are able to raise concerns regarding their contact with the Social Work Department and be assured that these are taken seriously.

The following performance issues have been noted.

- The number of complaints has reduced slightly during this period.
- The overall trend in the number of complaints received is down.
- The nature of complaints now being received has resulted in very few complaints being able to be finalised within the current timeframes.
- The level of first level (informal) complaints has reduced (23 in 2005 and 21 in 2006).
- The level of formal complaints remains constant.
- The indication for 2007 seems positive.
- The number of complaints is very small, when considered against the annual volume of customer contact often undertaken under difficult circumstances (1850 staff involved with over 9000 service users).

Over time there has been deterioration against response times for concluding complaints. A significant impact on these timescales has been as a result of the increase in complex complaints involving multiple witnesses.

The Social Work Department will review its procedural guidance and determine more realistic response times. Any new response times must be benchmarked against national good practice. While it is important that people have their complaints responded to timeously, it is also vital that sufficient time is available to allow complaints to be investigated thoroughly.

The information from complaints and from the complainants themselves is invaluable. It is an important source of information which is used to help further develop the quality and our range of services. This information is continually being added to from other sources of customer information.

Finally it is encouraging to note that despite the complaints system being subject to increasing public awareness through the Customer Charter and the 'Have Your Say ' Website, the trend for the number of complaints received continues to go down.

## **COMPLIMENTS**

As well as complaints, the Director of Social Work and his staff also received letters of appreciation and compliments from other providers, service users and their carers. The monitoring database has now been modified to also capture information on letters of appreciation and other written compliments. Some information is provided in the table below but we are aware that is only a proportion of the total received by individuals and teams. The Customer Care Service will issue reminders requesting that all compliments are copied for recording.

Collecting information on compliments received by services provides the Director of Social Work with the opportunity to acknowledge their work directly with the team or individual who have given good service. This is also a way of encouraging good practice. A selection of anonymised compliments are included below.

- *This team have been extremely thorough, professional and kind in their delivery of care and the network of communication is very effective and beneficial to us all.*
- *Thank you for the wonderful help you have given my husband. There is no way we could have managed without you.*
- *Its not easy to admit to old age but with people like you, the world is a better place.*
- *The carers operated with kindness and a cheerful approach as well as with efficiency and expertise.*
- *There is no question that the Social Work Care Service enabled my mother to remain in her own home much longer than would otherwise have been possible.*
- *Thank you for doing an excellent job. I hope that many others may benefit from a similar high standard of service in the future.*
- *'My experience with Social Work Department has been amazing. They have given me the best support and have always been there when I've really needed them. I would like to thank them very much for everything they have done for me and my children'.*

### **Table 5 Compliments**



<b>SECTION</b>	<b>01/01/06 - 31/12/06</b>
OLDER PEOPLE RESIDENTIAL	12
ACCESS/FIRST CONTACT	3
WELFARE RIGHTS	11
INTENSIVE CARE AT HOME/RAPID RESPONSE TEAM	4
CRISIS TEAM	3
HOME CARE	19
CHILDREN	1
CRIMINAL JUSTICE	5
OTHER	7
<b>TOTAL</b>	<b>65</b>

## REFERENCES

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9. How to Gather Views on Service Quality, Communities Scotland (2006)
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