

Managing Racial Abuse Towards Staff from People Who Lack Capacity

bullying pinching

withholding coercion intimidation

hitting isolating

restraint emotional abuse

misusing medication shaking

scalding teasing sexual abuse

leaving on own blaming

stealing money or benefits neglect

Background

In a Safeguarding Adult Review (SAR) published September 2021 by Norfolk SAB <u>Joanna</u>, <u>Jon and Ben</u> learning was identified in respect of care and nursing staff who were routinely subject to racist and other abuse from patients in a private hospital setting.

Employers are required, under the Equality Act 2010, to protect their staff from discrimination relating to race, gender, religion, and other protected characteristics. This can be a challenge when those adults being abusive have some impairment to their mental capacity, e.g. people living with dementia, acute or long-term mental health conditions, or learning disabilities.

As part of CQC Well Led assessments they look at how organisations are performing on race equality across their workforce and if they find poor practice, it impacts on the rating they give. Where it is within their legal remit, they also take enforcement action to make sure providers of health and care services take action to improve.

NOTE

Where people who use services are assessed as having no impairment to their mental capacity (in respect of the language and/or aggression they are using and the way they are directing it), standard processes for reporting such abuse, including hate crime must be followed.

What Are the Challenges?

Consideration of the adult's understanding and any consequence for the behaviour is needed. Some actions that might be taken (in terms of the adult who lacks capacity) may be experienced by them as a punishment (e.g. they can't have a treat or go on a trip) without making a real change to the behaviour. Incidents are rarely prosecuted where capacity is impaired. Moving staff to another ward or area is not always helpful as this can be seen as both rewarding the adult for their behaviour and punishing the victim.

NOTE

Where racist or other abuse becomes normalised in any setting it contributes to a negative culture, rather than promoting a positive and open environment where poor practice can be challenged.

What Can Be Done?

There should always be some consideration of what practical steps can be taken with the adult – bearing in mind limitations due to impaired capacity e.g. what is least restrictive, any legal boundaries; proactive engagement with the patient / adult is needed, not just reactive.

Focus on the behaviour rather than the person and use "I..." statements. For example, saying something like "When you said... I felt...".

Where it may be unrealistic to expect some adults receiving care and support to stop being abusive, because of the level of cognitive impairment they experience, the responses to incidents and support for staff on the receiving end is key.

NOTE

If nothing is done, there is likely to be considerable impact in terms of staff turnover, service instability, impact on how staff work with patients / adults i.e. potential increase in safeguarding incidents or neglect.

If there is no visible action seen as a result of reporting, staff feel there is "no point" in doing it – this contributes to a culture where racial abuse is not challenged and is then more likely to occur.

What Should Organisations Be Doing?

Organisations / care providers should have a clear policy on how such incidents will be managed which are well publicised to staff and monitored regularly. Staff should be encouraged to report incidents and given emotional and practical support – for example, individual / peer debrief after an incident. Feedback should be given both in terms of individual events and thematic review.

NOTE

If the concerns are not recognised at a strategic level, risk is neither recognised or mitigated.



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