Local Government Association | directors of adass adult social services | Partners in Care and Health

Learning from Safeguarding Adult Reviews - Discrimination & Discriminatory Abuse Webinar

Wednesday 01 November 2023 - 2:00PM – 4:00PM
Partners in Care and Health

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Professional Curiosity

Dr Ann Anka - Associate Professor of Social Work - UEA

Lessons from SARs: What are the issues and challenges of using professional curiosity and conscious awareness to promote anti-discriminatory practice in safeguarding adults' work.

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Norwich, East England

Outline of presentation

- What is professional curiosity?
- Why is professional curiosity and conscious awareness important for promoting anti-discriminatory practice?
- Barriers of professional curiosity with examples drawn from SARs
- Enablers of professional curiosity
- What next?

What is professional curiosity?

Professional curiosity can be viewed as a collection of personality traits, attitudes, behaviours and skills (Thacker *et al.*, 2019, 2020);

What works for whom, how, in what circumstances and why?

Exploring professional curiosity from the perspectives of People with Lived Experiences – Ken Mason

For me, professional curiosity is a way of using smart thinking to unpick what is really going on in complex family dynamics.

When used correctly it can help a practitioner gain a more accurate overview of a situation when time is at a premium thus assisting in safer outcomes for vulnerable or at risk people.

There are many aspects to the effective use of professional curiosity, but key is -
an open and non-confrontational attitude towards asking probing, wondering questions

Why is professional curiosity important: Lessons from Safeguarding Adults Reviews (SARs)

Lack of professional curiosity is repeatedly cited in enquires into the abuse of adults and children (Brandon et al & Thacker et al, 2019)

Reviewed 113 SARs from the Social Care Institute for Excellence (SCIE) database at the end of 2019

16 made explicit reference to a lack of professional curiosity as a factor in the serious harm or death of the adult concerned.

Of the remaining SARs, 69 contain features which indicated a lack of professional curiosity around some aspect of the case

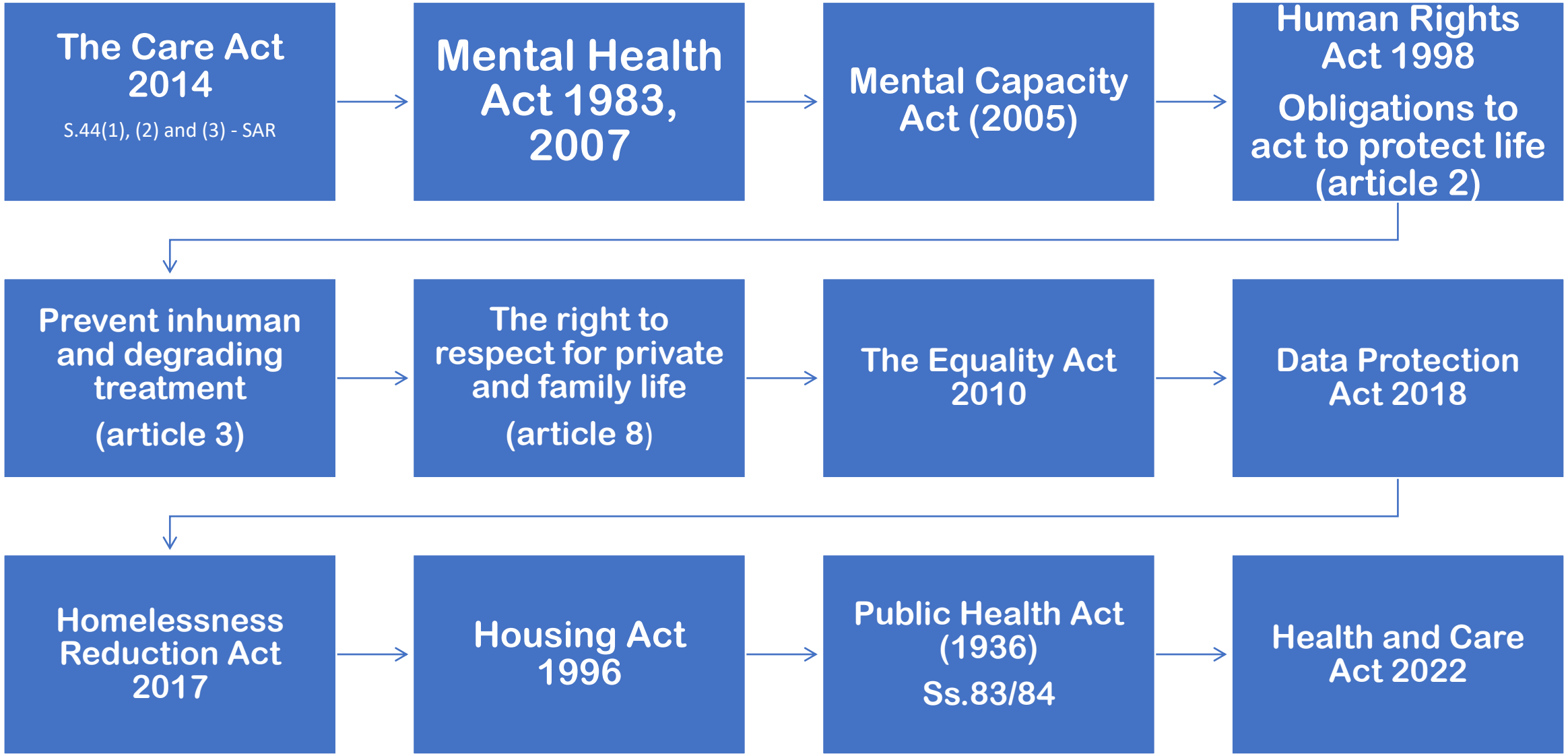
So where are we now?

We are in the process of reviewing the 2023 SARs on the SCIE Library database 43 SARs currently published. Reviewed 11 out of the 43

6 make references to professional curiosity,

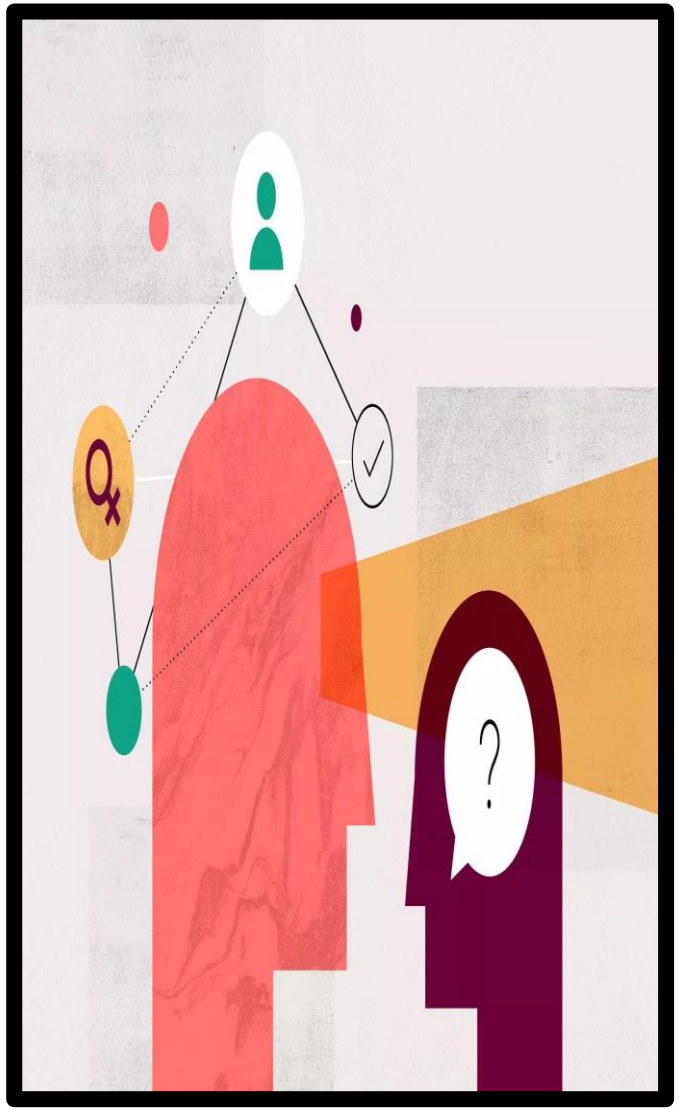
one highlights good practice (staff using professional curiosity to establish relationship with the service user) and the remaining are on lack of professional curiosity.

We have legal mandate to be professionally curious
Promote anti-discriminatory practice:



Barriers to professional curiosity with examples drawn from SARs

Barriers to professional curiosity
Unconscious bias – Context affect behaviour



It is impossible to engage in professional curiosity practice without being conscious aware

Unconscious bias exist and it is described as involuntary associations or attitudes that influence our perceptions, and thus our behaviours, decisions, and interactions in an unconscious manner

Lessons from SAR, identify lack of recording/analysis of the impact of decisions on people with protected characteristic

Challenges: *"Even when health professionals are aware of their biases and consciously try to suppress them, high cognitive loads, such as fatigue, heavy workload, distraction, or time pressure, can still activate implicit biases"* (Meidert *et al*, 2023, p.2)

Barriers to professional curiosity
Malignant alienation. The role of effective interpersonal relationship (Morgan, 1979; Watson and Morgan, 1994)

- Malignant alienation refers to the progressive deterioration in relationship when a practitioner effectively starts to dislike the individual they are supporting. It is often accompanied by a reduction in sympathy and level of support provided under the cover of rationalisation.

- Presents challenges for working with those whose behaviour challenges us, described as:
  - “hard to like”
  - “aggressive”
  - “non-compliance”
  - “non-engagement”
- Leads to a breakdown in developing relationships of trust and a missed opportunity to explore the what lies behind the behaviour that challenges us

Safeguarding Adults Review "Harry" - Barnsley Safeguarding Adult Board (2023)

- Harry, died aged 34
- Was known as someone who could be difficult to work with;
- Was often abusive and threatened practitioners and his parents.
- Was suspended from accessing services from a Foundation Trust although crisis services remained open to him through Accident & Emergency.

Lack of cultural curiosity

Cultural curiosity relates to the desire to learn about other people’s culture, to understand the way in which a person's culture impact their worldview and influences how they live their lives

Rochdale Borough Safeguarding adults Boards: Adult H (Sandiford, 2023)

Adult H was from Zimbabwe, came to live in the UK in 2005.

He was refused Indefinite Leave to Remain. Served prison term in 2012 for fraud offences. Made subject of a deportation order but offered voluntary deportation due to unrest in Zimbabwe.

He had complex health needs – was HIV positive but stopped taking his medication(was unable to collect due to COVID-19 lockdown restrictions)

Required bilateral leg amputation and a blood transfusion but refused.

Had the surgery in this best interest – ordered by the Court of Protection

Died post-surgery

Lack of cultural curiosity

- In the SAR of Adult H the review identified little reference to professionals working with Adult H, to understand his culture and background

Context affect practice: Structural factors - Institutional practices, barriers and risk: Adult H: Sandiford, 2023)

- *Professionals weren't confident of their own understanding of the options and pathways available to Adult H regarding immigration and recourse to public funds, to confidently advise him*

- *Staff had difficulties in distinguishing which department they should communicate with and thereafter, finding the correct contact details for the correct department* (6.37).

Enablers of professional curiosity

Enablers of professional curiosity

- Involving people Concerned curiosity
- Time and capacity
- Structure and working practices
- Recording, processes and procedures
- Supervision and support
- Legal and safeguarding literacy
- Training Learning and development
- Collaboration and partnership work
- Person centred practice
  Think Family
- Using evidence to inform decisions
- Reflexivity
- Self-care

Next step -

Identify 3 things that you could do to promote professional curiosity in safeguarding practice

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Thank
you!

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The Big Issue – *'the big, strong man trope'*

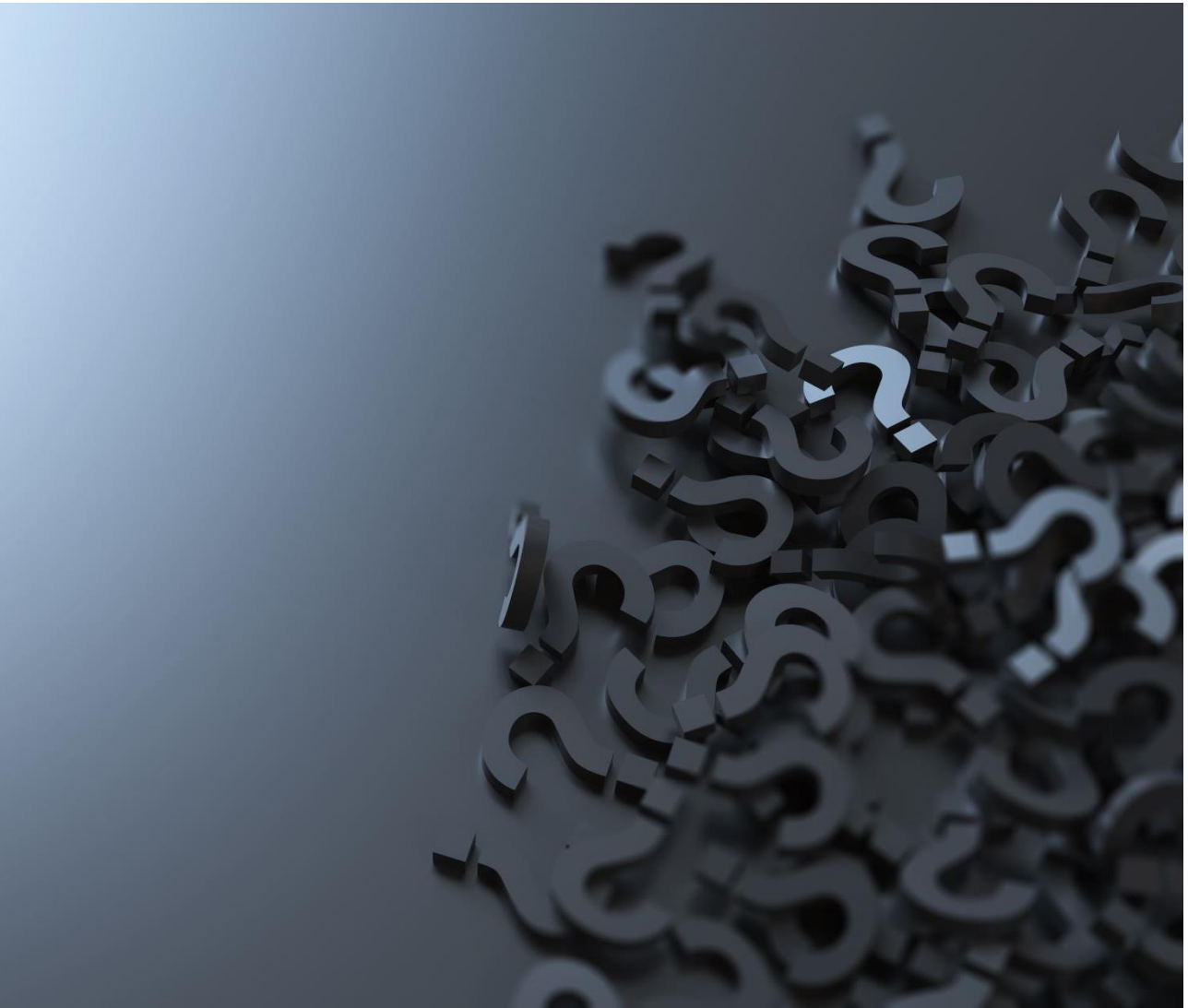
Annie Ho - Principal, Social Work Ltd

The ‘Big Issue’
‘the big, strong man trope’

Annie Ho

Independent social worker and lead reviewer

It isn’t a new issue…

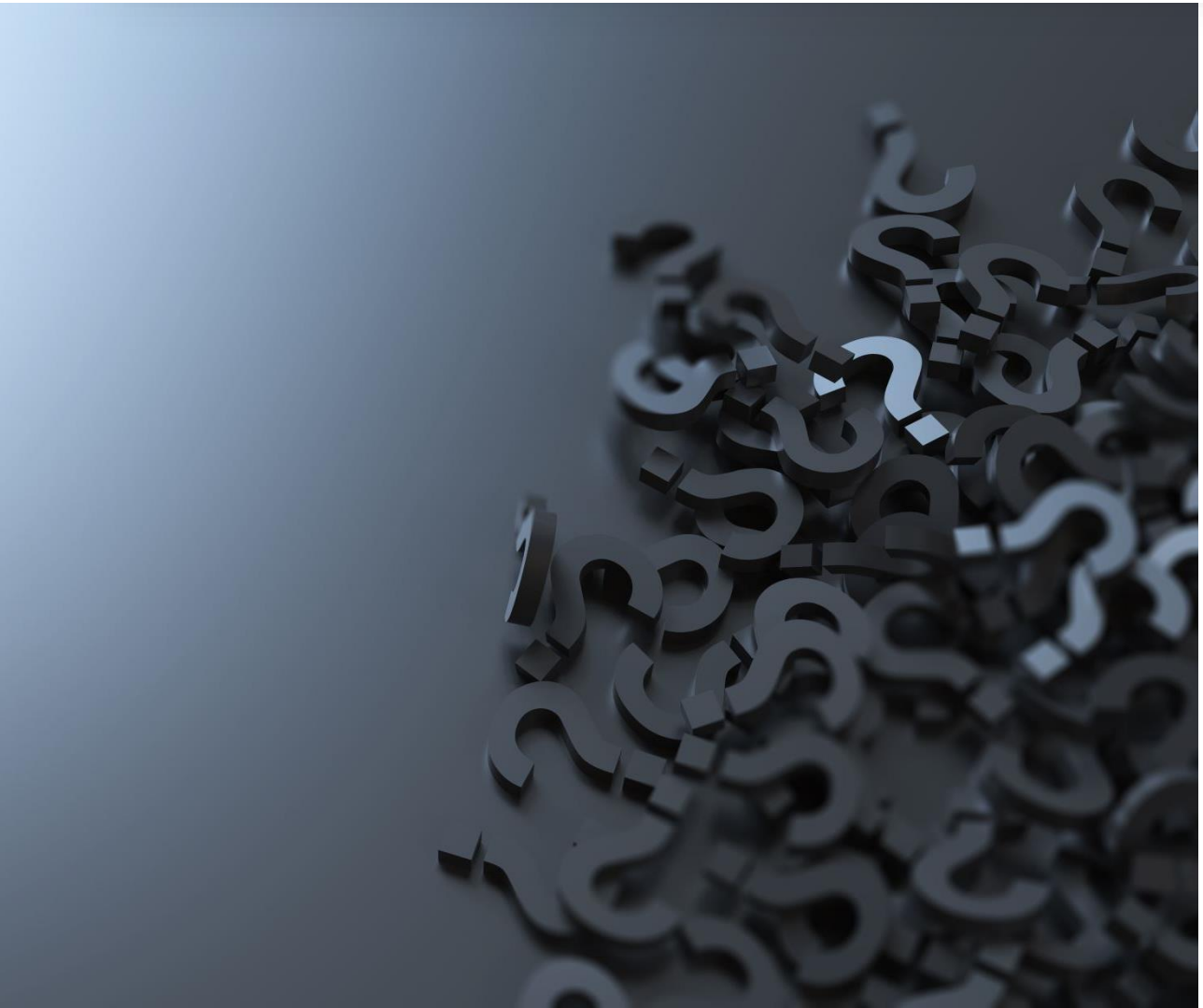


‘At 16 years old, I was admitted into a mental health ward. Unfortunately, on that day, the police were called as a safety precaution. They made the situation feel more like a crime than an individual who was distressed and in need of help. I was treated like a criminal before I was offered support… This is where my frustration with the police began. They saw nothing more than another 'Black boy', at a point when I was struggling with my mental health. To them, this was a criminal - not a lived experience… Society deems we have no place in engaging in conversations with each other.’

Antonio, ‘Another Black boy’

https://www.mind.org.uk/information-support/your-stories/race-the-police-and-my-mental-health/

the ‘big, strong man trope’



That ‘trope’ plays into ‘white fear’ (*Inquest*), which explained the responses of the police and the ambulance service.

‘We’re not stronger than anybody else. We're not madder than anybody else. We're just trying to breathe, because somebody is on your neck.’

Marcia Rigg, sister of Sean Rigg

https://www.inquest.org.uk/police-racism-report-2023

The waiting game…

Joshua died in March 2018 at the age of 35.

Coroner's inquest was opened in March 2018 and concluded in October 2020.

SAR referral was jointly made by Public Protection and Safety, Lewisham Council, and MPS in April 2018.

LSAB agreed in October 2020 that the mandatory criteria were met for SAR, but commencement was significantly delayed due to parallel enquiries and the Covid-19 pandemic.

SAR started on 20/04/2021, was paused on 08/06/2021 due to the IOPC investigation and re-started on 01/08/2022.

SAR was published by LSAB in June 2023.

The IOPC investigation was ongoing.

'When accountability never comes, and people continue to die in comparable circumstances, the trauma never ends.'

https://www.inquest.org.uk/police-racism-report-2023

Is the waiting game over?

IOPC carried out an investigation into Joshua's death which was completed 12 months later after his death in March 2018.

The restraint used by MPS officers was cited by the inquest jury in October 2020 as one of several contributing factors in his death.

Reinvestigation was started in August 2021 and completed in May 2023, and outcome published by IOPC in August 2023.

Two officers have cases to answer for gross misconduct and a third officer should attend gross incompetence proceedings.

A police constable should be subject to the reflective practice review process regarding their actions while Joshua was being walked to an ambulance.

IOPC decided not to send a file of evidence for the Crown Prosecution Service to consider any criminal charges for any of the officers involved in Joshua's death.

'*It is now for the MPS to organise proceedings for the three officers*.' (IOPC)

'Five years on, we must not forget the toll that these protracted processes and long struggles for justice and accountability have on bereaved people.' (Deborah Coles, Director of Inquest)

What do we know about Joshua?

Joshua was a Black Caribbean man; he was close to his family and especially his mother.

He was both a Christian and a Rastafarian. He was a habitual Marijuana user.

He was keen on sports and was a talented footballer.

He was recognisable and well known in the local area.

He was described as a ‘popular man’ and a ‘good negotiator’.

During the last six months before he died, he was remaining stable and ‘getting on with life’.

He lacked ‘insight’ into his mental health condition and the treatment decisions.

MH shared it was difficult to engage with J because he had negative experiences with the Mental Health Act. He did not have faith in the mental health services – things had not worked out for him, and he did not believe that mental health services had his best interests at heart.

What do we not know about Joshua?

It was difficult to come to a whole picture of Joshua outside of his mental health diagnosis and professionals' task-focused approach.

It is easier for practitioners to work to a standard 'professional script' (Professor Frank Keating), than to work with the person's script. Professionals fail to make connections and build relationships with people they work with, resulting in a process of 'invisibilising' the 'other'.

Members of the community forensic team knew him well, but details of their conversations with Joshua, his mother and the provider were not recorded.

'He was loved by so many people. He was a person with a big heart. Loved other people. Loved people.' (Joshua's mother)


BLUE
BOROUGH
27·9·82
IN THE UK
1755+ PEOPLE
HAVE DIED IN
CUSTODY OR
FOLLOWING POLICE CONTACT
SINCE 1990
CARLEEN DE SOZER

Journey through the mental health systems

Joshua first came into contact with mental health services in 2002, at the age of 19. He was a patient of Mental Health Forensic Services since 2006 and of the Community Health Team since 2014.

He had 9 admissions to hospital under the Mental Health Act (MHA) 1983. Seven of his nine admissions involved the police, the last four via section 136. Some of his admissions were long, the longest being 2 years and 10 months.

All of his admissions included extended periods often in supervised confinement. He also had treatment in locked psychiatric rehabilitation / challenging behaviour units.

A trigger factor for his violent behaviour was the involvement of the police in MHA assessments.

He was subject to a CTO and this came to an end on 04/03/2018.

2 days in March 2018

Over the course of 07/03/2018 and 08/03/2018, his mental health began to deteriorate.

'*he seemed very unwell*' – accommodation provider to MH

'*experience tells us that he gets very unwell very quickly and is most likely to come in on a section 136*' – consultant

'*the quickest way to get him assessed*' – MH duty advised provider to call police to request s136

'*did not warrant' s136*' and '*not a problem right now*' – police arrival and first contact, decision made without consultation with provider and MH

Public called police 4 minutes after they left accommodation – police requested ambulance

Joshua was restrained on the floor by the police, in two pairs of handcuffs and two leg constraints. Joshua walked with aid from the police to the ambulance for 2-3 minutes before becoming unresponsive. During the restraint (33 mins), he told officers '*I can't breathe*' and '*I'm going to die*'. On examination, Joshua was in cardiac arrest, conveyed to hospital and declared deceased at the hospital.

What did we know from the inquest?

At the inquest, the jury found system-wide failures contributed to his death.

The jury recorded the medical cause of death as Acute Behavioural Disturbance (ABD) (in a relapse of schizophrenia) leading to exhaustion and cardiac arrest, contributed by restraint struggle and being walked.

The Jury Directions highlighted the insufficient scientific knowledge of a direct causative link between schizophrenia and ABD.

What do we already know about this big issue?

The rates of CTO have continued to rise among Black people, rising to over 11 times the rate for white patients.

Amongst the five broad ethnic groups, known rates of detention for the ‘Black or Black British’ group (343.5 detentions per 100,000 population) were over four times those of the White group (74.7 per 100,000 population). Amongst broad ethnic groups, known rates of CTO use for the ‘Black or Black British’ group (78.9 uses per 100,000 population) were over ten times the rate for the White group (7.8 uses per 100,000 population).

Severe mental health conditions are particularly elevated for people from black ethnic backgrounds. People from South Asian, white other and mixed ethnicity groups are also at increased risk.

What do we already know about this big issue?

We know there are barriers to help seeking by ethnic minorities, rooted in a distrust of both primary care and mental health care providers, as well as a fear of being discriminated against in healthcare.

We know ethnic minority groups face greater barriers in accessing Improving Access to Psychological Therapies (IAPT) compared to the white British group and are less likely to self-refer, be referred by a GP, be assessed or receive treatment. Ethnic minority people with psychosis are less likely to be referred for Cognitive Behavioural Therapy (CBT).

We know there are very large and persisting disparities in that people from black Caribbean, black African and black British backgrounds with severe mental illness experience higher rates of contact with the police and criminal justice system (both as victims and as offenders), more admission to psychiatric hospitals, more compulsory inpatient care and fewer primary care interventions.

What do we already know about this big issue?

We know about harsher treatment with more frequent use of restraint of people from mixed ethnicity backgrounds and black backgrounds in mental health inpatient units, compared to people from white backgrounds, and greater use of the prone position and seclusion. We know about the intersectionality between racial disparity in mental health with other known areas of inequality and discrimination, and other parts of people's social identity.

We know that the lack of trust of the community in policing extends to the justice system as a whole, resulting in a culture of 'them' and 'us'.

hot topic - mental health ‘crisis’

? provided an automatic, quick leap of agency responses from stability to crisis

The monitoring arrangements for Joshua’s care and support appears to be based on a largely medicalised and crisis management approach. It fails to explore real options of earlier intervention before a crisis stage is reached.

There was a lack of the voice of Joshua and the voice of his mother in his ‘crisis plan’ - calling the police should be considered if his mental state deteriorated.

In the absence of a pro-active and planned approach to managing crises for people with acute mental health needs, the statutory principle of promoting the least restrictive options could not be applied.

hot topic - medication and treatment

‘For many people, medication will be an important tool to manage mental health conditions. But it is only one component of care. We need a broader range of tools. And crucially we need more immediate access to those tools to help keep us well and support us to recover when we are struggling.’ Mental Health and Wellbeing Plan (updated 26/09/2022)

‘We also need to empower and enable clinicians to work with us to understand our needs as a whole person before agreeing a course of action to keep us well. We need choice and to practise shared decision-making.’

hot topic - restraint

The findings of the Independent Commission on Mental Health and Policing (May 2013) highlighted the disproportionate use of force and restraint, discriminatory attitudes and failures.

‘There is a longstanding pattern of dangerous and disproportionate use of fatal restraint and neglect against people from racialised groups, particularly Black men and those in mental health crisis.’

hot topic – Acute Behavioural Disturbance

Black people are disproportionately assessed as having ABD, and are more likely to be subjected to coercive practices such as restraint.

ABD is not a formal psychiatric diagnosis, but has been used to justify the use of excessive physical force, causing significant health risks including restricting a person's ability to breathe.

'A person's natural response to stress is pathologised.'

Black Thrive believes that the label ABD explains *'why Black people will continue to be harmed by the criminal justice and healthcare system*'.

The position statement (September 2022) of the Royal College of Psychiatrists (RCP) highlighted the significant variation in how ABD is defined and understood across professions. This causes unhelpful confusion for frontline staff, those delivering training and those working in the coronial system.

Alternative terminology which does not infer a diagnostic category, and which is more humanising, should be sought.

hot topic – institutional racism

a more pervasive issue, a product of how that institution ‘normally’ functions

racism cannot be addressed with responses targeted at extracting or educating individuals

the operation of an organisation systematically disadvantages certain groups of people

Organisational discrimination is borne from *‘unwitting prejudice, ignorance, thoughtlessness and racist stereotyping’*. (MacPherson)

Previous negative experiences with police and health services will shape a person’s behaviour, while ingrained racial biases can affect the behaviour of staff.

So what do we really know about this big issue?

data and statistics
evidence
reports
recommendations
promises
research
reports
recommendations
…

The ‘big issue’

The ‘big issue’ which is identified in this review, of the intersectionality of discrimination around race and mental health, are systemic and therefore require policy and system-wide changes.

Before addressing any other themes identified in this review, it is important to put ‘race’ at the centre so that it informs our thinking, reflection and analysis of what happened, as well as our aspirations and commitment to create change.

The core issue of race is a central part of all the key themes.

‘Race’ was a core part of Joshua’s identity. Taking a person-centred approach, we have to ask questions whether and how race influenced the way organisations worked with him and shaped the systems within which he was situated.

‘You cannot talk about any other issue without talking about how race informs that issue.’

‘The question to ask is not ‘if I am racist’, but ‘how I have been shaped by the forces of racism’. (*White Fragility*, DiAngelo)

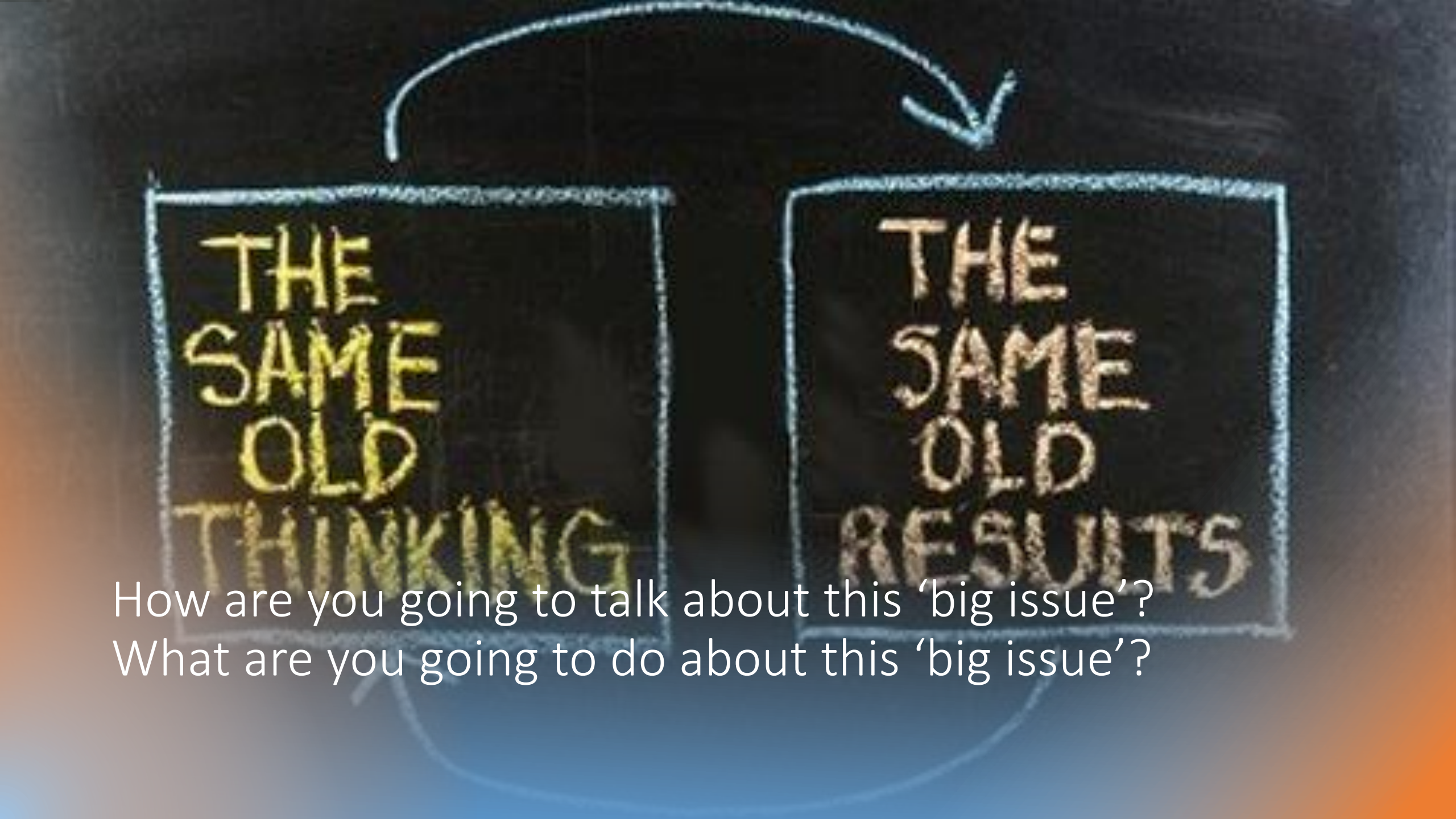
In this review, one key question is how all agencies have been shaped by the forces of racism.

Taking the ‘big issue’ forward

It is recommended for the LSAB Chair to highlight and escalate via the National Chairs Network the ‘big issues’ relating to the chronic lack of resourcing to sustain emergency responses and improve outcomes for people experiencing mental health crises, and for people from black and minoritised ethnic communities in particular. The local challenges identified in this review are magnified at a national level, so debate and assurance about meaningful changes is required moving forward. (1 of 7 recommendations, SAR Joshua)

‘We have a chance to prove ourselves as a different kind of society than we have experienced thus far… to make sure we are progressing towards equitable and accessible mental health care for all. This work must yield tangible outcomes for those who have been discriminated for too long – we can no longer work in a system that assumes the same approach fits all. The cost of this dissonance can be fatal.’

Jacqui Dyer, chair of the Advancing Mental Health Equalities Taskforce



How are you going to talk about this ‘big issue’?
What are you going to do about this ‘big issue’?

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The Unticked Box – How LGBTQIA Identities Are Represented in SARs

Kate Spreadbury, SAR Lead Reviewer

The Unticked Box

How LGBTQIA identities are represented in SARs.

KATE SPREADBURY – SAR LEAD REVIEWER.

1ST NOVEMBER 2023

Analysis of Safeguarding Adult Reviews 2017-2019. (*published and unpublished SARs*)

Examined 270 Safeguarding Adult Reviews (SARs) in England

Only 19 SARs specified the person's sexual orientation; 13 people were described as heterosexual and six as "LGB+"

Gender: 25 SAR subjects were described as transgender/other/unknown.

Analysis of Safeguarding Adult Reviews April 2017-March 2019 p55

Findings

"Heterosexuality is usually presumed, for example in relation to individuals who were or had been married. In one review commentary on sexuality was avoided in the SAR, in a case involving a man and a male carer. The precise nature of the relationship emerged not in the review but in a presentation about the review's findings available online. Better and more consistent recording of sexual orientation in SARs would be valuable for diversity monitoring".

Analysis of Safeguarding Adult Reviews April 2017-March 2019 page 55

A smaller sample: asking questions 2019 to 2023

- 24 SAR subjects
- Three gay men and three bi-sexual men or women.
- However – the majority of the other SAR subjects had never been asked about their sexual orientation or their gender identity, the relevant box on their records is unticked.

- We don’t know how to ask - it feels awkward and hard to grapple with given the pressure of work.
- We fear people will be offended.
- Unconscious bias or assumptions – “people with husbands/wives/children cannot be LGB…or T or I or A”. “Sexual orientation is about sex, people over 55 do not have sex”.
- “It is a private matter and I do not need to know for this service provision”.
- Our own values and attitudes.
- Our workplace/managers do not support us or are not LGBT+ aware.

Why are people not asked about their sexual orientation or gender identity?

Why is it important to ask?

- Seeing the person – history, resilience, celebration, lost and found families and more.
- Understanding trauma, memory, fears, hopes.
- Creating trust, developing empathy.
- Understanding the person's network.
- Ensuring the right service provision, and rights in service provision.
- Understanding experiences of abuse and future possibilities of abuse.
- Understanding risks across the life course associated with adversity, oppression and marginalisation.

Older LGBT people

"Older LGBT people, particularly current cohorts, have had lifelong experiences of discriminatory abuse associated with their sexualities/sexual identities and/or their gender identities. In older age, they are both more vulnerable to such abuse, in that they may be less able to avoid/negotiate it, and in that, due to older age-related care needs, they may also be in care contexts when they are more likely to be exposed to it. In this way, older LGBT people are both at risk of "elder abuse" as are all older people and at risk of LGBT-specific abuse in older age"

(Westwood, 2019)

Hate Crimes

- An increase in hate crimes against trans people of 186% in the last five years, comes against a backdrop of UK Government drawing back its support for trans people and the growth of divisive and demonising rhetoric about trans people in society.

- Hate crimes on the basis of sexual orientation are up by 112% in the last five years.

- Hate crimes based on sexual orientation and transgender identity are the most likely to involve violence or threats of violence.

Stonewall 2023

SARs – three dimensions

The abuse is discriminatory in nature.

The person is abused or neglected in other ways.

The person's identity is valued and explored, there is curiosity about their experience…and learning.

SAR Stanley – Salford Safeguarding Adults Board 2021

It should be borne in mind that gay men of the age of Stanley and Matthew are likely to have experienced adversity in their earlier lives. Whilst attitudes to sexuality have been transformed over the years, it shouldn't be assumed that because Stanley and Matthew were an 'out' gay couple living peacefully together in Salford in the 2020s that perceptions and attitudes to their sexuality would not be of relevance.

SAR Stanley

- How content does the Board feel that the care needs of older LGBT people are being met in a manner which is sensitive to their needs. Equity is an important issue in the provision of health and social care and so there could be value in reflecting on the life histories of Stanley and Matthew and thinking about how well equipped local health and social care services are to respond appropriately to the needs of older LGBT people.

What now?

- Ask – it is relevant!
- Reflect on what is getting in the way of you or others asking the question.
- Talk about it in your workplace – what will support you?
- Value identity in your practice, includes SAR reports!
- Explore the meaning of that person's identity – on their life experiences, their interactions with services, their networks – and on our learning.

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Discriminatory Abuse – Overview of SAR Findings

Karl Mason, Senior Lecturer in Social Work, Royal Holloway, University of London

Discriminatory Abuse – Overview of SAR Findings

Karl Mason
Senior Lecturer in Social Work
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Policy Backdrop and Context

Care and Support Statutory Guidance:

"[. . .] forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation, religion". (DHSC, 2023: section 14.17).

NHS Digital Statistics (NHS Digital, 2023)

- Very low reporting – 0.6% of enquiries relate to discriminatory abuse
- This is difficult to reconcile with vastly expanding disability hate crime statistics and strongly suggests under-recording

SAR National Analysis (Preston-Shoot et al, 2020)

- **Improvement Priority 20:** This research highlights the need for better recording of ethnicity in SARs. Terms of reference for all SARs must include consideration of how race, culture, ethnicity and other protected characteristics as codified by the Equality Act 2010 may have impacted on case management, including recognition of unconscious bias.
- **Improvement Priority 21:** Consideration should be given to the dissemination of briefings on good practice regarding all forms of abuse and neglect but especially those newly highlighted by the Care Act 2014 within adult safeguarding, such as domestic abuse, modern slavery and discriminatory abuse (hate and mate crime).

SAR Analysis: Illustrations

SAR	Details
Carol (Teeswide SAB, 2017)	58-year-old woman living with schizophrenia. Ongoing anti-social behaviour reports raised. Attacked and murdered in her home by two teenage girls
Mr V (Tower Hamlets SAB, 2019)	84-year-old black Caribbean man with chronic health issues and sensory disability, targeted by a student social worker who financial abused him
Lee Irving (Newcastle SAB, 2019)	24-year-old man with learning disabilities. Exploited and targeted over several years and murdered at home by a man he lived with
Vicky (Hampshire SAB, 2021)	34-year-old woman in B&B accommodation with acquired brain injury and personality disorder. Concerns included sexual assault, cuckooing, disengagement with services. Discharged from hospital without assessment and later found dead at home
Kamil and Mr. X (Bristol SAB, 2018)	Both men lived in supported accommodation, where multiple incidents of racist targeting led to the murder of one man who was Kurdish

Direct Work with Discriminatory Abuse

- Professional readiness to discuss what protected characteristics mean for care and support needs or wellbeing and safeguarding – fear of offending is raised frequently but leaves people exposed and unable to share concerns
- Practitioner bias – thinking about impact of language that others people
- Recognise additional barriers for people with protected characteristics – language barriers are one example but shame, embarrassment, stigma might also prevent reporting
- Consider possibility of discrimination from those in close proximity to the person (family, neighbours, flatmates, co-residents etc) – and the increased risk of targeting in care or supported living (including hostel) settings
- Recognise the impact of long-term and patterned abuse
- Distinguish between general anti-social behaviour, harassment and hate crime
- Consider if independent advocacy is required or desirable where a protected characteristic might mean that an adult will have difficulty engaging

Inter-Agency Work with Discriminatory Abuse

- Make appropriate and regular use of multi-agency panels such as MARAC, MAPPA and other forums
- Research local voluntary sector services who work with people facing hate crime or discrimination AND those that support people with particular protected characteristics and involving these organisations in safeguarding or assessment work
- Safeguarding teams should engage with the police re: potential hate crimes where there is clear evidence or an episode but should be aware that the attrition rate between report and conviction is very low in hate crime, so should only be one part of a safeguarding action (with consent) but should also have strategies for addressing abuse where there is no consent or no clear evidence or identifiable episode, which is often the case
- Police referral of hate crime to safeguarding teams as 'discriminatory abuse' appears to be a missing link
- Voluntary sector hate crime services report few safeguarding referrals into their services

Organisational and SAB Governance issues in working with Discriminatory Abuse

- Training on discriminatory abuse should be commissioned and this should include looking at the impacts of unconscious bias – training is not a panacea and most professionals in Lee Irving's case had attended hate crime training but unfortunately still did not recognise it – case studies and opportunities to apply to casework are important (ongoing)
- Supervision in cases that involve protected characteristics should surface and unpack attitudes and values held by practitioners
- SABs should engage the local community safety partnership (or partners involved in community safety if the SAB has a community safety remit) around the issue of hate crime and discriminatory abuse
- Funding issues for services addressing hate crime and discriminatory abuse could be escalated via SAB managers group

Structural Issues in Addressing Discriminatory Abuse

- Necessarily, discriminatory abuse engages with structural issues in terms of ageism, ableism, racism, sexism, homo/bi-phobia, transphobia and other targeted discrimination
- People who have experienced disappointing or negative service responses in the past are less likely to trust those supporting them – this does not mean they do not want support
- Poverty, destitution, NRPF, inadequate housing or homelessness are often correlated with conditions where discriminatory abuse thrives
- Political and ideological moves to the right produce discourses that are in themselves harmful, but these also impact on service provision and public attitudes
- Inadequate funding signals an absence of preventative services, culturally specific services, a thriving voluntary sector and can mean that statutory services are quicker to close casework down – all big challenges framing the previous domains in this context

What we don't/can't know from SARs

- SARs represent important learning from 'worst case' situations – it can be difficult to accurately track this learning to everyday practice, but in the absence of reporting and other data they do provide data on what may be working less well
- Related to this, it is difficult to tell what approaches might indicate 'best practice' as SARs usually relate to practice that could have been more effective
- SARs report on individual cases (usually – we have no thematic reviews relating to hate crime/discriminatory abuse) so it can be difficult to understand how there might be different responses to different characteristics – this is likely based on findings from SARs and literature to date relating to practitioner bias and values

Ways forward?

- Scale up practitioner and organisational awareness through training, outreach and strategic activity
- Know what services exist for different groups in your local community and highlight gaps in service locally
- Understand that there is significant intersectionality and diversity within groups who experience discrimination and a one size fits all approach is not appropriate – relationship-based and person-centred care help to apply the principles of Making Safeguarding Personal so that people feel heard and understood as a first step
- Restorative justice practices may provide a vocabulary for working with people around the impact that abuse has on them holistically rather than interpersonally
- Contextual safeguarding practices can interrogate the community context in which abuse occurs rather than interrogating the person about their safety
- Categorisation is an administrative concern but using 'discriminatory abuse' as a category can sharpen attention to the specific dynamics underpinning physical or financial abuse AND can help us to understand the prevalence at a strategic level in order to argue for more policy attention

References and Resources

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Thank you! Contact karl.mason@rhul.ac.uk for further info

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Discriminatory abuse resources

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Discriminatory abuse: context setting resources

Scene setting

Discriminatory abuse: a scoping exercise Biswas Sasidharan **Partners in Care and Health (LGA/ADASS)**

Roundtable on discriminatory abuse Biswas Sasidharan **Partners in Care and Health (LGA/ADASS)**

Briefing for Practitioners (Partners in Care and Health, 2022) (LGA/ADASS) Discriminatory abuse: a briefing for practitioners, Mason, K

Academic

Mason, K. (2023) Harassment and slurs or epistemic injustice? Interrogating discriminatory abuse through safeguarding adult review analysis. *The Journal of Adult Protection*, Advance online publication. https://doi.org/10.1108/JAP-01-2023-0003

Mason, K., Biswas-Sasidharan, A., Cooper, A., Shorten, K. and Sutton, J. (2022) Discriminatory Abuse: Time to revive a forgotten form of abuse

Literature Review (Mason et al, 2022)

Discriminatory abuse resources

Podcast (Research in Practice, 2023)

Discriminatory abuse - developing practice responses by Research in Practice (soundcloud.com)

Self-assessment tool

Discriminatory abuse self-assessment tool: safeguarding adults Biswas Sasidharan

Themes

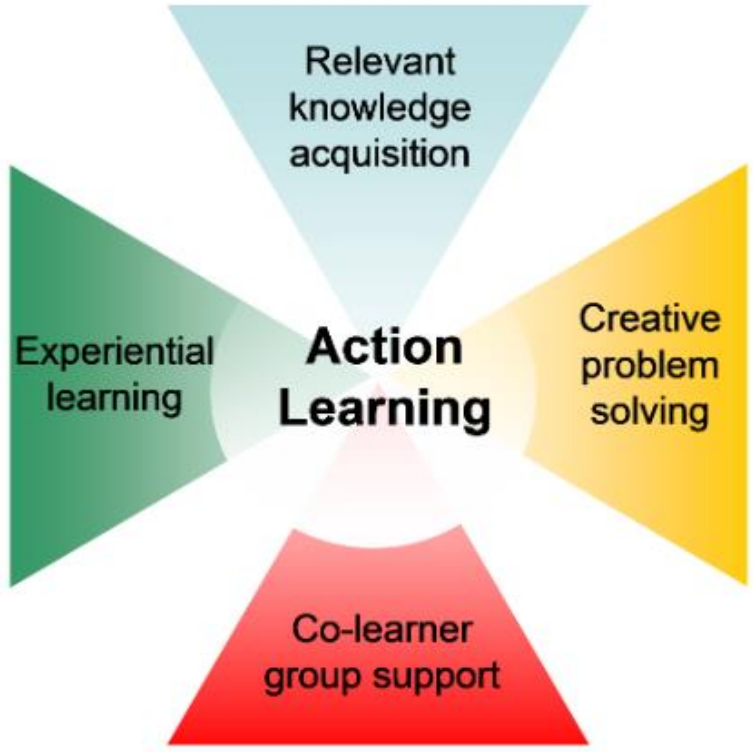
- Policies and procedures
- Data collection (both in SARs and data surrounding the person with care and support needs), regular reporting, identifying gaps and trends, timely collections, improving reporting and collection
- SAR triaging
- Acknowledge, engage, involve and co-produce with experts by experience
- Awareness raising/training/recognition/thematic case file audits
- Growing understanding of individual equality strands
- Culturally informed practice
- Reducing risk
- Partnership working/multi-agency approaches and relationships
- Monitoring and reporting
- Closed environments

Upcoming

- Qualitative Project on Story Completion
- Synthesis of Key Informant perspectives on LGBTQ+ issues in safeguarding
- Literature review on whether Restorative Justice approaches might offer additional insight.
- Action Learning Sets (a couple of spots available – contact Anusree.Biswas@local.co.uk)

Action Learning Sets: What are they?

- Action learning sets are a powerful, practical and effective way for individuals to learn from each other.
- It involves working on real challenges, using the knowledge and skills of a small group of people combined with skilled questioning, to produce fresh ideas and consider tried and tested approaches.
- We would meet every 4-6 weeks with around 3-4 people in structured 3-hour sessions.
- It is intended to be supportive, probing and action focussed.



Discriminatory abuse Action Learning sets

Things to consider:

What aspect of the discriminatory abuse would you like to focus on? (The toolkit will have areas of possible focus.)

Who would you need to help you achieve this in your organisation and do you have their buy in?

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Discussion
Q & A

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Thank you
Closing Remarks