

Another Hidden Consequence of Covid

Covid Special Report Number 29

By Eileen Chubb©

Throughout the Covid pandemic and also in recent months we have seen a theme emerge from our helpline data. Whistleblowers contacting us specifically about sexual assaults in care homes.

These staff had reported their concerns but felt the response was inadequate. These whistleblowers wanted us to highlight the issue in such a way as not identify them.

The following accounts are therefore fully anonymised. We also made 70 Freedom of information requests to randomly selected local authorities across the UK, asking for numbers of sexual assaults across a three-year period, this data is included in this report.

“ Resident X has Alzheimer’s; they are physically quite fit and strong. X had been allocated one- to- one care because they were a risk to other residents in the home. X had repeatedly sexually assaulted female residents in their previous care setting. The one-to-one care was so important to keep people safe. During Covid that one- to- one care was not always given. Xs care worker would be called away to help with other work and during that time X sexually assaulted another resident on at least 3 occasions”

“ P has been assessed as needing one to-one care, P can be very violent and has a history of physically and sexually assaulting other vulnerable clients. The home was really short of staff due to so many staff self-isolating and there were many times that P did not have one-to-one care. We really tried to watch P, but it was impossible. I found P sexually assaulting other clients 4 times and that was just the assaults that were witnessed. Some of the other clients had

unexplained cuts and bruises. I kept reporting this, it was horrific what was happening, but nothing was done to stop it, the management just shrugged, they were not a bit bothered”

“ L was assessed as needing one-to-one care as they were a risk to others and had a history of physical and sexual assaults on other vulnerable residents. When L was accepted into the home I objected and told management that it was not right to have such a violent individual in the home, but the management said there was funding for one-to-one care. That one-to-one care was only during the day and L was given only routine hourly checks during the night. I started to find residents with really bad injuries, covered in bruises. The residents all had dementia and could not tell anyone what had happened to them. I kept going to management saying these injuries only started since L was in the home, but they said that was just my opinion. I came on shift a couple of weeks later to discover from the night staff that L had been discovered in another residents room sexually assaulting them. I am just so disgusted something was not done about this long ago”

“ B was accepted by the home but should never have been, all they care about is filling beds. B is really violent and a risk to others with a history of serious sexual and physical aggression. B has one-to-one care during the day. It was not long before that was cut, and it was horrendous. B was hitting other clients, over a dozen physical assaults and there were a number of sexual assaults. I went to management repeatedly with concerns about B. I was told to stop recording the assaults as it was causing too much paperwork”

“ T is very violent and should not be in a care home with vulnerable frail residents who have dementia, T is dangerous and has even assaulted staff. Since T has been in the home it’s been a complete nightmare, during Covid it was at breaking point. There were never enough staff, people were really sick. We were rushed of our feet trying

to give extra care and so many residents were in their bedrooms instead of in the lounges. One staff member could at least stay in the lounge and keep people safe. We would go into a sick residents bedroom and find T sexually assaulting them. This was just the times we discovered T; I do not know how many people suffered this, many more than we know about. Some of those assaulted by T were dying, I am sickened by managements response”

Themes our helpline data has identified.

. During Covid more residents were in their bedrooms instead of communal areas and it was therefore not possible to monitor with a single member of staff as would normally happen. This resulted in vulnerable people spending long periods of time in their bedrooms unobserved and at much higher risk of a sexual assault.

. Those staff allocated to one-to -one care are routinely called away to complete other tasks, leaving high risk individuals unattended for significant periods of time.

. Sexual assaults in care homes are an ongoing issue that the pandemic exacerbated.

. Those identified as a risk to others, and therefore receiving one- to -one care, are not always receiving this level of supervision at night.

. Those identified as a risk to others are not placed in suitable care settings.

. Not all sexual assaults are witnessed, but the injuries of such assaults are identified by some staff but not acted on by management.

. Sexual assaults should be viewed as an indicator of a risk of resident-on-resident physical assaults. Physical assaults are often unwitnessed and can often be committed in a time span of seconds. Sexual assaults however take much longer to commit. Also, sexual assaults involve some degree of physical assault.

. Some care homes are not reporting resident -on- resident sexual or physical abuse because it is viewed in terms of an administration burden.

. Some local authorities should be commended for recording sexual assaults specifically, whilst others are putting sexual assaults under the general heading of “*Sexual abuse*” which makes it harder to see what different issues are involved and identify themes. It raises concerns that this issue is not properly monitored.

The above are just a small sample from our helpline data which typify the issues raised. In order to protect the whistleblowers identity's, we made 70 freedom of information requests to **randomly** selected Local Authorities across the UK asking for the numbers of reported sexual assaults in care settings for the below 3-year time period. We stress that **some** or **none** of the below listed Local Authorities are linked to our helpline data, we are merely establishing the numbers of sexual assaults reported overall.

Please note some Local Authorities were only able to provide data for safeguarding alerts involving sexual abuse generally (which includes sexual assaults but also a number of other issues.) They did not monitor sexual assaults specifically: we have indicated those with *

Local Authority	2019	2020	2021
Solihull	2	1	24
*Wiltshire	6	52	38
*Wakefield	23	25	28
Essex	81	81	79
Gwent	-5	-5	6
Lincolnshire	47	52	35
*Sheffield	29	22	34
*Newcastle	65	73	66
Calderdale	5	6	6
Lambeth	1	2	1
Derbyshire	35	55	66
Sefton	6	-5	7
*Staffordshire	27	30	19
Belfast	60	34	68
Northumberland	9	2	16
Milton Keynes	7	20	7
Swansea		51	36
Coventry	22	19	12
*NorthYorks	34	60	48
Leeds	66	57	54
Bradford (No data 2019)		24	34

Some councils have stated that they cannot provide the information because it would exceed costs, some councils have not responded at all.

We will continue to monitor this issue

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