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WORKING PARTY ON BLACK AND ETHNIC MINORITY PEOPLE

DEALING WITH RACIST CLIENTS: ONE ASPECT OF FORWARDING EQUAL OPPORTUNITIES GOOD PRACTICE

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DEALING WITH RACIST CLIENTS: ONE ASPECT OF FORWARDING EQUAL OPPORTUNITIES GOOD PRACTICE

The NHS should treat all its users with respect and dignity. This principle must also apply to CHCs. ACHCEW along with many CHCs - staff and members - are working to ensure that this is the case. Challenging racism is integral to ensuring that this guiding principle is seen to apply equally to all sections of society in Britain. Racism is not only an 'inner city' issue and should be challenged wherever it occurs.

A policy on countering racism cannot seek to stop people having racist views. This may be too wide, and possibly an unobtainable goal. What it does seek to do is to stop those views affecting black and minority ethnic people's access to services and their willingness to use services. By challenging racist statements and making it clear that such comments are unacceptable the CHC is making a statement that its services are open to everyone in the local population.

A policy on countering racist statements and discourtesy or abuse particularly when based on a value judgement of an individual should form part of a wider Equal Opportunities Policy.

Racism can be defined as more than simply hostility between races. It is a belief, based on predominant power relationships, amongst people of one race or nationality that they are superior to people of other races. The discrimination it engenders may be a significant cause of ill health in ethnic minority communities, and militates against equality of access to health care. CHC staff should not allow racist remarks to pass without comment. Callers are often desperately seeking approval for their views, allowing racist remarks to pass without comment might well be interpreted as support.

If CHCs are to serve an ethnically mixed population then it is clear that they must challenge any racism that they encounter. This paper aims to look at some of the issues CHCs should be cover in working out their own policy on dealing with racist clients and how to implement it.

CHC staff

CHC staff will be central to the implementation of any approach to counter racism. They deal with clients, and it is they who receive the majority of calls from people wishing to make a complaint or seeking information.

In challenging racism the image of the CHC secretary as a 'neutral adviser' is altered. This is not something to be undertaken lightly, but 'neutrality' would seem inappropriate when confronted with racism. 'Neutrality' in this instance is likely to be seen as collusion with racism if say a racist statement remains unchallenged.

The role of CHC members

CHC members need to be fully conversant with a policy countering racism. It should be discussed as part of new members' induction process. This is firstly so that staff can be confident to undertake any action that they feel is necessary, and secondly so that the members can also challenge racist statements which may be made to them during their CHC activities. It is important that any challenge is made in a manner already agreed by the council.

Training

Neither staff nor members uniformally receive training which is pertinant to the work they are asked to undertake and at the skill level required of them. This inadequacy applies equally to anti-racist training. Such training would assist staff and members in providing a service equally accessable to all members of the community, for instance by learning how to deal with racist clients; by ensuring that all publicity material includes black and minority ethnic people; and by ensuring that the work and membership of the CHC addresses the needs of all sections of the population for health care. The examples below may provide some insight into dealing with racist clients but they are not a substitute for the confidence and sensitivity born out of appropriate training.

Advice giving and complaints

Set against a commitment to challenge racism CHCs should hold an equally firm commitment to provide advice and information about the health service to all who request it. This creates a potential conflict. This paper aims to suggest ways of resolving this dilemma. The examples given are chosen in order to illustrate broad categories; in real life the situations are likely to be much less clear cut.

Racist Remarks

1) A client making a racist remark in the presence of other callers: if the CHC secretary tolerates, or appears to tolerate such remarks, the message will be conveyed that the CHC is an agency which regards racism as acceptable. The response must be immediate, the caller should be asked to desist from making such remarks and asked to leave if they refuse. It is quite possible to put over this message firmly yet politely and quietly.

2) Callers whose main purpose is to make racist remarks: if it becomes clear that a caller who is making racist remarks has no bona fide business in the CHC, then they should be told that the CHC has no sympathy for such remarks and be asked to leave.

Racist Complaints

3) A person making a racist complaint (eg "I said that I didn't want to be handled by a black nurse but they insisted") should be advised that the CHC had no sympathy with their complaint. They could be given a factual explanation of the complaints procedure, but no other help, or the CHC may refuse to offer them any assistance whatsoever.

The case where a man who refused to allow a black midwife into his home was found to be in breach of Section 31 of the 1976 Race Relations Act confirms that services must be seen to be working within the law on this issue (Guardian 26 March 1987).

4) A client making a racist request for information: in this case the racism in the request must be challenged (ie if a client asks for a family planning clinic where she/he will only be seen by a white doctor, the response would need to point out that there is no evidence that white doctors are any better than black doctors and that such a request is racist). However any information they could reasonably expect should be offered to them (ie a list of family planning clinics in the area).

Racist Complainants

5) A person with a genuine complaint making an incidental racist remark (eg 'of course these black doctors are no good'): help should be given pursuing any complaint for which there are good grounds. Any racist remark made in the context of such a complaint should be challenged, and if necessary refuted in some detail ("all doctors vary regardless of colour or nationality, some doctors are better than others - you can't generalise like that"; "if Dr X behaved badly then that is his fault, it has nothing to do with his/her race").

6) Where an apparently genuine client has a racist ulterior motive (eg a group of white patients decide to persecute a newly-appointed black doctor by pursuing complaints through formal channels): there is no way a CHC secretary can guard entirely against being manipulated by somebody with a racist ulterior motive. However, normal good practice in handling complaints or requests for information would be to ask about the background to the enquiry. One must remain alert to the possibility of such abuse, and if any racist ulterior motive is revealed it must be appropriately challenged. This may involve the CHC withdrawing their involvement.

Displaying a statement as part of an approach to countering racist comments

Displaying a statement against racism is another way of publicising the organisation's policy. CABx already do this. Again if a statement like this is displayed, it must be agreed and understood by all Council members, it must also be backed up

with appropriate action when confronting racist clients. The poster needs to be written in appropriate languages as well as English. The work of the CHC should also show that the health needs of ethnic minorities are seen as an integral part of the CHC's role in representing the interests of the local community in the NHS. Posters in the CHC offices depicting postitive images of black and minority ethnic people could enhance this work.

Challenging racist behaviour in the health service

Racist behaviour by the users of the health service towards staff and from staff to users are clearly important issues. DHAs should themselves formulate a policy on this and set up training initiatives. CHCs should discuss this with their DHA and should ensure that there is a continuing dialogue on the subject. However, if a CHC agrees a policy on countering racism this could be forwarded to the DHA for information with a request for the DHA also to consider formulating a similar policy, or for the CHC to be sent any policy that already exists. This would form the basis for a continuing dialogue.

The existance of an open dialogue may also affect the way in which a CHC handles a complaint from a health service user about racist behaviour. If this is a subject which the CHC has not discussed already with the DHA, the CHC will be "going in cold" on a subject which can be very difficult to handle, but with which, nevertheless, a CHC should be fully willing to assist a complainant.

CHCs also have a relationship with FPCs and RHAs. These bodies tend not to be direct service providers. The Regional Health Authority as the legal employer of CHC staff needs to be supportive of the CHC's equal opportunities policy and how this refers to the CHC's policy on countering racist comments. The RHA should be informed about the CHCs equal opportunities policy. The FPC should also be sent information about the policy. This could form part of a discussion on how such a policy could be taken forward by the FPC in its work with GPs, dentists, etc.