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United Nations - Human Rights Special Procedures

 March 1st 2023

**Sage Advocacy**

**Submission to the call for inputs on violence against older persons – 2023b HRC report**

Sage Advocacy is the National Advocacy Service for Older People and in 2022 it provided information, support, and advocacy services to almost 5000 people across all regions of Ireland. The work carried out by Sage Advocacy for its clients is independent of family, service providers, or systems interests and ensures that a person’s voice is heard, that their wishes are considered, and that they are assisted, in whatever ways necessary to be involved in decisions that affect them.

Sage Advocacy welcomes the opportunity to provide a response to the following question:

**What forms of violence, abuse, and neglect are older persons facing? In which setting does it happen? Please provide detailed information.**

 It is important to note that although the information presented below is factually based on the frontline experience of the independent advocates and on the direct calls received to the information and support service lines, it is not intended to be seen as representative of the care and treatment older people receive across a variety of health and social care settings in Ireland.

Since 2019, Sage Advocacy’s records referenced in the image below show that there have been 263 cases in which elements of allegations of abuse (financial, emotional, institutional, physical, sexual or neglect) against the older person have been clearly identified as a significant issue. The highest proportion of allegations of abuse against the older person occurred in the older person’s home in the community, followed by a high occurrence of incidents in congregated long-term care settings and in some instances, allegations of abuse were reported by older patients when hospitalised. The occurrence of abuse allegations in sheltered accommodation, in hostels, or when older people live in any other social setting appears to be limited, as very low numbers of such cases have been referred to Sage Advocacy during this period.



There are many other situations encountered in the work carried out by the independent advocates in Sage Advocacy where suspicions might arise, but the specific case circumstances did not allow for a more defined view, such as:

* where the older person was moved to a location in another part of the country (against their will, or without their explicit consent, or without no other viable alternative living arrangements supports in the place of their choice)
* the advocate was denied access to meet the older person at their request, due to infection control measures (some of which undoubtedly facilitated institutional abuse) and lockdown measures which inadvertently brought significant coercive control/safeguarding/ abuse issues.

Financial abuse case examples

* **Significant loss of personal assets** ranging between 5,000 and 400,000 Eur
* Regular or once-off **misappropriations of funds** belonging to an older person
* Older person **not being supported to apply for income** (pension)
* Control of **finances taken over by third parties** against older person’s wishes and **refusal to return bank cards**.

Emotional abuse case examples

* **Family member signing forms necessary for admitting an older person in a residential care setting without consent from the older person.** This is a repeated occurrence. In many situations, if the older person doesn’t have independent support to voice their dissatisfaction with such a decision made about themselves by others, then the older person continues to live in a place against their will. Some continue to express a desire to return to their own home for prolonged periods of time. Others learn eventually to cope with this situation and the associated trade-offs.

There have been documented instances where the older person’s home was taken over by relatives who moved in, or their lifetime personal belongings have been removed/ donated/ thrown away without any input from the older person.

In some situations, the older person would have agreed to transfer the ownership of their homes to family members under an unwritten agreement that the relative will continue to look after the older person in their home for the rest of their lives, but this doesn’t always turn out to be the case. In a few instances which came to Sage Advocacy’s attention, some older people required support from an independent advocate and at times from their legal adviser to address these issues and additional emotional tensions, especially in circumstances where they would have retained the right to reside on the donated property for the rest of their life.

* **Clients wished to return home after a time spent in a nursing home, as it was their understanding that they were admitted there for a short-term period**. Sometimes, older people agree to temporarily live in a nursing home and complete the required documentation at the request/threat of third parties, only to realize later on that others perceived the placement to be for the long term.

In the case of older people who previously lived in social housing settings, the situation is particularly difficult if their tenancy was surrendered back to the local authority by others without their knowledge. Some older people suffered greatly hearing that they no longer had a home to return to and they would have to be placed on a waiting list, which in certain areas of the country can take up to a decade of waiting for a new placement.

* **Client’s spouse attempted over a period of time to coerce the client to sign the paperwork for selling the property owned jointly** and threatened the nursing home staff who attempted to intervene and support the client when they displayed signs of being overwhelmed; pressure was also put on the nursing home to deny access of the independent advocate to the older person in the nursing home. With support from the multidisciplinary team, the coercive control issue was addressed and the client was supported with the decision-making process.
* **Restrictions placed by third parties around who, where, and for how long others could visit the older person**. In one particular case with a coercive control element, a client had to meet the advocate at a medical appointment in order to get an opportunity to discuss their wish to leave the highly tensioned home environment and to secure an alternative accommodation.

Institutional abuse case examples

* **Series of injuries** experienced by an older person while in nursing home care and **no explanatory documentation.**
* **Nursing home setting left without incontinence wear stock for a weekend.**
* **Use of chemical and physical restraint methods in care settings.**
* **Private correspondence intercepted by a third party in a care setting.**
* **Confiscating an older person’s mobile phone in a residential care setting.**

Neglect/ abuse case examples

* Family **refusing care services into a private home** to support the older person to remain living at home. Intercepting calls, refusing support to attend medical appointments, and **issues with administering medication**.
* Relative claiming carer allowance in respect of an older person with mobility issues living at home, providing the same very **limited food and no new clothing** items, leaving the older person **alone in a small and unkept room for most of the day** with very minimal stimulation.
* Older persons living in **settings deemed unsafe and as a result, the carers are not allowed to enter the premises to provide help.**
* Older person hospitalised after being neglected in the home by a family member who was collecting and retaining their pension. The client was **malnourished, had soiled clothes, and was left in one position on a couch for a prolonged time**. The client subsequently moved to long-term care as **their home had become inhabitable**.
* Concerns raised by the ambulance crew attending a house call for an older person when carers on the premises appeared to be under the influence of alcohol, leading to the older person being admitted to the emergency department.

Physical abuse case examples

* Older person was **physically abused by a family member living in their home** and chose then to move to a nursing home to be in a safe environment.
* Supporting one older person to get a **restraining order against their spouse**, due to physical abuse suffered in the community.
* Older person was physically abused by an adult child and required subsequently a placement in a long-term care setting. The client was initially supported to return home but the **services put in place could not provide the necessary support due to the ongoing challenging behaviors** of the adult child.

Sexual abuse case examples

* Resident-to-resident allegations of sexual abuse occurring in nursing home care settings (all cases recorded under this category reference the same issue).

An emerging issue to note in this context is the matter of ageing serial predators entering nursing homes due to their increasingly complex level of care needs and the reluctance of the Data Protection Commission to provide the necessary guidelines on data sharing in this regard.

Sage Advocacy will publish a major report on Access to Justice in Q2 of 2023 and would be in a position to share a copy of this report with your office as part of this consultation at a later stage.