

Identification of possible gaps in the protection of the human rights of older persons and how best to address them – Questionnaire

Identification of gaps

1/b – Violence, neglect and abuse

Within the organization ŽIVOT 90, we encounter the topic of violence, neglect and abuse mainly in the services of professional social counselling and telephone crisis intervention.

Based on our direct work, we observe that it is often very difficult for older people to get help and if they do not have someone around to help them, they rarely take it upon themselves to deal with the situation. Although older people are among the so-called particularly vulnerable victims, they have to testify repeatedly, they do not receive the necessary psychological and other supportive care, many do not even know that they are entitled to the „benefits“ of the institute of vulnerable victims, the system can also cause secondary victimisation (e.g. cancellation of permanent residence – reasons have to be documented, repeated psychiatric and psychological examinations of the victim, in case of divorce, the situation has to be explained again...)

From our point of view, the process of depistage, i.e. the active search for groups at risk of social exclusion at the municipal level, is also insufficiently functioning, and there is a lack of control of the use of the care allowance within the labour offices if the provider is a close relative in order to determine whether there is abuse of the care allowance and neglect of care in the household. Deprivation officers in municipalities can effectively prevent maltreatment by supporting informal carers and social work leading, especially in excluded localities, to the resolution of adverse social situations.

Within the provision of care by professionals, we perceive a lack of education of direct care workers on the topic of violence, neglect and abuse. Workers in direct care can often commit inappropriate treatment in the home environment or in social care service facilities; in our experience, clients are often afraid to talk about the situation, lest they lose the service or have already taken some action (complaint), but the situation has not changed. An interesting phenomenon is the situation when inappropriate behaviour is perpetrated against male and female clients by the clients of the retirement home themselves, which makes cohabitation very uncomfortable.

There is still a lack of definition of "abuse, neglect and exploitation" of the elderly in legal standards. The concept of 'domestic violence' is insufficient in this respect, as is follow-up assistance.

Psychological violence in particular is difficult to prove (it is up to the judge to accept audiovisual evidence taken without the other person's consent as direct evidence – it is not always automatic), and so the whole situation is often dealt with in the context of "misdemeanour proceedings", which can further aggravate the relationship between the parties.

The availability of follow-up assistance for older people in the context of maltreatment is very limited and lengthy. Not all intervention centres have the capacity to visit clients in their natural environment and intervene.

In addition to social service facilities, neglect and mistreatment also occurs in health care facilities, where neglect may occur due to staff shortages.

The possible revocation of a gift for ingratitude seems to be very problematic from a bureaucratic point of view. Although people often have an easement in a home that they have donated to a loved one, they are forced to leave because of bad relationships that have broken down after the gift of the property.

Older people lack a "guide", a confidant to help them fight for their rights.

1/c – Long-term care and palliative care

Long-term care

The Long-term care (LTC) system has been much more discussed in professional circles recently. In the Czech Republic, LTC is mainly provided in hospital facilities in so-called aftercare units or in homes for the elderly and homes with special care (especially for seniors with dementia). Aftercare wards, which should serve primarily to rehabilitate elderly patients so that they can return to their environment, often register those patients who stay in the ward for more than 3 months and have no other care option than a home for the elderly.

We see it as problematic that follow-up care is primarily sought in institutional settings and there is still little support or availability of the outreach services to support and assist the client to stay safely in their home environment.

Here we perceive a lack of cooperation between the health and social sectors. There is a lack of a comprehensive overview of support services. The position of case management is not well embedded and the idea of the content of work is often different.

Insufficient capacity of outreach services and thus their availability for needy elderly people is often caused by an inappropriate system of financing social services, which does not allow their development according to monitored needs (according to demand).

Individual regions differ in the availability of healthcare and social care.

Palliative care

One of the gaps we have identified as an organization is the insufficient solution and overall grasp of the institute of Previously expressed wishes (Dříve vyslovená přání) within the provision of field social services, specifically the social service NADOSAH – Emergency care of ŽIVOT 90, z. ú. (NADOSAH – Tísňová péče ŽIVOTa 90, z.ú.). The institute is completely connected with the issue of practical implementation of the protection of the rights of the elderly, especially in the context of Czech Republic. The institute of Previously expressed wishes has been anchored in our (Czech) legislation since October 1st, 2001, in the Convention on Human Rights and Biomedicine (96/2001 Coll.), which forms an umbrella document.

In the Czech Republic, we encounter several pitfalls regarding the Previously expressed wishes and its implementation. The first problem is the lack of awareness, not only among the elderly, about this institution and their rights in this area. Many older people are not sufficiently aware that they have the right to express their preferences and wishes regarding the care they wish to receive in the event of a deterioration in their health. This awareness should be raised through education.

The second challenge is the lack of coordination between health and social services and the lack of interconnectivity across different healthcare systems. This can result in ineffective implementation of previously expressed wishes of older people and disruption of continuity of care according to their preferences.

The third problem is the lack of emphasis on respecting and fulfilling previously expressed wishes in practice despite the storage of the „Document of previously expressed wishes“ in various places – with social and health service providers, with family members or when handing over the „Document“ to the attending physician in the hospital. It must be ensured that the older people have a real opportunity to exercise their rights and that their wishes are fully respected regardless of their physical and mental condition. It is essential that this gap is addressed and resolved as soon as possible to ensure better quality of care and protection of the rights of older people in the Czech Republic. Most clients of our services have no real awareness of this institution. According to our qualified estimates, they become familiar with this issue and with their rights in general only at the stage when they use palliative care or consider it or after they learn serious news about their health condition, prognosis, etc., which causes a great burden both for them and for their loved ones, who only at these moments begin to show interest in their loved one's wishes. Communication about these topics is not easy, especially if it is sudden, not continuous, with advance notice.