Submission to the Eighth Session of the UN Open Ended Working Group on Ageing

5 – 7 July 2017

The work of the Age Action policy team is supported by the Scheme to Support National Organisations, funded via the Department of Housing, Planning, Community and Local Government, and administered by Pobal.
1. **Introduction**

Age Action was established in 1992 as the voice for older people and Ireland’s leading advocacy organisation on ageing issues.

We act both as a network of organisations and individuals, including older people and carers of older people, and as a service provider, assisting tens of thousands of older people every year.

Our mission is to empower all older people to live full lives as actively engaged citizens and to secure their rights to comprehensive high quality services according to their changing needs.

We welcome the opportunity make a submission to the eighth session of the UN Open Ended Working Group on Ageing. We set out, overleaf, our response to the guiding questions posed in relation to neglect, violence and abuse and on equality and non-discrimination.

2. **Neglect, violence and abuse**

   1) In your country, are there specific studies or surveys (from neglect experienced by older persons? governmental, nongovernmental or academic sources) on violence, abuse and and neglect experienced by older persons?

Each year the national health service (the Health Service Executive (HSE)), produces a report\(^1\) on referrals to them in relation to elder abuse. In their report the HSE provides details about the nature of the abuse, a profile of the individual causing concern as well as the status and outcome of cases of abuse which have been substantiated.

In 2010, a study\(^2\) of elder abuse in the community in Ireland found that 2.2 per cent of people aged 65 years and over said they had suffered some form of abuse in the previous 12 months. Women were more likely to suffer abuse than men, and people aged 70 and over

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\(^1\) The latest report is for 2014. Since then the HSE has put in place a new policy incorporating the elder abuse service but which focuses on Safeguarding Vulnerable Persons at Risk of Abuse.

experienced double the levels of abuse experienced by those in the 65 to 69 age group. Those in poor physical and mental health were more likely to experience abuse.

2) (a) What forms of violence, abuse and neglect (e.g. physical, psychological, sexual, financial, or other) are registered? What is the setting in which they occur (i.e. residential and non-residential)? Is there information about the type of perpetrators?
   (b) Does violence, abuse and neglect particularly affect specific groups of older persons? If so, which groups and how?

Elder abuse services are provided by the HSE with designated social workers in each area of Ireland\(^3\). These social workers are responsible for investigating and dealing with feelings of fear, anguish and inferiority in the victim.

Elder abuse in Ireland is defined as – ‘...any act, or failure to act, which results in a breach of a vulnerable person’s human rights, civil liberties, physical and mental integrity, dignity or general well being, whether intended or through negligence, including sexual relationships or financial transactions to which the person does not or cannot validly consent, or which are deliberately exploitative. Abuse may take a variety of forms’\(^4\).

Elder abuse may be subdivided into the following categories:

(i) Physical abuse which includes hitting, slapping, pushing, kicking, misuse of medication and inappropriate restraint.
(ii) Psychological abuse which includes the use of threats, humiliation, bullying, intimidation, isolation, swearing and other conduct that result in distress to the older person.
(iii) Financial abuse which is the unauthorised or improper use of an older person’s funds, property or resources. It may include theft, fraud, coercion or misuse of enduring powers of attorney.
(iv) Sexual abuse which is any sexual act to which an older person has not or could not consent, including talking to the person or touching them in a sexual.
(v) Institutional abuse occurs in residential or acute care settings and may involve poor standards of care, rigid routines or inadequate responses to complex needs. It may include (i)-(iv) above and other forms of abuse such as discriminatory abuse or neglect.

In a study of elder abuse in institutional settings, 3.2 per cent of staff reported observing a colleague in an act of physical abuse in the preceding 12 months, most commonly

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restraining the person beyond what was required or slapping or hitting the person. 57.6 per cent observed neglectful behaviour by others, most commonly not responding when a resident called for help or not bringing a resident to the toilet when asked. About 6 per cent of staff reported not changing an older person after an episode of incontinence. 5.6 per cent reported giving a resident too much medication to keep them sedated or quiet. 1.2 per cent had observed financial abuse and 0.2 per cent reported observing sexual abuse.

In an analysis of the HSE’s referrals from 2010 to 2014, the vast majority of perpetrators of abuse across all categories were close relatives of the victim. For example, in relation to psychological abuse 52 per cent of perpetrators were a son/daughter, a further 23 per cent were a partners and 13 per cent were another relative. Similar patterns were observed for physical abuse and instances of neglect. Furthermore, in these categories the perpetrator was living with the individual reporting the abuse.

3) Does your country’s legislation explicitly address issues of violence, abuse and neglect against older persons? If not, what legislation applies to such issues in the context of older persons? Does this legislation sufficiently address the full range of violence against older persons?

There is no specific legislation regarding elder abuse in Ireland. Elder abuse rarely results in the prosecution of perpetrators as it is rarely reported to the Gardaí (Ireland’s police service). As elder abuse is often perpetrated by people who know the older person and are therefore able to exert considerable control over them, usually because they live with the older person or provide care for them. This presents challenges in reporting to both Gardaí and the HSE.

4) What legislation exists to protect older persons specifically against financial abuse, including inheritance abuse?

There is no specific legislation on the issue of financial elder abuse.

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5 Older people in residential care settings: results of a national survey of staff-resident interactions and conflicts – NCPOP 2011. See www.ncpop.ie

6 HSE (2015) HSE Elder Abuse Services 2014 - HSE
3. **Equality and non-discrimination**

   1) Does your country’s constitution and/or legislation (a) guarantee equality explicitly for older persons or people of all ages and (b) forbid discrimination explicitly on the basis of age? If so, how is the right to equality and non-discrimination defined?

   In Ireland the Employment Equality Acts (1998-2015) and the Equal Status Acts (2000-2015) prohibit discrimination (direct and indirect) in employment, goods and services on the basis of nine distinct grounds including age. This does not apply to those under sixteen years of age, or those aged sixty-five and over in the case of employment).

   2) Does your country produce information about discrimination against older persons in the following or other areas? If so, what are the main findings?

   We are not aware that data is collated in Ireland in relation to discrimination specifically against older people.

   3) Is there information available about inequality of opportunities or outcomes experienced by older persons in the following areas?

   **(i) Access to services: breast screening, cervical check**

   Ireland provides free cervical smears for registered patients aged 25 to 60 and free mammography for patients aged 50-69. Many women want to continue cervical smear screening after the age of 60 but must pay for a cervical smear after that age. Cervical cancer is rare in women over 60 who have had negative cervical smears in the past, but it does happen. Almost 75 per cent of deaths from cervical cancer occur in women aged 50 and over. Similarly, breast screening is offered to women aged 50 to 69; some older women want to have regular mammograms but must arrange this through their GPs.
(ii) **Access to services: Homecare**

State policy is to support people 65 and over to remain in their own homes ensuring their right to privacy and family life is protected, however State funding for nursing home care is three times that for community care. Research published by Age Action and others in 2016\(^7\) highlighted that each of the nine Community Health Organisations (CHOs) has its own system for providing home care services and its own criteria for deciding what older people are entitled to. Furthermore, social workers interviewed as part of the research highlighted with social workers estimated more than half of the older people they work with could be at home instead of in long-term residential care if the appropriate services were available.

(iii) **Financial services**

Half of people aged over sixty-five in Ireland have never gone online. With banking services moving more towards online and digital-based platforms, this creates difficulties for many older people in accessing daily banking services. Older people that Age Action engage with have highlighted that there is a move away from face-to-face banking towards dealing with automated processes and a push to conduct business online.

4) **Are there any areas where differential treatment based on old age is explicitly justified?**

**Mandatory age of retirement and age-based benefits**

Section 34 (4) of the Employment Equality Acts 1998-2011 allows employers to fix a retirement age for their employees. While some people may welcome the opportunity to retire, others are willing and able to continue to work. Every year therefore, older workers are forced out of their job for no other reason than they turn 65.

The Social Welfare and Pensions Act 2011 proposes to gradually increase the age at which a person is entitled to receive a State pension from 65 years old to 68 years old by 2028 (the present age for obtaining a pension is 66).

\(^7\) Donnelly, S., O'Brien, M., Begley, E. and Brennan, J. (2016). “I’d prefer to stay at home but I don’t have a choice” Meeting Older People’s Preference for Care: Policy, but what about practice? Dublin: University College Dublin
This means that some people may be forced to retire before they are entitled to receive a State Pension; while in this ‘no man’s land’, older people may be dependent on Jobseekers’ Benefit for their income yet with no entitlement to services such as training. These policies seem to create structural dependency.

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