

**Covid-19, Care Homes for Older People &
Human Rights Violations: *A case for social
work to re-engage with 'the political'***

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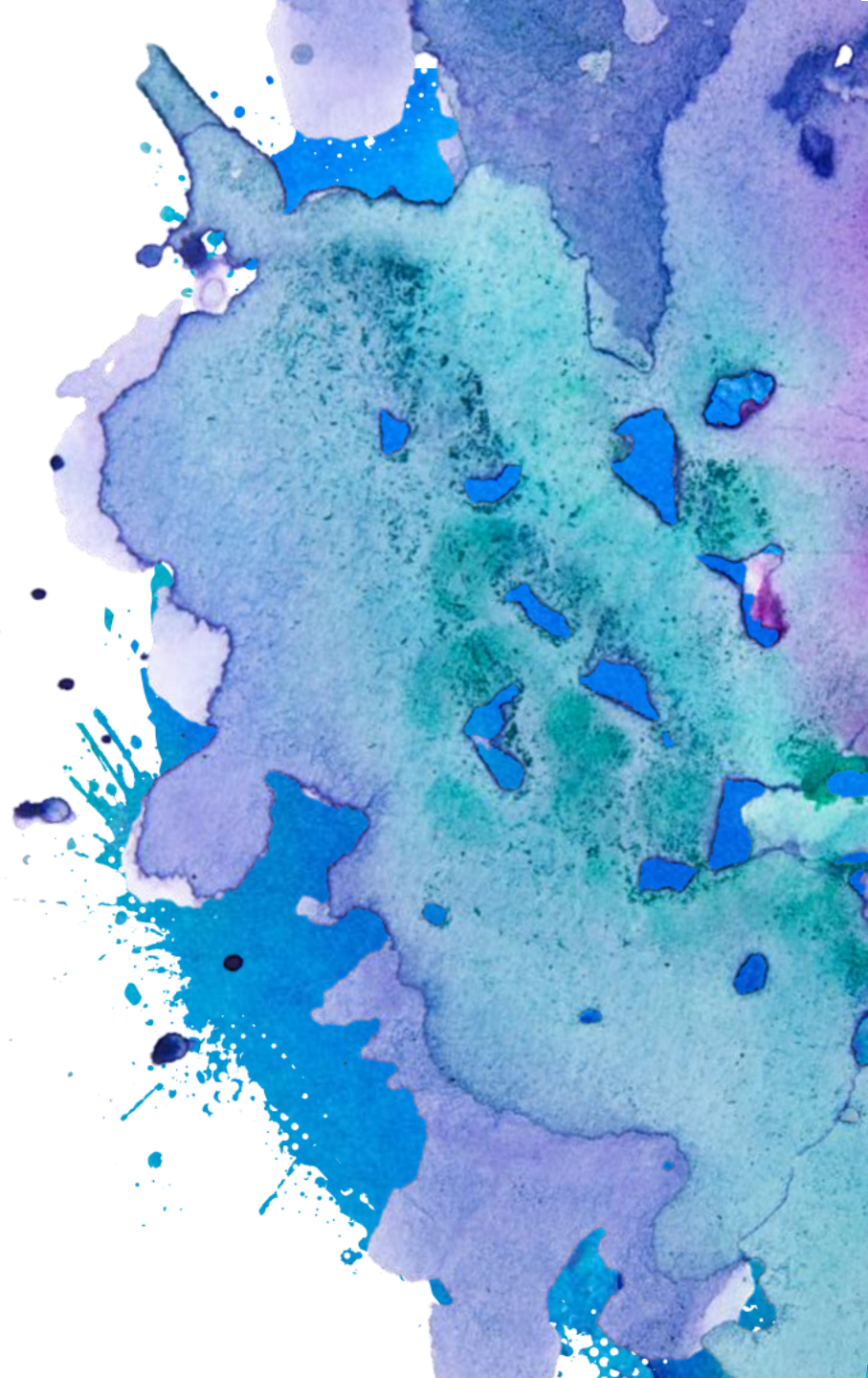
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Aims



Older People's Deaths in Care Homes between March-August 2020, 5 European Countries

(Comas-Herrera et al, 2020)

Country	Number of deaths in care homes: March-August 20 (total no of older people in care homes in brackets)	Number of care home deaths as a percentage of the overall number of deaths
Finland	147 (50,298)	45%
Ireland	1,500 (16,007)	63%
Spain	20,649 (333,920)	68%
Sweden	2,714 (82,217)	47%
UK (& NI)	35,500 (477,100)	41%

Second wave...

Mixed evidence re deaths:

- ***Some data suggests that deaths were lower in the second wave:***
 - In the UK fewer 'excess deaths' due to better PPE/testing, vaccines/acquired immunity & far fewer staff working across multiple sites
 - Care home deaths represented only 26% of the 62,250 deaths registered between 31st Oct 20- 5th Feb 21 (compared with 41%)
 - Finland: rate was 33% of all Covid deaths (22nd Jan 21) (45% in first wave)
- ***Other data suggests that they were higher:***
 - In the UK whilst official figures show that the rate of increase of deaths among care home residents was much sharper in Time 1 the total number of deaths was greater from Sept to April 21 (21677)
- ***Features of care homes with higher number of deaths (UK):***
 - For profit, larger homes, higher occupancy rates, lower levels of skilled well trained staff, more limited access to clinicians (nurses, GPs), poorly rated care by inspection agency (CQC), higher numbers of residents are publicly funded

Other Violations of Human Rights

- **Large number of residents died alone in *inhuman or degrading conditions* (**Article 3**):**
 - Over a third of deaths of care home residents in the UK were a result of ‘being left alone without adequate food, water or pain relief’ - loneliness & neglect also played a role (Comas-Herrera et al., 2020; Mahese, 2022)
 - In Spain residents who tested positive were deliberately left ‘unattended’ (Rada, 2020)
 - 83 residents in homes in North Italy went without food & water for two days while staff quarantined
 - End of life care wishes disregarded (Ireland): ‘no visitors’ order meant many residents died alone:
 - ‘... we just had no staff so when someone was dying we just had to pop in & pop out, it was inhuman’ (manager, UK, July 21)
 - Very limited/no access to hospital care, primary care or emergency treatment
 - Many residents were confined to their room - partly for safety reasons - creating very high levels of loneliness, confusion, anxiety & distress: esp. challenging for people with dementia (most countries)
 - Dangerously low staffing levels mean that residents are being neglected (left in wet bedding, no baths, put to bed early so staff can attend to other residents): staff report care as ‘depressingly rushed’ & ‘wholly inadequate’ (UK)
- **Article 5: Right to liberty & security**
 - Neglectful responses to protection e.g. residents subject to Deprivation of Liberty Safeguards placed directly in the path of Covid-19 (UK): a legal decision that is not in the residents ‘best interests’
 - Residents locked in quarantine or isolation rooms (Finland): a form of imprisonment
 - Residents moved to another home - with isolation facilities - without their, or their family’s, consent (Spain)
- **Article 8: Right to respect for private & family life**
 - No, or very limited, access to visitors (most countries)
 - No visits from ‘oversight agencies’ or social workers (Anand et al, 2021)

Covid also highlighted structural issues....

- Covid shone an uncomfortable light on the care home sector: vulnerability of residents was made visible as was the 'off the radar' status of residents & staff
- It also amplified the role played by a number of structural issues that preceded the pandemic, including:
 - ***Care homes are institutions:*** in how many 'homes' are you locked in your room or need to have permission from an 'external agent' to receive a visitor; a setting *required* to admit untested hospital patients
 - ***Residents have very limited freedoms, agency or choice:*** *have to stay in the care home, moved to a new home without consent; v limited control over when to eat, bathe, go to bed; 'mortification of the self', 'control is exercised through an assemblage of different actors' & actions & inactions*
 - ***Systemic poor practices (?abuses) are embedded in care home culture:*** routines that diminish agency, engagement with decisions, choice; limited attention paid to residents wishes/complaints; limited engagement with families
 - ***Private companies (84% UK care homes) are not bearers of legal duties under Human Rights Act:*** *only residents who are publicly funded are covered by the Act*

Structural issues: Causes of abuse & neglect

- Whilst *abuse* is routinely constructed as occurring in an *interpersonal relationship*, *human rights* are commonly thought of as a *relationship between the state & the individual* (Biggs & Haapala, 2013)
- But... they are connected!
- The state, neoliberal policies & the care home infrastructure intersect to create conditions where abuse & neglect are more likely to occur, EGs:
 - Francis inquiry (2013) identified institutional mores & practices as ‘systemic causes of abuse, neglect & preventable deaths’ in Mid Staffs hospital (lack of senior staff, limited qualified nurses, no supervision or training etc)
 - An identified ‘type’ of abuse is ‘institutional’ - why?
 - Long standing under-resourcing of the care home sector: fragmented, uneven quality, atomised, ‘off the radar’ of the state
 - Chronic workforce issues: mixed staff quality, poor pay & conditions, recruitment & retention challenges (100k shortage in UK)
 - Privatised & profit driven nature of the care home sector: limited governance from public agencies
 - LA funded residents have more limited choice of care home & are funded at a lower rate than self funders
 - Care homes were *not considered* in response planning, esp in the early months of the pandemic, *at all*
- Statutory neglect: ‘neglect arising from legal and policy related systems & structural deficits’ (Jolly, 2020)
- Ageism also plays a role: institutional & structural ageism undermine the status & rights of older people e.g. poor or neglectful practices are normalised, residents have very little power - ‘necessarily dependent’ on staff

Human rights & care home residents: Barriers

- One of the barriers to enhancing the human rights agenda, is the inability of many people, including policy makers, SWs & care providers, to conceptualise that rights 'belong' to older people (Cahill, 2018)
- ECHR is filtered through the legislative framework of each European country: human rights thus vary from country to country & are relatively weak in most of Europe
- 'Collective action' by residents is a fundamental challenge... where are the voices of residents heard & who is listening?
- Political platforms pay almost no attention to care homes: eclipsed by wider issues relating to 'social care'; occasionally crises (e.g. large care home provider collapsing); discussion always starts with costs!
- Care home residents tend to be conceptualised as 'patients', they don't require ongoing interventions or support; care homes as places that are not permeable, not part of 'normal communities': hidden from the public gaze
- Specific United Nations conventions relating to rights for children, disabled people and women, *no specific convention yet exists for older people* (Age International & Age UK, 2015)
- Ageism is also relevant: lack of recognition, definition and implementation of human rights for older people is aided and abetted by ageism (Duffy, 2016)

Human rights & care home residents: Levers

International Levers:

Human Rights Watch (2020) stated that:

- *'As of Oct 20, the UK had the most Covid-19 deaths in Europe with 45,365 dying of complications from the disease, many of them in facilities for older people. Specific concerns arose around as to whether the UK government had acted swiftly enough to protect the rights to life and health of people in these facilities'*

Amnesty International's (2020) report *'As if Expendable: The UK government's failure to protect older people in care homes during the Covid-19 pandemic'* stated:

- *...'UK govt, national agencies and local level bodies (such as local authorities) have taken decisions and adopted policies that have directly violated the human rights of residents in care homes'*

(Some) National Levers

- *Call for a public enquiry:* e.g. in Northern Ireland, Scotland.
- *The Good Law Project:* judicial review in England of links between lack of PPE & deaths of residents & staff
- Some evidence of *coherent responses from key national agencies* including health services, organisations that represent the care home sector & older people (e.g. Care England, Age UK) & local government organisations
- *Professional bodies* such as the British Medical Association
- Learning from *social workers who are based in care homes* (in US, Australia & at least one European country)

What social work can do: Part 1 - doing a better day job

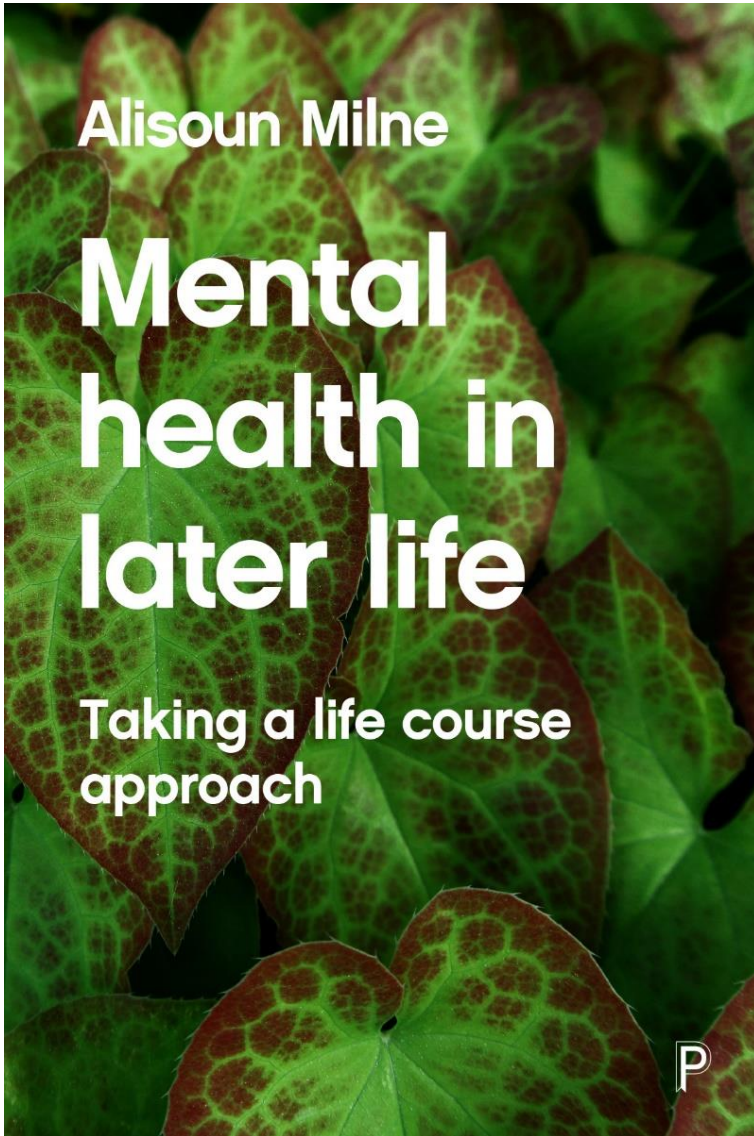
- x Covid may offer us - as a profession that purports to uphold the values of human rights & social justice - an opportunity to work differently with care home residents, families & staff: social work has much to offer
- x ***Working with care homes directly:***
 - x Advocating for the rights of care home residents
 - x Working with families e.g. running a relatives group
 - x Helping with training of care staff and managers e.g. regarding new legislation/policy
 - x Supporting the admissions process beyond the purely transactional
 - x Preventing and addressing issues of abuse and neglect
 - x Monitoring the quality of care, &
 - x Being a trusted professional the care home can engage with outside of 'a safeguarding alert' or a crisis admission from hospital (Anand et al, 2021)

What social work can do: Part 2 - reengaging with the political

- × **If abuse & neglect in care homes are (partly) created by structural deficits then social workers need to challenge them: an intrinsic part of their role in protecting care home residents' human rights (Brennan et al., 2020)**
- × **The fact that European states have failed to uphold even the most basic human rights of care home residents during the pandemic should act as a call to 'political arms' for social workers: the voice of social work was largely absent from the field & from critical analysis (Anand et al, 2021)**
- × **It is urgent, in the current political climate of Europe, for social workers to reclaim their human rights mandate for care home residents by reengaging with 'the political':**
 - × **As care home residents were particularly damaged by the twin forces of the pandemic & pre-existing structural inequalities this demands political solutions (Pentini & Lorenz, 2021)**
 - × **Effectively addressing the poor status & treatment of care home residents & the abuse & neglect that structural deficits create, is a political task; protecting & promoting their human rights is a conjoined political activity - they are two sides of the same coin**
 - × **Let's explore whether - & how - social work can tackle this challenge!**

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Mental Health in Later Life

Taking a Life Course Approach

Focusing on mental health rather than mental illness, this book adopts a lifecourse approach to understanding mental health and wellbeing in later life.

Fantastic review in the British Journal of Social Work in Jan 22: <https://academic.oup.com/bjsw/advance-article/doi/10.1093/bjsw/bcac005/6511674?guestAccessKey=e015fbf9-ecdc-4025-ad9d-e23316aca755>

"I cannot think of anyone better equipped to take on the challenge of exploring the complex topic of mental health in later life than Alisoun Milne. She combines academic knowledge and research with her roots in social work, her capacity to stimulate critical thinking and her commitment to addressing inequalities and promoting social justice."

Tom Dening, University of Nottingham

"Milne delivers a thoughtfully considered examination of mental health and later life. She exposes the complex and varied textures of people's lives into older age that impact well-being. A highly readable text relevant for all health and social care students and practitioners." **Mary Pat Sullivan**, Nipissing University

Drawing together material from a number of different fields the book analyses the meaning and determinants of mental health amongst older populations and offers a critical review of the lifecourse, ageing and mental health discourse for students, professionals, policy makers and researchers.

policy.bristoluniversitypress.co.uk/mental-health-in-later-life