



UK Covid Inquiry



Hourglass feedback to Module Ten (Impact on Society) of the Covid-19 Inquiry Roundtable.

“OLDER VICTIMS OF ABUSE WERE LOCKED IN AND LEFT BEHIND”.

HOURLASS FEEDBACK TO MODULE TEN (IMPACT ON SOCIETY) OF THE COVID-19 INQUIRY ROUNDTABLE.

INTRODUCTION

On 2nd April 2025, Hourglass CEO Richard Robinson gave evidence to Module 10 of the Covid-19 Inquiry Roundtable, speaking about how older people were overlooked throughout the pandemic, many of whom were trapped with their abusers, cut off from support, left out of crisis planning, and had their needs ignored in pandemic guidance and restrictions.

He called for urgent and lasting change including:

- A Violence Against Older People Strategy to sit alongside the existing VAWG framework
- A comprehensive Safer Ageing Strategy to tackle abuse, ageism, and structural neglect
- Ring-fenced, multi-year funding to expand the UK's critically under-resourced specialist support services for older victims.

COVID-19 INQUIRY ROUNDTABLE BRIEF (MODULE 10)

The Inquiry's final investigation (Module 10) sought to examine the impact of the pandemic on society in the UK. The scope broadly included:

- Vulnerable people, including those who faced domestic abuse, homelessness, were within the immigration and asylum system, were in prison or other places of detention and those who were affected by the operation of the justice system
- Adult mental health and wellbeing.

HOURGLASS REFLECTIONS

PANDEMIC RESTRICTIONS HAD A SIGNIFICANT IMPACT ON VICTIMISATION AND ABUSE RATES.

Hourglass saw its proportion of calls concerning abuse dramatically increase, suggesting that the added time perpetrators and victim-survivors spent in the same confined living spaces led to an increase in abuse. Calls to the Hourglass 24/7 helpline saw a 33% increase between 2019-20 and 2020-21, and saw a further 22% increase from 2020-21 and 2021-22.

Looking at the Hourglass “**Growing Older Under Lockdown**” research from June 2020, a majority of respondents indicated that they believed that the abuse of older people had increased during the lockdown (52.9%), while 38.2% thought it had stayed broadly the same, and just under 10% of respondents thought it had decreased (8.9%).

PANDEMIC RESTRICTIONS IMPACTED ON THE NATURE OF DOMESTIC ABUSE PERPETRATED DURING THIS TIME.

First and foremost, the pandemic restrictions meant that in many cases, perpetrators and victims were stuck in the same vicinity with each other, where tensions were exacerbated and abuse became more likely, and where the lack of normal social contact increased the risk of abuse and neglect.

Psychological abuse was the most frequently reported concern to the helpline in 2020 (38%), followed by economic (34%), neglect (17%), physical (11%) and sexual (1%). 2020 marked the first year since 2017, that economic abuse was not the most prevalent type of abuse seen by the helpline.

In comparing helpline data from the first six months of the pandemic (April-September 2020) to the same period in 2019, calls relating to abuse perpetrated by a neighbour doubled in this period, from 3% of calls to 6% of calls. There was also an uptick in calls relating to abuse committed by a grandson/granddaughter.

We received fewer calls concerning economic abuse in this period than in April-September 2019, but a higher number of calls for each of the other types of abuse (physical, psychological, neglect and sexual abuse).

Calls relating to sexual abuse, although still the lower proportion of enquiries, doubled in 2020 compared to 2019.

Economic abuse related calls to our helpline in 2020 illustrated that at least **£13,477,870** was reported as stolen, defrauded, or coerced from older people.

Hourglass saw a diversification of the types of calls received on our helpline during the pandemic, as well as calls from those experiencing or concerned about abuse, a larger number of calls concerned loneliness and isolation. These concerns are risk factors to abuse.

THE PANDEMIC IMPACTED THE LIVES AND EXPERIENCES OF THOSE REQUIRING SAFEGUARDING AND SUPPORT FOR DOMESTIC ABUSE.

Above all, structural and personal ageist attitudes appeared to perpetuate during the pandemic, with the lives of older victim-survivors of abuse and older people in general being seen as a burden or of less worth than others. The pandemic led to new inequalities in the standard of care, as well as the reinforcement of existing inequalities for older people, and an overall disregard for the lives of older people in general.

The Covid-19 pandemic had a disproportionate impact upon older people, in terms of severity of disease and death rates as patients in the age group of 65 and over accounted for 60% of hospital admissions for Covid-19 in 2020.

CARE HOMES

Older people residing in care homes were failed during the first phase of the pandemic by inadequate provision of Personal Protective Equipment (PPE). An 'Action Plan for Care Homes', which included commitment to providing PPE and testing, was not put in place by the Department of Health and Social Care (DHSC) until 15th April, six weeks after the government's national 'coronavirus action plan' which made no mention of care homes.¹ In her review of deaths in UK care homes Milne (2020) concluded that, "care home residents are simply not considered to be important enough to justify the deployment of resources, to be protected or be included in pandemic planning".²

A report published in 2021 by the Public Accounts Committee (2021) found that a decision to prioritise hospital PPE resulted in care home workers and residents being left without proper protection. According to the chair "Frontline workers were left without adequate supplies, risking their own and their families' lives to provide treatment and care." The committee noted that the shortage of PPE in care homes were only a fraction of the PPE needed compared with the health service, this only being taken seriously by the government after high mortality rates became clear.

The UK's strategy of prioritising the protection of acute National Health Service (NHS) services at the expense of out-of-hospital 'at risk' populations was a key cause of excess deaths. At least 25,000 people were discharged from hospitals into care homes to free up beds between March and June 2020.³ This large group of patients were not routinely tested for Covid-19. In many cases the virus was brought into care homes where it quickly spread, creating a cluster effect.⁴

A Manchester University report estimated that 29,400 more care home residents, directly and indirectly attributable to Covid-19, died during the first 23 weeks of the pandemic than would be expected from historical trends.⁵ This was equivalent to 6.5% of all care home beds available in England at the time. The causes for this are multiple, and include administrative decisions such as the discharge of older people from hospitals without Covid-19 tests.⁶

The UK government also suspended oversight visits from the Care Quality Commission (CQC) during the pandemic.⁷ The decision to exclude CQC visits contributed to care homes becoming (more) closed as institutions. It made it less likely that residents could gain access to health care, while also increasing the risk of abuse and neglect for older people, as well as ensuring that abuse was less likely to be reported.

DO NOT ATTEMPT RESUSCITATION (DNAR) CONCERNS

There were a number of ethical and professional concerns with approaches to end of life care during the lockdown period. There were reports of Clinical Commissioning Groups and GPs proceeding or making blanket resuscitation decisions without consultation with residents, families, or care home staff.⁸

Hourglass received around 30 calls relating to concerns around Do Not Resuscitate orders being used incorrectly. As a UK government response to human rights issues and Covid-19 noted, “The blanket imposition of DNACPR notices without proper patient involvement is unlawful. The evidence suggests that the use of them in the context of the Covid-19 pandemic has been widespread”.⁹

In October 2020, the Care Quality Commission conducted a review finding evidence of misuse of DNRs, finding a shocking 30% of individuals with a DNR in place and 28% carers were not aware that a DNR had been applied.¹⁰

LONELINESS

Hourglass's work **"Voices of the Pandemic,"** an exploration of what life under lockdown was like for older people, suggested that the second most common feeling or experience for older people during lockdown was that of loneliness or isolation, which was seen in almost 30% of responses, with 67% of these responses being negative.

In 2021, 24% of people aged 50 and over and living in England indicated that they felt lonely some of the time, while 7% (around 1.4 million people) felt lonely often, and 9% of older people reported that they felt cut off from society.¹¹ As such, a broad concern to the safe ageing of older people has been increased social isolation under the restrictions of the pandemic. Other organisations also identified an increased presence of loneliness in older people during the Covid-19 lockdowns.

In its April 2021 survey of 500 people aged over 70, the older persons group Elder noted that 35% of respondents were lonelier as a result of the lockdown, and 55% of those living alone are getting less contact with their family.¹²

The risks of loneliness and isolation in older age are multifaceted, encompassing health risks. Social isolation has been associated with a 32% increase in stroke risk, a 29% increase in coronary heart disease, and a 50% increased risk of developing dementia.¹³ Diminished immune system functioning, anxiety, and increased risk of Alzheimer's disease can also stem from loneliness in older age. Loneliness and isolation is also an increased risk factor for abuse, opening many older people up to exploitation.

As well as connections to health themes, negative depression/mental health responses also were found in conjunction with expressions of negative loneliness/isolation themes.

"It feels a little lonely and depressing environment which is not helpful to anyone as well as other problem. Food shopping getting other necessities."

"I have felt lonely depressed and forgotten."

"I've had no social life which has impacted my mental health severely."

Other negative responses mentioned a worry about economic downturns, and a few noted the immense effect that the mental toughness of the pandemic and lockdown was having on them.

"Life is pretty anxious and scary under lockdown with imminent economic downturn."

"Living nightmare."

"My life has been hell."

"Long boring and mentally affected."

VULNERABILITY TO ABUSE

Respondents aged over 70 in the “**Growing Old Under Lockdown in the UK**” survey were asked whether they felt more or less vulnerable to abuse or neglect as a consequence of the UK Government self-isolation guidelines.

A large majority noted that they felt about the same (65.4%,) with a smaller proportion either indicating feeling more vulnerable (21.2%,) or less vulnerable (13.5%). When a similar question was asked to those under 70 but who had a relative aged 70 or over, almost half indicated that they felt their relative had become more vulnerable to abuse or neglect (47.6%,) a much larger proportion than the older people themselves. A smaller proportion of those aged under 70, also thought that the vulnerability of their relatives had stayed the same (41.9%) compared to the 65.4% of those aged over 70.

THE PANDEMIC IMPACTS VARIED BY DIFFERENT DEMOGRAPHIC GROUPS AND GEOGRAPHICAL LOCATION.

One important issue raised by research concerns the intensification of discrimination experienced by marginalised and stigmatised identities in the context of COVID-19.

A report by Kneale and Bécaresin (2020) which explored the mental health and experiences of discrimination of LGBTQ+ people in the UK, found that almost one in five respondents had experienced some form of discrimination during the pandemic, with a ‘u-shaped trend in terms of age’, with the oldest and youngest LGBTQ+ groups at greatest risk of discrimination.¹⁴

The LGBT Foundation in the UK, highlighted the greater likelihood of isolation amongst older LGBT people (40% of survey respondents aged 50+ were living alone compared with 30% of all LGBT respondents). The survey noted: “LGBT older people who live in a world hostile to their identities may be reluctant to access support due to fears of encountering discrimination, further exacerbating this isolation and lack of support”).¹⁵

THE PANDEMIC REDUCED AVAILABILITY AND ACCESSIBILITY OF SAFEGUARDING AND SUPPORT FOR DOMESTIC ABUSE.

In general, older victim-survivors access to specialist support and safeguarding for domestic and other forms of abuse is lacking in all times. Funding cuts and a propensity to focus on those statistically most likely to become victims, have led to a “one size fits all” approach to service delivery, which results in a lack of specialist knowledge, understanding, and support for older victims.

The impact of the pandemic further made access to support limited for older victim-survivors of abuse, restrictions meant that older victim-survivors could not leave their houses for fear of catching Covid-19 and as such were stuck in close proximity with perpetrators, the loss of funding blunted the ability of specialist support services to provide effective remote assistance, while the effects of the pandemic on employees of specialist support services was also detrimental to adequate specialist support.

Government messages were also confused around support for older victims, The Home Office’s #YouAreNotAlone initiative failed to respond to the different needs of older victims of abuse. The message empowering victims to leave home and seek refuge despite the lockdown rules failed to account for the challenge and complexity of leaving home for older people. Leaving an abusive environment is only a solution if there is appropriate alternative accommodation and if one’s care and support needs can be met. Further, this instruction conflicted directly with the public health directive for over-70s to shield from the coronavirus.

As noted above, older people’s voices and access to support were diminished by the restrictions placed by the government, widespread structural ageism and disregard for older people’s human rights seen in choices related to health and social care provision and support, as well as a lack of funding and support for employees of specialist support services.

ADAPTING SERVICES TO CHANGING CIRCUMSTANCES DURING THE PANDEMIC.

In order to help provide remote access to the latest research information, and support for older people during the pandemic, Hourglass developed the UK’s first **Knowledge Bank** focused wholly on the abuse and mistreatment of older people and safer ageing, with an initial launch in November 2020.

Hourglass invested in increasing capacity to cope with fluctuations in demand for the helpline. All staff across the charity received specialist training to receive helpline calls, and Hourglass operated a triage service to deal with increased call and case demand. Hourglass also introduced an instant messaging and text message service to provide alternative contact routes to access support, and worked towards developing the UK’s first and only 24/7 Helpline supporting older victims of abuse.

Hourglass collaborated during the crisis with widescale internal information sharing, and by utilising information and resources from other organisations. We also initiated localised support streams, for example our community hub in Fife instituted a short-term food delivery service to reach isolated and vulnerable older people.

WHAT CAN BE DONE IN FUTURE TO ENSURE PEOPLE HAVE ACCESS TO ADEQUATE SUPPORT WHEN THEY NEED IT, IN THE EVENT OF FUTURE PANDEMICS OR CIVIL EMERGENCIES?

Hourglass estimates that at a minimum, the total yearly social and economic cost to the UK of the abuse of older people is over £16 billion, and that this figure is most definitely an underestimate.

Normally a figure this large would be at the forefront of policy and public attention, but sadly older victim-survivors continue to be last in line and suffer from misunderstanding and a lack of both attention and care.

There are currently only 133 services that provide specialist community-based services (including by and for), out of the 1,450 necessary to cover all older people.¹⁶ These account as such for only 9.2% of necessary provision, with 1,317 specialist older person community-based services still needed.

As for refuges, there were only 28 refuges across England and Wales which had support or provided services for older victim-survivors. Looking at this compared to the population of over 60s across England and Wales according to the 2021 census (14.5 million, 3.3 million over 65) suggests that there is need of at least 1,450 refuges across England and Wales that have capacity to support older victim survivors (at least 330 if only looking at over 65s).

As such, ringfenced funding for specialist support services is essential to ensure that specialist groups have consistent support that understands their unique needs. Expanded and ring-fenced funding for support services tailored to older individuals, (with a focus on specific needs for groups such as older men, older LGBT, older minority groups, and older disabled people) including helplines, counselling services, shelters for older victims of abuse, and community based, person-centred/victim-led options. There is also a need to ensure accessible, quality assured health and social care services, including mental health support, for older people and support for those working in the sector.

It is essential that the UK Government commits to creating a strategy on the abuse of older people, as well as a separate strategy on ageing, ageism, and the rights of older people.

As the pandemic illustrated the high levels of structural and interpersonal ageism across the UK, there is a need for the UK Government to promote intergenerational activities and initiatives to strengthen social connections and combat ageism and stereotypes, as well the need for the development of specific multiagency ageism related training for practitioners in the NHS, Social Care sphere, and justice system, as well as the development of a government backed campaign on ageism, age discrimination, and intergenerational working for schools and universities.

CONCLUSION.

Both older victim-survivors and older people in general were “locked in and left behind,” by Government policies during the Covid-19 pandemic. This can never happen again. Hourglass is calling for urgent and lasting change to support older people, and the development of a Safer Ageing Society by 2050, including the commission of a Violence Against Older People Strategy to sit alongside the existing VAWG framework, and ring-fenced, multi-year funding to expand the UK’s critically under-resourced support services for older victim-survivors.

But this is no overnight project. We need support, understanding and, importantly, parity. But we believe a Safer Ageing Society is possible by 2050 in England, Northern Ireland, Scotland and Wales.

Why parity? Because care and legislation across the UK is a patchwork of provision. Some areas have specialist support and training and others do not. Different parts of the UK protect older people in differing ways, and some better than others. Vital data is available in some nations and regions, but is sketchy or non-existent elsewhere. It’s a lottery.

Funding parity is also necessary. Currently it is unfairly distributed. Hourglass is in a funding no man’s land – where the charity is neither seen as a frontline service or a niche specialist service. Therefore, the charity misses out on funding at both ends of the spectrum. The truth is, of course, that Hourglass is a frontline charity but the issue of the abuse of older people simply isn’t recognised as a major concern.

We need politicians, influencers, the general public and our colleagues in the third sector to join us on this quest for a safer ageing society. We know it won’t be easy. Yet, with real support, we can relentlessly advocate, challenge, and educate. We will listen, offer guidance, and stand in solidarity with anyone in the abuse sector and most importantly with victim-survivors, to deliver meaningful change for vulnerable older people and those affected across the UK. Our aim is to foster an environment where the safety and dignity of ageing individuals is guaranteed.

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Hourglass

Safer ageing · Stopping abuse



You can contact us in many ways:

24/7 Helpline: 0808 808 8141

Our helpline is entirely confidential and free to call from a landline or mobile, and the number will not appear on your phone bill.

Text message: 07860 052906

Texts from outside the UK will be charged at their standard international rate which will differ depending on location and service charges of your phone provider. The number will appear on your bill and in your phone records but will not be identified as Hourglass.

Instant messaging: www.wearehourglass.org

Chatbot: www.wearehourglass.org

Knowledge Bank: knowledgebank.wearehourglass.org

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