Universal Periodic Review
Sage Advocacy Written Submission
April 2026

Introduction

Sage Advocacy welcomes the opportunity to make a submission for consideration by the United Nations Human Rights Council for Irelands fourth Universal Periodic Review (UPR).

Sage Advocacy is the National Advocacy Service for Older People and Survivors of Institutional Abuse. It also supports adults in vulnerable circumstances and healthcare patients in certain circumstances, where no other service is available to assist. Sage Advocacy provides information, support and advocacy services, and its work on behalf of clients is independent of family, service provider or systems interests. Sage Advocacy's team of experienced advocates are available right across the Republic of Ireland and its service is free of charge and confidential. Sage Advocacy ensures that a person's voice is heard, that their wishes are taken into account and that they are assisted, in whatever way necessary, to be involved in decisions that affect them. Sage Advocacy's work is guided by Quality Standards for Support and Advocacy Work with Older People and a Case Management Group. Sage Advocacy's motto is*:* Nothing About You, Without You.

This submission is grounded in Sage Advocacy's extensive operational experience and informed by its comprehensive 'Voice Matters' Report which outlines high level issues identified by Sage Advocacy relating to the implementation of the Assisted Decision-Making (Capacity) Act 2015 as amended by the Assisted Decision–Making (Capacity) (Amendment) Act 2022 (ADMCA) (Appendix 1).

Given its extensive national footprint and role in supporting at-risk adults, Sage Advocacy is uniquely positioned to highlight gaps in Ireland's human rights framework as they are experienced in everyday practice.

This submission focuses on three priority areas that remain of critical concern; adult safeguarding, deprivation of liberty, and the protection of at-risk adults in health and social care settings. These issues are repeatedly evidenced in Sage Advocacy casework and represent key areas where Ireland is falling short of its international human rights obligations.

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Sage Advocacy therefore calls for urgent legislative and policy reform, including:

- the enactment of comprehensive adult safeguarding legislation,
- the introduction of a statutory protection of liberty framework,
- ratification and implementation of the Optional Protocol to the UN Convention against Torture (OPCAT), including establishment of a National Preventive Mechanism,
- recognition of independent advocacy in law, and
- a coordinated, rights-based approach to supporting adults who rely on health and social care services.

This submission outlines the human rights issues that remain unresolved since Ireland's third UPR cycle and provides evidence-based recommendations to ensure that no adult in any setting is left without protection, oversight, or access to justice.

1. Third Universal Periodic Review

1.1 In November 2021, Ireland underwent its third UPR, during which UN Member States issued numerous recommendations highlighting ongoing gaps in human rights protections. A key recommendation was that Ireland should urgently ratify the Optional Protocol to the Convention against Torture (OPCAT) and establish a National Preventive Mechanism.

1.2 Ireland also received several recommendations relating to adult safeguarding and deprivation of liberty, reflecting serious concerns about the absence of a statutory safeguarding framework for adults and the continued delay in OPCAT ratification.

1.3 These recommendations mirror concerns that Sage Advocacy encounters daily in its frontline casework, where gaps in legislation and oversight continue to place adults at risk.

1.4 Significant safeguarding gaps remain for vulnerable older people, especially those with high dependency needs or reduced decision-making capacity. These individuals continue to face inadequate protection from abuse, neglect, coercive control, and financial exploitation.

2. Adult Safeguarding

2.1 Ireland was urged to bring forward legislation to adequately safeguard individuals at risk of abuse, particularly those in residential care. The recommendations highlighted the need for a statutory basis for adult safeguarding to move beyond internal Health Service Executive (HSE) policies and ensure a cross-sectoral approach.

2.2 Adult safeguarding legislation is necessary to ensure compliance with Article 16 of the UN Convention on the Rights of Persons with Disabilities (UNCRPD), which provides that state parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects.

2.3 Article 16.5 of the UNCRPD requires that effective legislation and policies are put in place 'to ensure that instances of exploitation, violence and abuse are identified, investigated and, where appropriate, prosecuted'.

2.4 In Ireland, there is still currently no clear obligation on the State, state agencies or organisations to prevent harm or generally to protect adults at risk.

2.5 The need for safeguarding legislation has been identified repeatedly in recent years by various agencies (statutory and Non-Governmental Organisations). The Law Reform Commission Report (2024) recommended a new overarching statutory framework for adult safeguarding. It also proposed the establishment of a National Safeguarding Body with cross-sectoral powers to investigate abuse and promote standards. However, no meaningful progress has been made in implementing the recommendations from that report.

2.6 The Irish Human Rights and Equality Commission (IHREC) consistently submitted advice to the government urging the ratification of OPCAT to ensure independent inspection of all places of detention, including nursing homes and residential care settings.

2.7 The Department of Health has recently (December 2025) published a National Policy Framework for Adult Safeguarding for the Health and Social Care Sector. While the Irish government has committed to drafting a Safeguarding Bill to provide the necessary statutory powers recommended during the previous UPR, the continued delay in progressing same leaves thousands of vulnerable adults at risk of abuse, neglect, and financial exploitation.

2.8 There is a clear need for adult safeguarding legislation to be fast tracked, and immediate steps should be taken to protect the rights of people accessing health and social care services, and across all areas of society.

2.9 There is a need for the establishment of an independent National Adult Safeguarding Authority with overarching responsibility for safeguarding across all sectors. It should encompass all sectors of society, where an adult may be subject to or at risk of harm, exploitation, and abuse. There is a wider societal need for Adult Safeguarding, and a National Authority is required to strengthen policies and services.

2.10 The independent body's responsibilities should include a mandatory reporting requirement for designated professionals, to ensure there is a clear legal obligation to report suspected abuse or neglect to the Authority. The Authority must be required to undertake investigations. Article 12.4 of the UNCRPD mandates that states ensure all measures relating to the exercise of legal capacity provide effective safeguards to prevent abuse, respect the person's will and preferences, and avoid conflicts of interest.

2.11 The Authority should also be responsible for the promotion of standards in the safety and quality of services, to provide education, training, and public awareness, and to collect and collate accurate data on adult abuse.

2.12 The Authority should have full access to all settings, including private nursing homes and domestic settings where care is provided.

2.13 The legislation should provide for a statutory right to independent advocacy. This will guarantee that adults at risk are supported to express their will and preference during any safeguarding investigation, ensuring a rights-based approach is achieved.
Advocacy is a crucial element in the implementation and monitoring of compliance with UNCRPD obligations and to ensure that the voices of vulnerable people are heard and respected in decision making regarding their lives.

2.14 The current reliance on 'best practice' and internal HSE policy is insufficient. Ireland requires robust, cross-sectoral legislative protection. Sage Advocacy urges the Government to expedite the Adult Safeguarding legislation to ensure no adult is left without legal protection from abuse or neglect.

2.15 While the Domestic Violence Act 2018 did introduce a new offence of "coercive control", it limited the offence to where the perpetrator and victim are related to one another as intimate partners only. It therefore does not cover situations where the coercive control is by an adult child or sibling or carer of the vulnerable adult. This urgently needs to be rectified so that the offence of coercive control is extended to all relationships.

2.16 Older people are at risk of abuse, neglect, and coercion and often without recourse to any statutory protection or accountability. There is increasing awareness and evidence of the financial abuse and theft of vulnerable adults. Sage Advocacy casework shows that greater regulation and oversight of the social welfare payment agency system is required.

2.17 The 2023 National Safeguarding Office Annual Report confirmed that the HSE National Safeguarding Office was notified of 18,290 safeguarding concerns in 2023. The most frequently

reported types of abuse include psychological abuse, physical abuse, financial abuse and neglect, and self-neglect.

These are extremely important issues which require much more attention by Government. The report of the Fundamental Rights Agency, 'Places of Care = Places of Safety?' in November 2025 (Appendix 2) points to the need for systemic change.

2.18 It is the Sage Advocacy experience that adults with a disability of any kind remain insufficiently protected under Irish Law due to a lack of safeguarding legislation. In short adults who are at risk on account of any disability at any stage of their lives need State protection of their rights and yet the State has failed to provide this to date.
Sage Advocacy strongly supports the transition from a policy-based approach to a statutory framework that ensures the rights, dignity, and safety of all adults, particularly those in vulnerable situations are respected.

Sage Advocacy emphasises that the continued delay in introducing adult safeguarding legislation represents an immediate and ongoing risk to life, dignity and bodily integrity.

3. Deprivation of Liberty

3.1 Liberty is a fundamental human right under the Irish Constitution, European Convention on Human Rights (ECHR) and the UNCRPD.

Yet, Ireland does not have a legal framework to authorize and oversee the deprivation of liberty in settings like nursing homes, hospitals, and disability facilities. Ireland must ensure that any restriction of liberty is 'prescribed by law'.

3.2 There is a gap in legislative provisions in Ireland for protection of liberty for people who lack capacity to consent and who reside in a situation where they are not free to leave. Objectively, they are held against their will. Under Article 5 of the ECHR, this can only happen in accordance with a procedure prescribed by law and must be amenable to review and challenge. There have been repeated calls in Ireland for the State to enact legislation on Deprivation of Liberty in accordance with international human rights standards and norms regarding use of detention and restraint including the UN Convention Against Torture (UNCAT), the UNCRPD and the ECHR.

3.3 The lack of Protection of Liberty legislation represents a significant derogation in implementing the provisions of the UNCPRD. While such legislation is being considered by the Irish Government, progress has been slow.

3.4 Ireland continues to lack clear statutory safeguards to prevent arbitrary deprivation of a person's liberty. High-profile cases of institutional abuse in the media are evidence that the existing non-statutory policies are insufficient to protect residents.

This legal vacuum leaves professionals uncertain, institutions unregulated in this area, and individuals without the procedural safeguards required under Article 5 ECHR.

3.5 The Health Information and Quality Authority (HIQA) do not have the legal function to judge whether an individual is being legally detained against their will in a private setting. Their role is primarily to ensure a centre is registered and compliant with health standards and regulations, rather than acting as a personal advocate or investigator for individual civil rights violations.

3.6 In addition, HIQA has no legal right of entry to investigate safeguarding concerns in an individual's private residence. If a vulnerable adult is being abused or neglected by a family member or a private carer in their own home, HIQA has no jurisdiction to enter, even if a serious risk is reported.

3.7 Notably the Decision Support Service (DSS) which operates under the ADMCA has no authority in respect of authorisation of detention for protection or the investigation of deprivation of liberty cases. This has resulted in individuals being detained without a clear legal process and without any formal review mechanisms.

The DSS's authority is confined to safeguarding the integrity of decision-making arrangements. The DSS does not investigate general abuse or neglect unrelated to a formal decision support arrangement.

3.8 There is a clear violation of Article 5 of the ECHR (Right to Liberty) and Article 12 of the UNCRPD (Equal Recognition before the Law).

3.9 After years of delay, the ADMCA was commenced in April 2023, and while this heralds a huge transformation in the law and progress towards implementation of the principles of the UNCRPD, the issue of deprivation of liberty is one of the most notable 'missing pieces' in Irish human rights law.

3.10 Ireland has continually failed to ratify OPCAT, despite signing it in 2007. This means that there is still currently no national preventive mechanism to oversee places of detention.

3.11 Many older people in nursing homes are de facto detained due to doors being locked and keycode systems being used or being unable to leave without permission. In many instances valid consent to living in a nursing home is often not obtained, especially where decision-making

capacity is reduced. Decisions are frequently made by a person's next of kin, a role that has no legal standing in Irish law, to consent to a deprivation of liberty. Placement in a nursing home must not be based on what a doctor thinks is 'best', but on the person's expressed will and preference. Where this is unknown, an independent advocate should be appointed to reconstruct those preferences.

The document at Appendix 3 highlights five key human rights concerns affecting older people in care in Ireland. These concerns arise largely due to lack of safeguarding legislation, insufficient community supports, and inadequate protection of autonomy, consent, dignity and liberty.

3.12 There is no statutory right to residential care in Ireland. While individuals may qualify for financial assistance, this does not extend to a guaranteed place in residential accommodation. Likewise, Ireland does not provide a statutory right to adequate alternatives to residential care, leaving older people with very restricted options. At present, there is no legal provision ensuring access to community-based alternatives to congregated residential settings, such as suitable housing, home support, day services, or social work services. The Health (Amendment) (Home Support Providers) Bill is currently before the Oireachtas Committee, however its scope is confined to regulating home-care providers.

This limited focus raises particular concerns for individuals who require health or social care supports, as many are effectively compelled into arrangements that do not reflect their will or preferences. As a result, their autonomy and choice are undermined, and many older people enter residential care unnecessarily. In practice, this can amount to a de facto deprivation of liberty for a significant number of individuals.

3.13 Sage Advocacy casework suggests that some people require relatively little assistance but, due to the lack of appropriate services in the community, they may have no alternative but to go into a nursing home which is completely inappropriate for people under 65 with a disability or persons over 65 with relatively low care needs. Instances very regularly come to light where because the basic support required for daily living is lacking, people had to move into a nursing home.

3.14 A key underlying issue is that there is grossly inadequate home care support provision in some areas and, to compound the matter, nursing home residents tend not to be prioritised for home support which means their liberty continues to be compromised by the fact that they must remain in a nursing home setting against their wishes.

3.15 In some cases, a requirement for 24/7 supervision is identified which is impossible to achieve in a community setting within the resources available. This leaves residential care as the only option which is essentially a deprivation of liberty arising from absence of meaningful choice.

3.16 Numerous Sage Advocacy cases clearly illustrate both the need for Adult Safeguarding legislation and the extension of the offence of coercive control. For example, cases where relatives exert significant control by insisting that a person should not be allowed to return home 'for their own safety'.

3.17 Sage Advocacy casework demonstrates clearly that the absence of specific deprivation of liberty legislation results in the liberty of many vulnerable people being curtailed, particularly those in nursing homes and other residential care facilities. Overall, the lack of legislation undermines the ability to safeguard older persons' rights, leaving them vulnerable to systemic neglect and rights violations which include the following:

1. Older persons in residential care settings may be in practice detained against their will, with no statutory right to alternative care services leading to a deprivation of their liberty.
2. Older people are at risk of abuse, neglect, and coercion and often without recourse to any statutory protection or accountability.
3. The absence of legislation to protect liberty and autonomy results in ongoing breaches of fundamental human rights, including the right to freedom of movement and dignity.
4. Older persons have few avenues to challenge their care arrangements or restrictions, as there is no automatic review process to ensure their rights are upheld.

3.18 The Report at Appendix 4 outlines the flaws in Ireland's long-term support and care system, the over reliance on institutional nursing home care, and the lack of an integrated, rights-based model that supports older people to live at home or in their communities.
By failing to legislate for deprivation of liberty, the State is essentially operating a policy of 'institutionalisation by default' for adults with disabilities and older people.

3.19 The High Court's inherent jurisdiction is being relied upon more frequently in order to protect a person's rights in relation to liberty and personal autonomy.

The inherent jurisdiction of Ireland's High Court is regularly used to consider matters in relation to the protection of liberty due to the absence of suitable legislation. Given the lack of statutory provision there is uncertainty around the procedural safeguards that would be expected when interference with such a significant right is being considered.

3.20 The legislation should ensure that any person whose liberty is being restricted has access to non-means-tested legal aid, and to independent professional advocacy to ensure their 'will and

preference' is heard. A person should be afforded a state-funded pathway to challenge their detention without the prohibitive costs of private litigation.

3.21 The legislation must apply equally across all settings, including private residential care, acute hospitals and 'supported living' arrangements in the community.

3.22 The Report at Appendix 5 provides further details on what is required for a modern, rights-based safeguarding framework.

4. Conclusion

4.1 The systemic issues identified across safeguarding, liberty, and accountability mechanisms demonstrate that Ireland has not yet met the threshold required by the UN to ensure full protection of the rights of adults at risk. Legislative and policy reform must be accelerated if the State is to meet its obligations under the UNCRPD, OPCAT and wider human rights instruments.

4.2 There is a pressing need for Ireland to enact comprehensive Social Care legislation, similar to the Care Acts in the UK, to establish a statutory right for individuals to have their care and support needs formally assessed.

4.3 Sage Advocacy urges the Human Rights Council to recommend that Ireland prioritise immediate legislative action to ensure that the rights of older people and adults with disabilities are fully protected in law, policy and practice.

Appendices

1. Sage Advocacy, 'Voice Matters' Report.
2. Fundamental Rights Agency, 'Places of Care = Places of Safety?'
3. Sage Advocacy, 'Older Persons in Receipt of Care: Five Human Rights Concerns in Ireland'.
4. Sage Advocacy 'Choice Matters' Report.
5. Safeguarding Ireland, 'Identifying Risks, Sharing Responsibilities, The Case for a Comprehensive Approach to Safeguarding Vulnerable Adult