



Submission from Sage Advocacy on the Zero draft of the new Regional Implementation Strategy (RIS) for the Madrid International Plan of Action on Ageing (MIPAA) for the UNECE region – “A future for all ages”.

Which sector do you represent?

Civil society

Country: Ireland

Organization: Sage Advocacy CLG

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General comments

Sage Advocacy is the National Advocacy Service for Older People and Survivors of Institutional Abuse. In extenuating circumstances, it can support at-risk adults or healthcare patients where no other services are able to assist. Its services are free, confidential and independent of family members, service provider and systems interests. Sage Advocacy provides a continuum of services: Information – Support – Advocacy -

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Safeguarding – Systems & Policy Change. It works across all settings: homes, day centres, congregated care settings / nursing homes, hospitals, hostels, hospices, prisons and in the process of transitions between them. Sage Advocacy is funded from public sources.

Since April 2023, Sage Advocacy has also had an active role in supporting people navigating the Assisted Decision-Making (Capacity) Act 2015 as a core legal reform in supported decision-making in Ireland. Sage Advocacy produced a report, entitled Voice Matters, in 2025 on its observations on the implementation of this legislative reform in Ireland.¹

Sage Advocacy welcomes the Zero Draft of the New Regional Implementation Strategy (RIS) and its strong commitment to human rights, equality, participation, autonomy, inclusion and security across the life course. A recent submission by Sage Advocacy on the International Binding Instrument on the Human Rights of Older Persons echoed the need for similar commitments.² The six strategic priorities set out in the Zero Draft provide a comprehensive framework for responding to demographic change and promoting the rights and well-being of older persons and to continuing to challenge ageist and discriminatory perspectives.

From Sage Advocacy's perspective, this presents a key opportunity to strengthen the implementation of these commitments both at a domestic and international level. In particular, the RIS should make it clearer as to how older people can effectively exercise their rights in practice, particularly where they require or wish to access care, support, protection or assistance to participate in decision-making. The Strategy should ensure that autonomy, voice, choice and control are protected throughout a person's life and in all settings, including health and social care, long-term care, housing and situations of safeguarding concern. It should identify safeguards that need to be available where a person needs support to protect, promote or enforce those rights (such as in the provision of independent advocacy).

An important fact not adequately acknowledged in either the Madrid International Plan of Action on Ageing itself or in the Regional Implementation Strategy is that the older population is by no means a homogeneous population. If the Strategy is to be meaningful, it must include some differentiation based on age, social class, geographical location, health status and decision-making capacity. Otherwise, it runs

¹ <https://sageadvocacy.ie/wp-content/uploads/2025/05/Voice-Matters-MAY-2025.pdf>

² <https://sageadvocacy.ie/wp-content/uploads/2026/06/Submission-by-Sage-Advocacy-Ireland-on-an-International-Binding-Instrument-on-the-Human-Rights-of-Older-Persons.pdf>

the risk of lacking in precision in terms of strategic thinking and, therefore, in being too generic to enable meaningful participation by all cohorts of older people.

1. Strategic priorities

Sage Advocacy supports the six strategic priorities in the Zero Draft and considers that, taken together, they provide an appropriate framework for the RIS. Sage Advocacy does not propose additional overarching priorities. Instead, it recommends strengthening the existing priorities by making the practical mechanisms through which rights are exercised more explicit and tangible.

In particular, the RIS should consistently recognise:

- that all individuals have legal capacity, on an equal basis with others irrespective of age, disability, health status or otherwise;
- supported decision-making and respect for a person's will and preferences, including where a person requires assistance to communicate or make decisions;
- independent advocacy as an important means of enabling people to understand, exercise and enforce their rights;
- access, choice and control in relation to care and support, including the right to participate in decisions about where and how support is provided;
- the principle that the need for care, support or protection must not in itself result in an approach that assumes real or perceived loss of autonomy or decision-making rights; and
- access to complaints, appeals, redress and effective remedies, including appropriate assistance for people who may otherwise be unable to access these mechanisms.

These elements would, Sage Advocacy submits, give greater practical effect to the human-rights commitments already articulated in the Draft.

While priority VI (Ensure safety, protection and financial security) references access to justice issues, Sage Advocacy recommends that the term 'Access to Justice' is Included in the title for that priority as it has emerged as a major issue in Sage Advocacy's casework and is further outlined in Sage Advocacy's Report entitled Access to Justice.³

2. Missing themes or issues

While many relevant issues are addressed across the six priorities, some important themes could be made more explicit in the Zero Draft.

First, there is a need to strengthen the connection between autonomy and safeguarding. Protection from abuse, neglect, exploitation and other harms must be pursued in ways that respect the person's rights, will and preferences and are proportionate and least restrictive. It should be explicitly stated that there is a critical distinction between a person's ability to make decisions and their ability to execute those decisions.

Second, financial security should be linked more explicitly to financial autonomy and control. Older people should be supported to exercise control over their financial affairs, with effective safeguards against financial abuse, exploitation and undue influence. In addition, older people should be encouraged and incentivised to plan for their future (such as creating an Enduring Power of Attorney or Advance Healthcare Directive).

Third, the Strategy should recognise the importance of independent advocacy particularly for people who may lack family or informal support, where conflict exists, where they experience communication barriers, or where they face difficulties navigating complex health, social care, legal or administrative systems.

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The RIS should recognise that protecting a person's human and legal rights can be particularly challenging at points of transition, for

³ <https://sageadvocacy.ie/wp-content/uploads/2023/12/sage-access-to-justice-report.pdf>

example, between home, hospital, residential care and community services. Continuity of voice, decision-making, advocacy and safeguarding should therefore be reflected across the Strategy.

Finally, and very importantly, the fact that a social inclusion approach to older persons requires a whole of society approach needs to be more explicitly stated. While the concept of inter-generational solidarity is referenced throughout, it needs to be made a more central component of the Strategy to counteract more negative views about older persons and a tendency by younger generations to see them as a social problem rather than a human resource.

There are many older persons who can and do make an economic and social contribution when and if given an opportunity. The wisdom of old age often goes unacknowledged. The unpaid contribution of older people to voluntary activities and caring is often overlooked. Even among those who are unable to work, or who are frail and needing care, there is potential for better social integration between the ages and an acknowledgement of the fact that invariably the people who are now old have made a significant contribution over the life cycle and, indeed, can, given the opportunity, continue to do so by acting as mentors to younger generations. Also, very important is the fact that older persons are significant consumers of goods and services and thereby contribute to national economies.

3. Coherence across chapters

The six priorities are appropriately interconnected, but the cross-cutting principles of voice, choice, autonomy and supported decision-making should be applied consistently throughout the RIS rather than appearing only in relation to participation or care.

For example, participation should extend beyond consultation to meaningful involvement and determination in decisions affecting the individual and the wider community. There is a critical difference between participation by older persons and consultation -- the latter is often what happens in practice. Similarly, person-centred health and long-term care should explicitly include choice, control and respect for will and preferences. This matter was addressed in a report by Sage Advocacy, entitled Choice Matters.⁴ Safeguarding should be understood as both

⁴ <https://sageadvocacy.ie/wp-content/uploads/2023/12/choicematters2020.pdf>

protection from harm and protection and promotion of the person's rights and autonomy. Safeguarding should also include a strong focus on protection of liberty, particularly in the context of people in residential nursing home care settings where in some instances people are effectively detained against their will. There should also be some reference to ensuring that nursing home residents are not subjected to degrading treatment, for example, in the management of (in)continence care.

In addition, the issue of accessibility must be at the core of the RIS. Whilst Priority II includes reference to digital inclusion, all forms of accessibility must be considered in each area. Digital exclusion is an issue that arises frequently in Sage Advocacy's casework however accessibility in terms of service provision more generally is a huge challenge and the need to ensure public and private service providers consider and provide reasonable accommodations where required is paramount.

Greater consistency in such areas would help ensure that the RIS better represents older people as rights-holders and to challenge any ageist or discriminatory narrative of people being seen based on them being recipients of care or protection for example. The same principles should apply across health and social care, housing, digital services, financial systems, justice, emergency planning and other areas of implementation.

4. Monitoring and implementation arrangements

There is a major difference between laudable aspirations and actual practice relating to respecting older people's will and preferences and in stating that they should have access to health and social care supports commensurate with their needs.

The effectiveness of the RIS will ultimately depend on whether its commitments result in measurable changes in people's lived experience. Monitoring should therefore go beyond the existence of policies, strategies and services and assess whether older people are actually able to exercise their rights in a meaningful way. Sage Advocacy has experience of supporting people where the policy, strategy and service design appear to be aligned to meet a person's needs or to foster inclusion but where the translation in implementation does not follow through in reality.

Implementation and monitoring arrangements should include indicators relating to choice and control, meaningful participation, supported decision-making, access to independent advocacy, access to complaints and remedies, safety and safeguarding, and financial autonomy and, very importantly, the right to self-determination and autonomous decision-making in all health and social care and financial matters, and the right to be provided with appropriate decision-making supports to do so.

The experience and evidence generated through independent advocacy, complaints, safeguarding processes and other mechanisms should be used as part of implementation monitoring. Older people, representative bodies and other organisations representing their interests (such as Civil Society Organisations) should have a meaningful role in monitoring and reviewing progress.

Sage Advocacy considers that this would strengthen the RIS by moving from a commitment to rights towards a clearer framework for ensuring that those rights can be understood, exercised, supported and enforced in practice.

Sage Advocacy would welcome the opportunity to discuss, present and expand on any of these points further.

Comments Matrix

To facilitate the consolidation and review of comments, you are invited to use this template to submit your observations. For each proposed modification, please indicate the relevant section or paragraph, the proposed wording, and the rationale for the suggested change.

Paragraph	Proposed change	Rationale / Justification	Nature of comment*	Priority**
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Para. 11	Reference should be made to education about supported decision making and presumption of capacity where someone has or may have difficulty making their own decisions.	Para.11 refers to ageism in Institutional practices In Sage Advocacy's case work staff often see legal, health or financial service providers asking for capacity assessment as a barrier to services before supporting the person so make their own decisions. These requests can be premature and based on assumptions made due to age, physical appearance, place of residence, different communication style, medical status or disability.	S	High
Para. 13	Reference should be made to ensuring accessible and effective systems that support people to complain or challenge public policies or approaches that promotes generational conflict or ageist perspectives.	In line with Sage Advocacy's <i>Access to Justice Report</i> (referenced above), it is essential that a person has access to recourse to challenge inequality or discrimination. People should have easy and affordable access to legal aid or assistance in instances where they are seeking redress.	S	High
Para. 19	Suggest adding or amending to sentence '...This includes ensuring equitable access to public services by retaining analogue and hybrid options...' inclusion of a reference to easily accessible (equitable might be too subjective).	Sage Advocacy has seen people being refused access to paper forms and other more accessible means of communication where they have other supports in place (like a natural or paid support). This then disadvantages the person as they are reliant upon another to access such services or to make changes in the future.	E	Medium
Para. 28	After: <i>"Autonomy depends not only on individual circumstances but also on the social, economic and institutional conditions that enable people to exercise choice and control over their lives"</i>	Paragraph 28 provides a strong statement on autonomy, choice and control, but does not make explicit how autonomy is to be protected where a person requires assistance with decision-making.	S	

	Add: Autonomy also requires that older persons are supported to make and communicate decisions about their own lives where they require assistance to do so. Policies and services should respect the person's will and preferences and promote supported decision-making. This should include ensuring access to independent advocacy and other appropriate supports for older persons who experience barriers to expressing their views, understanding information or participating effectively in decisions affecting their lives.	Some older persons may experience barriers to understanding information, communicating their wishes or participating independently, particularly where decisions concern health, care, housing, financial matters, or other significant aspects of their lives. Independent advocacy can help ensure that participation reflects the person's own voice rather than the views of others. The important distinction between decision-making autonomy and autonomy of execution must be clearly understood and acknowledged.		High
Para 28	Add: “The need for care or support should not in itself result in a loss of autonomy, choice or control. Older persons should have access to the assistance and services necessary to live independently and participate in community life, including home and community-based support, personal assistance, rehabilitation, assistive technologies and accessible housing.”	Independent living should not be equated with living without assistance. Older people may require significant care or support while retaining the right to make choices about where and how they live. The amendment would strengthen the connection between the Zero Draft’s commitments to autonomy, independent living and access to support.	S	Medium
Para 32	Add: “States should address gaps in community infrastructure that result in older persons having	Paragraph 32 rightly promotes community-based living, but the policy conditions necessary to make this a genuine		

	little or no choice or alternative to entering residential or institutional settings because appropriate support is unavailable. Community-based living should be supported by accessible housing, health and social care, home and community-based support, transport, social connection and access to information and advocacy.” Add: States, by their long-term care financing structures, should never prioritise residential nursing home care over care in the community.	choice could be made more explicit. In practice, the absence of appropriate community supports can result in people moving into residential settings because alternatives are unavailable, rather than because this reflects their wishes. Sage Advocacy is a participant in a Social Project in rural Ireland, Mayo Social. A report from this project demonstrates the need to focus on housing as an important part of the continuum of support for people as they age.⁵ Sage Advocacy’s casework regularly encounters older people who are, de facto, being deprived of their liberty in institutional settings due to the lack of more suitable alternatives. This is outlined in more detail in Sage Advocacy’s report <i>Older Persons in Receipt of Care: Five Human Rights Concerns in Ireland</i>.⁶	S	High
Para. 37	Add: “Health, social and long-term care systems should enable older persons to exercise choice and control over their care and support needs and should respect their will and preferences. Access to independent advocacy should be available where required. Particular attention should be given to	The Draft already provides a strong commitment to person-centred, community- and home-based care. The gap is the exercise of choice and control within care systems. In Sage Advocacy’s experience, transitions between services and settings can create particular risks to continuity, autonomy and voice. Independent advocacy can help ensure	S	Medium

⁵ <https://mayosocial.ie/wp-content/uploads/2026/01/Mayo-Social.-Report-of-April-16th-Seminar-The-Big-H.-FINAL-280725.pdf>

⁶ <https://sageadvocacy.ie/wp-content/uploads/2025/03/Five-Rights-Issues-210225.pdf>

	supporting decision-making and safeguarding when people move between home, hospital, respite, rehabilitation, community and residential care.” Health and social care provision should operate as a continuum focusing in the first instance on the provision of appropriate housing in the community through high support sheltered housing and nursing home care (where needed) provided in a human-centric manner with strong community connectedness.	that the person's wishes remain central during these transitions. Sage Advocacy recognises that access to health and social care can often be limited based on a siloed model of care provision (such as care for ‘older persons’ or ‘disabled people’) which can limit a person’s choice and access where they might be seen primarily in one or the other category. The role of appropriate housing in enabling independent living in the community, while acknowledged in principle in Ireland, is not sufficiently manifested in housing policy and delivery practice.		
Para. 37	Reference should be included to a right for people to identify and access support to meet their needs for health or social care.	In Ireland there is no statutory right to home care and no social care legislation for adults in place. This is a significant challenge to people in accessing support. Sage Advocacy’s report on <i>Developing an Observatory on Long-Term Care in Ireland</i> addresses some of those issues in more detail. ⁷	S	High
Para. 41	Add: Safeguarding responses should respect the autonomy, will and preferences of the person and should be proportionate and least restrictive, while ensuring access to independent advocacy where appropriate.	The Draft appropriately addresses violence, abuse, neglect and exploitation. However, safeguarding measures can themselves risk becoming restrictive or paternalistic if the person's autonomy and preferences are not explicitly protected. A rights-based safeguarding approach should	S	

⁷ <https://sageadvocacy.ie/wp-content/uploads/2023/12/sage-advocacy-dev-observatory-on-long-term-care-apr-23.pdf>

	Such responses should also address instances where people may be subjected to degrading treatment, for example, in nursing home settings where the right to personal privacy may be infringed, e.g., through the use of technical surveillance without their permission.	protect people from harm while also respecting their autonomy and ensuring that their own voice remains central.		High
Para. 42	Add: Financial security also requires that older persons are able to access and exercise control over their own financial resources, with appropriate safeguards against financial abuse, exploitation and undue influence.	Paragraph 42 focuses appropriately on income security, pensions, benefits and poverty. A complementary issue is financial autonomy . Older people may be financially secure in terms of income while nevertheless experiencing financial abuse, undue influence or loss of control over their resources. Financial security should therefore include the ability to exercise control over one's own financial affairs, with appropriate safeguards if relevant.	S	High
Para. 45	Add: States should ensure access to independent advocacy and appropriate assistance to enable older persons to understand, exercise and enforce their rights and to access complaints, appeals and other remedies	Para 45 already recognises unequal access to justice and commits to complaints and appeals systems. Sage Advocacy identifies situations where somebody who is vulnerable, dependent on services, has communication difficulties, or has no family support not being able to access such services. Independent advocacy is once possible solution.	S	High

Para. 45	After: This includes strengthening institutional capacity, improving professional training and ensuring that justice systems are accessible, responsive and inclusive. Add: Legal and Judicial training must include guidance on how to engage with people who have fluctuating or reduced decision-making capacity and those who communicate differently.	Sage Advocacy's 2023 report, <i>Access to Justice by At-Risk Adults</i> (as mentioned above) found that access to justice is uneven for older and at-risk adults - not just through safeguarding or complaints processes, but through the ordinary workings of courts, legal representation, and everyday legal transactions like wills and powers of attorney or reduced decision-making capacity. In Sage's experience in court with the implementation of the Assisted Decision-Making (Capacity) Act, it has observed significant shortcomings when it comes to legal professionals and judges being able to meet the communication and wider support needs of clients.	S	High
	Add: Monitoring should include measures of older persons' lived experience of autonomy, choice, participation, access to care and support, safety, financial control and access to remedy, alongside measures of policy and service provision. Evidence from independent advocacy, complaints and safeguarding mechanisms should be considered in identifying systemic barriers and implementation gaps."	Monitoring should capture outcomes and lived experience. Independent advocacy and complaints data can provide important evidence of recurring systemic barriers and unmet needs	S	Medium

Para. 52	Reference should be included to promoting and increasing accessibility to advance planning for all generations.	In Ireland the Assisted Decision-Making (Capacity) Act 2015 put Advance Healthcare Directives on a statutory footing in addition to reforming the Enduring Power of Attorney processes and structures. Sage Advocacy has noted a poor take up in advance planning decision supports that it argues are due to structural barriers (for example a high number legal service providers not participating in the reformed processes, digital exclusion and lack of awareness).	S	High
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*Nature of comment:

- **E** = Editorial (grammar, drafting, clarity, consistency)
- **S** = Substantive (policy content, objectives, commitments, indicators)

**Priority levels:

- **High** (important for agreement)
- **Medium**
- **Low** (desirable improvement)

Please submit your comments to the UNECE Secretariat at unece.ageing@un.org indicating your country/organization name in the subject line.