Blanket visiting bans are contrary to the rights of residents and their families under the European Convention on Human Rights (Article 8).

Blanket bans on care home visiting: legislation required as a priority

The Joint Committee on Human Rights wrote a letter on 3 February 2021, calling for urgent legislation to prevent blanket bans on family visits to care homes, and provided a draft legislative model for consideration. However, the Government’s guidance on visitations, issued on 5 March 2021, remains ‘guidance’ only. Consequently, many providers’ interpretation is that visits from 8 March 2021 are still premature and should only take place if the resident is deemed ‘end of life’, and otherwise not until residents and relatives have been vaccinated twice. This could be several months away. Given that the average life expectancy in UK care homes is 24 months for care homes without nursing and 12 months for care homes with nursing, this seems particularly inhumane.

Psychological and physiological deterioration of dementia residents

Many residents have not seen relatives for one year. Those with dementia have fared particularly badly. With advancing cognitive decline, many residents become hearing and/or sight impaired. As sensory systems begin to fail, touch becomes essential for survival. ‘Touch deprivation’ has been scientifically proven to increase stress, depression and anxiety, triggering a cascade of negative physiological effects. Conversely, physical contact and touch have been proven as central to the health and wellbeing of older people in care. Telephone or video calls to families can be stressful and often even counterproductive. Equally, window and ‘pod’ visits - and those behind screens, are disorienting and confusing. Relatives report widespread distress and agitation in residents who have been denied meaningful visits with families. Concurrently, relatives report serious physiological decline in residents, primarily from weight loss and malnutrition, but also from the removal of ancillary services (for example, audiology, physiotherapy and chiropody), which has led to some minor medical conditions becoming serious.
Safeguarding and communication with relatives

An important layer of quality control has been largely absent during lockdown periods. Although some routine CQC inspections have been reinstated, families remain concerned that there are safeguarding risks associated with visiting bans, because regular contact allows them to observe general levels of safety, cleanliness and nutrition. There is a real danger that elder abuse or neglect might not be detected or reported when families have no access to their relatives. Furthermore, while they appreciate the challenges faced by care staff, many families report poor communication from managers, with irregular updates and lack of response to serious concerns.

Broad failure to protect the elderly

Blanket visiting bans are contrary to the rights of residents and their families under the European Convention on Human Rights (Article 8). The current situation jeopardises progress made over several decades towards safe, dignified, humane, personalised care. The Department of Health’s ‘Voice, Choice and Control’ (2015)\(^2\) states clearly that residents should live without fear of harm and abuse and that the maintenance of family relationships is essential. With dynamic risk assessments and testing, some independent homes have successfully maintained visiting throughout the pandemic. We urge the Government to amend legislation in accordance with recent recommendations from the Joint Committee on Human Rights and ensure that this situation is never repeated.
1. Joint Committee on Human Rights - Care Homes
3. End of Life Care in Frailty: Care homes
4. Touch starvation is a consequence of COVID-19’s physical distancing
5. Loneliness and social isolation as risk factors for mortality: a meta-analytic review
6. The Power of Touch and What It Means for the Elderly