



Violations of Older People's Human Rights in Finland

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Carpi, Italy, May 2016



Human rights approach

Human rights approach in Finland

- Officially recognises only the rights of children and disabled people as groups, and violence against women as an act of violation of human rights
- Human rights approach in the context of older people is still mostly unused in Finland
 - Ageism is officially seen only in the context of discrimination against older employees
 - Training material for students and professionals of health and social care covers mostly the topic of older people's selfdetermination and violations of it – in an ethical, not in a human rights context
 - → There is a considerable need for more information about older people's human rights in our country!



Human rights violations

Violations of older people's human rights in Finland

- ☐ A questionnaire was created to explore what Finnish professionals and students working with older people consider to be the most common human rights violations
- ☐ There are no prevalence studies available on the subject in Finland
 - The only prevalence studies concern elder abuse specifically
 - There are qualitative studies on violations of older people's selfdetermination in care facilities
- □ The questionnaire was to introduce the human rights approach to employees and students who have been trained to understand elder abuse but due to the lack of information on the national level are not yet aware of the larger context of human rights
- □Included both violations that occur in care facilities as well as general violations against older people's human rights, e.g. ageism, poverty, access to services etc.



Number of responses received = 58

Human rights' violations: answers

Violations of older people's human rights in Finland: *most common responses*

In an institutional context:

- Ignoring an older person asking for help
- Lack of possibilities to move and go outdoors, regardless of a person's individual mobility needs
- Lack of possibilities to enjoy art or practice one's religion or to choose not to take part in such activities
- Lack of privacy

In a larger human rights context:

- *Lack of right to choose whether to live at home or move to a residential care home
- Insufficient services and/or the withholding of them



Suvanto's case studies

- Based on the results, we chose three situations of violations of human rights that were named as common, occur in care, and have potential to be approached through methods of socio-drama:
- Ignoring older person's requests and needs
- → Right not to be treated in an inhuman or degrading way; Right not to be discriminated against
- 2. Treating older people as a homogenous, child-like group
- → Right to freedom of thought, conscience and religion; Right not to be treated in an inhuman or degrading way
- Forcing older people to stay at home when in need of a nursing home placement
- → The right to liberty and personal safety



Case study 1

Case study 1: ignoring older person's requests and needs

A female nursing student notices that employees of a nursing home do not respond to residents' calls for help in an equal and sufficient manner. Often and every time a bell rings, she visits the room of a male resident with a memory disorder. The man seems to be very distressed but calms down quickly when she holds his hand. An older employee scolds the student for her behaviour, saying there are more important things to do than 'wasting time' at an individual resident's bedside. The employee believes that the student's behaviour serves to maintain a vicious cycle of anxiety in the resident and aggravates other nurses' work.

Attitudes and behaviour:

- "No need to take seriously"; "Acknowledging will just worsen the situation"
- Hurry, insufficient resources, prioritisation, supporting 'independence'
- Gendered responses: A Finnish study (Ojanen, 2014) found out that female nurses are more likely to respond to older women's than older men's requests and needs.
- The role of an older person and/or his/her relatives: challenging and demanding behaviour?



Case study 2

Case study 2: Treating older people as a homogenous, child-like group

In a nursing home, every Friday afternoon was reserved for collective fun and enjoyment of different types of activities organized by a student volunteer group. Every week saw a different activity: handicrafts, dancing, bingo, singing religious hymns, animal visitors etc. The participation to the events was made obligatory for all the residents due to the idea that the weekly event provided some needed exercise and strengthened the community. Every week saw a scene where a resident or two refused to participate. The employees found these situations difficult: they did not want to see the feelings of the students being hurt. Refusals were considered as bad, disrespectful behavior and dealt afterwards face-to-face with the resident involved.

Attitudes and behavior:

- "All older people enjoy these types of activities, I know my parents do"; "We organize these events out of kindness and saw a lot of effort what do you mean you don't want to participate?"
- Stereotypes and lack of generational intelligence
- Failure to recognise people as individuals with unique histories and preferences
- Denying diversity and disrespecting one's cultural preferences
- The role of an older person and/or his/her relatives: not making the nursing home aware of one's personal preferences? Not claiming one's own right to self-determination?



Case study 3

Case study 3: Forcing older people to stay at home when in need of a nursing home placement

A nurse takes notice of an older man who is in respite care in the nursing home and seems to receive insufficient care at home, on the grounds of bedsores, rashes and losing weight. His elderly wife who works as his carer seems very burned out and when asked, admits that she can't bear her caring task anymore. The nurse starts the process of finding a long-term nursing home placement for the man. A social worker in charge of the placements – supported by the man's doctor – comes to the conclusion that the criteria for a placement are not met. The nurse feels helpless for not being able to ease the carer's burden.

Attitudes and behaviour:

- "Home is the best and safest place for everyone"; "S/he doesn't even recognise where s/he is so it doesn't matter"
- Cost-effectiveness, one-size-fits-all attitude
- Learning to cope and 'unsee' suffering
- The older carer: too tired to seek help and support or unaware of support services?



Prevention on staff level

Do I have a positive perception of older people? Have I internalised all ethical principles related to my professional role? Do I fully understand that all abuse in all forms is forbidden in all situations? Am I taking responsibility of my own actions and do I know the limits of my responsibilities? Am I personally making an effort to take care of the wellbeing of myself and my work community? Am I brave enough to see and recognise potential abuse? Am I brave enough to put a stop to it?



(Mäkisalo-Ropponen, 2011)