

HUMAN RIGHTS AND AGEING

Article 25 (1) in the United Nations Declaration of Human Rights is the only section which specifically mentions “old age” as a significant issue affecting a person’s capacity to claim basic human rights including such things as “standard of living adequate for the health and wellbeing of himself and his family”. Moreover general statements in relation to protection from discrimination of human rights based on “other status” (that are noted to potentially include age) within the International Covenant on Civil and Political Rights (ICCPR), and the International Covenant on Economic, Social and Cultural Rights (ICESCR) are also arguably insufficient to address the rights of ageing people. For example, Doron and Apter (2010) make the case, echoed at the United Nations 2nd World Assembly on ageing back in 2009, for an International Convention on the Rights of The Aged for this very reason. Similarly, current non-binding instruments could very well lay the canvass for this convention, including the UN Principles for Older Persons (UNPOP) & Proclamation on Ageing (1992), Madrid Plan of Action on Ageing (2002) and its reports (2007) and the International Convention on the Rights of Persons with Disabilities 2007.

On another note, discrimination has many faces, with an example being a negative attitude, or cultural relativism towards the older person based upon cultural misunderstandings or fear or dread of ageing and mortality (Bishop, Roden, Bolton & Wynn, 2008). Another may be the tendency to see the older person as a member of a subgroup primarily defined in terms of their deficits. A further act of discrimination includes the practice of seeing all older people-that is, everyone over 65, a member of a homogenous collection of individuals with identical needs, wants, ambitions, fears, beliefs, and values (van den Heuvel, 2012). Such perceptions are not uncommon, and indeed, ageism is so pervasive that even older people themselves will endorse ageist attitudes and behaviours towards themselves and also other older persons (Bryant et al., 2012). As a social worker I have a belief in following Ife’s (2012) model of rights-based social work practice which means practicing from an advocacy perspective being (first generation rights). Also practicing indirect casework being (second generation rights), and finally, practicing in the social work macro area in community development being (third-generation rights). For example advocacy, (first generation rights) requires practitioners to have a sound knowledge base of elder abuse which takes various

forms as a result of intentional or unintentional neglect as it is a human rights issue which requires a comprehensive set of strategies and the mentions of multiple agencies.

Preventative strategies informed by human rights principles need to be the foundation to the response to elder abuse in the private and public lives of older people, whether it be in the spheres of health, finance, education, care and support or recreation (Ife, 2012).

This suggests the first challenge for the health professional working with the older person - to see each individual within the context of their own lives and their own meanings, and to set aside their own preconceived ideas about what should be and what should not be, what is and what is not; and who is deserving of care and who is not. Social images of older people seem to oscillate between cranky, irritable, cantankerous and intolerant. Yet the health care professional will be confronted with older people who have a mental illness or dementia, that have sexual relationships, who live quite independently, or who are gay or lesbian. Such realities may challenge the professional's preconceived ideas of what it means to be old; and yet the responsibility of the health professional is to acknowledge the uniqueness of the individual person (Naughtin & Schofield, 2013). Maybe, the health professional's first step toward confronting ageism lies in an honest and thorough examination of their own attitudes and values- with this meaning by taking a real good look in the mirror at oneself.

Here in Australia, the Aged Care Act 1997 (Cth) (Austl), Age Discrimination ACT 2004 (Cth) (Austl), and also the Disability Discrimination Act 1992 (Cth) (Austl), provide a social work framework to be able to advocate for services, while challenging discrimination with service providers as having this framework, allows for the engagement with local Non Government Organisations (NGO's) such as Active Ageing and also Volunteer Australia with clients seeking physical engagement and participation. You see discrimination is not a small matter for the ageing client as many older people suffer exclusion and social isolation, particularly in remote and rural communities where much-needed services are limited or where the elderly have no internet connection or skills to use a computer. Age discrimination can intensify social isolation in a psychological sense just as much as poor transport, appropriate housing, etc.....

Another issue is Elder abuse, as defined by the World Health Organisation is "a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person (WHO, 2012). Clearly, as Ife (2012) points out that for social workers to effectively practice as a human rights professional they must work at a policy level as well as in social services. Analyzing existing policy and advocating for change is vital, as human rights issues must be addressed at the micro, mezzo, and also the macro level of practice.

To conclude, good outcomes for older people in their health care must be built around priorities and concerns with this being done by integrating all the assets which can contribute to healthy ageing. These assets include the strengths of the older person, family care, and support from local resources by having a standardized system for personalized assessment which can be applied to large populations of older people in primary care settings. In countries with well-developed specialist services more specialized or comprehensive assessment can be added.

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