

Guiding questions for the thirteenth session

The Finnish Human Rights Center (HRC) is an autonomous and independent expert institution whose task is to promote and monitor the implementation of fundamental and human rights in Finland as well as to increase cooperation and exchange of information between various actors in the field. According to its founding legislation, one of the tasks of the HRC is to participate in European and international cooperation related to the promotion and protection of fundamental and human rights.

The HRC represents the Finnish NHRI in international NHRI cooperation. The HRC forms the National Human Rights Institution (NHRI), alongside with its pluralistic 39-member Human Rights Delegation and the Parliamentary Ombudsman.

The National Human Rights Institution in Finland was established by law in 2012 and received A-status in 2014. The status was renewed in 2019.

Focus area 1: Right to health and access to health services

National legal and policy framework

1. What are the legal provisions and policy frameworks in your country that guarantee the right of older persons to the enjoyment of the highest attainable standard of physical and mental health, including access to promotive, preventive, curative, rehabilitative and palliative health facilities, goods and services?

The Finnish Constitution:

Section 19 – The right to social security: Those who cannot obtain the means necessary for a life of dignity have the right to receive indispensable subsistence and care.

Everyone shall be guaranteed by an Act the right to basic subsistence in the event of unemployment, illness, and disability and during old age as well as at the birth of a child or the loss of a provider.

The public authorities shall guarantee for everyone, as provided in more detail by an Act, adequate social, health and medical services and promote the health of the population. Moreover, the public authorities shall support families and others responsible for providing for children so that they have the ability to ensure the wellbeing and personal development of the children.

Furthermore, following acts are relevant: Act on Supporting the Functional Capacity of the Older Population and on Social and Health Services for Older Persons, Health Care Act, Act on Arranging Social and Health Services, Act on the Status and Rights of Patients.

2. What steps have been taken to ensure that every older person has access to affordable and good quality health care and services in older age without discrimination?



The Ministry of Social Affairs and Health and the Association of Finnish Local and Regional Authorities issued quality recommendations for developing services for older people in 2020.¹ The quality recommendation is primarily intended for decision-makers and managers in municipalities and local government co-management areas as a tool for developing, evaluating, and implementing their services for older people.

Act on Client Charges in Healthcare and Social Welfare was amended in 2021. It increased the number of free healthcare services but there are different payment ceilings for different services that may cause a compounded burden on the clients, particularly older people. Also, in practice people must follow how much money they are using in public healthcare and social services and realise when they have reached the payment ceiling to stop paying from additional costs. This burden should not be on the people but on the service providers.

SOSTE Finnish Federation for Social Affairs and Health found that there has been an increase of healthcare bills in debt recovery procedures, meaning that people are unable to afford basic healthcare services. There is no segregated data based on the age, but it is likely that many are older people because older people use more healthcare services and recent studies shows that the debt of older people is increasing.

The Finnish Institute for Health and Welfare is responsible for organising every two years a survey regarding customer satisfaction in the services for older people. The results are used to improve the services.

3. What data and research are available regarding older persons' right to health and access to health care and services? Please indicate how national or sub-national data is disaggregated by sex, age and inequality dimensions, and what indicators are used to monitor the full realization of the right to health of older persons.

The Finnish Institute for Health and Welfare collects different types of data regarding older persons' right to health and access to health care and services. It has data available on:

- Indicators for care and services for older people
- Older people as clients in the health services
- Institutional care for older people
- Support for informal care for older people
- Indicators on care and services for older people
- Expenditure and resources on care and services for older people
- Health and welfare (older people)
- Family care for older people
- Home care and home-help services
- Clients with memory disorders in the social welfare and health services
- Ordinary sheltered housing
- Sheltered housing with 24-hour assistance
- Part-time care in services for older people

The data is available on both national and sub-national levels and is disaggregated by sex.

GEREC - Gerontology Research Center, an academic research institute by University of Jyväskylä and University of Tampere, produces scientific knowledge on the life, health and functioning of the ageing

¹ <https://julkaisut.valtioneuvosto.fi/handle/10024/162595>

population. Also, Centre of Excellence in Research on Ageing and Care (CoE AgeCare) has been established. It is one of the 12 Centres of Excellence that the Academy of Finland has chosen for the period 2018-2025. CoEs are flagships of Finnish research that are expected to carve out new avenues for research, develop creative research environments and train new talented researchers.

4. What steps have been taken to provide appropriate training for legislators, policymakers, health and care personnel on the right to health of older persons?

The National Human Rights Institute in Finland has organised trainings on the right to health and social care of older people, especially for health and social care services personnel.

The quality recommendation on guaranteeing a good quality of life and improved services for older persons 2020–2023 recognises the importance of training in securing the right to health of older persons. However, there is no explicit focus on the rights-based approach in the recommendation.

Ministry of Social and Health Affairs, Regional State Administrative Agencies and National Supervisory Authority for Welfare and Health also organise trainings about the rights of patients and quality of services.

Progressive realization and the use of maximum available resources

5. What steps have been taken to align macroeconomic policies and measures with international human rights law, to use maximum available resources for the realization of older persons' right to health, such as through expanding fiscal space, adopting targeted measures and international cooperation?

Researchers have suggested that the Government would need invest further 2 billion in the services for older people in order improve the quality of the services and to match the level of other Nordic countries. Also Ombudsman for Older People has called more funding in the services for older people.

Equality and non-discrimination

6. What are the challenges faced by older persons in their enjoyment of the right to health, including the impact of intersectional discrimination and inequality based on age, gender, disability and other grounds?

The digitalization of health services has presented challenges for older individuals who lack digital skills or access to technological devices and the internet, particularly for those with an immigrant, Sami, Roma and/or lower socio-economic background.

A shortage of personnel and financial resources in public health services affect severely the enjoyment of the right to health of older people. In 24-hour care, there is a shortage of available places for older individuals, causing older people to receive more care at home even if they require 24-hour care. In other words, there is a trend towards providing more home care for the older people.

There have been widespread cases of negligence of older people particularly in the institutional care system, also negligence of medical health care.

Health care organisations are often unable to recognise the diversity of the older people and hence fail to their individual needs of older people who belong to a minority group (Sami, Roma, immigrant, disabled and/or LGBTIQ). This means that older people belonging to different minority groups are not able to use healthcare services the same way as others for different reasons, including lack of information about the services and the fear of discrimination.



7. What measures have been taken to eliminate ageism and discrimination based on age, including discriminatory laws, policies, practices, social norms and stereotypes that perpetuate health inequalities among older persons and prevent older persons from enjoying their right to health?

The Ombudsman for the Elderly started her work in Finland on January 15, 2022. The Ombudsman for the Elderly is an autonomous and independent authority. The duty of the Ombudsman for the Elderly is to promote and assess the realisation of the basic and human rights of the older people in legislation and decision-making in the society. The Ombudsman also works to eliminate ageism and discrimination based on age. Also, the Non-Discrimination Ombudsman covers ageism in their work while working on also other grounds of discrimination.

Furthermore, the NHRI and Regional State Administrative Agencies received additional fundings to promote the right of older people to health in 2019 as a result of the crisis in care homes for older people, in particular relating to the negligence of older people in care.

8. What measures have been taken to ensure that older persons are able to exercise their legal capacity on an equal basis with others, including making an informed consent, decisions and choices about their treatment and care?

The Act of Status and Rights of Patients defines the rights of patients and establishes that patient's autonomy must be respected, and an informed consent is required for treatment. The Ministry of Social and Health affairs has established monitoring group to strengthen client's and patient's autonomy. The aim of the monitoring group is to support reforms in the legislation to better protect client's and patient's autonomy.

Accountability

9. What judicial and non-judicial mechanisms are in place for older persons to complain and seek redress for the denial of their right to health?

There are judicial and non-judicial mechanisms available for older persons to complain and seek remedies.

The Patient Ombudsman is tasked with advising patients and offering information on the position and rights of patients. The Patient Ombudsman primarily helps patients to resolve their problem at the place of treatment.

The Regional State Administrative Agencies monitor public and private social welfare and health care in their regions. A person can file a complaint with the Regional State Administrative Agency if they consider the conduct or activities of the organisation or individual subject to the complaint to be illegal, incorrect or inappropriate.

The Non-Discrimination Ombudsman is an autonomous and independent authority, tasked with promoting equality, addressing discrimination, and preventing it. One can lodge a complaint to the Non-Discrimination Ombudsman if they have experienced discrimination in health services.

The Parliamentary Ombudsman monitors that the authorities and other parties that carry out public duties comply with the law as well as basic and human rights in all their activities.

10. What mechanisms are in place to ensure the effective and meaningful participation of older persons living in different geographic areas of the country in the planning, design, implementation and evaluation of health laws, policies, programmes and services that affect them?



Municipalities and wellbeing services counties are required by law to establish Councils for Older Persons to ensure effective and meaningful participation of older persons. Municipalities and wellbeing services counties independently decide the composition and working methods of the Councils. Wellbeing services counties are responsible for organising and offering public health care services in Finland.



Focus area 2: Social Inclusion

1. What are the legal provisions, policy frameworks and/or measures in your country that explicitly focus on older persons who are marginalized on the grounds of their sex, disability, race, ethnicity, origin, religion, economic or other status? (This may include addressing older populations on frameworks dedicated to other marginalized groups such as women, persons with disabilities, migrants, minorities, homeless people etc.; or addressing marginalized groups within frameworks devoted to older persons)

In December 2022, the Government released the decision-in-principle on the National Programme on Ageing 2023. The report included the principles for the implementation of the National Programme on Ageing, the action plan for 2023–2027 and the preliminary proposals for measures for 2027–2030. The report outlines that one of the cross-cutting themes of the National Programme is to consider better the diversity of the ageing population in all spheres of the society. It has one specific measure that focuses on improving the diversity skills of people working with the ageing people.

Besides the National Programme on Ageing, the Government has prepared other Actions Plans to combat different forms of discrimination. However, most of these action plans do not contain explicit actions measures addressing the needs and the rights of marginalised older persons.²

The Third Roma Programme (2023-2030) has a separate subsection on ageing Romani population. It describes the situation of older Romani persons in Finland, recognising that there has been relatively little work on ageing Romani population. There are six concrete measures in the programme to promote wellbeing and social inclusion of ageing Romani population, including developing different participatory measures to combat loneliness among the older Romani persons.

Government of Finland Report on Human Rights Policy has some references to the older people, although it lacks explicit focus on older persons who are marginalised. Particular attention is paid to safeguarding access to participation for women as well as persons and population groups in the most vulnerable positions, including older people. The policy states that “*Increased attention must be paid to the fundamental and human rights of older persons*” and refers to the National Programme on Ageing for more detailed account of measures to do so.

Right to social inclusion and equality: National Action Plan on the UN Convention on the Rights of Persons with Disabilities has one measure relating to safeguarding the availability of renovation grants (grants for repairs in the homes of older people and persons with disabilities, grants for removing mobility barriers and retrofitting lifts) and promoting the installation of lifts in the existing housing stock.

Sámi Parliament of Finland has developed guidelines for supporting the older indigenous population in Finland.

2. What legal age limits exist in your country that prevent the full and equal participation of older persons in societies in areas such as employment, education, healthcare, financial goods and

² These plans include: 1) An Equal Finland : Government Action Plan for Combating Racism and Promoting Good Relations between Population Groups, 2) Making Finland a global leader in gender equality : Government action plan for gender equality 2020–2023



services, or others?

No legal age limits exist in Finland to prevent the full and equal participation of the older persons. However, Act on Disability Services and Assistance stipulates that one cannot get personal assistance if illness or disability is caused due to ageing.

It needs to be noted that stigma, discrimination, and ageism often prevents full and equal participation of the older persons. The Finnish society is increasingly becoming more digitalised and sometimes services are only rendered through digital channels. The digitalisation of the society threatens to further marginalise older people and their capacity to participate in the society. It is of utmost importance to render older people the necessary digital skills and literacy so they can continue to participate in the society. Also, digitalisation is often presented as a solution for many societal challenges, including the exclusion of older people from the society and services, but it must be acknowledged that digitalisation is not a panacea for the promotion and realisation of human rights of older people.

3. What measures are in place, if any, to ensure that older persons in institutions segregated from their communities -such as institutional care systems or prisons- can continue participating in their society?

There are election officials that visit institutional care systems or prisons to ensure that people can vote in elections held in Finland. There are no concrete measures to increase participation of older persons in the society, as it is not been seen as an important issue.

4. States have an obligation to use maximum available resources to progressively achieve the full realization of economic, social and cultural rights. What is the share of national public expenditure budget targeted to older persons as a distinct group?

In 2019, Finland spent 1,6% of its GDP on social and health care of older people. That is lower compared to Norway (2,2%) and Sweden (2,2%).