United Nations’ Principles for Older Persons viewed though the eyes of visually impaired seniors

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Abstract. In December 1991, the UN General Assembly adopted The United Nations’ Principles for Older Persons, which were proclaimed again during the International Year of Older Persons in 1999. Governments were encouraged to incorporate these five principles of independence, participation, care, self-fulfillment and dignity into their national programs, whenever possible. The purpose of this paper is to present and re-examine these principles as they pertain to visually impaired persons and the services, which are rendered to them at the present time. Since these original statements are broad, they are difficult to assess and implement on a global level. By translating the principles into the language of the program of interest, in this case, visual impairment, their implementation and assessment become more manageable endeavours. It is our responsibility to translate rhetoric of international standards into action by strategically addressing the UN Principles within our profession. The researchers, the service providers, the clients and the community at large need to change their thinking to acting locally while thinking globally. This should inevitably result in the satisfaction of basic needs of people throughout the world who are affected by vision impairment. In conclusion, it is timely for our profession to examine these statements and to reflect on the degree to which we currently live up to the expectations of the UN. Moreover, we should recognize the degree to which we are still lacking in this regard and how we can meet this challenge. © 2005 Published by Elsevier B.V.

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1. Introduction

In 1982, a resolution was passed at the United Nations as an outgrowth of the 1st International Assembly on Ageing. Ten years later, this resolution led to the adoption of the United Nations’ Principles for Older Persons and again proclaimed during International Year of Older Persons (IYOP) in 1999. When the UN General Assembly adopted these principles, governments were encouraged to incorporate them whenever possible. In 1996, a report on low vision care for the elderly was issued by the World Health Organization [1]. In the year 2000, a publication put out by the Lighthouse, entitled *Vision Impairment and Vision Rehabilitation*, contained three chapters, which examined the state of low vision rehabilitation services throughout the world [2–4]. Finally, in the year 2004, Lighthouse International and the International Society for Low Vision Research and Rehabilitation sponsored a workshop, which took place in Oslo, and produced a report, entitled *Toward a Reduction in the Global Impact of Low Vision* [5]. Thus, it seems that, on average, every 4 or 5 years, on either a larger or smaller scale, the area of vision impairment gets around to doing a self-examination to evaluate how well we are living up to larger policy principles. It is interesting to note that none of the three latter publications mentioned the UN Principles.

2. UN Principles

The present purpose is to review the UN Principles for Older Persons and their five major groupings. These principles are divided into the categories of independence, participation, care, self-fulfillment and dignity. Examining these individually, it is interesting to simultaneously translate them into statements, which specifically apply to visually impaired seniors.

2.1. Independence

For example in the first principle, the UN refers to the resolution that “older persons should have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self-help”. Out of this entire statement, one can focus on some basic services and necessities, which should be provided to all visually impaired persons including the elderly. Clearly, one of these is basic eye care provided by ophthalmologists and optometrists. Additionally, this implies that individuals with visual impairment might be able to better address their own health needs if they are equipped with the proper tools and devices in order to be self-sufficient. For example, being able to read instructions on medication bottles may require appropriate magnification, while being able to measure and administer one’s insulin if one is diabetic may depend upon a different set of devices.

Secondly, one can consider opportunities to work and to earn income. There are certainly many traditional forms of employment for people who are visually impaired around the world, ranging from massage, making wicker baskets and tuning pianos all the way up to the more modern high-technology work environments, which include, among other things, computer-assisted human–machine interfaces.

Thirdly, not only should people be able to work and to have access to other income-generating opportunities, they should also be able to determine when and at what pace to
withdraw from the labour force. Furthermore, whether or not someone is still employed, he or she ought to have access to educational and training programs, with the provision of the appropriate devices to access this type of information. Thus, older people may want to return to school or acquire new knowledge in other ways. They may simply want to stay in touch with current events or friends and family. Once more, appropriate devices such as CCTVs, computers and accessible internet sites surely form the basis for the achievement of these goals.

Moreover, visually impaired seniors should be able to live in environments that are not only safe and adapted to their own personal preferences but also to their changing sensory capacities. Accessibility to residential and public buildings, appropriate signage and signals at street intersections, as well as public transportation have to be examined very closely by service providers to ensure that rehabilitation moves beyond the walls of the service agencies and into the community environments where people actually live. Continuance of independent living is a major goal for many older people and, therefore, in accordance with the UN Principles for Older Persons, they should be able to reside at home independently for as long as possible. In order to do that, of course, they have to be able to provide for their basic needs such as preparing meals, maintaining personal hygiene. Additionally, they should be able to be involved in engaging activities and recreational opportunities that are appealing, such as art work in environments chosen by them.

2.2. Participation

The second component of the UN Principles is that of participation. People who are visually impaired should nonetheless be able to integrate into society, to participate actively and to share their knowledge not only with people their own age but also with younger generations. This participation would be expected to reach beyond the immediate living quarters of the individual or the immediately family circle so that folks could seek and develop opportunities to serve the community. This could involve activities such as working together on a little community garden or volunteering in various organizations in the community appropriate to their interest and capabilities. Finally, older visually impaired people should be able to form movements and associations in order to ensure that their rights and desires are being met by society at large.

2.3. Care

The third principle involves care. This is a very wide ranging concept because, although we tend to think about care as coming primarily from the family, it can be provided by many individuals far beyond the immediate circle. Care may range from assistance in the home provided by a family member or neighbour to assistance across oceans from foreign nations. Older visually impaired people should have access to any type of support, which will help to maintain or regain their optimum level of physical, mental and emotional health. Furthermore, under the care category, the UN suggests that older persons should have access to social and legal services to enhance their autonomy and their protection. This implies that older visually impaired persons require information from knowledgeable sources about rules and regulations pertaining to such things as access to residences, transportation, recreational facilities and government services.
When it comes to care beyond the home environment, it is not just a question of having institutions available in the community that can help the individual with various needs or activities. There is also a major concern regarding accessibility to these institutions. It is clear that the existence of service providers alone is inadequate if people are not able to avail themselves of these services. Thus, adapted transportation and/or volunteers to bring people to and from various appointments or even to move within their immediate residential area should also be available.

Finally, older persons should be able to invoke fundamental freedoms, even when they reside in a shelter, care- or treatment-facility. Consequently, they will enjoy full respect for their dignity, their beliefs, their needs, their privacy and for their rights to make decisions about their care and the quality of their lives.

2.4. Self-fulfillment

The fourth category is entitled self-fulfillment. Opportunities to pursue full development of their potential must be available to older visually impaired people. It should be the case that no older visually impaired person is told that he or she is too old to learn Braille, to acquire a guide-dog or to learn how to successfully use a computer. The acquisition of these and many other skills should not be curtailed just because of a person’s age. Self-fulfillment, of course, has many different aspects to it and it again needs to be emphasized that older visually impaired people should have the ability to access educational, cultural, spiritual and recreational resources of all kinds.

2.5. Dignity

Last, but certainly not least, the UN recognizes the principle of dignity. This affirms the commitment that older people ought to be free from exploitation, as well as physical and mental abuse. Dignity implies fair treatment regardless of age, gender, racial or ethnic background and sensory-motor impairment. It behoves us to recognize that older visually impaired people still want to be considered valued members of society, perhaps to make an economic contribution, but especially to pass on their knowledge and their acquired skills to others as they continue to be vibrant members of that society.

3. From rhetoric to action

Throughout the last two decades, governments around the world have been encouraged to incorporate the UN Principles into their policies and practices whenever possible. They have been slow to do this. Furthermore, it appears that the principles have not been widely distributed and implemented at a grass roots level. At the UN itself, a declaration requires approval of the majority of the 192 member states. Clearly, it is our responsibility not to sit on our hands until such an infrequent event occurs. We are faced with a huge challenge now and we need to look around immediately to see how we are doing as far as meeting the requirements such as those outlined by the United Nations, or the World Health Organization, or our own national and state guidelines that no doubt exist.

We are faced with the necessity of operationalizing principles such as those suggested by the UN. This means that we have to move from rhetoric to action. The researchers, the service providers, the clients and the community at large have to change their approach to
“act locally while thinking globally”. This process should inevitably result in the satisfaction of basic needs and enhancement of quality of life for people throughout the world who are affected by vision impairment.

References