

Population trends and ageing policy in Malta

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Abstract: Malta is no exception to the unprecedented demographic changes that are being experienced by industrial countries. As a result of declining fertility and mortality levels, the Maltese islands have registered a decrease in fertility rates and a major improvement of life expectancy at birth. Following a brief introduction, the second section presents clear demographic data that outlines Malta's gerontological transition, noting how the Maltese population has evolved out of a traditional pyramidal shape to an even-shaped block distribution of equal numbers at each cohort except at the top. The third section focuses on population projections for Malta which highlight how in the near future the nation will continue to experience a decline in the numbers and percentages of the younger and working age population, with the opposite effect with respect to older persons. The final section outlines Malta's social policy on active ageing, as it related to labor issues, participation in society, and healthy, independent and secure living in later life. This part notes how to-date many older people already participate in and contribute to society in a variety of ways such as providing support to their families by caring for spouses or grandchildren, working as volunteers or paid employees, and in receipt of various health and social care services that enable 'ageing in place'. The study concludes that although several inroads have been made in welfare ageing policies, further initiatives are warranted for older persons to lead active, successful, and productive lifestyles.

Keywords: Population Trends, Ageing Policy, Gerontology, Malta

1. Introduction

Population ageing has come to dominate the demographic scenarios of all continents. While until the closing decades of the 20th century population ageing was largely a phenomenon affecting the most developed countries, many developing countries entered the 21st century faced with the prospects of substantial increments in their proportion of older persons. Most empirical studies hinge the onset of later life upon a particular 'chronological' or 'calendar' age, such as 60 as in the case of the United Nations or 65 as in the case of the Eurostat. However, chronological age has no 'innate' meaning but is derived from the social and historical gist of specific contexts which, of course, vary. This study reconciles structural and constructionist implications by defining 'older persons/adults' as 'people, whatever their chronological age, who are either retired from the labor market or in a post-career transition, and who are no longer involved in the major responsibilities for raising their children'. The concept of 'population ageing' focuses in particular on explaining and documenting the causes and consequences of long-term shifts or transitions in health, mortality and fertility, and how these bring about changes to the age and sex

structure of a given population. Malta is no exception to such trends. The Maltese archipelago is a European Union (EU) Member State, lies at the heart of the Mediterranean Sea, and consists of three islands: Comino, Gozo and Malta. Comino is uninhabited, and with Gozo having just a population of 31,143 persons, leaves Malta as the major island of this archipelago state, with as much as 384,912 residents [1]. According to the latest Maltese Census (2011), 16.3 per cent, or 67,841 persons, of the local population were aged 65 years and over (ibid.). Persons aged 80 years and over numbered 14,381 – 3.4 per cent of the Malta's total population [1]. This study reviews past, ongoing, and future demographic shifts which transformed Malta into an 'ageing population', whilst also discussing emergent key challenges for ageing policy as the direct result of such a transition.

2. The Gerontological Transition

On average, the Census was taken every ten years between 1842 and 2011. Over the 20th Century the population of Malta has nearly doubled, from 211,564 in 1911 to 416,055 in 2011 [1]. In 1985, the population comprised 345,418 persons, an increase of 31,202 persons over the

previous Census in 1967, and representing an average annual increase of 0.6 per cent [2]. Post-1985, the Census was carried three times, in 1995, 2005 and 2011. During this period, a steady increase was experienced with the population going up to 378,132 in 1995, exceeding the 400,000 mark in 2005 to 404,962, and reaching 416,055 in 2011. Whilst just over half of the total population were females, the Northern Harbor Region registered the largest number of inhabitants - 120,063 persons (28.9 per cent), with Gozo registering the lowest number of residents 31,143 inhabitants (7.5 per cent). In terms of growth rates, an average expansion rate of 0.9 per cent was experienced between 1985 and 1995, and slowing down to 0.7 and 0.4 per cent during the ensuing decade and the 2005-2011 period respectively [1]. This deceleration is attributed mainly to a decline in the birth rate which has contributed to an ageing population. Statistics also denote that the growth rate of the male population is higher than that of the female population. In open populations, such as Malta, this is often the result of various factors such as gender ratio at birth, morbidity, mortality, and international migration.

The growth in the Maltese population was not evenly distributed amongst the various age cohorts. In 1901, 34.1 and 5.4 per cent of Malta's population were in the 0-14 and 65-plus cohorts. As the 20th Century progressed, the proportional representation fluctuated within very narrow margins, reaching 37.4 and 6.8 per cent in 1957 respectively. In recent decades, the 0-14 and 65-plus age groups continued to decrease and increase significantly, to reached 14.8 and 16.3 per cent in the year 2011. In the same year, the Maltese median age stood at 40.5 years, up from 38.5 years in 2005. Such fluctuations were largely the result of a declining birth rate, together with an increasing life expectation for both men and women. On one hand, whilst the crude birth rate in Malta was relatively stable over the first half of the 20th Century, at around 38 annual births per 1,000 population, it has declined steadily since, reaching 10.0 births per 1,000 population in 2010 [3]. Total number of births registered in 2009 stood at 4,171, with a total live birth count of 4,143 babies. Although there was a slight increase of 0.4 per cent in births compared to 2008, the fertility rate remained unchanged at 1.4 in 2009, down from 1.7 in 2001. On the other hand, whilst at the beginning of the 20th Century life expectation in Malta was around 43 years for men and 46 years females, in 2010 these figures reached 79.2 and 83.6 years respectively (EU-27 average: 70/78 years for men/women) [3]. Malta also registers excellent and record results in Health Life Expectancies (healthy life years measure the number of years that a person can expect to live in a healthy condition with disability). Among Member States, the highest number of healthy life years at birth in the year 2011 for women/men was registered in Malta (71/70 years), followed by Sweden (70/71 years) [4]. At the age of 50, both women and men were expected to have more than 20 additional healthy life years in Sweden (26/25 years), Malta (23 years both), and Denmark (22 years both) [4].

The *Demographic Review 2010* reports that, at end of 2010, nearly a quarter of the total population, or 98,547 persons, were 60 years old and over [3]. The largest share of the older population is made up of women, with 55 per cent of the total. In fact, the sex ratios for cohorts aged 65-plus and 80-plus numbered 76 and 56 respectively, to the extent that amongst the oldest cohorts there is twice the number of older women than men. However, amongst EU countries Malta has the smallest gender difference with respect to single households, and is the only country where more women aged 80 and older live in 'other' or 'couple' households than alone. As a result of such demographic developments, the Maltese population has evolved out of a traditional pyramidal shape to an even-shaped block distribution of equal numbers at each cohort except at the top. From a policy perspective, the population pyramid helps to visualize cohorts that will be entering pensionable age in twenty years time. The top of the pyramid indicates a typical flag effect on the female's side, whereby their longevity is marked by higher numbers of old-old women and by the presence of several centenarians. When translated some twenty years in the future, this age-gender pyramid would bring a new quadrangle-like shape and a narrowing of the base of the pyramid. These are typical outcomes of slashing birth rates and prolonged life. Differences in the average ages between diverse regional and geographical districts are also noteworthy. In 2011, the total average age for the Maltese Islands stood at 40.5 years, with the figures for the Malta and Gozo/Comino regions being 40.4 and 41.6 years respectively [1].

Whilst the Southern Harbor region included the largest concentration of older persons (14,869 persons, 18.8 per cent of residents), the Northern Harbor region includes the largest number of older persons (21,655 persons, 18.0 per cent of residents) [1]. Due to higher levels of pollution and lack of green spaces, both regions have become less popular with younger cohorts. Hence, it is no surprise that they currently represent the 'oldest' inhabited regions. The Gozo Region is unique in that although it includes the least number of older persons, persons aged 65-plus reach as much as 18.3 per cent of the total population. This region is not yet facing the full repercussions of population ageing, as evidenced by the relative lack of demand for care services, due to its small size and relative lack of females in the 45-plus age cohorts in full-time employment. However, this is bound to change in the foreseeable future, as younger families continue to migrate to Malta and other EU countries, increasing percentages of younger females in paid employment, and the increasing number of older Europeans choosing to retire in Gozo [5]. In fact, the analysis of ageing indexes finds that Gozo registered an aging index of 125.9 - and hence, a much higher index of 110.3 and 109.1 as registered by the Maltese Islands and Malta respectively, and only surpassed by the ageing indexes of the Northern Harbor and Southern Harbor regions (both 132.0) [1]. One envisages that in the coming years, the demand for ageing welfare services in Gozo will increase dramatically.

3. Future Projections

Population projections indicate a continuously ageing population where Malta's population is expected to reach 429,000 persons by 2025 and down to just over 350,000 by 2060 [3]. The European Union anticipates that in the period 2010-2060 Maltese life expectancy at birth is projected to increase from 77.6 to 84.9 years for males and 82.3 to 88.9 years for women [6]. Life expectancy at 65 years will increase by 5.2 years for both males and females, from 17.0 years to 22.2 years for males and from 20.2 to 25.4 years for females [3]. On the population front, children (0-14 years) are projected to decrease from 15.5 per cent of the total population to 13.1 per cent (-2.5 per cent), whilst the prime age population (25-54 years) will also decrease, from 41.4 per cent of the total population to 34.6 per cent (-6.8 per cent). The working population (15-64 years) will feature a more dramatic decrease, from 69.4 to 55.8 per cent (-13.6 per cent). On the other hand, as expected, the older population segment will incur extraordinary increases. The 65-plus population will increase from 15.1 per cent of the total population to 31.2 per cent (+16.1 per cent), whilst the 80-plus population will increase from 3.4 per cent of the total population to 11.3 per cent (+7.9 per cent). The EC also provided projected data for the 80-plus segment as a percentage of the 65-plus population and as a percentage of 65-plus segment: increases from 22.3 per cent to 36.3 per cent (+14.0 per cent) and from 4.8 per cent to 20.3 per cent (+15.4 per cent) respectively.

During the 2008-2060 period, the 'old age' dependency ratio (people aged 65-plus as a percentage of the working-age population aged 15-64) is expected to increase by 39.3 percentage points to reach 59.1, six points more than the EU-27 average [7]. This means that both Malta and the EU would move from having four working-age people for every person aged 65-plus to a ratio of 2 to 1. The Maltese 'total' dependency ratio (people aged 14 and below and 65-plus, as a percentage of the population aged 15-64) is projected to increase by 39.1 percentage points to reach 82.1, three points higher than the EU-27 average. Finally, as far as the 'very old age' dependency ratio (people aged 80-plus as a percentage of population aged 15-64 employed) is concerned, this figure is projected to increase by 17.0 percentage points to reach 21.5, almost equivalent to the EU-27 average of 21.5 in 2060.

5. Discussion

For many decades, policy responses to the challenges arising from changing demographic trends have been piecemeal and strongly compartmentalized in traditional policy domains. However, in recent times one notices a strong discourse on the need to integrate the multi-faceted strands affecting ageing in a holistic policy. For many academics, policy-makers, and supraorganizations such as the World Health Organization [WHO], EU, and World Bank, the answer to these policy challenges lies in the concept of ac-

tive ageing. The genealogy of active ageing can be traced to the 'successful ageing' paradigm in the 1960s which focused on denying the onset of old age and by replacing lost relationships, activities, and roles associated with middle age with new ones that are pertinent to later life. Yet, it was in the past two decades that the concept has become particularly salient. Although initially policy emphasis was primarily a productivist one, the ideological discourse surrounding active ageing changed substantially when the WHO published *Active Ageing: A Policy Framework*. For the WHO, active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age...The word 'active' refers to continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labor force. [8]

The WHO approach made two key contributions to discourses on active aging [9]. First, it added further weight to the case for a refocusing of active ageing away from employment and toward a consideration of all of the different factors that contribute to well-being in later life. Second, it emphasized the need to influence individual behavior and policy at earlier stages of the life course. In a nutshell, the WHO approach paved the way for a comprehensive strategy to maximize participation and well-being as people age, operating simultaneously at the individual (lifestyle), organizational (management), and societal (policy) levels and at all stages of the life course. In recent months, the EU took a leaf out of WHO's stance and started to advocate 'guiding principles' stressing that active ageing requires measures to be taken in a broad range of policy domains by many stakeholders. Guiding principles were pinned upon the triumvirate of employment, social participation, and independent living, so that in March 2013 the EU and the United Nations Economic Commission (UNECE) issued a joint statement: Active ageing refers to the situation where people continue to participate in the formal labor market, as well as engage in other unpaid productive activities (such as care provision to family members and volunteering), and live healthy, independent and secure lives as they age. [10]

Turning our attention to Malta, the nation's credentials on active ageing are far from satisfactory. In March 2013, Malta placed 19th amongst EU-27 countries on the *Active Ageing Index* [AAI] amongst the EU-27 Member States. The AAI was developed in 2012 by the European Centre for Social Welfare Policy and Research in Vienna in close collaboration with, and advice from, the EU and UNECE. To reflect the multidimensional concept of ageing, the AAI is partly constructed from three key domains that refer to the actual experiences of active ageing - namely, employment (employment rates for the 55-74 cohorts), participation in society (voluntary activities, care to grandchildren, care to older adults, and political participation), and independent/health/secure living (physical exercise, access to health, financial security, physical safety and lifelong learning). Presently, Malta holds a 26th, 15th and 17th placing for these three dimensions respectively. The subse-

quent parts of this study discuss these three strands of policy making as they pertain to Malta [10].

5.1. *Employment*

In March 2013, the AAI placed Malta in a 26th position amongst EU-27 countries as far as employment is concerned, with Hungary positioned in the final place [10]. Such positioning was, of course, far from complimentary. In December 2011, the inactivity rate (persons who are classified as neither employed or unemployed) among Maltese women in the 55-64 age bracket was, at 84.6 per cent, one of the highest in the European Union [11]. NSO statistics also report that whereas inactivity among older women decreased in the 55-59 age group between 2008 and 2010, inactivity rates for those aged 60-64 and 65-plus increased. According to Eurostat [12], employment indicators for Maltese older workers for the 2005-2011 period show three key inferences: a decrease and increase in the percentage of male and female workers respectively, and an increase in the percentage of 'total' older workers. It is noteworthy that Malta's rate of older workers - especially with respect to the female and total rates - is lower than the European Union [EU] averages. More recent statistics demonstrate that while in 2012 (April-June) some 13.6 per cent of all employees were male and in the 55-64 age group, the figure decreases to 7.5 per cent among similar aged women [13]. The percentage of male employees aged 65-plus was 1.8 per cent, whereas the figure for females is so low that it is was not easily by surveys, although a tentative figure of 0.4 per cent is forwarded. Their employment distribution is largely in the public sector (25.4 per cent) and professional services (20.9 per cent) [13].

Recent years witnessed various efforts on behalf of the government to strengthen the presence of older workers and adults in the labor market. Publicity campaigns to promote active ageing have been carried out on various media such as radio and street billboards. These campaigns have promoted the qualities of older workers among employers, and tried to encourage older workers to improve their employability through lifelong learning. The 2008 Government Budget included two measures meant to attract older people to the labor market. The most significant measure was the change in the legislation so that workers of pensionable age would be able to continue working without losing their pension entitlements, irrespective of the amount they earn. Until 2008, the full pension was safeguarded only if these workers' salary did not exceed the national minimum wage. Although collective agreements in Malta tend not to focus specifically on older workers, there exists some industrial relations practices, often based on the Maltese employment legal framework, that assist older workers to remain employed. For instance, the last-in first-out practice is advantageous for older workers. The 'Temporary Agency Workers Regulations' which came into effect in December 2011, was also launched to help older people join or remain further in the labor market, albeit on temporary contracts. As regards the training and re-skilling of older workers, the ETC has developed a number of successful schemes which subsidized

the employment of persons aged 40 and over. For instance, the Employment Aid Programme (EAP), launched in 2009, aims to facilitate access to employment for several disadvantaged social groups by giving financial assistance to those employing them (ibid). Nevertheless, despite such positive measures, the Government has at times sent contradictory messages with regards to older workers. Whereas the official government position is to extend the employment exit age, it remains that the Government has embraced and issues a policy of using early retirement schemes as a means of reducing the deficits of ailing public sector companies. Malta thus joins Spain, Greece, Italy, and France in terms of a wide availability of a range of early exit and retirement schemes, and its comparative belatedness in terms of occupational retrenchment in later life [14]. Few policies are present to encourage employers to recruit older individuals through subsidies, or to boost the protection offered to older workers through anti-ageism legislation and training measures. It is therefore recommended that Malta takes responsibility for increasing the number of older persons in the labor force at three operative levels. First, at an 'employer' level by decreasing the incentives to leave working of early and to reduce strongly early retirement, and developing opportunities for persons above the statutory retirement age to continue working. Secondly, at a 'company' level, in particular through the involvement by promoting the implementation of lifelong learning for older workers, improving working conditions, and modernize the organization of work to better meet the needs of older workers while effectively using their expertise. And finally, at a 'societal level' by increasing the employment rate of older workers by enabling society to think differently about the potential contribution of older workers, and promoting a shift in public opinion through educational campaigns.

5.2. *Participation in Society*

Malta holds a 15th place in the Ageing Index's dimension of 'participation in society', sandwiched between Spain and Slovenia [10]. This mid-table position is due to the nation's average level of older volunteerism, care to older adults, and political participation, although the same cannot be said to social policies relating to grandparenthood. Recent statistics for the year 2009 revealed that 27,250 persons aged 12 and over (8 per cent of the total population in this age bracket) were doing some form of voluntary work [5]. Just over half these persons were contributing in voluntary organizations, while 41 per cent were working in other institutions (e.g. the Church). Fifty-two per cent of voluntary workers were females. When analyzing the distribution by age, 36 per cent were in the 25-49 age bracket, while 32 per cent fell within the 50-64 bracket. As regards the number of volunteers aged 65 and over, this amounted to 3,690 - or 4.2 of the total number of persons aged 65-plus [5]. Such a figure is, of course, low. There is surely a need for policies that act as a catalyst for older volunteering. Pragmatic measures may include (i) providing information on volunteering opportunities and fostering training for older volunteers and those

coordinating and managing their activities, (ii) minimizing the bureaucratic and financial constraints that volunteer organizations face, (iii) tangibly supporting older volunteering as a way to promote healthy ageing and social inclusion of the individual, and (iv), ensuring that volunteers are valued but not exploited as cheap labor. At the same time it is also important that civil society expanding participation by increasing the efforts of people who already volunteer, and outreaching those who, without specific efforts, would not be involved in volunteering

Malta's services targeting community care, whose objective is to enable older persons to 'age in place', are various. The government coordinates a number of community services for older persons aged 60-plus. These include Kartanzjan (a card which entitle holders to certain rebates and concessions), Incontinence service (supplying clients with heavily subsidized diapers), Handyman service (supplying clients with home-repair jobs ranging from electricity repairs to plumbing, carpentry and transport of items), Telephone rebate (providing clients with discounted telephone rentals), Night-shelter (offering a secure and protective environment at night), Day Centers (preventing social isolation and the feeling of loneliness, and reducing social interaction difficulties), Telecare (automatic button that calls for assistance when required), home care help (offering personal help and light domestic work to clients with special needs, and Meals-on-Wheels (support clients who are unable to prepare a nutritious meal. Although existing research demonstrates that the community care system assists older persons in 'ageing in place', it remains that the system suffers several issues [5]. Quality can be variable, and there are gaps in service coverage and limited choices for care recipients. The system will be further challenged by an increase in the numbers and expectations of older adults, and a relative decline in informal carers and the need for a larger workforce. In brief, the community care policy for older persons is based upon a 'needs-led' assessment, whereby the state has the power to decide what services might be provided to meet need. One possible lacuna in this regard is that 'need' is an undefined concept so that the state has much discretion how it will define and use the concept through the application of 'eligibility criteria'. Hence, Community care for older persons thus runs the risk of becoming an unpredictable element, varying from locality to locality, and varying from time to time. Yet, there is an urgent need to improve consistency and equity in access to and levels of home care services by standardizing maximum levels of user charges, rights to assessment, standardization of assessment tools, and procedural rights.

As far as political participation is concerned, older persons participate in above-than-average level as regards institutionalized politics. Some 94 per cent of persons aged 60-plus vote in general and local elections; moreover, older adults are very active in party politics, many of whom are members in political organizations and campaign strongly on behalf of their party [5]. The same, however, cannot be said as regards non-institutionalized (non-party) forms of

politics such as signing petitions or wearing badges with political messages, contacting public officials or politicians, and taking part in group activities such as street protests. This is mostly due to the fact that older adults belong to a generation that has distinctly traditional political preferences which imbue them with a materialist value orientation and 'old-school' standpoints of representative democracy [5]. In brief, older people in Malta are likely to be unfailing voters and eager members in political parties, but less avid with respect to ongoing political participation on issues which are not the mainstay of traditional party politics. Finally, one notes that despite the fact that 6 out of 10 grandmothers and 5 out of 10 grandfathers in Malta provide childcare for their grandchildren, Malta is lagging behind when it comes to recognizing the role of grandparents in intergenerational care arrangements [5]. To-date, Malta have not joined other EU countries to ensure grandparents' role is supported through such policy measures as parents being able to transfer parental leave to grandparents, working grandparents being able to take leave if their grandchild is unwell, and grandparents being paid for the care they provide under certain circumstances (for example, to support teenage parents). Undoubtedly, as our populations age there needs more robust policies surrounding the grandparental role. Herein, it is warranted that Malta commences as a serious policy discussion on grandparental policy such as the possibility of having parental transferable allowance and leave to grandparents (as in Hungary), grandparents providing childcare will be able to claim national insurance credits (as in the United Kingdom), and grandparents getting up to 10 days paid leave to care for a grandchild in an emergency (as in Germany).

5.2. Independent, Healthy and Secure Living

Malta holds a 17th place in the Ageing Index's dimension of 'independent, healthy and secure living', sandwiched between Romania and Estonia [10]. The ageing of population is not the key reason for nations' increasing expenditure on health and welfare services. However, this is only the case when nations invest significant financial and human resources in lifelong health programs that, eventually, serve to improve disability rates in later life. In 2000, the WHO classified Malta as the 5th best performing health system from a total of 191 countries. Indeed, health care in Malta boasts exceptional levels of equity as it is available to all citizens, irrespective of income. Total government expenditure on health as a percentage of GDP reached 8.6 per cent in 2012 [5]. Major expenses include hospital services, salaries, and medicinal products which are free for inpatients in state hospitals, persons in low-income groups, chronically ill persons, and those considered at risk because of their jobs. Malta has gone a long way in the past quarter of a century as far as geriatric services are concerned. Building on established good practices in the health care of older persons, the year 1987 witnessed the creation of a post of a Parliamentary Secretary for the Care of the Elderly: Geriatric medicine has

been established in Malta since the year 1989 when the first consultant geriatrician post was advertised and filled in the state-run health services...the post of lecturer in Geriatrics at the University of Malta was created and the subject taught to medical students. [15]

Presently, geriatric medicine is recognized as a separate specialty, with the government of Malta employing 11 consultant geriatricians who work mainly in the public rehabilitation hospital and residential/nursing homes, concentrating on frail elders, and in specialty clinics - for example, on memory, falls, and continence. This means that there is a consultant geriatrician for every 6,000 persons aged 60-plus, a figure that is better than most other EU countries (Germany: 7,496, Spain: 7,701, United Kingdom: 8,871, Switzerland: 9,250, and Denmark: 12,001) [15].

Welfare services for older adults result from the dynamic interplay of supports from the state and - to a lesser extent - familial and voluntary sectors. In addition to community care, which was discussed in the previous section, two key facets of ageing welfare services include informal care and long-term care. As elsewhere, the informal sector in Malta consists of unpaid, or underpaid, family carers (usually women) who in many cases experience high levels of stress and burnout. The government offers a number of services which family carers of frail older persons can apply to. These include the (i) *Non-contributory Carer's Pension* and *Social Assistance for Carers* which provides economic benefits to persons who are caring for older relatives on a full-time basis, (ii) *Social Work Unit* which provides psychological support, guidance, and assistance to informal carers, (iv) training programs concerning the informal caring of older persons, (v) *Respite Services* that temporarily alleviate the burden on carers of older persons that are living within the community, and (vi), domiciliary general nursing services at a highly subsidized rate. There is no doubt that compared to non-carers informal carers of older persons experience higher levels of physical, emotional, and psychological strains. One avenue that can be strengthened so that the physical, social and psychological quality of life of informal carers is improved is respite care. Available respite care is temporary, short-term supervisory, personal and nursing care provided to older adults with physical and/or mental impairments. There is thus an urgent need for respite programs that are situated in the older person's home and in residential/nursing settings. On one hand, in-home respite care takes place in the home in which the older person lives. Depending on the needs of the caregiver, in-home respite care can occur on a regular or occasional basis and can take place during the day or evening hours. Programs may provide personal and instrumental care for older persons, or supervisory services. Caregivers view in-home respite care as highly acceptable because they do not have to take the older adult out of the environment in which he or she is most comfortable. However, even in-home respite care has its own limitations. It can be expensive, particularly if used frequently and for several hours per day. Families may also be reluctant to use in-home respite services because they

may not like having strangers in their homes or taking care of their loved ones. On the other hand, residential and nursing homes should also provide respite care, a service that is usually opted for when care recipients require intense care and supervision, and on a trial basis before permanent nursing home placements.

For many years, long-term care [LTC] for Maltese older persons was the sole responsibility of religious authorities, and it was only in recent centuries that the state started to provide residential/nursing care to frail elders. Presently, in Malta, one finds four categories of LTC in Malta, depending on whether they are owned by the government, the Church, or private companies, and the 1,000-plus bed facility St. Vincent de Paul Residence (SVPR) which is also government owned. At the end of 2011, some 3.9/5.6 per cent of persons aged 60/65-plus were presently in LTC [5]. With a total of 2,097 beds for older persons, the Government has the majority of the market share with 54.5 per cent of the licensed caring beds, followed by the private sector with 27.6 per cent (1,061 beds), and the church-run homes occupying the remaining 17.9 per cent (690 beds). Whilst one cannot doubt the great strides that health care services have experienced in recent decades, the existing system of LTC remains under-resourced, inequitable, fragmented and ineffective. Unfortunately, a relative lack of planning and vision for social care services in LTC is denying residents their basic human rights. There is an urgent need to redress the situation by meeting and overcoming three key challenges in a coherent and consistent manner. Presently there is no legislation on the setting up of nursing home services, with Church-run and private LTC being governed by residential requirements that are little more than health and safety legislations. There is an urgent need for serious discussion, and subsequently legislation, that establishes national quality standards that focus on objectives of nursing residential care, quality of care, education and training of staff, values, staff-client ratios, monitoring and evaluation processes, and physical environmental issues. The exclusion of older residents in the decision making in residential/nursing care must be made a thing of the past. The daily running of residential and nursing homes often involve intimate areas of residents' lives, and tends to shape and influence their sense of identity and worth. Residents in LTC, even those experiencing various physical and cognitive difficulties, must be involved in the decision-making process so as to endow them with a real sense of empowerment and autonomy. Indeed, improving the quality of care in residential and nursing settings for older persons is a fundamental priority for all health and aged care services. There is a need to develop policies that promote the human rights of residents in LTC settings. These include the right to (i) human dignity, (ii) receive respect for human dignity, physical and mental well-being, freedom and security, and (iii) self determination.

7. Conclusion

Malta includes all the demographic characteristics of an

ageing population, with future projections noting that the numbers and percentages of older persons are bound to increase in the coming four decades. It is also clear that changes in longevity, health and patterns of employment are transforming how older Maltese citizens are experiencing later life. It is therefore important that rather than viewing older people as merely high users of services, the government recognizes that older people have a range of characteristics, perspectives and interests, which should be identified, acknowledged and used to the benefit of society. To-date, many older people already participate in and contribute to society in a variety of ways. They provide support to their families through caring for spouses or grandchildren, as well as working as volunteers and supporting economic activity as consumers. The challenge is to develop those structures and supports that encourage older people to become new role models and to remain fully engaged in their communities. To this end, an active ageing strategy facilitates greater engagement of older people through the following: (i) providing a wide range of opportunities for older people, (ii) seeking to increase motivation to participate in activities based on the individual older person's needs and wishes, (iii) tackling any barriers to full engagement particularly for those facing greater barriers such as those who are more frail and dependent, and (iv), increasing awareness of the benefits of engagement for older people and their communities. For persons to really experience active ageing, it is imperative that the Maltese government follows the advice of the WHO [8] to provide education and learning opportunities throughout the life course, possibilities for health literacy sessions, and especially, pre-retirement planning. One must enable the full participation of older people by providing policies and programs in education and training that support lifelong learning for women and men as they age. Older persons are also to be provided with opportunities to develop new skills, particularly in areas such as information technologies. Moreover, policies are to encourage as much as possible people to participate fully in family and community life as they grow older, even if they experience a range of physical/cognitive issues and enter residential/nursing home settings. Only so can we reach the United Nations' dictum of not simply 'adding years to life', but more importantly, 'adding life to years'.

References

- [1] NSO, Census of population and housing 2011: Preliminary report. Malta: NSO, 2012
- [2] NSO, Census of population and housing: Population. Malta: NSO, 2007.
- [3] NSO, Demographic review 2010. Malta: NSO, 2011
- [4] Eurostat, Health Life Years in 2011, Eurostat Newsrelease, 35, 2013.
- [5] Formosa, M., Ageing and social policy in Malta: Issues, policies and future trends. Malta: BDL, 2014.
- [6] European Commission, An agenda for adequate, safe and sustainable pensions, Luxembourg: Official Publications of the European Communities, 2012.
- [7] European Commission, The 2009 ageing report. Luxembourg: Official Publications of the European Communities, 2008.
- [8] WHO, Active ageing: A policy framework. Geneva: WHO, 2002 (p. 12).
- [9] Walker, A, Commentary: The emergence and application of active aging in Europe. *Journal of Aging and Social Policy*, 21(1): 75-93, 2009.
- [10] European Commission & United Nations Economic Commission for Europe, Policy Brief: Introducing the Active Ageing Index. European Commission & United Nations Economic Commission for Europe, 2013.
- [11] NSO. Labour force survey: Q4/2011. Malta: NSO, 2012.
- [12] Eurostat, Employment rate of older workers by sex. Accessed 12/08/12 from <http://epp.eurostat.ec.europa.eu/tgm/table.do?tab=table&init=1&language=en&pcode=tsiem020, 2012>
- [13] Eurostat, Effective labour market exit age (average exit age from the labour force). Accessed 12/08/12 from http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=lfsl_exi_a&lang=en, 2012.
- [14] Hamblin, K.A. Active ageing in the European Union. New York: Palgrave Macmillan, 2013.
- [15] Ekdahl, A., Fiorini, A., Maggi, S., Pils, K., Michel, J-P., and Kolb, G.. Geriatric care in Europe - the EUGMS Survey Part II: Malta, Sweden and Austria. *European Geriatric Medicine*, 3(6): 388-391, 2012.