



NATIONAL STRATEGIC POLICY FOR ACTIVE AGEING

MALTA 2014-2020

The National Commission for Active Ageing would like to acknowledge and thank all the people who took part in the consultation process leading to the *National Strategic Policy for Active Ageing: Malta 2014-2020*. Gratitude also goes to those personnel working in the field of ageing who contributed towards this end.

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Prime Minister's Foreword

An ageing population represents one of the most significant demographic and socioeconomic developments that Maltese society will be facing in the coming decades. As a result of declining fertility and mortality levels and major improvements in life expectancy and healthy life years, the proportion of the population aged 65 years and over will increase dramatically in the coming years and decades. The combination of increased longevity and other social factors, such as improving health, the establishment of the welfare institutions of retirement and pension schemes and positive values and beliefs aimed at older persons, have opened up a new phase in a person's lifetime, during which older persons spend a considerable amount of time in relatively active years following retirement. Rather than perceiving the rising number of older persons as an excessive burden on available welfare programmes, the ageing of the Maltese population is a cause for celebration. Increasing longevity is one of humanity's greatest achievements. It is an indicator of socioeconomic progress, heralding the triumph of science and public policy into extending human lives and emphasising success in maintaining improved levels of health, independence, and autonomy well into the latter years.

For many years, Malta's policy responses to the challenges arising from changing demographic trends have been fragmented and strongly embedded in conventional policy domains. The launching of the *National Strategic Policy for Active Ageing: Malta 2014-2020* counters such state of affairs and steers local ageing policy towards novel directions. Government is committed in breaking away from the traditional outlook that equates later life with physical and cognitive infirmity and instead strives hard towards the celebration of older generations as a valuable and productive resource that is not restrained by outmoded policies. Through the *National Strategic Policy for Active Ageing*, Government commits itself towards achieving a society for all ages and ensuring that our nation adopts specific measures that will transform Malta into an age-friendly nation. Indeed, maintaining the autonomy and independence of older generations, as well as guaranteeing a smooth transition from community to long-term care settings, represent key goals of this policy agenda. Advances in healthy life years improve the well-being of older persons, extend working lives, provide an incentive for economic growth, and most importantly, decrease the pressure on health and social care systems.

Active ageing is a key part of this Government's flagship policy on social justice and solidarity. The stereotype of older people as passive persons who experience physical and cognitive infirmness is now obsolete. As more persons keep fit and healthy for longer years, they continue playing a key role in society well beyond their statutory retirement age. If their spending patterns, tax payments, volunteering efforts and caring responsibilities are taken into consideration, older persons surely contribute much more than they actually receive in state pensions and social and healthcare services. An ageing population also presents an opportunity to the business community, as the increasing number of older persons offers an expanded customer base and new markets, as well as an enlargement of the pool of older workers available for employment. There is no doubt that in the coming years, older workers will increasingly become key players in the successful development of public and private corporations. In short, inherent in the challenge of an ageing population lie vast opportunities and as this National Strategic Policy underlines, devoting resources to older persons is arguably the right, fair and honourable thing to do.

Government is committed in taking a proactive stance in all that concerns population ageing. Not satisfied in simply managing various social and health care services targeting older persons, this Government believes in enacting policies that improve social inclusion and participation rates well beyond statutory retirement age. This policy compels us to envisage a society where each and every older citizen is empowered to reach his or her unfulfilled potential. I am certain that addressing the herein policy directives would bring forward a political and legal framework in which older persons have the possibility of taking responsibility for their own quality of life and well-being, without neglecting the needs of frail older persons. The *National Strategic Policy for Active Ageing* ensures that the ageing of Maltese society is on the right track in becoming a more positive experience for all citizens for many years to come.

A handwritten signature in black ink, reading "Joseph Muscat". The signature is written in a cursive style with a horizontal line underneath the name.

Joseph Muscat
Prime Minister

Minister's Foreword



Statistics issued by Malta's National Statistics Office leave us no doubt: Malta is ageing. As a phenomenon that first emerged in the mid-70s, when fertility rates began to plummet, combined with a steady improvement in life expectancy, the past three decades saw Malta experiencing a decrease in its working age population and a rise in the number of older persons. Suffice to say that around a quarter of the present Maltese population is aged 60 years and over.

Malta has always been a front-runner in implementing public policies that seek to safeguard the quality of life of older persons. The introduction of self-government in 1921 witnessed the establishment of the Widows and Orphans Pensions Act and the Workmen Compensation Act which provided crucial financial assistance to frail older persons and their *carers*. The Old Age Pensions Act, brought into effect in 1948, provided for the payment of pensions to persons over the age of 60. Public pension coverage was strengthened even further in 1972, when government introduced for the first time the payment of an annual bonus to all Social Security pensioners and recipients of Social Assistance. Seven years later, a new contributory scheme for wage-related retirement pensions was established within the scope of the National Insurance Act, accompanied by a pension scheme for widows calculated on their deceased husband's wage. As a result, a Two-Thirds Pension was introduced, where the pensionable income was calculated by taking the average yearly salary, on which the relevant contributions had been paid, of the best three consecutive calendar years during the last ten years in employment prior to retirement. Furthermore, a National Minimum Pension was introduced, whereby any person claiming a contributory pension would not fall below a certain rate of pension, provided one had a full contribution record to his or her credit. In 1987, the Social Security Act incorporated a number of new benefits, including disability pensions and gratuity, marriage grants, maternity benefits and family allowances, amongst others. The 80s and 90s also witnessed the introduction of a range of social and health care services to meet the needs of frail older persons who resided in the community, as well as others whose care needs were best met in long-term care services.

This Government is aware there is an urgent need to take stock of the local public policy on ageing. Whilst not disputing the need to sustain the available initiatives in ageing services, we are living in a socio-demographic scenario that is calling into question our entire socioeconomic system. The Ministry for the Family and Social Solidarity is not only committed in tackling the present needs of Malta's ageing population, but also to strive hard to prevent possible issues from surfacing in the future.

Three key concerns stimulate the Ministry's concern for the future of ageing policy. Firstly, Malta is experiencing a smaller working population, which implies lower outturns, so in economic terms the main challenge remains how to pay for people's retirement. So far, no system, not even the celebrated Swedish model, has found an answer. Secondly, people's

lifestyles are changing. Whilst the divergence between the consumption desires of younger and older persons is narrowing, the transfer of estates is becoming more complex and increasingly delayed, as nowadays more people are inheriting at around 60 rather than 40 years of age. Moreover, the family structure is evolving. Family units are getting smaller, the number of divorces after 20 to 30 years of marriage is increasing and more children are migrating and establishing their family units outside Malta. Finally, increasing life expectancies bring increased responsibilities towards meeting the social and health care needs that older persons usually experience. One pressing issue is surely dementia where, at present, the number of individuals suffering from dementia amounts to 5,200, a figure that is projected to double by 2030.

The National Strategic Policy for Active Ageing: Malta 2014-2020 seeks to address these concerns. It successfully argues that the concept of active ageing is the key to more fulfilling lives in older ages, whilst noting that the aspirations of persons entering later life change continuously. The National Strategic Policy comprises a holistic response to the multi-disciplinary needs that an increasingly older population would require. In addition to improvements to social and health care services in order to mitigate incapacity and dependence levels, the National Strategic Policy entails a revision of how the Maltese government envisions active life in older ages. Rather than presenting itself as a quick fix, it promotes a gradual transition towards activity in the latter part of life. The suggested strategy is that policymakers adapt society to the individual and not the other way round. It advocates the idea that older persons should not be facing the challenges brought on by ageing populations on their own and in the spirit of intergenerational and societal solidarity, all stakeholders have been invited to take part in the Government's quest of promoting a society for all ages. At the same time, and this is a key strength of the National Strategic Policy, it puts the ideal portrait of active ageing into context. Living longer is also generally accompanied by difficult physical and mental conditions, isolation and solitude, exclusion and impoverishment. The fact that this National Strategic Policy provides recommendations to overcome the various obstacles usually associated with later life is a confirmation that the most vulnerable and at risk sectors of the older population have not been overlooked and that the values of social justice and equity run throughout the policy sections.

The Ministry for the Family and Social Solidarity welcomes this *National Strategic Policy for Active Ageing* and guarantees its unreserved support towards the accomplishment of the recommendations it advocates.



Marie Louise Coleiro Preca
Minister for the Family and Social Solidarity



Parliamentary Secretary's Declaration

The National Strategic Policy for Active Ageing: Malta 2014-2020 represents a new dawn for Maltese ageing policy. A necessary first step for the successful implementation of active ageing principles is the integration of policy responses to population ageing, together with the concerns of older persons, into national development frameworks. The *National Strategic Policy for Active Ageing* reflects the Government's quest in implementing a vision that acts as a catalyst for improved levels of positive, productive and successful living in later life. The policy also affirms the government's mandate to not solely add years to life, but, in parallel, also add life to years. The Parliamentary Secretariat for the Rights of Persons with Disability and Active Ageing refrains from viewing older persons as dependants and is deeply committed towards the implementation of strategies that improve their well-being through the extension of citizenship rights. After all, it is not old age in itself that leads to ageism, age discrimination, elder abuse and poverty, but the absence of citizenship rights. It is the assumption that older persons are a homogenous category, linked together by physical and cognitive infirmness, that engenders their social exclusion. In my role as Parliamentary Secretary, I am adamant that older persons are not to be treated differently from other younger cohorts and generations. The large majority of older persons in Malta and elsewhere are healthy, physically mobile and intellectually sharp. Older people constitute a strong and important resource as much as their younger peers. To alienate and exclude one quarter of the population on the basis of chronological birthdays is not only immoral, but also absurd considering the projected steady decrease of the workforce in the coming future.

The National Strategic Policy for Active Ageing compels Government to address the continuum of challenges that hinder the formation of an active ageing society. Active ageing demands strong levels of social cohesion, inclusion and participation, by ensuring equal opportunities and access to services and to political, social, recreational and cultural activities. Older adults cannot assume key roles in society unless one ensures training and lifelong learning activities that are sensitive to the needs of older workers for further engagement in the labour market. Such actions recognise the values of older age groups and their contribution towards society, which will function to promote positive perceptions and attitudes towards older persons and hence facilitate their engagement in official decision-making. At the same time, active lifestyles will only become a reality if one advances the practice of health promotion, disease prevention, gerontological rehabilitation and early diagnosis throughout the lifecycle, all of which lead to improved levels of independent living in later life. In parallel, one should also find strong policy measures that provide sustainable and adequate pensions, which

mitigate the possibility of at-risk-of-poverty lifestyles in later life. Finally, recognising the unique needs of vulnerable older persons such as women, persons with disability and ethnic minorities should not be underestimated and policies must ensure that more resources are available to the most vulnerable.

However, the *National Strategic Policy for Active Ageing* does not redress these obstacles in a value-free manner where the end justifies the means. The government is not simply contented with the location of technocratic solutions, but remains unyielding in its quest to contribute towards a fairer society, one that is based upon the principles of social justice. Indeed, the policy is underpinned upon three key values that we believe should lie at the heart of present and future Maltese society:

- First, that Malta is truly transformed into a society for all ages, one that adjusts its structures and functioning, as well as its policies and plans, to the needs and capabilities of all, thereby releasing the potential of all, for the benefit of all. A society for all ages enables several generations to invest in one another and share in the fruits of that investment. It is a society in which the respect, equality, independence, participation, care, self-fulfilment and dignity of older persons will be pursued at all times. In this respect, the *National Strategic Policy for Active Ageing* supports the recommendations in the United Nations' Madrid International Plan of Action on Ageing, by promoting a range of foundation themes that include human rights, income security and poverty eradication, empowerment, individual and social development, mental health and well-being, gender equality, intergenerational solidarity and inter-dependence, health care and social protection, partnership between all major stakeholders in the implementation process and affirmative action towards vulnerable groups.
- The value of intergenerational equity constitutes a second unfailing dimension in the rationale and strategies as proposed by the *National Strategic Policy for Active Ageing*. Ageing policy in a truly democratic society champions equal respect, equivalent opportunities and comparable living standards between different generations. It is important that policies on active ageing communicate the dimensions of respect and what citizens, as opposed to government and policy experts, regard as the rights appropriate to different stages of life. Only so will it be possible to implement strategies that take account not only of differences in income between different generations, but also of responsibilities for paid and voluntary work and recognising the social, psychological and financial costs of caring, which generally fall disproportionately on women. The *National Strategic Policy for Active Ageing* promotes the rights of both *carers* and those cared for, advances gender equality and in doing so, renders more transparent and visible the exchange of care on behalf of both older and younger persons.

- A final steadfast emphasis present throughout the *National Strategic Policy for Active Ageing* is empowerment, as it demonstrates a commitment in renewing public policies on ageing so as to focus on the needs and wishes of the older population. Government believes that older persons are to have greater control over the identification of the type of support they require, and more choice about and influence over the services offered. The *National Strategic Policy for Active Ageing* puts people at the centre of the assessment process, whilst also providing them with greater freedom in choosing the type of care they want. It seeks to empower older persons through improved access to comprehensive information, a choice from a range of options and the right to redress any perceived injustices and discrimination. The emphasis on anti-ageist measures signifies that the policy is not to be read as another example of professional paternalism, but as a vehicle for capacity and confidence building, skills development and training and opportunities for direct and collective action.

It is not the goal of this introduction to produce a concise summary of the directives and recommendations that characterise this National Strategic Policy. Nevertheless, it is surely pertinent to highlight its salient points as this will serve as an opportunity to outline Government's vision for active ageing.

The first section on active participation in the workforce reflects Government's intent on achieving a right balance between work and retirement and hence, facilitating longer working lives. Strengthening the older workforce is key to overturn a shrinking working age population that risks acting as a drag on economic growth, through labour and skill shortage. As the National Strategic Policy attests, this is only possible through the implementation of more age-friendly working arrangements, healthy workplaces and flexible retirement schemes. Enabling support to informal *carers* is also paramount as this has the potential to increase labour market participation, especially amongst women. Equally important is the access to adequate vocational training, since retraining constitutes an important tool in avoiding the obsolescence of skills and premature retirement. Prevention against age discrimination is also key, as this ensures equal rights for older workers in the labour market, refraining from using age as a decisive criterion for assessing whether a worker is fit for a certain job or not, as well as thwarting negative age-related stereotypes and discriminatory attitudes towards older workers.

The second section on participation in society highlights the necessity of policies directed at persons who either choose or are forced to exit the labour market. Inclusive policies must be enacted so that retirement should not push older persons towards a fringe role in the Maltese social fabric. Active participation in later life may be promoted through a range of positive policy initiatives, such as encouraging the retired to take on part-time or voluntary work, engaging older persons in community and learning programmes and by adapting

fiscal measures to recognise informal care provided by older persons. These measures go a long way in aiding older persons to maintain their feeling of self-worth, hence avoiding the various risks associated with isolation, loss of confidence and reduced self-esteem. Moreover, it is imperative that societal structures mitigate against social exclusion in later life, by offering older persons equal opportunities to participate in society through cultural, political and social activities. Emphasis is also to be made on the need for stronger income security systems that provide adequate income later in life, for older persons to be able to live in dignity.

The third section on independent living highlights the role of well-being, health and healthcare in achieving active ageing lifestyles and preventing poverty, mental issues and social exclusion. As such, the maintenance of autonomy and independence of older generations should be a central goal of active and positive ageing policies. The policy underlines that the quest for health and independent ageing is possible through two basic routes. On one hand, through the promotion of health over the whole life course, one which aims at preventing health problems when older, through actions that increase physical activity and the adoption of healthy diets and non-risk behaviour. On the other hand, through an unwavering commitment in tackling health inequalities that are strongly linked to social, economic, and environmental factors. Central to the latter objective is the adaptation of local environments, as well as goods and services, so that they are also suitable for older people of all ages, through the use of information and communication technologies. It is only by transforming Malta into an age-friendly society that we can guarantee physical, mental and social well-being of persons well into later life.

To conclude this introduction, I would like to take this opportunity to thank everyone who had a role in the construction of the *National Strategic Policy for Active Ageing*, especially the Chairperson and Members of the National Commission for Active Ageing and all the statutory and voluntary organisations who took part in the comprehensive and wide-ranging consultation process to inform on the development of this policy. Gratitude also goes to my colleagues in the Parliamentary Secretariat for the Rights of Persons with Disability and Active Ageing and our parent Ministry, who assisted in the policy's preparation. I am sure that everyone is aware that the preparation and finalisation of this National Strategic Policy is only the beginning of a long progressive process in local ageing policy and that we all look forward to the imminent stages of implementation.



Franco Mercieca
Parliamentary Secretary for the Rights of Persons with Disability and Active Ageing



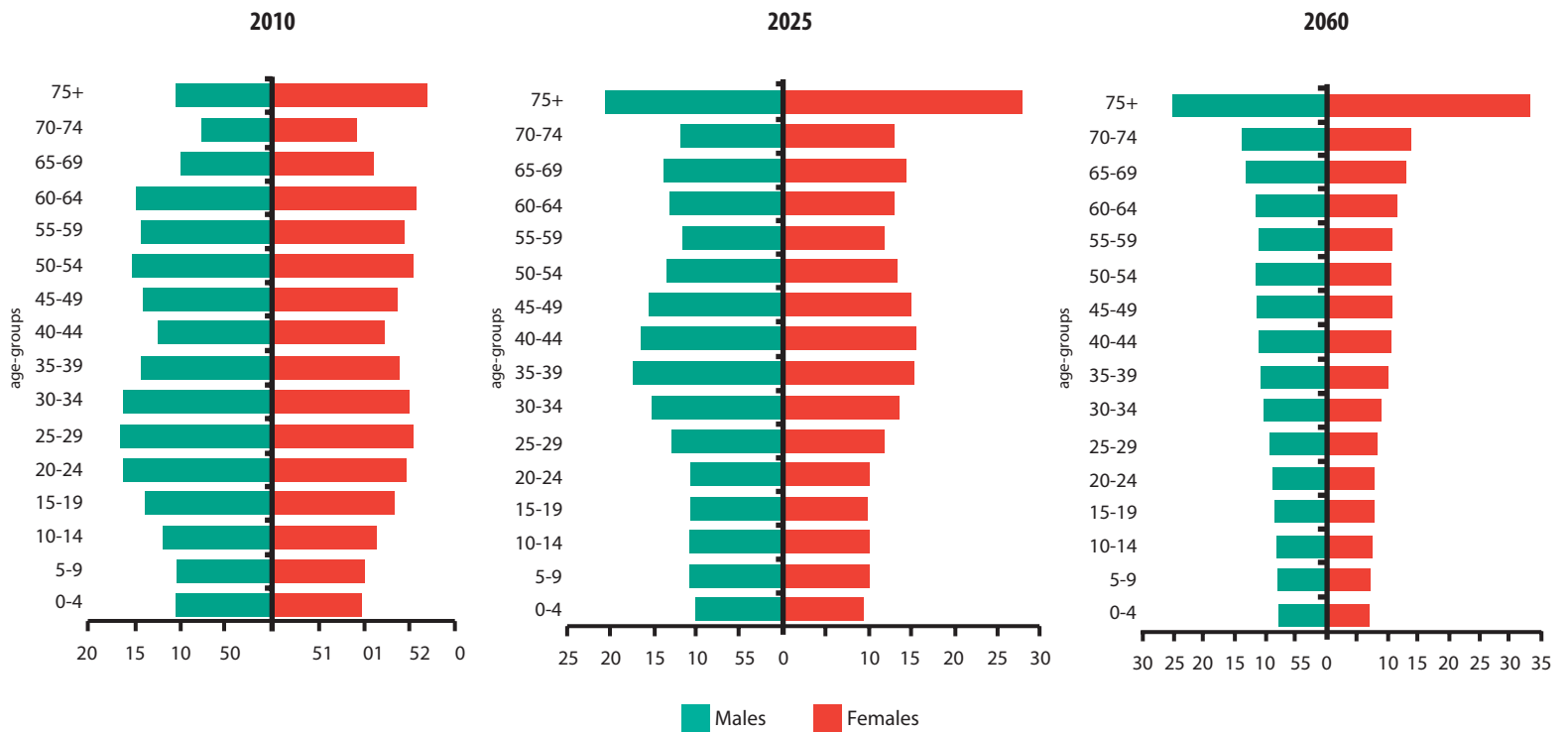
THE BACKGROUND CONTEXT

The demographic context

With one in nine persons in the world already aged 60 years and over and projected to increase to as much as one in five by the year 2050, population ageing is a phenomenon that can no longer be ignored. Malta is no exception to ageing trends and though the development of an ageing population was experienced in a slower fashion than in other countries, the nation's transformation into an ageing society is unmistakable.

Whilst in the year 1901 the 0-14 and 65-plus age groups consisted in 34.1 and 5.4 per cent, in 2012 these age groups reached 14.5 and 17.2 per cent respectively. As a result, during the course of the 20th Century, 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.

Malta's present and projected population pyramids (2010, 2025, 2060)



Malta's gerontological transition was largely the result of a declining fertility rate, together with an increasing life expectancy in both men and women. 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 2011, down from 1.7 in 2001. In parallel, whilst at the beginning of the 20th Century life expectancy in Malta was around 43 years for men and 46 years for females, in 2011 these figures reached 77.9 and 82.2 years respectively. Malta also registers excellent results in Health Life Expectancy. At the age of 50, Maltese women and men are both expected to live an additional 23 healthy life years, second only to Sweden amongst EU-27 Member States where male and female citizens can expect 26 and 25 additional healthy life years respectively.

Statistics based on the 2011 Census report that as at 31 December 2012, nearly a quarter of the total population (102,026 persons) were 60 years old and over. The number and percentage of the 80-plus population reached 15,643 and 3.7 per cent respectively. The largest share of both the 60-plus and 80-plus older population is made up of women, with 54.5 and 64.5 per cent of the total respectively. In fact, the sex ratios for cohorts aged 60-plus and 80-plus populations numbered 84 and 54 respectively, to the extent that amongst the oldest cohorts the number of older women almost triples the number of older men. It is noteworthy that amongst the EU-27 Member States, Malta has the smallest gender difference with respect to single households and is the only country where more women aged 80 or older live in other or couple households rather than alone.

Total population by age, gender, and sex ratio (31 December 2012)

AGE	MEN	WOMEN	TOTAL	SEX RATIO*
0-59	163,419	155,919	319,338	105
60-64	14,741	15,007	29,748	98
65-69	13,243	14,260	27,503	93
70-74	7,039	8,292	15,331	85
75-79	5,890	7,911	13,801	74
80-84	3,291	5,558	8,849	59
85-89	1,684	3,136	4,820	54
90+	573	1,401	1,974	41

*Ratio of males per hundred females.



Population projections indicate a continuously ageing population. Malta's population is expected to reach 429,000 persons by 2025 but down to just over 350,000 by 2060. The European Commission 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 females. During the same period, 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. As a consequence, the older population segment will incur extraordinary increases in the foreseeable future. In the coming quarter of a century (2011-2035), the 65-plus population will increase from 16.2 to 24.8 per cent of the total population, from 68,400 to 102,800 persons. At the same time, the 75-plus population will increase from 6.8 to 13.7 per cent of the total population: from 28,500 to 57,100 persons. On the other hand, the number and percentage of children between 0-14 years is projected to decrease from 15.0 to 12.9 per cent of the total population, from 63,000 to 53,600 children. The working population between 15-64 years will also feature a decrease, from 68.7 to 62.4 per cent, from 288,500 to 259,400 workers.

Increasing longevity is definitely an indicator of social and economic progress. It represents the triumph of science and public policy over many of the causes of premature death, which truncated lives in earlier times. However, it is also true that population ageing has significant and extensive repercussions for all aspects of public policy. An overview of contemporary gerontological concerns and issues locates five distinct challenges.





Income security. Despite Malta boasting a comprehensive pension system, it is still unable to ensure that all older persons experience financial safety. Poverty is a persistent problem among a minority, although this varies substantially by group, with significant inequalities arising on the basis of age and gender. There is no magic formula that will help Malta in ensuring a permanent financial sustainability in public finances with regard to population ageing. Achieving a delicate balance between current and future economic policy issues requires not only the political will to make tough policy decisions, but also political skill in persuading the public in taking some responsibility to ensure sustainability of future pension systems.

Age discrimination. The denying of full citizenship rights due to age discrimination represents a huge challenge. Age discrimination is an immense source of stigma, social exclusion and complication in remaining or re-entering in the labour market, hence denying older people the opportunity of making economic and social contributions. Policies that mitigate age discrimination have the potential to enable Malta to adapt to an ageing population and longer age expectancies, by replacing the dominant ageist stereotypes with a culture of equity and respect, reshaping public services to meet the diverse needs of older people and changing labour market structures to accommodate older people who desire to work for a longer amount of years.

Citizenship. With increasing economic, social and cultural diversity, older adults are no longer members of easily defined communities. The key challenge is that of developing new roles and attitudes for older persons that commensurate with the increasingly fluid boundaries between adulthood and the third and fourth ages. One frequently cited solution is volunteering. Nowadays, older volunteers are viewed as a valuable resource, working with a people ranging from prisoners to abused and neglected children and in diverse settings such as day care centres and schools. However, older volunteering will not reach its potential unless supported by policy strategies that support effective programme designs that recruit, manage and retain older volunteers.

Community care. Care services in the community assist older persons in ageing-in-place. Presently, Malta includes various community care services targeting older persons. However, there is no doubt that the system will be increasingly challenged in the foreseeable future due to the increase in the numbers and expectations of older adults, as well as a relative decline in informal *carers* and the need for a larger workforce. Community care services for older persons warrant a transfer from a needs-based assessment to a user-participation model characterised by better levels of consistency and equity in accessing home care services, through the standardisation of maximum levels of user charges and the right to assessment, assessment tools and procedural redress.

Healthcare. The increasing number of older persons and the projected increase of the 80-plus population will provide crucial challenges for the funding and delivery of healthcare in the coming future. Suffice to say that the number of persons suffering from dementia is estimated to rise from the current 5,200 to 14,000 by the year 2038. Moreover, as Malta's population continues to experience longer life expectancies, the risk of acquiring disabilities in later life will also increase. In such circumstances, there is an urgent need of redefining the meaning of old age in the context of healthcare, as well as the value of focusing on health promotion, primary care and rehabilitation, to reduce the stress of unnecessary dependence on acute hospital care by older persons.

Developing the National Strategic Policy

Conscious of such challenges, Government embedded its policy for current and future older persons in the concept of active ageing, an approach that is expressed perfectly in the World Health Organisation's dictum "years have been added to life; now we must add life to years". As underlined by the European Commission and the United Nations Economic Commission for Europe, the concept of active ageing focuses on a broader range of activities in addition to those normally associated with the labour market and volunteering, by emphasising the participation and inclusion of older persons as active citizens:

"Active ageing refers to the situation where people continue to participate in the formal labour 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".

In its role in bringing together all of the policy domains to respond successfully to the challenges of population ageing, seven key principles of active ageing can be underlined. First, activity refers to all meaningful pursuits which contribute to the well-being of older persons. Second, active ageing policies must involve all older persons including those who are relatively frail and dependent. Third, active ageing is primarily a preventive concept that focuses on the avoidance of ill-health and social exclusion in later life. Fourth, active ageing is intergenerational, with sectors of civil society being stakeholders in this undertaking. Fifth, policies premised on active ageing embody both rights and obligations. Sixth, strategies on active ageing are participative and empowering. Seventh, active ageing is sensitive to national and cultural diversity.

The remit of the National Commission for Active Ageing was that of devising a strategic policy for Malta based upon the above principles, but which is also sensitive to the contextual contours that characterise the Maltese Islands. From the outset, the National Commission's intention was that of advising which policy changes have the potential to bring about optimal levels of successful, productive and positive ageing. To this end, an extended process of consultation channelled the work of the National Commission in developing the National Strategic Policy through the organisation of a Public Consultation Seminar for both stakeholders and the general public and through informal communication with interested groups and individuals. Following such consultation, three themes were seen as the cornerstone of the National Strategic Policy: active participation in the labour market, participation in society and independent living. This document presents a descriptive analysis of trends and issues arising from each of these crucial areas, together with a number of policy recommendations. The recommendations detailed in the National Strategic Policy are purposely broad, as they intend to set the direction for future implementation, rather than describe specific activities that governments, businesses, communities and other stakeholders could take. Such strategic recommendations serve as a guide for future policies, programmes and activities.



The implementation of the *National Strategic Policy for Active Ageing: Malta 2014-2020* constitutes a challenge that entails rigorous investment in financial and human resources, as well as serious commitment and perseverance on behalf of many stakeholders. Whilst Government is committed to deploy all the necessary resources at its disposal towards the implementation of the herein policy recommendations, this will not be achieved without the input from various strands of civil society. The multi-disciplinary nature of the *National Strategic Policy for Active Ageing* necessitates that other Ministries and Parliamentary Secretariats, other than the Ministry for the Family and Social Solidarity and the Parliamentary Secretariat for the Rights of Persons with Disability and Active Ageing, take a principal role in meeting its goals and objectives. The vast areas that the *National Strategic Policy for Active Ageing* touches upon can only be implemented through inter-sectoral collaboration. Whilst the Parliamentary Secretariat for the Rights of Persons with Disability and Active Ageing looks forward to spearhead the implementation of the strategic policies recommended in this document, the national impetus of the strategic policy warrants that different Ministries are to ensure the necessary funding and human resources for initiatives that fall under their respective remit. In addition, it is not unforeseen that national budgetary resources are complemented by international and European Union funding. In its quest to facilitate the implementation of the policy recommendations inherent in the *National Strategic Policy for Active Ageing*, Government will be setting up an Inter-Ministerial Committee whose responsibility will be that of steering the process of execution of the strategy's recommendations and monitoring progress in relation to the carrying out of the strategy's measures and initiatives, so as to ensure that the set targets are reached.



Following the European Commission's and United Nations Economic Commission for Europe's 2013 Active Ageing Index, four key indicators have been identified in assessing the implementation and efficacy of the various initiatives proposed in this Strategic Policy namely, employment rates, participation in society, independent, healthy and secure living and capacity for active ageing. Therefore, the implementation and monitoring procedure guiding the *National Strategic Policy for Active Ageing: Malta 2014-2020* seeks to command active ageing initiatives in three broadly defined areas: employment, participation in society, and independent living. Whilst measures in the area of employment aim at creating better opportunities and employability for older workers, social participation channels focus on combating social exclusion of older people by fostering their active participation in society. Measures in the area of independent living encourage healthy ageing and independent living, by emphasising a preventive approach in health and social care and creating a more age friendly environment. The final indicator, capacity for active ageing, measures the resources that older adults possess which could serve as a catalyst for optimal active ageing lifestyles.

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NATIONAL STRATEGIC POLICY
FOR ACTIVE AGEING:
MALTA 2014-2020

Executive Summary

The *National Strategic Policy for Active Ageing: Malta 2014-2020* is premised upon three major themes: active participation in the labour market, participation in society and independent living. Active ageing refers to the situation where older and ageing persons continue to have an opportunity in participating in the formal labour market, as well as engaging in other unpaid productive activities, that may range from care provision for family members to volunteering, whilst living healthy, independent and secure lives as they age.

Active ageing policies seek to increase the number of older workers in the labour market, whilst enabling persons above statutory retirement age to remain in or re-enter employment. These objectives are necessary so that contemporary and future societies mitigate falling levels of working age populations and the impact this has on dependency ratios and skill shortage. This therefore facilitates the reduction of potential future poverty amongst older persons and supports the potential of ageing workers in playing an important part in the delivery of future economic growth. The *National Strategic Policy for Active Ageing* offers the following policy recommendations to strengthen the levels of older and ageing workers: continuous vocational training for older adults; improving healthy working conditions, age management techniques and employment services; taking a constructive stand against ageism and age discrimination; implementing a tax/benefits system; encouraging mentoring schemes in occupational organisations; and strengthening the available measures reconciling work and informal care.

The notion of social participation is a recurring motif in policy statements advocating active ageing. The concept of active ageing aspires to a continuous and active participation of older persons in social, economic, cultural and civic affairs. Yet, individual aspirations alone are not enough in sustaining participative lifestyles. The determination of older adults for optimal levels of social engagement will always encounter a range of structural barriers, difficulties that may result in unwelcome experiences of material and social exclusion. The *National Strategic Policy for Active Ageing* offers the following policy recommendations to improve social inclusion in later life: ensuring a safe, adequate and sustainable income for all older persons; providing financial and social resources for vulnerable older persons; recognising the social benefits arising from older volunteering and grandparenthood; strengthening opportunities for learning, digital literacy, active citizenship and intergenerational solidarity in later life; and providing further support to informal *carers* of older persons.



Transforming society's perception of ageing from one of dependency to active ageing requires a paradigm shift that enables independence and dignity with advancing age. Society must not be content solely with a remarkably increased life expectancy, but it must also strive to extend healthy life years and then provide opportunities for physical and mental activities adapted to the capacities of older individuals. Strengthening measures of health promotion, care and protection aids older persons in ensuring high physical and mental functioning that fosters independent living. The *National Strategic Policy for Active Ageing* offers the following policy recommendations to improve independent living in later life: improving services in health prevention and promotion; acute and geriatric rehabilitation; mental health and well-being and community care services targeting older and ageing adults; supporting initiatives that facilitate the creation of age-friendly and dementia-friendly communities and services; maximising autonomy in long-term care; raising awareness of elderly abuse and neglect; and investing further in end-of-life care.

Preamble

The Maltese government has a long tradition of contribution towards an improved understanding of the relationship between social policy and demographic issues. Malta was one of the first countries to raise the issue of population ageing as one of global concern. This occurred in 1969, when it successfully appealed to the United Nations for the inclusion of the theme of population ageing on the agenda of the 24th Session of the General Assembly. Malta also played a key role in the United Nations' first World Assembly on Ageing in 1982, where the designated chairperson was a Maltese citizen. The recent inauguration of a Parliamentary Secretariat responsible for the implementation of Active Ageing policies confirms Government's enduring commitment to place Malta at the forefront of pioneering policy on population ageing.

The National Strategic Policy for Active Ageing: Malta 2014-2020 constitutes a turning point for local ageing policy. As this century continues unfolding, Maltese society will experience unprecedented changes in its demographic fabric. Whilst by the year 2025 the number of persons aged 65 years and over is projected to increase by 72 per cent compared to 2010 figures, by 2060 children and youth under 20 years of age will decrease by 35 per cent. This warrants innovative approaches to public policy, since what works now will not necessarily meet the concerns and challenges faced by future populations characterised by square demographic pyramids. The National Strategic Policy sets the ball rolling by emphasising the need of better planning for present and future ageing generations. *The National Strategic Policy for Active Ageing: Malta 2014-2020* achieves such goal by recommending policies and strategies that encourage longer working lives whilst maintaining work ability, promoting social inclusion and non-discrimination of older persons, safeguarding health and independence in later life and maintaining and enhancing intergenerational solidarity. Turning its back on long-standing and traditional policy agendas which hinge ageing upon



collective and homogeneous experiences of decline, loss, frailty and dependency, the National Strategic Policy recognises that improvements in life expectancies and healthy life years are a cause for celebration, bringing about unprecedented opportunities for present and future older generations, as well as society in general. The National Strategic Policy takes its inspiration from the positive facets surrounding the concept of active ageing as that process of optimising opportunities for health, participation and security in order to enhance quality of life as people age. Active ageing policies overturn the enduring fixation with elderly care in favour of enabling older people to realise their potential for physical, social and mental well-being. The National Strategic Policy embraces the concept of active ageing as an ideal development, where older people have ample prospects to participate in the formal labour market, as well as engage in other unpaid productive activities ranging from leisurely pursuits, informal care and volunteering and healthy, independent and secure lifestyles. Three key values underpin the vision of Malta's strategic policy for active ageing namely, transforming Maltese society into a society for all ages where citizens in different age cohorts invest in one another and share in the fruits of that investment, intergenerational equity, where age ceases to be a differentiating factor in the distribution and entitlement to opportunities and resources and empowerment, and where older and ageing persons are enabled to improve their abilities so as to live their lives to their full potential.

It is understandable that not all policy recommendations can be attended to by one single political office and for the National Strategic Policy to be a success, it has to be assisted by robust inter-ministerial infrastructures. Executing the Strategic Policy requires Government to approach population ageing in extraordinary ways, whilst also seeking active collaboration with organisations across public, private and voluntary sectors. However, the successful track record of the Maltese government in the organisation of ageing welfare leaves no doubt as to its imminent and enduring effectiveness in implementing the herein recommended policies and strategies.



Active participation in the labour market

Europe 2020: A European strategy for smart, sustainable and inclusive growth calls on Member States to implement effective active ageing strategies by addressing the barriers resulting in lower rates of labour market participation of older workers. Ensuring active participation of older workers aged 55-64 years in the labour market sustains economic growth, reinforces social cohesion and the adequacy of pensions and manages the rising financial burden on social protection systems. Despite the evident shift in European Union countries in implementing policies that discourage and at times even sanction early exit from the labour force, the reality is that the number of older workers in the labour market in Malta is not promising.

The overall employment rate of older workers in Malta increased only by 3.4 percentage points between 2002 and 2012, compared to 10.7 for the EU-27 Member States. At 33.6 per cent, the employment rate of older workers in Malta was considerably lower than the EU-27 average of 48.9 per cent (2012 figures). Women participate in the labour market at much lower rates than their male peers, at 15.8 per cent as opposed to 51.7 per cent (2012 figures). At 15.2 per cent, the ratio of older workers in part-time employment in relation to total employment in Malta is also considerably lower than the EU-27 average of 22.6 per cent. These are disquieting figures, since low employment rates for older workers also imply the possibility of social and material deprivation in later life, since there exists a strong relationship between a history of unemployment and poverty, social exclusion and poorer health in retirement. In line with EU trends, the employment rates among older workers holding post-secondary and tertiary education have increased more rapidly when compared to peers with lower levels of education. In fact, in 2012, the employment rate among tertiary educated persons between 55 and 64 years of age was 61.2 per cent, when compared to only 28.5 per cent among those with pre-primary, primary or secondary education.

Local research focusing on the reasons underlying high inactivity levels amongst older workers finds that, whilst males tend to be inactive due to early or mandatory retirement policies, most females generally cite family or personal responsibilities. In truth, the reasons driving older workers to leave the labour market are complex and intertwined, comprising a combination of both positive and negative factors that include retirement schemes, benefits, caring commitments and good financial assets on the one hand and poor health, redundancy and unpleasant working conditions on the other. However, it is positive to note that the number of pensioners in the labour market experienced a steady increase in the last half decade: 8,156 (2008), 9,036 (2009), 10,206 (2010), 10,304 (2011) and 11,602 (2012).



The National Strategic Policy encourages older individuals to remain in the labour market, as part of the European Union's active ageing agenda. Nevertheless, this shift from passive to active welfare policies for older persons will not happen on its own, but only in conjunction with welfare policies that support an ageing labour force. As the Council Declaration on the *European year for active ageing and solidarity between generations (2012): The Way Forward* underlines, policies may range from far-reaching reforms removing incentives for early exit from the labour market, to more specific employment policies that create job opportunities for older workers.

On one hand, general policies have included the removal of fiscal and social disincentives to stay in employment, adaptation of workplaces to older workers' needs and general difficulties to work shifts and changing the work environment to meet the needs of older employees. On the other hand, specific policies cater for the possibility of gradual or flexible retirement, allowing older workers better access to vocational training and professional education to upgrade their skills, transforming employers' negative mentality about older workers and promoting mixed-age working teams. The level of employment and social security systems is especially crucial. Flexible levels of employment, with parallel adjustment in social security support, include the reduction of incentives for early retirement and options for continued employment beyond retirement age.



Continuing vocational education and training

Skills and qualifications hold a strong positive relationship with active participation in the labour market. It is well recognised that more educated people tend to have higher work-participation rates and stay longer in the labour market. Providing older workers with opportunities to update and extend both their skills and qualifications may thus enable and encourage them to continue working. However, the provision of continuous vocational education and training for ageing and older workers is not without difficulties. Whilst skill and qualification requirements vary across business and occupation, older workers also differ in the type of industry and occupation they are engaged in, with their work roles shaped by factors such as gender, ethnic status and geographical location. Older workers participate in continuous vocational education and training to varying extents, with extensive variances amongst men and women, age groups, types of programmes and educational settings. Moreover, older workers face barriers to participation in skills development, such as negative employer attitudes, discrimination, lack of information about options, caring commitments and obligations, financial issues and unconstructive personal attitudes, such as uncertainty about their ability to succeed. The lack of employment for the older unemployed is another serious barrier to continuous vocational education and training for ageing workers.

Good and effective practices in continuous vocational education and training are based on three key strategies. First, an understanding of older learners' needs, characteristics and goals. Older adults tend to be self-directing and possessing a vast life experience. Their readiness to learn is frequently motivated by their need to know or do something, so their learning rationales generally hold a problem-centred orientation, as opposed to a subject-matter perspective. Moreover, older adults are mostly motivated to learn by intrinsic factors rather than extrinsic forces. Second, an understanding of employer and workplace needs and requirements. Expectations generally revolve around the reinforcement of ageing employees' competence in computer-related skills, information management and processing skills, language skills, capability to learn and engage in new things, tolerance levels towards change and teamwork skills. Third, knowing which teaching principles are best suited for older workers' learning. Whilst there is no evidence that workers who are older than 70 years of age experience deficits in cognitive functioning that limit their capacity for retraining, successful learning strategies with older learners include a slower pace of instruction with ample discussion time, the incorporation of hands-on exercises and experiential teaching techniques, less reading material but more visual presentation and self-paced instruction. Moreover, older workers generally prefer to take part in continuous vocational and training courses separately from much younger workers, who generally have different needs.

POLICY RECOMMENDATIONS

- Recognising the value of continuous vocational education and training for ageing and older workers, for increased productivity and economic growth.
- Improving the opportunities for vocational education and training of ageing and older workers according to their needs and employer and workplace requirements.
- Supporting facilitators and instructors in continuous vocational education and training in becoming more sensitive to the unique learning and teaching styles preferred by older and ageing workers.

Healthy working conditions

Working conditions have experienced significant development in contemporary times. During recent decades, firms' production methods and working conditions have greatly changed, with workers becoming exposed to new demands due to the evolution of the job market, productive processes and relationships between firms. The result was an intensification of work, as its rhythm and versatility reached extraordinary levels. In such context, it is not surprising that the appearance of new forms of work organisations is serving as a key source of stress and health risk for older workers and that health status and working conditions constitute central variables in explaining early retirement. More particularly, the characteristics of work organisation that increase stress levels are as important as other institutional, financial, contextual or family-related variables in influencing older workers in exiting the labour market for good. There exists strong evidence that the most significant causes of work-related ill-health amongst the older working population usually begins as a psychological mechanism involving the workers' perception of their occupational role. Indeed, workers' appraisals of their occupational conditions and the meanings they ascribe to them have a key role in determining early retirement and labour exit pathways. This is because arduous working conditions that are detrimental to health reduce the productivity of older workers and thus, increase their absenteeism rate, the probability of them losing their jobs, as well as their motivation to leave the employment market as early as possible.



Safeguarding policies that conserve the health of older workers in the workplace is a positive and necessary step in influencing them to stay in the labour market as long as possible. If one wants to encourage the employment of older workers and preserve their health in the workplace, policies that prevent detrimental and non-healthy working conditions are warranted. Supporting work settings that maintain workers' physical and mental health and well-being ensures both workers' lifelong employability as well as a steadier workforce, since older workers have a lower propensity for sickness absence and turnover rates compared to younger counterparts. As much as possible, work should be designed to suit older worker's abilities by limiting excessive physical demand wherever possible. As workers get older, they experience reduced aerobic capacity (especially women), increased chronic neck and shoulder pain, longer injury recovery periods, increased prevalence of musculoskeletal complaints, decline in muscular capacity, reduction in spinal flexibility, increased heat intolerance and more visual and auditory limitations. However, it is noteworthy that older workers are generally found to have a lower accident risk than younger workers. The offsetting of these inevitable age-related drawbacks is possible through modern technology, equal access to training, age-appropriate training systems, flexible and individual work designs, age-friendly shift rosters, occupational support from well-informed management and health promotion activities.

POLICY RECOMMENDATIONS

- Promoting occupational health and safety principles that foster the employability of older and ageing workers, up and even subsequent to statutory retirement age.
- Encouraging increasing job rotation and flexibility amongst co-workers in order to support older and ageing employees.
- Supporting employers in adopting practices that decrease potential health risks experienced by older and ageing workers.



Age management

Supporting an ageing workforce requires a novel approach, not only in the workplace but also in terms of economic and social policy. The shrinking working-age population means that in the foreseeable future it will no longer be possible for employers to attract a satisfactory and sufficient pool of younger adults to complete their workforce. This demands that governments reverse long-standing policies that encourage older workers to exit from the labour market and instead, implement policies that not only retain, but also seek to promote the contribution of older employees. Indeed, an ageing population requires more individuals working towards an older age, to satisfy the demand for labour and to relieve pressure on social security and pension systems. This is possible through public policy initiatives that encourage stronger levels of age management, which is probably the most powerful tool for improving the work ability of older workers. The notion of age management refers specifically to the different dimensions by which human resources are managed with a clear focus on ageing, as well as to the overall management of workforce ageing through public policy or collective bargaining. The widespread adoption of good practices in age management has the potential to aid employment organisations in adjusting to the inevitable ageing of their work forces, enhance their competitiveness and productivity, improve the employability of ageing women and men, assist in prolonging working life and ensure more equal opportunities between workers of different ages.

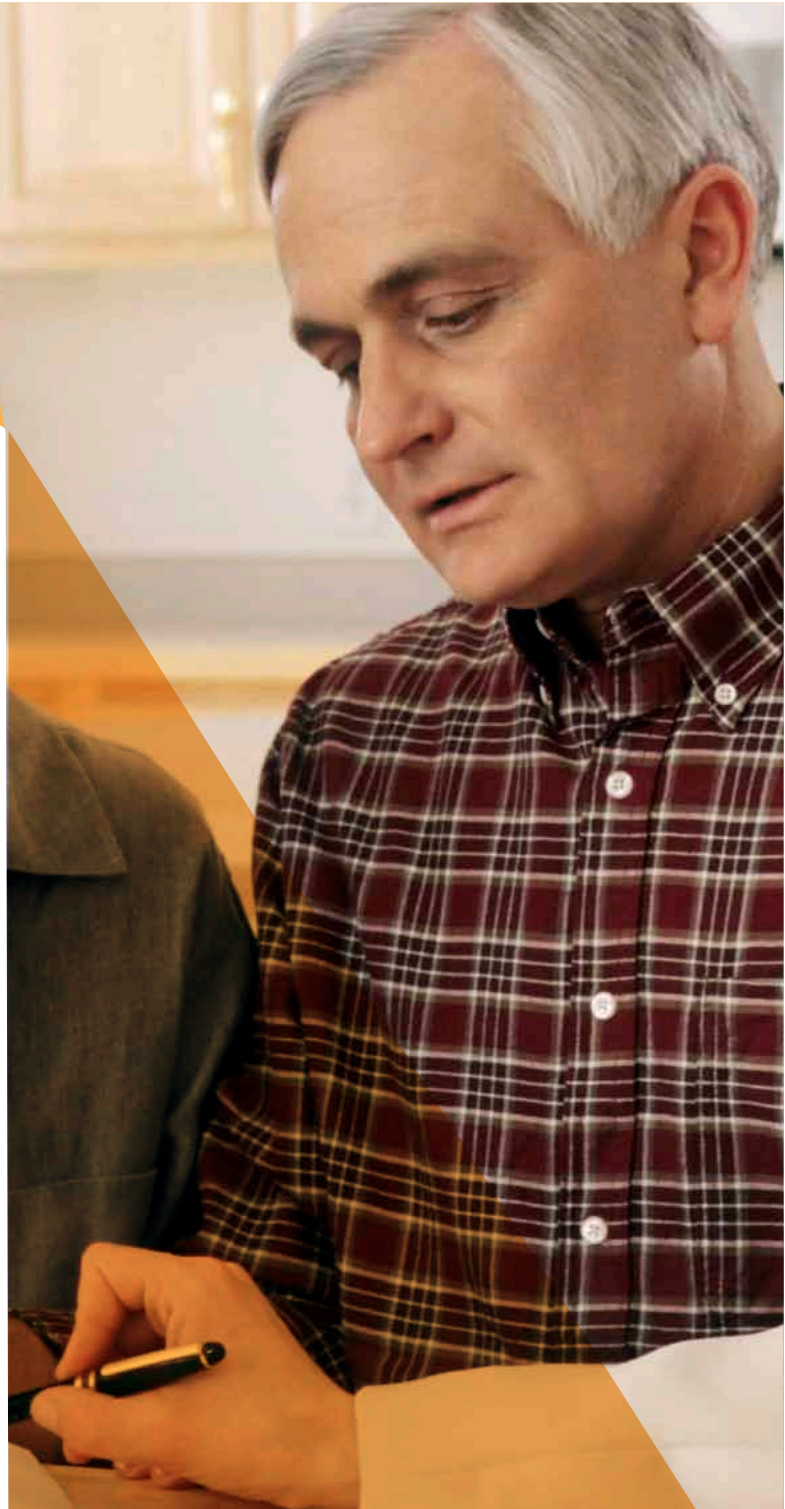
Policies promoting age management can be understood in terms of five specific categories. First, employment organisations should ensure a fair recruitment process in which older workers have either equal or special access to the occupations on offer and that such a process excludes age bars and other age discriminatory mechanisms. Second, older workers should not be overlooked for training opportunities and possibilities for career development, with learning being offered to all and throughout the working career. Third, good practice in age management provides older workers with adequate levels of increased flexibility in their hours of work or in the timing and nature of their retirement. Such flexibility may range from gradual retirement, to flexibility over retirement age, to short-term work placements. Fourth, ergonomics and job design is another crucial element of good practice in age management, as it is important that work environments include preventative and compensatory measures for a range of physical concerns that older workers tend to experience. Fifth, the successful implementation of age management strategies hinges upon positive attitudes of the organisations' employees towards older workers and their dedication in supporting wider age-friendly measures at the workplace. At the same time, the opposite also holds true, as older workers have the responsibility of making use of age management possibilities to manage and extend their own careers and work ability. A diverse workforce is only possible through a constructive relationship between top/middle-level managers and older workers.

POLICY RECOMMENDATIONS

- Inspiring work organisations to implement working hours, as well as physical and mental work environments, which correspond to the prerequisites and needs of employees of different and increasing ages.
- Recommending that the management of work organisations supports the individualised treatment of people of all ages in all phases of their work life.
- Encouraging work organisations' management to advocate and implement positive attitudes towards ageing employees, so that their respective strengths may be valued and encouraged in the workplace.

Employment services for older workers

The idea that vocational guidance should be offered even to older workers is far from new. The first major European Union document entirely devoted to guidance, *Strengthening policies, systems and practices in the field of guidance throughout life in Europe* (2004), underlines that in “the context of lifelong learning, guidance refers to a range of activities that enables citizens of any age and at any point in their lives to identify their capacities, competences and interests, to make educational, training and occupational decisions and to manage their individual life paths in learning, work and other settings...Guidance can provide significant support to... older workers”. Nevertheless, as is the case with adult vocational guidance, the range of guidance services available to older workers is erratic and where it does exist, it tends to be provided by a range of disconnected agencies. A common gap in the services available is the guidance for persons aged above statutory retirement age who wish to return to work or take-up self-employment. Another apparent lacuna constitutes the lack of phased retirement, that is, the planned reduction of working hours, rather than an abrupt transition from work to absolute retirement. Phased retirement remains comparatively uncommon, even when such a policy would meet the needs of those who wish to have more leisure, whilst retaining a role in the paid labour force.



The role of career guidance is especially relevant vis-à-vis the long-term goal of augmenting the number and percentage of older and ageing persons in the labour market. In a society for all ages, career guidance can no longer be traditionally perceived as a service for younger adults, assisting them in managing their entry into and/or eventual progression through the paid labour market. Vocational and professional guidance must reach out to persons in the second half of their life, since this is a key strategy in addressing the intertwined trends of population ageing to change work and emerging skill needs and in promoting longer careers which follow a different logic to traditional models. In the coming decades, growth and prosperity will increasingly depend on the ability of governments and employers to capitalise on the skills and experience of actual and potential older workers. Indeed, guidance is crucial for longer and more satisfying careers, by supporting older and ageing workers in terms of learning, career development and employability. Third age guidance has the potential to aid persons aged 50-plus who aspire to continue contributing to society through paid work, enable employers to retain older workers in face of labour shortages as the working-age population continues dropping, ensure that the vocational capacities and endowments of ageing individuals continue being recognised by employers and society at large and also empowering job applicants to overcome age discrimination, which remains a powerful force in excluding ageing people from paid work. These goals demonstrate that contemporary employment services require radically different approaches and techniques than those deployed in current mainstream strategies.

POLICY RECOMMENDATIONS

- Promoting relevant employment services which recognise both the diversity of older workers, as well as the unique features which age brings to career trajectories.
- Providing training opportunities to guidance workers on employment services for older workers, including preventive guidance to minimise premature labour exit.
- Establishing employment services to address unemployment amongst citizens aged 50 years and over, who are at greater risk of being either under-skilled or over-skilled in respect to available job opportunities.

Ageism and age discrimination

As people age, they become more vulnerable to unique social problems, especially to ageism and age discrimination. Whilst ageism is a tool of cognition, which involves categorising older persons into groups and attributing them negative characteristics, age discrimination refers to the use of crude age proxies in personnel decisions related to hiring, firing, promotion and re-training in an employment context. In reality, of course, ageism and age discrimination tend to be closely intertwined. For example, the negative prejudices of employers, possibly deriving from a fear of their own ageing and perceived decrepitude, profoundly influence the engagement of potential new older workers and the treatment of existing older employees. Age discrimination can affect all employees, irrespective of age and depending on the context, for all that matters is being in the wrong age for that particular circumstance. In many cases, employers tend to be unwilling to acknowledge age discrimination practices at their place of work, although they may also be unaware that those practices constitute age discrimination. When employers are confronted with their organisation's shortage of older workers in certain positions, they tend to argue that age disparity is a product of factors pertaining to older workers themselves, for example, that older persons do not desire that type of position or due to external factors, such as population trends, shortage of older workers with job-specific skills and so on. In reality, however, age discrimination in employment is globally rampant, as older employees tend to be frequently dismissed or overlooked for promotion, without reasonable grounds.



The principle of age equality has always been considered as a fundamental pivot in European Union law. In 2000, the European Council adopted the directive Establishing a general framework for equal treatment in employment and occupation. This directive defines the principle of equal treatment, which means that there shall be no direct or indirect age discrimination against either job-seekers or older workers. The directive also lists harassment as a form of age discrimination, occurring when unwanted conduct takes place with the purpose or effect of violating the dignity of a person and/or of creating an intimidating, hostile, degrading, humiliating or offensive environment. Such conduct can take different forms, ranging from spoken words and gestures to the production, display or circulation of written words and pictures or material. Age discrimination is surely one of the greatest obstacles to the entry or re-entry of older workers in the labour market, with research concluding that age discrimination constitutes the key barrier for older workers to constructively participate in the paid labour market. In the Maltese context, Legal Notice 461 of 2004, as a follow-up of the Employment and Industrial Relations Act (Act No. XXII of 2002), Equal treatment in employment regulations, puts into effect the principle of equal treatment in relation to employment, by laying down minimum requirements in combating discriminatory treatment on the grounds of religion or religious belief, disability, age, sexual orientation and racial or ethnic origin. However, as suggested below, there need to be other parallel and stronger measures to keep age discrimination in check.

POLICY RECOMMENDATIONS

- Promoting awareness on ageism and age discrimination.
- Expanding legal definitions, noting how age discrimination can be both direct and indirect, that age discrimination can also take place by way of victimisation or harassment and that supporting age discrimination is also an unlawful act.
- Encouraging a right to request to continue working beyond statutory retirement age and to a duty on behalf of employers to respond to this request, in a timeframe of not less than 6 months and not more than 12 months before the date of expected retirement.



Employment-friendly tax/benefit systems

Older individuals are increasingly encouraged to remain in or return to the labour market as part of the European Union's active ageing agenda. In December 2012, the European Union recommended Member States to review tax and benefit systems to ensure work pays for older workers, while ensuring an adequate level of benefits. This direction is part of a broader move from passive to active welfare arrangements, whereby the quality of life of ageing individuals is improved as a result of one's involvement in employment relations. In the debate on pension reform, in many countries it is common for social security provisions to offer enormous incentives for older workers to retire early, which may account for the decline of older male workers. This is especially true for Continental and Southern European countries, which for many years have implemented disability and unemployment programmes that provide generous early retirement benefits well before statutory retirement age. However, in recent years, the European Union undertook an attempt to reverse such trends, by cutting down on these welfare benefits. Indeed, benefit cuts are among the most popular measures proposed, with a view to rendering early retirement less attractive for older workers and therefore, hopefully, less frequent. There is now a growing number of countries where this is being incentivised in the form of a pension bonus. For example, in Sweden and Belgium, regulations state that every year worked beyond a certain age limit results in a supplementary increase in the individual worker's pension benefits. Such measures have the potential to produce promising results considering the positive relations between the rate of older workers in the labour market and lower-tax rates at lower ages.

The establishment of employment-friendly tax/benefit systems is based on the principle that people should be rewarded for working longer, both before and after statutory retirement age. Financial incentives should encourage older workers to re/enter the labour market or continue with their employment function to benefit the economy, whilst also supporting people to build up an adequate retirement income. It is noteworthy that non-governmental organisations have pointed out that the use of means-testing are functioning as a disincentive in extending working careers following midlife. On one hand, people beyond statutory retirement age have limited motivation to extend working life, when they are aware that their increase in wages may reduce their entitlement to benefits. On the other hand, people approaching retirement are unlikely to consider working longer, if their additional savings are neutralised by higher means-testing benchmarks. Financial incentives that, either encourage workers to remain in employment past the statutory retirement age or encourage employers to recruit older workers, have already been introduced in Malta. One strategy has been to amend tax brackets with the aim of decreasing the burden of taxation in all categories of workers. Another incentive is that of allowing workers above retirement age, irrespective of their earned income, to receive their pension entitlements. The payment of social security contributions by the government to older workers who move into self-employment after a period of unemployment has also been implemented. Nevertheless, it is evident that more employment-friendly tax/benefit systems are warranted.

POLICY RECOMMENDATIONS

- Initiating financial incentives targeting employers to retain older and ageing workers employed in their organisations.
- Instigating financial inducements for employers to encourage and assist the re-entry of older and ageing workers back into the workforce.
- Implementing financial incentives that benefit older employees to return or stay in the labour force for as long as possible.



Transfer of experience

Mainstream discussions on older workers' competence has generally been based on the deficit- approach. The consensus amongst stakeholders was focused on what older workers lack rather than their assets and positive attributes. Such negative attitudes emerged due to the dominance of ageism, which infiltrated all aspects of popular and intellectual culture. Negative stereotypes commonly held by employees include, beliefs that older workers are inferior to younger workers, as they are considered to be less adaptable, less interested in technological change, less trainable, less physically strong, less likely to be promoted, less ambitious, less energetic, less healthy, less creative, less mentally alert, less flexible and to have a less functional memory. In this respect, special categories of workers, such as those employed in manual labour, women, persons with disabilities and ethnic minorities, are affected more negatively than others. Although one finds burgeoning empirical evidence that disputes and negates most of these ageist stereotypes, they nonetheless tend to be widely held.



Recently, however, one could witness the emergence of a new discourse on older workers, which emphasises their strengths and contributions, especially on how the exit of older workers is associated with the loss of valuable expertise to companies. Employees are becoming increasingly conscious of older workers' vast and valuable experience and have developed mentoring models for securing the transfer of older workers' experience-based competence to younger workers. In Japan, for instance, where the primary recipients of firm-based vocational training systems (on-the-job and off-the-job training) have traditionally been young workers, particularly when the national economy enjoyed healthy and stable growth, older workers play an important mentoring role in training younger workers. The development of dynamic mentorship programmes can encourage co-workers to connect both personally and professionally. Indeed, the most promising and productive workplaces are those that treat their workers as multi-dimensional employees, who wish to be engaged on various levels and mentorship functions to accomplish this goal. The crucial tactic for successful mentoring programmes is to tap into older workers' prevailing interests and affinities. While younger workers benefit from the expertise of their mentors, older workers fulfil their personal goals and develop new relationships within the organisation.

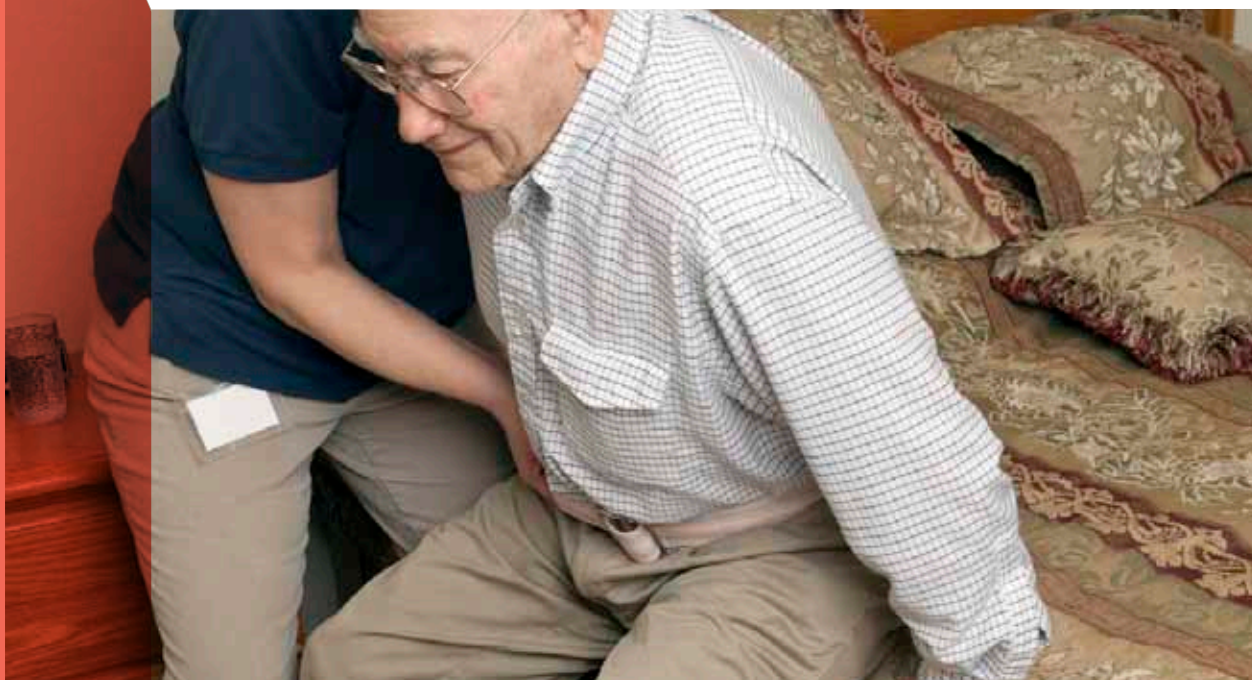
It warrants that policy frameworks consider how age-fit effects can be understood from both a supplementary and complementary-fit perspective. For employers, the solution to implementing mentoring relationships lies in reinforcing the concept that all workers have indispensable abilities and that sharing them will intensify their value and permanency in the workplace. At the same time, there is no doubt on the potential of age-friendly mentoring towards the expansion and strengthening of intergenerational solidarity.

POLICY RECOMMENDATIONS

- Conducting a public campaign that highlights how older workers generally make excellent mentors and role models to younger employees.
- Highlighting how the mentoring of younger workers by older colleagues fosters optimal employee retention levels.
- Advocating that older workers who engage in mentoring derive a number of benefits such as increased self-esteem and a sense of accomplishment, which are also valuable to the work organisation.

Reconciliation of work and care

Adapting working conditions and offering leave arrangements, allowing older and ageing workers the possibility of balancing their role as informal *carers* and employees is crucial for a higher levels of active participation in the labour market. It is positive to note that individuals employed within the public service in Malta have the possibility to take responsibility leave or work on reduced hours to take care of dependent elderly parents. Older workers often lose out on opportunities in the labour market as a result of employment policies and negative employment strategies that do not consider their need to balance their professional lives with the caring responsibilities that they frequently hold. Indeed, many older workers have a tendency of exiting the labour market as a result of the pressures involved in care of frail relatives. The barriers for ageing *carers* of older relatives to remain in employment range from lack of opportunities for flexible working patterns, absence of supportive services and lack of a work culture that empathises and gives legitimacy to one's experience of being a working carer. It is normal for older workers with caring responsibilities, who choose to remain in paid employment, to experience severe stress which diminishes the long-term sustainability of their careers, reduces the amount or quality of care that is required by their frail relatives or results in burnout, with its downstream impact on direct and indirect societal costs. The majority of older workers caught between occupational and familial responsibilities are women. It has been calculated that as many as one in five mid-life working women worked fewer hours or stopped working altogether, due to caring responsibilities. Many middle-aged female workers opt to work part-time so as to be able to accommodate caring responsibilities.



An ageing workforce implies that in the near future an increasing number of workers shall face informal caring responsibilities. Public policy should strike a balance between the dual responsibilities arising from employment and the care needs of dependent relatives. Hence, policy debate promoting a balance between personal and working life needs to shift from an almost exclusionary focus on the needs of parents, especially young mothers, towards the burden and difficulties faced by older working *carers*. Unfortunately, relatively few employers extend family-friendly and work-life balance policies to cover the full range of caring responsibilities beyond parenting. The few exceptions to this tend to be large companies and public sector organisations. It is crucial that employers are encouraged to contribute in the reconciliation of work with private responsibilities, through the development of working conditions which accommodate the responsibilities involved in the caring role and which provide older workers with the flexibility of adjusting their work in line with their caring responsibilities. Facilitating the reconciliation of work-family life is key to enabling all older workers, especially women, in achieving economic independence and keeping active in the labour market, while also meeting their familial obligations. This also serves to open up access to paid employment and reduces their risk of poverty when eventually exiting the labour market.

POLICY RECOMMENDATIONS

- Promoting a society for all ages that allows comprehensive entitlement to specific types of leave, allowing older workers time-off from employment to care for their dependents, irrespective of the latter's age.
- Encouraging the availability and use of measures such as work-time adjustment, flexible working, telework and job-sharing to older workers who hold caring responsibilities.



PARTICIPATION IN SOCIETY

The notion of social participation is a recurring motif in policy statements advocating active ageing. As both the European Union and World Health Organisation underline, the word 'active' in 'active ageing' does not refer solely to more opportunities for older and ageing persons to re-enter, join or stay in the labour force. The concept of active ageing also aspires to a continuous and active participation of older persons in social, economic, cultural, and civic affairs. In the not-so-distant past, people used to retire from work to embark upon a passive role characterised by a decline in health, income and social networking. However, contemporary and future older adults experience and expect a drastically different lifestyle. The combination of increased longevity on one hand and positive values and attitudes towards later life on the other, has opened up a new phase in the life course, whereby persons are spending a considerable amount of time in relatively active years following statutory retirement age, with the focus increasingly shifting towards various leisure and civic interests. In policy terms, this new phase of life between midlife and frail adulthood is referred to as the third age, a term which emerged in the 50s, to counteract the stereotype of later life as a short period plagued by illness, invalidity and even poverty. The third age is not restricted by chronological age. It is best understood as a cultural field, a social space in the life course, delineated by the opportunities for participation in a post-industrial and mass-consumption society. Previously, the third age was a luxury enjoyed by a fortunate few, the wealthy and healthy adults in the 60-70 age cohort. However, as the 20th Century approached its final decades, one witnessed an increasing number of older adults, positioned in diverse age cohorts and socio-economic statuses, embracing this cultural lifestyle.

Individual aspirations alone are not enough to sustain participative lifestyles. The determination of older adults for optimal levels of social engagement will always encounter a range of structural barriers, difficulties that may result in unwelcome experiences of material and social exclusion. Such a state of affairs warrants strong public policies that not only safeguard existing patterns of social participation amongst older persons, but also seek to facilitate improved levels of social engagement in later life. Possible strategies include the provision of a wider range of opportunities for social participation in later life, seeking to increase the motivation of older adults, thus increasing their participation in social activities, by taking note of their needs and interests, addressing barriers to social engagement, especially those experienced by vulnerable older adults, such as frail older adults and those living at risk of poverty, as well as increasing awareness of the social and psychological benefits resulting from participative lifestyles. **Facilities that contribute to increasing social participation on behalf of older persons range from Day Centres to Universities of the Third Age, which offer learning opportunities, information and assistance services, volunteer programmes, intergenerational activities and community action opportunities.**



Policies advocating the participation of older adults in society also serve to empower older people, enabling older individuals and groups to exercise greater autonomy in national and local decision-making. Safeguarding social participation in later life also upholds fundamental democracy, rights and citizenship. This purpose can never be overstated, since the entitlements and privileges of older cohorts are generally reduced by the precedence of youthful lifestyles in popular culture and the stereotypical image of older adults as being past their prime. Hence, social participation should not be thought as mindless activism, but as a vehicle for older persons to take control of their own lives, finding their voice and having a say in the way they want to live their lives. In such a context, the goal of policies on social participation serves to maximise people's abilities to live independent and satisfying lives.



Income security and poverty

A hallmark of a just and equitable society is the valuing and provision of support for older people, in recognition of their past and present contribution to the economy, whilst also respecting their right to live in relative material security. In this respect, adequate levels of retirement income are essential, both in providing older persons with enough financial resources to sustain an optimal quality of life and also, in some cases, to alleviate poverty. Until the mid-2000s, the Maltese pension system was a traditional pay-as-you-go system, with contributions from current workers used to finance benefits for current pensioners, at 60 years for women and 61 years for men. In the mid-2000s, a Pensions Working Group was appointed to provide recommendations for Government to reform the Maltese pension system. Following the submission of a technical report, Government took on board a number of recommendations, eventually launched in 2007. Although the proposed pension system still follows a pay-as-you-go arrangement, among the most important elements of the reform there was a staggered rise in pension age to 65 years by 2026 and the gradual lengthening of the contribution period for full entitlement to the two-thirds pension, from 30 years to 40 years. Moreover, the calculation of pensionable income was made to reflect the yearly average income during the best 10 calendar years within the last 40 years. In addition, the maximum pensionable income was revised in line with the cost of living adjustment. As a result of such reforms, maximum pensionable income evolves in a more dynamic fashion, increasing annually by 70 per cent of the national average wage and 30 per cent of the inflation rate as from 1 January 2014 for persons born after 1 January 1962.

Whilst there is no doubt as to Malta's comprehensive social insurance scheme and retirement pension package, present and future policy measures on income security cannot overlook two key issues. First, according to recent statistical documentation, in 2011 some 18 per cent of persons aged 65 and over were at risk of poverty and exposed to risks of material deprivation. Second, that future pension policy will operate in the context of increased life expectancy, implying that persons will spend longer periods of time in retirement than at present, in some cases as many years in retirement as in paid employment. One therefore welcomes the recent establishment of a Pensions Strategy Group, which should provide recommendations for systems providing adequate income in old age, preserving the financial autonomy of older people and enabling them to live in dignity. Given the lengthy period required to establish sustainable and equitable pension structures, it is best if strategic decisions aimed at improving the long-term capacity of income security in later life are not delayed. Moreover, it is also noteworthy that since the issues discussed in this section follow life-course trends, that is, poor older persons tend to experience poverty even in earlier life stages, the successful mitigation of poverty has to start much earlier than later life. The Commission thus endorses the policy priorities in the Maltese national programmes for combating poverty and social exclusion.

POLICY RECOMMENDATIONS

- Ensuring a safe, adequate and sustainable income for all older persons, since this is indispensable for guarding against poverty and material deprivation.
- Educating the community on the benefits of building one's personal financial resources through savings, investment and other options supporting a favourable standard of living following retirement.
- Maintaining the equitable value of retirement pensions, with adjustments made in line with movement in the cost of living.



Social exclusion and vulnerable groups

Concern with social exclusion at European Union level emerged during the 70s and 80s, when policies defined social exclusion in relation to social rights with reference, for example, to the right of employment, housing and health care. In the course of years, however, policy makers realised that although indicators of relative poverty may not have changed significantly, the nature of causes determining social exclusion has gone through substantial transformation. The European Commission's *Joint report on social exclusion* (2004) defines social exclusion by noting problems of access and participation due to a lack of basic competencies, lifelong learning opportunities or discrimination. Social exclusion thus arises as a multi-dimensional process in which various forms of exclusionary processes intertwine with each other. Avenues where social exclusion may take place include consumption (consuming a minimum level of goods considered normal for society), employment (engaging in some collective effort to improve or protect the immediate or wider social or physical environment) and social interaction (participation in social interaction with family or friends). One locates at least five forms of social exclusion in later life namely, exclusion from material resources, social relations, civic activities, basic services and neighbourhood relations. Hence, combating social exclusion in later life is more than simply eliminating poverty and material deprivation, but signifies the attempt to strive for a balance between individuals' rights and duties on one hand and increase social cohesion on the other.

International research reports that in Malta, similar to some two-thirds of European countries, social exclusion tends to manifest itself as social isolation as the result of the lack of family ties and networking relations. At the same time, the risk of experiencing social exclusion is not distributed equally. Specific groups experience double jeopardy, whereby two or more characteristics combine to create a double disadvantage for older persons in vulnerable positions. Among the key individual characteristics examined with respect to double jeopardy are income, social class, gender, ethnic status and sexuality. The assumption is that the disadvantage of being working-class, a woman, member of an ethnic minority and/or of gay/lesbian/transgender sexual orientation increases with age. With reference to Malta, research finds older women and widows to be more at risk of experiencing social exclusion when compared to their peers. This is because older women are less likely to earn a full pension due to breaks in their employment patterns and by rarely being covered by occupational pensions, therefore it is not surprising that studies indicate a stronger prevalence of poverty amongst older women rather than men. Older women are more likely to be victims of crime and hold lower levels of education. Moreover, because many women tend to spend their final stage of life as widows or as single persons, they tend to enter long-term care due to a lack of available caregivers. In other words, over the life course, initial inequalities ranging from financial to physical to social resources are heightened and hence, increase the risk of minority groups experiencing social exclusion.

POLICY RECOMMENDATIONS

- Providing adequate financial and social resources for older persons to live in dignity and participate in society, in particular those who experience social exclusion.
- Assisting a smooth work-to-retirement transition by reinforcing a social inclusion agenda that opposes ageism and age discrimination, whilst supporting active ageing strategies for older persons younger than statutory retirement age.
- Support initiatives that strengthen the voice of vulnerable groups, enabling them to express their views on their needs, priorities and realities.

Older volunteering and grandparenthood

Older volunteerism has become a crucial dimension of civil society as the traditional type of volunteer, that is, wives whose children are at school, is increasingly joining the paid labour force. Volunteering work refers to unpaid work provided to parties in instances where the worker owes no contractual, familial or friendship obligations. Nowadays, older volunteers are viewed as a valuable resource, a reliable and experienced labour pool that is able to work in a variety of sectors. Such activity not only contributes towards wider socio-economic benefits but also serves to improve the quality of life of volunteers. Older volunteerism softens the effects of ageing on mortality rates, improves psychological well-being by boosting self-image and mitigating the loss of a sense of purpose, as well as augmenting one's social network following retirement. Unfortunately, studies report that volunteering peaks in midlife but then experiences a decline in later life. Older adults with the lowest rate of participation in volunteering tend to have lesser incomes, lower education levels and a background in more physically demanding jobs. Hence, even if opportunities for older persons seeking volunteer work are ample, better policy interventions are warranted to engage a larger share of those with limited education and work experience not well-matched to the volunteer opportunities. Particularly needed is more funding for training programmes that target low-income older persons, broader communication networks that connect elders to available volunteer opportunities, as well as public-sponsored outreach programmes that highlight the advantages of social engagement.





Malta cannot risk lagging behind in recognising the crucial role of grandparents in family care. Grandparents play an important role in family life, providing help and support to children and grandchildren, whilst also becoming primary caregivers when parents are unable to fulfil this role due to work responsibilities and, at times, drug or alcohol misuse, severe illness or disability, imprisonment or death. Indeed, most of the generational transfers follow a downward pattern, with financial and practical support provided by grandparents to their adult children and grandchildren, and it is only when grandparents near their 80th birthdays that they are more likely to receive rather than provide help. Despite this pivotal role which grandparents play in family and social care, legislation and social policies tend to disregard their input as major caregivers, failing to reward their contribution by, for example, providing flexibility for parental leave or offering the possibility of the sharing of leave allowances between parents and grandparents. Notable exceptions of progressive policies adopted by Member States that safeguard the role of grandparenthood care include the possibility of transferring parental allowances and leave to a grandparent if the parents agree and if the child is looked after in the grandparent's home (Hungary) and the entitlement of grandparents to take up to 30 days a year and receive a financial allowance to care for a sick child, if parents are unable to look after the child due to either work commitments or if they have already used their parental leave entitlement (Portugal).



POLICY RECOMMENDATIONS

- Developing and implementing national programmes to involve older people as volunteers, particularly targeting those at risk of social exclusion.
- Managing an online platform that matches retirees with volunteer opportunities, enabling organisations to communicate with potential helpers and providing information on how to get involved with community and voluntary organisations.
- Advocating a wider remit for responsibility leave and work on reduced hours to allow grandparents to take care of their grandchildren when parents are unable to do so due to work commitments or illness.



Older adult learning

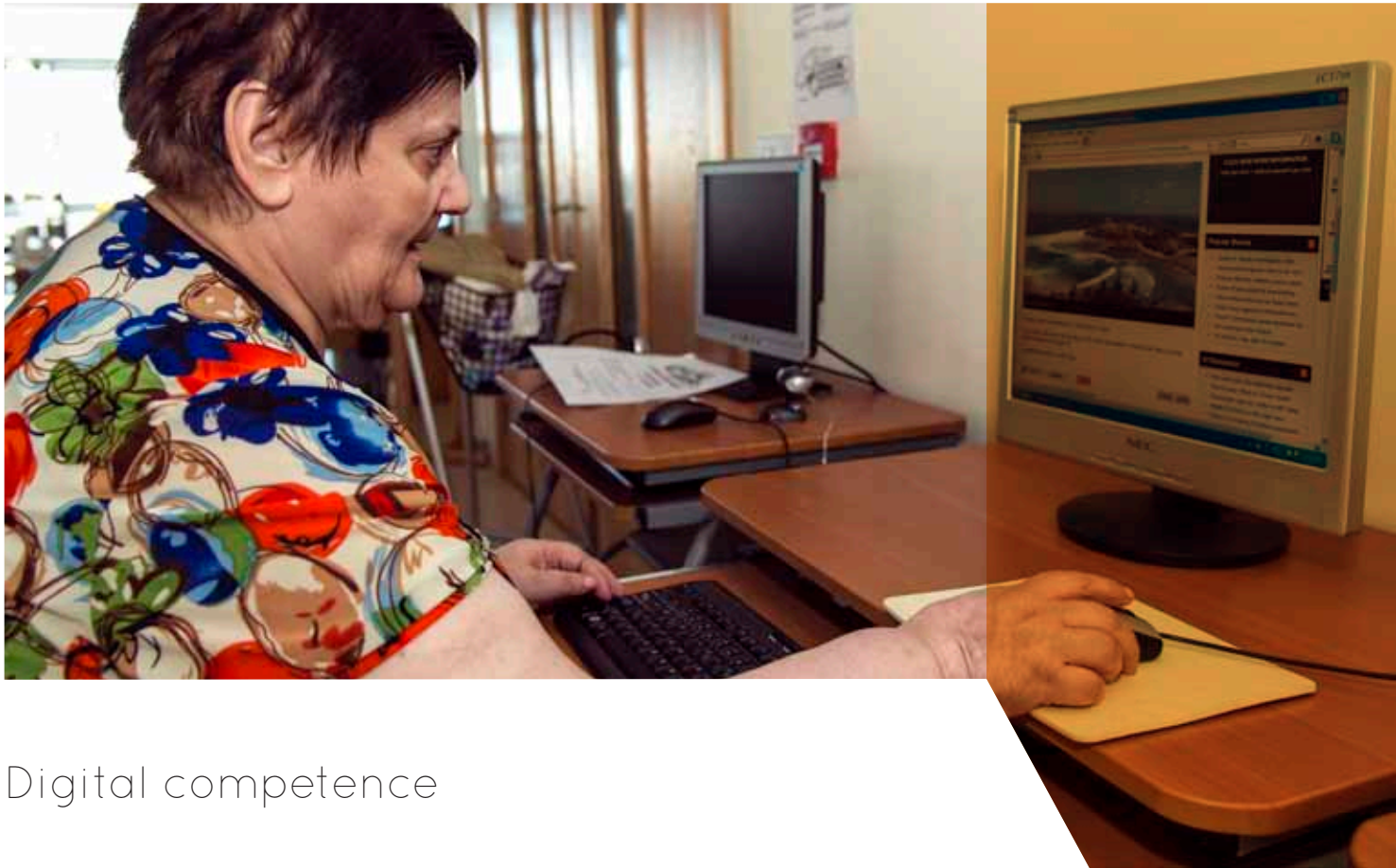
Older adult learning has gained a solid presence in international policies on lifelong learning. The European Union deems elder-learning as a vital part of a life-long learning process which has the potential to meet the requirements for a Single European Market and address the repercussions of increasing structural unemployment. Highlighting how the growing numbers of retirees in Europe should be regarded as a potential source of educators and trainers, the European Commission's policy document *Adult Learning: It is never too late to learn Action plan on adult learning* (2006) puts forward two objectives for lifelong learning as far as older adults are concerned namely, to ensure a longer working life and an expansion of learning provision for retired people. Subsequently, the report *Action plan on adult learning* (2007) focuses on the interface between a knowledge-based and ageing society and calls upon Member States to ensure sufficient investment in the education of older learners.

Older adult learning occurs in three main avenues: formal, non-formal and informal learning. Whilst older learners remain a minority in higher and tertiary education, non-formal learning avenues have always been highly successful in attracting older adults. Their appeal lies in the opportunity to engage in serious learning projects, socialise with peers and participate in physical/cognitive activities, without any pressures of accreditation and assessment. Older persons are also extensively involved in informal modes of learning in contexts that range from families, religious institutions, mass media, workplaces and volunteering, to travel. Societies are still far from reaping the full possible benefits of elder learning and further policies are required to unlock its potential. Whilst governments are encouraged to support a rationale that reinstates lifelong learning in values of social levelling, social cohesion and social justice, Local Councils should be awarded a clearer role in planning, coordinating and financing late-life learning. In partnership with third sector agencies, Local Councils have the potential to act as learning hubs that bring all the stakeholders together to coordinate and promote learning for older people. Participation levels also need to be significantly improved, as very few persons aged 70-plus engage in learning opportunities, since the majority of learners are generally women in the 60-70 age cohort. There is therefore a need for policies that support a wide participation agenda to attract non-typical learners. At the same time, policies supporting late-life learning should adopt a more balanced approach towards the objectives of lifelong learning namely, personal fulfilment, active citizenship, and social inclusion, as most of the energies in this field focus on employability targets. Frail and/or housebound older persons, elders living in residential and nursing homes, as well as family relatives and volunteers who take care of frail elders, should not be excluded from lifelong learning opportunities. Policy on older adult learning should not promote activities at the expense of older and more defenceless people namely, older adults who experience some level of physical and cognitive issues. Opportunities for older adult learning are a crucial dimension of good practice in long-term care services.



POLICY RECOMMENDATIONS

- Supporting Local Councils in taking a leading role in the provision and coordination of late-life learning initiatives in their community, also through partnerships with the private and voluntary sector.
- Employing a wide participation agenda in older adult learning through outreach strategies that attract older adults who would not generally be motivated to participate in traditional educational provision.
- Improving learning opportunities in long-term care so that all older persons, irrespective of health status, have an opportunity to engage in learning activities.



Digital competence

Information and communication technologies (ICTs) have been driving profound changes in the ways that groups and individuals experience their daily lives. Older persons are not an exception and the European Union is very attentive to the potential of ICTs towards improved levels of positive, productive and successful ageing. The Declaration resulting from the Ministerial Conference ICT for an inclusive society (Riga, 2006) underlines the need to address ICT possibilities for active ageing. The Ministerial Declaration clearly states that the European Union's priority is to ensure that digital technologies are open to everyone, including older persons, to be utilised in the struggle against social and economic exclusion. Another key initiative of the European Union consisted in the Ageing well in the information society: Action plan on information and communication technologies and ageing, adopted by the Commission in June 2007, which outlines initiatives for removing obstacles, ranging from a lack of industry awareness of market opportunities and unclear business models, to numerous legal and technological barriers. The Plan also addresses the potential of ICT for well-being, independent living, healthy ageing and work-life balance in later life. The issue of digital inclusion in later life is also a priority area in the Digital agenda for Europe, the Commission's action plan for ICT that was launched in 2010. These measures will enable Europe to deal with the challenges of ageing and digital exclusion, while stimulating innovation and new markets for relevant ICT products and services.

Despite the fact that ICT is a key enabling factor for contemporary society, some 150 million European people are not actively participating in ICT. Only one in three unemployed persons regularly use the internet and about 74 million Europeans with low levels of education and a third of people in rural and remote areas remain unconnected. Indeed, one central concern in present times remains the uneven and unequal take up of digital citizenship, as social analysts document a persistent digital divide between those who do and those who do not have access to new forms of information technology. Age is a key variable in the documentation of the digital divide, as older people are less likely to use ICTs. Fewer than 15 per cent of Europeans aged 65 and over are connected. There are various reasons for digital exclusion in later life. Cost and accessibility seem to be secondary, less important than lack of ICT skills, the fact that older non-users perceive themselves as too old to learn and use ICTs and believe that online technology is best suited to younger generations. Many older non-users also believe that ICT is not as useful as people think it is, whilst others face physical barriers, ranging from arthritis to back discomfort, that preclude them from pressing keys or sitting for long periods. Countering such trends is possible by enacting public campaigns on the positive aspects of ICT for living a better life, in parallel to educational promotions on ICT-related security issues. It is also important that society introduces ICT interfaces that are as user friendly, simple and intuitive as possible and makes available elder-learning opportunities on ICT.

POLICY RECOMMENDATIONS

- Supporting a Digital Inclusion Programme that ensures that people in later life have the ability to engage with computers and the internet and to progress their learning to other types of digital technologies.
- Collaborating with key stakeholders to establish best practice models for promoting digital competence in later life, whilst also providing a channel for discussion and debate on digital inclusion issues concerning older persons.
- Strengthening learning sessions on computer and internet technologies that target older adults and address specifically the insecurities, troubles and difficulties commonly faced by this cohort of learners.

Civic engagement

Social participation in later life goes beyond involving oneself in leisure pursuits. The term active in the notion of active ageing also 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 labour force. Hence, active ageing is also about older persons engaging in civic participation in accordance to their merits and virtues. Civic engagement lies at the heart of democracy and concerns the ability of citizens to contribute to the development of the national and local governing processes. An active ageing policy that embraces an active citizenship framework has the potential to not only reduce social protection costs and add to people's quality of lives, but also to contribute to meeting some of the demand for social support that is usually required in ageing populations. Social analytical accounts of citizenship emphasise civil, political and social rights, and the right of access to state resources. With this perspective on board, it follows that older persons should be active participants in national and local decision making. The role of political activism in national arenas should not remain overlooked in promotions of active citizenship, since this reinforces a trend among the citizenry to shy away from political participation and replaces efforts to create systematic change through democratic top-bottom processes. Whilst community engagement is both desirable and valuable, localised efforts will not address general concerns such as age discrimination and elder abuse.



In recent decades, there have been extensive efforts in the European Union Member States to encourage the active participation of older citizens. Many countries awarded older persons an active voice through community or seniors' advocacy groups as a means of appreciation for their experience and expertise. For example, Ireland hosts an Irish Senior Citizens' Parliament which is a non-partisan political organisation working to promote the views of older people in policy development and decision-making. The Parliament is run by older volunteers who are elected annually by delegates from affiliated organisations. In 1993, the Maltese Government established the National Council for the Elderly to bring together non-government associations and organisations that work on a voluntary basis, to promote and safeguard the interests of older persons. The Council serves as a bridge between older Maltese citizens and the Government, with the goal of promoting and safeguarding the rights and interests of older persons in Malta. Such policy initiatives served as important catalysts for the political participation of older persons at local, regional and national levels. Nevertheless, possibilities for participation in civic affairs are highly limited, especially for older people living in rural areas. Obstacles to civic engagement in later life range from lack of transportation to civic functions, lack of physical accommodation and safety concerns at large civic events. As the World Health Organisation advocates, possible counteracting strategies include reserving seats for older people, improving accessibility at civic events and instating older adults on community boards.

POLICY RECOMMENDATIONS

- Strengthening the remit of the National Council for the Elderly to represent the requirements and needs of older persons through popular as well as educational strategies.
- Supporting the Office of the Commissioner for Older Persons to promote awareness on the rights of older persons.
- Encouraging more Local Councils to set up a sub-committee for active ageing to work towards the improvement of the quality of life of older persons in that locality.



Support for informal carers

Despite the growth in formal community services on behalf of the state and the private sector, most of the care needed by older persons living in the community is offered by the informal sector. Informal care refers to unpaid care provided by relatives, neighbours and friends to people that have some level of dependency that requires assistance. Informal care is generally discussed within the relationship of the family, since care-giving choices are often shaped by multiple relations and obligations within a kinship network that cuts across generations. Most informal care is generally organised around three central relationships namely, the marital relationship, the parent-child relationship and the relationship with relatives in the extended family network. Care responsibilities are clearly feminised in that where there is a choice between male and female relatives it is usually the female who becomes the carer. Care provided by informal *carers* generally includes both social and health care responsibilities, ranging from providing personal attention, giving medicine, providing physical assistance, helping with paperwork and financial issues, creating recreational activities, to ensuring the health and well-being of the care recipient. Although such patterns include some overlap and may seem to invoke aspects of a normal family relationship, one should be wary of entirely dismissing the work and responsibilities involved in less obvious caring tasks. In certain cases, such as when the care-recipient has dementia, caregivers spend long hours in their care-giving role, which effectively translates such informal care as a 24-hour unpaid job.

The informal care role results in enormous personal cost. When compared to non-carers, informal carers of older persons experience higher levels of physical, emotional and psychological strains. Such strains, which result in significant levels of stress, include: daily commutes to care-recipients' homes; anxiety that they would not be able to cope with their responsibilities if they became ill themselves; and physical exertions resulting from lifting care-recipients in and out of beds/baths/wheelchairs; cooking and feeding tasks; coping with issues related to incontinence; and bathing duties. Lack of professional support and training also function to aggravate the quality of life of informal carers. For informal carers, free time for leisure or entertainment pursuits is scarce, with long breaks or vacations being simply out of question. Moreover, it is difficult, sometimes even impossible, for informal carers to remain in full-time jobs, particularly career occupations.

The Maltese government has various social and health care services which can offer some level of support to informal carers. These include the Non-contributory Carer's Pension, Social Assistance for Carers, social work services, as well as respite services at St. Vincent de Paul Residence. Nevertheless, such services are still falling short of relieving the work and stress of family caregivers. There is an urgent need to enhance the available services, by improving the available provision of new services to ensure adequate social protection and to prevent social exclusion of informal carers.

POLICY RECOMMENDATIONS

- Supporting and coordinating information sessions for informal carers of older persons in collaboration with Local Councils, non-governmental organisations and the private sector.
- Reinforcing residential and community based respite services for older persons, including the possibility of providing respite care in the home setting.
- Exploring the possibility of introducing innovative financial support models for personal care services at home.

Intergenerational solidarity

The year 2012 was the European Year for Active Ageing and Solidarity between Generations. This was not coincidental and served the purpose of raising awareness on how an ageing population is strongly affecting the relationships among generations. The European Union is unyielding in its belief that the solidarity and cooperation between generations is necessary for establishing a society for all ages to the extent that the 29th of April of every year is Europe's designated European Day on Solidarity between Generations. In 2010, the European Parliament adopted the resolution Demographic challenge and solidarity between generations which declared justice and solidarity between generations as synonymous with "an even, reasonable, conscious intergenerational sharing of advantages and burdens". The rationale is unmistakable: the more active ageing is promoted in Europe, the more intergenerational solidarity will be fostered in the region. The World Health Organisation's emphasis on solidarity between generations in its Active Ageing: A Policy Framework is also clear. For the World Health Organisation, ageing takes place within the context of friends, work associates, neighbours and family relatives, whose members may not be older persons. Indeed, interdependence as well as intergenerational solidarity (two-way giving and receiving between individuals as well as older and younger generations) are main principles of active ageing policy. Moreover, the World Health Organisation identifies active ageing as a new paradigm, one which takes an intergenerational approach that distinguishes the significance of relationships and support amongst and between family members and generations, a position that supports with no reservations the value of intergenerational solidarity due to its potential for increased security for children, parents and older people.





Programmes promoting intergenerational solidarity constitute initiatives that increase interaction, cooperation or exchange between generations and which involve the sharing of skills, knowledge and experience. When enacting novel intergenerational programmes or reviewing existing ones, it is important that policy makers emphasise lifetime well-being as a key concern, deliberate upon the effect of every course of action on every generation, ensure that guiding principles unite rather than divide generations and acknowledge and encourage every generation's ability to play a role towards the well-being of society's members. Intergenerational solidarity can be promoted through various channels ranging from civil society, media, to volunteering. A particularly promising channel is learning. Intergenerational learning refers to activities which purposely involves two or more generations with the aim of generating additional or different benefits to those arising from single generation activities. The practice of younger and older persons learning from each other produces specific social and psychological benefits that range from the natural acceptance of a person from a different age group and hence fostering better understanding and greater care between generations, to the prevention of anti-social behaviour.



POLICY RECOMMENDATIONS

- Dedicating efforts to achieve seamless, reliable and affordable public transport to facilitate the social participation of older adults in mainstream social activities.
- Implementing intergenerational policy and programmes in schools.



INDEPENDENT LIVING

Transforming society's perception of ageing, from one of an expectation of dependency and decline, to that of an opportunity of actively participating in the labour market and society, requires a paradigm shift that enables independence and dignity with advancing age. Indeed, the European Union's Charter of fundamental rights recognises and respects the right of older persons to lead a life of dignity and independence and to participate in social and cultural life. National policy must therefore cater for the creation of the necessary conditions that allow older individuals to remain full contributing members of society, rather than assuming a role of dependency and passive recipients. In addition to enhancing our dignity with advancing age, our continued participation in and contribution to society through independent living also mitigates the narrowing dependency ratio in society. This third section of the *National Strategic Policy for Active Ageing* is critical to the success of active participation in the labour market and society and together they form the ingredients for successful ageing, at both personal and national level.

Maltese society has traditionally looked upon older individuals with great respect. However, one must acknowledge that with this respect came an expectation of a gradual withdrawal from active participation in society and a growing dependence on younger members of the family. This attitude resulted in a number of obstacles towards the goal of independent living. For example, despite a significant focus on health promotion through an active lifestyle and healthy nutrition, the target population has generally been younger individuals. Community programmes for older individuals have largely focused on sedentary and generally passive activities that seem more diversionary than recreational in nature, let alone active. Services for older individuals are often accessed at times of personal or familial emergencies rather than planned beforehand. Furthermore, access to services for older individuals can often appear too complicated and thus never sought. This, together with the increasing medical burden accompanying advancing age, often results in a trajectory of increasing dependence on others and with this a gradual decay in autonomy and a parallel increase in vulnerability to abuse.



As the European Commission underlines in its *Guiding Principles for active ageing and solidarity between generations: The way forward* (2012), society must not be content solely with a remarkable increased life expectancy, but must also strive to extend healthy life years and then provide opportunities for physical and mental activities adapted to the capacities of older individuals. Strengthening measures of health promotion, care and protection, as well as disease and injury prevention at all ages, enables more older persons to lower their probability of illness and disability, whilst aiding them in ensuring high physical and mental functioning that fosters independent living. This in turn entails the opportunity of living in age-friendly and accessible housing and local communities that are sensitive to the needs and services sought by older individuals and which provide accessible transportation, enabling participation in activities of independent living. Finally, active ageing is not in conflict with the reality of increasing medical burden with advancing life. Rather, it calls for maximising older individuals' autonomy and participation to the highest possible extent, irrespective of whether they are residing in the community or in long-term care. This would ensure that their dignity is preserved and that they are protected from all forms of abuse.

The United Nations Economic Commission for Europe's policy document *Ensuring a society for all ages* discusses active ageing as an investment at both individual and societal level. Following such rationale, this *National Strategic Policy for Active Ageing* posits strongly that the responsibility for promoting independent living with advancing age is shared equally between individual and collective stakeholders.



Health prevention and promotion

To promote active ageing and independent living in old age, health care systems need to take a life course perspective in the promotion of health and the prevention of disease. The average Maltese person over 60 years of age is overweight and more likely to consume alcohol than the general population. A number of strategies are in place to address modifiable risk factors, such as an unhealthy diet, physical inactivity, tobacco, alcohol, obesity, raised blood pressure, blood sugar and serum cholesterol associated with non-communicable diseases that are the most common causes of mortality of older persons in Malta. The implementation of *Healthy weight for life: A national strategy for Malta (2012-2020)*, the *Strategy for the prevention and control of non-communicable disease in Malta (2010)*, and action plans identified in the *National Cancer Plan (2011-2015)* shall continue to underpin a national effort towards health prevention and promotion, to extend the average healthy life years of the Maltese population. Against this backdrop, the importance of campaigns and services targeting common age-related modifiable obstacles to independent living including falls prevention, continence promotion, prevention of dehydration and hypothermia and reduction of use of medications associated with high morbidity in older persons, including sedative medication, tend to be overlooked.

International statistics published by the World Health Organisation demonstrate that older persons are at a higher risk of falls. According to the National Mortality Registry, in 2010 the average age at death from falls in Malta was 73.3 for males and 78.3 for females. Similarly, morbidity in older persons following a fall is high, with 83 per cent of hip fractures diagnosed in 2011 occurring in persons aged 65 years and over. The high mortality and morbidity associated with falls in older persons highlights the need to develop strategies reducing or preventing accidental falls.

Adverse drug events can be a serious and potentially preventable risk factor in older persons residing in the community and in long-term care settings. These can be the result of sub-optimal prescribing, poly-pharmacy or the use of inappropriate drugs for older persons. Increasing health literacy through age-friendly counselling during prescription, dispensing and integration of pharmacy prescription electronic records enables individuals to better self-manage their health problems and allow for detection of drug interactions and feedback by prescribing physicians. In both acute care and long term care institutions, every effort has to be made in establishing a safety culture during storage, preparation, dispensing, prescribing and administration of medication, through the creation and audit of comprehensive policy and standard operating procedures (SOPs) and the development and implementation of quality improvement measures based on best practice guidelines, such as the Beers Criteria.

POLICY RECOMMENDATIONS

- Ensuring that health promotion and disease prevention campaigns adopt a life course perspective, are accessible to all older persons and focus more on age-related public health issues.
- Targeting falls in older adults through the creation of falls prevention programmes.
- Creating and auditing strategies to ensure medication safety for older adults in the community, hospital and long-term care settings.



Acute and geriatric rehabilitation

As an overarching principle, health care services must aim to provide the highest attainable standards of health that are conducive to the promotion of active ageing over the life course and to the maintaining of dignity in older persons' lives. Towards this end, health care service shall not discriminate in its provision of quality services and accessibility based on age.

Health care for older adults is increasingly dominated by reactive, disease-based care pathways that may not necessarily best serve the complex needs of older persons. Older adults seeking to enter acute health care services often present a complex and highly interconnected combination of medical, psychological and social difficulties. Attempts at addressing these issues individually using a traditional acute medical model are often insufficient and can overwhelm the system with what are often inappropriately termed social cases, that is, individuals for whom the medical model has nothing further to offer and are therefore considered a burden on the system. The policy calls for a fundamental shift in our approach to psychosocial issues in the elderly, which addresses their medical concerns within a holistic bio-psychosocial model of care. It calls for the restructuring of our model of care through the formal integration of geriatric medicine services and multidisciplinary rehabilitation within the current acute medical care public hospital system. This integration, together with the coordination and seamless transition to and from community health services, will better serve the complex bio-psychosocial needs of older persons, placing the restoration of function and/or maximisation of remaining function at the same level of priority as acute disease management.

One of the most fundamental aspects of influence on health is health literacy. Health literacy is the degree to which individuals have the capacity to obtain, understand and process basic information about health and functions of services. With this information, they can make appropriate health decisions, access appropriate services and take responsibility for their own quality of life. While health literacy applies across the entire age spectrum, it is critically important for older adults, who are often presented with multiple complex health issues. The goal of health literacy interventions in the population therefore is to improve the health, well-being and participation of older adults with limited health literacy. This policy recommends the prevention of health literacy related problems, where interventions may target the individual and his/her context and professionals and the health system they work in. The integration and coordination of health and welfare programmes will be both more effective and efficient in addressing the type of health care needs of many older adults and will increase health literacy within the system, thereby improving access to care.

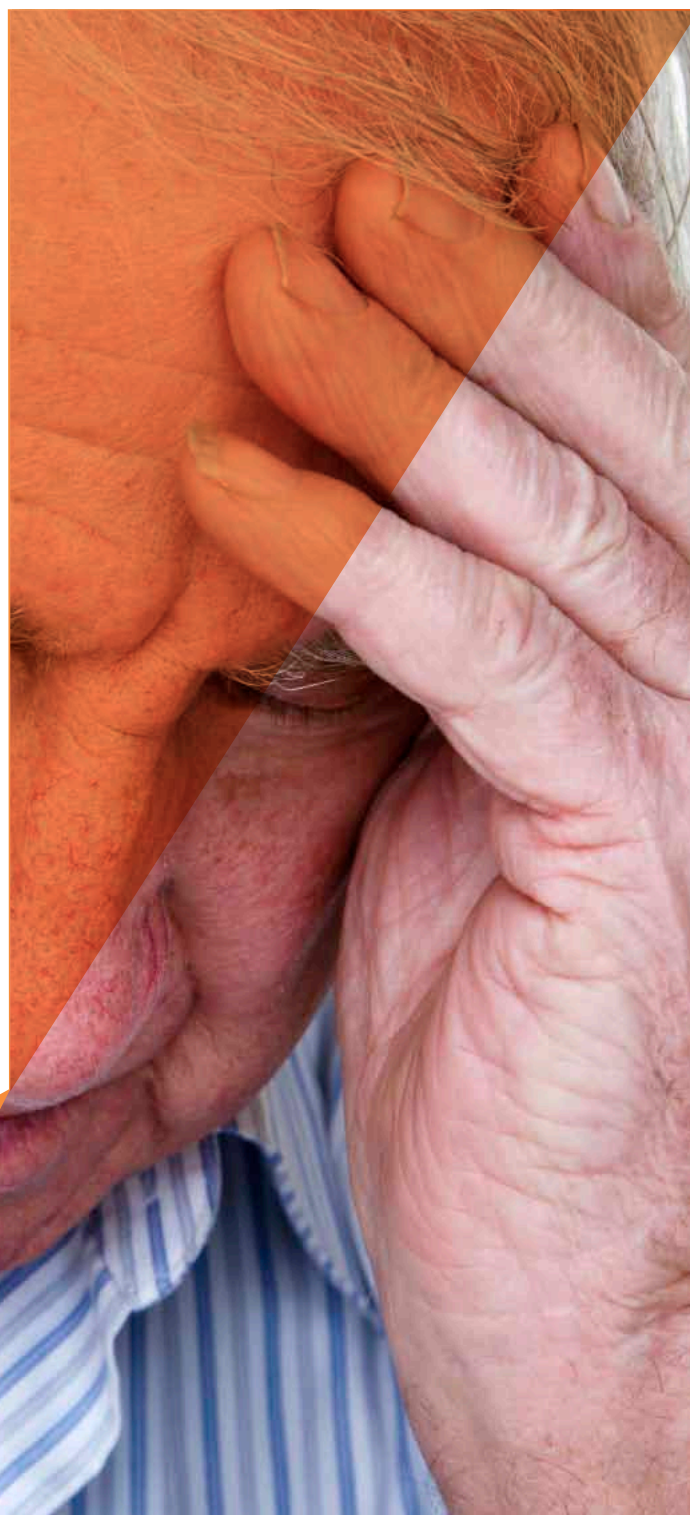
POLICY RECOMMENDATIONS

- Targeting older adults in becoming informed consumers of health care through better information systems.
- Strengthening community health and rehabilitation services to allow a seamless transition between hospital-based and community services or other settings.
- Integrating acute geriatric care and rehabilitation within the acute public hospital system so as to address the more complex needs of older persons.

Mental health and well-being

Advancing age presents us with a critical psychosocial milestone and therefore represents an opportunity to reach optimal psychological health. This milestone often occurs within the context of significant social and health challenges, resulting in a bi-directional interaction between mental well-being, physical health problems and social difficulties. Thus, the realisation of our psychological health is not only determined by our physical and social challenges, but is also itself a key determinant of our physical health and social well-being.

In contrast to physical health and social welfare, health literacy on mental health and well-being is often very lacking and has received relatively little attention in public health campaigns. Health education on mental health must attain the correct balance between the acquisition of sufficient health literacy and the risk of creating unnecessary public alarm. Our society has traditionally attached significant stigma to mental health difficulties, often creating significant delay in diagnosis and treatment in their wake. Furthermore, the historical provision of mental health services as separate from general health services reinforces this stigma and individuals' unwillingness to seek help. Health professionals themselves are not immune from this social stigma and run the well-known risk of negatively impacting provision of physical health services in individuals experiencing severe mental health difficulties. This policy therefore calls for the continued integration of mental health services within the general health services, both geographically as well as in interdisciplinary training and service provision.



Mental health services for older individuals requires a dedicated team of appropriately trained professionals working in close collaboration with other health care providers. The recently instituted model of shared care and geriatric psychiatry consultation service at the Karen Grech Rehabilitation Hospital, Mater Dei Hospital and St. Vincent de Paul Residence needs to be expanded to include formal psychological services, both in the sites that are currently served as well as in the community residences and long-term care facilities, both in Malta and Gozo. While the ambulatory clinic approach can adequately serve the vast majority of older persons presenting mental health problems, a significantly growing proportion of this population is either unable or unwilling to receive care at these clinics. For this reason, the creation of a community outreach mental health service to meet the needs of older persons in the community is becoming an increasingly urgent need in addressing mental health problems in older persons and in preventing unnecessary hospitalisation and placement in residential care.

POLICY RECOMMENDATIONS

- Increasing health literacy and decreasing stigma on mental health and well-being in older adults, through education strategies targeting both the general public and health care providers.
- Integrating mental health services within our acute public hospital system, so as to address the complex needs of older persons and to contribute to the decrease of stigma associated with mental illness.
- Strengthening the current geriatric mental health services and expanding them to meet the needs of older persons in the community.



Community care services

Community care is a concept which has developed over the last three decades to describe those services that enable older persons to age in place, providing them with the right level of intervention and support to achieve maximum independence. Objectives that are usually premised as the cornerstone of community care for older persons include (i) the development of domiciliary, day and respite services, (ii) ensuring that service providers make practical support for *carers*, (iii) assessment of need and case management, (iv) promoting a flourishing independent sector alongside public services, (v) determining the responsibilities of agencies so as to hold them into account for their performance and (vi) introducing a new funding structure for social care. The Maltese government coordinates a number of social services for older persons in the community, such as the Kartanzjan, Telecare, Handyman service, Meals-on-wheels, Home-help service, Incontinence service, Telephone rebates, Day Centres and Night Shelters. Whilst the Activity Centre at St. Vincent de Paul Residence provides specialised services to persons with dementia living in the community, the Domiciliary Physiotherapy Service provides post-rehabilitation services within the patient's home. Government also coordinates a Commcare Unit, whose main scope is to serve as a single point of reference in organising community care, as well as a Rehabilitation Hospital that seeks the rehabilitation of older persons through the contribution of members of an interdisciplinary team. The Housing Authority provides various schemes that enable older persons to implement age-friendly structural changes to their residences. The Ministry for Gozo also includes a Care for the Elderly section, which is responsible for a number of community support services targeting older persons living in Gozo.

The system of community services will continue experiencing growing challenges, as the number and expectations of older adults change, concurrently with a relative decline of both informal and formal *carers*. This is expected to lead to an increased demand in residential care for older persons experiencing difficulties in meeting their instrumental activities of daily living, due to lack of social support. It is therefore ideal that administrative changes and front-line services are in place before this happens. This level of preparedness will be attained through a combination of needs-based assessment with comprehensive community service provision. A needs-based assessment allows the individual the ability to decide what services might be offered to meet which needs, in a way that services empower beneficiaries to take better control of their own lives. It is essential that service users are enabled to participate in the assessment procedure from the outset, rather than merely responding to a professional agenda. This would be consistent with the basic premise of active ageing, which holds that older persons are key actors in planning their own potential for independent living, so as to move away from more paternalistic models of welfare. This direction has the potential of improving consistency and equity in access to levels of community services, by standardising maximum levels of user charges, rights to assessment, standardisation of assessment tools and procedural rights. This would encourage the restructuring of community services in becoming responsive and integrated and to serve as a tool for the empowerment of older people to take control of their own lives.

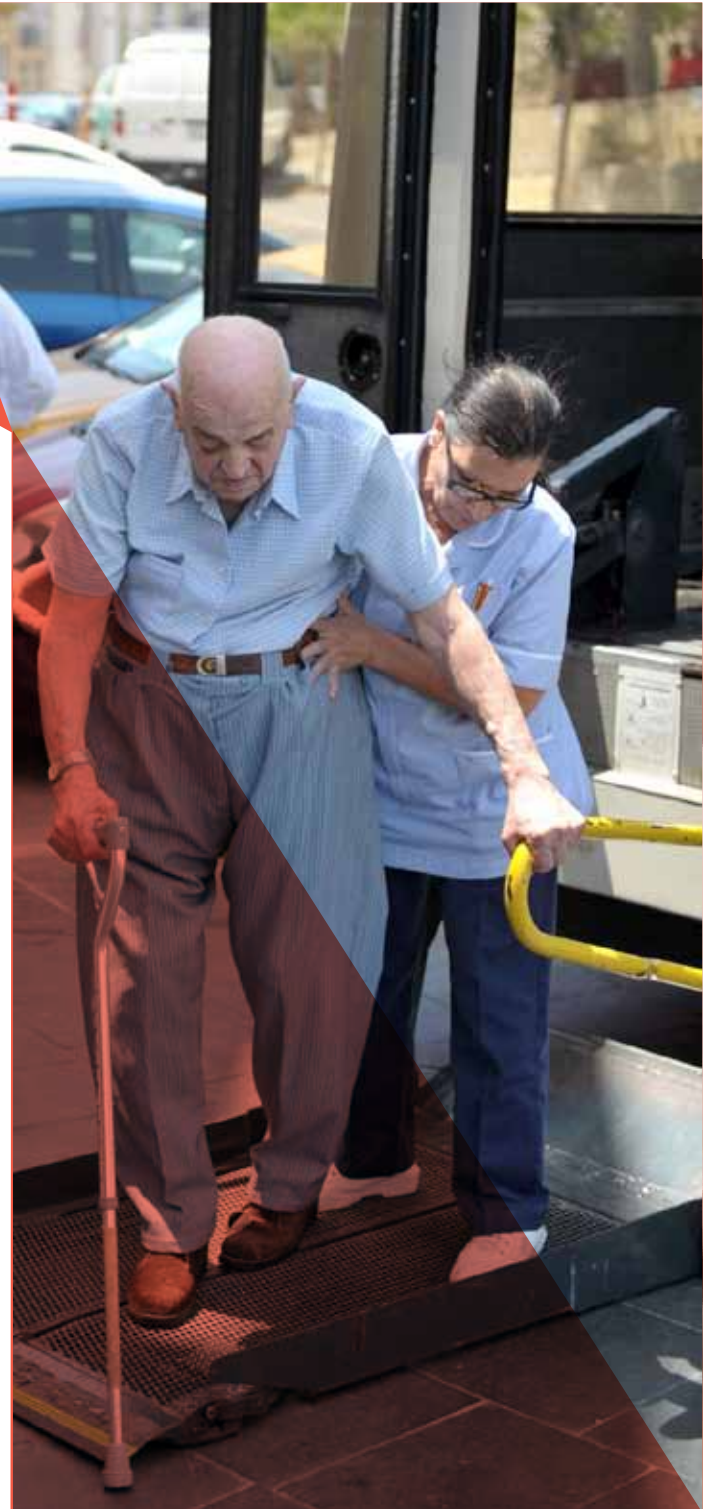


POLICY RECOMMENDATIONS

- Facilitating access to community care through a variety of access points across primary and acute care sectors and, in collaboration with Local Councils, to provide advice and information, as well as a coordinate pathways to professional assessment.
- Ensuring alternative community care settings to cater for the needs of older persons.
- Guaranteeing that beneficiaries of community care services have the opportunity to participate meaningfully in both service planning and provision, with consumer feedback being present at all levels.

Age-friendly communities

An age-friendly community is one that enables people of all ages to actively participate in community activities. It is a place that treats everyone with respect, regardless of their age, enabling people to stay healthy and active. An age-friendly community is also a place that integrates those who can no longer look after themselves and enables them to live with dignity and enjoyment. Making towns and communities age-friendly is one of the most effective local policy approaches in response to demographic ageing. A number of global initiatives are available to support this goal. The World Health Organisation's Global network of age-friendly cities and communities was precisely established to support and encourage cities and communities worldwide in their efforts to better meet the needs of older populations. The network connects cities and communities that share the common goal and commitment of creating inclusive communities and accessible age-friendly environments. The World Health Organisation's Age-friendly environments programme helps cities and communities become more supportive of older people, by addressing their needs across eight dimensions: the built environment, transport, housing, social participation, respect and social inclusion, civic participation and employment, communication, community support and health services.



While it encompasses ageing services, age-friendly development is a broader cross-cutting effort that requires long-term vision, collaboration, political and community buy-in and diversified, sustainable funding. Municipal and regional planning takes into account the needs and input of older persons, while affordable housing and public buildings are designed to be accessible and adaptive to modifications, such as first floor living and step-free showers. Transportation projects, including increased public transit and low-cost taxis, promote community integration and accessibility. Street adjustments are needed to allow pedestrians to walk safely through adequate sidewalks and benches. Other age-friendly initiatives include civic engagement in local community efforts, intergenerational initiatives, opportunities for meaningful volunteering and paid work. Moreover, age-friendly communities support integrated efforts of voluntary organizations through initiatives such as neighbourhood watch and other programs designed to socialise and provide security for older persons in their homes. These also promote independence of older persons, while decreasing the need for admission to costly long-term care. Community-based social services, including meal delivery, adult day programs and caregiver support, meet the changing needs of frail and homebound older people and their caregivers, while acknowledging their ongoing contribution to society. Engaging older persons in the creation and access of age-friendly communities also requires an effective communication system that reaches community residents of all ages and focuses on both oral and printed communication that is accessible to older people.



POLICY RECOMMENDATIONS

- Promoting age-friendly communities to meet the needs of older adults.
- Formulating inter-sectoral guidelines to create age-friendly communities through the appropriate development of accessible public spaces, housing and methods of transportation sensitive to the needs and responsive to the input of older adults.
- Creating the necessary structure for communities to integrate their social services and voluntary organizations through home services, day centres and intergenerational initiatives that serve the social and security needs of older adults and caregivers living in that community.

Dementia-friendly communities and services

Dementia has gained considerable prominence in health and social agendas, due to rapidly rising prevalence rates. It is estimated that currently there are more than 5,000 people living with dementia in Malta and this is expected to double within the next two decades. This has significant social and economic significance to our country, since a high proportion of individuals with dementia require acute hospital care, residential care and community care services. This policy calls for the urgent implementation of a national dementia strategy to address these growing needs.

People with dementia can continue to live in the community and enjoy a good quality of life as long as they receive appropriate and stage-specific support and care. Towards this goal, there is a need for increased public awareness of dementia to address the myths and fears associated with this diagnosis, as well as better training of direct care staff working in the health and social service sectors. Formal training and continued education in a person-centred model of care and the management of psychological and behavioural consequences of dementia for all direct care staff is needed. However, adequate resources for hospital and care-home staff and specialized dementia-care staff and services are needed to meet these needs. Public education has to provide a more positive message on dementia and a realistic possibility of continued community living. More effort needs to be made in providing mechanisms to ensure early diagnosis, management, support and information to individuals with dementia and their caregivers. Their quality of life can be improved through community support services, respite and day care facilities and the creation of a dementia-friendly environment in our community.



The physical environment in our community and public spaces needs to be more sensitive to individuals with cognitive decline. This includes appropriate signage with clear, contrasting, bold face signs that are fixed at eye-level and using pictures wherever possible. Indoor lighting in residences caring for individuals with dementia needs to be bright, white and contrasting and flooring even, non-slip and non-reflective. These dementia-friendly changes and education strategies need to be incorporated in the planning and design of public spaces frequented by older individuals and services including banks, shops and local councils.

Individuals with dementia that are experiencing more difficulties with daily activities, still require community day care, respite and residential services. These should promote diverse, enabling and meaningful activities for older persons with dementia. In order to enhance independent community living, responsive and focused community support services (home care, meals, respite) need to be enhanced. A safer living in the community can also be sought with the adoption of newer technologies.



POLICY RECOMMENDATIONS

- Adopting a national dementia strategy to address the growing prevalence of dementia in Malta.
- Encouraging dementia-friendly communities, especially for public places and services frequented by older persons.
- Strengthening training programmes in dementia care for people working in the health and social service sectors.



Maximising autonomy in long-term care

The right to autonomous decision-making is central to the vision of active ageing and independent living, especially in the presence of physical and cognitive decline. Autonomy is the ability to make informed decisions, free of coercion and consistent with one's own values and beliefs. When the capacity of exercising this fundamental human right of self-determination fails, then systems must be in place to quickly determine loss of capacity and appoint a suitable substitute decision maker, to safeguard the individual from abuse and neglect, and to ensure that he/she continues to be treated with dignity.

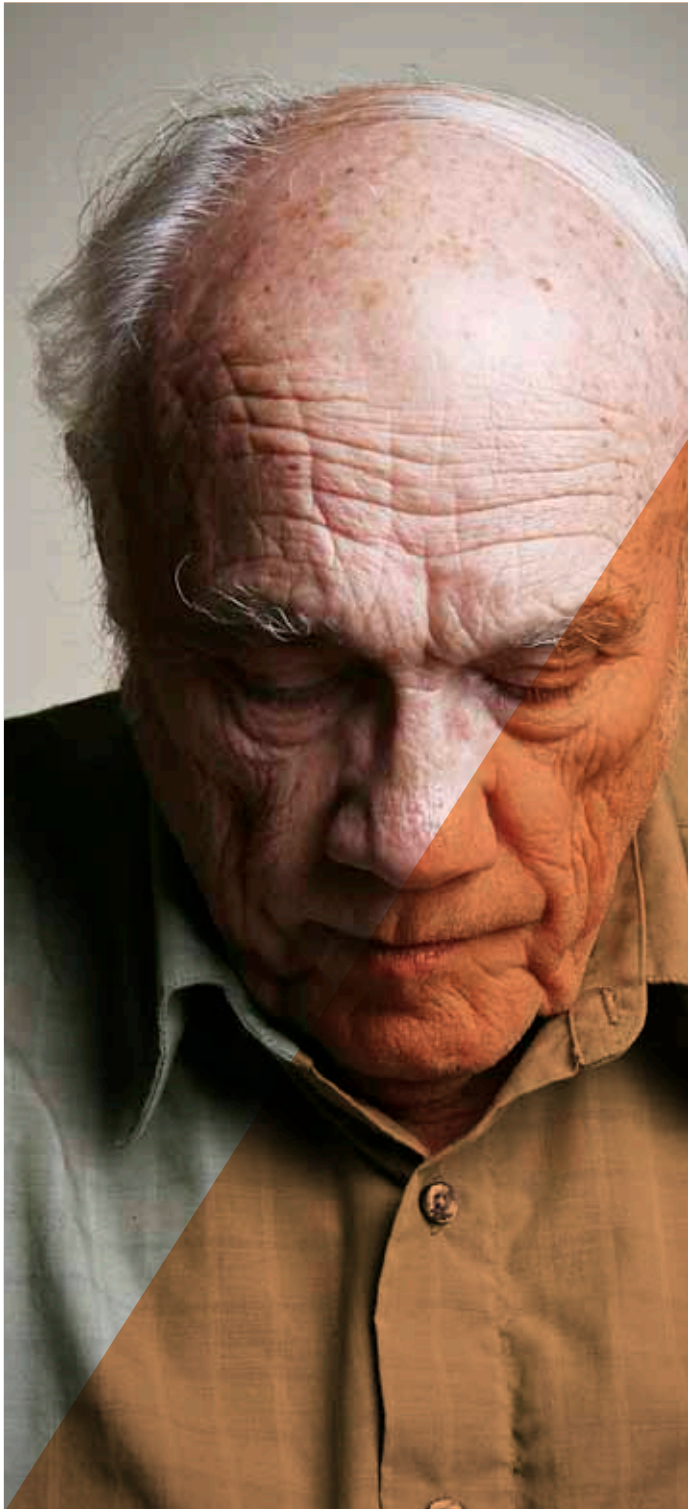
Admission to long-term care is a major life event and must be taken after a thorough and sensitive informed consent procedure. Older adults often have a different perspective in their decision of living in their community, notwithstanding the appreciation of potential risks and inconveniences. This often conflicts with the values and preferences of their family members or health care providers, creating a risk of infringing the individual's autonomy through coercion, inadequate information of alternative community resources or not allowing for the person's expressed wishes to be considered.

Residents in long-term care are equally vulnerable to infringement on informed consent. Care homes are liable to become settings where the needs of the group often take precedence to those of the individual. Thus, limitations on privacy, preference for leisure activities, meals and meal-times, provision and access to medical care, involvement in one's own individual plan of care and ability to express complaints without fear of retribution may all have a significant impact on their right to self-determination and independent living.

The decision to move to long-term care is often an urgent decision based on a recent decline in health, cognition or function. The limited availability of beds in nursing facilities creates a market that naturally favours the interests of the proprietor. Consequently, there is an urgent need to implement national minimum standards for care homes. These need to be supported by an appropriate legislation, safeguarding the rights of residents living in long term care.

POLICY RECOMMENDATIONS

- Promoting the autonomy of older adults in their decision-making process to enter a long-term care facility.
- Establishing procedures supporting the autonomy of older adults in their decision-making process, including access to appropriate medical, legal and community services.
- Implementing measurable national minimal standards for long-term care and creating the necessary legislative structure for their regulation.



Protection from abuse

Elderly abuse is a highly prevalent, often hidden and complex psychosocial reality. It is often a function of a number of physical, social and psychological factors that place the older individual in a position that renders him/her vulnerable to abuse or neglect. The individual often either does not have the means or knowledge to seek help or else fears the consequences of seeking help, particularly if the perpetrator is a close family member or in a position of power. Abuse is often thought of in terms of physical abuse, although other forms of abuse, including psychological and financial abuse, are also highly prevalent. The efforts targeting this issue in Malta have been sparse and largely through the initiative of voluntary organizations. Traditionally a very family-oriented and religious nation, we have perhaps too often relied on the goodwill of family members and caregivers to act in the best interest of the older family member. In doing so, we may have overlooked a social reality that is both universal and growing in prevalence due to our ageing population, the relative rise in vulnerable older individuals, and the changes in the social structure of the Maltese families.

Elder abuse and neglect often occur in the individual's place of residence and the vast majority are committed by the individual's family members or caregivers. National data on the extent of this problem is lacking, though recent data from the project *Abuse of elderly in Europe (ABUEL)* suggest a prevalence of up to 20 per cent for psychological abuse, 4 per cent for financial abuse and 1 per cent for physical abuse, though the latter may be significantly underestimating the true extent of physical violence by exhausted caregivers. Indeed, most elder abuse is unintentional, that is, not premeditated but rather occurring in the context of conflicting responsibilities (as is the case of informal caregivers belonging to the "sandwich generation"), physically and emotionally overwhelmed caregivers and limited resources within formal health care and residential settings.

The hidden nature of this problem in our country is the result of a number of factors, including the lack of formal legislation recognising it as criminal activity, the lack of formal legal duty to report suspected elder abuse, and the sparse resources dedicated to public and staff education. Moreover, older adults and professionals are not aware of how to respond to reported cases of suspected abuse and are often afraid of the associated consequences.

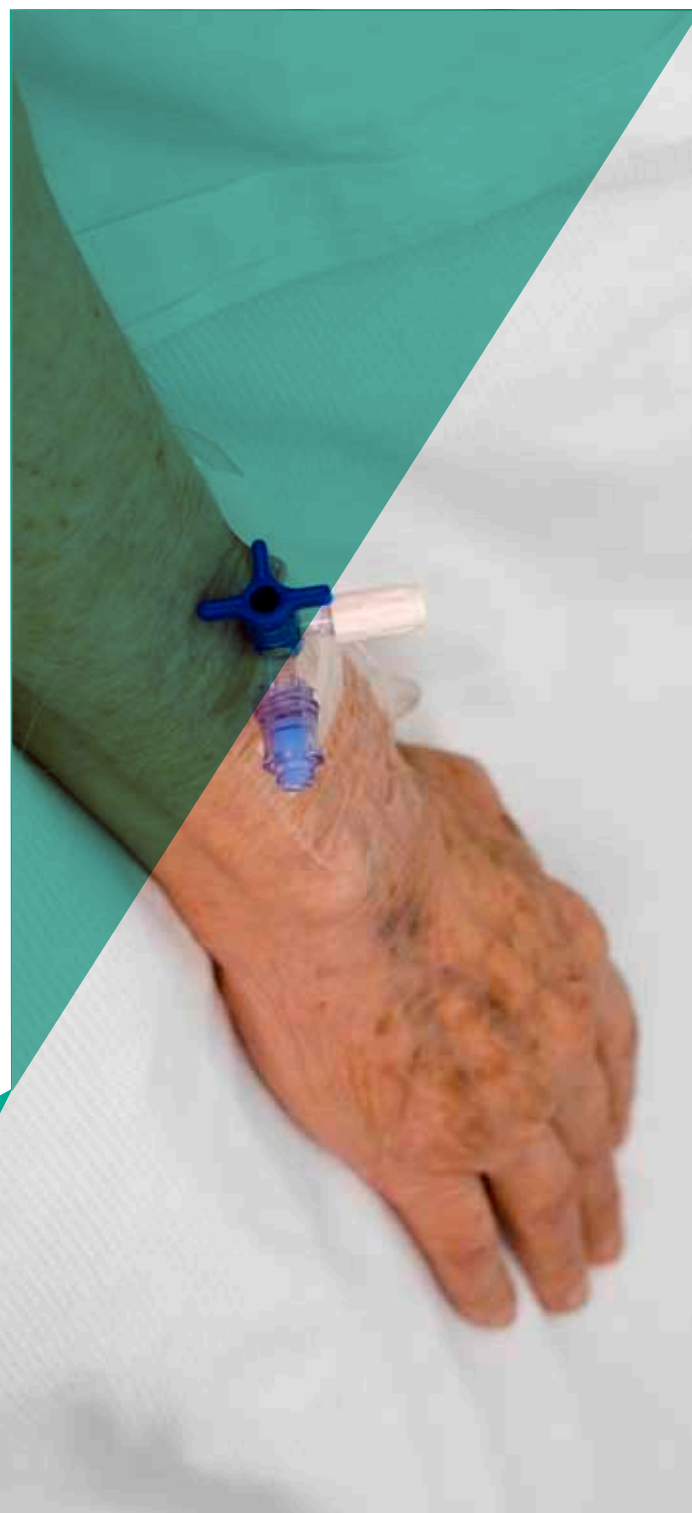
POLICY RECOMMENDATIONS

- Raising the recognition of elder abuse and neglect as a social reality through research, public education and training of persons working in the social and health care sectors, including police officers.
- Developing and implementing a strategy that empowers older adults to report abuse and provides the necessary procedures and resources for a comprehensive response.
- Creating the necessary legal amendments to protect older adults from abuse and neglect, including a duty to report suspected abuse on behalf of social and health care professionals.

End-of-life Care

Increasing longevity is not only leading to rising life expectancies but also towards an increased burden from chronic disease, which in turn results in considerable morbidity and increased dependence. This is equally true for cancer, as it is for cardiovascular, neurodegenerative, respiratory and musculoskeletal disease.

General palliative care refers to the care offered by any health care professional to patients not responding to curative treatment. The aim is to alleviate pain and to provide social, psychological and spiritual support. Specialist palliative care is usually restricted to more complex cases and therefore accounts for a minority of palliative care offered in clinical practice. End-of-life care refers to the care given in the last few days or weeks before one dies. The aim is to provide more professional help in supporting older people with their end-of-life needs in the community or in care homes, and therefore preventing unnecessary referrals to hospitals. The right to a good death refers to the right to be treated as an individual and with respect, to die in familiar surroundings and in the company of close relatives and friends. It also refers to keeping pain and symptoms under control, and provide access to spiritual care.

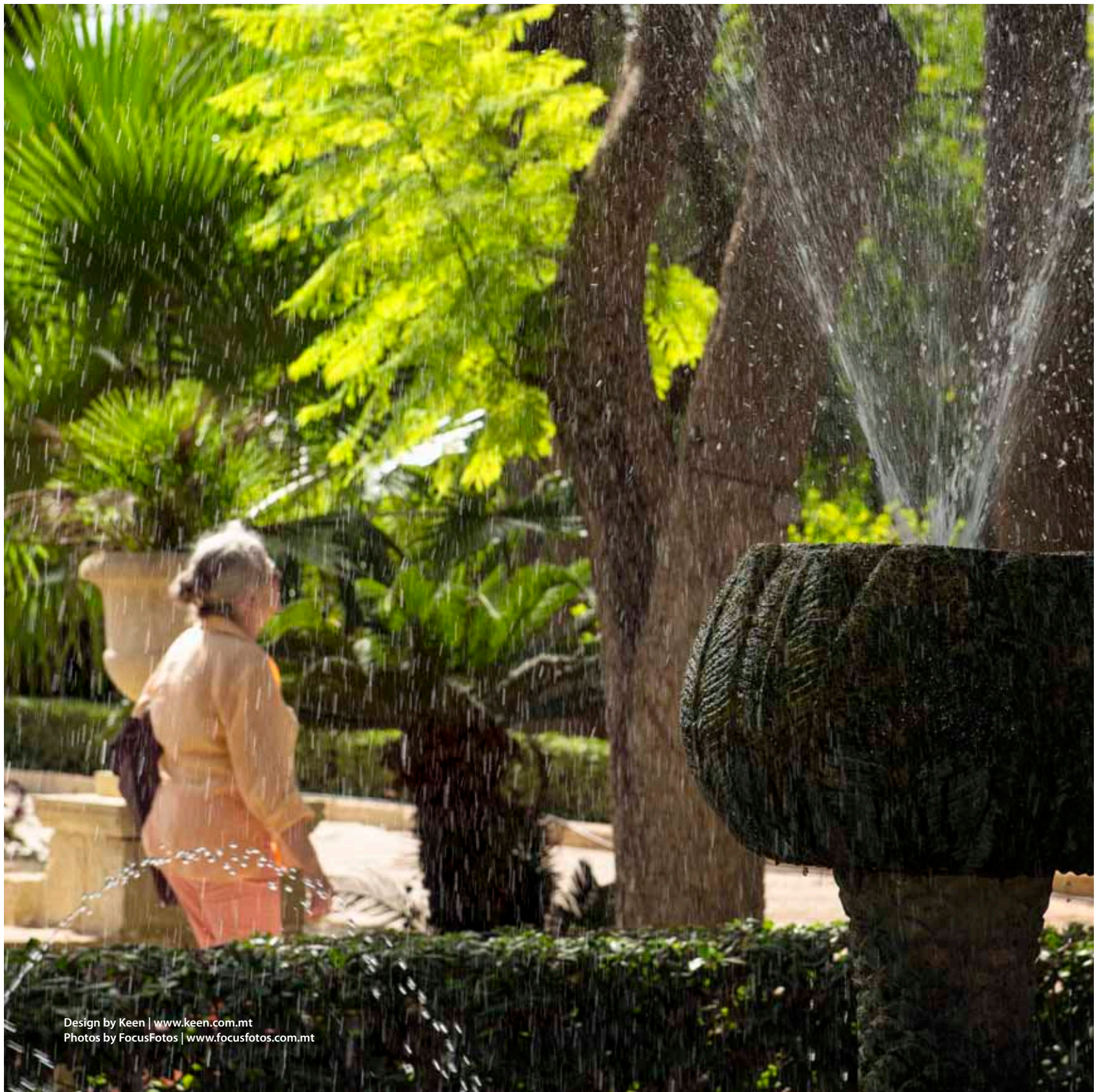


Improving end-of-life care requires an investment in the formal education of health professionals on end-of-life and palliative care, to ensure adequate symptom and pain control, an honest disclosure of diagnosis and prognosis to the older person and their loved ones and the use of integrated care pathways. A formal discussion about preferred choices of care, advance directives for care and refusal of treatment need to be carried out for all individuals entering a healthcare or long-term care facility, as part of the institution's policy. This discussion should also include issues related to artificial feeding and hydration and issues about not attempting resuscitation.

Undergraduate and postgraduate health care education also needs to focus on good medical care at the time of death and beyond. Moreover health care facilities must be responsive to carer and family wishes at the time of death and provide spiritual support to the individual and bereavement support to his/her relatives.

POLICY RECOMMENDATIONS

- Improving the training opportunities in end-of-life and palliative care for persons working in the social and health care sectors.
- Creating legislation to introduce advance directives for health care.
- Developing and implementing policies and procedures in health care facilities concerning end-of-life issues, including, but not restricted to, artificial feeding and resuscitation, on admission to the facility by a suitably qualified health practitioner.



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