

**REPORT ON
NATIONAL FOLLOW-UP
TO
THE UNECE REGIONAL
IMPLEMENTATION STRATEGY (RIS)
OF THE MADRID INTERNATIONAL
PLAN OF ACTION ON AGEING
(MIPAA)**

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MALTA**

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0. GENERAL INFORMATION

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The upsurge of interest in the conditions of the Maltese elderly population was reflected in the proposal submitted in 1968 by the Government of Malta at the United Nations instigating the international community's concern about the gravity of this world-wide phenomenon and at considering the feasibility of ameliorating the quality of life of the world's older persons. This proposal was unanimously accepted by the United Nations General Assembly at its twenty-fourth session in 1969 adopting a resolution giving priority consideration to the phenomenon of ageing. The importance of co-ordinating various programmes and research works regarding the world's ageing population was furthermore emphasised. Malta's role in instigating the international community's concern about this world-wide phenomenon was further manifested in the various resolutions sponsored by the Maltese Government and adopted by various General Assemblies. All these efforts culminated in the first World Assembly on Ageing which took place in Vienna between 26 July – 6th August 1982 and in which 123 countries participated (United Nations 1983).

Older persons in Malta are, in general, well supported and social security and welfare services are highly developed and progressive. Over the past decades, the government of Malta and voluntary organisations foremost among them the Catholic Church, have, through various policies, programmes and schemes, contributed to the care and well-being of the elderly population. Moreover, Malta also prides itself with a number of self-help groups which help the older persons in forming new identities and in remaining active in their old age.

To strengthen its commitment to its older persons and to the family, while, at the same time, ensuring a dynamic and well-coordinated national response to its elderly population, the Maltese government, in May 1987, appointed a Parliamentary Secretary, directly responsible for the country's older persons. This ministerial post has been included within the executive organ of the government since then. In so doing, the various issues of older persons and of the ageing phenomenon are being dealt with holistically.

The Maltese government started planning a wide range of policies and programmes to respond to the unique needs and requirements of older persons and aimed at socially integrating them within their society. These national policies for the elderly population were formulated within the wider national, economic and social development. Maintaining the older persons in the community in which they live became the accepted perspective of present social policy. The range of services available for the elderly population and for their carers covers more than 30 services aimed at improving the quality of life of the older persons while maintaining them in their own homes, community and environment (Government of Malta. Ministry of Health, the Elderly and Community Care. 2007a, d-j, m-v).

In order to increase the opportunities for the continued involvement and participation of the older persons in all facets of life, a National Council of Older Persons was set up in 1992. This Council is also responsible for protecting the rights of older persons, ensuring their social and economic security and planning a national response to the challenges of population ageing.

1. SITUATION, ACTIVITIES AND PRIORITIES RELATED TO AGEING

1.1. National Ageing Situation

1.1.1. Demographic Situation

The Maltese population of the Maltese Islands, as at the end of 2005, based on the November 2005 Census was estimated at 391,906 persons consisting of 194,603 males and 197,303 females. These did not include work and resident permit holders and foreigners residing in Malta which, for the same period, amounted to 12,440 persons, 6,023 males and 6,417 females bringing the total population of the Maltese Islands to 404,346 (National Statistics Office (NSO 2006)).

In Malta, the old segment of the population, namely those aged 60 years and over, has been steadily increasing during the past fifty years, and now represents 18.8 per cent of the Maltese population or 73,613 persons (NSO 2006). In comparison, the 0-14 represent 17.2 per cent of the population while those aged between 15-59 constitute 64 per cent of the Maltese population.

Since the last Census there has been a definite shift in the age composition of the population. In the period between the two censuses, the 0-14 registered a decline of 9.7 per cent. Compared to this, the 15-59 age group and the 60+ age group recorded a growth of only 2.37 and 12.5 per cent respectively. These figures clearly indicate that the 60+ population is growing at a faster rate than the rest of the population. Population projections show that this trend of population ageing will not only continue for a number of years to come but it will accelerate. In fact, it is projected that, by 2025, 27 per cent of Malta's population, or 104 thousand persons, will be above the age of 60. This percentage is projected to increase to 31.3 by the year 2050 (COS 1997; NSO 2006).

Table 1: Maltese population as at 31st December 1967, 1985, 1995, 2005

Year	Males	Females	Total	% Increase
1967	150,598	163,681	314,216	
1985	167,875	173,032	340,907	8.49
1995	191,025	194,062	385,087	12.96
2005	194,603	197,303	391,906	1.77

Source: COS. 1986, COS. 1997, NSO. 2006

Table 2: Maltese population by gender and age group as on 31st December, 1985, 1995 and 2005 and as projected for the years 2025, 2035, 2050

Age / gender	1985	1995	2005	2025*	2035*	2050*
1-14	82.5	74.9	67.6	61.9	52.7	46.5
Males	42.4	38.4	34.7	32.8	28.0	24.8
Females	40.1	36.5	32.9	29.1	24.7	21.7
15-59	210.0	244.9	250.7	223.0	215.5	182.6
Males	104.0	124.4	127.6	114.7	111.4	95.3
Females	106.0	120.5	123.1	108.3	104.1	87.3
60-74	35.5	45.6	51.7	68.8	62.0	69.8
Males	16.3	20.4	23.8	31.5	28.7	32.3
Females	19.2	25.2	27.9	37.3	33.3	37.5
75+	12.9	19.8	21.9	35.3	39.7	34.9
Males	5.1	7.8	8.5	13.4	15.0	24.4
Females	7.8	12.0	13.4	21.9	24.7	21.5

* Projection

Source: COS. 1986, COS. 1997, NSO. 2006

From Table 2 it can be clearly seen that the older population itself is ageing very fast. Thus between 1995-2005, those aged 60-74 increased by 13.4 per cent from 45.6 to 51.7 thousand, an increase of 13.4 per cent, while those aged 75 and above increased by 10.6 per cent from 19.8 to 21.9 per cent. This significant rapid growth in numbers and proportions of “old old” poses a heightened and more urgent demand for medical facilities and extended support services.

It is necessary to examine the social and cultural changes which have been affecting the family. Among the emerging trends of family changes, one notes the reduction in family size. As is the case with a number of other countries, fertility rates in Malta have been declining for quite some time. For 2005, Malta’s total fertility rate was 1.37 (NSO 2006). Over the past 10 years, the total number of registered births has been on a constant decline dropping by 1,180 live births. During 2005, 3,804 maternities were registered in Malta and Gozo. This was the lowest recorded over the past forty years. Similarly, the Crude Birth Rate continued to drop to 9.56 in 2005. The decrease in the number of children within a family is resulting in the fact that the care for dependent elderly family members can no longer be shared by several brothers or sisters as before (Cutajar C. 1991; Dimech J. 1999; Troisi J. 1995). In comparison, the Crude Death Rate stood at 7.76. (NSO 2006)

Population ageing is often considered as a female phenomenon. As in many other countries, a distinctive feature of the older population in Malta is the preponderance of women over men. This becomes more pronounced with advancing age, reaching its highest among the “old old”. Thus, while for the whole population, the sex ratio stood at 98, for those aged 60-74 it stood at 85.2, while for those aged 75 and above, it was 62.8 (NSO 2006).

This is the result of a higher life expectancy among women. The Male Life Expectancy at age 0 increased from 70.8 in 1985 to 74.9 in 1995 and 77.7 in 2005. In comparison, the Female Life Expectancy during the same years stood at 76.0, 79.5 and 81.4 respectively. Although the gender based difference in Life Expectancy, is narrowing, women still live on average 3.7 years more than men.

The consequences of these sex differences are so marked that the problems of the “old old” women comprise a substantial share of the problems of older persons. Women in the 75+ age group are often widowed and, unlike the case of men, lack the financial resources that might have accrued from paid employment during their lifetime (Cutajaj M. 1997; Troisi J. 1998a).

1.1.2. Economic Situation

By and large one does not find evidence in Malta of conditions of poverty relating to older persons (Caritas-Discern 1994, 1996; NSO 23c,d). Following the Welfare State ideology, the Maltese government is expected to guarantee an acceptable standard of living and provide the basic needs for all the Maltese citizens from the cradle to the grave. It provides a comprehensive system of basic security and income-related benefits (Troisi J. 2005).

The Maltese social protection system is based on two pillars, namely: 1) social insurance which is aimed at safeguarding the citizens’ income by providing a comprehensive system of basic security and income benefits which guarantee an acceptable standard of living; and 2) the social and health care services. Both these pillars have, over the years, guaranteed social cohesion, fairness and equality, with specific emphasis on the most vulnerable members of society. Almost all households in Malta receive, from time to time, some kind of income transfer or use social and health services (NSO 2004, 2003a).

Traditionally, the welfare system in Malta has developed along with the age structure of the population. As expected, the old age retirement pension has, for a number of years, not only accounted for the highest outlay but is constantly increasing. In 2002, this amounted to Lm 129,102,304 accounting for 54.1 per cent of all contributory benefits up from, a share of 39.9 per cent during 1998 (Cordina G. Grech A. 1999; National Commission for the Promotion of Equality 2007; NSO 2003b).

Malta has a comprehensive retirement pension package and it is rather rare for today’s older persons to be in receipt of a private pension (Government of Malta. Ministry for Health, the Elderly and Community Care 2007j,k). The most prevalent pension is the two-thirds pension, which is an earnings-related contributory pension payable to persons who have retired after January 1979 (Grech L. 2000). Statutory pensionable age is 60 for females and 61 for males. In addition there is a twice yearly bonus of Lm58 (Euros 135) and another twice yearly bonus of Lm 54 (Euros 126). Moreover, the 2000 Household Budgetary Survey [HBS] found that many older persons supplement this income with a range of subsidies, interests, insurances, rents, sales of items, and various other earnings. The HBS states that the 60+ cohort have an average annual income of Lm 3,830 (Euros 9,040) second only to the 50-59 age group.

The second highest annual expenditure of the Maltese government is in the area of healthcare. In Malta, the Government provides a comprehensive personal health service to all Maltese residents that is entirely free at the point of delivery. This health service is funded from general taxation. All residents have access to preventive, investigative, curative and rehabilitative services in Government Health Centres and Hospitals. Persons with a low income are 'means tested' by the Department of Social Security. Those who qualify receive a card which entitles them to free pharmaceuticals. Moreover, a person who suffers from one or more of a specified list of chronic diseases is also entitled to receive free treatment for his /her ailment, irrespective of financial means. National health promotion activities (including health education in the traditional sense) are coordinated by the Department of Health Promotion. There are also specialised preventive activities that are hospital-based. The Government's expenditure for health services, in 2002, was Lm 116,198,000 (Euros 270,668,530) (Troisi J. 2005).

1.1.3. Social and Political Situation

The financial help provided by social security and social assistance is supplemented by the variety of social services, social work, counselling and marital mediation. Furthermore, all this work is complemented by the work from non-governmental organisations (Abela N. 1988).

The attainment of self-government by the Maltese in 1921 was accompanied by the introduction of a number of social security measures (Government of Malta. Department of Social Security 2003, 2005; Ministry of Social Policy 2001). Following the end of the Second World War, three laws were introduced which improved and enlarged the coverage of the social security measures. In 1948, the Old Age Pensions Act was introduced providing for a non-contributory and means-tested payment of pensions to all those aged 60 and above. Eight years later, in 1956, two new Acts were promulgated. The National Assistance Act, which provided for a non-contributory social and medical assistance, on a means-test basis, to those heads of households who, for some reason or other, are either unemployed or seeking employment, and whose relative financial means falls below the Social Security Act.

The National Insurance Act introduced a scheme of social insurance covering sickness, occupational injuries and diseases, unemployment, widowhood, orphan-hood, and old age. In 1965, the Act was extended to the self-employed. Eleven years later, in 1979, as a result of amendments to the Act, a Two-Thirds Pension system was introduced. In the case of an employee the pensionable income is calculated by taking the average yearly salary on which the relevant contribution has been paid, of the best three consecutive calendar years during the last 10 years prior to retirement.

In 1987, all social security measures and legislations were consolidated in the Social Security Act which also introduced and incorporated a number of further benefits including disability pension and gratuity, marriage grants, maternity benefits, family allowance, etc. In addition, non-material needs are met by a multiplicity of social services provided by governmental and non-governmental organisations. In 1995, total expenditure on social security benefits made up 11.8 per cent of the Gross Domestic product. During 2002, the ratio decreased to 11.3 per cent notwithstanding the fact that, in absolute terms, social security benefits increased by Lm20.5 million (Euros 47.75 million) (Government of Malta, Department of Social Security 2005).

On the 26th May 1988, Malta signed the European Social Charter. Malta's accession to the European Union on 1st May 2004 is without doubt a challenging and important development in all the spheres of the country's progress and, without doubt, also in the field of Social Protection.

As a result of these measures, the Maltese government, following the Welfare State ideology, is expected to guarantee an acceptable standard of living and provide the basic needs for all the Maltese citizens from the cradle to the grave by providing a comprehensive system of basic security and income-related benefits (Troisi J. 2005).

1.2. Instrumental Assessment

This assessment on the national follow-up to the Madrid International Plan of Action on Ageing (MIPAA) and the UNECE Regional Implementation Strategy (RIS) focuses on the country's policies, laws and regulations, adopted in the field of ageing as well as programmes and services being implemented especially since May 1987, when a Parliamentary Secretary, directly responsible for the country's older persons was nominated by government. In so doing, the various issues of older persons and of the ageing phenomenon are being dealt with holistically. Moreover, the concept of caring for the elderly population was revolutionised.

During the past two decades, the need was felt for a radical change of perspective breaking the policy of segregation and replacing it with a strategy of enabling the older persons to participate in society to the greatest extent possible. The Maltese government started planning a wide range of policies and programmes to respond to the unique needs and requirements of older persons and aimed at socially integrating them within their society. Maintaining the older persons in the community in which they live became the accepted perspective of present social policy (Government of Malta. Ministry of Health, the Elderly and Community Care, 2007a, d-j, m-v).

The country's approach to the issues generated by a rapidly growing elderly population started forming an integral part of an over-all economic and social development planning programme of the country. It was also considered equally important to carry out a re-examination of the essential aspects of family structure, housing, employment, health, income, social security and other issues. In other words, this growing awareness of the country's ageing population was translated into concrete action. In so doing the country is well prepared to meet the challenges of population ageing and is thus avoiding the situation in which "events overtake history".

All this clearly shows that Malta had started giving an important place to its older persons quite before the Second World Assembly on Ageing held in Madrid during the first week of April 2002. In fact, as already pointed out, it was the Maltese government which, in 1968, placed the issue of ageing as a global phenomenon in front of the United Nations General Assembly urging the Member States to consider the phenomenon of ageing as a matter of international concern and given priority consideration. Following the end of the Second World War, thousands of young Maltese migrated to Australia, Canada and the United Kingdom leaving behind them the older population. As a result, already in the 60s Malta had an aged population. More than 10 per cent of Malta's population was aged 60 and above.

Malta's role in instigating the international community's concern about the world's ageing population found its fruition in the first World Assembly on Ageing held in Vienna between 26 July-6 August 1982. Here Malta played a leading role. In line with the Vienna International Plan of Action on Ageing (UN 1983), Malta once again was at the forefront and in April 1988 set up the International Institute on Ageing, United Nations-Malta following an agreement between the government of Malta and the UN Secretary General in November 1987.

One however, cannot deny the fact that, during the past five years, in order to better be in a position to meet the three Priority Directions of the Madrid International Plan of Action on Ageing, a number of policies and legislations were newly adopted while older ones were modified so as to ensure the quality of life and well-being of the Maltese older persons. The same can be said of the efforts of civil society, both voluntary organisations and associations in the private sectors, which are being implemented in this regard.

1.3. Identification of Areas for in-depth evaluation

Population ageing has serious repercussions on the social security systems and constitutes one of the greatest challenges to the country's capacities of adaptation. There is agreement that unless appropriate and timely reform is implemented, the pension system will run into serious financial difficulties. This is due to the fact that as contributions revenue will not only continue to be insufficient to cover benefits expenditure but the gap will widen more and more increasing the pressures on the country's public finances.

1.3.1. Pensions Reform: In recent years, the sustainability of the social protection system has been debated. In fact, the Welfare Gap, or the difference between all the expenditures incurred and the contributions received in terms of the Social Security Act 1987, has averaged Lm57,419,000 (Euros 133,750,290) annually during 1998-2002 (Central Bank of Malta 1997). In view of this and also in view of the challenges facing future generations resulting from the phenomenon of population ageing, the Government of Malta has, for a number of years, been recognising the need to review the prevailing national welfare system. It was because of this that a number of studies were commissioned by successive Governments including the Camilleri Report (December 1997) and the Watson Wyatt Report (August 1998). In the year 2000, a National Commission on Welfare Reform was appointed as an advisory, non-executive body, appointed by the Cabinet and accountable to the Prime Minister (The Pensions Working Group 2004).

Among the terms of reference which this Commission was given it was mandated to recommend new legislation that would (a) be simpler (b) ensure an equitable distribution of benefits without lessening their present levels to those beneficiaries for whom such benefits were originally intended, (c) provide for a system of administration of such benefits that would promote efficiency and efficacy at less input costs while securing against abuses and waste, and (d) ensure protected financial sustainability to beneficiary and contributor alike, both private and state owned (Government of Malta, Ministry for the Family & Social Solidarity). In June 2001, this Commission presented a report while was followed by the Schembri report (October 2003). All these reports were in agreement that the current pension system is unsustainable and the benefits will not be adequate. Moreover, all the reports reached the conclusion that the principle of 'self help' was to be inculcated to encourage people to save more so as to secure a decent standard of living upon retirement.

On the 1st June 2004, the Maltese government mandated the Cabinet Committees' Support Unit to head a Pensions Working Group which was, in turn, mandated to submit recommendations to government on pensions reform after having reviewed all the work which had been carried out earlier. Following the submission of this report to Government on 5th November 2004, it was presented as a White paper for national discussion and consultation (The Pensions Working Group 2004).

The salient recommendations made by the Working Group include: a lowering of the contribution rate; a gradual increase in the retirement age from 61 to 65 for both males and females to be fully phased in by 2015. This will be carried out in a scaled manner. Other recommendations included: a gradual change in the minimum years of contribution required for a 2/3 pension; a gradual change in the averaging period used for calculating the value of the pension; a change in the indexation of the pension after retirement from full indexation to wage growth to revising pensions every years. It also recommended the introduction of three pillars Pensions Scheme. The Maltese Government is fully aware that whilst the reform process of the present pensions system must be holistic taking into account the whole social protection system, the implementation needs to be incremental so as ensure a smooth transition from the current to a new pensions system (Troisi J. 2005).

1.3.2. Carers' Association: In trying to meet the challenges of population ageing especially in the sphere of caring, one must recognise two sets of needs and preferences which, although not mutually exclusive, are not the same. On the one hand, we have the needs of the dependent older persons themselves, while on the other we have the needs of those who provide care (CareMalta 2004, Troisi J. Formosa M. 2006).

The Maltese government has been implementing a number of social policies, programmes and services benefiting older persons with a special emphasis on care in the community. A number of voluntary organisations have, over the years, also contributed to the care and well-being of older persons in a number of ways. There is a great need to ensure a dynamic and well co-ordinated national response to the needs of family carers in all spheres especially in the field of ageing.

It is high time to place the issue of their role and socio-economic circumstances on current policy agenda. It is essential that the care being provided to older persons by their family members need to be recognised both at policy level and at service / programme level (D'Amato R. 1995). A great need has been created to encourage the setting up of an Association of family carers. This would serve a number of purposes and fulfil a number of functions. Without doubt, such an Association can act as the voice of carers and would thus be a big help in ensuring that their needs are addressed and supported. It would provide information and advice for carers, helping them to become more aware of their own role and status in the community, while encouraging them to articulate their own needs. It would help them to share their experiences and to know that they are not alone in their work. It can also serve to raise public awareness to the problems and needs of the carers and brings this to the attention of government thus functioning as a lobbying board for appropriate legislations.

This Association, would serve as a focal point and catalyst enabling family carers, policy makers and social care professions to come together to prepare a range of support services tailored not only to the needs of the older persons, as is being done, but also to the needs of their carers.

Periodical reviews of existing services and programmes should be conducted to study how these are benefiting not only the cared-for but also the carers. Providing care to family care givers should be considered as a supplement to and not as a replacement for the care provided by family members.

Equally important is the setting up of a national register of family carers. A number of such registers already exist as for example registers for professional bodies. This would not only serve to identify who the family carers are but would also help to enhance scientifically sound research in the matter. This is an important tool in determining the problems and needs of family supports that maintain the care giving tasks within the family setting.

Closely connected with this is the need to conduct national research, both quantitatively and qualitatively. This is important so as to examine the socio-economic conditions of these carers and to analyse their changing role and status with particular reference to the needs and problems arising from the wide changes which Maltese society in general and the family in Malta are passing through (Troisi J., Formosa M. 2006).

1.3.3. National Day for Informal Carers: Very often while older persons enjoy both rights and responsibilities, the rights of the carers of dependent older persons (mostly females) are often unrecognised. It is therefore considered essential for the Maltese government to establish a national day for informal carers of older persons. It would serve as a means to create public awareness and recognition of the challenge of the burden of care by family carers, their role, function, needs and difficulties. At the same time, it would serve as a very efficacious way to strengthen both family resources and the motivation to continue caring for the elderly. The family care giver is a major national economic resource in providing care for the elderly. It is important to understand the lived experience of the care giver so that meaningful, appropriate preparation and interventions are implemented to support the care giver (Troisi J., Formosa M. 2006).

1.3.4. National Charter for Family Carers: A similar recommendation concerns the creation of a national Charter for family carers of older persons. This would ensure that the rights and obligations of the carers are respected and honoured. It would also ensure that the quality of care to elderly relatives is maintained (Troisi J., Formosa M. 2006).

1.3.5. Legislation on Elder Abuse: Nowadays, as in other countries, in Malta the abuse of older persons is increasingly being acknowledged as an important issue, the incidence of which is rapidly growing. To tackle this situation, the government of Malta in 1994 set up the Domestic Violence Unit within the agency APOGG previously known as Social Welfare Development Programme (SWDP), which forms part of the Foundation for Social Welfare Services. This Unit is aimed at providing quality social work service to adults and their children suffering abuse in family and intimate relationships.

Domestic Violence Services are committed to the promotion of a society with Zero Tolerance to Violence. Its services include the Domestic Violence Unit, which deals with adult victims in abusive relationships; an Emergency Shelter which offers refuge for women victims of domestic violence and children; and a Perpetrator's Programme, which deals with male adults who engage in abusive behaviour towards their partners.

The service is made up of a team of professional social workers, who provide support to victims of domestic violence and their children. The service aims at supporting victims at the time of crises by providing immediate assistance to them to meet their immediate needs, by helping them develop a safety plan and providing emotional support as required (Government of Malta, Ministry for the Family and Social Solidarity 2007a).

One also notes that in terms of legislation although there are various articles in the country's general criminal code and its civil code dealing directly or indirectly with the problem of elder abuse, in the Maltese law one finds no definition of 'elder abuse' nor is there any specific regulation of legislation on the subject. Articles in these general laws deal with bodily harm, theft, fraud (including misappropriation, breach of trust, obtaining money/property by false pretences). The punishment meted for such transgressions is increased by one to two degrees depending on the gravity of the transgression. Thus for example abuse/neglect carried out by a person who in spite of the fact that he/she is duty bound to take care of a person who cannot take care of himself and fails to do so, as well as when the person abused is unable to offer resistance owing to physical or mental infirmity, or when the offender availed himself of his capacity as a public officer or when the abuser is living in the same household as the abused is considered to be a very grave offence.

Given the fact that the rapidly growing elderly population makes the so far 'hidden' problem of elder abuse, exploitation and neglect, more and more visible, the development of legislative measures on this subject should be one of the policy measures to be taken in the not too distant future.

2. METHODOLOGY OF IN-DEPTH EVALUATION OF IDENTIFIED PRIORITIES

A report cannot be undertaken seriously unless the researcher clarified his general methodology. A quantitative and qualitative approach was used in carrying out this evaluation of the actions taken in the Maltese islands towards the implementation of the Madrid Plan of Action on Ageing (MIPAA) and the ensuing UNECE Regional Implementation Strategy (RIS). Over the past decades, as already pointed out, the Government of Malta and various voluntary organisations have been sensitive to the situation of the country's older persons. During the past decades various initiatives in the form of policies, legislations, programmes and services, have been taken and are being undertaken by the country's government, inter-governmental organizations and non-governmental organizations. The country's government had formulated its own national strategy in the field of ageing and identified its own targets and priorities. One cannot but not mention the important role played by the various voluntary organizations. Being a predominantly Catholic country, the Church institutions played an important role in this regard.

This report is based in the light of the prevailing cultural, economic, political, religious and social situation of the Maltese Islands. It is against the background of the changing Maltese society that I have investigated the conditions of the older persons in the country. Firmly believing in the fact that ageing is a process attention was also based on the ideas and attitudes of Malta's younger population towards those aged 60 and above.

The quantitative information is based on various studies carried out throughout these past years on a number of issues in the field of ageing. The latest two such studies were the ones carried out by the European Centre of Gerontology, University of Malta entitled *Supporting Family Carers of Older People in Europe. The National Background Report for Malta*, which was part of the EUROFAMCARE project aimed at providing a European review of the situation of family carers of older persons. The project was funded by the EU Commission under FP 5. (Troisi J. Formosa M., 2006). The second study was entitled *Elderly Women in Gozo*, carried out on behalf of the Ministry for Gozo, Government of Malta. I also had a lot of information from my work *The State of the Welfare State in the Maltese Islands* which I was commissioned to write for the Third European Conference on the State of the Welfare State Anno 1992 in the EU: Ten Years Later and with Ten New Member States by the Higher Institute for Labour Studies (HIVA), Leuven, Belgium in collaboration with the European Centre for Workers' Questions EZA with the financial support of the European Commission (Troisi J. 2005). The research carried out by the National Office of Statistics as well as the statistics published by the same office together with the newsletters and other relevant information of the National Council of Older Persons, the National Council of Women, the National Commission for the Promotion of equality (NCPE) and of the University of the Third Age proved to be very useful source of information.

The various policies, legislations, programmes and services were also taken into consideration paying particular attention on the effects of their implementation on the country's population especially the older persons. The country's advances in e-technology have also helped in downloading innumerable information on the work carried out by various ministries and departments within the government which directly or indirectly are bearing an effect on the country's rapidly growing elderly population. Malta enjoys an ambitious IT programme to enhance customer care, efficiency and effectiveness of the ministries' services and programmes.

The qualitative information was obtained through various informal interviews carried out with different stakeholders and the knowledge obtained from having served as a member of the National Council of Older Members. A number of ministers were consulted especially the Ministry of Health, the Elderly and Community Care (MHEC); the Parliamentary Secretary for the Elderly and Community care within the same ministry; the Ministry for the Family and Social Solidarity (MFSS); the Ministry of Education, Youth and Employment (MEYE) and the Ministry of Finance (MFIN). Heads of various departments within these ministries were also contacted.

To ensure as far as possible a grass-roots/bottom up approach involving the older persons themselves and fully aware that they are the best agents of change, various meetings were made with a number of Associations of Older Persons and Self-Help Groups. These included among others: The Association of Labour Party Veterans, the Association of Older Persons and Pensioners of the Nationalist Party, The Association of Pensioners, the Association of Pensioners of the General Workers Union, the Association of Pensioners of the United Workers Union, the Association of Pensions of the Malta Union of Teachers, the Pensioners Section of the Bank of Valletta, the Floriana Senior Citizens, the Association of the Members of the University of the Third Age and two Church organizations namely: Caritas and the Social Action. Separate meetings were also held with the National Council of Older Persons, the National Council of Women, the National Commission for the Promotion of Equality (NCPE). As expected this gave me quite a

wide spectrum of the situation of ageing in Malta and of the aspirations and needs of Malta's older persons.

3. NATIONAL CAPACITIES FOR FOLLOW-UP TO MIPAA/RIS

a) Institutional follow-up: 1. Parliamentary Secretary for the Elderly and Community Care

2. Department of the Elderly and Community Care

b) Organisations of Older Persons: 1. National Council of Older Persons,

2. National Association of Pensioners,

3. University of the Third Age,

4. The Association of Labour Party Veterans,

5. the Association of Older Persons and Pensioners of the Nationalist Party,

6. the Association of Pensioners,

7. the Association of Pensioners of the General Workers Union,

8. the Association of Pensioners of the United Workers Union,

9. the Retired Teachers of the Malta Union of Teachers,

10. the Pensioners Section of the Bank of Valletta,

11. the Floriana Senior Citizens,

12. the Association of the Members of the University of the Third Age,

13. Caritas Malta,

14. the Social Action.

c) Educational, training and research activities on ageing:

1. The European Centre of Gerontology and Geriatrics, University of Malta, organises study units, workshops, annual seminars and monthly public lectures on MIPAA/RIS. It also carries out research on various issues/recommendations of MIPAA/RIS. The Centre also organises in-service training programmes for personnel working in the field of ageing or/and with older persons.

In the pre-retirement training programmes which it organises in the private and public sector, the Centre also makes the participants aware of MIPAA/RIS

2. The Maltese Association of Gerontology & Geriatrics (MAGG) also organises seminars and monthly public lectures on MIPAA/RIS for its members. Such issues are also discussed in the Association's bulletin.

3. The University of the Third Age (U3A) has two courses on the various issues of MIPAA/RIS. A number of articles on various MIPAA/RIS issues are published in the U3A's periodical. It has also carried out research on the awareness of MIPAA/RIS.

4. Caritas Malta. In its training programmes for its volunteers which run various social clubs around Malta, this Church organisation informs the participants about the recommendations of MIPAA/RIS

5. The International Institute on Ageing, United Nations-Malta (INIA), annually organises various training programmes for Maltese and Foreign participants in which MIPAA/RIS play a central role. Participants to these training programmes share among themselves good practices and difficulties met in implementing MIPAA/RIS.

6. The WHO Collaborating Centre on Healthy Ageing also provides a lot of information and education mainly on Priority Direction No.2

7. The National Council of Older Persons carries out periodic public lectures about various issues tackled in MIPAA/RIS. These are also dealt with in the quarterly periodical of the Council.

d) Data collection and analysis: Yes the available data and research carried out by the Staff and postgraduate students of the European Centre of Gerontology and Geriatrics, University of Malta does give an adequate picture on the ageing related situation in the Maltese Islands. The same holds good regarding the statistics and information provided by the National Office of Statistics as well as by the various departments in a number of ministries especially the ministry of Health, the Elderly and Community Care, the ministry for the Family and Social Solidarity, the one of Finance, and the Ministry of Education, Youth and Employment.

e) Mobilisation of Financial Resources: Both the Parliamentary Secretary for the Elderly and Community Care, as well the Department of the Elderly and Community Care provide certain funds for the carrying out of research on certain issues highlighted by MIPAA

f) Implementation and impartial monitoring of progress in implementation: As such there is no independent and impartial mechanism specifically set up for monitoring the progress in the implementation of MIPAA/RIS. However, the Focal Point in collaboration with the European Centre of Gerontology, and the Maltese Association of Gerontology & Geriatrics does ensure a certain amount of monitoring of the progress in the implementation of the recommendations of MIPAA/RIS within the country.

4. REVIEW AND APPRAISAL BY SUBJECT AREA

RIS Commitment 1: Mainstreaming ageing.

a) b) c) As pointed out earlier, in May 1987, the Maltese government, in its efforts to strengthen its commitment to its older persons and to the family, while, at the same time, ensuring a dynamic and well-coordinated national response to its older citizens appointed a Parliamentary Secretary, directly responsible for the country's older persons. This ministerial post has been

included within the executive organ of the government since then. In so doing, the various issues of older persons and of the ageing phenomenon are being dealt with holistically (Troisi J. 1989).

The range of services available for older persons covers more than 30 services aimed at improving their quality of life while maintaining them in their own homes, community and environment. These include Day Centres, Domiciliary Nursing, Handyman Service, Home Care Help, Incontinence Service, Meals on Wheels, Telecare, etc. (Abela N. 1988; Troisi J. 1994b, 1990, 1989, Government of Malta, Ministry of Health, the Elderly and Community Care, 2007g,o,p,q,t).

d) Participation of older persons in the development and implementation of policies and strategies: On their part, older persons can benefit from a number of self-help groups and organisations. There are a number of pensioners' associations (Troisi J. 1994a).

In order to increase the opportunities for the continued involvement and participation of the elderly in all facets of life, a National Council for the Elderly was set up in 1992. This Council is also responsible for protecting the rights of the older persons, ensuring their social and economic security and planning a national response to the challenges of population ageing (Troisi J. 1988).

e) Role of NGOs and private sector in the implementation of policies and programmes: Voluntary assistance towards the elderly population is not a new feature of Malta's social environment. The various efforts of the government to improve the care services being given to the ever growing number of Maltese older persons and, at the same time, to help them remain in the community for as long as possible, are being significantly complemented by the sterling services provided by a number of voluntary organisations, foremost among which is the Catholic Church (Abela N. 1988; Bonello R. 1995; Troisi J. 1994b). The Catholic Church in Malta was the pioneer in providing most of the care and assistance to the needy including the older persons. Since a long time back, the older persons were very well looked after in the Church-run residential homes. There at present 18 such homes for the elderly population providing around 600 beds.

Malta also prides itself with a number of self-help groups which assist the older persons to form new identities in their old age. Through the programmes and services offered to their members, these groups are helping in no small way in giving a new meaning of life to the older persons and in ensuring their remaining part of Malta's mainstream society (Troisi J. 1989).

In recent years, a number of profitable organisations within the private sector have started offering long-term and short-term residential care to the elderly population of the Maltese Islands. Respite care services are also offered to those who ask for them. There are at present ten such homes. Rates are higher than those in State-owned or Church-run residential homes. These depend on the kind of 'hotel' accommodation and levels of nursing services which are required.

RIS Commitment 2: Integration and participation of older persons.

The policy of the Maltese government is one of social inclusion of its older persons in all spheres of Society (European Commission. 2001; Troisi J. 1992). Moreover, the UN principles of active ageing, ageing in place, the creation of a society for all ages have, for these last two decades, especially, been the accepted perspective of the country's social policy.

a) Measures to recognise, encourage and support the contributions of older persons: The mass media – radio, television and the press play an important role in promoting the growing awareness about the phenomenon of ageing. It is used to sensitise society to the needs of older persons at the same time promoting inter-generational solidarity. In January 1993, the Institute of Gerontology at the University of Malta was requested by the Maltese Public Broadcasting Services Corporation to produce and present for one of its national radio stations a weekly one hour educational programme aimed at disseminating information on ageing to the general public and particularly to older persons. Every session consists of a twenty minute exposition of a particular subject relating to old age by an expert in the matter. The remaining 40 minutes are taken up by phone-ins during which questions are raised and answered.

The programme has an overall holistic approach. Experts are invited to discuss various topics concerning every aspect of ageing in Malta and the quality of life of the Maltese older persons. In its own way, this radio programme is bringing about a change in perspective. It is helping older persons to improve their quality of life. It is also promoting a positive image of older persons eradicating negative stereotypes and attitudes which often led to the segregation of older persons.

The country's educational system is utilised to educate the young concerning the positive values and contributions of older persons. The creation of a positive image of ageing is focussed in school books and programmes. The growing awareness of population ageing also forms part of the Social Studies curriculum. Caritas Malta runs a Schools' Programme on Older Persons aimed at raising school children's awareness about the positive, active and developmentally-oriented view of ageing and of older persons. It also strives to create a national awareness of respect and responsibility for older persons (Troisi J. 1989).

b) Mechanisms to take into account the views of older persons on the services provided to them: The local council of every district has a section dedicated exclusively for older persons. This section is manned by older persons themselves. Among its functions it is responsible for ensuring the smooth running of services for older persons in the locality. To this effect it informs the older persons in the district of the various services that are available for them and also takes into account their views about these services.

The Department for the Elderly and Community Care was set up in 1987 with the objective of promoting the dignity of older persons. Since its inception, it has embarked on the formulation and implementation of services that could meet a wide range of needs of older persons in the country. Through its social workers, it is in a position to become aware of the views of the beneficiaries of these services. Periodical research is also carried out in the connection.

c) Encouraging the participation of older persons in society, culture and economy: It is the policy of the University of the Third Age (U3A) to get its members involved in every way possible. To this effect, there are several sub-committees responsible for organising all the activities. The members of the U3A have their own Association. The U3A has a quarterly journal edited and organised by the members themselves. The journal is sponsored by a local bank. The U3A encourages special interest groups for pursuing hobbies and other interests. Throughout these 14

years, the U3A in Malta and Gozo has helped many members to rediscover an aim in life. It has proved to be a living example of “by older persons for older persons” (Troisi J. 2003).

d) Promoting the political participation of older persons: Malta prides itself with a number of self-help groups. The two major political parties both have their own respective Associations of Pensioners and older persons. Each Association is made up of two sections, namely the female and the male section. They carry considerable weight in the formulation and implementation of the political manifestos of the political parties. The same can be said of the Associations of retired members of the country’s major trade unions. These are also successful in providing a political voice to older persons in general and to their members in particular. Every year, these associations are consulted prior to the formulation of the country’s budget. Their views are also considered prior to the formulation of any national policy relating directly or indirectly to older persons.

f) National Advisory Board on Ageing: A National Council for the Elderly was set up in 1992. This Council is also responsible for protecting the rights of the older persons, ensuring their social and economic security and planning a national response to the challenges of population ageing by, amongst others, protecting the rights of older persons, ensuring their social and economic well-being, and by evaluating policies, programmes and services for the older persons. (Troisi J. 1988).

The Council serves as a focal point and catalyst, thus avoiding duplication of activities while ensuring a better utilisation of resources and expertise. It is an excellent platform to ensure that the contribution of older persons to decision-making processes and their participation in advisory bodies are not only respected but implemented. It is very important that older persons themselves actively participate in the process of formulating and of implementing programmes for their improved well-being.

g) Adoption of policies and programmes to improve the housing and living environment of older persons: The majority of older persons in Malta own their place of residence. In fact, a greater number of older persons own their home than in the past: 63.2 per cent in 2000, compared to 59 per cent in 1990, with the majority living in owned terraced houses and better home-safety environments (NSO, 2003a). Non-owners live in property with controlled rents.

Statistics published in the Household Budgetary Survey (NSO, 2003a) provide information on the type of dwellings of older persons in Malta. Whilst 18.7 and 12.8 per cent of all individuals who live in terraced houses were in the 60-69 and 70 plus age group respectively, 25.4 and 12.6 per cent of individuals living in maisonettes or ground floor dwelling were in the 60-69 and 75 plus age brackets respectively. At the same time, 16.5 and 8.2 per cent of all individuals who lived in apartments / flats were in the 60-69 and 75 plus age brackets. Compared to this, 14.9 and 10.1 per cent of individuals living in either fully- or semi-detached housing are in the 60-69 and 70 plus age group. One also notes that 5.9 per cent of those who lived in other types of housing other than terraced houses, maisonettes or ground floor, apartments / flats, and fully- or semi-detached housing, are in the 60-69 age bracket.

The Ministry for the Family and Social Solidarity promotes a policy of home ownership through the provision of affordable housing, while at the same time ensuring that the most vulnerable sectors of Maltese society benefit from an active programme of social housing

including through partnerships with the private and/or voluntary sector. A number of benefits from the Housing Authority as well as from the Department of Social Housing are grouped together under the Housing Scheme. Among the benefits offered one finds subsidies on the interest paid on loans obtained to purchase housing units from the Housing Authority or to build on land leased from the Authority. Other benefits include rent subsidies, subsidies on improvements\adaptations of dwellings, etc. (Government of Malta. Ministry of Health, the Elderly and Community Care, 2007g,h,u).

The Department of Social Housing is aimed at ensuring a fair distribution of the housing stock. As distinct from the Housing Authority, which is aimed at providing affordable housing, the Department of Social Housing refers to the provision of housing and housing assistance to households that are in severe need. The Housing Authority also provides housing support through a wide range of schemes. Under Scheme RTB residents of government owned property are encouraged to become homeowners and to use such property as their ordinary house of residence.

Although not directly aimed at the homes of older persons, the latter benefit from the government services aimed at improving the housing conditions. Scheme 5 provides subsidies for the adaptation and repair work in leased privately owned properties to reach acceptable habitable standards. Such work may include repairs of dangerous structures; replacement of old water and electricity installations; improvement of bathrooms; laying of floor tiles; repairs of old drainage system or its substitution; repairs of external doors and apertures; provision of water-proofing; improving and damp-proofing works; and construction of additional rooms (Government of Malta, Ministry of Health, the Elderly and Community Care 2007g).

A similar scheme called Scheme Z provides financial assistance for adaptations and improvements on properties that are privately-owned or about to become privately-owned. The same conditions linked to Scheme 5 apply also to this scheme (Government of Malta, Ministry of Health, the Elderly and Community Care 2007h).). Scheme X provides subsidies to tenants for the purchase of their leased privately-owned properties and for adaptation and improvement works in these properties to reach acceptable habitable standards so as to be used as ordinary houses of residence by the beneficiaries.

This Scheme can offer the following types of assistance: cash grants for the purchase of leased privately-owned property; subsidised rates of interest on loans for the purchase of leased privately-owned property; cash grants for the adaptation and repair works for houses built prior to 1960; subsidised rates of interest on loans for adaptation and repair works for houses built before 1960. The applicants are means tested.

Research has shown that in a number of cases, very old persons do not have the incentive to care for their house since they do not find help to do those chores which they can no longer do on their own (Abela N. 1988). Broken electrical fittings and window panes, rusted leaking water taps, might appear small chores to ordinary people but for the elderly especially those living alone, might become real problems. Having no one to attend to these minor repairs, a number of older persons tend to let things slowly fall apart. Such situations further depresses the older persons and make them feel more helpless and isolated.

In pursuit of its policy to enable older persons, especially those who are living alone, to continue living as independently as possible in their own home for as long as possible thus prolonging the need for institutionalisation, the government, in 1989, introduced a new service called Handyman Service. This service engages a small team of manual workers and technicians who will carry out minor repairs, refurbishment and maintenance work in the homes of elderly persons who, otherwise, would find it very difficult to get such minor works carried out by others. The service offers a range of around seventy repair jobs that vary from electricity repairs to plumbing, carpentry and transport of items (Government of Malta. Ministry of Health, the Elderly and Community Care, 2007o).

Although the service is open also to persons with disability, the majority of beneficiaries are older persons. Almost 4,000 older persons, 68 per cent of whom were females (2,712 persons), have benefited from this service. It is basically rendered free of charge to those who have passed a means test and hold the Pink Card (Troisi J. Formosa M. 2006).

By and large, housing is of good standard. All houses have adequate facilities including running water, electricity, sanitation and adequate space. As a result, older persons are able to live comfortable in a manner very similar to that in which they lived during their earlier years.

RIS Commitment 3: Promotion of Equitable and sustainable economic growth in response to population ageing.

a) Strategies at eradicating poverty especially among older persons: In Malta, the general opinion is that no one or only very few persons live below the subsistence level. Although there are no official definitions of poverty, there are references to an administrative poverty threshold. Similarly, although there is no official definition of what constitutes the poverty line, there is a minimum wage (Caritas-Discern, 2004, 2006).

For Social Security purposes, the administrative poverty threshold is directly linked to the minimum wage. This is revised every year depending on the country's economic state and is an offshoot of the Retail Price Index.

Of late, governmental policy documents started making explicit reference to the concept of 'social exclusion' referring to the most vulnerable members of society. The Ministry of Social Policy, already in 2002, had one of its main objectives, an all inclusive society, one that fights all forms of social inclusion. To emphasise this, the very name of the Ministry was changed to Ministry for the Family and Social Solidarity ensuring equal opportunities for all especially the most vulnerable (NSO 2003c, d).

As a result, a number of reforms in the social protection systems started being implemented. After joining Eurostat's Structural Indicators Programme, the National Statistics Office in Malta published, on the 16th December 2003, a set of structural indicators focussing on employment, poverty and social exclusion. Wherever possible the local indicators were compared to those in either the EU Member States or those which, at that time, were still accession countries. In 2004, Malta prepared its three year National Action 2004-2006 against Poverty and Social Exclusion. The key priorities in support of the strategy for social inclusion comprise measures to strengthen

the welfare system so as to cater for the most needy, to increase access to education, employment and employability by vulnerable groups and to address the low rate of employment of women. The groups which were identified to be at risk include persons with disability, older persons, the unskilled and the unemployed, single mothers, victims of domestic violence and children (Office for Social Inclusion 2004).

b) Measures to review and adjust the macroeconomic policies to address the needs of a growing ageing population. Since the late 1970's, Malta operates a Pay-As-You-Go pension system with a combined employer and employee contribution of 20 per cent and a basic pension replacement rate of 67 per cent, both of which are subject to a nominal ceiling. The retirement age is 61 years. This relatively generous system is becoming financially unsustainable with population ageing, with the number of persons of pension age to working age rising from 2.2 in 2000 to an expected 3.8 by 2025 (Central Bank of Malta 1997, Cordina G. Grech A. 1999).

This problem has been recognized at least since the early 1990's when the first efforts at social dialogue towards pension reform started. These have culminated in a legislative proposal, submitted in 2006, towards pension reform in Malta. The basic elements of the reform plan include an increase in retirement age to 65 years, applicable in a gradual manner for persons aged over 45 years at the time of the introduction of the reform. There are also contemplated a slight reduction in the basic replacement rate and an increase in the number of years of contributions needed for full pension eligibility. On the other hand, the nominal ceiling on pension contributions and entitlements will be increased significantly so as to allow a better pension income. The reform also facilitates the participation by women in the labour market and the continued employment of older workers. The introduction of a funded system is also contemplated for the longer term.

The principal driving forces shaping macroeconomic policies in the past ten years were the membership of the EU, which was achieved by Malta in May 2003, and the introduction of the euro, expected for January 2008. This has involved a significant tightening of the fiscal deficit to bring it down to the Maastricht criteria threshold, the alignment of monetary policy to a peg with the euro and the pursuit of structural and competitiveness policies in line with the Lisbon Agenda. In a sense, these immediate concerns of economic policy may have been given priority to the longer term issues associated with pension reform.

It is also to be considered that the milieu of social dialogue in the past few years has been dominated by the need to take painful measures towards economic restructuring towards EU membership and euro adoption. The imposition of additional burdens towards pension reform would have probably been unacceptable. Furthermore, increases in contribution rates would have dented industrial competitiveness, thereby at least in part working against efforts aimed at boosting competitiveness.

It is however also recognized that economic restructuring, the boosting of productivity and the reining in of unsustainable fiscal positions would indirectly contribute to improve the viability of the pension system in the long term.

RIS Commitment 4: Adjustment of social protection systems in response to demographic changes and their social and economic consequences.

a) Adoption of social protection systems to societal and demographic changes. The system of social protection in Malta offers a wide range of services covering from birth to death. It is estimated that one eighth of the country's GDP is spent on social protection. This amounts to one third of the Government's recurrent expenditure (Cordina G. Grech A. 1999).

The Ministry for the Family and Social Solidarity has embarked on a number of programmes aimed at fighting against poverty and social exclusion and promoting social inclusion and equal opportunities. The Department for Social Welfare Standards is responsible for the continued upgrading of social legislation in line with government's policies. It also serves as a regulator of personalised social welfare services aimed at ensuring a basic standard of living for all Maltese citizens (European Commission 2001; NSO 2003c, 2003d).

Various initiatives are being undertaken by the same ministry to achieve the above mentioned objectives, including the following actions: the ongoing implementation of the EU Social *Acquis* to ensure that Maltese citizens benefit from all the benefits and rights enjoyed by European citizens; the restructuring of the regulatory and delivery functions of personalised social services to better address emerging trends and social problems; the continuation and commissioning of further research to provide necessary information as a basis for grounded policy decisions; the consolidation of the personalised service delivery agencies, namely *Appogg*, and *Sedqa* under the Foundation for Social Welfare Services (APPOGG 2004)

b) Steps taken at ensuring sufficient income for older persons: The pension system in Malta, which operates on a Pay-As-You-Go basis, features a maximum pension benefit as well as a minimum pension tied to at least 67 per cent of the minimum wage (80 per cent in the case of a pensioner with dependants). The economy has been undergoing a significant pace of reform over the past two decades with the consequence that the pension income may, to an extent, have fallen relatively to wage income and to the pace of price inflation. It is to be noted that whereas there are indications that material deprivation among older persons in Malta is rare, if not inexistent,, around one-fifth of them live at the risk of poverty from a relative point of view (Caritas-Discern 1994, 1996; NSO 2003c, 2003d).

Traditionally, the pension system in Malta was relatively generous and it remains so by international standards. However, its sustainability is questioned in view of population ageing. This might entail that the more vulnerable among the older persons could face further threats to their livelihood. However, the pension reform to be implemented in Malta over the coming years features the continuation of a basic State pension safety net in the form of a minimum pension. It also allows for a substantial increase in the upper nominal ceiling on pensions. At the same time, it seeks to create the environment where workers would plan to supplement their state pension with through funded pension schemes. These objectives are clearly spelt out in the document detailing the nature of pension reform in Malta, and their implementation is expected in future years (Cordina G. Grech A. 1999).

c) Policies regarding sheltered Housing and Long-term care: In order to secure a balanced continuum of care, the Department of the Elderly and Community Care has committed itself to provide long-term stay residential care facilities for those older persons who, despite support in the community, would still find it difficult to cope in their own home. This care aspect is provided by seven State-owned community hostels which along with St Vincent de Paul Residence (SVPR) provide institutional care to persons having various degrees of dependence (Government of Malta. Ministry of Health, the Elderly and Community Care, 2007s; Tonna V. 1992).

One must also take into consideration the fact that, important as it is, housing is not mere shelter, but, especially for many older persons, it has a long-established psychological identity with 'place'. As such, it should relate to a wide range of personal, family and social identities and relationships. Moreover, the adequacy of housing also depends on the availability of basic community infrastructure, public services and maintenance of social contacts (Gauci M. 1993).

Residential homes in various parts of the country cater for those who do not wish to stay at home. These also serve as respite care centres to alleviate the care given by family members. There are seven government-owned residential homes for older persons in Malta (Government of Malta, Ministry of Health, the Elderly and Community Care 2007r). Each home is situated in the centre of the community so as to enable the residents to continue living, as far as possible, in the same environment in which they were brought up and used to live (Government of Malta. Ministry of Health, the Elderly and Community Care, 2007r; Scerri ML. 1995).

So as to ensure that only those who are really in need avail themselves of this service, prior to their being admitted in one of these homes, each applicant, after having filled in the necessary application form which needs to be signed and accompanied by a medical certificate, is visited at home by a Social Worker who comprehensively assesses the application made. The application along with the assessment made by the Social Workers is then referred to the Assessment Rehabilitation Team (ARTeam) which decides about the eligibility and priority of the case (Dimech J. 1999; Gauci M. 1993).

The ARTeam members visit these homes every 3 months to assess the level of independency of the residents and thus ensure that the residence is suited to the residents' needs. Similarly, every home is regularly visited by a Board from the Department of Health so as to ensure that high levels of care are maintained.

Although admission is open to all older persons, preference is given to those above the age of 70 since they are considered to be at a greater risk of having no one to look after them with the result that, if they were to continue living alone, they would be considered to be at risk. As on the 31 December 2003, there were 596 residents in these homes, an average of 85 per home, ranging from 31 residents in the smallest home to 163 in the biggest home. By far the majority, 76.3 per cent of the residents were females (455 persons) as compared to 141 males. Moreover, almost 96 per cent of the residents were aged 65 or over. Furthermore, 489 residents, or 82 per cent, were aged 75 or over (Troisi J. 2005).

The range of community services available covers more than 30 services aimed at improving the quality of life of older persons while maintaining them in their own homes,

community and environment. Social services in Malta include, among others, counselling, day centres, financial support for the elderly person and his family, handyman service, home adaptation and maintenance, home help, incontinence service, meals on wheels, residential services, social work, Telecare Service, and telephone rebate service. Closely linked are the primary health care services, domiciliary nursing, etc ((Government of Malta. Ministry of Health, the Elderly and Community Care, 2007a, d-j, m-v).

d) Promotion of Standards of Living for Persons with Disability: Although older persons, in general, enjoy good health and live independent lives, there is a high proportion of persons with disability amongst those aged 75 and over who tend to frequent outpatient clinics and hospitals, residential homes, and are users of community services (National Commission Persons with Disability. 2003, 2000). The most common diseases afflicting Maltese older persons are arthritis, high blood pressure, diabetes, and heart disease. However, health patterns are not solely dependent on age but are also gender-related (Williamson J. 1982). Males (albeit holding a lower life expectancy) are generally more healthy than females. The latter record a higher incidence of morbidity rooms (Government of Malta, Ministry of Health, the Elderly and Community Care 2007c).

In Malta, the rights of persons with disability are protected by general legislation. The Equal Opportunities Act passed into law by the Maltese Parliament on 17th January 2000 clearly defines the government's social policy vis-à-vis persons with disability (National Commission, Persons with Disability 2000). The emphasis is on the social integration of these persons into mainstream society (J. Troisi 1992).

To ensure this, the Government has also enacted laws and regulations and set up a National Commission, Persons with Disability, a Government-funded organisation. The Persons with Disability (Employment) Act enacted in 1969 and amended a number of times after provides for the employment of such persons (National Commission Persons with Disability 1995). The Employment and Training Corporation has also a Scheme to train all those persons with disability who want to join the labour force so as to be able to find a suitable employment (Government of Malta, Ministry for the Family and Social Solidarity, Employment and Training Corporation).

A number of measures have been promoted to facilitate accessibility in the build environment, improve accessibility in housing, financial support for adapting private buildings to the needs of persons with disabilities, and specially adapted motor vehicles (Government of Malta. Ministry of Health, the Elderly and Community Care, 2007g,h,uv; National Commission Persons with Disability 2002).

The Church plays an important part in this field, and in fact the largest residential home for the disabled (*Id-Dar tal-Providenza*) is Church-run, and offers its services entirely free to those in need of institutional care. There is a large number of NGOs active in this sphere.

The officially recognised disability policy in Malta is expressed in guidelines adopted by the Government, and in guidelines adopted by a national commission for persons with a disability (National Commission Persons with Disability 2003, 2000). The emphasis is on the social integration of these persons into mainstream society (Troisi J. 1992). In Malta, the rights of

persons with disabilities are, protected by general legislation. The general legislation applies to all persons with different disabilities with respect to: education, employment, political rights, and property rights (Government of Malta. 1969, *Kummissjoni Nazżjonali Persuni b'Dizabilita'*. 1995).

The government has also enacted laws and regulations and set up a national authority so as to ensure accessibility of the build environment. The following measures have been promoted to facilitate accessibility in the build environment: levelling of pavements, marking parking areas improving accessibility in housing (Government of Malta, Ministry of Health, the Elderly and Community Care 2007h)., financial support for the costs of adapting private buildings to the needs of persons with disabilities (Government of Malta, Ministry of Health, the Elderly and Community Care 2007g) and specially adapted motor vehicles. Special transport arrangements for persons with disabilities are provided for by a foundation for specialised transport at subsidised prices and available for the purposes of education and work.

The wide range of benefits and services offered by the Ministry for the Family and Social Solidarity in the area of disability include, among others, a Disabled Child Allowance, A Disability Pension, a Severe Disability Pension, Daytime Services for Adults with Disability, Day Centres, Handyman Service, Meals on Wheels, Telecare Service, etc. Under Scheme 7, persons with disabilities are provided financial assistance for adaptation works in the house they occupy. This assistance will enable these individuals to adapt their homes according to their needs so as to be able to lead more of an independent or semi-independent lifestyle (Government of Malta. Ministry of Health, the Elderly and Community Care, 2007g,h,l).

The provision of integrated health and social care of older persons in the community enables them, especially the lonely and those with a disability, to maintain good health and to lead independent lives within the desirable environment of their own family and community.

RIS Commitment 5: Enabling Labour Markets to respond to the economic and social consequences of population ageing.

Measures to promote access to employment opportunities and reduce unemployment rates especially for older persons: The Employment and Training Corporation(ETC) is a public corporation set up by an act of parliament in 1990. It is a body corporate with a distinct legal personality. It is primarily responsible for providing a public employment service, managing state-financed vocational training schemes and maintaining labour market information. The Corporation has been actively involved in the development of employment policy for Malta and in the implementation of active labour market policies. It operates a number of employment and training schemes that enable it to facilitate the integration of job seekers in the labour market. The Employment and Training Corporation is responsible for the running of the state financed apprenticeship schemes. It also offers a wide array of training courses that are open both for the unemployed and the employed who want to upgrade their skills (Employment and Training Corporation).

Aware that the proportion of the older workers in the working population is increasing due to the lower birth rate, and longer periods of studies, academic and vocational, by the young, in 2001, the Employment and Training Corporation set up *The Over 40s Section* with the aim of

helping those persons within this age group find employment as soon as possible. In view of the many challenges facing the older workers, foreign Reports and Research Studies in this field, particularly those of other EU member countries are studied and applied locally were appropriate for the benefit of our Over 40s, employed and unemployed.

A manual for the unemployed Over 40s has been produced containing all that an older unemployed worker needs to know in order to find employment within the shortest time possible. In the case of those whose duration of unemployment becomes long they are made to attend Job Motivation Seminars and Job Clubs at various Local Councils' Offices or Job Centres. Moreover, Selective Seminars are organised for specific groups including, the Long Term Unemployed. Clients without a skill or those who need updating are sent for specific training or retraining courses, all free of charge.

On their part, employers are encouraged to appreciate the good qualities of the Over 40s workers. First by keeping and retraining their adult workers already in employment and secondly by recruiting new Over 40s to fill their job vacancies. To help the employers to do so and to help the unemployed Over 40s to find work, various Schemes have been created, providing financial assistance to both sides and training and work exposure to the unemployed. In order to advertise the good qualities of the older workers the ETC also organises Annual Publicity Campaigns using the print, audio and vision media. These initiatives always result in a greater demand for adult workers by employers.

The Ministry for the Family and Social Solidarity, has over the past years launched the Employment and Training Corporation's Gender Equality Action Plan regarding employment. It seeks to promote the issue of gender equality in employment and training and takes concrete measures in this regard. Each Action Plan gives an in-depth analysis of what has happened in the labour market from a gender perspective and proposes a series of activities and projects to address this reality. These include various training initiatives, new projects funded by the European Union, support and information services, and an Award Scheme for employers who offer innovative working solutions for their employees (Employment and Training Corporation).

There is a need to continuously focus on making work pay. This is because women will be encouraged to take on formal employment. It is with this in mind that Government is looking at addressing the needs of persons who work 8 hours and over so as to ensure that they may benefit from all their possible entitlements.

It is clear that family friendly measures are what the majority of women want in order for them to retain a working relationship or begin a new one, this even more than childcare centres. Government has already worked hard on family-friendly measures.

RIS Commitment 6: Promotion of Life-long learning and adaptation of the educational system in order to meet the changing economic, social and demographic conditions.

a) Steps taken to adjust education institutions to the needs of persons in retirement: The need for continuing adult education at all levels is recognised and encouraged. Successive

Governments, in the past 10 years, have built on existing measures to create and support a wide range of formal and non-formal learning opportunities for all age groups of civil society. Both major political parties have established institutes aimed at the continuing education of members. Major NGOs have developed their own package of non-formal and informal learning opportunities for particular categories of citizens at both central and community levels. Government itself is a major provider in the area of lifelong education both through its formal compulsory, post-secondary, vocational and tertiary education institutions as well as through other initiatives such as the Staff Development Organisation (SDO) and on-going adult focused T.V. programmes and courses run by the Department for Further Studies and Adult Education within the Division of Education. Other Government corporations and authorities as well as the private industrial sector have, through the years, established their own training centres contributing to staff development opportunities that have become a management success indicator.

Every year, the Adult Learning Section of the Department for Further Studies & Adult Education offers in various subjects including: Academic, Information Technology, Literacy, Numeracy, Crafts, Leisure and Creative Arts. These courses are aimed at helping the participants to reach various objectives including: improving their academic qualifications; seeking employment or improve their chances for a better position at work; becoming able to help their children in their homework or studies; becoming computer literate; overcoming literacy or numeracy problems; learning a craft; pursuing some subjects for pleasure; tapping their creative resources through Art, Music or Drama (Government of Malta. Ministry of Education, Youth and Employment. 2007a, b).

In January 1993, the Institute of Gerontology at the University of Malta set up the University of the Third Age aimed at providing knowledge for its own sake. The programmes of the U3E are specially planned not only to impart information, but also to be intellectually challenging and to promote exchange of knowledge. At the beginning of every year, members receive a detailed prospectus of the units to be offered during that particular year. Drafted by a Board composed of the members of the U3A and the University of Malta lecturers, the Prospectus covers a wide range of topics including: Anthropology, Archaeology, Art Appreciation, Computer Studies, Economics, Health, History, History of Art, International Relations, Languages, Legal Issues, Music Appreciation, Nutrition, Philosophy, Religion and Social Issues (Troisi J. 2003).

Membership is open to all those above the age of 60. Members come from all walks of life, professional people, teachers, nurses, housewives, etc. The public response was very encouraging with an initial enrolment of 190 members. By the end of 1997 there were more than 800 registered members who participated on a regular basis in the educational programmes as well as in the cultural and social activities organised. In May 1995 the U3E launched a book containing reminiscences about the Second World War.

Between 20-26 November 1995, the U3E Members organised and hosted an international conference on Education for Older Persons: A Right or an Obligation? The active participation of no less than 153 older members from Australia, Brazil, Ireland, Israel, Italy, Malta and the United Kingdom, was more than encouraging. The proceedings of this conference were published in 1997.

In collaboration with the Centre for Education and Development, University of Reading, United Kingdom, the U3E carried out a research project titled *Images of Older Persons in Malta*. This research project which was carried out by the U3E members themselves was to discover how older persons look at themselves and how younger persons look at them. More than a thousand persons were interviewed. The U3E also has a quarterly journal edited and organised by the participants themselves (Troisi J. 2003).

b) Pre-retirement programmes: Aware of the growing numbers of retirees in Malta and of the longer life expectancy, the European Centre of Gerontology, University of Malta, in 1997 set up pre-retirement programmes aimed at enabling workers in the public and private sector who will be retiring from active employment to prepare themselves to a new style of life, socially, economically, psychologically, health wise, etc. Every programme normally consists of between 14-16 sessions, each of two hours' duration. Every session is made up of an animated lecture and of a discussion. There are two sessions every week. Participants are encouraged to play an active role.

Although the topics dealt with look at retirement from a multi-disciplinary perspective, including the economic, ethical, legal, medical, psychological, spiritual and social points of view, the main focus is on how to remain active after retirement. During the past 10 years, more than 1,050 workers from a number of organisations and corporations in the public and private sectors have participated in the 42 programmes, which have been delivered. Programmes are also run for two of the major trade unions in Malta. Every programme is tailored for the specific group of persons participating. Participants are encouraged to bring their spouses for the sessions.

c) Teaching older persons information technology: Among the courses offered by the University of the Third Age and the Adult Learning Section of the Department of Further Studies & Adult Education, government of Malta, one finds specific courses on various programmes pertaining to information technology. There are also various Local Councils which offer computer training courses for free to persons including older persons within their locality. Furthermore, there are a number of Computer Training Schools in Malta which give free training from National TV with a weekly regular programme (Government of Malta. Ministry of Education, Youth and Employment. 2007a, b).

RIS Commitment 7: Striving to ensure quality of life at all ages and maintain independent living including health and well-being.

a) Measures to decrease inequalities in access to health and social services: With a geographical area of 316 square kilometres and a population of around 400,000 inhabitants, Malta is the smallest country within the European Union. Consequently, the question of rural and remote areas does not arise. In Malta, health and social services have developed side by side. Moreover, health and social services are accessible to all and by all.

All policies are promulgated and passed by the national government. There are no different legal frameworks and no local or regional policies. All aspects of social welfare and health are in the hands of the government and thus follow a nation-wide form of regulation (Government of Malta. Ministry of Health, the Elderly and Community Care, 2007b,c; Williamson J. 1982).

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b) Improving long-term care services for older persons: In the past, the Maltese government, like many other governments of Western countries, was more preoccupied with meeting the ‘humanitarian’ issues of the process of ageing, directing their programmes towards ‘protecting’ the older persons. They contemplated a system of care of the older persons which was, to a large extent, restricted to medical care and physical comfort (Troisi J. 1994a, Tonna V. 1992).

Prior to 1987, when the Department for the Elderly and Community Services was set up, St.Vincent de Paule Residence for the Elderly (SVPR), which is still the largest residential complex for older persons in Malta, was the only long-term health care facility in Malta. In past years, this government-owned long-term care and residential accommodation has been modernised so as to incorporate a more functional organisation with smaller numbers of older persons grouped together. Greater emphasis is being made on the quality of accommodation and at upgrading the care facilities and services (Government of Malta. Ministry of Health, the Elderly and Community Care, 2007s; Tonna V. 1982).

Although it is a long-term care facility for older persons, where the majority of the residents are in need of medical and nursing care, SVPR is not completely a geriatric hospital. The complex contains a number of services for the care of older persons. To some it offers sheltered housing, to others residential care and to the majority it offers health services. Apart from medical and nursing care, SVPR offers such services as physiotherapy, occupational therapy and speech therapy, as well as dental and ophthalmic care and podology. Except in the case of those who require specialised treatment, residents are now being medically cared for within the complex itself.

This residence has experienced great improvements during these last years. These improvements are not only structural, such as the refurbishment and air-conditioning of the majority of the wards and the building of flat lets, but also in the strengthening of human resources such as the specialisation of the medical and nursing staff in geriatrics and the training of health care professionals. More nursing and specialised staff has been employed. As at the end of December 2003, there were 1,015 residents, 68 per cent of whom (688 persons), were females as compared to 327 males. 92.5 per cent of the residents were 65 years of age or over. 795 residents, or 78.3 per cent, were 75 years of age and above. As expected, the female percentage of the residents increases with age. In fact, 70 per cent of the ‘old old’, or 552 residents, were females. The majority of residents at SVPR are either bed-ridden or semi-independent. Their number is constantly increasing (Troisi J. Formosa M. 2006).

As part of the extensive integrated programme for upgrading care at SVPR, an Admission and Assessment Unit with 10 beds was opened on the 6th May 1988. Here, applicants requesting admission are assessed by a multi-disciplinary team consisting of a geriatrician, one medical officer, a nurse, a physiotherapist and a social worker. These assessments are, in turn, vetted by an Admissions Board which decides the priority. A programme of care for those who will be admitted is set out prior to their being sent to the respective location within the complex (Government of Malta. Ministry of Health, the Elderly and Community Care, 2007s; Tonna V. 1982).

Long-term health care facilities are also to be found in the two geriatric wards attached to the Gozo General hospital, in one of the government-run residential homes. Similarly, the 18 Church-run homes and a number of the private homes also offer long term health facilities.

When, in 1987, the newly created Parliamentary Secretary for the Elderly and Community Care started reviewing the situation at SVPR, it was found out that almost 40 per cent of the residents there could have been most suitably placed in the community or in sheltered accommodation suitably supported by community care services (Dimech J. 1999, Laferla A. 1997).

Aware of these facts and also of the growing demands of older persons living in the community, the Nationalist Party's electoral manifesto for the general elections of 1987, included the promise "to build homes for the elderly in each locality so that those who cannot live in their own homes will not have to live far away from where they used to live" (Nationalist Party. 1986). These homes were to serve as an ideal home to those older persons who, although being fully mobile and were in a position, therefore, to lead a normal life, could not, for various reasons, live on their own, either for a temporary period or permanently, even though they were to be provided with a number of community services (Scerri ML. 1995, Troisi J. 1994b). There are seven government-owned residential homes for older persons in Malta (Government of Malta, Ministry of Health, the Elderly and Community Care 2007r). Each home is situated in the centre of the community so as to enable the residents to continue living, as far as possible, in the same environment in which they were brought up and used to live ((Government of Malta. Ministry of Health, the Elderly and Community Care, 2007r; Scerri ML. 1995).

All the residents are constantly encouraged to maintain maximum communication with persons within the community in order to be able to retain their active roles as far as possible. Each home is open to friends and relatives of the residents and to other older persons within the community. The number of applications for entry into these government-owned homes for older persons has been constantly increasing from year to year.

Apart from accommodation, residents are provided with all meals, laundry, limited individual assistance and social and recreational activities. A medical practitioner from one of the Primary Health Care Centres in the vicinity visits the residents regularly. The residents can also benefit from the community nursing care offered. A health assistant attached to MMDNA is also available on call whenever a resident is unable to bathe himself / herself. The Director of homes, who is a person appointed by the Department for the Elderly and Community Services, is overall responsible for all the homes (Troisi J. Formosa M. 2006).

For a number of years, the Government had been contemplating a partnership with the private sector to provide social housing facilities for the older persons. Recently, government has entered into a scheme of public-private partnership relating to social housing for the older persons. The Department for the Elderly and Community Services has subcontracted the administration of the latest two government-owned homes to be built in 1994 and 1999 to CareMalta Ltd a private organisation, which was set up in 1992. of public-private partnership relating to social housing for older persons.

As on the 31st December 2003, there were 3,039 Maltese older persons to be found in residential homes. These constituted 4.63 per cent of the total Maltese elderly population. As expected, there was a considerably higher percentage of elderly women, amounting to more than double that of males, who were living in residential homes. In fact, 6 per cent of the Maltese elderly female population (2,227 persons) were to be found in residential homes as compared to 2.87 per cent (812 persons) of all the Maltese elderly female population. Those below the age of 75 amounted to 1.19 per cent of the elderly population aged 60-74. There were 540 persons, 202 males and 338 females amounting to 0.99 per cent and 1.36 per cent of the males and females within this age group.

When one takes into consideration those aged 75 and over, the percentage rises to 13.3. There were 2,227 persons, 610 males and 1,889 females amounting to 7.7 per cent and 15.2 per cent of the males and females within this age group. This clearly shows that, by far the majority of older persons, who, on the 31st December 2003, were to be found in residential homes, were above the age of 74. These amounted to 82 per cent (Troisi J. Formosa M. 2006).

The Church in Malta was the pioneer of charitable institutions including homes for older persons. In fact, the Church provides most of the residential homes for older persons in the Maltese Islands. At present, the Church runs 18 such homes, 10 of which are owned and run by religious orders of nuns, the other 8 being owned by the Archdiocese of Malta and administered by religious organisations (4 homes) and by the laity (4 homes). Three homes are situated in Gozo.

Eight of these homes take in both males and females, one takes only males and the other nine accept only females. Seven of the 10 homes owned and run by religious orders of nuns admit only females. Together they had 145 residents, an average of 15.5 residents per house ranging from 4 to 77 residents. 96.5 per cent of the residents (140) were above the age of 75 and many of them were even in the 85-90 age bracket. Although the other 3 homes owned and run by religious orders of nuns admit also males, the majority of the 115 residents which they have, 77.4 per cent or 89 residents, were females. Even here, these homes cater for the 'old old' with 86 per cent of the residents (99 persons) above the age of 75, the majority being in the age group 85-90. Of the 4 homes which are owned by the Archdiocese and run by a religious order of nuns, one is for old priests, the majority of whom are frail. The other three cater only for females. Even here, 97 per cent of the 62 residents were above the age of 75, the greatest number belonging to the 85-90 age group. The 4 homes which the Archdiocese had sub-contracted to the laity were before run by religious orders of nuns. They had the biggest number of residents amounting to 242, 61 males and 181 females. 91 per cent of the residents (220) were above the age of 75.

These provide 612 beds which are not only fully occupied but there is a very long waiting list of elderly persons all of whom are anxiously waiting to be admitted in one of these homes. An inevitable result of this is that many older persons seek to get their name registered long before they actually need this form of residential care. It is worth mentioning that prior to the recent innovations and improvements carried out at SVPR, the demand for entering Church-run homes was by far greater (Troisi J. Formosa M. 2006).

In recent years, a number of profitable organisations within the private sector have started offering long-term and short-term residential care to the elderly population of the Maltese Islands.

The first privately owned and run home which was purposely built to cater for the needs of elderly residents was opened on the 1st August 1993. The largest private organisation is CareMalta which operates two homes in addition to owning the sub-contracting of the running of two of the government-owned homes (CareMalta 2004; Tranter A. 2000). Five of these homes have been purposely built to meet the needs of elderly residents. The population of elderly residents in these homes, as on 31st December 2003, amounted to 717 persons, 76 per cent of whom, or 547 persons, were females as compared to 170 males. Eighty per cent of the residents were above the age of 74. Here the female preponderance was still higher amounting to 79.5 per cent (Troisi J. 1998a).

Respite care services are also offered to those who ask for them. There are at present ten such homes. In 1996, the government embarked on a partnership scheme with some of these private organisations which were offering residential care services for older persons. During recent years, a small number of private agencies started providing home and nursing care for older persons. The rates charged are not fixed because they depend on the number of hours the clients use the service.

Opening a residential home for older persons requires the permission from a number of government departments and ministries particularly the Department of Health and the Department for the Elderly and Community Care. Moreover, the running of such homes requires adhering to the guidelines laid down by the Ministry of Health, the Elderly and Community Care. Consequently, these homes are constantly visited by a Board of Standards to ensure that these guidelines are strictly adhered to.

c) Improving the coordination and integration of services for older persons: The Department for the Elderly and Community Care coordinates all the programmes and services carried out in the various areas of the statutory sector. There is a regular control of all the services provided as well as a legal basis for such a quality control. The Department of the Elderly and Community Care is constrained by the Quality Service Charter to provide all services at a high quality level. The government has published a Quality service Charter handbook which serves as a guide and manual

The Department also liaises with various organisations in the private sector which also run programmes and services in the field of ageing. Since 1996 the Department embarked on a number of partnership schemes with the private sector. The main source of voluntary action for older persons is through the Catholic Church. The fact that most of the voluntary endeavour is under the Church auspices helps to a large extent to avoid the difficulties experienced in other countries where the plethora and variety of organisations often makes it difficult to secure effective coordination.

d) Improving the training of care providers: professionals, volunteers and family members: As pointed out in this report, Malta has a wide variety of programmes and services for older persons. This has, in turn, increased the variety of skills needed and, consequently, the level of training. A lot is being done in the field of capacity building in the field of ageing in Malta. Based on the firm belief that effective care requires professionally trained personnel and a high commitment towards ongoing training, the Department of the Elderly and Community supports various training initiatives to ensure that para-professionals and primary care workers have the

necessary knowledge, skills and attitudes to facilitate good care. In this respect the Department liaises closely with the United Nations International Institute on Ageing, the Institute of Health Care and the European Centre of Gerontology (University of Malta) as well as with the Employment and Training Corporation. Various members of staff have benefited from this Department's sponsorship to participate in a range of training programmes, an initiative which has left an indelible mark on the dedicated service that various members of staff offer to clients entrusted in our care.

Moreover, the Department for the Elderly and Community Services in conjunction with the Employment and Training Corporation organises training programmes with the objective to give caring personnel a better insight into the needs of older persons. These training programmes offered by the Training Unit in the Skills Centre at the Employment Training Centre cover fundamental issues concerning carers, both formal and informal, of older persons. They consist the Training Unit in the Skills Centre at the Employment Training Centre of five sessions of three hours each, are provided at different levels. These are taken as step by step format (Mifsud J. 1999). The topics for the training programmes are: Knowing the older persons; Understanding the true role of the carer; Caring for the frail older person; The dependant client; and Co-ordinating Care (Employment and Training Corporation).

In the area of voluntary care, Caritas Malta gives two kinds of support to carers of older persons, namely information and formation. Caritas informs the carers about the existence and availability of services for older persons being provided by the State, the Church, other voluntary organisations and the private sector (Abela N. 1987, Bonello R. 1995).

In its formative role, Caritas, has, since 1996, been organising training programmes for family carers of an elderly relative at home. Caritas firmly believes that the place of older persons is in the family and, therefore, family carers need support of specific programmes which will enable them to give real and effective support to their elderly relatives. Each programme called "Care for Carers" is open to all carers. It consists of nine sessions aimed at supporting the carers by, among others, helping them to reduce stressful situations, improve communications, provide care in a more effective and efficient manner, etc. The themes covered include: communication skills; stress and strain management; time management; dealing with guilt feelings. Through group workshops, these programmes provide opportunities for carers to exchange experiences and discuss the management of problem behaviour and difficulties, and allow relatives to express feelings of sorrow, guilt and anger, offers self-help, supplies information and advice. These training programmes have been an effective means in terms of the emotional support provided by carers (Mifsud J. 1999, Seychell A. 1998).

The Cana Movement (another Church organisation) also supports informal carers of elderly relatives through the running of monthly training programmes similarly called "Care for Carers". The topics dealt with include, solitude and loneliness; first aid; spirituality; technical aids and equipment; need of communication between the carer and the elderly person being cared for and also how this can be effected; personal hygiene; existing services for older persons and how to make use of them; caring for demented persons and for those who are mentally disabled (Troisi J. Formosa M. 2006).

In 1993, in collaboration with the Parliamentary Secretary for the Care of the Elderly, the European Centre of Gerontology, University of Malta initiated a series of in-service training programmes for all those working in the care of older persons in the statutory sector. Each programme covers a wide variety of topics including: demography, economics, social, medical, ethical and legal issues, as well as health promotion and rehabilitation. Every two-week intensive programme, consists of lectures, discussions, fora, and site visits. Participants attend on a full-time basis of 40 hours per week.

The Training Unit in the Skills Centre at the Employment and Training Corporation offers training programmes covering fundamental issues concerning carers, both formal and informal, of elderly persons. These training programmes, consisting of five sessions of three hours each, are provided at different levels. These are taken as step by step format (Mifsud J. 1999). The topics for the training programmes are: Knowing the elderly; Understanding the true role of the carer; Caring for the frail older persons; The dependant client; and Co-ordinating Care.

e) Improving the skills of older persons with regard to self-care, health promotion, prevention of disease and disability: The Department of Health Promotion coordinates all national health activities including health education. It also runs several preventive programmes on a national scale. These include a free immunisation programme, which covers a wide range of illnesses. Moreover the Health Centres provide extensive preventive services, such as routine blood pressure and cholesterol check-ups, smoking cessation clinics, screening for diabetes, and ophthalmological check-ups. There are also specialised preventive activities that are hospital-based (Government of Malta. Ministry of Health, the Elderly and Community Care, 2007d,e).

The University of the Third Age offers a number of courses regarding self-care and the prevention of disease and disability. In fact a mini medical school covering various health issues is very popular among the members. Keeping Fit in Old Age is another popular programme which is well attended. The various radio and television stations also have regular programmes on these issues. They are not only popular with the older persons but even with the rest of the population. The radio programme run by the European Centre of Gerontology also gives due importance to these issues. It is also interesting to note that the various self help groups and Associations of older persons offer their members quite substantial information and formation about self-care, quality of life and well-being (Troisi J. 2003).

Aware that healthy personal habits and preventive education offer the best solution for a healthy old age, Caritas Malta initiated a self-health care programme for older persons. Self-health educational booklets have been published in Maltese on various topics including dementia, foot care, management of incontinence, self protection, mouth care. Elderly volunteers themselves are involved in promoting these booklets through two of the programmes which Caritas Malta runs for the older persons, namely: the Good Neighbour Scheme and the Social Clubs (Bonello R. 1995). The booklets are in big print so as to enable easy reading.

Caritas also has a number of elderly professionals who, on a voluntary basis, lecture in the Social Clubs on a number of topics. The most popular subjects are the ones dealing on health. Occupational therapy sessions are also regularly provided on a voluntary basis (Abela N. 1987; Troisi J. 1994b, 1990).

In September 1988, Caritas Malta HelpAge, initiated an Independent Living Advice Centre. The aim is to promote the use of technical aids so as to enable frail and elderly persons with disability to perform the activities of daily living and this lead a more independent living. The Centre is run by volunteers, many of whom are elderly persons themselves (Abela N. 1987; Troisi J. 1994b, 1990).

RIS Commitment 8: Mainstreaming a gender approach in an ageing society to support families that provide care for older persons and promote intergenerational and intra-generational solidarity among their members.

a) Measures taken to mainstream gender, to remove all obstacles to achieving gender equality, to eliminate all forms of discrimination against women, and to promote individual development of women throughout their entire life cycle: The country prides itself at having made significant strides during the past years to the elimination of discrimination and the promotion of a mainstream approach enabling women’s full social participation. A gender equality perspective is incorporated into all policies at all levels and at all stages.

The principles of gender equality and non-discrimination are enshrined in the Maltese Constitution. Article 14 clearly states that “the State shall promote the equal right of men and women to enjoy all economic, social and cultural, civil and political rights and for this purpose shall take appropriate measures to eliminate all forms of discrimination between the sexes by any person, organisation and enterprise”.

According to Section 45(1) “no law shall make any provision that is discriminatory either of itself or in itself”. Section 45 (2) says that “no person shall be treated in a discriminatory manner by any person” Government of Malta. Ministry of Justice 2004c).

The subject of discrimination in employment is treated in Articles 26-32 of the Employment and Industrial Relations Act (chapter 452 of the Laws of Malta) and in the Equality for Men and Women Act (Chapter 456 of the Laws of Malta). Section 4(1) of the latter Act states that “it shall be unlawful for employers to discriminate, directly or indirectly against a person in the arrangements made to determine or in determining who should be offered employment or in the terms and conditions on which the employment is offered or in the determination of who should be dismissed from employment”. According to Section 4(2) an employer discriminates if an employee is given less favourable status than others on the basis of sex in view of managing work, giving of promotions, distributing tasks, offering training opportunities, working conditions, alter conditions after an employee has evoked the right under law and fails to honour the obligation to suppress sexual harassment.

The National Commission for the Promotion of Equality (NCPE) embodies the government’s commitment towards mainstreaming gender equality while ensuring that the appropriate policies and measures are in place to bring this about. It was set up in January 2004, following the coming into force of Chapter 456, Equality for Men and Women Act (Act I of 2003) of the Laws of Malta. The Commission is the official body that acts as the focal point on gender issues and provides the machinery for identifying, establishing and updating all policies related to

issues of equality. The change in policy concept has now shifted from one based on women's rights, to one focusing on gender mainstreaming and equality of opportunity for both men and women. One is justified in saying that gender issues e nowadays firmly at the forefront of national policy-making. (Government of Malta. Ministry for the Family and Social Solidarity 2005c).

b) Measures to give particular attention to collection and analysis of gender and age-disintegrated data: During the past decades firm efforts have been made by the Maltese government to integrate a mainstream perspective in the formulation and analysis of policies. In this regard, the national machinery has developed methodologies for the carrying out of Gender Impact Assessments. These methodologies are being implemented through the focal points within government structures to ascertain that policies and programmes do not have any inherent gender biases. (Government of Malta. Ministry for the Family and Social Solidarity 2005c).

Gender Equality Committees were set up by the National Commission for the Promotion of Equality (NCPE) in every ministry in the Maltese Islands. These Committees are in turn required to submit a progress report to NCPE regarding their work within each individual ministry.

NCPE provides assistance and information to the general public regarding family friendly measures, provisions in Maltese legislation regarding equality, gender equality issues, sexual harassment, employment, health, education, equal pay for work of equal value, women's participation in politics, women in decision making levels, NCPE Quality Service Charter. It also handles complaints received by persons suffering from discrimination or persons offended by the unequal portrayal of the sexes or unequal policies or legislation. During 2006, NCPE held no less than 13 conferences and 20 seminars to ensure gender sensitisation and mainstreaming in the country.

The National Commission for the Promotion of Equality (NCPE) has a Research and Documentation Centre at its premises that is open to the public. This library consists of over 5,000 books, journals and articles covering various subjects related to gender issues (National Commission for the Promotion of Equality 2007).

c) Measures to promote the economic rights of women: Notwithstanding the fact that women are increasingly gaining their rightful access to various sectors in Maltese society, they continue to face certain disadvantages in various spheres. Thus for example, in economic terms, the partnership between women and men is rather unequal and somewhat weighted against women. The government of Malta not only endorses women's right to labour market participation but has taken various measures to ensure the achievement of equal economic independence for men and women. It is clearly stated in Article 14 of the Maltese Constitution that "The State shall in particular aim ay ensuring that women workers enjoy equal rights and the same wages for the same work as men".

During the past thirty-five years, Maltese women are no longer satisfied with being just wives and mothers. There is a growing tendency on the part of a greater number of women to take up employment in the formal sector and to hold on to their job even after marriage, combining their family commitments with other work outside the house. Others are returning to paid employment after a short period of absence dedicated to rearing their children. By and large

today's men and women in Malta enjoy equal access to employment opportunities and in this respect there is no legal discrimination against women. Furthermore, the introduction of policy measures including equal pay, maternity leave and job tenure after child birth had as their objective to increase the participation of working -age women in the labour force.

Women continue to be more vulnerable than men with regards to employment and economic inactivity especially when they have a low level of education. Aware of this the government has for the past decades paid special emphasis on women's education. Not only is primary and secondary education compulsory and free for all till the age of 16 but equal opportunities are given to boys and girls to continue their tertiary education. The country's female graduate population currently exceeds its male counterpart over the last 15 years.

The Equality for Men and Women Act contains a number of references promoting the economic rights of women. This Article 6 (1) states "No bank or financial institution or insurance company shall discriminate against any person in the grant of any facility in respect of the establishment, equipment or in the launching or extension of any form of self employment or the insurance of that business or the business in self employment". Article 7(1) states "Spouses of self employed workers not being employees or partners, who participate in the activities of the self employed workers and perform the same ancillary tasks as their spouse shall be entitled to receive from their spouse a fair compensation for their activity commensurate to the value of their contribution" (Government of Malta. Ministry for the Family and Social Solidarity 2005).

Besides the Equality for Men and Women Act, the economic rights of women are also protected by a number of legislations including the Employment and Industrial Relations Act; the Part-time Employees Regulations; the Protection of Maternity (Employment) Regulations; the Parental Leave Entitlement Regulations; the Urgent Family Leave Regulations and the Tax Credit (Women Returning to Employment) Regulations.

d) Reviewing of social protection policies to ensure full and equal participation of men and women in social protection systems: The government of Malta provides equal access to social security and pensions systems for women and men. The National Commission for the Promotion of Equality (NCPE) is an autonomous body set up with the aim to monitor the implementation of the Equality for Men and Women Act and to promote equality in spheres where it may be lacking. It works to ensure that Maltese society is a society free from any form of discrimination based on sex in all sectors and at all levels with respect of opportunities, services and benefits. On the 4th July 2004, it launched its Quality Service Charter.

The functions of the Commission include: a) the identification, establishment and updating of all policies directly or indirectly related to issues of equality for men and women; b) identifying the needs of persons who are disadvantaged by reasons of their sex and to take such steps within its power and to propose appropriate measures in order to cater for such needs in the widest manner possible; c) monitoring the implementation of national policies with respect to the promotion of equality for men and women; d) liaising between and ensuring the necessary coordination between, government departments and other agencies in the implementation of measures, services or initiatives proposed by Government or the Commission from time to time; e) working towards the elimination of discrimination between men and women; f) carrying out

general investigations with a view to determining whether the provisions of the Act are being complied with; g) investigating complaints of a more particular or individual character to determine whether the provisions of this Act are being contravened with respect to the complainant and, where deemed appropriate, to mediate with regard to such complaints (National Commission for the Promotion of Equality 2007).

NCPE provides assistance and information to the general public regarding family friendly measures, provisions in Maltese legislation regarding equality, gender equality issues, sexual harassment, employment, health, education, equal pay for work of equal value, women's participation in politics, women in decision making levels, the Quality Service Charter. It also handles complaints received by persons suffering from discrimination or persons offended by the unequal portrayal of the sexes or unequal policies or legislation. (Government of Malta. Ministry for the Family and Social Solidarity 2005).

e) Measures to encourage and facilitate equal sharing of family and care responsibilities between women and men:

The changing role of women and their ever increasing participation in the labour force outside the home, further diminishes their availability as care givers. It can no longer be assumed that female relatives will be available for full-time care (Drew E. Mahon E. 1998). During 2005, 2,374 marriages were registered in Malta and Gozo – a decrease of 1.2 per cent over the previous year. The crude marriage rate was calculated at 5.88 per 1,000 mid-year population (NSO 2006).

It may also be noted that the average age of spouses has increased considerably over the past 10 years. In fact, the average age of brides has increased from 25.1 in 1995 to 27.9 in 2005. The average age for grooms has also increased from 27.6 in 1995 to 30.4 in 2005 (NSO 2006). In view of all these factors, caregiving needs to be restructured by removing gender biases and by adding value and recognitions to caring.

The well-being of the Maltese family remains central to the country's social policy. The policy seeks to ensure balance between women's individual autonomy, the dignity of her traditional role of motherhood, her right to labour market participation and the reciprocal partnership in marriage. Malta has striven to enable both sexes to reconcile their work and family responsibilities. The country's collective commitment is aimed at ensuring that women and men become equal partners in marriage based on the concept that the family is the basic unit of society (Cutajar C. 1991; Tabone C. 1987; Troisi J. 1995, 1988).

The Equality for Men and Women Act promoted enhances the reconciliation of work, private and family life and promotes equal sharing of family and care responsibilities between both sexes. A number of measures have been taken during the past three years to this effect including the introduction of flexible working arrangements for both sexes, parental leave, etc (Government of Malta. Ministry for the Family and Social Solidarity 2007c)

The evolving process of gender equality involves both men and women. Raising awareness of the 'partnership' concept in households where both parents work is becoming more widespread. However addressing gender equality from men's perspective is essential as men have much to give

and to gain from gender equality policies. To this effect, the National Curricula and Lifelong Learning initiatives include programmes with the aim of producing strategies and practical measures that address the contribution of both parents to family responsibilities. The current courses for couples preparing for marriage include men's perspective on gender equality in the home, at the workplace and in society at large. These are helping couples to understand better that the achievement of equality between women and men in all spheres of life, including sharing responsibilities in caring for dependent members, is critical not only for their enjoyment of human rights but also for their well-being and for the sustainable development of society.

The National Council of Women of Malta has been active in promoting the training for parents to create awareness of meaningful 'relationships' of gender equality as role models and the importance of their role in bringing up boys and girls as equal partners in their daily life and in carrying out studies on stereotyping of men and women in the media with a view to understand better the pressures resulting from the representation of men and women in magazines, television and internet amongst others (National Council of Women of Malta)..

RIS Commitment 9: Support for families that provide care for older persons and promote intergenerational and intra-generational solidarity among their members.

a) Adjusting family policies to changing demographic circumstances: However important the supporting role of the State, it is equally important to recognise the fact that family members, especially women, are the main players in caring for their elderly members (Cutajar M. 1997; Miceli P. 1994; Troisi J, Formosa M. 2002b). In times of need, older persons turn first to their own families for help, then to friends and neighbours and finally to the bureaucratic agencies. This is due to the fact that they expect families to be the main source of help.

One cannot deny the fact that the traditional support systems of older persons are being severely challenged today. Due to demographic development, including falling birth rates and higher life expectancies, the ratio between older persons and available family caregivers is declining. Moreover, within the elderly population, octogenarians are growing fast with women generally surviving to older ages than men. Considering that persons aged 80 and over may be most often in need of support and care, their rapid increase obviously has implications for policies intended to assist family caregivers, the majority of whom are also women.

In Malta, the central role played by the family as the principle provider of care is still maintained and the exchange of obligations are still the basis of family relations. The family plays an important role in providing financial, practical, emotional and social support. Older persons value contacts by family. An older person still needs to feel security, recognition, respect and love (Micallef T. 1994, 2000; Troisi J. 1995, 1991, 1984).

A great need has been created to encourage the maintenance of inter-generational family solidarity. On the one hand, the family should be supported, protected and strengthened so as to enable and encourage it to continue responding to the needs of its older members. On the other hand, the continued involvement of older persons within their family should be more than encouraged.

b) Policies and programmes to respond to the needs of family members of different ages:

Guided by the awareness that the family environment is the one best suited for its members both young and old, while at the same time recognising the fact that, as in other countries, the family's traditional caring role is being subjected to various strains, the Maltese government has given rise to various policies and programmes to supplement family support and also to address family-related problems. These include support in cash or kind (except health care) in connection with the costs of pregnancy, childbirth and adoption, the bringing up of children and the caring for other family members (Troisi J. 2005).

As already discussed, the Maltese government provides a comprehensive health service to all Maltese residents that is entirely free at the point of delivery. This health service is funded from general taxation. The same can be said regarding education whereby all Maltese students receive free education including the tertiary level.

Malta has striven to further implement family-responsive policies to support women, and indeed men, to reconcile their work and family responsibilities. Important measures have been introduced, in particular parental leave, childcare facilities and career breaks for parents. In addition, reduced working hours and responsibility breaks for carers of children and the older persons, as well as pro-rata benefits for part-time employees have been adopted.

The most common benefit is the Children's allowance which was introduced in 1974 and which is payable to female Maltese citizens who are caring for children under 16 years of age. Originally a universal benefit, this allowance has become means tested. Any child certified to be suffering from some kind of physical and/or mental disability may be granted a Disabled Child Allowance. This Allowance is over and above the Children's Allowance. In January 1989, a Family Bonus payable to recipients of the Children's Allowance was introduced.

A single parent, who does not earn more than a certain amount of income, may be eligible for Social Assistance. A head of household may be eligible to Supplementary Allowance if the person fulfils the conditions laid out by the Social Security Act (Troisi J. 2005).

A person who is either single or a widow and who, all by her/himself and on full-time basis, takes care of a sick relative who is bedridden or confined to a wheel-chair in the same household, is entitled to receive Carer's Pension. Relatives referred to in this section can be the parents, grandparents, brothers, sisters, uncles, aunts, brothers or sisters in-laws and father/mother in laws (Government of Malta. Ministry for the Family and Social Solidarity 2007a).

In 1981 the payment of Maternity Benefit was introduced. This benefit was made payable to all pregnant females. The relative payment covered the last 8 weeks prior to confinement and the first 5 weeks after confinement. This benefit is not means tested. A milk grant until the child is 40 weeks old is payable when the head of a household receiving Social Assistance or any member of the household is caring for a child who is losing weight in spite of being breast-fed.

A woman who, as a result of being rendered destitute by the head of the household, has to enter any institution for the care and welfare of such persons, can benefit from an Emergency

Assistance which was introduced in January 1989. This is a non-contributory benefit. Each case is determined by the Department of Welfare.

A Maltese resident who has been employed, self-employed or self-occupied for at least six months at any time prior to his/her marriage is entitled to a one-time Marriage Grant payable upon marriage. In the case of a widow who remarries, is entitled to a Re-marriage Grant equivalent to a one year's widows' pension. On remarrying a widow forfeits her right to a widow's pension (Government of Malta. Ministry for the Family and Social Solidarity 2007b). .

In 1956, the government introduced the National Assistance Act, which provided for a non-contributory social and medical assistance, on a means-test basis, to those heads of households who, for some reason or other, are either unemployed or seeking employment, and whose relative financial means falls below the Social Security Act. The National Insurance Act introduced a scheme of social insurance covering sickness, occupational injuries and diseases, unemployment, widowhood, orphan-hood, and old age (Troisi J. 2005).

In addition, non-material needs are met by a multiplicity of social services provided by governmental and non-governmental organisations

c) Policies and programmes to promote equality between men and women: The government of Malta is firmly committed to the fundamental right of equality between women and men, both *de jure* and *de facto*. In this regard the main objectives of the country's national policy on gender equality are: the elimination of all forms of discrimination and the advancement of women in the legal, civil, political, economic and social spheres.

Already in March 1989, a Commission for the Advancement of Women was set up by a Cabinet decision to promote equality between women and men and to eradicate inequalities based on sex. It served as an advisory body on the effective implementation of the government's policies and programmes regarding gender equality. It channelled its activities through sub-committees in 3 main areas namely: legislation, research and access to equal opportunities in all spheres of society.

On the 9th December 2003 the Equality for Men and Women Act was promulgated in Parliament. A month later, in January 2004, the National Commission for the Promotion of Equality (NCPE), was set up incorporating what were previously known as the Commission for the Advancement of Women and the Department of Women in Society.

One of the projects of the National Commission for the Promotion of Equality (NCPE) is known as *Equal No.4 – Promoting Equal Opportunities through Empowerment*. Its objectives are: to a) to reach out to the inactive segment of the Maltese population, particularly women, and encourage them to be part of, remain and advance in the labour market by promoting the uptake of opportunities in different fields and b) to effectively make use of role models that have improved their employment status after they have undergone training and/or sought employment to develop their career.

The project involves two main phases, namely: the Compilation of information of training and employment opportunities and the Distribution of information. Television and radio

programmes, and Public service announcements have been used to disseminate information about role models and the publicity of the available education, training, and labour market opportunities. (Ministry for the Family and Social Solidarity 2005a).

Besides the Equality for Men and Women Act, gender equality is also ensured in the Constitution of Malta and in the following legislations, namely: The Employment and Industrial Relations Act; the Part-time Employees Regulations; the Protection of Maternity (Employment) Regulations; the Parental Leave Entitlement Regulations; the Urgent Family Leave Regulations and the Tax Credit (Women Returning to Employment) Regulations (Government of Malta Ministry for the Family and Social Solidarity. 2007a).

The Gender Unit within the Employment and Training Corporation (ETC) strives to work in the area of gender and employment to improve the situation of equality between men and women at the place of work. This is done through a number of initiatives and projects including training, research and media campaigns (Employment and Training Corporation).

d) Awareness-raising measures concerning the contribution of older persons to family, community and society at large: The vast majority of older persons continue to be a vital resource for their families and communities. Very often the contribution of older persons to their family, community and society at large, reaches beyond their economic activities. Although many of the Maltese older persons live alone, they are deeply embedded in family support networks of interdependence, of giving and receiving. They play crucial roles in their families and in their communities. Very often, older persons are a boon to their working children. This is manifested in various ways including financial assistance, caring for family members, baby sitting, grandparenting, etc.

Moreover, Malta contains many family-run businesses, and many elderly men and women continue helping out without receiving a formal wage packet. The latest trend is for elderly women to take care of grandchildren and nephews / nieces whilst their mothers take up full-time employment. While some recipients of such informal child care compensate their mothers or aunts in kind, many provide the latter with a weekly remuneration.

Caritas also encourages the creation of social clubs for the older persons within the village or town. There are at present 46 such clubs spread out in 40 parishes with an approximate total membership of 2,100 older persons. The clubs are usually located at the parish centre or in the premises of a voluntary organisation. A number of these clubs open weekly while others open fortnightly. Each club is run by a team of voluntary workers, 65 per cent of whom are older persons themselves. These also receive training by Caritas and also attend refresher courses and seminars (Abela N. 1987; Bonello R. 1995).

The emphasis of these clubs is on participation of the older persons in co-operative action which enhances their self-image and feeling of self-worth. Older lonely persons are given an opportunity to form new relationships and friendships. Moreover, they are motivated to actively participate in planning and organising the activities of the club. These include lectures on cultural, religious, social and medical topics; discussions; keep fit and reminiscence exercises and recreational programmes. Outings are organised once a month. Intra- and inter-generational

activities and co-operation are also encouraged. These clubs serve as therapeutic communities in which members search for and find their own solutions for their own problems (Bonello R. 1995).

e) Measures to help families deal with the growing responsibilities of caring for their older members: In Malta, the central role played by the family as the principal provider of care is still maintained and the exchange of obligations are still the basis of family relations. The family plays an important role in providing financial, practical, emotional and social support (Troisi J. 1995, 1991, 1984). However, in recent years, the Maltese family has been undergoing various social, economic and cultural changes. Among the emerging trends of family changes, one notes the reduction in family size (Troisi, J. 1998b). Moreover, the changing role of women and their ever increasing participation in the labour force outside the home diminishes their availability for car (Vella CG. 1990).

To ensure a certain balance, the Maltese government has given rise to various policies and programmes to supplement family support to the growing elderly population so as to enable the older persons to remain within their family environment for as long as possible while at the same time enabling families to continue being care providers for dependent older persons. (Vella CG. 1990) Among the emerging trends of family changes, one notes the reduction in family size (Troisi, J. 1998b).

Community care services, by providing care and support where the family and the individual are unable to manage alone, help to maintain older persons in the community and, at the same time, enable families to cope, thus preventing or at least delaying the need of institutionalisation. A wide range of services have been created in this regard. These include: domiciliary nursing, telecare service, day care centres, social clubs, etc. The homes for older persons also offer respite services for the family carers and for the older persons themselves. These alleviate the care given by family carers enabling them to have short holidays and breaks. It is important to note that such services complement rather than substitute for or replace care from family, friends or neighbours (Government of Malta. Ministry of Health, the Elderly and Community Care. 2007a, d-j, m-v; Troisi J. 1994b).

Apart from the policies and programmes mentioned in Section 9b to respond to the needs of family members of different ages, the Maltese government has two schemes as a result of which family carers of dependant older persons can receive financial benefits. These are: 1) the Carer's Pension and 2) Social Assistance for Females taking care of a sick or elderly relative. The Carer's Pension: Started on the 4th January 1992, a Maltese citizen who is single or widowed and who all by her / himself and, on a full-time basis, takes care of his/her parent or brother, sister, grandparent, uncle, aunt, father or mother-in-law, or brother or sister-in-law who because of infirmity is bedridden or bound to a wheelchair is entitled to receive a Carer's pension. To benefit from this pension, the carer has to live in the same household as that of the person he is taking care of (Government of Malta. Ministry of Health, the Elderly and Community Care, 2007i; Troisi J. 2005)

Social Assistance for Females taking care of a sick or elderly relative: Women's participation in the labour market has often outpaced adjustments in perceptions, attitudes and expectations, and in the organisation and infrastructure of societies especially with regard to caring

for older persons. Moreover, parallel with the ageing of the population, more women are entering into the labour force – both by choice and by necessity. The interaction of the ageing of populations, differential life expectancies for women and men, and women’s increased labour force participation are inevitably leading to conflicting demands and increased stress placed on women.

Aware of this, the government of Malta has, in the past years, introduced various benefits to help those females who because they are caring for an elderly relative find it very difficult to continue in paid employment. A single or widowed female who is unemployed (whether registered or not) and who is taking care of a sick or elderly relative all by herself and on a full-time basis, can benefit from this scheme which was started on the 28 February 1987. Relatives referred to in this section can be parent or brother, sister, grandparent, uncle, aunt, father or mother-in-law, or brother or sister-in-law. The cared for person has to be aged 60 and above, suffering from a severe physical or mental infirmity, and is physically or mentally unable to take care of himself / herself or unable to perform the activities of daily living. The carer has also to be living in the same household as the person who is being cared-for (Government of Malta. Ministry for the Family and Social Solidarity 2007a). Lately, the social assistance scheme was also made available to males who take care of a sick or elderly relative. The government has also expanded parental leave to family leave in order to enable a relative to care for other dependent family members especially dependent elderly relatives. Social security credits are also offered to carers for periods devoted to care giving.

The financial help provided by social security and social assistance is supplemented by the variety of social services, social work, counselling and marital mediation. Furthermore, all this work is complemented by the work from non-governmental organisations.

f) Mechanisms to strengthen the role of communities, organisations and associations in providing support and care to older persons: The voluntary sector in Malta is large, diverse and very active. Volunteers operate within the organised bodies such as Foundations, Associations, clubs and federations, as well as outside such structures, by responding to calls for support for a specific need. With the growth of the voluntary sector, there has been a corresponding rise in its influence on Maltese society. This has given voluntary organisations an important role in the democratic process and has led to the formation of a distinctive sector within our community, that of a robust civil society (Troisi J. Formosa M. 2006).

In terms of legislation, there are several laws which regulate voluntary organisations in one way or another. However, there is no single instrument of which they are the principal subject. In fact, from a regulatory point of view, there is no overall authority responsible for all voluntary organisations. It is agreed that the enactment of a special law dedicated solely to the voluntary sector will provide the necessary focus for the harmonization of policies and rationalization of rules applicable to this sector.

There is consensus that the voluntary organisations must be supported as much as possible. The development of legislative measures to strengthen the voluntary sector is one of the policy measures proposed in the National Action Plan. It aims to help the sector become more effective and efficient, enabling it to become a more active partner with Government in shaping policy and

implementing delivery. To this effect in 2005 a White Paper entitled *Strengthening the Voluntary Sector* was published by the Ministry for the Family and Social Solidarity. The draft legislation which was attached to the White Paper was aimed at regulating voluntary organisations and their administration.

The legislation envisages the appointment of a Commissioner for voluntary organisations as well as the setting up of a National Council for the Voluntary Sector to serve as a platform from which co-operation shall be developed between the government and the voluntary organizations. Ample time was given to interested parties to voice their opinion on the subject, before the Bill was presented and discussed in Parliament. It has now reached the second reading stage in Parliament. Without doubt, when enacted, the voluntary organisations Act will give strength to civil society (Government of Malta. Ministry of Family and Social Solidarity 2007c).

Notwithstanding the fact that the bill has not yet been enacted in Parliament, the government does help, in a number of ways, those organizations and Associations which offer support and care to those in need including older persons and which are compliant with the established standards. Last year the government distributed Lm 730,000 (Euros 1,700,442) to various NGOs related to the areas of social welfare whose projects were recommended for allocation of funds. To this effect, an NGO in the area of social welfare can present a project document to the Ministry for the Family and Social Solidarity. These documents are then vetted and assessed by an independent board, following which, it then makes its recommendation to the Ministry.

RIS Commitment 10: Promotion of the implementation and the follow-up of the Regional Implementation Strategy through regional co-operation.

a) Activities undertaken to strengthen cooperation among UNECE Member States in the field of ageing: (i) Malta is always represented and takes an active part in all the Meetings organised by the UNECE;

(ii) The Maltese government was not only a signatory to the Berlin Ministerial Declaration entitled *A Society for All Ages in the UNECE Region* but was represented at the UNECE Ministerial Conference on Ageing held from 11 to 13 September 2002 in Berlin, Germany;

(iii) The country participates in the expert group workshops, conferences and fora organised by the Council of Europe in the various fields of ageing;

(iv) The country's representative played a very positive role during the preparatory meetings held to formulate *The Regional Implementation Strategy for the Madrid International Plan of Action on Ageing 2002*

(v) The Maltese delegate takes an active part in the meetings of the European Centre for Social Welfare Policy and Research situated in Vienna. He is also a member of the Task Force set up by the Government of Austria and the UNECE to monitor the implantation of MIPAA and RIS.

(vi) The Institute of Gerontology, which later came to be known as the European Centre of Gerontology & Geriatrics, was set up in 1986 within the University of Malta. Following its mandate, it conducts: postgraduate multi-disciplinary academic education; in-service programmes for carers of older persons; pre-retirement programmes; a University of the Third Age; the running of a radio programme to promote the quality of life of older persons and to educate the general public.

(vii) The Vienna International Plan of Action on Ageing recommended *inter alia*, the promotion of training and research, as well as the exchange of information and knowledge in order to provide an international basis for social policies and action. The UN Economic and Social Council, by its Resolution 1987/41 recommended to the UN Secretary-General, the establishment of the International Institute on Ageing. On the 9th October 1987, the United Nations signed an official agreement with the Government of Malta to establish this Institute as an autonomous body under the auspices of the United Nations.

In keeping with the Institute's mandate aimed at developing better qualified and trained personnel, the Institute holds a number of training programmes on an annual basis. These are oriented towards persons, coming from developing countries, central and Eastern Europe who hold positions as policy-makers, planners, programme executives, educators, professionals and para-professionals who work or intend to work in the field of ageing or with the elderly.

(viii) On 11th September 1995, the Institute of Gerontology at the University of Malta, was designated as a WHO Collaborating Centre on Healthy Ageing. In this capacity, the Institute was commissioned to produce a training manual for primary care workers in the care of older persons. Through its collaboration with WHO and with the International Institute on Ageing, United Nations-Malta, the Institute has succeeded in getting a sizeable number of sponsored candidates for its postgraduate programmes.

(ix) The Institute of Gerontology, University of Malta, has also entered into student exchange programmes with various universities in Europe and the Mediterranean. In June 2001, the Institute became part of the European Consortium of Universities responsible for a European Master's programme in Gerontology.

(x) The Institute of Gerontology, University of Malta, also forms part of three research consortia whose projects deal with various issues on ageing.

b) Providing opportunities for Civil Society to cooperate in this process: The National Council of Older Persons plays a very active part in the activities organized by various European institutions such as EURAG, AGE CONCERN, etc. Moreover, many of the larger organizations of older persons especially those pertaining to retired members of trade unions. The University of the Third Age in Malta encourages contacts with other U3As in countries within the UNECE region.

5. CONCLUSIONS AND OUTLOOK FOR THE FUTURE

a) briefly summarise to what extent your country has addressed the challenges and opportunities of ageing since the adoption of the MIPAA/RIS in 2002: The Maltese government has addressed many of the challenges in the MIPAA and RIS documents since 2002. It has made older persons fuller participants in the developmental process, and has also called for recognition of the social and economic contribution of older people, including those made through unpaid work, particularly women. Moreover, it strove hard to make older persons aware of their responsibilities to maintain a healthy lifestyle by creating a supportive environment that enables people to maintain their health and well-being into old age. Finally, the Maltese government also called for the promotion of 'ageing in place' in the community that takes account of older persons' preferences and what is affordable. It promoted the provision of community-based care and support of family care, and even supported carers through the dissemination of specific information, as well as calling out for the need to establish a 'continuum' of care and services for older persons.

b) indicate, based on the assessment provided and in view of future demographic developments, future policy challenges and perspectives related to ageing: Past mortality and fertility patterns have fashioned an unalterable future marked by the coming of an ageing population in Malta. Moreover, the future generations of Maltese elderly will represent a different qualitative profile from previous generations since future cohorts will hold better health statuses and better levels of education. This scenario generates five key policy challenges for the future. First, since women take up a disproportionately large segment of the older adult population, their health demands great attention especially when you consider that they also tend to hold primary caregiver roles. Secondly, the care of older persons should include a distinct social component such as helping them to deal with feelings of isolation and loneliness through the organisation of specific training courses as well as various social activities. Third, popular images of old age and their roles and capabilities need reshaping. The mass media have an important role to play in this respect and should be encouraged to interview active older adults to highlight their contributions to their families, community and society at large. Fourth, given the preference of Maltese older persons to age in place it is important to have retirement complexes in most villages and town so that individuals remain integrated in their community until their death. Finally, one needs to encourage family care-giving by enabling tax exemption claims for children supporting ageing parents. For example, tax incentives could be used for renovating certain sections of the household to make it more elder-friendly.

c) indicate major strengths and weaknesses of your country in the field of ageing: The making of public policies for older persons has emerged as one of the more dynamic areas of government policy activity in the last decade or so. Malta has an extensive formal care provision. The Government of Malta and various voluntary organisations, foremost among whom are the church institutions, have been sensitive to the situation of the older persons. On their part, older persons can benefit from a number of self-help groups and organisations. There are a number of pensioners' associations. To ensure a dynamic and well-coordinated national response to the needs of the older persons, in 1987, the government appointed a Parliamentary Secretary directly responsible for the care of the elderly. This ministerial post has been included within the executive organ of the government since then. In order to increase the opportunities for the continued

involvement and participation of the older persons in all facets of life, a National Council for the Elderly was set up in 1992. This Council is also responsible for protecting the rights of older persons, ensuring their social and economic security and planning a national response to the challenges of population aging. In 1993, a University of the Third Age (U3A) was instituted within the Institute of Gerontology, University of Malta. By and large, the U3A has helped many members to rediscover an aim in life and have shaken off that feeling of uselessness which might have helped them to join in the first place. However, there are also a number of weaknesses with respect to age-related social policy. Since the implementation of the Madrid International Plan of Action on Ageing as there have been no major changes regarding a number of issues such as age discrimination, compulsory retirement, safety and security, financial exploitation, and elder abuse. Therefore, ageing policy in Malta also suffers from a certain degree of structural lag. Another weakness in Malta is a lack of discussion on issues that preoccupy older persons such as whether social security benefits will be further reduced for higher-income groups, whether private sector solutions to long-term care are the solution for long-term care, older persons' absence of political clout, and whether the provision of formal services leads to families relinquishing their care-giving roles.

d) outline future activities in the areas of population and individual ageing and other related areas: In Malta one finds a consistent number of activities for older persons. These range from formal seminars (such as ones titled *2007 - European Year for Equal Opportunities for All* organised by the National Council of the Elderly and *Elder Abuse* organised by the government) to activities celebrating Mothers' and Fathers' Days. However, the most important activities in the coming months is a serious attempt by the government to increase the levels of computer literacy among older persons. In fact, three-hundred older persons have registered for free computer courses being held in 16 day centres around the Maltese islands. These courses will give older persons who do not have a computer at home the chance to garner knowledge in the field of Information and Communications Technology (ICT). Moreover, such courses could prove especially useful to older persons who want to stay in touch with their family, especially relatives in foreign countries, as well as allow elderly people to be updated with the latest happenings both in Malta as well as in the world. Moreover, this measure will also help the older persons to learn more about the e-government services and make government services more accessible and close at hand. Older persons in Malta lead an active life and the computer courses will give them the opportunity to open up new horizons in order to remain adjourned to what is happening in the world around them. Indeed, the government feels the need to introduce the courses as it believes that the older persons should become acquainted with a means of communication that is becoming ever more influential in the people's lifestyles.

e) propose adjustments to existing policy: There are three required adjustments in age-related policy. First, there must be a strong commitment to improving older persons' quality of life, not only through provision of services to those who are frail but through the expanding opportunities for participation, learning, recreation and cultural pursuits. Only so will the ideas of productive ageing, successful ageing, and active ageing be promoted in ageing policy. Secondly, there must be a serious discussion in the area of compulsory retirement. Just as the substantial entry of married women in the labour force stimulated significant public policy development around child-care services and part-time work, it is logical to expect that the ageing pf population and the significant changes in longevity would eventually affect the reorganisation of working life. Third, there must be a considerable legal debate on elderly abuse. The existing legislative and

service apparatus is inadequate and needs a serious overhaul. The Maltese government must determine an appropriate response to this new issue, defining both the definition and scale of the problem. There must be an effort by the government to address this problem in parallel developments with in legislation on domestic violence, mental illness, intellectual disability and, particularly, on guardianship.

f) identify priorities for further policy research: Old-age policy in Malta is heading in new directions as the country goes through this millennium with the dominant themes of the current political environment being deficit reduction, programme reform, and elimination of waste and welfare abuse. Four related areas of investigation are imperative in this context – that is, questioning the legitimacy of the elder as the main beneficiaries of the state, decreased government responsibility offset by increased family responsibility, and a bottom-like approach to senior welfare. First, for many decades the elderly were presumed to be the most deserving of beneficiaries for government welfare programmes. They were often considered vulnerable, defenceless, and economic burdened, and respected for a lifetime of national contributions. However, today one must recognise the increased heterogeneity of older cohorts that demands a more sensitive measures of means-testing. Only so will be Welfare aid be distributed fairly. Second, research must be conducted on who is really responsible for the welfare of older persons. Aging policy, like the broader political environment, is impacted by shifts in social values and must thus reflect the increasing underlying value of late modern citizens on the value of the individual. Third, research must also focus on the bottom-line cost so that it becomes clearer as what welfare provision can be cut or changed. Every part of the welfare budget must be put on the research microscope so that the inefficiencies and incidents abuse are ironed out. This does not mean that research should not focus on welfare expansions but when doing so it must make sure that only the justified social sectors are the beneficiaries.

g) indicate capacity-development needs: An important capacity-building theme lies surely in the need to expand the levels of computer and internet literacy amongst older persons. More specifically, there must be a drive to establish distance learning as a dominant area in older adult education. Improving such literacies will in turn improve older persons' (i) general communicative competence and critical thinking aptitudes so that they will hold better levels of reasonable and reflective modes of thinking when deciding what to believe or do, (ii) knowledge accumulation and aesthetic formation, and (iii), empowerment levels as they their capacity to both transforming and reproducing their social environment. By learning to use the Internet, seniors won't be laid aside the internet *revolution* which is giving rise a new way of understanding the world. Moreover, seniors will be able to use the net to relate with others, exchanging knowledge or widening their living space.

h) describe the need and/or request for exchanges of experiences across countries: Malta requires older persons with extensive experience in age-related interest groups so as a to be build a strong age awareness campaign. This would both educate the public as well as challenge certain policies that go against the interest of older persons.

i) indicate your requests/needs/wishes with regards to the work of international organizations in the field of ageing: Malta needs as much logistic and academic support as possible from international organizations in the field of ageing, but especially those specialising in the legal issues for older persons.

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