

Responding to the Active Ageing Index: Innovations in Active Ageing Policies in Malta

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Abstract Malta is no exception to the unprecedented demographic changes that are being experienced by industrial countries. In the first rankings emerging from the 2012 Active Ageing Index, Malta fared in the 19th place in the overall index. In reaction, in March 2013 the newly elected Government took note of the diverse issues facing the ageing of Maltese population by positioning the responsibility for ageing policy under a ‘Parliamentary Secretariat for Rights of Persons with Disability and Active Ageing’ (previously ‘Parliamentary Secretariat for Elderly and Community Care’). The fact that the Secretariat also migrated from the ‘Ministry of Health, the Elderly, and Community Care’ to the ‘Ministry for the Family and Social Solidarity’ spoke volumes about the novel direction that ageing policy is taking in Malta—namely, a shift from the long-held focus on ‘elderly care’ to ‘active citizenship’ issues. This article presents current developments in Maltese public policy related to ageing. Given the increasing numbers and relative vulnerability of this group, there is hardly any policy ‘programme’ in greater need of thorough inspection. The Maltese government has in recent months launched, and commenced the implementation process, of the National Strategic Policy for Active Ageing, National Dementia Strategy, and the Minimum Standards for Care Homes for Older Persons. Whilst the *Commissioner of Older Persons Act* has also been ratified by the Maltese Parliament, the *Protection of Vulnerable and Older Persons Act* - which will make possible a preventive, ameliorative, remedial, and punitive role for the justice system, so that the human rights of vulnerable citizens are also catered for - has also been finalised.

Keywords Active ageing · Dementia · Care home standards · Malta

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Introduction

The second half of the 20th Century witnessed unique demographic changes. Declining fertility rates and mortality levels, and major improvements in life expectancies at birth, had far-reaching effects on global population trends, to the extent that the present epoch is referred to as the ‘age of ageing’ (Magnus 2008). Malta is no exception to such trends. A lot of water has flowed under the bridge since, in their anticipation of a Turkish invasion, the Order of St. John perceived older persons as ‘useless civilians’ and evacuated them to Sicily. Figures based on the 2011 Census indicate that, at end of 2013, 24.6 % of the total Maltese population, or 105,068 persons, were aged 60-plus (National Statistics Office 2014). The number of persons aged 65-plus reached 76,024 - almost 18 % of the population. The sex ratios for cohorts aged 65-plus and 80-plus numbered 79 and 55 respectively. Amongst cohorts aged 90-plus, the number of older women was double that of men.

Malta enjoys a key role in the history of international ageing policy (Formosa 2012a). The Maltese Government was the first to bring a motion before the United Nations that called for an action plan in regard to the world’s ageing population. This occurred in 1968 when Malta’s Ministry for Foreign Affairs successfully appealed to the United Nations for the theme of ‘population ageing’ to be included on the agenda of the 24th session of the General Assembly. Indeed, it is to Malta’s credit that the chairperson of the United Nations’ World Assembly on Ageing in 1982 was a Maltese citizen. In 1987, Malta was one of the very first countries whose ministerial cabinet included a Junior Ministry for the Care of the Elderly. In the same year, the United Nations signed an agreement with the Government of Malta to establish an International Institute on Ageing as an autonomous body under the auspices of the United Nations. However, it is no understatement that Malta’s public policy was brought down to earth in 2012 as first rankings emerging from the Active Ageing Index (AAI) were published (Zaidi 2013). Malta fared in the 19th place in the overall index. Whilst the low rates of older workers put Malta in the penultimate place in the ‘employment’ domain, a mid-table position was achieved as far as ‘social participation’ and ‘independent living’ are concerned, in the 15th and 17th positions respectively. A somewhat better position was achieved with respect to the domain for ‘capacity for active ageing’, as Malta placed in the 13th place. As regards the breakdown of results by gender, the AAI for Maltese men and women reached 35 and 26.9 respectively - the largest registered difference after Cyprus - and hence, far from positive.

A critical analysis of ageing policy at that time indicated that Malta’s relatively low position was no coincidence, as it became increasingly clear that local ageing policy was suffering from structural lag (Formosa 2015). Despite a shared concern that the social, health, and economic implications of population ageing are profound - extending far beyond the individual older person and the immediate family, whilst touching broader society and the global community in unparalleled ways - Malta still lacked an official national strategy for active ageing. Indeed, official statements during the 2000s that highlighted the need of a *National Strategy for Active Ageing* and the introduction of *Elder Abuse Legislation* materialised in nothing more than lip service. No efforts were present to put forward regulations or standards for care homes for older persons, and the endorsement of a *National Dementia Strategy* had been shelved for a number of years. Moreover, although the Maltese government had appointed a Commissioner for

Older Persons to promote awareness on matters relating to the rights of older persons and the need to safeguard those privileges and interests, this Office remained relatively invisible, without a presence in the social media, and its office located in an marginal locality.

Initial Government Reactions

The first quarter of 2013 coincided with parliamentary elections in Malta, the result of which saw the Labour Party ushered in government after sitting on the opposition for no less than 25 years (except for an 18 month period in the 1990s). Challenged by the seemingly negative results achieved by Malta in the AAI rankings a few months earlier, the Prime Minister renamed the Junior Ministry for the Care of the Elderly to a Junior Ministry for the Rights of Persons with Disability and Active Ageing to emphasise the Government's commitment towards improved levels of quality of life during the later phases of the life course. The Maltese Government immediately embarked on a vigorous and enthusiastic restructuring of national ageing policy, one that shifted its focus from 'elderly care' to 'active citizenship' issues, and which spearheaded four key policy measures.

National Strategic Policy for Active Ageing: Malta 2014–2020

In November 2013, the Government launched the *National Strategic Policy for Active Ageing: Malta 2014–2020* (Parliamentary Secretariat for Rights of Persons with Disability and Active Ageing 2013). For the Maltese Government, active ageing refers to enabling "the expanding population to remain healthy (reducing the burden of health and social care systems), stay in employment longer (reducing longer pension costs), whilst also fully participating in community and political processes (Walker and Foster 2013 : 33). The National Strategic Policy is premised upon three themes: active participation in the labour market, social participation, and independent living. Primarily, the national strategic policy aspires to increase the number of older workers in the labour market, whilst enabling persons above statutory retirement age to remain in or re-enter employment. These objectives are necessary so that Maltese society mitigates against falling levels of working age populations, and the latter's impact on dependency ratios and skills shortages. Secondly, it aims for continuous participation of older persons in social, economic, and civic affairs. Whilst acknowledging that individual aspirations alone are not enough to sustain participative lifestyles, its recommendations aim to aid older persons to overcome structural barriers and difficulties that may result in unwelcome experiences of material and social exclusion. Finally, it accepts that transforming society's perception of ageing from one of dependency to active ageing requires a paradigm shift that enables independence and dignity with advancing age. It is noteworthy that the policy framework is not be simply contented with the location of technocratic solutions, but remains unyielding in its quest to contribute towards a fairer society, one that is based on the principles of social justice. Indeed, the National Strategic Policy is underpinned on three key values - namely, a 'society for all ages', one that releases the potential of all for the benefit of all; 'intergenerational equity' as it champions equal respect, equivalent opportunities, and comparable living standards

between different generations; and finally, ‘empowerment’ as it demonstrates a commitment to renew public policies on ageing so as to revolve around the needs and wishes of the older population.

National Dementia Strategy: Malta 2015–2013

In March 2014, the Maltese Government launched the *National Dementia Strategy: Malta 2015–2013* (Parliamentary Secretariat for Rights of Persons with Disability and Active Ageing 2015a) which includes the following key objectives: increasing awareness and understanding of dementia, timely diagnosis and intervention, workforce development; improving dementia management and care; ethical approach to dementia management and care, and improving research. The *National Dementia Strategy* entails not only substantial human and financial investment, but also joint planning and working between different government entities, health and social care staff, individuals with dementia, their families and caregivers with the overall aim of improving the quality of life of those affected by dementia in Malta. Two subsequent implementation measures consisted in the positioning of dementia intervention teams and the opening of further activity centres for persons with dementia. The first Dementia Intervention Team was set up in October 2015 and consisted of a Coordinator, a nurse, a psychologist, an occupational therapist, and a social worker. It serves as a single point of referral for individuals with dementia and their caregivers, and will help in providing the most appropriate support according to the family’s needs, since the provision of different forms of respite services and the availability of outreach support are deemed as central in achieving quality care in the community. Dementia Intervention Team also serve as a point of reference and community support for individuals with dementia and caregivers in order to facilitate easily access services according to their needs—and hence, ensuring that services for dementia will be integrated and work together to provide a holistic package of care to persons with dementia and their families. At the same time, new activity centres for persons with dementia were opened, whilst existing one were strengthened with further human and financial resources. Such centres generally offer daily services to older people with dementia who are beneficiaries of strong levels of informal care and who therefore still live in the community with their relatives. These centres have the function of providing older persons with dementia with an opportunity to engage in active ageing and non-formal learning activities in a dementia-friendly environment, whilst also providing some degree of respite to their informal carers.

Minimum Standards for Care Homes for Older People

September 2015 witnessed the introduction of *Minimum Standards for Care Homes for Older People* (Parliamentary Secretariat for Rights of Persons with Disability and Active Ageing 2015b). The Standards are based upon the principles of person-centred care, dignity, privacy, physical and mental wellbeing, self-fulfillment, autonomy/empowerment, equality, and the right to complain and legal recourse. The mission of care homes should go beyond the traditional concept of ‘elderly care’, and enable residents to realize their full potential for physical, social, and mental wellbeing. Moreover, care homes shall provide an environment

where residents are enabled to engage in productive activities, and a healthy, independent and secure lifestyle, where the licensee shall also undertake to promote a culture that encourages independence in activities of daily living including that promote independent personal care. All the *Standards* are intended to be immediately applicable to all homes seeking registration and a license as of the date of promulgation of these Standards, whilst a number of the Standards are intended to be phased in gradually for care homes already operating as of this date. Care homes will be called upon to provide an environment where residents are enabled to engage in productive activities, and a healthy, independent lifestyle. The Standards acknowledge the unique and complex needs of each individual residing in a care home; as such they stipulate the minimum requirements for the facility to operate a care home as well as the required knowledge, skills and competencies needed by management and staff to ensure care homes deliver individually tailored, comprehensive and quality services. Each Standard has an achievable outcome for the residents. Although the Standards are qualitative, they are also measurable: they provide a useable instrument for the independent regulator to assess the degree to which the Standards are being met through: regular communication with residents, family and close friends, staff, managers and others; observation of daily life and management of the home; audit of written policies, procedures and records; and scheduled and ad hoc inspections. In order that these *Standards* be implemented by care homes, it is being proposed that they are supported by a legislative instrument that promulgate them in the form of licensing conditions and prosecutable offences.

Commissioner for Older Persons Act

A *Commissioner for Older Persons Act* was ratified by Parliament in January 2015 (Ministry for Justice and Culture and Local Government 2015). The Act calls upon the Commissioner to advocate and promote the human rights and interests of older people, whilst also promote opportunities for older persons, ensuring the elimination of discrimination against the older persons and encourage best practices in social and health care services. It will be under the Commissioner's remit to monitor the adequacy and effectiveness of any legislation relating to or affecting the interests of older people, in addition to from advocating adequate support and services to their carers. Another duty of the Commissioner is to promote the protection of these members of our society from any form of abuse or exploitation. While promoting the highest standards of health, education, leisure and recreational facilities and social services for the elderly in line with the approved standards in place, the Commissioner is also to ensure that all possible measures are taken by the relevant authorities to prevent and address poverty, social exclusion and related issues among older people. The Act also puts responsibility on the Commissioner to ensure compliance with the United Nations Principles for Older People (United United Nations 1991), the Madrid International Plan of Action on Ageing (ibid., 2002), and with other international treaties, conventions or agreements relating to older people as are or may be ratified or acceded to by Malta. Considering that the United Nations is currently debating whether there is a need for a specific convention relating to ageing, the Commissioner for Older Persons Act is certainly indicative that Malta is being proactive in this discussion.

Contemporary Public Policy in Active Ageing

Spearheaded by the *National Strategic Policy for Active Ageing* the Maltese Government embarked on a range of innovative policy measures for the local population with respect to productive ageing, social participation and independent living (Formosa and Scerri 2015).

Productive Ageing

Recent years witnessed various efforts on behalf of the government to strengthen the presence of older workers and adults in the labour market. Publicity campaigns to promote active ageing have been carried out on various media such as radio and street billboards. These campaigns have promoted the qualities of older workers among employers, and tried to encourage older workers to improve their employability through lifelong learning. Government Budgets included two measures meant to attract older people to the labour market. The most significant measure was the change in the legislation so that workers of pensionable age would be able to continue working without losing their pension entitlements, irrespective of the amount they earn. Although collective agreements in Malta tend not to focus specifically on older workers, there exists some industrial relations practices, often based on the Maltese employment legal framework, that assist older workers to remain employed. For instance, the last-in first-out practice is advantageous for older workers. The 'Temporary Agency Workers Regulations' served to enable older people join or remain further in the labour market, albeit on temporary contracts. As regards the training and re-skilling of older workers, the Employment and Training Corporation developed successful schemes which subsidized the employment of persons aged 40 and over. The *Employment Aid Programme*, to mention one scheme, sought to facilitate access to employment for several disadvantaged social groups by giving financial assistance to those employing them.

Despite such positive measures the Government has at times sent contradictory messages with regards to older workers. Whereas the official position is to extend the employment exit age, it remains that the Government has embraced and issues a policy of using early retirement schemes as a means of reducing the deficits of ailing public sector companies. Malta thus joins Spain, Greece, Italy, and France in terms of a wide availability of a range of early exit and retirement schemes, and its comparative belatedness in terms of occupational retrenchment in later life. At the same time, few policies are present to encourage employers to recruit older individuals through subsidies, or to boost the protection offered to older workers through anti-ageism legislation and training measures. It is therefore augured that Malta takes responsibility for increasing the number of older persons in the labour force at three operative levels. First, at an 'employer' level by decreasing the incentives to leave working of early and to reduce strongly early retirement, and developing opportunities for persons above the statutory retirement age to continue working. Secondly, at a 'company' level, in particular through the involvement by promoting the implementation of lifelong learning for older workers, improving working conditions, and modernize the organization of work to better meet the needs of older workers while effectively using their expertise. And finally, at a 'societal level' by increasing the employment rate of older

workers by enabling society to think differently about the potential contribution of older workers, and promoting a shift in public opinion through educational campaigns.

Participation in Society

At the forefront of policy initiatives securing improved levels of social participation included the transformation of Day Centres for Older Persons into Centres for Active Ageing that fulfil the role of ‘lifelong learning hubs’. Whilst in previous decades, Day Centres served a more ‘passive’ function (Formosa 2014a), at present centres have been transmuted into bubbly arenas that serve as examples of Centres for Third Age Education that enable members to indulge in the study of local archives, Maltese history, computer and tablet understanding, art appreciation, drama sessions, tai chi, horticulture, and even dance classes. Parallel to such learning activities one also located nationwide complimentary learning modules on information and communication technology for persons aged 60-plus, in 22 diverse e-learning centres, and subscribed by over 700 individuals. Moreover, Day Centres now include Representative Committees which are functioning to enable older persons run and coordinate such organisations. Pre-retirement learning programmes are also being run on a nationwide scale. The educational system that spends some 18 years, and substantial financial capital, to prepare citizens for the world of work, but simply a couple of afternoons (if lucky) to leave it, is clearly biased against older persons (Formosa 2010, 2012b). Society has an obligation toward its citizens to provide them with learning initiatives that help them plan for their third and fourth ages (Formosa 2012c, 2016). A really democratic pre-retirement education is not simply instruction about the formalities surrounding pensions, the drawing of wills, and health. It is one which also includes a discussion of psychological and social strategies that lead older adults to improve their quality of life. A related current here is the fact that Malta’s University of the Third Age is also recipient of public funds as the government sponsors two of its five learning centres, the ones in Mosta and Cottonera (the latter includes the highest percentage of older persons at-risk-of-poverty and social exclusion). A Memorandum of Understanding signed between the Junior Ministry and the University of Malta in 2015 promises the opening of further University of the Third Age centres.

Government also provides extensive subsidies in public transport fees for persons aged 60-plus. Official statistics note an exponential increase in the amount spent - and number of tickets sold - on Gozo ferry subsidies for persons aged 60-plus over the years 2007–2011 (National Statistics Office 2013). Approximately €261,686 were spent on this subsidy in 2007, with almost 80,380 tickets sold. By 2011, the amount spent had increased tenfold, to €1.2 million, while the number of tickets had risen almost fourfold, to 230,781. Subsidies are also provided with respect to bus tickets. Although the years 2007–2011 registered a decrease in the number of subsidised tickets - from 4,156,099 to 3,121,816 - there was still an increase in financial subsidies from €997,154 to €1,654,318. This was due to an “increase in the number of day tickets sold since Arriva took over the public transport system in mid-2011” (ibid. : 17). With respect to older volunteering, recent statistics revealed that the number of volunteers aged 65-plus over amounted to 3690, or 4.2 of the total number of persons (Formosa 2014b). Such a figure is, of course, low, and necessitates policies that act as a catalyst for older volunteering. To this effect, discussions are underway so that the Active

Ageing Unit, within the Junior Ministry, starts (i) providing information on volunteering opportunities as well as fostering training for older volunteers and those coordinating/ managing their activities, (ii) tangibly supporting older volunteering as a way to promote healthy ageing and social inclusion of the individual, and (iii), ensuring that volunteers are valued but not exploited as cheap labour. It is also important that civil society expands participation in older volunteering by increasing the efforts of people who already volunteer, and outreaching those who, without specific efforts, would not be involved in volunteering.

However, this is not the same as saying that traditional forms of ageing welfare have been put aside. Whilst the government collaborated with Local Authorities in deploying social work personnel to perform outreach social work with frail and vulnerable older persons, services whose objective is to enable older persons to 'age in place' remain various. These include Kartanzjan (a card which entitle holders to certain rebates and concessions), incontinence service (supplying clients with heavily subsidized diapers), handyman service (supplying clients with home-repair jobs ranging from electricity repairs to plumbing, carpentry and transport of items), telephone rebate (providing clients with discounted telephone rentals, night-shelter (offering a secure and protective environment at night), home care help (offering personal help and light domestic work to clients with special needs, and meals-on-wheels (support clients who are unable to prepare a nutritious meal) - to mention the most popular. Although existing research demonstrates that the community care system assists older persons in 'ageing in place', it remains that the system suffers from several limitations (Formosa 2013). One possible lacuna in this regard is that 'need' is an undefined concept so that the state has much discretion how it will define and use the concept through the application of 'eligibility criteria'. Hence, community care for older persons thus runs the risk of becoming an unpredictable element, varying from locality to locality, and varying from time to time. Indeed, there is an urgent need to improve consistency and equity in access to and levels of home care services by standardizing maximum levels of user charges, rights to assessment, standardization of assessment tools, and procedural rights.

As far as political participation is concerned, older persons participate in above-than-average level as regards institutionalized politics. Some 94 % of persons aged 60-plus vote in general and local elections; moreover, older adults are very active in party politics, many of whom are members in political organizations and campaign strongly on behalf of their party (Formosa 2015). The same, however, cannot be said as regards non-institutionalized (non-party) forms of politics such as signing petitions or wearing badges with political messages, contacting public officials or politicians, and taking part in group activities such as street protests. This is mostly due to the fact that older adults belong to a generation that has strong traditional political preferences which imbue them with a materialist value orientation and 'old-school' standpoints of representative democracy (ibid.). In brief, older people in Malta are likely to be unfailing voters and eager members in political parties, but less avid with respect to ongoing political participation on issues which are not the mainstay of traditional party politics. Finally, one notes that despite the fact that 6 out of 10 grandmothers and 5 out of 10 grandfathers in Malta provide childcare for their grandchildren, Malta is lagging behind when it comes to recognizing the role of grandparents in intergenerational care

arrangements. To-date, Malta have not joined other European Union countries to ensure grandparents' role is supported through such policy measures as parents being able to transfer parental leave to grandparents, working grandparents being able to take leave if their grandchild is unwell, and grandparents being paid for the care they provide under certain circumstances (for example, to support teenage parents). As our populations age, there needs more robust policies surrounding the grandparental role. It is therefore warranted that Malta commences a serious discussion on grandparental policy such as the possibility of having parental transferable allowance and leave to grandparents (as in Hungary), grandparents providing childcare will be able to claim national insurance credits (as in the United Kingdom), and grandparents getting up to 10 days paid leave to care for a grandchild in an emergency (as in Germany).

Independent, Healthy and Secure Living

In 2000, the WHO classified Malta as the 5th best performing health system from a total of 191 countries. Indeed, health care in Malta boasts exceptional levels of equity as it is available to all citizens, irrespective of income. Total government expenditure on health as a percentage of GDP reached 8.6 % in 2012 (Formosa 2015). Major expenses include hospital services, salaries, and medicinal products which are free for inpatients in state hospitals, persons in low-income groups, chronically ill persons, and those considered at risk because of their jobs. Malta has gone a long way in the past quarter of a century as far as geriatric services are concerned. Presently, geriatric medicine is recognised as a separate specialty, with the government of Malta employing 11 consultant geriatricians who work mainly in the public rehabilitation hospital and residential/nursing homes, concentrating on frail elders, and in specialty clinics—for example, on memory, falls, and continence. This means that there is a consultant geriatrician for every 6000 persons aged 60-plus, a figure that is better than most other EU countries (Germany: 7496, Spain: 7701, United Kingdom: 8871, Switzerland: 9250, and Denmark: 12,001) (Ekdahl et al. 2012).

Welfare services for older adults result from the dynamic interplay of supports from the state and - to a lesser extent - familial and voluntary sectors. In addition to community care, which was discussed in the previous section, two key facets of ageing welfare services include informal care and long-term care. As elsewhere, the informal sector in Malta consists of unpaid, or underpaid, family carers (usually women) who in many cases experience high levels of stress and burnout. The government offers a number of services which family carers of frail elders can apply to. These include the (i) *Non-contributory Carer's Pension and Social Assistance for Carers* which provides economic benefits to persons who are caring for older relatives on a full-time basis, (ii) *Social Work Unit* which provides psychological support, guidance, and assistance to informal carers, (iv) training programs concerning the informal caring of older persons, and (v), domiciliary nursing services at subsidised rates. As there is no doubt that compared to non-carers informal carers of older persons experience higher levels of physical, emotional, and psychological strains, one existing avenue that can be strengthened so that the physical, social and psychological quality of life of informal carers is

improved is respite care. A recent popular policy initiative consisted in the ‘live-in carer’ programme which would provide older persons with full-time carers at a state-subsidised rates, whereby the government pays a maximum of half the minimum wage of the live-in carer. The aim of this initiative is to support older persons in living in the community, and if possible, living at their private homes for as long as possible. The Government has also recently upgraded the national *Telecare* service to *Telecare Plus* which now offers valuable add-ons ranging from pill dispensers to flood and gas detectors. The pendant can be upgraded to a ‘smart accessory’ which also acts as a fall detector, intruder alarm, and medication reminder. Moreover, the governments offers a number of respite beds at various care homes to alleviate.

For many years, long-term care [LTC] In Malta was the sole responsibility of religious authorities, and it was only in recent years that the state started to provide residential/nursing care to frail elders. Whilst one cannot doubt the great strides that health care services have experienced in recent decades, the existing system of LTC remains under-resourced, inequitable, fragmented and ineffective. Unfortunately, a relative lack of planning and vision for social care services in LTC is denying residents their There is thus an urgent need for serious discussion, and subsequently legislation, that establishes national quality standards that focus on objectives of nursing residential care, quality of care, education and training of staff, values, staff-client ratios, monitoring and evaluation processes, and physical environmental issues. Equally important, the exclusion of older residents in the decision making in residential/nursing care must be made a thing of the past. The daily running of residential and nursing homes often involve intimate areas of residents’ lives, and tends to shape and influence their sense of identity and worth. Residents in LTC, even those experiencing various physical and cognitive difficulties, must be involved in the decision-making process so as to endow them with a real sense of empowerment and autonomy. In recent months, the Government introduced several initiatives for older persons residing in LTC that range from learning programmes to leisure activities to an intergenerational botanic garden.

Finally, one notes that the Government also enacted a number of developments as far as legislation on elder abuse is concerned. It introduced new forms of deterrent measures in the Maltese Criminal Code which include innovative concepts to ensure maximum protection for older persons, even from relatives. This legislation in fact allows the possibility that persons convicted of crimes where older persons are victims will be liable for damages upon sentencing - thus, eliminating the need for older persons to pursue the perpetrator for damages through civil law. The final quarter of the year 2016 will also witness the ratification of a *Protection of Vulnerable and Older Persons Act* which will make possible a preventive, ameliorative, remedial, and punitive role for the justice system so that the human rights of vulnerable citizens are also catered for. The Act will introduce new legislative measures to identify and protect individuals who are aged 60-plus and/or who hold a disability. Key measures will include ‘responsibility to report’ (any health care department or authority and any health care professional who while performing duties in a professional capacity concludes, on a personal observation, that a vulnerable adult is the subject of abuse or harm shall file a report); powers and responsibilities of an Intervention Unit (which shall

issue an assessment order and proceed with an investigation into the matter and shall, to this effect, visit the vulnerable adult concerned at the adult's place of residence, question the same adult, and obtain access to any records, including health records relating to the adult as deemed necessary); court assistance (whereby the court is empowered to request authorisation, through an application filed before the Court of Magistrates to issue a warrant of entry, to enter any place of residence within which the vulnerable adult may be); police report and action (the Intervention Unit may, and, in the case where a protection order is issued shall, file a report with the Commissioner of Police requesting that action be taken against any alleged offender who, in the Intervention Unit's opinion, has or might have abused or harmed the vulnerable adult); and a procedure before the Court of Magistrates (the Court of Magistrates may issue a permanent banning order, order that the offender be kept in custody, order the offender to remain responsible for the maintenance of the vulnerable adult and any dependants as may be necessary, or make such other order as it may deem fit in the circumstances).

Coda

In recent months, the new AAI results put Malta in the overall 18th place, a place up from the preceding rankings (Zaidi 2014). Whilst results for 'employment' and 'social participation' remains relative static, an improved position was registered for 'independent living' (from the 17th to the 14th position). Such relative improved results may have been also partly the result of new undergraduate and postgraduate programmes (namely, the Higher Diploma in Gerontology and Geriatrics, and the Master of Arts in Ageing and Dementia Studies, respectively) that have supplemented the established Master of Gerontology and Geriatrics at the University of Malta which is the country's public university.

Of course, the notion of active ageing is not without criticism (Walker and Foster 2013). Holstein and Minkler (2007) proposed that a process of idealisation of active and successful ageing might even transpire to be counterproductive and ultimately overbearing. This is because active ageing policies tend to follow in the trap of 'third ageism', an ideological bias that ignores the real physical and mental realities of people bodies so that some groups of older persons, such as frail and oldest people, end up being excluded (Formosa and Higgs 2015). Indeed, there is a risk that policy-makers will overemphasise physical activity over mental incapacity so that in their eagerness to implement active ageing succumb to idealism. One possible way out is to leave ample room for alternative lifestyles in later life so that older persons who do not want or cannot engage in occupational roles are not considered as deviant. In practice, this is possible by ensuring that older persons are themselves more closely involved in determining what role they wish for and how active ageing is to be defined. The Maltese policy direction in active ageing is not immune to such possible lacunae and pitfalls. However, one cannot say that policy makers are not making a distinct effort so that active ageing policies are as inclusive as possible. This is witness by political decisions to launch Representative Committees in all public care homes, whose members are elected democratically, and who have a role in managing such organisations.

Another significant policy direction is the enactment of an Active Ageing Unit responsible merely to the organisation of active ageing events in care homes. There is no doubt that the road to an age-friendly society is a long one and fraught with challenges. Yet, one can be sure that these policy measures, together with other ongoing policy work in community and residential services, will enable Maltese society to be more faithful to the United Nations' dictum of not simply 'adding years to life', but more importantly, 'adding life to years'.

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