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SUPPLEMENT



Part I

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CONTENTS

Introduction	9
The Belarusian Association of Gerontology and Geriatrics	11
Notes on the gerontology research in Bulgaria	14
Milestones of Czech gerontology and geriatrics.	20
Gerontology and geriatrics in Finland	29
Out-of-hospital geriatrics in Italy: defining it and searching for tools and strategies	34
Gerontology in the Republic of Kazakhstan	37
The development of gerontology and geriatrics in Malta	40
The Norwegian Society for Age Research – the walk towards old age	49
Gerontology in Russia: Milestones and perspectives of development.	52
Gerontological association of Slovenia (GDS)	63
The Swiss Society of Gerontology and the development of gerontology in Switzerland	69
Development of gerontology in Tunisia	73
Gerontology in Turkey	80
Gerontology in Ukraine: past, present and future	100

THE DEVELOPMENT OF GERONTOLOGY AND GERIATRICS IN MALTA

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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. Malta holds a key place in the history of international ageing policy. The Maltese Government was the first nation 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 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. As a result, Malta played a key role in the United Nations World Assembly on Ageing in 1982 whose designated chairperson was a Maltese citizen. In 1987, Malta was one of the very first countries whose ministerial cabinet included a Parliamentary Secretariat for the Care of the Elderly. In 2013, the Parliamentary Secretariat was renamed ‘Parliamentary Secretariat for Rights of Persons with Disability and Active Ageing’ to emphasise the Government’s commitment away from the biomedical model and towards a holistic perspective of care in later life. This paper will highlight the main travails of gerontology and geriatric education in Malta and will elaborate on the history of the Gerontological Unit at the University of Malta, the University of the Third Age, the International Institute on Ageing (United Nations–Malta), and the Maltese Association for Gerontology and Geriatrics.

Contemporary ageing policy in Malta

Latest statistics report that as much as 24 per cent of the total population — or 102,026 persons — were aged 60-plus in 2013 (National Statistics Office, 2014). Recent months witnessed a number of silver linings in contemporary Maltese ageing policy (Formosa, 2013; 2015; Formosa and Scerri, 2015). Indeed, on 25 November 2013 the Maltese Government launched

the a *National Strategic Policy for Active Ageing: Malta 2014–2020* (Parliamentary Secretariat for Persons with Disability and Active Ageing, 2013). The *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, the *Strategic Policy* 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 therefore advocates the strengthening measures of health promotion, care and protection, all of which aid older persons to ensure high physical and mental functioning that fosters independent living.

The adoption of the *National Strategic Policy for Active Ageing* is being complimented with other policy measures. In 2014, the Government issued the *National Dementia Strategy* (Parliamentary Secretariat for Persons with Disability and Active Ageing, 2014a) and the *National Minimum Standards for Care Homes for Older People* (ibid., 2014b) for public consultation, whilst also sponsoring the running of a new centre for Malta’s University of the Third Age. Moreover, each government-owned care home and day cen-

tre for older persons now include Representative Associations for its residents and members respectively, that function to empower older persons in the running of such entities. Other ongoing policies include the (i) transformation of Day Centres for the Elderly into Centres for Active Ageing that fulfil the role of 'lifelong learning hubs', (ii) organisation of nationwide pre-retirement learning programmes, (iii) amendment of the Criminal Code to safeguard vulnerable older persons from elder abuse, (iv) collaborating with Local Councils towards the employment of social work personnel to outreach vulnerable older persons, (v) providing in-service training programmes to social and health care personnel working with older people, and (vi), exploring how recent advances in assistive technologies enable older persons to 'age in place'.

The World Health Organisation classified Malta as the 5th best performing health system from a total of 191 countries (Azzopardi, 2011). This is primarily due to the fact that health care in Malta boasts exceptional levels of equity as it is available to all citizens, irrespective of income. Malta has also come a long way in the past quarter of a century as far as geriatric services are concerned. As it was recently reported,

Geriatric medicine has been established in Malta since the year 1989 when the first consultant geriatrician post was advertised and filled in the state-run health services...the post of lecturer in Geriatrics at the University of Malta was created and the subject taught to medical students. A Department of Geriatrics was only officially inaugurated in the year 2007... An official postgraduate training programme in most specialities including Geriatrics was set up in Malta in... 2008. (Ekdahl et al., 2012 : 388)

The past 25 years also witnessed the opening of an assessment and rehabilitation hospital specifically for older persons with an emphasis on enabling them to return back into the community, and the introduction of modules on geriatric medicine for medical students. 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. This means that there is a consultant geriatrician for every 9,275 persons aged 60-plus (2012 figures) — compared to Germany: 7,496, Spain: 7,701, United Kingdom: 8,871, and Switzerland: 9,250 (Ekdahl et al., 2012). The Office of the Prime Minister reported that in 2012 there... were approximately 1,287 admissions into geriatric wards at [the national rehabilitation hospital], com-

pared to 1,141 in 2011 and 979 in the year 2010. 88% of admissions for the year 2012 were transfers from [the national hospital] (compared to 82.5% in 2011). In conjunction with the rehabilitation consultant, 2,972 consultations were assessed at [the national hospital] compared to 2,400 in the year 2011 and 1,780 in the year 2010. 142 patients were managed in the orthogeriatric unit. As regards day hospitals and outpatient clinics, there were 668 new cases assessed (compared to 2,825 in 2011 and 2,464 in 2010 respectively) and 3,191 follow ups (compared to 2,825 in 2011) and 2,464 in 2010)... (Office of the Prime Minister, 2013 : 181)

In addition, the department of Geriatrics occupied a key role in specialised clinics related to memory, continence, movement disorders, falls, ophthalmic and pulmonary disorders.

The Institute of Gerontology / European Centre for Gerontology

The Institute of Gerontology was set up in 1989 as an autonomous academic institution that sought to develop interdisciplinary scientific teaching, education and research in gerontology and geriatrics. In line with Malta's membership in the European Union, in 2002 the Institute came to be known as The European Centre for Gerontology. The main objective of the Institute, as well as the Centre, was to offer training programmes to respond to the urgent demand for trained personnel in the field of ageing. From October 1991 to June 2010, the main academic programme offered by the Centre was the Postgraduate Diploma in Gerontology and Geriatrics. Its full programme is found in *Box 1*.

Until September 2010, both the Institute of Gerontology and the European Centre for Gerontology offered a Master in Gerontology and Geriatrics as a separate degree. Admission requirements stipulated an average mark of 70% or higher in the Postgraduate Diploma in Gerontology and Geriatrics. The Master degree was entirely research based. Following a successful proposal, students were required to author a 50,000 word dissertation that researched a topic of either a gerontological or geriatric concern in a country of their choice. The majority of students opted to base their empirical research in their respective home country. The number of candidates studying gerontology and geriatrics at the University of Malta during the years 1990–2009 is presented in *Fig 1* — namely, 110 Maltese and 121 international students.

Box 1: The Postgraduate Diploma in Gerontology and geriatrics (1991-2010)

Compulsory study-Units. Thirteen study units (eight core and five electives), each requiring 50 hours of study (4 ECTS) normally including 18 lecture hours, tutorials, and programme assignments. The eight core modules, evenly balanced in both areas of gerontology and geriatrics, covered the following areas: population ageing; sociology of ageing; health promotion; biology and physiology of ageing; psychology of ageing; research and evaluation; clinical aspects of old age; and medical and social rehabilitation.

Elective study-units. Students had to choose five of the following elective study units: social policies and strategies; medical problems; programmes and services: international comparison; psycho-geriatrics; geriatric supportive services; social welfare with older persons; epidemiology; statistics and computing; income security for older persons; and nutrition.

Practice placements. Participants were required to have an internship of 240 hours divided into four practicums of 60 hours each. Practical placements of both observational and hands on type, were aimed at enabling the participants to apply theoretical knowledge to practical solutions

Dissertation. Dissertation on an approved area of study chosen in consultation with a supervisor. The dissertation (15,000 words) required a sustained effort in defining the chosen area of investigation, in researching the issue at hand, in integrating the empirical data collected into a wider context of the subject, and in drawing conclusions and recommendations.

Final examinations. Three final comprehensive examinations.

Source: van Rijsselt et al., 2007: 89-90

In October 2010, the University of Malta streamlined its degree programmes according to the international Bologna agreement. As a result, the Postgraduate Diploma and Master Degree in Gerontology and Geriatrics were streamlines into one programme of study under the name of Master in Gerontology and Geriatrics. The newly formed model of the Master in Gerontology and Geriatrics, which is still retained at the time of writing, comprised a two year programme.

The programme of study includes study-units of a total of 120 ECTS, of which 60 ECTS are assigned to taught study-units conducted in the first year, and the remaining 60 ECTS credits assigned to a research dissertation of 50,000 words to be carried out in the second year. Admission requirements are as follows: (i) a Bachelor degree obtained with at least Second Class Honours or Category II, or a professional qualification considered by the Board to be comparable to a degree; or (ii) a Bachelor degree as above or a

professional qualification considered by the Board to be comparable to a degree; or (iii) a Bachelor degree obtained with Third Class Honours or Category III if applicants are also in possession of other qualifications, including relevant experience; or (iv) a professional qualification in one of the caring professions, together with at least five years' experience which together are deemed to be comparable to the level of a first degree.

During the first year, students enrol in compulsory study-units — each 5 ECTS and including 28 lecturing hours — plus a practice placement of 240 hours (5 ECTS). As can be seen from *Box 2*, the 11 study-units are evenly balanced in both areas of gerontology and geriatrics.

However, it is noteworthy that the regulations allow students who do not wish to continue with their research component to be awarded a Postgraduate Diploma in Gerontology and Geriatrics. Students who do not achieve at least a 65% average mark in

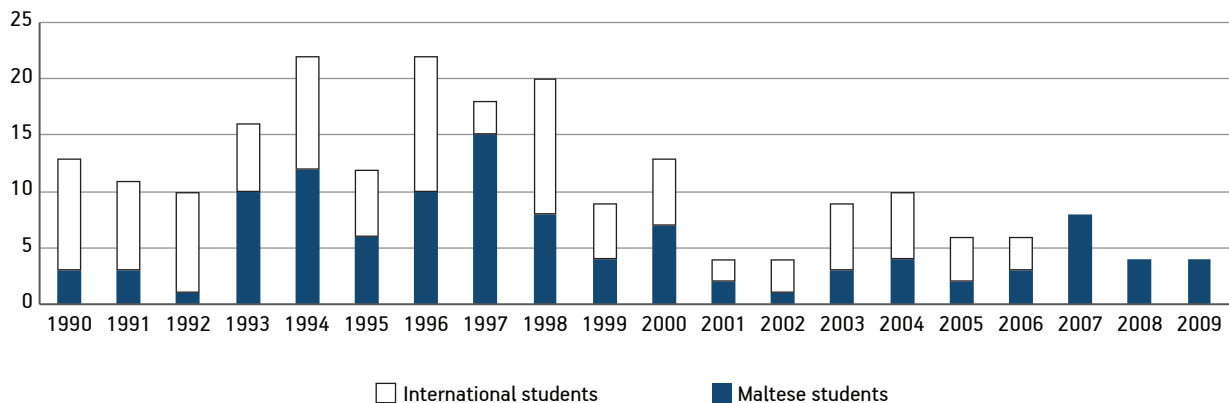


Fig. 1. Students studying gerontology and geriatrics (1990-2009), University of Malta

Box 2: The Master in Gerontology and Geriatrics (ongoing since 2010)

Study-Units. Eleven study units of 5 ECTS each and normally including 28 lecture hours. Study-units include: Sociology of ageing; Quality of life; Biological issues in old age; Health promotion; Research and evaluation; Social policies, programmes and services in the field of ageing; Clinical conditions and health care services in geriatrics medicine; Psychological and psychogeriatric issues; Social interactions in later life; Pharmacological issues in later life; Gerontology: Multi-disciplinary and inter-disciplinary approaches.

Practice placements. Participants are required to have an internship of 240 hours divided into four practicums of 60 hours each (5 ECTS). Practical placements of both observational and hands on type enable participants to apply theoretical knowledge to practical solutions.

Dissertation. Dissertation (50,000 words) on an approved area of study chosen in consultation with a supervisor.

their first year results are not allowed to continue with the research component, and be awarded the Postgraduate Diploma. As can be witnessed from Fig. 2, a total of 29 candidates (25 Maltese and 4 international students) studied gerontology and geriatrics during the period 2010–2015.

The year 2010 also witnessed the launch of a Doctorate programme in Gerontology and Geriatrics which was designed to prepare students for leadership roles ranging from academics, researchers, planners to policy makers in the field of ageing studies. This programme enables candidates to investigate an area of interest in great depth and become a leading expert in their own right. To-date, two candidates have applied successfully to read for a Doctorate Degree in Gerontology and Geriatrics with research proposals focusing on dementia care in later life and ethical concerns in later life respectively.

The Gerontology Unit

In June 2014, the European Centre for Gerontology migrated to the Gerontology Unit within the Faculty for Social Wellbeing. Presently, the Unit offers the two graduate programmes discussed above — namely, the Master and Doctorate programmes in Gerontology and Geriatrics — but will also be launching of two other qualifications: a Higher Diploma in Gerontology and Geriatrics in October 2015 and a Master in Ageing and Dementia Studies in February 2016.

The Higher Diploma in Gerontology and Geriatrics was designed to cater for students who have

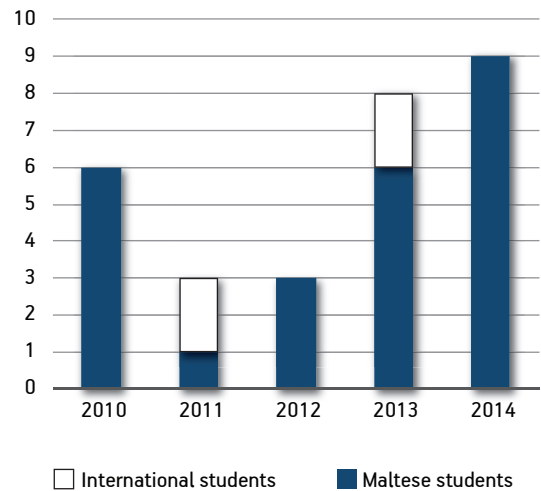


Fig. 2. Students studying gerontology and geriatrics (2010–2014), University of Malta

completed their higher education and are looking to expand their knowledge of gerontology and geriatrics through a recognised university programme. It targets persons already working with older persons and in the field of ageing, those who wish to work with older persons, and others who wish to commence their studies in the field of gerontology and geriatrics. This programme of study provides a broadly based, multi-disciplinary perspective on ageing, later life, and older persons, whilst also disseminating knowledge and skills related to clinical and practical interventions with older persons. It also sensitises the students to the application of gerontological and geriatric research findings to practice. The Diploma’s study units are presented in Box 3.

Box 3: The Higher Diploma in Gerontology and Geriatrics (October 2015 onwards)

Study-Units. Twenty-four study units of 5 ECTS each and normally including 28 lecture hours. Study-units include: Key principles in social gerontology; Physiological and medical issues in old age; Community services for older people; Biological aspects; Research methods; Economic and social aspects of ageing; Health care professionals in old age; Theoretical issues in ageing policy; Mental health issues in later life; Researching ageing and later life; Food and nutrition in later life; Familial networks and informal care; Pensions and their sustainability in Malta; Social rehabilitation in later life; Introduction to abuse and neglect; Income security, social protection and poverty prevention; Diversity and discrimination in later life; Long-term services for population ageing; Educational gerontology; Multi-disciplinary health services for older people; Legal issues in later life; and Recognising and preventing elder abuse in long-term settings.

Upon completion of the Higher Diploma, graduates are expected to be able to provide higher levels of social and health care services to older persons which, in turn, will function to improve the quality of service to older adults. Most especially, candidates will be able to meet the needs of prospective employers by being knowledgeable in embracing the roles of financial planning for older persons, engaging in case work, and assisting in the organisation and administration of social and related services in community and residential care.

In 2015, just over 6,000 individuals have dementia in the Maltese islands, a figure equivalent to approximately 1.5 per cent of the general population. As the population ages, the number of individuals with dementia will increase significantly such that by the year 2030, it is projected that 9,883 individuals in Malta will have dementia. As a direct result, there is an urgent and warranted demand for ensuring good quality care through the provision of training and educational programmes for staff in direct contact with individuals with dementia, with particular importance to challenging behaviour and palliative care. In this respect, the Master in Ageing and Dementia Studies makes a valuable contribution to the development of dementia care knowledge, research and practice. The objective of the degree is to reinforce and mature the understanding, skills, competencies and attitudes of students working between the interface of ageing and dementia. The Master of Ageing and Dementia Studies was planned and developed to provide students with an in-depth, research-based knowledge of dementia, including theory, innovative and best practices, policy issues, as well as a grounding in academic and research skills. Therefore, promising to act as a catalyst for candidates' professional development with regards the meeting of needs of both present and incoming cohorts of older persons with dementia. This Master's study units are found in *Box 4*.

The Master Degree of Ageing and Dementia Studies makes a valuable contribution to the development of dementia care knowledge, research and prac-

tice is designed in a way to promote collaboration between disciplines of nursing, medicine, occupational therapy, social work and other professionals working with persons living with dementia and their families/significant others. It is anticipated that graduates of this Master Degree will be enabled to promote and develop excellence in dementia care in their practice setting — thus, ensuring that older persons with dementia live a dignified and meaningful life that respects their citizenship rights.

In order to verify the quality of its programmes and to ensure that academic standards are maintained, the Gerontology Unit engages on an annual basis the services of international external examiners. The Unit ensures that their academic expertise reflects the interdisciplinary nature of the programmes offered by alternating examiners with gerontological and geriatrics expertise on a frequent basis. It is also noteworthy that the Gerontology Unit collaborates closely with a number of universities, academic institutes, and centres in the field of aging, throughout the world. It also cooperates with a number of United Nations organisations and agencies and in particular with the International Institute on Ageing, United Nations–Malta. For many years, a range of scholarships were offered to deserving candidates through the United Nations funds.

The University of the Third Age

Founded in January 1972 in Toulouse, Universities of the Third Age (U3A) can be loosely defined as socio-cultural centres where older persons acquire new knowledge of significant issues, or validate the knowledge which they already possess, in an agreeable milieu and in accordance with easy and acceptable methods. The University of the Third Age in Malta — or as it is called in Maltese *Universita' tat-Tielet Eta'* — is the only local voluntary institution that caters solely to the learning interests of older adults. This is possible because the University of Malta subsidises the rent of its premises, as well as for the fees

Box 4: The Master in Ageing and Dementia Studies (from February 2016)

Study-Units. Eleven study units of 5 ECTS each and normally including 28 lecture hours. Study-units include: Social policies, programmes and services in the field of ageing; Clinical conditions and health care services in geriatrics medicine; Ageing: Psychological and psychogeriatric issues; Social interactions in later life; Pharmacological issues in later life; Gerontology: Multi-disciplinary and inter-disciplinary approaches.

Practice placements. Participants are required to have an internship of 240 hours divided into four practicums of 60 hours each. Practical placements of both observational and hands on type, are aimed at enabling the participants to apply theoretical knowledge to practical solutions.

Dissertation. Dissertation (25,000 words) on an approved area of study chosen in consultation with a supervisor.

U3A members by centre and gender (academic year 2013/2014)

U3A Centre	60-69	70-79	80-89	90+	Total	Total	
						Males	Females
Floriana	265	179	73	10	527	153	374
Sliema	55	23	17	1	96	42	54
Kottonera	22	4	4	1	31	11	20
Gozo	24	32	7	2	65	6	51

Source: House of Representatives, (2014)

of lectures and a full-time coordinator. Membership can be easily acquired by those who have passed their 60th birthday and are willing to pay a nominal fee of €12. The U3A operates from four centres — namely, Floriana, Sliema, Kottonera, and Gozo.

The Maltese U3A is governed by two main committees (Formosa, 2012a : *passim*). Whilst academic matters are in the hands of a committee chosen by the University of Malta, its social undertakings are managed by a democratically elected 'Association' from U3E members. The U3A offers courses which are not intended to lead their participants to obtain any material or credential gains. It approaches education as consisting of the pursuit of non-utilitarian knowledge through which one's mind and personality can be enhanced. The U3A coordinates a wide variety of courses based on the assumed needs and interests of older persons. These range from 'heavy' courses on philosophical concerns to day-to-day courses focusing on gardening. Members have no direct control over the institution's programme content. Although learners are free to suggest new courses, this decision rests solely in the hands of university academics. The U3A's prospectus states that the curricular programme covers aspects of special interest related to the social rights and responsibilities of older persons that may range from financial matters, support social services, health care, physical exercise and dieting, to the prevention of illness and disability. Tutors are non-U3A members, either full-time or part-time university lecturers, and are paid according to university rates. Members tend to be in the 60–74 age band, with both membership and participation falling steadily with increasing age. Female members outnumber males (3:1), with the ratio increasing when one focuses solely on course attendance (5:1). Members also tend to reside in the Southern and Harbour Regions.

The majority of U3A learner members are married and still living with their spouses, so the organisation seems to be functioning more to combat the

reduction of social roles resulting from retirement rather than to allay social solitude (Formosa, 2012a). Members also possess higher-than-average levels of educational attainment and qualifications. As much as 72 per cent of persons in the Maltese 60-plus cohort hold no educational qualifications compared to only 10 per cent of U3A members. U3A members are six and twenty times more likely to be in possession of secondary school certificates and tertiary credentials respectively than the average Maltese older person. The typical female member holds a history of working in 'female' professions such as teaching and nursing, whilst many male counterparts boast a 'managerial' career within the civil service. The majority joined the U3A to 'make up for lost opportunities', and view the learning environment as a place where 'one meets people of similar interests'. Moreover, members hold strong appreciation for learning for its own sake and highlight with excitement the new directions it opens up, the feelings of self-fulfilment that result with satisfying their curiosity and creative potentials, and the sociable enjoyment from engaging in social and cultural activities.

Attending the U3A gave me real confidence. I had three children in succession so participation in educational courses was always out of the question. I always saw myself as incomplete, curious about life, but never able to satisfy this desire (older learner, age 62, cited in Formosa, 2012a : 118).

Reflecting other international research, many older learners claim to find their participation in educational and learning classes as indispensable in overcoming the various social and psychological challenges brought on by the onset of later life and retirement. As one interviewee put it,

Both my daughters left home as much as fifteen years ago. The both live in London. I missed my grandchildren. I used to stay indoors, afraid that I meet my neighbours' grandchildren on my way out ... Learning German was my way out of that rut.

Time flies when listening to language tapes or doing homework. I am now able to have a decent conversation in German. I have been twice to Germany recently, and was able to converse with native people. It gave me an enormous self-confidence. I feel very good, I feel a sense of achievement which I lacked before (older learner, age 65, cited in Formosa, 2012b: 282).

The above testimonies are all strong demonstrations of the ways in which U3As aid older persons to cope with adverse circumstances whether social, economic, or health-related.

The International Institute on Ageing (United Nations–Malta)

Following upon its long-standing interest in international co-operation within the field of Ageing, and in harmony with the spirit and objectives of the Vienna International Plan of Action, the Government of Malta proposed to the Secretary-General, in September 1985, the establishment in Malta of a United Nations International Institute on Ageing (INIA) to help developing countries prepare for the inevitable consequences of a dramatic increase in the older population. The United Nations reacted favourably to this initiative and conducted a feasibility study, which was subsequently examined by an inter-governmental expert group. As a result, the UN Economic and Social Council, in its Resolution 1987/41, recommended to the Secretary-General the establishment of INIA. On the 9th October 1987, the United Nations signed an official agreement with the Government of Malta to establish the International Institute as an autonomous body under the auspices of the United Nations. The Institute was inaugurated on 15th April 1988 by the then United Nations Secretary-General, H. E. Mr. Javier Perez de Cuellar. INIA serves as a catalyst for governments to create bold and ambitious long-term policy frameworks for ageing societies. Whilst older persons constitute an important resource for societies, later life should be experienced as an age of opportunity.

In accordance with the mandate given by the United Nations Economic and Social Council, and the Agreement signed between the United Nations and the Government of Malta, INIA's main objective is to fulfil the training needs of developing countries and to facilitate the implementation of the Madrid International Plan of Action on Ageing. In order to reach this objective the principal activities of the Institute focus on data collection, publishing research

reports, technical cooperation with international stakeholders, and most importantly, training. Indeed, provides training in gerontology and geriatrics to officials, who hold positions as policy-makers, planners, programme executives, educators, and professionals dealing with challenges in the field. Training programmes are offered in appropriate formats including, but not limited, to colloquia, seminars, and workshops tailored to the needs of the participants and the nature of the specific subject.

INIA conducts four international short-term programmes on an annual basis in Malta — namely, Social Gerontology; Health Promotion, Quality of Life and Wellbeing; and Policy Formulation, and Implementation of the Madrid International Plan of Action on Ageing. All training programmes opt for an interdisciplinary perspective on ageing, emphasise the importance of mainstreaming ageing issues in a country's development planning, whilst also addressing options for policy formulation and services implementation. Since its foundation, INIA has trained over 2,095 participants from 141 countries in its regular international short and long-term training programmes held in Malta. Since 1995, INIA has also carried out 96 'in-situ' training programmes in 27 different countries — thus training another 3,009 various professionals in the field of ageing. So far, INIA has held regional or national training programmes in the following countries: Azerbaijan, Barbados, Belarus, Federative Republic of Brazil, People's Republic of China, Czech Republic, Egypt, Republic of Ghana, Republic of India, Kazakhstan, State of Kuwait, Republic of Macedonia, Malaysia, United Mexican States, Republic of Moldova, Republic of Panama, Republic of the Philippines, State of Qatar, Romania, Russian Federation, Republic of Singapore, Republic of South Africa, Kingdom of Thailand, Tunisian Republic, Republic of Turkey, Ukraine and United Arab Emirates. This is a formidable achievement, and reflects the good work achieved by my predecessors and the staff at INIA. Indeed, INIA's capacity for the development of ageing policy in developing countries is now recognised internationally.

The Maltese Association for Gerontology and Geriatrics

The Maltese Association of Gerontology and Geriatrics (MAGG) was set up in 1998. Its objectives are to promote professional and educational advancement of gerontologists and geriatricians. The association places great emphasis on research-based mutual

Box 5: The Master in Gerontology and Geriatrics (ongoing since 2010)*Functions*

- maintaining contact with graduates from the Gerontology Unit;
- disseminating and sharing information regarding gerontology and geriatrics;
- to promote further advancement of research and practice in Geriatrics and Gerontology
- enabling the improvement of the quality of life of older persons;
- representing the professional interests of gerontologists and geriatricians;
- co-operating with other professionals involved in the promotion of elder care;

Aims

- promoting the educational advancement of gerontology and geriatrics;
- placing great emphasis on research based mutual education by members;
- stressing the importance of holistic elder care;
- acting as a forum for gerontological and geriatric concerns;

Purposes

- promote gerontology and geriatrics;
- periodically review, enhance and clarify the role of gerontologists/geriatricians;
- enable the diverse educational programmes of gerontology and geriatrics;
- reach and unite all those who qualify for membership;
- representing members in local and international forums;
- fostering the professional education and training of gerontologists and geriatricians

education by and of its own members throughout the world. It also stresses the importance of considering all the aspects of older persons — namely, physical, social, and psychological. The association is also a forum for considering every aspect of ageing both locally and internationally. The association's functions, aims and purposes are listed in *Box 5*.

For many years, MAGG conducted bi-monthly seminars and lectures for its members on various topics of ageing, and an annual one-day gerontology and geriatrics national seminar to which all those involved in the field of ageing are invited to participate. During these seminars, past students of the Gerontology presented the results of the research work in various aspects of ageing, and which was carried out during their reading for the Postgraduate Diploma or Master Degree in Gerontology and Geriatrics. The association also had its own quarterly newsletter. It is noteworthy that in 1999 the association was accepted as a full member of the International Association of Gerontology and Geriatrics, the world body in the field of ageing that represents national member organisations from over the five continents. In January 2000 the association became the 33rd member of the European Association of Gerontology. In 2009, MAGG also organised — in collaboration with the European Social Science Section of the International Association of Gerontology and Geriatrics, and the German Centre of Gerontology, Berlin — an international conference titled 'Ageing in the Mediterranean

World'. The conference was attended by a group of thirty experts hailing from France, Germany, Israel, Italy, Lebanon, Malta, Netherlands, Portugal, Spain, Tunisia and the United Kingdom. Issues explored included the social worlds of ageing, long-term care, migration, and gerontological reasoning and gerontological practice in Mediterranean Countries.

Conclusion

In the foreseeable years, an increasing number of Maltese citizens will live into advanced age. This explosive growth of older adults will result in a mix of opportunities and challenges. On one hand, an ageing population presents itself as an opportunity to communities because many older adults are committed, long-time residents, who contribute their time and energy to local issues. Older persons are both a social resource and key contributors to the socio-economic fabric. On the other hand, supporting the needs of older persons represents a tough challenge. The Gerontology Unit is well equipped to meet this challenge, with its international reputation determined by the fact that in the years 1990 to 2015 degrees more international than Maltese candidates were in receipt of degrees in gerontology and geriatrics. It is therefore important that the government teams with the gerontology educators who are responsible for preparing tomorrow's professionals to serve an increasingly ageing population. There is no doubt that an

examination of workforce literature predicts that we will need substantial numbers of trained ageing specialists in the years ahead. However, it is disconcerting that Malta is already experiencing some key shortages in workforce preparedness. Given the available demographic projections one must ask if institutions of higher education — especially the University of Malta and the Malta College for Arts, Science and Technology — are doing their utmost to provide the required number of applied gerontological personnel that is needed to serve the interests and need of the growing older adult population. To conclude there warrants an accreditation of degrees and diplomas in gerontology rather than concentrations or minors within various disciplines, which tend to fail in integrating gerontology in the disciplines in which they are embedded. Only the latter strategy will result in more reliable and valid studies on older persons, ageing and later life, something that is crucially lacking at present.

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