Population ageing in Malta

From figures based on the 2005 Population and Housing Census for the Maltese islands, as at the end of December 2009, the population of Malta was estimated at 412,970, consisting of 205,419 males and 207,551 females. The proportion of those aged 60+ has been steadily increasing during the past 50 years, and in 2009 represented 22 per cent of the Maltese population, or 90,697 (NSO, 2010a) (see Figure 13.1).

According to the 2005 National Census, the mean age of the Maltese population was 49.43, while for the 1995 Census it was 35.73 (COS, 1997; NSO, 2007). This clearly shows the ageing process of the population. In the period between the two censuses, the 0-14 age group registered a decline of 11.1 per cent (from 74.9 to 66.6 thousand). Compared to this, the 15-59 and 60+ age groups recorded an increase of 2 and 20 per cent respectively. When one takes into account the fact that the Maltese population increased by only 1.8 per cent during 1995–2005, the increase

Figure 13.1: Total Maltese population for 2009, divided according to age group

Source: NSO (2010a)
Ageing in the Mediterranean

in those aged 60+ clearly shows that the Maltese population is ageing fast. In fact, the older population is growing at a faster rate than the rest of the population.

Population projections show that this trend of population ageing will continue for a number of years to come. It is projected that, by 2025, 26.8 per cent of Malta’s population, or 111,000, will be above the age of 60. This percentage is projected to increase to 123,000, constituting 31.3 per cent of the population by 2050 (COS, 1997; NSO, 2009).

Population ageing in Malta, as in other countries, has not only changed the very structure and composition of the total population, but has also altered the structure and composition of the older population itself, with the elderly population itself ageing very fast. Thus, between 1995 and 2008, those aged 60–74, the ‘young old’, increased by 37.3 per cent from 45.6 to 62.6 thousand, while those aged 75+, the ‘old old’, increased by 27.3 per cent from 19.8 to 25.2 per cent. It is projected that between 2008 and 2025, while the ‘young old’ will increase by 9.9 per cent, the ‘old old’ will increase by 40 per cent (COS, 1997; NSO, 2009).

With advancing age, pathological conditions tend to increase. The more aged groups are those most likely to be disabled, living alone and to have fewer supportive relatives, if any at all.

Fertility rate

A striking feature of the Maltese population is the constant decrease in the fertility rate. Between 2005–10, Malta’s average fertility rate stood at 1.3, making it the second lowest among the Mediterranean countries, second only to Bosnia-Herzegovina (UN, 2010). This is a very interesting phenomenon given the fact that the majority of Maltese are Catholics and, until a few years ago, couples used to follow the Church’s dictates of only using natural methods of contraception. It was precisely the change in values regarding this factor, coupled with the rapid rate of secularisation, that resulted in a remarkable decrease in the fertility rate (Tabone, 1987).

Mortality rate

The number of deaths registered during 2009 was 3,221, with a crude death rate of 7.8. The total number of deaths is constantly fluctuating. In fact there is no pattern that can be recorded between one year and another. The crude infant mortality rate stood at 6 during the same year. This was higher than that registered in Cyprus and Israel as well as that registered among the Mediterranean countries in Southern Europe, with the exception of Albania, Bosnia-Herzegovina and Montenegro (UN, 2010).
*Life expectancy*

In 2010, Malta had the fifth highest life expectancy at birth among the Mediterranean countries, standing at 79.1 (76.6 for males and 81.3 for females). It was preceded by Israel and Italy at 80.6, Spain at 80.1 and France at 80.0. This is projected to increase to 81.6 by 2025 (79.2 for males and 83.9 for females) and to 83.8 (81.5 for males and 86.2 for females) by the middle of the 21st century (UN, 2007).

As a result of increasing life expectancy, during 2010, the number of older people exceeded that of children. In fact, there were 64,566 Maltese below the age of 15 as compared to 90,697 aged 60+. Thus, the ratio of older people (60+) to that of children (0–14) for the Maltese population during the same year, 2010, consisted of 140 older people per 100 children, a clear indication that, as a result of Malta’s declining fertility rate, coupled with a lengthening life expectancy, this will result in more rapid population ageing over the long term (Eurostat and the European Commission Directorate for Employment, Social Affairs and Inclusion, 2010).

*Migration*

Following the end of the Second World War, owing to the poor economic conditions in the Maltese islands, the high rate of unemployment and rapid population growth resulted in large-scale emigration. Thousands of young Maltese migrated mainly to Australia, Canada, the UK and the US in search of jobs and a better quality of life, leaving behind the older population; and the government supported them to leave the country. As a result, by the 1960s Malta already had an aged population, with more than 10 per cent of Malta’s population aged 60+.

Migration had become like a safety valve. Although some eventually came back as retirement returnees in the 1980s and 1990s, the majority and their descendants now form a vibrant worldwide Maltese diaspora. Skilled and qualified migration, both incoming and outgoing, became an important phenomenon in the last decades of the 20th and the first years of the present century. Malta’s European Union (EU) membership during the latter period also brought with it influxes from Eastern Europe and elsewhere, as well as transnational networks of Maltese working in EU institutions.

Recent years have been characterised by the onset and exponential increase of ‘boat’ migration of asylum-seekers from sub-Saharan countries. Within this context, the International Organization for Migration (IOM) has implemented a number of projects to support the Government of Malta in migration management. These include resettlement and relocation to the US and other EU member states, assisted voluntary return and reintegration programmes, and also support and assistance to asylum-seekers and migrants held in closed and open centres. IOM also offers technical cooperation support in the field of countering trafficking in human beings (IOM, 2012).
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Feminisation of ageing

Population ageing is often considered 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, in 2009, 47.5 per cent, or 30,735 people, in the 60–74 age group were males as compared to 33,989 females, amounting to 52.5 per cent, registering a sex ratio of 90.4. In comparison, the sex ratio for those aged 75+ stood at 61.0, with 9,840 males (32 per cent) to 16,133 females (62 per cent) (NSO, 2010a).

This, as we have seen, is the result of a higher life expectancy among women. Although the gender-based difference in life expectancy is narrowing, women still live on average 4.7 more years than men. The consequences of these sex differences are so marked that the problems of ‘old old’ women comprise a substantial share of the problems of older people. Women in the 75+ age group are often widowed and suffering from one or more forms of disability (Troisi, 1998a).

Socioeconomic situation of Malta’s older people

Malta has a comprehensive social insurance scheme and retirement/old-age pension packages. Traditionally, the welfare system in Malta has developed along with the age structure of the population, with the government embarking on a number of programmes aimed at fighting 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 the 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.

The system of social protection in Malta offers a wide range of services covering from birth to death (NSO, 2004, 2005). It is estimated that in 2009, almost 20 per cent of the country’s GDP was spent on social protection, amounting to 40 per cent of the government’s recurrent expenditure (NSO, 2011a). The Maltese social protection system is based on two pillars, namely: (1) social insurance, aimed at safeguarding citizens’ income by providing a comprehensive system of basic security and income benefits which guarantee an acceptable standard of living; and (2) 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.

Health services

Health services in Malta are highly developed – a comprehensive health service is provided to all Maltese residents that is entirely free at the point of delivery, funded
from general taxation. All residents have access to preventive, investigative, curative
and rehabilitative services in government health centres and hospitals. Those with
a low income are 'means-tested' by the Department of Social Security, and those
who qualify receive a card entitling them to free medicine. At present, the scheme
has 124,215 beneficiaries. Someone suffering from one or more of a specified
list of chronic disease is also entitled to receive free treatment for the ailment,
irrespective of financial means; €69 million is being invested in free medicine
every year. Healthcare is consequently the second highest annual expenditure of
the Maltese government (Xerri, 1998; Government of Malta, Ministry of Health,
the Elderly and Community Care, 2011).

The Department of Health Promotion coordinates all national health activities
including health education. It also runs several preventive programmes on a
national scale, including a free immunisation programme, which covers a wide
range of illnesses. And 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.

Domiciliary nursing services are made available through the Malta Memorial
District Nursing Association (MMDNA) that was set up in September 1945.
Through its professionally qualified nurses this non-governmental and non-
profit organisation provides high standard nursing services in the community
that, from the very beginning, was intended to reach anyone who needed it. In
1973, the government contracted this association to deliver a nursing service
to older people and those with a disability living in their own homes and who,
without this service, would have had to be institutionalised. It is provided free to
those who pass a means test. It is expanding rapidly and has been beneficial in
various ways: it has been instrumental in preventing unnecessary hospitalisation
in a number of cases and has helped in reducing delayed hospital discharges by
giving adequate post-hospital care at home. It has also helped various family carers
to continue taking care of their older relatives and to not have to resort to their
institutionalisation due to not being competent enough to provide nursing care.

**Pensions**

Malta has a long tradition in the provision of pensions. The state pensions provision
consists of a mandatory earnings-related pensions scheme, financed on a pay-as-
you-go (PAYG) basis. It provides old-age pensions, survivor's benefits and invalidity
pensions. The most prevalent is the two thirds pension that is an earnings-related
contributory pension based on the employee’s pensionable income. Following
the reform law enacted in December 2001, the pensionable income for people
born on or after 1962 is determined as the annual average of the basic wage/salary
of the best 10 years within the last 40 years of work. For those born before
1962 the pensionable income is calculated as the best three years out of the last
10 years in employment. In order to qualify for the two thirds pension, a person
should have been employed for at least 10 years prior to retirement, have paid the required contribution rate and been credited with an average of at least 50 out of a possible 52 national insurance contributions each year over the established contribution period (depending on the age of the contributor). Following the reform, in order to qualify for a full pension, a person should have paid (or been credited with) contributions for a period of 40 years or more (Government of Malta, Ministry of Finance, Economy and Investment, 2009).

As expected, the two thirds old-age retirement pension has, for a number of years, not only accounted for the highest financial outlay, but is also constantly increasing. In 2009, this amounted to almost €218 million, accounting for 43.4 per cent of all contributory benefits that amounted to almost €525 million, up from a share of 39.9 per cent during 1998 (NSO, 2010b).

In 2006, Malta legislated a number of pension changes including a gradual increase in the statutory pensionable age to 65 for both genders by 2026. This resulted in a progressive increase in contribution period for qualifying for a full two thirds pension (from 30 to 40 years). In order to achieve more equivalence, the reform also included a gradual change in the method for calculating the two thirds pension, as well as a gradual rise in the pensionable income ceiling. It also adjusted the calculation of pensionable income from the best 3 out of the last 10 years to the best 10 from the last 40 years. A guaranteed national minimum pension payable at a rate of not less than 60 per cent of the median income for those born after 1 January 1962 was also introduced. The pensionable income ceiling is projected to increase on the basis of a formula composite of 30 per cent of inflation and 70 per cent of wages (Government of Malta, Department of Social Security, 2005; Government of Malta, Ministry of Finance, Economy and Investment, 2010). The rationale behind lowering the PAYG contribution rate of the workers is the introduction of the three pillar scheme whereby there will be a basic pension equivalent to the minimum wage, a second pillar whereby an individual can increase the basic pension by a compulsory private insurance and a third pillar whereby the second pillar can be improved through a freely chosen and paid private insurance.

Non-contributory benefits were originally intended to cater for those below the ‘poverty line’. Nowadays, the scope is wider and they are mainly aimed at providing social and medical assistance to those heads of households who are unemployed, either because they are unable to perform any work due to some specific disease or, because, notwithstanding their searching for employment, they are unable to find work. It is also payable to single people or to widows who lack financial assistance and who are caring, on a full-time basis, for an older person or a relative with a mental or physical disability.

The entire population is covered either under the contributory or the non-contributory pensions scheme. According to Statistics on Income and Living Conditions (NSO, 2011a), a 60-year-old person living alone has, on average, an annual household disposable income of €7,930. An old person living with at least one other older person has, on average, an annual household disposal income of
€17,000. This increases to €25,290 for an old person who lives at least with one of his or her children (NSO, 2011a).

Under the scheme entitled ‘Pension entitlement to persons in gainful occupation’, which started on 1 January 2008, all those in full employment, on reaching pensionable age, can apply for their pension and will receive their full pension including bonuses on reaching pensionable age, and can continue in full employment at the same time. At present around 10,000 people are covered by this scheme.

As a result of these measures, the government is expected to guarantee an acceptable standard of living and to provide the basic needs for all Maltese citizens from the cradle to the grave by providing a comprehensive system of basic security and income-related benefits (Government of Malta, Department of Social Security, 2003, 2005; Troisi, 2005). One cannot deny, however, the fact that population ageing has serious repercussions on social security systems, and constitutes one of the greatest challenges to the country’s capacities for adaptation. The sustainability of the pensions system is questioned, and there is agreement that unless appropriate and timely reform is implemented, it will run into serious financial difficulties. This is due to the fact that as the revenue collected from contributions will not only continue to be insufficient to cover benefits expenditure, the gap will widen more and more, increasing pressure on the country’s public finances (Government of Malta, Ministry of Finance, Economy and Investment, 2010).

The changing traditional caring role of the family

By and large, Maltese society has always been characterised by its strong family structure. Despite recurring misgivings about the commitment of the family to care for its older members, it is generally accepted that the central role played by the family, especially by women, as principal providers of care, is still relatively maintained and the exchange of obligations are, by and large, still the basis of a good number of family relations. In fact, a good part of care is still provided by family members in the informal sector. In times of need, older people turn first to their own families, then to friends and neighbours, and finally to the bureaucratic agencies. Although many of the Maltese older people live alone, they are deeply embedded in family support networks of interdependence, of giving and receiving (Troisi and Formosa, 2006).

One cannot, however, deny the fact that, in recent years, the traditional role of the Maltese family in the daily care and support of its older members, especially those who are frail, is being subjected to economic, social and psychological strains, and is under serious threat (Troisi and Formosa, 2006). It is therefore necessary to examine the social and cultural changes that have been affecting the family in Malta.
Among the emerging trends in family changes is the dramatic reduction in the average family size resulting in the number of potential carers for dependent older family members being drastically reduced. Moreover, families are becoming more and more geographically separated as younger daughters, on getting married, move into newer housing schemes. Although distances in Malta rarely exceed a few kilometres, the married daughter living in a separate area is unable to render the same degree of care and support as before.

Even though parenthood is still desired by the majority of married couples, there is a growing tendency among young Maltese couples, as is the case with young European couples, that an additional child strongly competes with other priorities and pursuits. Between 2005–10, Malta’s average fertility rate stood at 1.3, making it the second lowest among the Mediterranean countries, second only to Bosnia–Herzegovina (UN, 2010). This decrease in the number of children within a family means that the care for dependent older family members may no longer be shared by several brothers or sisters as before, and if not relinquished, it is compounded, aggravating the family’s heavy strain of care. The gradual emergence of the two-child family and its actual acceptance as the ‘standard’ size of the Maltese family was already evident in the 1985 census, and this has been further diminished during the past few years.

The changing role of women who had traditionally been the primary caregivers for their frail older parents is inevitably affecting caring patterns. Until a few years ago, it was part of Malta’s social pattern that where a daughter remained unmarried or was married but bore no children, she was expected to look after her frail older parents. This is, however, becoming an exception. Moreover, their ever-increasing participation in the labour force outside the home is further diminishing their availability as caregivers. It can no longer be assumed that female relatives will be available for full-time care. This has given rise to what is now termed the ‘sandwich generation’ of middle-aged women – that is, women having to take care of children and of parents.

Malta has the lowest female employment rate among the 27 EU countries, standing at 43.4. In 2000 it stood at 33.2 (Eurostat and the European Commission’s Directorate-General for Employment, 2010). The increase is the result of the fact that the government has produced a number of schemes aimed at encouraging female participation in the labour force, and has adopted a policy of support structures for women wishing to remain in the labour market. While flexible hours are improving the employment rate for women, childcare and day care centres are also creating solutions for mothers with young children to return to work. Similarly, women returning to work in Malta after an absence of five years because of having children have saved at least one year of tax deduction, amounting up
to €1,631. This tax credit is granted to both single or married women, and can be deducted from the tax due on income earned, during the first two years of a woman’s return to work.

Changes in family values

As in the case of many European countries, a number of fundamental changes in traditional Maltese family values can clearly be observed, especially over the past three decades. The emergence of materialistic values is slowly but steadily having dire negative effects on society at large, and particularly on the family which, as a result, is not only becoming more unstable, but is also losing its fundamental social role (Tabone, 1987; Troisi, 1995, 1998b).

Changes in traditional family values and role expectations are manifesting themselves in various ways, including:

- the slowly increasing number of marriages that, in a number of cases, although still small, are nowadays ending in divorce. For many years, Malta opposed the introduction of divorce, but despite strong opposition from the Catholic Church and a number of religious and lay organisations, a pro-divorce bill won the majority in a referendum that took place in May 2011. Following this, divorce was introduced as a legal remedy that may now be claimed before the Courts of Malta. This came into effect by virtue of recent amendments to the Maltese Civil Code, brought about by Act XIV of October 2011. Since then, a total of 556 applications for divorce have been filed before the courts, 344 of which have been decided;
- the decreasing number of contracted marriages, both religious and civil. During the last quarter of a century, most West European countries have registered fewer marriages. This is also becoming the case in Malta. It may further be noted that the average age of spouses has increased considerably over the past 15 years;
- the emancipation of women and the more general trend towards individualisation are finding expression in new patterns of cohabitation. An increasing number of young people are considering unmarried cohabitation as a lifestyle and as an alternative to marriage. In many European countries, it is regulated by law; however, in Malta there is no such law. However, notwithstanding opposition by various religious groups, foremost among which is the Catholic Church, the first reading of a law on cohabitation is expected to take place in the near future;
- increased voluntary childlessness, not because of infertility, but because of changing values, especially among the younger generation, hence the increase in contraception use during the last two decades;
- the increase in the number of one-parent families consisting of an unmarried or divorced person. Although not as high as in other European countries, the number of children born to unmarried women is also increasing in Malta.
Within the elderly population, there is an increasing number of octogenarians, with women generally surviving to older ages than men. Considering that people aged 80+ may most often be in need of support and care, their rapid increase in numbers obviously has implications for policies intended to assist family caregivers, the majority of whom are also women. Moreover, as a result of increased longevity, younger relatives, mainly daughters, are more likely to be already old themselves. When this is combined with the smaller number of siblings available for providing care, the strain on the dominant forms of elder care in Malta is becoming heavier, and sometimes even leading to burn-out. Consequently, the needs of frail older people can no longer be met by the family alone without the support of specialised programmes and services sponsored by the state.

The demographic trends mentioned above are seriously decreasing the availability of kin and others who can provide care and support to older family members in need. These trends cannot be seen as a mere crisis phenomenon, but rather as a radical transformation.

A great need has been created to encourage the maintenance of intergenerational family solidarity. The family needs to be supported, protected and strengthened so as to enable and encourage it to continue responding to the needs of its older members.

As explained earlier, it is generally accepted that the central role played by the family, and especially by women, as the principal providers of care is still relatively maintained, and exchanges of obligations are, by and large, still the basis of a good number of family relations. At the same time, however, the institution of the family is undergoing functional and structural changes as well as changes in size. Its traditional caring role is being subjected to social, economic and psychological strain and stress. It is because of this situation and the difficulties encountered that Malta is witnessing a new phenomenon in the field of caring for dependent older people. As is the case in other Mediterranean countries including Israel (see Chapter Twelve, this volume), Italy (see Chapters Seven and Eleven), Lebanon (Chapter Fifteen) and Spain (Chapter Seven), a relatively small number of wealthier families are resorting to hiring migrant care workers. Although this new care labour market is still in its infancy and, therefore, not widely developed, as in the countries mentioned, women from the Philippines are being employed to provide long-term care to dependent older relatives.

**Government policies and programmes**

Although a small nation, Malta has been at the forefront in prioritising care for older people. The government’s 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 (UN), urging member states to consider the phenomenon of ageing as a matter on international concern and to give priority to consideration of ameliorating the quality of life of the world’s older people. The UN General Assembly unanimously accepted this proposal at
its 24th session in 1969. Malta’s role in instigating the international community’s concern about this worldwide phenomenon was further manifested in the various resolutions sponsored by the Maltese government and adopted by various General Assemblies (Troisi, 2010).

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’ older people. They contemplated a system of care of older people that was, to a large extent, restricted to medical care and physical comfort (Troisi, 1994a, 1994b, 2009b). Hardly any emphasis was put on how to ‘socialise’ the growing population of older citizens who were no longer economically active. Such a strategy resulted in marginalising older people from society. This further led to their institutionalisation, where older people were expected to pass the last part of their lives in security, if not in comfort, under the supervision of trained nursing personnel. The question was often raised, ‘Is institutionalisation of older persons really a last resort?’ (Troisi, 1994a; Laferla, 1997).

The need was felt for a radical change of perspective, breaking the policy of segregation and replacing it with a strategy of enabling older people to participate in society to the greatest extent possible. Malta’s approach to the issues generated by a rapidly growing elderly population started to form an integral part of an overall economic and social development planning programme. 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.

The policy of the Maltese government is one of social inclusion of its older people in all spheres of society. Moreover, the UN principles of active ageing, ageing in place and the creation of a society for all ages have, for these last two decades in particular, been the accepted perspective of the country’s social policy. The Maltese government has also called for the promotion of ‘ageing in place’ in the community that takes account of older people’s preferences and what is affordable. It has promoted the provision of community-based care and support of family care, and has even supported carers through the dissemination of specific information, as well as calling for the need to establish a ‘continuum’ of care and services for older people (Giarchi, 1996; Troisi, 2009a, 2009b).

Guided by the awareness that the family environment is the one best suited to the lifestyle of older people, while at the same time recognising the fact that, as in other countries, the family’s traditional caring role is being subjected to various economic, social and psychological strains, the government has produced various policies and programmes to supplement family support for the growing elderly population so as to enable older people to remain within their family environment for as long as possible, while at the same time enabling families to be care providers for dependent older people, thus preventing or at least delaying the need for institutionalisation (Troisi, 1989, 1991).
The family in Malta benefits from a number of social security measures, including, for example, children’s allowance, family allowance, maternity and paternity leave and cost of living allowance. As a result of these measures, the Maltese government is expected to guarantee an acceptable standard of living and to provide the basic needs for all Maltese citizens, from the cradle to the grave, by providing a comprehensive system of basic security and income-related benefits (NSO, 2011b).

To strengthen its commitment to its older people and to the family, while at the same time ensuring a dynamic and well-coordinated national response to its elderly population, in May 1987, the government appointed a Junior Minister directly responsible for the country’s older people. This ministerial post has since been included within the executive organ of the government – the various issues of older people and of the ageing phenomenon are therefore being dealt with holistically. Moreover, the phenomenon of ageing has become revolutionised.

To this effect, the Maltese government started planning a wide range of policies and programmes to respond to the unique needs and requirements of older people, aimed at socially integrating them within society. These national policies were formulated within wider national, economic and social development – maintaining older people in the community in which they live has become the accepted perspective of present social policy (Troisi, 1990).

The range of community services available for older people covers more than 30 services aimed at improving their quality of life while maintaining them in their own homes, community and environment. These include, among others: day centres, domiciliary nursing, a handyman service (household maintenance is carried out free of charge for older people with a low income), home care help (for a nominal charge the older person is helped with household activities and with shopping), home adaptation and maintenance, an incontinence service, meals on wheels and telecare (a telephone system that makes it easy for the older person to summon help in case of a medical emergency). Closely linked are the primary healthcare services, domiciliary nursing and so on (Troisi and Formosa, 2006).

The provision of integrated health and social care of older people in the community enables them, in particular 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.

Day centres are part of a wider network of services, with the common aim of enabling older people to remain independent, socially integrated and to prolong their living in the community. Their aim is to prevent social isolation and feelings of loneliness, and to enable families to cope with caring for their older relatives.

As mentioned earlier, until a few years ago it was part of Malta’s social pattern that where a daughter remained unmarried or was married but bore no children, she was expected to look after her frail elderly parents. For a number of reasons this is no longer the custom and has, instead, become the exception. Aware of this, the government has introduced various benefits to help those who, because they are caring for an elderly relative, find it difficult to continue in paid employment.
There are two schemes: (1) the carer's pension and (2) social assistance for females taking care of a sick or elderly relative.

A Maltese citizen who all by her or himself and, on a full-time basis, takes care of a relative 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 being taken care of. 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 her or himself and on a full-time basis, is able to benefit from social assistance (Government of Malta, Ministry of Health, the Elderly and Community Care, 2007a).

The government is fully aware of the fact that the changing role of women and their ever-increasing participation in the labour force is further diminishing their ability as caregivers. Consequently, a growing need was felt to restructure caregiving by removing any form of gender stereotyping and by facilitating equal sharing of family responsibilities and care. The Equality for Men and Women Act (ACT I of 2003, as amended by Legal Notice 427 of 2007) 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 since 2007 to this effect, including the introduction of flexible working arrangements for both sexes.

A notable and very successful programme introduced by the Maltese government in 1989 in pursuit of its policy to enable older people, especially those living alone, to continue living as independently as possible in their own home for as long as possible, thus prolonging the need for institutionalisation, is the handyman service. This engages a small team of manual workers and technicians who carry out minor repairs, refurbishment or maintenance work in the homes of older people who would otherwise find it very difficult to get such minor works carried out by others. The service offers a range of around 70 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, 2007b).

Housing

One must also take into consideration the fact that, important as it is, housing is not merely shelter, but, especially for many older people, 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.

Under the new scheme ‘Making my house a better place’, older people are being offered grants of up to €15,000 to upgrade their homes in order to continue to live in the community. The government is spending €1.76 million per day on older people, as keeping older people in their own community is key to their
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wellbeing. Since 2008, the government had helped 729 older people to upgrade their homes.

Long-term residential 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 people who, despite support in the community, would still find it difficult to cope in their own home.

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 people in Malta, was the only long-term healthcare facility in Malta. It provides institutional care to people with various degrees of dependence. During the past few 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 people grouped together. There is greater emphasis on the quality of accommodation and on upgrading the care facilities and services. The complex includes a number of services for the care of older people. To some it offers sheltered housing, to others residential care, and to the majority it offers health services.

Aware of the growing demands of older people living in the community, the government’s policy is to build homes for older people situated in the centre of the community so as to enable residents to continue living for as long as possible in the same environment in which they were brought up and in which they used to live. All residents are constantly encouraged to maintain maximum communication with people within the community in order to be able to retain their active roles as far as possible. These homes also serve as respite care centres to alleviate the care given by family members (Government of Malta, Ministry of Health, the Elderly and Community Care, 2007a).

The Catholic Church in Malta was the pioneer in providing most of the care and assistance to the needy including older people. In fact, for centuries it was the sole provider of psychosocial support services for the needy in the community. For a long time, older people were very well looked after in the church-run residential homes.

Since 1993, various profitable private organisations have started providing care for older people in the areas of residential care (Vassallo, 1998). All the homes also offer respite services for family carers and for older people themselves, short convalescence periods and short holidays.

In 1996, the government embarked on a partnership scheme with some of these private sector organisations to provide social housing facilities for older people. According to this partnership scheme, the government pays for the provision of beds for government-referred residents in private home settings. A small number of private agencies have recently started providing home and nursing care for older people (Care Malta, 2004).
As of 31 December 2010 there were 4,772 older people to be found in long-term care and in residential homes. The majority, or 2,375, were in the five government long-term institutions, 1,109 were living in 14 private-run homes, 747 had taken up residence in the eight government community homes while the church homes had 541 residents. These constituted less than 5 per cent of the total Maltese elderly population. As expected there was a considerably higher percentage of elderly women and those aged 75+.

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 regular control of all the services provided, as well as a legal basis for such quality control. The Department is constantly embarking on the formulation and implementation of services aimed at meeting the wide range of needs of older people in the country, and 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 this connection.

Role of civil society

The voluntary sector in Malta is large, diverse and very active. 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 the community, that of a robust civil society. In terms of legislation, there are several laws that regulate voluntary organisations. To further strengthen the work of the voluntary sector and to make it more effective and efficient while enabling it to become a more active partner with government in shaping policy and implementing delivery, a national council for the voluntary sector was set up in 2007.

The government does help, in a number of ways, those organisations and associations that offer support and care to those in need including older people, and which are compliant with the established standards – voluntary assistance towards the elderly population is not a new feature of Malta’s social environment.

The various efforts of the government to improve care services being given to the ever-growing number of Maltese older people 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 (Troisi, 1994b).

The main source of voluntary action for the benefit of older people is through Caritas Malta that provides a powerful force of volunteers. The following schemes are among the most important offered by Caritas aimed at helping older people to continue living in their own homes and environment: Good Neighbour scheme, social clubs, self-health care and awareness programmes in schools (Troisi, 1989, 1990; Bonello, 1995). 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 people, and self-health educational booklets have been published in Maltese on various topics including dementia, foot care, incontinence management, self-protection and mouth hygiene. Elderly volunteers themselves are involved in promoting these. The booklets are in large 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.

Caritas Malta HelpAge has continued running an independent living advice centre. The aim is to promote the use of technical aids so as to enable frail and older people with a disability to perform activities of daily living (ADL), leading to more independent living. Volunteers run the centre, many of whom are older people themselves. And mention has also been made earlier of the work by the MMDNA.

Role of older people

One of the main stakeholders in a welfare society are the older people themselves. Malta also prides itself with a number of self-help groups that assist older people 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 to older people, and in ensuring their remaining part in Malta’s mainstream society.

In 1992, the government established the National Council for the Elderly. It falls under the Ministry of Health, the Elderly and Community Care, and brings together non-government associations/organisations that work on a voluntary basis to promote and safeguard the interests of older people. At present, there are 18 such associations affiliated. It serves as a bridge between older people and the government as well as other international organisations for older people. The purpose is always that of promoting and safeguarding the interests of older people.

The government has made older people full 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, in particular by women. Moreover, it has worked hard to make older people aware of their responsibilities to maintain a healthy lifestyle by creating a supportive environment that enables people to maintain their health and wellbeing into old age.

The government is introducing incentives for the participation of older people in the labour market. Employers are encouraged to appreciate the good qualities of their workers aged 40 and over, and incentives are given to them to keep and retrain their adult workers who are in their employment. They are also given incentives to fill their job vacancies by recruiting older workers. In this regard, various schemes have been created, providing financial assistance to both sides and training and work exposure to those who are unemployed. These initiatives always result in a greater demand by employers for adult workers.

The government and trade unions are in general against the practice of giving incentives to take up early retirement. By and large, retirement in Malta is carried
out in a very gradual manner. The Department of Social Security informs the workers who are to retire what needs to be done to register for their pension. Many business enterprises in the private sector make special arrangements for their retiring workers, and are informed well in advance. There are also a number of pre-retirement training programmes for workers, both in the formal and informal sectors.

The vast majority of older people continue to be a vital resource for their families and communities, and very often, the contribution of older people to their family, community and society at large reaches beyond their economic activities. Although many of the Maltese older people 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, and are often a boon to their working children. This is manifested in various ways including financial assistance, caring for family members, babysitting, grandparenting, and so on (Troisi and Formosa, 2006).

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

Caritas also encourages the creation of social clubs for older people within the village or town. At present there are 46 such clubs spread out in 40 parishes, with an approximate total membership of 2,100 older people. The clubs are usually located at the parish centre or in the premises of a voluntary organisation. A team of voluntary workers run each club, 65 per cent of whom are older people themselves. The emphasis of these clubs is on participation of older people in cooperative action that enhances their self-image and feeling of self-worth (Bonello, 1995).

Malta has a wide gamut of self-help groups in the field of ageing. The two major political parties both have their own respective associations of pensioners and older people. They carry considerable weight in the formulation and implementation of the political manifestos of the political parties, and 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 people in general and to their members in particular. Every year, they 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 people.

In order to increase opportunities for the continued involvement and participation of older people in all facets of life, the National Council for the Elderly was set up. This council is also responsible for protecting the rights of older people, of ensuring their social and economic security and planning a national response to the challenges of population ageing by, among others, protecting the rights of older people, ensuring their social and economic wellbeing and by evaluating policies, programmes and services for older people (Troisi, 2009a). It serves as a focal point and catalyst, thus avoiding duplication of activities, while
ensuring better utilisation of resources and expertise. It is an excellent platform to ensure that the contribution of older people to decision-making processes and their participation in advisory bodies are not only respected but also implemented. It is very important that older people themselves actively participate in the process of formulating and of implementing programmes for their improved wellbeing.

The mass media—radio, television and the press—play an important role in promoting growing awareness about the phenomenon of ageing, to sensitise society to the needs of older people, to educate the young concerning the positive values and contributions of older people and, at the same time, to promote intergenerational solidarity. Aware that older people themselves are the best agents of change in creating and promoting a positive image of ageing, very often it is they who take the leading role.

Future policy challenges

Malta has an extensive formal care provision. The government and various voluntary organisations have been sensitive to the situation of older people. On their part, older people are able to benefit from a number of self-help groups and organisations.

However, past mortality and fertility patterns have fashioned an unalterable future marked by a rapidly growing ageing population. In Malta, as elsewhere, population ageing is already affecting the country’s economic system and is expected to pose a huge financial challenge to the country well into the 21st century. All the community-based services for older people are heavily subsidised by the state. Over the past few years national expenditure on the range of services offered has been increasing.

As we have seen, people in Malta are living longer and are also having fewer children. As a result, there will be fewer workers to support an ever-growing number of pensioners. Moreover, given increasing life expectancy, pensions will not only have to be paid for a longer period than at present, but medical costs will increase as the ‘old old’ are more likely to need medical attention. And the future generations of Maltese older people will represent a different qualitative profile from previous generations since future cohorts will hold better health statuses and better levels of education.

Although, in many cases, the main help given to frail older people still comes from family members, one cannot forget the fact that the family is undergoing various changes, and it is possible that its traditional caring role will continue to deteriorate. The growing number of social cases in the country’s hospitals is a clear manifestation of this. It will consequently become more difficult for the state to continue providing present services, not to mention extending these services to the rapidly growing number of new beneficiaries or worse still, providing new forms of services. Because of this the government has to find new ways and means as to how to meet these challenges. It has to make fundamental choices in how to distribute the national output between workers and non-workers without
endangering economic growth, and this situation must be tackled sooner rather than later if it is not to run out of control.

If Maltese society looks at the growing proportions of older people from the point of view of the welfare state ideology, then the situation will become more complex for the state itself and unbearable for older people who, in turn, will only be looked on as a tolerated burden on society. On the other hand, it is a myth to speak of an unchanging family support system.

A solution can only be found if there is a radical transformation, from the welfare state model of social policy to the welfare caring society model in which every social institute, be it the state, civil society, non-governmental and voluntary organisations, the community, family members and last but not least, older people themselves, shows that they are acting altruistically. This is the only way in which the motto of the Madrid International Plan of Action on Ageing, 'A society for all ages', can really be implemented.

There are two required adjustments in age-related policy. First, there must be strong commitment to improving older people’s quality of life, not only through provision of services to older people but also through expanding opportunities for their participation, learning, recreation and cultural pursuits. Only then will the ideas of productive, successful and active ageing be promoted in ageing policy. Second, 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 childcare services and part-time work, it is logical to expect that population ageing and significant changes in longevity would eventually affect the reorganisation of working life. Similarly there must be a considerable legal debate on elder abuse. The existing legislative and service apparatus is inadequate and needs a serious overhaul.

Conclusions

Public policies for older people in Malta have emerged as one of the more dynamic areas of government policy activity in the past quarter of a century. Old-age policy in Malta is heading in new directions. Care of older people in the community has become the policy of the Maltese government. Community care services, by providing care and support where the family and the individual are unable to manage alone, help maintain older people in the community and, at the same time, enable families to cope, thus preventing or at least delaying the need for institutionalisation.

It is important to note that the wide range of services in the field of ageing in Malta complement rather than substitute or replace care from family, friends or neighbours. 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 older family members. One cannot but be aware of the fact that, as in the case of many European countries, a number of
fundamental changes in traditional Maltese family values can clearly be observed since the 1980s.

In recent years an integrated social policy with a family-oriented approach has received state priority. A plan was set in motion intending to replace the then existing bureaucratic and institutional administrative system with a personalised social services policy package. This was also to be integrated as much as possible within the normal living physical and social environment of every Maltese principle. The guiding principle of such social policy is to strengthen the adaptability of the family to the new demands, while at the same time supporting and protecting it so as to enable it to continue responding to the specific needs of its older members.

In conclusion, the policy of the Maltese government is one of social inclusion of its older people in all spheres of society. Social services for older people are perceived and planned as networks in which older people themselves, their families, the community, the general public and the state are constantly interacting. The creation of a society for all ages as well as the principles of active ageing, and of ageing in place, is the accepted perspective of the country’s social policy. All this needs to be seen in the light of the undeniable fact that population ageing has not only come to stay, but will become more felt and acute with the passage of time.

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