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Ageing policy in Malta

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Abstract

Malta is no exception to the unprecedented demographic changes that are being experienced by industrial countries. As a result of declining fertility and mortality levels, Malta registered a decrease in fertility rates and a major improvement of life expectancy at birth. Recent months witnessed a range of silver linings in contemporary Maltese ageing policy. In March 2013 the newly elected Government took note of the diverse issues facing the ageing of Maltese population by positioning the responsibility for ageing policy under a 'Parliamentary Secretariat for Rights of Persons with Disability and Active Ageing' (previously 'Parliamentary Secretariat for Elderly and Community Care'). The fact that the Secretariat also migrated from the 'Ministry of Health, the Elderly, and Community Care' to the 'Ministry for the Family and Social Solidarity' spoke volumes about the novel direction that ageing policy is taking in Malta – namely, a shift from the long-held focus on 'elderly care' to 'active citizenship' issues. This paper presents current developments in Maltese public policy related to ageing. Given the increasing numbers and relative vulnerability of this group, there is hardly any policy 'programme' in greater need of thorough inspection. It includes nine short sections. Following this brief introduction, the subsequent section highlights the demographic context. The third and fourth sections discuss policy concerning productive and active ageing respectively. The fifth section submits a short review of health ageing policies. The next three sections community and long-term services for older persons in Malta, as well as the nation's in-roads in establishing legislation that safeguards older persons from elder abuse. The final section brings the paper to a close by forwarding proposals for the future of ageing policy in Malta. In the foreseeable years, an increasing number of Maltese citizens will live into ad-

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vanced age. However, there is no doubt that with sustainable and long-term policies in place, Maltese society will be more than equipped to being one of the best countries to grow old in.

Introduction

The Maltese archipelago is a European Union Member State. It consists of three islands – Comino, Gozo and Malta – at the heart of the Mediterranean Sea, 93 kilometres south of Sicily and 290 kilometres north of Libya. Comino is uninhabited, and with Gozo having a mere population of 31,143 persons, leaves Malta as the major island of this archipelago state, with as much as 384,912 residents (Census 2011 data) (National Statistics Office, 2012). Malta gained independence from Britain on 21 September 1964 when it also joined the Commonwealth, and became a Republic on 13 December 1974. Its form of government is one of a legislative house, with parliament representatives elected by universal suffrage for a term of five years. Malta joined the EU on 1 May 2004, and adopted the Euro as its official currency on 1 January 2008.

Recent months witnessed a range of silver linings in contemporary Maltese ageing policy (Formosa, 2013; Formosa, 2015; Formosa and Scerri, 2015). In March 2013 the newly elected Government took note of the diverse issues facing the ageing of Maltese population by positioning the responsibility for ageing policy under a ‘Parliamentary Secretariat for Rights of Persons with Disability and Active Ageing’ (previously ‘Parliamentary Secretariat for Elderly and Community Care’). The fact that the Secretariat also migrated from the ‘Ministry of Health, the Elderly, and Community Care’ to the ‘Ministry for the Family and Social Solidarity’ spoke volumes about the novel direction that ageing policy is taking in Malta – namely, a shift from the long-held focus on ‘elderly care’ to ‘active citizenship’ issues.

This paper presents current developments in Maltese public policy related to ageing. Given the increasing numbers and relative vulnerability of this group, there is hardly any policy ‘programme’ in greater need of thorough inspection. It includes nine short sections. Following this brief introduction, the subsequent section highlights the demographic context. The third and fourth sections discuss policy concerning productive and active ageing respectively. The fifth section submits a short review of health ageing policies. The next three sections community and long-term services for older persons in Malta, as well as the nation’s inroads in establishing legislation that safeguards and protects older persons from elder abuse. The final section brings the paper to a close by forwarding proposals for the future of ageing policy in Malta.

Demographic trends

The second half of the 20th Century witnessed unprecedented demographic changes. Declining fertility rates and mortality levels, and major improvements of life expectan-

cies at birth, had far-reaching effects on global population trends, to the extent that the present epoch has been referred to as the 'age of ageing' (Magnus, 2008). Malta is certainly no exception. The Maltese population has evolved out of a traditional pyramidal shape – characteristic of low income developed countries – to an even-shaped block distribution of equal numbers at each cohort except at the top, where older women outnumber older males. Figures based on the 2011 Census indicate that, at end of 2013, 24.6 per cent of the total population, or 105,068 persons, were aged 60-plus (National Statistics Office, 2014a). Table 3.7 provides a breakdown of the current total population aged 60 years and over for the year 2013. It highlights how the total number of persons aged 65 and over totalled 76,024 or almost 18 per cent of the total population. The largest share of the older population is made up of women, with 55 per cent of the total. The sex ratios for cohorts aged 65-plus and 80-plus in 2013 numbered 79 and 55 respectively. Amongst older cohorts, there is twice the number of women than men.

Table 1. Total population by age (31 December 2013)

Age	Males	Females	Total	Per cent of total pop.	Masculinity ratio*
All ages	212424	212960	425384	100.0	99.7
65+	33632	42392	76024	17.9	79.3
60-64	14405	14639	29044	6.8	98.4
65-69	14289	15206	29495	6.9	94.0
70-74	7301	8580	15881	3.7	85.1
75-79	6171	8015	14186	3.3	77.0
80-84	3498	5874	9372	2.2	59.6
85-89	1759	3217	4976	1.2	54.7
90+	614	1500	2114	0.5	41.0

* Number of males per hundred females.

Source: National Statistics Office, (2014a)

The advantage of women over men in life expectancy tables also means that, similar to international statistics, married men and widowed women are over-represented in later life. This has clear implications for social/health care policy, noting how by age 70 whilst the majority of women are widows, most men are still in married relationships. Such demographic statistics also highlight that older women tend to be in possession of lower levels of social and financial capital when compared to male peers. Indeed, despite the fact that women live longer, older women experience greater degrees of vulnerability.

Many also find themselves constrained in a 'caring' straightjacket, as they tend to marry men older than themselves, who would need various levels of social and health support, whilst also caring for siblings and, at times, even grandchildren.

The population of Malta is expected to reach 429,000 and 350,000 persons by 2025 and 2060 respectively (National Statistics Office, 2011). The annual number of births is projected to fall over this period, while the annual number of deaths will continue rising. From 2015 onwards deaths will outnumber births, and hence population growth due to natural increase will cease. From this point onwards, positive net migration will be the only population growth factor. However, from 2035 this positive net migration will no longer counterbalance the negative natural change, and the population is projected to begin to fall, and become increasingly aged. In fact, by 2035 the population of persons aged 65 years and over is projected to increase to around 111,700 – an increase of 72 per cent when compared to this segment of the population during 2010. By 2060, children and youths under 20 will decrease from 90,705 to around 59,300 – a drop of 35 per cent.

Productive ageing

In the period July-September 2013, the inactivity rate – persons who are classified as neither employed nor unemployed – among Maltese females in the 55-64 age bracket was – at 79.4 per cent – one of the highest in the European Union (EU) (National Statistics Office, 2014b). One finds various efforts by the Government to strengthen the presence of older workers and adults in the labour market. Publicity campaigns to promote active ageing have been carried out in various media such as radio and street billboards. These campaigns have promoted the qualities of older workers among employers, and tried to encourage older workers to improve their employability through lifelong learning (Garzia and Debono, 2009). The 2008 Government Budget included two measures meant to attract older people to the labour market (Debono, 2012). The most significant measure was the change in the legislation so that workers of pensionable age would be able to continue working without losing their pension entitlements, irrespective of the amount they earn. Until 2008, the full pension was safeguarded only if these workers' salaries did not exceed the national minimum wage. Although collective agreements in Malta tend not to focus specifically on older workers, there exist some industrial relations practices, often based on the Maltese employment legal framework, that assist older workers to remain employed. For instance, the last-in first-out practice is advantageous for older workers (*ibid.*). The 'Temporary Agency Workers Regulations' which came into effect in December 2011, was also launched to help older people join or remain on further in the labour market, albeit on temporary contracts.

Malta has a comprehensive social insurance scheme and retirement pension packages. Until the mid-2000s, pensions were determined by a formula based on the average of the best 3 out of the last 10 years' salaries for employees, and the average of the last

10 years' salary for the self-employed, with a pension equal to two-thirds of this average wage for those having contributed 30 years. Fewer years of contribution resulted in linearly reduced pensions, with the minimum years of contribution to collect a pension set at nine. However, a non-contributory pension scheme is available for those who for various reasons never paid national insurance contributions. In 2005, a Pensions Working Group was appointed to provide recommendations for the Government to reform the Maltese pension system. It is worth quoting from Cordina and Borg to understand the full effects of the various reforms:

[i] A gradual increase in retirement ages for females and males from the current 61 years (in 2011), to 65 years of age by [2027]...[ii] Parallel to the increase in the statutory retirement age, the required contribution period to be entitled to the full two-thirds pension is gradually lengthened, to reach 40 years by 2026 as opposed to the current 30 years. [iii] The guaranteed national minimum pension, now based on the national minimum wage, will be calculated at a rate of 60% of the national median wage... (Cordina and Borg, 2011: 6)

The pension reform also included amendments that paved the way for second and third pillar pension systems. Whilst the second pillar would make private pensions compulsory, obliging employers and workers to contribute to the setting up of a private pension fund, the third pillar would provide the possibility of setting up voluntary pension schemes. However, the Government declined to pass such reforms due to fears of putting additional financial burdens on employers and employees. As Debono (2012 : 3) remarked, the "idea was to postpone the introduction of such measures until the economy is in better shape". Yet, since 2007 "the Maltese economy entered into more difficult phases, first when it was hit by the international recession of 2008/2009, and more recently, when it started facing pessimistic economic forecasts about the EU economy" (ibid.).

Active ageing

In its drive to improve the levels of active ageing, the Parliamentary Secretary for Rights of Persons with Disability and Active Ageing (Malta) established a National Commission for Active Ageing to advise the government on the adoption of national strategy for active ageing. Following approval by Cabinet, the *National Strategic Policy for Active Ageing: Malta 2014–2020* (Parliamentary Secretariat for Rights of Persons with Disability and Active Ageing, 2013) was officially launched in November 2013. The Strategic Policy is premised upon three themes – active participation in the labour market, social participation, and independent living:

Active participation in the labour market. Bearing in mind the way that late modern societies operate, the strategic policy warrants that economic policies contribute towards promising levels of older workers, whilst enabling persons above statutory retirement age to continue working. These objectives are necessary so that societal economies miti-

gate against falling levels of working age populations and the impact that this has on dependency ratios and skills shortages, facilitating the reduction of potential future poverty amongst older persons through early exits from the labour force, and supporting the potential of older workers to play an important part in delivering future economic growth. In this respect, the Strategic Policy offered the following policy recommendations to augment the levels of older and ageing works in Malta: continuing vocational education and training for older adults; improvements in healthy working conditions, age management techniques, and employment services for older workers; taking a stand against ageism and age discrimination; implementation of tax/benefits system; encouraging mentoring schemes in occupational organisations; and strengthening the reconciliation work and informal care.

Social participation. In addition to labour policies, the notion of ‘social participation’ is a recurring motif in Strategic Policy. It is well-documented that individual aspirations alone are not enough to sustain participative lifestyles. The determination of older adults for optimal levels of social engagement will always encounter a range of structural barriers, difficulties that may result in unwelcome experiences of material and social exclusion. In this respect, the *Strategic Policy* offered the following policy recommendations to augment the levels of social participation in later life in Malta: ensuring an adequate and sustainable income for all older persons; providing adequate financial and social resources for older persons to live in dignity and participate in society; developing and implementing national programmes to involve older people as volunteers; supporting Local Councils in taking a leading role in the provision and coordination of late-life learning initiatives in their community; also through partnerships with the private and voluntary sector; and initiating a Digital Inclusion Programme that ensures that people in later life have the ability to engage with computers and the internet.

Independent living. As the European Commission (2012) underlines in its *Declaration on active ageing and solidarity between generations*, the Strategic Policy underlines that society should not be content solely with a remarkable increased life expectancy, but must also strive to extend healthy life years. Strengthening measures of health promotion, care and protection, as well as disease and injury prevention at all ages enables older persons to lower their probability of illness and disability, whilst aiding them to ensure high physical and mental functioning that fosters independent living. This in turn entails the opportunity to live in age-friendly and accessible housing and local communities that are sensitive to the needs and services sought by older individuals, and that provide accessible transportation to enable participation in activities of independent living. Indeed, active ageing is not in conflict with the reality of increasing medical burden with advancing life. Rather, it calls for maximising older individuals’ autonomy and participation to the highest possible extent, whether they are residing in the community or in care homes. This would ensure that their dignity is preserved and protection from elder abuse.

The implementation of the *Strategic Policy* is not be simply contented with the location of technocratic solutions, but remains unyielding in its quest to contribute towards a fairer society, one that is based on the principles of social justice. Indeed, the Strategic Policy is underpinned on three key values. First, that Malta is truly transformed into a 'society for all ages', one that adjusts its structures and functioning, as well as its policies and plans, to the needs and capabilities of all. The value of 'intergenerational equity' constitutes a second unfailing dimension. Ageing policy in a democratic society champions equal respect, equivalent opportunities, and comparable living standards between different generations. A final emphasis present in the Strategic Policy is empowerment, as it demonstrates a commitment to renew public policies on ageing so as to revolve around the needs and wishes of the older population.

Healthy ageing

As far as geriatric services are concerned, Malta has come a long way in the past quarter of a century. 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)

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. The University of Malta also established an Institute of Gerontology (now Gerontology Unit, Faculty for Social Wellbeing) to run a Postgraduate Diploma, Master Degree and Doctorate in Gerontology and Geriatrics. The Gerontology Unit "facilitates greater flexibility and collaboration between disciplines and faculties... full-time faculty members represent a balanced distribution of social science and health science professionals" (van Rijsselt, et al., 2007: 96). A key objective of the Unit is to produce qualified and trained personnel engaged in the provision and planning of services to older persons in the statutory, voluntary and private sectors. During the years 1990–2014, the Unit attracted 251 students from 50 different countries to read for the Diploma and Master Degree. Presently, geriatric medicine is recognised as a separate specialty, with the government of Malta employing 11 consultant geriatricians who work mainly in the public rehabilitation hospital and residential/nursing homes, concentrating on frail elders, and in specialty clinics – for example, on memory, falls, and continence. This means that there is a consultant geriatrician for every 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). Consultant geriatricians also teach university students following medical programmes, whilst also conducting clinical research.

Community services

Confirming its belief that the institutionalisation of older persons in residential and nursing homes should only be a last resort, nowadays the government coordinates a number of community services to aid older persons live independently for as long as possible. Table 11.1 presents data on the services' recipients in the years 2003-2013 plus percentage change.

Table 2. Community care services: 2003–2013

Service	2007	2010	2013	% change
Kartanzjan	87351	99401	109581	+ 25
Telecare (number of installations)	9414	9168	8877	– 6
Handyman (jobs completed)	1617	1676	1251	– 33
Meals on wheels (meals)	62400	86000	90000	+ 44
Home help service (beneficiaries)	3533	3635	3742	+ 6
Incontinence Scheme	3127	3468	4073	+ 115
Day Centres (regular members)	1507	1314	1505	– 0.1
Night shelter (users)	-	8	20	+ 40

Source: Department for the Elderly and Community Care, (unpublished document)

Kartanzjan. Kartanzjan is a card which is issued automatically by the Electoral Office to every person, upon his or her 60th birthday, if that person is a holder of a Maltese Identity Card in terms of the Identity Card Act (Cap. 258), to entitle their holders to rebates and concessions. These include discounts on public transport, as well as free passenger fares on the Gozo ferries.

Incontinence service. The aim of this service is to alleviate the psychological problem(s) to which a person may, as a result of incontinence, be subjected. Through the supply of heavily subsidised diapers, this service helps to decrease the physical and financial strain exerted on those families who have members with incontinence problems.

Handyman. The objective of this service is to help older adults and persons with special needs to continue living as independently as possible in their own home. The Handyman Service offers a range of around seventy repair jobs that vary from electricity repairs to plumbing, carpentry and transport of items.

Night-shelter. There are currently three night shelters in Malta. This service, which targets older persons who live alone, offers a secure and protective environment for older persons who live alone and whom, at night, for various reasons, they feel insecure. Preference is given to older females aged 60 and over who are presently living alone, those who lead an independent life, but do not have other medical condition which may, in some way or another, give rise to any problems with the rest of the residents using the Night Shelter.

Day Centres. The purpose of day centres is to help prevent social isolation and the feeling of loneliness, and to reduce the social interaction difficulties which older persons tend to encounter. According to the government website, the main activities organised in each day centre include the service of physiotherapy sessions, occupational therapy, podology, as well as creative, social, physical, educational, and dancing activities.

Telecare Plus. This service enables the subscriber to call for assistance when required. It aims to provide peace of mind to older adults, disabled persons and those with special needs, thus encouraging them to continue living in their own home. Telecare is also a source of reassurance for the subscriber's carers and relatives.

Home care help. The home care help service offers non nursing, personal help and light domestic work to older adults or persons with special needs. The aim of such service is to allow its recipients to continue living in their community as independently as possible. It also aims to provide respite and support for informal carers.

Meals on wheels. The scope of this service is to support older persons and others who are still living in their own home but who are unable to prepare a decent meal. Each meal consists of two courses, a sandwich and a dessert. It is served in a foil receptacle, which facilitates the warming up of the meal, and is delivered in a polystyrene container.

Long-term care

In 2010, Maltese spending on long-term care (LTC) as a percentage of GDP stood at 0.7, well below the EU-27 average of 1.8 (European Commission, 2014). In comparison to other EU countries, Malta is classified as a low-spender on LTC and a medium-spender on health care. Over the long term, LTC spending is forecasted to reach 1.7 per cent of the Gross Domestic Product by 2060, remaining below the EU-27 average of 3.6 per cent. Nonetheless, the issue of public spending on LTC will become a significant part of the debate on the long-term sustainability of public finances for Malta. Inspections of government homes and LTC facilities for older persons are coordinated by the Health Care Standards Directorate.

In Malta, one finds four categories of care homes for older persons: government homes, homes participating in public-private partnerships, Church-run homes, and private homes. In 2013, government residential homes numbered eight (Parliamentary Secretariat for Rights of Persons with Disability and Active Ageing, 2014c). They provided

residential care that consisted of a physically and emotionally safe and secure environment for persons who can no longer cope with living in their own homes. Most bedrooms were equipped with an en-suite bathroom and kitchenette, and Nurse Call facilities. Facilities included air-conditioning, central heating, and telephones in each room; and communal televisions, living and dining rooms, and chapel. Some government homes also participate in diverse public-private partnership arrangements (see pages 146). The number of older residents (60-plus) in the years 2000 – 2013 was as follows: 388 (2000), 323 (2001), 489 (2002), 603 (2003), 624 (2004), 619 (2005), 602 (2006), 611 (2007), 738 (2008), and 731 (2009), 747 (2010), 767 (2011), 835 (2012), and 942 (2013). The Żammit Clapp and Mtarfa homes have a separate licence in terms of the Mental Health Act to operate a nursing wing.

As regards financial settlements, a regulation (Legal Notice 259/2004) came into force with effect from 3rd January 2004. With effect from that date, any resident who became a resident of state-owned and -run community residential homes on or after the coming into force of these regulations, contributed 60 per cent of any pension, social assistance and bonus receivable, net of income tax, and 60 per cent of any other income received during the calendar years immediately preceding the year in which the assessment of such other income is made for the purposes of these regulations, net of income tax. Account is also taken of the value of any property (excluding the house of residence) which is, or could be, put to profitable use. Yet, the legal notice states that their contribution will not exceed €31.45 per day, or be such to leave them with less than €1,397.62 per annum at their disposal. The legal notice also states that if the resident is transferred to a home's nursing wing his/her contribution increases to 80 per cent of his/her income but with same proviso.

A second category consists of homes incorporated in public-private partnerships [PPPs] between the government on one hand, and the private sector or Archdiocese in Malta on the other. Presently, one finds a total of four government homes who are in some form of PPP agreement with the private sector. These homes have a number of services contracted to CareMalta, a private company, although the government remains responsible for the admission and provision of healthcare services to residents. With regards to Żejtun, Cospicua and Żammit Clapp the management and all the provision of care and hotel services are run by CareMalta. The government remains responsible for the admission of residents to these homes whilst also playing the role of regulator. The government provides additional healthcare services such as the provision of visiting physiotherapists, occupational therapists, and podologists in these care homes. With regards to Mellieħa home the management is split into two sections, the hotel services are provided and managed through a PPP agreement with CareMalta whilst the nursing and caring services are managed and provided by the government. Another form of agreement concerns that entered with a number of care homes that stipulate that the government will place a number of older persons in these homes whereby the state either

pays up the total required payment or tops up the fee paid by the resident to reach the daily rate charged by the residence. Over the past years an increasing number of long-term care beds have been purchased as a partnership with private care homes. Table 12.3 provides a list of homes in PPPs and the number of purchased beds, by age and gender, by the government as per year 2013.

A third category of homes are care homes that fall under the auspices of the Church. In 2014, the number of Church homes amounted to 16, nine of which run by religious orders, and five being run directly by the Archdiocese of Malta (Department of Health Standards, unpublished report). Church homes operate at a loss, since fees are related to the financial means of the resident. Between 2007 and 2012 the Curia paid €1.2 million to cover losses incurred by five of the homes that were opened to the public (Ameen, 2012). For instance, in 2011 expenditure of the homes in Senglea, Santa Venera, Rabat, Naxxar and Birkirkara amounted to €4.5 million, with the Curia spending out €150,000 to make up the shortfall. As regards private residential care, in December 2013 there were 13 licensed private homes for older persons in Malta (*ibid.*). Whilst some homes have been purposely built to meet the needs of older residents, others consist of refurbished hotels and apartments. One home, Villa Messina, has a separate licence in terms of the Mental Health Act to operate a Mental Nursing Home. Opening a residence for older persons requires the permission of the Department of Health Standards which works in liaison with the Department for the Elderly and Community Services. Frequent checks are made to ensure that these homes maintain a high standard of care. The daily charge varies and is dependent on a number of factors – namely, the level of care needed, the level of dependency of the resident, the location of the room, and whether it is single or double occupancy. Daily fees vary from €35 to €55 daily, which includes accommodation and food, but with residents paying extra for all other services. All offer respite services, convalescence periods, and short holidays. Entertainment activities inside the homes and social outings are organised regularly.

Elder abuse

In recent months, Malta witnessed a number of developments as far as legislation on elder abuse is concerned. In its drive to enact legislation that protects older persons from elder abuse, the Parliamentary Secretariat for the Rights of Persons with Disability and Active Ageing introduced new forms of deterrent measures that will be incorporated in the Maltese Criminal Code, specifically dealing with abuse, which so far had been defined in a very broad manner, in order to encapsulate all forms of abuse but with special focus on maltreatment of older persons. This new legislation included innovative concepts to ensure maximum protection for older persons, even from relatives, so as to safeguard their best interests. From a purely academic perspective, the Parliamentary Secretariat combined civil and criminal concepts to achieve higher levels of protection

in more expeditious and effective terms, without the need to resort to either criminal or civil proceedings, which are generally very time-consuming, expensive and disheartening. The government's vision is encouraging. To cite the Parliamentary Secretary for Active Ageing, ...government's efforts to deter elder abuse is only the beginning...we are in the process of drafting the second batch of amendments...[which] will make a substantial difference by enhancing professional and public awareness of elder abuse and establishing a range of legal remedies that protect older people (Caruana, 2014: 20)

Another noteworthy legislation in the pipeline concerns the possibility whereby persons convicted of crimes where older persons are victims will be automatically liable for damages upon sentencing. Hence, eliminating the need for the older person to pursue the perpetrator for damages through a civil case (Caruana, 2014).

Legislation is also urgently required to develop, strengthen, and carry out programmes for the prevention, detection, assessment, and treatment of, intervention in, investigation of, and response to elder abuse, neglect, and exploitation. It is best if such legislation is preceded by the provision of public educational campaigns to identify and prevent elder abuse, neglect, and exploitation – followed by the promotion of information and data systems, including elder abuse reporting systems, to quantify the extent of elder abuse, neglect, and exploitation in the State. Another step in the right direction constitutes policy measures that encourage training for caregivers, professionals, and paraprofessionals, working in relevant fields on the identification, prevention, and treatment of elder abuse. It is imperative that the state – perhaps in collaboration with NGOs – conduct special and on-going training, for individuals involved in serving victims of elder abuse, neglect, and exploitation, on the topics of self-determination, individual rights, and other related topics. It is also important that legislation provides technical assistance to programmes that provide or have the potential to provide services for victims of elder abuse, neglect, and exploitation and for family members of the victims. The law should include provisions for immunity for persons reporting instances of elder abuse, neglect, and exploitation, from prosecution arising out of such reporting, under any State or local law. It is also imperative that following the receipt of a report of known or suspected instances of elder abuse, neglect, or exploitation, relevant authorities shall promptly initiate an investigation to substantiate the accuracy of the report. On finding evidence of elder abuse, neglect, or exploitation, steps should be taken immediately.

Conclusion

There is no doubt that there are policy issues that address requisites that if not immediate, will necessarily be so in the foreseeable future. This paper closes by brief dialogue pointers towards policy issues in anticipation of need, rather than in the face of it.

Ageing welfare through ethnic lenses. The framework presented in this book is premised upon a general model for ageing policy, on the basis that there are presently no lo-

cal studies researching the interface between ethnic groups and ageing welfare. Indeed, nothing is known about how ethnic groups might differ in patterns of productive/active/successful ageing when compared to the average Maltese citizen.

Ageing policy for older lesbians and gay men. A notable feature concerns the lack of research that exists for how non-heterosexual Maltese persons experience and negotiate ageing. As elsewhere, current discourse on older people's needs and citizenship in Malta is framed by a heteronormative perspective, which marginalises lesbians and gay men. The 'invisibility' of older lesbians and gay men at all levels of relevant policy means that they face particular risks of exclusion.

Revisiting the ecological model of ageing. Due to its long-standing obsession with 'elderly care', Malta's welfare model has neglected the need to optimise the interaction between ageing persons and their environment. This area of interest is concerned with varieties of housing arrangements for older persons; the nature of home modifications; the range of facilities for institutional care; the role of neighbourhoods and community settings; and rural and urban socio-physical contexts.

Ageing, dying and death: Palliative and end-of-life care. Increasing longevity is leading to an increased burden from chronic disease, which in turn results in considerable morbidity and increased dependence. Whilst general palliative care refers to the care offered by any health care professional to patients not responding to curative treatment, end-of-life care refers to the care given in the last few days or weeks before death.

Income poor, asset rich: Enabling user co-contributions. Most ageing households and older individuals already save for their retirement, having built such wealth over their working lives to use it to fund their retirement lifestyles (Formosa, 2014d). However, retirees tend not to use the wealth represented in building assets, which represents a significant share of their total wealth, considering that older persons have high home ownership rates.

Professionalising gerontology for capacity building. Government together with gerontology educators 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.

In the foreseeable years, an increasing number of Maltese citizens will live into advanced age. As reported in the second section, in the coming decade about one in five Maltese will be over age 65. 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 resources and key contributors to the socio-economic fabric. On the other hand, supporting the needs of older persons represents a tough challenge. Ideally, older adults

should not feel forced to move to a supportive environment, so that the ‘ageing-in-place’ ideal – referring to individuals growing old in their own homes with the help of environmental modifications to compensate for personal limitations – remains a realistic possibility. There is no doubt that with sustainable and long-term policies in place, Maltese society will be more than equipped to being one of the best countries to grow old in.

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