

NATIONAL STRATEGIC POLICY FOR ACTIVE AGEING

Malta 2021 - 2027

Consultation Document



GOVERNMENT OF MALTA
MINISTRY FOR SENIOR CITIZENS
AND ACTIVE AGEING

NATIONAL STRATEGIC POLICY FOR ACTIVE AGEING

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01

The Background Context

Demographic trends

The Maltese archipelago is a European Union (EU) 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 population of 32,723 persons, leaves Malta as the major island of this archipelago state, with as much as 442,978 residents (2017 figures) (National Statistics Office, 2019).

Malta's demographical scenario was traditionally characterised by a young population but this changed abruptly during the final quarter of the 20th Century (Formosa, 2019).

The population comprised 345,418 persons in 1985 (an increase of 31,202 persons from the previous census in 1967), reached 378,132 persons in 1995, and stretched to 417,432 persons in Malta's last census in 2011 (National Statistics Office, 2014). In 2011, the median age in the year 2011 stood at 40.5 years, up from 38.5 years in 2005. Such fluctuations were largely the result of a declining birth rate together with an increasing life expectation for both men and women.

On one hand, while the crude birth rate in Malta was relatively stable over the first half of the Twentieth Century, at around 38 annual births per 1,000, it has declined steadily since, reaching 9 births per 1,000 population in 2019 (National Statistics Office, 2020). On the other hand, life expectancy in Malta increased from 43 and 46 years for males and females respectively in the 1940s to 81.2 and 84.6 years in 2019 (Formosa, 2015; National Statistics Office, 2020). Life expectancy at age 65 in Malta is the fourth highest in the European Union (Organization for Economic Co-operation and Development & European Observatory on Health Systems and Policies, 2019). In 2016, Maltese people aged 65 could expect to live an additional 20.7 years, four years more than in 2000. Two thirds of this time is spent free of chronic diseases and disabilities, which is far higher than the EU average.

As at 31 December 2019 the Maltese population peaked at 514,564 persons (Table 1) (National Statistics Office, 2020). The percentages of the 60-plus, 65-plus and 80-plus were 24.5%, 18.5% and 4.2% respectively. This means that during the 1985 - 2019 period, the 65-plus age group increased from 9.9% to 18.5% of the total population. The largest share is made up of women so that the sex ratios for the cohorts aged 65-plus and 80-plus reached 84.3 and 62.1 respectively, when for the total population the sex ratio is 106.8.

Table 1: Total population by age (31 December 2019)

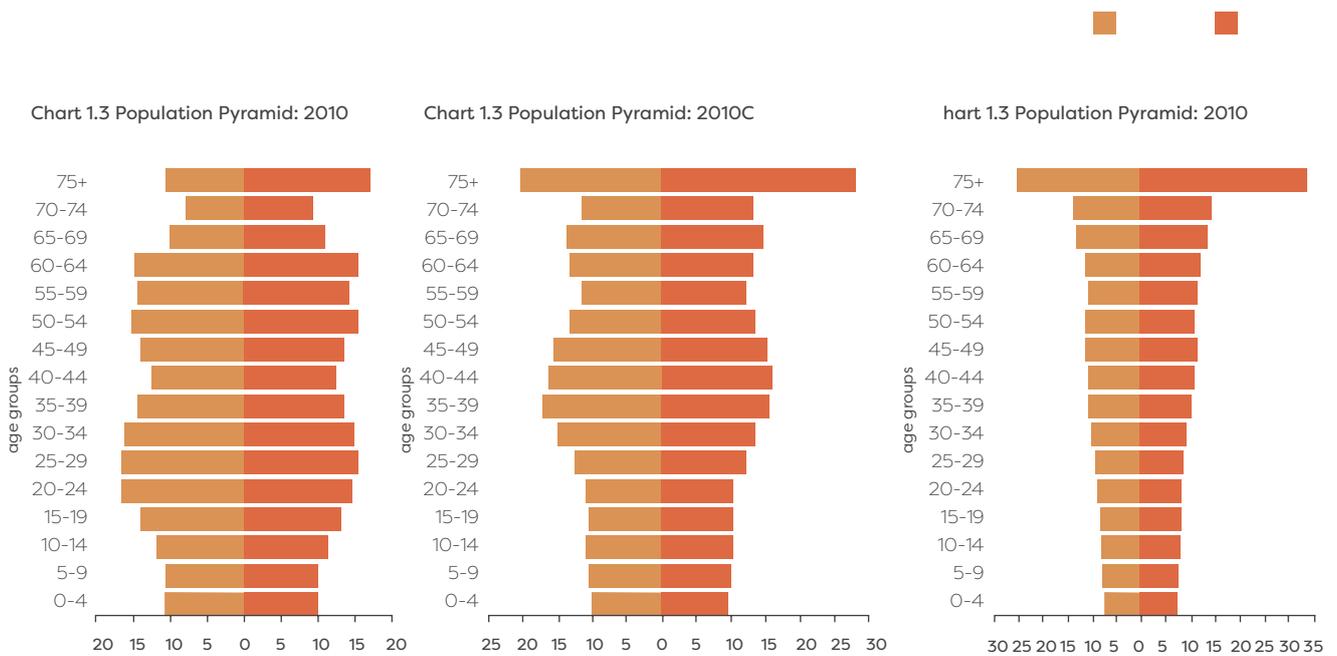
AGE	MEN	WOMEN	TOTAL	% OF TOTAL POPULATION	SEX RATIO
All ages	265,762	248,802	514,564	100	106.8
60+	59,092	67,066	126,158	24.5	88.1
65+	43,483	51,567	95,050	18.5	84.3
80+	8,307	13,382	21,689	5.2	62.1
60-69	29,646	29,905	59,551	11.6	99.1
70-79	21,139	23,779	44,918	8.7	88.9
80-89	7,390	11,250	18,640	3.6	65.7
90+	917	2,132	3,049	0.6	43.0

Source: National Statistics Office, (2020)

Demographic projections indicate that Malta will be one of the fastest ageing countries in the European Union as life expectancy at birth was projected to increase to 85.1 and 89.1 years for men and women respectively by the year 2060 (European Commission 2015).

As a result, one anticipates much widespread changes in the Maltese Islands' population pyramids in the coming four decades (Figure 1).

Figure 1: Malta's present and projected population pyramids (2010, 2025, 2060)



On one hand, while the percentage of children (0-14) of the total population is projected only to increase slightly from 14.5% to 15.4% (+0.9%), the working-age population (15-64) will experience a dramatic decrease, from 68 to 56.1% (-11.9%).

On the other hand, the older population segments will incur extraordinary increases. The 65-plus/80-plus population will reach 28.5%/10.5% of the total population in 2060, from 17.5%/3.8% in 2013 (+11.0%/6.7%). As regards the percentage of the population 80-plus of the 65-plus cohort, the European Commission (2015) predicted that this cohort will reach as much as 36.7% (+15.1%).

The 2013-2060 period will see the 'old age' dependency ratio in Malta increase from 26 to 51 percentage points, one percentage point higher than the European Union average. This means that Malta would move from having four working-age people for every person aged 65-plus to a ratio of two to one.

The Maltese 'total' dependency ratio (people aged 14 and below and aged 65-plus, as a percentage of the population aged 15-64) is also projected to increase, from 47 to 78 percentage points, again one percentage point higher than the European Union average.

Table 2: Dependency ratios (2020-2060)

2013 2020 2030 2040 2050 2060

Old age dependency ratio (65+/15-64)

Malta	26	33	41	41	45	51
European Union	28	32	39	46	50	50

Total age dependency ratio (0-14 & 65+/15-64)

Malta	47	56	66	65	70	78
European Union	51	56	64	71	76	77

Source: European Commission, (2015)

Such trends certainly lead to policy issues on ageing which need to be urgently addressed. This goal is the key endeavour of the inherent second National Strategic Policy for Active Ageing.

Active ageing policy in Malta

Malta has been at the forefront in ageing policy and healthy ageing development (Formosa, 2015, 2018; Formosa & Scerri, 2015). In 1968, the Maltese Government was the first to present an official motion before the United Nations 23rd General Assembly urging member states to consider the phenomenon of ageing as a matter of international concern. Moreover, since the early 1970s, ageing policy was consistently a top priority for the Maltese Government, so that Malta was one of the first countries whose government included a 'Junior Ministry for the Care for the Elderly' (sic) (1987) and a Ministry wholly responsible for older persons and active ageing in November 2020. Such policy decisions bore much fruit towards the quest of ameliorating the quality of life and wellbeing of older persons. Suffice to state that presently Maltese citizens hold the record of the longest lifespan spent in good health among all European Union countries (Organization for Economic Co-operation and Development & European Union, 2018), and that the United Nations Economic Commission for Europe & European Commission (2019, p. 12) concluded that "Malta is the country undergoing the sharpest increase between 2010 and 2018, with the growth of 7.1 points".

Although such progressions and advancements in public policy on ageing owe its success to various intersecting national strategies on welfare issues, the launch of Malta's first National Strategic Policy for Active Ageing in 2013 certainly stands out (Formosa, 2017).

In line with the government's vision to 'add life to years' for all current and upcoming older persons, the term 'active ageing' was taken as to refer to enable "the expanding population to remain healthy (reducing the burden of health and social care systems), stay in employment longer (reducing longer pension costs), whilst also fully participating in community and political processes (Walker & Foster, 2013, p. 33). Whilst acknowledging that individual aspirations alone are not enough to sustain participative lifestyles, the recommendations in first National Strategic Policy endeavoured to aid older persons overcome structural barriers and difficulties that may result in unwelcome experiences of material and social exclusion.

Moreover, it accepted that transforming society's perception of ageing from one of dependency to active ageing requires a paradigm shift that enables independence and dignity with advancing age.

The policy framework was not simply contented with locating technocratic solutions, but remained unyielding in its quest to contribute towards a fairer society, one that is based on the principles of social justice.

Indeed, the first National Strategic Policy was underpinned on three key values: a 'society for all ages', 'intergenerational equity', and finally, 'empowerment'.

Including a total of 75 policy recommendations, the 2014 - 2020 National Strategic Policy was premised upon three themes - namely, 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 policy warranted that contemporary economic policies contribute towards promising levels of older workers, whilst enabling persons above statutory retirement age who desire to continue working to achieve their objective. These objectives are necessary so that societal economies mitigate 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 National 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 the first policy on active ageing. 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 National 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. Following the European Commission's (2012) vision for the future of active ageing and intergenerational solidarity, the National Strategic Policy emphasised that society should not be contented 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 more 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.

Looking back at Malta's track record in public policy, there can be no doubt that despite its micro-state status Malta punches above its weight as far as ageing policy is concerned (Formosa & Scerri, 2020). From the outset, Malta broke with international trends in ageing welfare, by being preoccupied with meeting the 'humanitarian' issues of growing older, and thus ensuring that older citizens experience improved levels of quality of life and wellbeing. A long-standing and ongoing interest of public policy on ageing in Malta have always revolved around mitigating social exclusion, augmenting social participation, and striving to mainstream ageing in family affairs, housing, employment, health, disability, transport, income security, professional education, and adult learning.

Moreover, rather than restrict its attention to long-term care, Maltese policy promoted the provision of domiciliary services and family caregiving by strengthening family support for a growing older population so as to ensure that entry into long-term care facilities is delayed as much as possible or only experienced when health issues really require admission.

Finally, in adopting a user-participation model, social services for older persons in Malta do not only promote social inclusion, but are also perceived and planned as networks in which older persons themselves, their families, the community, and the general public are constantly interacting in a symbiotic manner.

Looking forward: Ethos, implementation and delivery

Although much water has passed under the bridge since the launch of the first National Strategic Policy on Ageing for Malta, the concept of active ageing remains at the forefront of international and national policy frameworks. However, this is not the same as saying that the original definition forwarded by the World Health Organization (2002, p. 3) - as “the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age” - has remained uncontested. Key disapprovals ranged from placing too great an emphasis on health to not being sufficiently policy oriented to overlooking the diversity of ageing such as gender, disability, sexuality, ethnicity and the fourth age. There are now new dynamics underlying the scope of active ageing, to the extent that an alternative policy-oriented definition of active ageing has been suggested:

Active ageing should be a comprehensive strategy to maximise participation and well-being as people age. It should operate simultaneously at the individual (lifestyle), organisational (management) and societal (policy) levels and at all stages of life course.
Walker, 2009, p. 90

Two critical components of this renewed approach to activity ageing include the centrality of the life course and a sensitivity towards the human rights of older persons.

On one hand, the life course has been found to be key to an understanding of the causes and human consequences of ageing because no biological and environmental interactions occur exclusively in old age without prior interconnections. There is much scientific evidence about the associations between social and environmental factors in early and midlife and loss of functional capacity in later life in national and international analyses of longitudinal data-sets such as the Survey on Health, Ageing and Retirement in Europe in which Malta has been participatory since 2015. Indeed, the 2021 - 2027 National Strategic Policy favours the embedding of the life course in a periodised approach:

Foetal health: nutrition, antenatal care, prevention of substance misuse, maternity grants/leave, paternity leave. Early years: poverty prevention, universal nursery education, sure start activities in deprived areas, providing nursery education on ageing and health.

Childhood and adolescence: maximising life chances for the many, preparation for life-long learning, understanding ageing and ageism, education on healthy diets and wellbeing.

Mid-life: continuous education/training, age management techniques to reduce the potentially damaging aspects of work on health and well-being, active engagement in community life, guidance and support on healthy consumption, flexible retirement.

Later life: supports to maintain health/autonomy, engaging in new activities, continuous learning, taking up opportunities for community involvement, resisting the narrative of decline and dependency e.g. by using technology, primary care geared to prevention of chronic conditions...

Walker 2018, p. 265-266

On the other hand, there is increasing recognition that a human rights-based approach can act as a catalyst for securing the promises of active ageing. Such an approach would draw on the International Covenant on Civil and Political Rights (United Nations, 1966a) and the International Covenant on Economic, Social and Cultural Rights (United Nations, 1966b) to structure itself in three interrelated layers - namely, framework principles (participation, respect for will and preferences, non-discrimination, and access to justice), specific rights and duties (specific human rights, tripartite duties: respect, protect and fulfil, characteristics: universal, inalienable, indivisible and interdependent), and cores values (dignity, autonomy, liberty, and equality) (Lewis, Purser & Mackie, 2020).

Hence, the National Strategic Policy follows closely the significant developments made at the annual meetings of the Open-Ended Working Group on Ageing (OEWGA) which was tasked by the United Nations (2013) to identify the way forward towards the possible adoption of a dedicated treaty on the rights of older persons.

In this respect, this policy's recommendations have been much inspired by the annual discussions at OEWGA meetings and include emphasis on ageism and non-discrimination, equality and freedom from violence, elder abuse and neglect, autonomy and independence, transport, long-term care and palliative care, social protection and social security, educational and lifelong learning, access to justice, and the COVID-19 health emergency pandemic.

Many international policy frameworks have inspired the formulation of the National Strategic Policy for Active Ageing: Malta 2021 - 2027. These ranged from the United Nations' (1991) Principles for Older Persons, the United Nations' (2002) Madrid International Plan of Action on Ageing, the United Nations Economic Commission for Europe and European Commission's (2019) Active Ageing Index, and the United Nations' (2017) Sustainable Development Goals.

Moreover, the National Strategic Policy also benefitted immensely from a public seminar (which included workshops) in October 2020, which resulted in much constructive feedback and reactions on behalf of non-governmental organisations, social and health care professionals, and older persons and caregivers. Every contribution was addressed and discussed, with some points of views and contributions having value enough to modify the first draft of the National Strategic Policy.

The National Strategic Policy includes three key sections, social inclusion, healthy ageing and addressing diversity and inequality. The implementation process of the National Strategic Policy for Active Ageing is to commence in 2022 and run till 2027. It is certainly no overstatement that due to the multi-disciplinary nature of active ageing, there warrants substantial investment in human, financial, technical, and infrastructural resources if the proposed measures are to be accomplished. There also warrants serious commitment and perseverance on behalf of all stakeholders, especially the government and public sector, but also non-governmental organisations as well as older persons themselves and family caregivers.

The multi-faceted nature of the National Strategic Policy for Active Ageing necessitates that other Ministries and Parliamentary Secretariats - other than the Ministry for Senior Citizens and Active Ageing - take a dynamic role in meeting its goals, objectives and recommendations.

Whilst the Ministry for Senior Citizens and Active Ageing will certainly be spearheading the implementation of the recommendations in this document, the national impetus of the strategic policy warrants that different Ministries are to ensure the necessary funding and human resources for initiatives that fall under their respective remit. In addition, it is not unanticipated that national budgetary resources are supplemented by European Union funding.

Looking forward, the first recommendation is for the Government to set up an Inter-Ministerial Committee, chaired by the Minister responsible for Senior Citizens and Active Ageing, whose responsibility will be to steer the process of the execution of the recommendations in a reasonable time-frame. This Inter-Ministerial Committee will thus be coordinating and overseeing the implementation process, and ensuring the coordination of the implementation process by assessing priorities and determine a plan of action, timeframes and key players; certifying a trained workforce in ageing welfare; guaranteeing that the actions laid down in the four sections of the policy are carried out effectively and efficiently; warranting that older persons, caregivers, and family members are directly involved during the various phases of the implementation process; and finally, certifying that the budget allocated to the implementation of the strategy's recommendations is spent in a sustainable and fair manner.

02

Summary of Strategy

Objective 1: Social Inclusion

Theme 1.1: **Solitude, loneliness, and social isolation**

Measure 1:

Community network: befriending services and support, support via one-to-one visits, online learning platform and group support meetings.

Measure 2:

Implement targeted programmes to address sub-groups of older people vulnerable to loneliness e.g. migrants, people with chronic health issues and widowed persons.

Measure 3:

Launch community-led interventions: target isolated older persons living at home and persons in residential long-term care.

Theme 1.2: **Financial Security**

Measure 1:

Support lifetime financial planning through programmes and products to encourage long-term financial planning that is customised to aid persons with diverse needs of older people.

Measure 2:

Protect older persons by addressing elder financial abuse and fraud by empowering professionals to identify such problems and use multi-pronged preventive approaches.

Theme 1.3: **Civic Engagement**

Measure 1:

Consider effective ways to support organisations that rely on volunteers via awareness-raising activities, and research on the personal and social benefits of volunteering.

Measure 2:

Promote awareness-raising campaigns to stress the extraordinary contributions on behalf of volunteers and encouraging older persons to take up volunteering.

Theme 1.4:**Care to spouses or partners, children, and grandchildren****Measure 1:**

Utilise care assessments as an opportunity to gather information, relationship building, enhance the quality of the therapeutic partnership between carers and service users.

Measure 2:

Assess and evaluate the role and contribution of grandparents within the family nucleus.

Theme 1.5:**Active Ageing Hubs****Measure 1:**

Evaluate the present accessibility of Active Ageing Hubs and subsequently identify and implement methods for improvement.

Measure 2:

Expand the remit of Active Ageing Hubs to include arts programmes, volunteer opportunities, intergenerational programmes, and community action opportunities.

Theme 1.6:**Third age learning****Measure 1:**

Increase the opportunities for third age learning at the locality, regional and national levels while assisting in the broadening of curricula and choice of facilitators.

Measure 2:

Provide opportunities for intergenerational learning to contribute to promote and strengthen the understanding and cooperation between different generations.

Theme 1.7:**Fourth age learning****Measure 1:**

Homebound persons/persons in residential care to have widened education opportunities via e.g. TV and radio.

Measure 2:

Providing staff responsible for the provision of meaningful and learning activities for frail persons in residential long-term care settings with training in geragogical skills.

Theme 1.8:**Information and communication technology****Measure 1:**

Raise awareness of the importance of digital competence on wellbeing in later life to accelerate the take-up of computer hardware and online access amongst older persons.

Theme 1.9:

Transport

Measure 1:

Support sustainable, smart, and age-friendly transport and ensure that public transport is acceptable, available, affordable, accessible, safe, and secure for older persons.

Theme 1.10:

Age-friendly communities

Measure 1:

Involve local businesses, stakeholders and councils to sign up to and implement the World Health Organisation's Framework on age-friendly cities.

Measure 2:

Involve older persons in the design of services which affect them, in local decision making, neighbourhood regeneration and in the development of age-friendly initiatives.

Objective 2: Healthy Ageing

Theme 2.1: Independent living

Measure 1:

Empower older persons not to be passive in their relationship with their environments but instead to retain the ability to choose to practice quality levels of agency and autonomy which have a powerful influence on their dignity, integrity, and freedom.

Measure 2:

Ensure that the key domains of functional ability that are essential for older people – namely, meeting their basic needs; enabling them to learn, grow and make decisions; be mobile; build and maintain relationship; and contribute – are possible and permissible.

Theme 2.2: Access to health services

Measure 1:

Facilitate access for more efficient access to primary care, social services, health care services.

Measure 2:

Ensure that older persons are not excluded by new means of delivering services, such as online mechanisms, so that all services remain fully available and reachable.

Theme 2.3: Physical activity

Measure 1:

Ensure that awareness campaigns and clear recommendations are in place so that older adults meet the advised levels of physical activity guidelines for their age and any health conditions.

Measure 2:

Provide guidelines on exercise programmes to address cardiorespiratory fitness, muscle strength and balance, particularly 75plus.

Theme 2.4:
Physical safety

Measure 1:

Provide guidelines for ensuring safety at home to mitigate against the possibility of falls, stairs negotiation, fires, carbon monoxide poisoning, scalds and burns, and hypothermia.

Measure 2:

Ensure outdoor safety by guaranteeing walkways are accessible and non-slip, plenty of shade, and develop standards in the area of age-friendly road design.

Theme 2.5:
Mental Wellbeing

Measure 1:

Strengthen effective leadership in mental health, while providing comprehensive, integrated, and responsive mental health care services in community-based settings.

Measure 2:

Implement strategies for promotion and prevention in mental health, while strengthening information systems, evidence and research for mental health for older persons.

Theme 2.6:
Community Care

Measure 1:

Implement a set of minimum standards for community-based care services to improve the quality of life of care recipients and carers, and to contribute to more resilience in society.

Measure 2:

Community service provision is to consider the psychosocial needs of older persons, such as participation in meaningful activities, as part of the holistic care assessment.

Theme 2.7:
Residential long-term care

Measure 1:

Improve the quality of process in long-term care by ensuring mechanisms to protect resident rights, the safety of buildings, and establishing a quality assurance committee.

Measure 2:

Recruit and retain an educated and skilled workforce by improving the qualification of care managers, social and health professionals, care workers, and auxiliary staff.

Objective 3: Addressing Diversity and Inequality

Theme 3.1: Ageism and age discrimination

Measure 1:

Develop intergenerational programmes that include positive contact with older adults and are cooperative by all parties working toward a common goal.

Measure 2:

Ensure adequate education about ageing in primary and secondary schools, and post-secondary and tertiary institutions, that involve practical interactions with older adults.

Measure 3:

Educate all professionals and workers on the myths of ageing as it is essential that age prejudice and stereotypes about ageing do not take root in no occupational service.

Theme 3.2: Gender

Measure 1:

Mitigate the risks of lifelong gender inequalities that result in female old-age poverty and gender pension gaps by ensuring adequate levels of income security for older women

Measure 2:

Strengthen the opportunities for cultural and leisure activities for older women, especially those living alone or widowed, to narrow the gender gap in active ageing

Theme 3.3: Lesbian, gay, bisexual, transgendered, intersex and queer older persons

Measure 1:

Establish a national working group to map the common but also different social and health care challenges experienced by the LGBTIQ+ population

Measure 2:

Ensure that care services are not only LGBTIQ+ -friendly but also backed by legal services that safeguard clients from discrimination due to sexual orientation and gender identity

Theme 3.4:
Housing and accommodation

Measure 1:

Continue offering programmes that assist older persons in making their owned properties 'age-friendly' (e.g., appropriate heating, appropriately designed bathrooms etc.)

Theme 3.5:
Ethnicity

Measure 1:

Implement culturally and linguistically appropriate services that advance health equity and eliminate health care disparities in later life irrespective of ethnic backgrounds.

Measure 2:

Train professionals and workers in cultural competence which is the ability to recognise the cultural beliefs, values and attitudes of diverse populations in all care services.

Theme 3.6:
Abuse and mistreatment

Measure 1:

Oblige professionals who come into contact with older persons to report abuse suspicions they may have, without facing prosecution if the suspicion turns out to be ill-founded

Measure 2:

Implement rigorous training programmes in all areas of ageing welfare to facilitate the effective identification and prevention of abuse and implement appropriate responses

Theme 3.7:
Access to justice

Measure 1:

Ensure that human rights protections for older persons are accompanied by enforcement processes and remedial relief.

Measure 2:

Attend to socio-cultural, physical, and economic barriers when accessing justice so that older persons have access to a suitable remedy and the right to fair hearing.

Theme 3.8:

Ageing in correctional facilities

Measure 1:

Start gerontological and geriatric assessments of residents in corrections at the age of 55 years to develop a team-based model of care, particularly for those with multimorbidity.

Theme 3.9:

Ageing with disability

Measure 1:

Guarantee that people who experience a disability in later life have the same level of access as younger persons with disability

Measure 2:

Ensure that dementia - as a long-term physical, mental, intellectual or sensory impairment which may hinder one's full and effective participation in society - qualifies as a disability

Theme 3.10:

Dementia care

Measure 1:

Warrant that older persons with dementia are provided with post-diagnostic support to live active ageing lifestyles to reduce isolation, overcome barriers imposed by the condition, and preserve or bolster self-worth by continuing contributing to society and feel useful.

Measure 2:

Provide psycho-educational interventions to caregivers of people with dementia as this has positive effects on the success of persons with dementia to live active ageing lives

Theme 3.11:

COVID-19

Measure 2:

Addressing policy and institutional weaknesses concerning older persons, that were exposed by the pandemic, especially in relation to their human rights and ageism.

Measure 3:

Post-COVID-19 strategies should include affirmative action towards the vulnerable people such as older women, older persons in risk of poverty, and persons with dementia.

03

Objective 01
Social Inclusion

For many decades, research and policy work on ageing have been exclusively concerned with physical and mental health, and cognitive functioning. Admittedly, such topics are important in their own right and have particular resonance for older people, especially those who are frail. However, it is equally true that this narrow focus has led to the unfortunate neglect of the societal aspects of ageing and their contribution to quality of life and wellbeing. Although concepts such as generativity and gerotranscendence have been instrumental in reinstating a social dimension in academic research and policy formation, the consensus is that social inclusion is key to the quest to ensure that human rights do not become obsolete with age.

There are three primary inferences regarding that interface between later life and social inclusion. First, people who are socially excluded earlier in life will generally experience further exclusion when they age. Second, key transitions associated with later life such as retirement or widowhood tend to imbue incumbents and living partners with higher degrees of social exclusion. Third, age discrimination and ageism, as well as double and triple jeopardies, intensify marginalisation in later life. In the face of such quandaries, the National Strategic Policy provides a number of recommendations on a range of issues which, if implemented, have the potential to improve the levels of social inclusion for older persons.

Social inclusion refers to

“integrating older people into society”, and hence, countering the socially manufactured dependency of older persons resulting from the “imposition, and acceptance, of earlier retirement; the legitimisation of low income; [and] the denial of rights to self-determination in institutions” (Townsend, 1981, p. 5).

Theme 1.1.

Solitude, loneliness and social isolation

International prevalence rates suggest that around one third of older persons experience solitude and/or loneliness and/or social isolation (Berg-Weger & Morley, 2020). The negative impacts of such experiences on physical and mental health have been persistently acknowledged in research studies, with some scholars as far as to state that loneliness can be comparable to physical malnutrition.

There are multiple factors that can cause loneliness in later life, ranging from frailty to illiteracy to a diagnosis of dementia, but widowhood is certainly amongst the primary triggering indicators for both men and women. Although issues of loneliness, solitude and social isolation have been generally overlooked in active, successful and positive ageing policies, since their underlying principles tend to favour a vision of later life characterised by healthy levels of social capital, the COVID-19 pandemic has brought increased attention on social isolation and loneliness for older adults.

Here, one must also note that the at most risk of loneliness within this cohort constitute frail and homebound older persons, those who have been diagnosed with dementia or other physical and mental maladies, and especially, older residents in care homes and long-term care facilities.

MEASURE

INITIATIVE

Put into service a community network that provides befriending services and support via one-to-one visits, an online learning platform, and group support meetings.

- Broadening of community-based services.
- Collaborate with social care students for the creation of a community network.
- Create a centralised website dedicated to active ageing which would include educational material and information on different services available.
- Conduct research to identify gaps in knowledge, to prevent and reduce loneliness and social isolation.

Implement targeted programmes to address sub-groups of older people vulnerable to loneliness such as migrants, people with chronic health difficulties and widowed persons.

- Assess the need for specialised services.
- Design and execute promotional campaigns of available social services.

Launch community-led interventions that target isolated older people living at home, especially homebound persons, and older persons living in residential long-term care.

- Cater for the recruitment of any necessary multi-disciplinary professionals.

Theme 1.2. Financial security

The increasing life expectancy, coupled with improving healthcare and technology, means that an increasing number of older people will live beyond 'retirement age'. Contrary to prejudiced depictions of later life, retirement is far from a negative experience for many persons. However, preparing for retirement should not be left for the last minute and only dealt with when it seems inevitable. This is especially true for financial matters and adults should plan ahead for a time when they might not want to continue or be able to continue working.

Although public pensions and allowances play a significant part in allowing income security in later life, there is always the possibility that older persons find themselves at risk of poverty, especially women. Hence, financial planning should take place throughout the adult life course.

MEASURE

Support lifetime financial planning through programmes and products to encourage long-term financial planning that is customised to address the diverse needs of older people.

Protect older persons by addressing elder financial abuse and fraud by empowering professionals to identify problems quickly and use multi-pronged preventive approaches.

INITIATIVE

- Centralised website to include links to information about government pensions and any other social benefits.
- Centralised website to include education material which highlights frequently asked questions and includes guidance on financial planning.
- Educational material shall be available through multi-media.
- Recognise older persons for volunteering and grandparenthood.
- Provide adequate training to professionals.
- Launch national awareness campaigns for older persons to identify signs of fraud.
- Ensure that the centralised site contains information on how to identify signs of fraudulent behaviour.

Theme 1.3. Civic engagement

The involvement of older persons in community and public efforts, with the ultimate goal of improving the quality of life in society, is central to an active ageing lifestyle. This includes taking part in community programmes, public affairs and political activities. In later life, civic engagement is generally exercised through volunteering which results in various beneficial outcomes on physical and mental health.

However, this mechanism excludes older persons unable or unwilling to formally volunteer. Hence, civic engagement in later life needs to be extended beyond volunteerism and into a role that involves participating with an organisation - whether paid or voluntary - that is committed on pursuing civic goals, such as faith-based organisations, educational institutions or social service agencies.

MEASURE

Consider effective ways to support organisations that rely on volunteers via awareness-raising activities, and research on the personal and social benefits of volunteering.

Promote awareness-raising campaigns to stress the extraordinary contributions on behalf of volunteers and encouraging older persons to take up volunteering.

INITIATIVE

- Collaborate with voluntary organisations for the participation of older persons.
- Centralised active ageing site shall include information on the benefits of voluntary work, help persons to find opportunities near their homes and provide the means to contact organisations directly.

- Start promoting senior volunteerism via different forms of media.

Theme 1.4.

Care to spouses or partners, children and grandchildren

Care refers to the provision or receipt of assistance in a supportive manner, and involving both reciprocity and interdependency. Whilst mainstream policy tends to focus on older persons' receipt of either formal or informal care, active ageing policies bring to the fore the care provided by older persons towards spouses or partners, children and grandchildren. While the primary source of care of older persons is usually their spouse or partner, many older persons provide direct financial contributions and other assistance in kind to their children. At the same time, older persons spend a considerable number of hours taking care of their grandchildren, taking them or picking them from schools, offering practical and emotional support, and thus saving their children significant expenses on childcare.

MEASURE

Utilise care assessments as an opportunity for information gathering, relationship-building, to enhance the quality of the therapeutic partnership between carers and service users.

Assess and evaluate the role and contribution of grandparents within the family nucleus.

INITIATIVE

- Reassess available and strengthen existing outreach services.

- Design a research exercise with the aim of addressing public policy shortcomings.

Theme 1.5.

Active ageing hubs

The transformation of Day Centres for the Older Persons to Active Ageing Hubs was a step in the right direction as this made possible the achievement of improved levels of successful and productive ageing for older persons. Active Ageing Hubs are a source of vital, community-based, social and health promotion that enables many families to bridge the gap between complete independence and limited support.

The next stage is for Active Ageing Hubs to expand their services and programmes so as to enable attendees to maintain maximum health, independence and fulfilment. This goal can be achieved if Active Ageing Hubs engage in uncharacteristic activities for older persons such as creative writing, art and music, visual arts such as photography, horticulture, and cultural outings to museums, theatres and sports events.

MEASURE

Evaluate the present accessibility of Active Ageing Hubs and subsequently identify and implement methods for improvement.

Expand the remit of Active Ageing Hubs to include arts programmes, volunteer opportunities, intergenerational programmes, and community action opportunities.

INITIATIVE

- Promote Active Ageing Hub services.

- Review the activities currently being organised in active ageing centres.
- Continue the modernisation of active ageing centres.

Theme 1.6.

Third age learning

The realm of third age learning has developed from a limited number of programmes to an increasing number of Universities of the Third Age, late-life programmes in ICT, pre-retirement learning courses, and lifelong learning opportunities in the humanities and social sciences. Looking forward warrants that third age learning employs a wide-participation agenda to outreach older men, older persons with lower-than-average levels of education, those living in rural localities, ethnic minorities, and older persons with disability living in the community. Third age learning would thus not simply contribute to economic progress and social inclusiveness, and meet people's desires for personal development and creativity as they grow older, but also serve as an instrument of social inclusivity.

MEASURE

Increasing the opportunities for third age learning at the locality, regional and national levels while assisting in the broadening of curricula and choice of facilitators.

Providing opportunities for intergenerational learning to contribute to promote and strengthen the understanding and cooperation between different generations.

INITIATIVE

- Increase the variety of learning options.
- Provide teachers with training in how to teach older students.
- Facilitate peer learning.
- Launch widespread promotional campaigns.
- Increase awareness of senior learning opportunities through centralised active ageing site.

- Introduce a project where students teach IT to older persons.

Theme 1.7. Fourth age learning

In the spirit of the United Nations' pronouncement on 'leaving no one behind' in ageing policy, the National Strategic Policy cannot overlook persons in the 'fourth age' - namely, older persons who are either homebound or living in residential long-term care facilities, and thus, unable to reach classroom settings in the community. Young-old persons with early-onset complications from strokes, diabetes, and neurological diseases, as well as old-old persons with complex mobility and cognitive challenges, still harbour a need and interest to engage in meaningful activities. The National Strategic Policy advocates equal opportunities for all older persons irrespective of their mobility and cognitive status, and irrespective whether they reside in the community or in residential long-term care facilities.

MEASURE

Widening the opportunities for fourth age learning in residential care settings and utilising the radio and television media for housebound older persons.

Providing staff who are responsible for the provision of meaningful and learning activities for frail persons in residential long-term care settings with training in geragogical skills.

INITIATIVE

- Ensure that a number of adult learning courses are also available via different forms of media including streaming. Accessibility to these sessions shall be available through centralised active ageing site.
- Organise group sessions within residential homes.
- Recruit staff within care homes that shall be responsible in engaging older persons in activities.

Theme 1.8.

Information and communication technology

Digital competence is a necessary skill for full and active citizenship. In much the same way as education has promoted democracy and educational growth, digital competency has the potential to facilitate social wellbeing. Computer access and online use have a positive effect on older adults' autonomy and independence, preventing them from cognitive decline and improving everyday functioning. Such abilities are valuable to older persons living alone, widowed, living in rural places, or who have mobility restrictions. Yet, one finds a global age digital divide whereby older individuals are increasingly less digitally competent. This was especially visible during the COVID-19 pandemic when the gap between those with digital skills and available internet connection, and others lacking such abilities was highly apparent.

MEASURE

Raise awareness of the importance of digital competence on wellbeing in later life to accelerate the take-up of computer hardware and online access amongst older persons.

INITIATIVE

- Provide widespread IT courses.
- Centralised active ageing site shall include basic IT information and tutorials such as how to stay safe online.

Theme 1.9.

Transport

Maintaining mobility is crucial to sustaining the autonomy of older people. However, as people age many relinquish driving their personal vehicles either due to personal choice or medical reasons.

As a result, the older population is highly dependent on public transport to remain independent and interact socially, and move from one locality to another. In recent years, the government has acted in the right direction as persons aged 70-plus now enjoy free travel on public transport.

MEASURE

Support sustainable, smart, and age-friendly transport and ensure that public transport is acceptable, available, affordable, and accessible, and safe and secure for older persons.

INITIATIVE

- Evaluate the Silver-T service currently on offer. Identify ways for improvement.

Theme 1.10. Age-friendly communities

The age-friendly movement has captured the imagination of citizens, policy makers and non-government organisations around the world. However, initial top-bottom initiatives require to give space to knowledge as what needs to be done from older residents themselves. After all, it is their town and village, their neighbourhood, their homes, their streets.

At the same time, age-friendly communities will not materialise without innovative partnerships between the national government and the local councils to address each of the following components: housing, social participation and active citizenship, respect and social inclusion, civic participation and employment, communication and information, community support and health services, outdoor spaces and buildings, and transportation.

MEASURE

Involve local businesses, stakeholders, and councils to sign up to and implement the World Health Organization's framework on age-friendly cities.

Involve older persons in the design of services which affect them, in local decision making, neighbourhood regeneration and in the development of age-friendly initiatives.

INITIATIVE

- Conduct meetings with the aim of providing sufficient information to stakeholders and explore possible activities.

- Ensure open channels of communication. Feedback provision shall be accessible to older persons.

04

Objective 02 Healthy Ageing

Healthy ageing refers to the process of developing and maintaining the functional ability that enables wellbeing in later life (World Health Organization, 2015). Functional ability comprises the health-related attributes that enable people to be and to do what they have reason to value, and consists of the intrinsic capacity of the individual, relevant environmental characteristics and the interactions between the individual and these characteristics.

While intrinsic capacity is the composite of all the physical and mental capacities of an individual, environments comprise all the factors in the extrinsic world that form the context of an individual's life such homes, communities and the broader society.

These environments include a range of factors that include the built environment, people and their relationships, attitudes and values, health and social policies, the systems that support them, and the services that they implement. One finds various Maltese policies which contribute towards healthy ageing and include, amongst others, the Healthy Eating and Physical Activity Policy and the Food and Nutrition Policy.

Yet, the road towards the enactment of well-judged and practical policy commendations on healthy ageing is a long one and fraught with a number of challenges. As people age, their health-care needs tend to become more chronic and complex. Responding to these needs requires integrated care built around a common goal of optimising trajectories of functional ability, psychological and emotional wellbeing, with a specific focus on maximising intrinsic capacity. Hence, there requires a need for the transformation an appropriately trained workforce by providing basic training about gerontological and geriatric issues during both pre-service training and in Continuous Professional Development courses for all health professionals, new workforce cadres (e.g. care coordinators and self-management counsellors) and extending the roles of existing staff, such as community health workers, is also warranted.

Theme 2.1. Independent living

A key prevailing concern as people age is the ability to maintain an independent lifestyle. This requires an 'everyday competence' to solve problems associated with daily life which may be both complex and multidimensional.

There are a number of antecedents for an independence lifestyle and everyday competence. Physical health and cognitive functioning (especially various aspects of memory) are required to perform the Activities of Daily Living and the Instrumental Activities of Daily Living, as well as other important everyday tasks such as medicine compliance, compiling shopping lists, paying bills, drive a car, and leave their residences. Many times, an independent lifestyle is only possible through informal and formal social support services that provide not only practical assistance but also psychological support such as confiding, reassurance, respect, and talking about health issues.

Promoting independent lifestyles and everyday competences is possible by improving support services, modifying the environment to remove any barriers and obstacles, and interventions such as cognitive learning programmes that improve fluid abilities such as memory, reasoning, inductive reasoning, processing speed, spatial orientation, and verbal memory.

MEASURE

INITIATIVE

Empower older persons not to be passive in their relationship with their environments but instead to retain the ability to choose to practice quality levels of agency and autonomy which have a powerful influence on their dignity, integrity, and freedom.

- Raise awareness for older persons on how to prepare themselves to live longer at home.

Ensure that the key domains of functional ability that are essential for older people - namely, meeting their basic needs; enabling them to learn, grow and make decisions; be mobile; build and maintain relationships; and contribute - are possible and permissible.

- Review psychological support services.
- Invest in recruitment of at-home nursing.
- Create a collaborative platform between public and private service providers.
- Reform existing community care services.
- Expand night shelter services.

Theme 2.2.

Access to health services

Malta has a robust public healthcare system which provides free services to all Maltese citizens and European Union residents with a European Health Insurance Card. Healthcare access for older persons are adequate both in terms of availability and affordable as general practitioner services are provided free of charge across the community clinics and health centres across both islands. However, mechanisms that may increase the access of older persons to health services include an improved transportation infrastructure in rural areas and for homebound older persons, coordinating health literacy programmes for older persons from lower socio-economic groups and widows who tend to confront the greatest challenges in accessing acute health care services, and introduce advance care planning at health centres.

MEASURE	INITIATIVE
Facilitating access so that older persons make more efficient use of services such as primary care, social services and health care services to lead more independent lives.	<ul style="list-style-type: none"> • Review accessibility of current available services. • Review plans for any new services and ensure accessibility. • Facilitate access to outpatient services.
Ensuring that older people are not excluded by new means of delivering services, such as online mechanisms, so that all services remain fully available and reachable.	<ul style="list-style-type: none"> • Ensure service provision is available in different forms including traditional means.

Theme 2.3.

Physical activity

An active and healthy ageing lifestyle necessitates physical activity during the whole life course, although starting in later life is also beneficial. Physical activity is important both to maintain functional capacity and prevent chronic diseases and disability, as well as part of social and medical rehabilitation therapies. Workouts improve muscle mass and strength, have an important role in bone physiology and prevents osteoporosis, prevents falls and fractures, and have several beneficial effects on cognition and brain health. Physical activity also strengthens wellbeing and protects from depression, improves sleep quality, while group exercise sessions offer a possibility to socialise with other people, and engage in various social activities such as visiting relatives and friends, going shopping and attending cultural events.

MEASURE

Ensure awareness campaigns and clear recommendations in place so that older adults meet the advised levels of physical activity guidelines for their age and any health conditions.

Providing guidelines on exercise programmes to address cardiorespiratory fitness, and muscle strength and balance, particularly for persons aged 75 plus.

INITIATIVE

- Increase awareness campaigns with educational material on how to maintain physical fitness.
- Set up health and wellness talks in order to educate older persons with different physical abilities about the type of exercise that they can do.

- Provide a series of specialised exercise instructions and classes. These can be available also through different forms of media.

Theme 2.4. Physical safety

Physical safety refers to the absence of harm or injury from practices or a physical artefact that can include a person, the room itself, furniture, medical equipment, and prohibited items, amongst various things. It therefore traverses many areas of concern such as stairs negotiation, cold and hot weather safety, age-friendly and accessible pavements, food safety, safe uses of medicines, home and driving safety for persons living with dementia, and fall-proofing homes and work places. Physical safety also refers to the need for older persons to feel safe walking alone at night in the area where they live, and not worrying about the possibility of being physically attacked or assaulted, that their homes may be the victim of a burglary or assault, or that vandalism or crime is a serious problem in their city or village.

MEASURE

Provide guidelines for ensuring safety at home to mitigate against the possibility of falls, stairs negotiation, fires, carbon monoxide poisoning, scalds and burns, and hypothermia.

Ensuring outdoor safety by guaranteeing walkways are accessible and non-slip, plenty of shade, and develop standards in the area of age-friendly road design.

INITIATIVE

- Centralised active ageing site shall include recommendations for older persons and their family members on how to make sure their homes are made safe.
- Increase home visitation programmes.
- Carry out public space risk assessment.

Theme 2.5.

Mental wellbeing

Mental health and wellbeing are as important in older age as at any other time of life. However, mental health problems are under-identified by health-care professionals and older people themselves, and the stigma surrounding these conditions makes people reluctant to seek help.

While older people may experience life stressors common to all people, they also experience stressors that are more common in later life such as reduced mobility, chronic pain, frailty or other health problems, for which they require some form of long-term care, and a higher tendency to experience bereavement or a decline in their socioeconomic status with retirement. All of these stressors can result in isolation, loneliness or psychological distress in older people, for which they may require long-term care.

MEASURE

INITIATIVE

Strengthen effective leadership in mental health, while providing comprehensive, integrated and responsive mental health care services in community-based settings.

- Review provision of current services within the community and conduct a needs assessment.
- Organise group sessions within community and residential homes.

Implement strategies for promotion and prevention in mental health, while strengthening information systems, evidence and research for mental health for older persons.

- Update centralised active ageing website to include educational material on knowing when to seek help and link to an updated register of professionals and contact information.
- Collaborate with stakeholders to raise awareness and conduct research.

Theme 2.6. Community care

The extent of community care services for older persons in Malta has been greatly strengthened in recent years. The success of such policy initiatives is evidenced by a decrease in number of older persons seeking residential long-term care. The next stage is to frame community care in the realm of active ageing by implementing key strategies for self-care, mutual-help and self-promotion that lead to the adoption and maintenance of healthy lifestyles. This implies transitioning a 'top-bottom' stance towards community care to an 'empowerment' model that identifies older persons as a source of social capital for their own maturity, development and growth. Consequently, both healthy and frail older persons will achieve that optimal level of emancipation, independence, dignity and autonomy that many yearn for.

MEASURE

Implement a set of minimum standards for community-based care services to improve the quality of life of care recipients and carers, and to contribute to more resilience in society

Community service provision is to consider the psychosocial needs of older persons, such as participation in meaningful activities, as part of the holistic care assessment.

INITIATIVE

- Research to be conducted on the standard of services and how this can be improved.
- Increase palliative care services.

- Re-assess existing community-based services: to include broadening and specialisation of services on offer.

Theme 2.7.

Residential long-term care

The residential long-term care for older persons in Malta has experienced considerable detailed regulation and the government even established the Social Care Standards Authority to supervise, monitor and inspect all care homes and facilities. However, quality care cannot be solely achieved by inspection and regulation, and the responsibility for ensuring dignified living in such homes and facilities lies with professionals, clinical staff, managers and residents alike. An active ageing ethos promotes a full sharing of responsibilities among all the people involved in such settings so that everybody becomes involved in the care of older people and feel personally responsible for championing dignified care. A dignified living necessitates that residents are perceived as individuals, and not defined by either their frailty or illness.

MEASURE

Improving the quality of process in long-term care by ensuring mechanisms to protect resident rights, the safety of buildings, and establishing a quality assurance committee.

Recruiting and retaining an educated and skilled workforce by improving the qualification of care managers, social and health professionals, care workers, and auxiliary staff.

INITIATIVE

- Create provision of service assistance with information and referral services
- Ensure that residents are being involved in the creation of their care plan
- Continue with and oversee the refurbishing of residential homes
- Introduce a central computerised system for employees working within the care home and the residents

- Recruited staff to have the required qualifications
- Ensure continuous training and supervision for staff members

05

Objective 03

Addressing Diversity
and Inequality

A holistic understanding of societal ageing is only possible if one recognises its inherent heterogeneity and inequity issues. Although there is a long-standing body of literature on ageing on one hand and ageism, gender, disability, sexuality, ethnicities, access to justice and dementia on the other, public policy tends to approach ageing from homogenous and normative standpoints. The urgency to distinguish the young-old from the old-old, and between third and fourth agers, meant that the diversity of the ageing population has been ignored and overlooked. For instance, heterosexuality continues to be a taken-for-granted norm in positive and healthy ageing policies, as well as in good practices and minimum standards in community and long-term care. The same can be argued with respect to ethnicity in active and successful ageing policies which tend to assume that the target population inhabits a mono cultural universe characterised by identical norms and values. Moreover, social groups are not only different in their personal and communal outlooks but also hold lower-than-average levels of financial, cultural, social and physical capital.

The National Strategic Policy for Active Ageing distances itself from homogenising discourses and grand narratives which make generalisations about ageing based upon common sense.

It recognises the significance of intersectionality by highlighting the mutually constructed nature of social division and the ways that these are experienced, reproduced and resisted in everyday life, and instigates policy directives that have the potential to improve the wellbeing of subaltern older persons. In doing so, the National Strategic Policy holds that social and political participation and access to justice is non-negotiable and warranted without fail, so that older adults must enjoy equality of resources, recognition and representation.

Theme 3.1.

Ageism and age discrimination

Many years have passed since Robert Butler put forward the term ‘ageism’ in 1968 to refer to the systematic stereotyping of and discrimination against people just because they are old. Yet, to-date many scholars continue to document many occurrences of ageism. The impact of ageism traverses both the personal lives of older persons and the institutional spheres of the workforce and health care services. Since ageism constitutes a social constructed event, there warrants mitigating actions that mitigate adverse attitudes and contest negative stereotypes towards older persons as incapable, infantile, asexual, obstinate, self-centred, depressed, frail, and digitally illiterate. It is even further problematic that older persons themselves hold ageist attitudes and assumptions towards themselves and same-aged peers. Older persons are more likely than younger peers to perpetuate ageist stereotypes, or apologise for their age-related insufficiencies, even if they know far better how these stereotypes distort and demean them. Undeniably, policy and legal measures are equally essential to prohibit age discrimination and protect the rights of older persons in areas where ageism typically manifests itself.

MEASURE	INITIATIVE
Develop intergenerational programmes that include positive contact with older adults and are cooperative by all parties working toward a common goal.	<ul style="list-style-type: none"> • Launch an information campaign. • Create an abuse reporting centre and a victim support service for older persons.
Ensure adequate education about ageing in primary and secondary schools, and post-secondary and tertiary institutions, that involve practical interactions with older adults.	<ul style="list-style-type: none"> • Include issues relating to ageing in curricula and put emphasis on inter-generational learning.
Educate all professionals and workers on the myths of ageing as it is essential that age prejudice and stereotypes about ageing do not take root in no occupational service.	<ul style="list-style-type: none"> • Educate on how to recognise ageism through media campaigns. Educational material should also include what actions one should take if they are feeling discriminated against because of their age.

Theme 3.2.

Gender

One key determinant of life course experiences and trajectories is gender. Older women have been found to be more vulnerable to risk than men as they report higher rates of morbidity, disability, sense of anxiety and fear of old age, degree of discomfort with bodily appearance and function, and social exclusion. However, this is not the same as saying that older men constitute a privileged gerontocracy. Older men tend to have less well-established social networks than women, and hence, are at a greater risk of experiencing social isolation and exclusion. An active ageing strategy thus needs to be premised on a gender-emphatic approach that is sensitive to the interrelation between gender and different aspects of 'ageing well' from economic, cultural and political perspectives.

MEASURE

Mitigate the risks of lifelong gender inequalities that result in female old-age poverty and gender pension gaps by ensuring adequate levels of income security for older women.

Strengthen the opportunities for cultural and leisure activities for older women, especially those living alone or widowed, to narrow the gender gap in active ageing.

INITIATIVE

- Design research to assess the local context and to identify the way forward.

- Launch more targeted social events.

Theme 3.3.

Lesbian, gay, bisexual, transgendered, intersex and queer older persons

The experience of lesbian, gay, bisexual, transgendered, intersex and queer (LGBTIQ+) older persons continues to fly under the radar in national policies on active ageing. Indeed, mainstream understandings of active ageing exist within a heteronormative framework - thus, leading to an absence of social policy understanding and scholarship relevant to LGBTIQ+ older adults. However, public policies on ageing that do not include non-heterosexual ageing are inevitably only giving partial accounts of the ageing experience. This National Strategic Policy supports an LGBTIQ+ -friendly active ageing policy in Malta so as to mitigate against their deprivation of representation, recognition and resources which lead to uneven social and health care provisions for LGBTIQ+ persons.

MEASURE

INITIATIVE

Establish a national working group to map the common but also different social and health care challenges experienced by the LGBTIQ population.

- Set up national working group.

Ensure that care services are not only LGBTIQ-friendly but also backed by legal services that safeguard clients from discrimination due to sexual orientation and gender identity.

- Introduce/include a tolerance scan to assess care facilities on LGBTIQ+ friendliness.

Theme 3.4.

Housing and accommodation

Older persons in Malta rarely change accommodation. Push factors include a larger house than required, living in a residence in bad condition, when the property threatens their independence, stairs negotiation, and perhaps most important of all, not having easy access to shops, public transport, places of worship, and other useful amenities. There exists a gap in the housing scenario in Malta as there are no intermediate options between the possibility of living independently in the community and residential long-term care. This National Strategic Policy advocates a need for alternative housing, which would make it easier for older persons to live as independently as possible, while giving them unlimited access to visits from family relatives and friends, something which is not possible in care homes and long-term care facilities.

MEASURE

Continue offering programmes that assist older persons in making their owned properties 'age-friendly' (e.g., appropriate heating, appropriately designed bathrooms etc.)

INITIATIVE

- Introduce consultation service to assess homes and advise on how to make them safer and accessible.

Theme 3.5. Ethnicity

The strong migratory flows on behalf of both European and third country in the past years implies that ethnicity and race will become increasingly salient categories of societal ageing in the nearby future. There is an international body of literature as how different ethnic groups differ in patterns of productive, active, and successful ageing. Many studies have drawn the attention to how ethnicity and immigrant statuses arise as conveyors selective disadvantage and inequality, with the older ethnic persons suffering from social and material exclusion, reporting worse health, and experience a poorer quality of life compared to peers in the host community. This National Strategic Policy advocates for a sensitivity towards diverse ethnic status when planning and coordinating care services for older persons.

MEASURE

Implement culturally and linguistically appropriate services that advance health equity and eliminate health care disparities in later life irrespective of ethnic backgrounds.

Train professionals and workers in cultural competence which is the ability to recognise the cultural beliefs, values and attitudes of diverse populations in all care services.

INITIATIVE

- Culture and linguistic sensitivity to be established as a standard and continuously monitored. Focus shall also include raising awareness among older persons.
- Ensure that diverse needs of residents are being accommodated (eg choice of meals/ adequate space to practice beliefs)
- Introduce frequent training to staff members.

Theme 3.6.

Abuse and mistreatment

Elder abuse is both a global and national problem, and was addressed in Malta's first National Strategic Policy for Active Ageing. Nevertheless, it remains relatively hidden compared to other policies on mistreatment such as domestic violence, hate speech and child abuse. While presently one finds better levels of awareness of elder abuse in Malta, until there is a dedicated convention on the human rights of older persons, the legal profession and public prosecutors must tap and rely on the various rights found principally in the International Covenant on Civil and Political Rights (United Nations, 1966a) and the Convention on the Rights of Persons with Disabilities (United Nations, 2006). Judicial courts have a key and primary responsibility in not only recognising and responding to elder abuse but also in its prevention.

MEASURE

Oblige professionals who come into contact with older persons to report abuse suspicions they may have, without facing prosecution if the suspicion turns out to be ill-founded.

Implement rigorous training programmes in all areas of ageing welfare to facilitate the effective identification and prevention of abuse and implement appropriate responses.

INITIATIVE

- Training given to professionals shall include how to spot signs of abuse and how to report it.

- The centralised active ageing site shall include a clear method of reporting abuse.
- Launch awareness campaigns.

Theme 3.7.

Access to justice

A human rights-based approach necessitates the assurance of access to justice. As stated in the Madrid International Plan of Action on Ageing (United Nations, 2002), human rights law obliges governments to ensure that any person whose rights have been violated has access to a suitable remedy, in keeping with the broader rights of equality and the right to a fair trial. As other vulnerable groups, many older persons experience a range of obstacles to access justice due to financial, geographical, cultural, health or other factors, and especially where a number of these factors intersect. Such potential impediments to access justice means that certain violations experienced by older persons such as elder abuse and age discrimination will continue taking place without the possibility of redress.

MEASURE

Ensure that human rights protections for older persons are accompanied by enforcement processes and remedial relief.

Attend to socio-cultural, physical, and economic barriers when accessing justice so that older persons have access to a suitable remedy and the right to fair hearing.

INITIATIVE

- Discuss with the appropriate stakeholders, the adoption of legislation to this effect.
- Update the centralised active ageing site to inform older persons of their rights and with what means they can access legal aid if/when necessary.

- Raise awareness of the availability to free and accessible legal services.

Theme 3.8.

Ageing in correctional facilities

The rise in the number of older residents in many correctional facilities is considered as an ‘ageing crisis’ which is posing a pressing challenge for a really inclusive active ageing policy. Many individuals in correctional facilities experience multiple chronic physical and/or mental health conditions and physical disabilities at relatively younger ages. Most would have experienced profound stress and/or trauma over their lifetime, a history of substance use, and limited access to quality health-care and education. This high degree of early-onset social and medical complexity is often referred to as ‘accelerated ageing’. There is thus an exigent need to discuss the institutional, legal, and social and health care needs of detained older adults, and the approaches (if any) some correctional facilities have taken to meeting these needs.

MEASURE

Start gerontological and geriatric assessments of residents in corrections at the age of 55 years to develop a team-based model of care, particularly for those with multimorbidity.

INITIATIVE

- Older residents should be assessed to see their physical ability for performing their assigned tasks
- Prior to release, residents shall develop a discharge plan which will include things like what medications they need, post-discharge health appointments and copies of their health records

Theme 3.9. Ageing with disability

Public policies on ageing generally focus on older persons who acquire impairments of various kinds during their old age. There results a void of interest on people who have developed impairments or chronic illnesses either at birth or earlier in life. Even if there are similarities between these two groups, the former also holds unique experiences shaped by a lifetime with disability. Active ageing policy warrants understanding to the fact that living with disability does not take one form but has multiple shapes depending on age at onset, time with disability, location in history, but also depending on the type and cause of disability together with other factors such as socio-economic position, whether the disability is visible or invisible, and societal attitudes surrounding it.

MEASURE

Guarantee that people who experience a disability in later life have the same level of access as younger persons with disability.

INITIATIVE

- Inquire how disability service providers are catering for older service users.
- Review whether disability standards are appropriately catering for older persons with a disability in both community and residential care.

Theme 3.10.

Dementia care

Presently, the number of persons living with dementia in Malta is about 7,000, a number that is expected to double by 2050. However, a principal lacuna in active ageing policy constitutes its exclusion of persons living with dementia when participation and leisure activities are important for their life satisfaction and as a possible protection against further deterioration. This National Strategic Policy advocates that people living with dementia should be given the opportunity to engage in a wide variety of meaningful and learning undertakings, depending on their level of physical and mental ability, to ensure that absolutely no one is excluded in active ageing policy.

MEASURE

Warrant that older persons with dementia are provided with post-diagnostic support to live active ageing lifestyles to reduce isolation, overcome barriers imposed by the condition, and preserve or bolster self-worth by continuing contributing to society and feel useful.

Provide psycho-educational interventions to caregivers of people with dementia as this has positive effects on the success of persons with dementia to live active ageing lives.

INITIATIVE

- Ensure the setting of standards and specialised care for the provision of services for people with dementia.
- Review dementia services currently being provided.
- Design research and programmes for early diagnosis in dementia.

- Hold educational events for care givers.
- Update the centralised active ageing website to include information and tips for people who have been diagnosed with dementia and their respective family members.
- Ensure the availability of support groups for care givers in order to improve the standard of care of older persons with dementia and to make provision of care more sustainable.

Theme 3.11.

COVID-19

The post COVID-19 recovery period falls under the responsibility of the Post-COVID-19 Strategy steering committee. However, since nearly nine out of ten COVID-19 related deaths reported in the United Nations Economic Commission for Europe's (UNECE) region have been among adults aged 65 years and older (UNECE, 2020) denotes that no active ageing strategy can be complete or afford to overlook the impact of the pandemic on older persons.

COVID-19 did not only take a destructive toll on the lives of many older people but has also exposed many ageist stereotypes and prejudices. During the pandemic, there have been many reports of discriminatory practices in access to health services and other critical resources in several countries, especially among older people living in long-term care facilities (WHO, 2021). Indeed, ageism reached unprecedented levels during the early days of COVID with the hashtag #BoomerRemover, a vulgar concept that highlighted two prevalent ageist attitudes in the pandemic response.

Notwithstanding that prior to COVID-19, social isolation - that is, the state of having minimum social contacts and lacking a sense of belonging - in later life was a major public health issue gaining international recognition as being detrimental to quality of life, the pandemic showcased disparate impacts on societies' most vulnerable populations in terms of loneliness and isolation. The negative impacts of such experiences on physical and mental health have been incessantly acknowledged in research studies, with some scholars even going as far as to maintain that loneliness can be comparable to physical malnutrition. Older residents in care homes and long-term care facilities are certainly at most risk of isolation in later life. In one study, the prevalence of severe loneliness among older persons in residential care settings ranged from 22% to 42% compared with 10% for older persons dwelling in the community (Victor 2012). Such levels of social isolation must have certainly increased substantially during the pandemic, even for community-dwelling older persons.

At the same time, one cannot but be sceptical at the often-heard claim that following COVID-19 'we are all online now'.

Since the very beginning of the lockdown, the gap between those with fibre and slow internet connection, and between those owning electronic devices and others lacking such tools (which have suddenly become essential goods), was apparent. As COVID-19 spurred more older people to use the internet in new ways compared to before the outbreak, it has also further exposed and deepened the divide between the digital haves and have nots.

The COVID-19 pandemic had, and is still having, a unique impact on people with Alzheimer disease.

People with dementia are at high risk of infection because cognitive symptoms cause difficulty with following safeguarding procedures and living arrangements in care homes facilitate viral spread. Once infected with COVID-19 older adults with dementia are more likely to experience severe virus-related outcomes, including death, than are people without dementia. The COVID-19 pandemic is not devoid of gender trends. In Europe the number of diagnosed cases was higher among women below 55 years than among men in the age-group 55-80. The male disadvantage tends to derive from gender-based immunological differences or be associated with comorbidities, since hypertension, cardiovascular diseases and drinking alcohol more commonly observed among men.

MEASURE

Address policy and institutional weaknesses concerning older persons, that were exposed by the pandemic, especially in relation to their human rights and ageism.

INITIATIVE

- Support research being carried out on the subject. Post-COVID-19 strategies should include affirmative action towards the vulnerable people such as older women, older persons in risk of poverty, and persons with dementia.

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