Social Transitions in Maltese Society

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Population Aging

Marvin Formosa

Malta holds a key place in the history of international ageing policy. Population ageing was first raised as an issue of world concern by the Government of Malta when in 1969 it appealed for its inclusion as a supplementary item on the agenda of the 24th session of the United Nations General Assembly. As a result, the Assembly adopted a resolution in support of the implementations of age friendly policies so that in 1982, the first United Nations World Assembly on Ageing was held in Vienna. This conference focused on the specific needs of older persons and the socio-economic implications of ageing. It is also to Malta's credit that the chairman of this assembly was a Maltese citizen - Anthony de Bono. In 1987, the Maltese government created the post of Parliamentary Secretary for the Care of the Elderly within the Ministry of Social Policy which served as a catalyst for the development of a spectrum of services catering for the needs of older persons. In December 1990, the United Nations General Assembly designated October 1st as the 'Day of the Older Persons' and in 1991, adopted the United Nations' Principles for Older Persons. Subsequently, it declared 1999 as the 'International Year of Older Persons' with the second United Nations World Assembly on Ageing being held in Madrid in 2002.

Demographic issues

The last century witnessed unprecedented demographic changes to the extent that the final three decades have been termed as the 'age of ageing'. As a result of declining fertility and mortality levels, all countries throughout the world registered an improvement of life expectancy at birth, and subsequently, a growth in the number of older persons. In the year 2007, 11 percent of the world's population was 60 years or over, a percentage that adds up to a total of 688 million persons (United Nations, 2007). In 2050, 22 percent of the world's population will be 60 years or over, so that one out of every five persons will be an older person. On a regional basis, 17 percent and 14 percent of European and North American populations respectively were aged 60 or over in 2000 (Hayward and Zhang, 2001).

Malta was no exception and has evolved out of a traditional pyramidal shape to an even-shaped block distribution of equal numbers at each age cohort except at the top. For instance, whilst in 1985 the percentage of the 60+ and 75+ cohorts measured 14.3 and 3.8 percent respectively, in the year 2005 these figures increased to 18.8 and 5.6 percent. These changes in the population distribution are attributed to a declining birth rate, together with an increasing

life expectation for both men and women. In the years 1995-2005 the total number of registered births dropped by 1,180 live births, so that in 2005 the fertility rate was almost one child every family (National Statistics Office, 2006a). The expectation of life at birth for men increased from 70.8 years in 1985 to 77.7 years in 2005; for women, it increased from 76.0 to 81.4 years in the same period. In 2005, persons aged 65 and older represented 13.7 percent of the population, up from 11.4 percent in 1995 (National Statistics Office, 2007a). Persons under 25 years of age made up 31.5 percent of residents, compared to 36.6 percent in 1995. Whilst persons in the 65-79 age brackets amounted to 10.8 percent, those aged 80 and over amounted to 2.9 percent of the population

Table 1. Total Maltese population by age and sex (2005)

Age	Total	Males	Females	Age	Total	Males	Females
Total	404,962	200,819	204,143	50-59	59,848	29,834	30,014
0-9	42,586	21,811	20,775	60-69	39,660	18,906	10,754
10-19	55,634	28,609	27,025	70-79	25,782	10,795	14,987
20-29	59,041	30,326	28,715	80-89	10,669	4,089	6,610
30-39	52,253	26,706	25,547	90-99	1,259	359	900
40-49	58,166	29,377	28,789	100+	34	7	27

(Source : adapted from *Census of Population and Housing. Volume 1 : Population,* National Statistics Office, 2007a)

Similar to international statistics, women and widows are over-represented in older cohorts. Although more males are born, the higher mortality rates of men means that single families headed by females predominate (National Statistics Office, 2006b). As women have a higher life expectancy, they frequently become widowed while men remain married until they die. Indeed, whilst the number of older persons who make a more frequent appeal to health and social services is increasing among men, residential and nursing homes for older persons are also mainly occupied by women (Formosa, 2005).

In the wake of the ageing demographic transition, public health in Maltese society has experienced a change from a focus on infectious diseases to one oriented to the non-communicable diseases which tend to run a more chronic course. Some of these are, in fact, responsible for the majority of cases of mortality among older Maltese persons today, and include heart/vascular disease, cancers, and respiratory disease. In 2005, the number of deaths of persons aged 65 and older amounted to 2,535 (1,219 males - 1,316 females) with the majority of causes being diseases of the circulatory system, neoplasms, and diseases of the respiratory system in that order (National Statistics Office, 2006a). In 2005, 44.9 percent of persons aged 60 and over had an illness or health condition, with

the type of disabilities ranging from visual impairment, auditory impairment, physical impairment, intellectual impairment, mental health condition, or even various disabilities (National Statistics Office, 2007a).

Table 2. Population aged 16 and over by age and marital status (2005)

Age	Total	Single	Married	Separated	Annulled/ Divorced	Widowed	Re-married
Total	329,738	100,803	195,523	11,045	2,309	19,248	810
16-19	22,996	22,926	65	3	1	1	-
20-29	59,041	42,330	15,697	886	93	22	13
30-39	52,253	10,094	38,363	3,047	492	167	90
40-49	58,166	6,764	65,654	3,369	614	595	170
50-59	59,848	6,540	48,245	2,384	554	1,928	197
60-69	39,660	5,276	29,054	947	384	3,808	191
70-79	25,782	4,473	13,892	356	137	6,812	112
80-89	10,699	2,125	3,386	51	30	5,094	33
90+	1,293	275	187	2	4	821	4

(Source : adapted from *Census of Population and Housing. Volume 1 : Population*, National Statistics Office, , 2007a)

There are marked differences in the age distribution between geographical districts and localities (National Statistics Office, 2007a). The largest and smallest concentration of older persons is found in the northern harbour region and northern region respectively (11,942 or 32.3 percent and 6,183 or 11.1 percent of the total 65+ population respectively). The 'youngest' locality is Pembroke where 28.3 percent of the population is less than 15 years old, in contrast to Sliema, where only 10.2 percent of the population is in this age cohort (ibid.). The dependency ratio (the sum of persons aged less than 15 years plus persons aged 65 years and over, as a percentage of the working-age population between 15 and 64 years) in Malta stood at 44.5 percent in 2005 compared to 50.4 percent ten years before (ibid.). This decrease is explained by a marked decline in the proportion of persons aged less than 15 years as a percentage of the working-age population (24.7 percent in 2005 compared to 33.2 percent in 1995). Compared to the European Union [EU], Malta has a significantly lower old-age-dependency ratio, measured as the proportion of persons aged 65 years or over divided by the working-age population. For Malta this ratio stands at 19.8 percent compared to 24.9 percent across the EU (ibid.). Yet, it is noteworthy that in 1995 the old-age-dependency ratio stood at 17.2 percent so that one notes a significant increase within a span of ten years. The Census (National Statistics Office, 2007a) also reported a negative correlation between age on one hand and educational attainment and qualification on the other, with women being affected more negatively than males. Almost 9

percent of the 60+ cohort had no schooling experience, with 60 percent having a primary education attainment or less; it is therefore not surprising that whilst 80 percent had no qualifications, 16 percent were illiterate (ibid.). The number of older persons taking part in lifelong learning was also very low. In the academic year 2003/2004, the participation of persons aged 60+ in public evening classes accounted to just 119 participants (104 females and 14 males) or 10.6 percent of the whole student population, with another eight and ten persons being enrolled in full-time and part-time university courses respectively (National Statistics Office, 2005).

Active ageing

Whilst it may have been true that in the past most individuals died either before or soon after statutory retirement age, nowadays retirement generally signals the start of a 'third age' phase of life. The term 'third age' signifies a period in life between a second age of maturity and a fourth age of frailty during which there is no longer employment and child raising to commandeer time so that individuals can spend their time as they please. However, Maltese society has yet to come to terms with this longevity revolution. In a study on perceptions of older persons, Troisi and Formosa (2000) found that Maltese society associated later life with higher incidences of medical problems, as they perceived the process of ageing to commence when persons start experiencing health complications, increasing dependency, limited mobility, and being no longer fit to work. It is not old age *per se* that forces workers to retire, but a mandatory social policy grounded on chronological age. Moreover, a substantial number of respondents agreed that 'old age' starts at some special birthday such as 60, 61, or 65. However, such an approach is inherently flawed because individuals age in many different ways with chronological age being simply the number of years since one's birth. More important than chronological age is functional age, that is, how well one is able to operate independently in society. Another question aimed to discover whether the respondents perceived older persons as either potential 'contributors' or 'receivers'. The majority of respondents perceived older persons as potential 'receivers' as they remarked that older persons are non-contributing recipients of various pension, social and heath services. Without doubt, such a survey makes very gloomy reading especially when you consider the increasing number of persons in older cohorts nowadays. It is hoped that age-interest groups will join together to combat such stereotypical and discriminatory images and perceptions of Maltese older persons.

Although employment rates of older males have increased, such improvement is relatively modest (Arrigo & Formosa, 2007). In January-March 2007, the

lowest employment rates for men were for the 15-24 age group and the 55-64 age group. On the other hand, the lowest employment rates for women were for the 55-64 and 45-54 age groups. This indicated that the 55-64 age group had the lowest employment rate when compared to younger age groups, except in the case of male employment rates where the 15-24 age group has the lowest employment rate. The percentage of employed females aged over 55 years has been constantly very low between the years 2000 and 2004 when compared to the percentage of employed males aged over 55 years. Statistics from 2004 indicate that the mean exit age of males from employment was 58 years, whereas that of females was 54 years (National Statistics Office, 2003a). Out of the total number of persons aged between 50 to 61 years, 44.1 percent were in paid employment, 1.5 percent were unemployed, whereas the remaining 54.4 percent were inactive. The proportion of males in employment was much higher than that of females whilst the contrary is the case for the number of inactive persons. For males aged between 50 and 61 years, 71 out of every 100 were employed. The employment rate for females stood at 17.8 percent. Consequently, the employment gender gap, which is defined as the difference in employment rates between women and men in percentage points, stood at 53.8 per cent. With respect to the 60+, in 2005 employment rates stood at only 5.6 percent (National Statistics Office, 2007a). Main occupations included legislators, senior officials and managers (657), professionals (789), technicians and associate professionals (699), clerks (419), service workers and shop and sales workers (630), skilled agricultural and fishery workers (147), crafts and related trade workers (483), plant and machine operators and assemblers (142), and elementary occupations (498). It is also noteworthy that as much as 5.6 percent of the 60+ cohort held a secondary job (ibid.). Statistics also show that the majority of these older persons are male and in occupations with relatively better working and social conditions.

Formal-leisure resources for older persons are organised by both the government and non-governmental organisations [NGO] (Troisi & Formosa, 2006). At present, the government coordinates a total of 16 Day Care Centres which are very popular among older persons. The aim of these centres is to help prevent social isolation and the feeling of loneliness by keeping older persons active in the community, as well as aiding older persons remain as socially integrated as possible by reducing the social interaction difficulties which older persons encounter. The NGO Caritas also encourages the creation of social clubs for older persons within their villages or towns. A number of these clubs open weekly while others open fortnightly and each is run by a team of voluntary workers most of whom elderly themselves. The emphasis of these clubs is on the participation of older persons in co-operative action which enhances their self-image and feeling of self-worth so that lonely persons are given an opportunity to

form new relationships and friendships. Most informal leisure activities in which older persons participate still revolve around cultural practices. Church, band, and political clubs remain at the centre of older persons' activities although more are now opting for more adventurous activities such as going abroad on organised tours or taking a cruise. However, there is no doubt that whilst the annual parish feast provides some structure to their lives, most older males are still found to conglomerate in the village square or other noteworthy spots in their locality which serve as a meeting place where to consume tea, coffee or alcohol as well as an opportunity to discuss politics, sport and other issues of current concern. Moreover, most local villages contain a small playing field with a pitch reserved for what is known as *boċċi* (a game very similar to French *boules*) which is primarily dominated by older men, with contests taking part in each locality and where national competitions are proudly challenged. On the other hand, tombola (or bingo) sessions - which are especially common by the seaside and at *boċċi* clubs - seem to be the exclusive domain of women. Finally, one cannot fail to mention the University of the Third Age which coordinates educational classes for individuals reaching statutory retirement age and which hold an annual membership of some 700 older persons (Formosa, 2000a, 2007a).

Income and consumption

Malta has a comprehensive social insurance scheme and retirement pension packages. Income support systems have existed on the island since 1921, and were followed by the Old Age Pensions Act 1948 and the Universal Pension Scheme 1956 promoting a contributory scheme. The 1956 Act was amended in 1979 and granted a two-thirds pension for all contributors to the National Insurance Fund, at 60 for women and 61 for men. This system is a traditional pay-as-you-go system with contributions from current workers used to finance benefits for current pensioners. Most current pensions are 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 of service. However, there is also a non-contributory pension scheme for those who for various reasons never paid any national insurance contributions. As with any pay-as-you-go system there are applicable pension maximum and minimum rates. As recorded by Abela et al. (2003) the minimum 2002 rates for a married couple where both partners qualify was Lm38.70 (€90.14); where only one partner qualifies Lm21.88 (€50.96) while single persons received Lm29.44 (€68.57) weekly. The maximum pension was Lm86.53 (€201.56) weekly. Widows who were never in paid employment receive five-ninths of

their husbands' pension. Pension rates are supplemented by weekly and half-yearly bonuses of Lm54 (€125.78) and Lm58 (€135.10) respectively, as well as about Lm1.28 (Euros 3) cost-of-living weekly allowance. Due to the fact that this system is thought by policy makers and government to be unsustainable in the foreseeable future as the numbers and percentages of older persons reach record levels, changes are being affected. From 1 January 2007 the retirement age has been increasing to 65 years for those aged 48 years or younger and pensions for persons born after 1962 will be calculated on the basis of forty years of national insurance contribution rates.

In 2000, employed older persons held an average annual gross salary of Lm7,147.3, paid tax and National Insurance payments of Lm830.2 and Lm524.2 respectively, so that their average net salary was of Lm5,792.9 (National Statistics Office, 2003b). Although the latter seems relatively high, especially when compared to the national average net salary of Lm5,000.0, this only pertained to those gainfully employed older persons. From research, it results that there are two groups of older persons who have high income levels - that is, migrants who hold pensions from high-income countries and older persons in paid employment (Formosa, 2007a). In 2000, the 60+ cohort held an average disposable income of only Lm3,829.4 so that as much as 19.9 percent of one-person households aged 65+, as well as 18.3 percent of couples with one member at least 65 years old, were found to fall under the 'risk-of-poverty-line' (National Statistics Office, 2003b, 2007b)

There is sparse information on older persons' expenditure and consumption patterns. Yet, it seems that persons in the 60-74 age cohort spend more than the 75+ cohort (National Statistics Office, 2003b). At the same time, older persons hold different expenditure patterns than younger peers. Older persons spend a greater proportion of income on 'food, beverage and tobacco', 'housing and energy', and 'health' compared to the national average. Regarding expenditure on health, it may be presumed that the share allocated for health services rises with age, so that the 75+ would actually spend relatively more on health than the average. Recent studies found that whilst the extent of expenditure going on health goods and services exceeded the national average for the 75+, this was not the case for the 60-74 cohort (Formosa, 2007a). It is noteworthy that the expenditure of the former age cohort could even be higher if the nursing, medical, medicinal, and paramedical services, at present provided free of charge or at heavily subsidised rates by the state, were to be borne at cost by older persons themselves. Indeed, this hidden transfer, or income-in-kind, has to be added to the weekly expenditure of the older persons to derive the true consumption rate of these households. This may be the reason why more older persons own their homes now than in the past - 63.2 percent in 2000, when

compared with 59 percent in 1990 - who in the majority live in terraced houses (50.9 percent), followed by those living in maisonettes/ground floors (31.6 percent) (National Statistics Office, 2003b). Yet, it is also true that older persons tend to be concentrated in old houses which are in a poor state of repair and which require structural adaptation as families age (Formosa, 2007a).

Ageism and elder abuse

Later life is not always a bed of roses and as people age they find themselves vulnerable to special and unique social problems, but most notably, ageism and elder abuse. Whilst ageism is a form of prejudice, like racism or sexism, which acts as a barrier to older people seeking fair access to employment, goods and services, elder abuse is most often defined as an action by a person in a position of trust which causes harm to an older person.

Local research on ageism tended to focus on four distinct areas of interest (Formosa, 2000b). First, on societal images as studies found that later life and older persons tend to be represented in a negative manner. For instance, Baldacchino (2002) reported that Maltese society is consistently bombarded with stereotypical visual and audible information that highlights older persons' inevitable psychological and physical decline, as well as predestined dependence and need of institutionalisation. Ageist images have been detected in music, humour, children's books and fairy-tales, literature/poetry, newspaper reports, advertisement, and birthday cards. Indeed, greeting-card counters are filled with birthday cards that joke about adding another year, as they draw attention to the fear of ageing that birthdays bring. In the media older persons are virtually non-existent, and are mostly found in supporting roles rather than featuring in the hero or heroine parts.

A second area of interest is employment and the labour market. Micallef (2003) highlighted how older employees tend to be dismissed without a worthy cause and experience involuntary retirement. When older persons are unemployed they are negatively affected by maximum age limitations for initial employment with little or no supporting justification for such a requirement, as well as meeting limitations placed on promotion or training based on age. The present researcher found how older persons tend to be incorrectly perceived as less efficient, less creative, disinterested in training and retraining, incapable of adapting to change, unable to meet the physical and mental demands of work, and prone to illness and accidents, as well as being more passive, reserved, obsolete, and inflexible than younger workers. Older persons who are successful in keeping their occupation encounter a stronger type of age

discrimination which is very difficult, if not impossible, to avoid - mandatory retirement, which not only demoralises older persons but actually functions to engender their dependency and make them vulnerable.

The two remaining areas on which local studies of ageism have focused constitute class and gender relations. Whilst some ageist policies affect the lives of all older persons - irrespective of class, race, and gender status - certain courses of action affect subaltern segments of older persons in a much more negative manner. Subaltern segments of older persons may be various but usually refer to women, individuals deriving from minority ethnic groups, those living in rural or inner-city environments, physically or mentally challenged elders, persons who are not heterosexual, and individuals having a working class background. As highlighted in the opening sentence of this paragraph, Maltese research on ageism has been restricted to only the former and latter areas of inequality.

With respect to class, research found that working class elders are more negatively affected by retirement when compared to middle- and upper-class peers (Formosa, 2009). Working class older persons were in receipt of lower income levels so that many were forced to conduct money-saving techniques, re-enter the labour market, and/or rely on their children and welfare services for financial and social assistance. Other conditions associated with a working class standing - such as bad working conditions, unhealthy diets, low physical exercise, and high tobacco/alcohol consumption - also engendered higher mortality and disability rates. Working class older persons also held extremely low membership rates in community and interest groups which, in turn, imbued them with low levels of self-esteem and life satisfaction. Many changed their housing frequently albeit always remaining close to inner-city areas where prices and rent were lower than the average. Women also found it more difficult than men to resist age-related prejudices as they experience what is generally termed as a 'double jeopardy' - that is, being victims of both ageism and sexism. Research found that this 'double standard of ageing' manifests itself in various aspects (Formosa, 2009). Older women are more commonly ridiculed and referred to in derogatory terms in jokes, fiction, poems, and film and theatrical productions. Moreover, they are less likely to earn a full pension - due to breaks in their employment patterns and not being covered by private pensions when compared to older men. It is therefore not surprising that studies indicate a higher incidence of poverty amongst older women. In respect to older males, older women also suffer more failing health and disabilities, are more likely to be victims of crime due to isolation and lower levels of education, and because many tend to spend their final stage of life as widows or as single persons, they are forced to enter institutions due to a lack of available caregivers.

Another dark side to later life relates to the phenomenon of elder abuse which generally arises in three dominant types: physical, financial and emotional. Elder abuse can occur in both domestic settings where abusers are generally a spouse, a sibling, a child, a friend, or a caregiver, as well as in institutions such as residential and nursing facilities where perpetrators are usually persons who have a legal or contractual obligation to provide elder victims with care and protection such as paid caregivers, staff, and other professionals (Formosa, 2006). A study by Delicata (1999) found that incidents of elder abuse are not lacking in Maltese society, and that emotional/psychological and financial abuse constituted the most dominant types of domestic abuse on the ederly. This research study highlighted that more females than males are likely to experience abuse, and that victims tend to be aged over 70 years, hold low socio-economic status, and are relatively frail and dependent. Moreover, data confirmed how, even in Malta, perpetrators of domestic abuse tend to be either close friends or family relatives who are generally responsible for the abused. Delicata also reported that although many professionals in the para-medical sector come in contact with cases of abuse on the elderly, they professed to feel helpless in dealing with such cases as they are unaware of any case management guidelines when dealing with suspected cases of abuse.

Another research, this time conducted by Fenech (2001), at a major residential home for older persons, provided detailed information on the extent and character of institutional elder abuse. Residents generally argued against defining abuse within strict parameters and reasoned that producing definitions masked much heart-felt indignity they suffered from on a daily basis. Older persons recounted how excessive restraining by the staff member results in the older person feeling angry and upset, as well as how they felt emotionally and psychologically exploited due to humiliation, ridicule, verbal abuse, lack of acknowledgement, demand for money, isolation, apathy towards the institution, denial of basic human rights - that is, choice, privacy, opportunity to choose, as well as not allowing somebody to think and consequently to do things for her/himself. Moreover, residents recounted clearly how they saw the residence (sic) to be primarily organised as a workplace where staff members interacted with older persons in somewhat functional and insensitive ways as part of their occupational responsibilities. One also reads that some residents recounted how some staff members had "looks which could kill and often yelled in loud, cruel, and angry tones: "You had better shut up or I'll fix your ass...Eat your food and be quick about it, I need to go for my break...I don't have to listen to you or look at you" (Fenech, 2001, p. 171).

Elder abuse in Malta is tackled by the Social Work Unit within the Ministry of Health, the Elderly, and Community Care whose scope is to provide psychological

counselling, guidance, and assistance to older persons in vulnerable and needy situations, as well as by the Domestic Violence Unit within the agency APPOGG (previously known as Social Welfare Development Programme [SWDP]) which aims to provide quality social work services to adults and their children suffering abuse in family and intimate relationships. Unfortunately, one notes that as regards Maltese legislation one finds no definition of 'elder abuse' and nor is there any specific regulation or legislation on the subject. One notes various articles in the country's criminal and civil codes dealing directly or indirectly with this problem. Such articles deal with bodily harm, theft, and fraud (such as misappropriation, breach of trust, obtaining money or property on false pretences). Interesting to the field of elder abuse, is that Maltese law states that the punishment for such offences is to be increased by one or two degrees when defenceless people are abused. Therefore, abuse and neglect carried out by a persons who is duty bound to take care of a person whose high level of dependence and frailty means that s/he cannot take care of her/himself, or when the person abused is unable to offer resistance owing to physical or mental infirmity, as well as when the abuser is living in the same household as the abused, is considered to constitute a severe offence. Nevertheless, this is not enough. It is important that as the number and percentage of older persons continue to grow, the serious development of legislative measures on the subject of elder abuse becomes a priority in Maltese law.

Community care

Given a choice, the majority of older persons prefer receiving care and support from their family members and friends for as long as possible (Troisi & Formosa, 2006). One frequent pattern of care in the Maltese Islands is when older persons are cared for by a primary caregiver whose job, albeit rarely specified, is to be the direct provider of care. Another pattern is when more than one caregiver remains active in their caring role. This is especially prevalent when older persons have more than one daughter living in the vicinity. However, providing in-home care results in stress as long term care affects negatively a caregiver's mental and physical health. Local research confirmed international statistics in finding caregivers to be more depressed, exhibit defects in physical mobility and immunological functioning, and use prescription drugs for depression, anxiety and insomnia when compared to age-matched controls (Micallef, 2001).

In the hope of alleviating such stress, there are a variety of programmes and services geared to support the family carers. The government provides social work services such as psychological counselling, guidance and assistance - as well as crisis intervention work and assessment for entry in residential homes.

The Training Unit in the Skills Centre at the Employment Training Centre offers training programmes covering fundamental issues concerning carers, both formal and informal, of older persons. At the same time, the state also provides financial assistance through the Carer's Pension and Female Social Assistance for women taking care of a sick or older relative.

At the same time, one locates various social services aimed at improving the quality of life of older persons living in the community (Troisi & Formosa, 2006). For instance, the 'home-help' service ensures that older persons can retain their independence and continue to live in their own homes and within their community for as long as possible. By providing help in the client's own home, the service also aims at providing respite and support to the informal carers. The 'meals-on-wheels' service helps older persons who are unable to prepare a meal so that they will have the opportunity to receive a nutritious hot meal at home for which they only pay the minimum amount possible. Meals are served in a foil receptacle which facilitates the warming up of the meal in ovens should the need arise. The 'telecare' service helps older persons to maintain their independence by reassuring them that, in the case of emergency, there is always someone to call upon for immediate assistance. This service helps clients to overcome insecurity which often is the reason for seeking institutionalisation. A number of day care centres are run to prevent social isolation, aid older persons to remain as socially integrated as possible, and provide respite time for family carers of older persons. The government also provides home adaptations subsidies for repair work in properties to render them habitable. Such work may include repairs of dangerous structures, improvement of bathrooms, and the construction of additional rooms, as well as the installation of lifts. Since older persons do not usually find manual help, a handyman service assists older persons in meeting odd jobs such as repairing broken electrical fittings and window panes, and leaking water taps, which may appear small chores to ordinary people, but are real problems for older persons living alone. The state also provides an 'incontinence' service that seeks to alleviate the psychological problems/s which a person may, as a result of incontinence, be subjected to. Through the supply of heavily subsidised diapers, this service helps to decrease the strain exerted on those families who have members with incontinence problems.

Caritas Malta, a non-governmental organisation which provided social assistance and runs various charitable activities, operates three popular community social services for older persons. The 'neighbourhood scheme' service aims to help those older persons who are living alone and who are homebound. Some volunteers phone their 'clients' every morning to see to their daily needs. The 'social club' service is run by a team of voluntary workers who after receiving

training by Caritas, work to help older persons enhance their self-image and feeling of self-worth. Outings are organised once a month in a way that the clubs serve as therapeutic communities. The third service is the Independent Living Advice Centre whose aim is to promote the use of technical aids so as to enable frail and older persons with a disability to perform the activities of daily living and thus lead a more independent living. A final important social service for older persons constitutes the 'personal care' service run by the Memorial District Nursing Association. This community nursing service offers a range of personal care services such as bathing, blanket baths, enemas, wash-outs, toe nail cutting and catheterisation.

One finds a growing body of critical appraisal of the reality of community care policies most of which documents how community care is segregated along two key dimensions. First, care by families actually means care by female relatives, usually wives and daughters (Grech, 2005). Data have not only related to the extent of reliance on women to undertake caring tasks for older relatives, but also the extent to which women undertaking these tasks are likely to receive any type of public support. Therefore, it has been suggested that it would be an advance for policy-makers to recognise the large extent to which family care is provided, to acknowledge the strengths of this, and to offer appropriate support. The second dimension on which community care is structured is class (Formosa, 2007a). Research has found that affluent older people make greater use of the open-care centres. The direct costs of care have been shifted towards working class older people. On the other hand the middle classes have the greatest access to the National Health Services or to private care services. Indeed, the advantages which are exercised on a class basis are not only related to levels of income but also to the knowledge that, and patterns of action which, are necessary to make the most effective use of community care services and access to subsidised benefits.

Long-term care

One cannot, however, deny the fact that as is happening in other countries, the traditional caring role of the Maltese family is being subjected to considerable strain. The fall in the average Maltese family size has resulted in a reduction of the number of available carers for older persons. Moreover, the ever increasing participation of females in the labour force continues to diminish their availability as carers. The consequence is a higher dependence on residential and nursing homes to care for semi-dependent and frail older persons. When older persons reach high levels of dependency, so that their needs cannot be met neither by family nor community services, they tend to enter residential or nursing care.

One finds seven state-owned residential homes for older persons in Malta (Troisi & Formosa, 2006). Situated in the heart of villages and towns, all homes have single and double rooms, each with its own bathroom, small kitchenette and also have ample living space. There are also communal facilities such as a dining room, recreation room, and prayer room. Apart from accommodation, residents are provided with all meals, laundry, limited individual assistance and social and recreational activities. To enter one of these homes, an older person must be fully mobile and capable of living independently. With one exception, these homes do not have a nursing wing. Hence they are not equipped to take care of bed-ridden persons. Consequently, a dependent resident will have to go to another place where nursing facilities are available. Another government-owned residential facility is St. Vincent de Paule Residence (SVPR) which houses more than 1,000 older persons. Although it is a long-term care facility for older persons, where the majority of the residents are in need of medical and nursing care, SVPR is not a geriatric hospital as it functions also as a residential nursing home and provides sheltered accommodation for older persons. Moreover, SVPR offers such services as physiotherapy, occupational therapy and speech therapy, as well as dental and ophthalmic care and podiatry. SVPR also caters for couples, especially those who are mobile or semi-mobile, and enables them to share a flatlet accommodation. Respite care service is also provided as a means of offering temporary relief for carers.

As the Church in Malta was the pioneer of charitable institutions including homes for older persons, it is not surprising that at present the Church runs 18 such homes, 10 of which are owned and run by a religious order of nuns, the other 8 being owned by the Archdiocese of Malta and administered by religious organisations (4 homes) and by the laity (4 homes) (Troisi & Formosa, 2006). Three homes are situated in Gozo. All these homes offer long-term health facilities. With the exception of one home, the others do not accept bed-ridden patients. However, once a resident becomes bed-ridden s/he is cared for in the same home where s/he is resident. All together, Church homes for older persons provide 612 beds. These are not only fully occupied, but there is a very long waiting list of older persons waiting to be admitted. It is noteworthy to underline that prior to the recent innovations and improvements carried out at SVPR, the demand for entering Church-run homes was by far greater (Troisi & Formosa, 2006).

One also finds an increasing number of private organisations offering both short- and long-term residential care for older persons. The first privately owned and run home which was purposely built to cater for the needs of older persons was opened in 1993. Presently, the largest private organisation operates two homes in addition to owning the sub-contracting of the running of two of the government-owned homes. Opening a residence requires the permission of the Ministry of

Health, the Elderly and Community. Frequent checks are made to ensure that these homes maintain a high standard of care. One must point out that for a number of years the government also worked in a partnership with the private sector to provide social housing facilities. For instance, following an agreement made with three private residential homes, the government is placing a number of older persons in these homes and tops up the fee paid by the resident to reach the daily rate charged by the residence.

In the year 2003, 4.6 percent of the total Maltese older population were living in residential and nursing homes (Troisi & Formosa, 2006). Residents included a considerably higher percentage of older women, amounting to more than double that of males. In fact, 6 percent of the Maltese older female population were to be found in residential homes as compared to 2.8 percent of all older males. Those below the age of 75 amounted to 1.1 percent of the older population aged between 60 and 74. When one takes into consideration those aged 75 and over, the percentage rose to 13.3 per cent. Indeed, the majority of older persons, who in 2003 were to be found in residential homes, were 75 years or over (82 percent of all the population in residential/nursing homes). In the same year, the government-run homes had the highest percentage of persons residing in residential homes in the Maltese Islands, amounting to 1,710 persons (507 males and 1,203 females) or 56.3 percent of all residents. On the other hand, 20 percent of Malta's population was found in Church-run homes while 23.7 percent were living in privately-run residences. The higher percentage of persons living in privately-run residences rather than Church-run residences, despite the fact that there were more Church-run (18) than privately-run homes (10), is due to the fact that the latter homes were larger with an average of 72 residents as compared to 34 residents in the former.

Recent research on long-term care highlights that much is lacking as regards the autonomy, choice, dignity, individuality, self-determination, integration, privacy, and citizenship of residents (Gauci, 2007). Studies reported unacceptable levels of depersonalisation and infantilisation, whilst routines were generally depicted as too rigid with residents not being involved in both major and minor decision making, so that schedules were strictly staff-determined. Treatment tended to be administered in a block manner without any sensitivity to the individual attributes of different residents. There also seems to be a social distance between staff and residents, with limited balance between private and public living, with residences being characterised by a degree of isolation from the communities surrounding them. It is clear that in delivering a service to large groups of people, the influence of the organisation is stronger than that of individuals and can overwhelm the capacity of residents and staff to individualise and protect key features of personal life-style.

Conclusion

The number of studies and dissertations on the state of the quality of life of older persons in Malta is highly encouraging. Investigations tend to focus on the negative consequences of care-giving such as an increase on the emotional distress, social isolation, and increased tension or conflict between the caregiver and the care receiver. Moreover, research has found out that the caring for an elderly family member imposes physical, emotional, and financial strains. The latter, in turn, can threaten a caregiver's ability to continue providing care over a prolonged period of time. Studies have also reported that factors such as the caregiver's gender and marital status, the type of care provided, the lack of satisfactory assistance with care giving, and the extent to which the caregiver's personal and social life are disrupted by the demands of care-giving also contribute towards caregiver strain. Moreover, we also know that the demands of combining work and care-giving responsibilities can create stress. Indeed, as families get over childcare they are faced with the additional challenge of providing care to a dependent elderly parent.

However, this does not mean that there are no neglected issues. In fact, one locates an immediate need for future research on, at least, the following major areas. First, the effect the increasing number of women in the labour force will have on family care-giving. Secondly, it would be interesting to compare employed caregivers with others who are not in the labour force with respect to strain and the impact care-giving can have on promotion prospects and overtime opportunities. Thirdly, the effect of changing values - especially in terms of gender based issues and increasing consumption - on family care-giving. Fourthly, it is important to compare the cases where the elderly relative lives in the same household of the caregiver with other instances where they live in different households. Fifth, we have no information regarding the sandwich generation - that is, mothers who are taking care of their young children while at the same time also taking care of their dependent elderly parents. A final immediate area of interest relates to the investigation of the conflict arising between employment and care-giving roles now that more men and women are enjoying careers in the labour force.

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