

**Report from Malta in accordance with the Council Recommendation of
8 December 2022 on Access to Affordable High-Quality Long-Term Care**

I. Context and baseline

1.1. Diagnosis of the gaps and remaining challenges

The Council Recommendation highlights two key conclusions:

- I. The increasing demand for high-quality long-term care (LTC) underscores the necessity to improve its provision, focusing on **access**, **affordability**, and **quality** to promote gender equality and social fairness.*
- II. A sufficient **workforce** is crucial to meet the growing demand for high-quality services, but the current labour shortage, intensified by the essential role of informal care in LTC provision, poses a significant challenge.*

In the subsequent section, the pivotal findings will be employed to assess Malta's Long-Term Care (LTC) services, designed to bolster the welfare of the elderly and persons with disabilities, with a particular emphasis on fostering autonomy and deinstitutionalization. These insights will facilitate the involvement of stakeholders in both residential and community-based care for the elderly and individuals with disabilities.

- I. The increasing demand for high-quality long-term care (LTC) underscores the necessity to improve its provision, focusing on **access**, **affordability**, and **quality** to promote gender equality and social fairness.*

The rising demand for LTC underscores the need to enhance its provision to address the evolving needs of the elderly population and to promote gender equality and social fairness. This issue is particularly pertinent in Malta, where the LTC workforce is challenged by ageing, labour shortages, and gender disparities. Addressing these challenges is crucial for improving the overall quality and inclusivity of LTC services, for both the carers and the service users.

The nation's health and social care framework is guided by principles of equality, equity, solidarity, and universality, as outlined in constitutional provisions and legislation such as the Social Security Act and the Health Act. While most services are universally accessible and free, admission to facilities is based on eligibility criteria such as age and medical necessity, ensuring social justice, and inclusivity through efficiency. Despite ongoing efforts, awareness of LTC services remains limited among professionals outside the LTC domain. To enhance better communication between healthcare workers and LTC individuals, the Ministry responsible for Active Ageing, launched a Maltese language course designed for professionals and foreign workers. The course aims to provide basic Maltese language skills to workers, since it is tailored to assist them in better communicating with patients, including understanding basic medical terminology and symptoms.

Challenges:

- *Sustain measures to enhance retention and minimize turnover rates.*
- *Strengthen the national quality assurance framework tailored specifically for long-term support services.*
- *Maintain reasonable waiting times for elderly individuals in need of geriatric care, both in in-patient and out-patient settings.*
- *Improve accessibility and affordability of long-term support services for individuals with disabilities, addressing existing barriers.*

- II. *A sufficient **workforce** is crucial to meet the growing demand for high-quality services, but the current labour shortage, intensified by the essential role of informal care in LTC provision, poses a significant challenge.*

An adequate workforce is paramount to meet the escalating demand for high-quality services, particularly amidst labour shortages. Malta's emphasis on workforce readiness is underscored by initiatives aimed at enhancing working conditions and fostering a balance between paid employment and caregiving responsibilities, with potential implications for advancing gender equality.

Entities, such as St Vincent de Paule, Active Ageing and Community Care and Aġenzija Sapport, align with governmental directives by implementing family-friendly policies and participating in social dialogue, benefiting from comprehensive collective agreements designed to bolster employee retention. However, disparities may arise due to varying wage regulations. Despite these efforts, challenges such as the transition from caregiving to nursing professions persist, highlighting the need for streamlined pathways and comprehensive training programs to ensure workforce resilience in LTC.

Informal care plays a vital role in LTC provision in Malta, recognizing the unique challenges faced by those balancing the responsibilities of caring for frail elderly and persons with disabilities, alongside their professional and familial duties. Women predominantly undertake these caregiving roles, highlighting a gender disparity in caregiving responsibilities.

Malta has proactively implemented measures to support informal caregivers, including the introduction of respite care services in 2006, the Independent Community Living Monitoring service offered by Aġenzija Sapport for persons with disability and the Carer at Home Scheme offered by the Active Ageing and Community Care for the elderly. Furthermore, a specialized training program has been provided at no cost to informal caregivers of dementia patients. These initiatives align with the objectives outlined in the Malta National Dementia Strategy 2024-2031, aiming to enhance the quality of life for individuals with dementia, their caregivers, and family members.

Challenges:

- *Achieving equity in compensation, especially in regard to allowances, between government-employed personnel and carers contracted through third-party providers.*
- *Ensure continuous improvement of the working conditions for Long-Term Care (LTC) staff.*
- *Implementing mandatory Continuing Professional Development (CPD) standards for formal care workers.*
- *Addressing potential discrepancies in the training and certification of live-in carers to ensure consistent delivery of quality care.*

- *Informal caregivers may lack essential training, social protection, and financial support due to limited awareness among professionals, insufficient education, and societal stigma. This underscores the necessity of maintaining complimentary training programs and support services for these caregivers.*
- *Traditional gender roles and societal norms have historically placed women in primary caregiving positions, particularly when caring for elderly family members. This can lead to heightened levels of stress and mental health issues due to the increased emotional and physical demands involved. It is crucial to foster dialogue and raise awareness within society about the voluntary nature of family caregiving responsibilities. It should be emphasized that all family members share responsibility for the well-being of elderly relatives, within the context of a mixed economy of caregiving.*
- *Discrepancies in the training and qualifications of live-in caregivers may exist, with some lacking the necessary skills or certifications to provide adequate care.*

Reforms in LTC and increased investment in Malta, alongside insights from the COVID-19 pandemic, have led to significant advancements in eldercare. There has been a notable rise in public spending on residential care, facilitating the expansion of bed capacity and addressing waiting lists for geriatric care placement. Indeed, both Malta's Carer at Home Scheme and the Independent Community Living Scheme, provide crucial support for elderly individuals and persons with disabilities, respectively, promoting independence and inclusion within their communities. Additionally, the inauguration of new outpatient clinics aims to enhance eldercare services and support elderly individuals' continued residence within the community.

2.1. Stakeholders' involvement

As the forefront authority in LTC in Malta, the Ministry for Health and Active Ageing, Policy Development and Programme Implementation Directorate has been actively engaged in a variety of local and international initiatives aimed at tackling the complex challenges inherent in LTC provision.

The drawing up of the report involved collaboration with key Government stakeholders, the including Aġenzija Sapport and also the Commission for the Rights of Persons with Disability

(CRPD), as the equality body representing persons with disabilities. These entities promote an inclusive social sphere by adopting policies that respect diversity and integrity, while encouraging participation and discussions to drive social change, ensuring a holistic approach to addressing LTC needs. Additionally, external stakeholders such as the Ministry for Social Policy and Children's Rights (MSPC) and the Department for Industrial and Employment Relations (DIER) were engaged for their support in providing relevant information on LTC.

Internal stakeholders within the Ministry for Health and Active Ageing (MHA), including St. Vincent de Paul Geriatric Hospital (SVP) and the Active Ageing Community Care (AACC), were involved for their input. The Ministry has played a pivotal role in formulating and implementing National Dementia Strategies and Active Ageing Strategies, reflecting its commitment to addressing the multifaceted needs of elderly populations. Additionally, legislative advancements such as the Social Care Standards Authority (SCSA) Act and the Older Persons Standards Authority (OPSA) Act underscore the country's dedication to ensuring high-quality standards in long-term care services, through regulation.

III. Policy objectives and measures (to be) taken

3.1. Overall policy response

Rooted in the challenges identified in section 1.1, these policy objectives and measures seek to tackle various issues within LTC, including gender disparities, caregiver shortages, and the need for enhanced training and support frameworks.

To effectively address these challenges, a multifaceted approach is required, integrating technology, workforce development initiatives, and preventive measures. By embracing innovation, the aim is to elevate the quality of LTC services and better cater to the evolving needs of ageing populations. Concrete measures outlined in this response include ensuring high-quality criteria for LTC providers, supporting informal caregivers—predominantly women and relatives of care recipients—through comprehensive training, counselling, and financial assistance, implementing a system to recognize the diverse skill sets and qualifications of caregivers, eliminating language barriers between caregivers and clients, and mobilizing adequate and sustainable funding for LTC, potentially leveraging resources from EU funds.

These measures collectively form a robust policy framework aimed at bridging identified gaps and advancing the overarching objectives of the Recommendation.

3.2. Detailed description of the measures

- I. The increasing demand for high-quality long-term care (LTC) underscores the necessity to improve its provision, focusing on **access**, **affordability**, and **quality** to promote gender equality and social fairness.*

Aim of project – SVP to offer more specialised out-patient services to elderly people thus postponing elderly institutionalisation

Target Group – Elderly persons

Results and impact – Mitigating elderly frailty to delay institutionalization and promote community living among the elderly.

Timeline – Initiation / Planning

Financial resources – € 2.45M from National Funding which are already committed

Implementing body – St Vincent de Paule / Ministry for Health and Active Ageing

Aim: Secure financial resources for LTC services.

Target Group: LTC providers, policymakers.

Results and Impact: Increased availability of services, workforce stability, whilst enhancing investment in LTC infrastructure.

Timeline: Ongoing

Financial Resources: National budget, and possibly EU grants.

Implementing Body: Ministry of Health and Active Ageing, EU institutions.

Evaluation: Monitoring funding allocation and impact

Aim: Quality Standards

Target Group: LTC facilities and caregivers.

Results and Impact: Improved consistency and quality of LTC services will enhance the safety, dignity, and well-being of care recipients, along with better compliance with quality standards.

Timeline: Ongoing (one of the main functions of the assigned Regulatory Bodies).

Financial Resources: Yearly subvention

Implementing Body: Regulatory bodies.

Evaluation: Regular audits and user feedback.

Aim: Co-ordinate a robust data collection system to gather and analyse data related to long-term support needs and services, ensuring data is disaggregated by disability, sex and age where relevant.

Type: Inhouse reform and administrative measure

Target Group: LTC service providers, policymakers, and researchers

Results & Impact: Improved data accuracy and policy decisions.

Timeline: 2024-2026

Financial Resources: Function of Inter Departmental Coordination Committee which are allocated with a Line Vote

Implementing Body: Agenzija Sapport, National Statistics Office / Ministry for Inclusion, and the Voluntary Sector / Ministry for Health and Active Ageing

Evaluation: Regular data collection and analysis reports.

Aim: To reduce the average waiting times for assessment and placement in LTC by streamlining processes and increasing resource allocation.

Type: Service development and review of internal procedures

Target Group: Persons with disabilities requiring LTC

Results & Impact: Expected to decrease average assessment waiting periods from 848 days to less than 180 days and placement waiting periods to less than 365 days.

Timeline: 2024-2026

Financial Resources: National funding with potential co-funding from EU Social Funds

Implementing Body: Agenzija Sapport / Ministry for Inclusion and the Voluntary Sector (MIV)

Evaluation: Regular monitoring and reporting of waiting times, with stakeholder feedback for continuous improvement.

Aim: To introduce a Personal Budget system allowing persons with disabilities to receive and manage funds for personal assistance and other necessary resources.

Type: Legislative reform and service development

Target Group: Persons with disabilities eligible for Personal Budgets

Results & Impact: Increased autonomy, personalised support, and enhanced independent living for persons with disabilities.

Timeline: 2024-2025

Financial Resources: 5.2 Million Euro National Funds allocated Agenzija Sapport

Implementing Body: Agenzija Sapport, Ministry for Inclusion and the Voluntary Sector

Evaluation: Annual reviews and audits of budget allocation and usage.

Aim of project – Addressing Gender Dimension and Stereotypes in LTC

Target Group – Society at large. Media campaign and visits in schools

Results and impact – Promote increased participation of men in formal LTC roles and provide support to informal caregivers, who are predominantly women and often dedicate more hours per week to caregiving than men (Van der Ende et al., 2020¹). Utilize care ambassadors, proven to be effective (Eurofond, 2020), to conduct school visits and engage with students studying health and social care at the secondary level. Research by Eurofond (2020) indicates high levels of satisfaction among LTC workers, who perceive their work as meaningful. Campaigns should leverage and disseminate such messages to raise awareness and encourage participation.

Timeline – Two (2) year campaign

Financial resources – 200,000 Euros

Implementing body – St Vincent de Paul / Ministry for Health and Active Ageing

¹ ST-9144-2021-ADD-1 document. (2021, January 1). Retrieved from <https://data.consilium.europa.eu/doc/document/ST-9144-2021-ADD-1/en/pdf>

- II. *A sufficient **workforce** is crucial to meet the growing demand for high-quality services, but the current labour shortage, intensified by the essential role of informal care in LTC provision, poses a significant challenge.*

Aim of project – Addressing shortages in availability of carers

Target Group – Informal carers, formal carers and society at large

Results and impact – Promote the involvement of informal caregivers in formal care training programs, particularly following the conclusion of their caregiving responsibilities for deceased loved ones. Explore the expansion of part-time employment opportunities and tax incentives, particularly for individuals opting to continue working beyond retirement age. Enhance efforts to attract more local individuals to pursue careers in the caregiving profession.

Timeline – Initiation / Planning

Financial resources – National Funding will be utilised, however not dismissing the possibility of EU funds.

Implementing body – SVP / Ministry for Health and Active Ageing / Ministry for Finance / Ministry for Employment

Aim of project – Equal pay for equal work

Target Group – Formal carers working in institutions

Results and impact – Sustain ongoing social dialogue endeavours and expand upon the favourable initiatives established to harmonize remuneration structures between government-employed and contractor-based carers, with specific emphasis on addressing variations in allowances.

Timeline – One year

Financial resources – National Funding will be utilised

Implementing body – Ministry for Health and Active Ageing

Aim: To attract, train, and retain skilled LTC workers (formal and informal) by improving professional standards and working conditions.

Type: Training programmes, legislative reform, and social policy initiatives

Target Group: Current and prospective LTC workers

Results & Impact: The decreased burden on caregivers leads to improved well-being, the development of enhanced coping mechanisms, and reduced stress levels. Additionally, this results in enhanced skill sets, reduced turnover, and improved job satisfaction among LTC workers.

Timeline: Ongoing from 2024

Financial Resources: National Funding is being utilised, however not dismissing the possibility of EU fund tapping

Implementing Body: Agenzija Sapport, in collaboration with education and training institutions

Evaluation: Tracking enrolments in training programmes, retention rates, and worker feedback.

Aim of project – License Temping Agencies

Target Group – Agencies and TCNs

Results and impact – To license temping agencies before allowed to operate

Timeline – Implemented – Legislation 594.18

Financial resources – National funds

Implementing body – Department for Industrial and Employment Relations /Ministry for Health and Active Ageing

Aim of project – Offering Maltese courses with a focus on medical terms to carers

Target Group – Foreign-born carers

Results and impact – Foreign-born carers to possess proficiency in the Maltese language.

Timeline – Already started being implemented and Ongoing

Financial resources – Currently from Line Vote allocated to St Vincent de Paule. Will also be looking into possible tapping of EU funds to better cater for larger numbers of carers.

Implementing body – SVP/Ministry for Health and Active Ageing

Aim of project – Start talks with UoM and MCAST to consider providing free accredited health and social care courses to TCNs living in Malta – especially caring courses

Target Group – TCNs

Results and impact –TCNs residing in Malta currently have access to free compulsory education, yet those pursuing tertiary education are required to pay tuition fees. Alternatively, TCNs could be offered tuition exemption in exchange for committing to a specified period of employment in Malta. This strategy has the potential to augment the pool of LTC professionals within the country.

Timeline – Ongoing

Financial resources – National Funding is being utilised, however not dismissing the possibility of EU fund tapping

Implementing body – SVP/Ministry for Health and Active Ageing

Aim: To provide informal carers with the necessary training and support, offering free courses is essential.

Target Group: Informal carers of persons with disabilities (support networks)

Results & Impact: To better support informal carers and improve work-life balance, we aim to assist and equip family caregivers, relatives, and friends who care for LTC service users within the community. This includes providing necessary skills and support, especially for female informal caregivers, and raising awareness that caregiving is a choice and a shared responsibility among all family members. Programs will adopt a holistic approach, addressing mental health risks due to the significant emotional demands of caregiving and frequent encounters with challenging social behaviours. Additionally, these initiatives will enhance the quality of support for persons with disabilities.

Timeline: Ongoing yearly basis

Financial Resources: National Funding is being utilised, however not dismissing the possibility of EU fund tapping

Implementing Body: Agencija Sapport / Ministry for Inclusion and the Voluntary Sector / SVP / Ministry for Health and Active Ageing

IV. Remaining challenges and needs for EU support

4.1. Remaining challenges

Implementing inclusive practices across all sectors and communities is necessary, moving beyond theoretical commitments to actively promote inclusivity. Attracting qualified foreign-born caregivers also presents a significant challenge, requiring dialogue, data collection, and listening to the perspectives of migrant workers and elderly service users. Member States should prioritize awareness campaigns and intercultural dialogue initiatives, considering designating a European Year for Care Economies to mobilize societies to invest more in the care sector. Collaboration with vocational and higher education institutions in LTC workers' countries of origin is imperative to align teaching and learning practices with EU qualification frameworks. Efforts should be made to prevent programs that exacerbate unethical brain drain while promoting talent partnerships and ethical labour migration pathways.

To address the multifaceted challenges in LTC support services, several key strategies must be implemented. Firstly, technological integration is crucial, ensuring the deployment of assistive and innovative technologies to facilitate independent living and support smart homes. Broadening demographic data collection is essential for more accurate statistics, informing policy and service planning effectively. Increasing awareness and incorporating Augmentative and Alternative Communication (AAC) strategies in LTC training programs can improve service delivery and communication.

3.2 EU support

Malta appreciates the efforts of the Social Protection Committee on Long-term Care and the Council in exploring additional measures at both EU and Member State levels to address challenges in LTC. Member States are urged to continue implementing reforms to rectify structural deficiencies in LTC systems and enhance their adaptability to future demands. Addressing data deficiencies is crucial, given the lack of comparable data across essential LTC aspects. Challenges persist in establishing a universally agreed definition of LTC quality and developing common EU-level indicators. Seeking EU support for developing and integrating assistive technologies for persons with disabilities is essential, along with additional EU funding to support national initiatives aimed at improving LTC infrastructure and training programs. Improving data collection through standardized mechanisms with EU support is imperative to enhance demographic and service-related data accuracy.

Submission of reports

One report per Member State should be submitted via official correspondence for the attention of Commissioner Schmit. A courtesy copy should be sent to EMPL-LTC@ec.europa.eu by **15 June 2024** at the latest. Earlier submissions are strongly encouraged and will facilitate the timely input to the SPC Annual Report.