

## **Autonomy and independence**

The Government of Malta, through the Parliamentary Secretariat for Persons with Disability and Active Ageing, is committed to safeguard the autonomy and independence of older persons, irrespective of whether they live in the community or in long-term facilities. The *National Strategic Policy for Active Ageing: Malta 2013-2020* stipulates that the right to self-determination and autonomous decision-making is central to the vision of independent living, especially when in the presence of relative physical and cognitive decline. Including a total of 75 policy recommendations, as much as one third of them focus on healthy ageing, with the remaining two themes being active participation in the labour market and social participation. The *Strategic Policy* underlined that society should not be content solely with a remarkable increased life expectancy, but must also strive to extend healthy life years. Strengthening measures of health promotion, care and protection, as well as disease and injury prevention at all ages enables older persons to lower their probability of illness and disability, whilst aiding them to ensure high physical and mental functioning that fosters independent living. This entails the opportunity to live in age-friendly and accessible housing that are sensitive to the needs of and services sought by older persons, and which provide accessible transportation for independent living. The strategic policy declares that when the capacity to exercise autonomy fails, systems must be in place to determine in a timely manner the loss of capacity and the appointment of a suitable substitute decision maker to safeguard the individual from abuse, whilst also ensuring that he/she continues to be treated with dignity.

## **Long-term and palliative care**

For many years, long-term care for older persons was the sole responsibility of religious authorities, and it was only in recent centuries that the state started to provide residential/nursing care to frail elders. In 2017, the number of licensed care homes for older people - run by the private sector, the Church and the public sector - numbered 46, with the number of licensed beds being 5,390 - that is, some five per cent of the total 60-plus population.

In 2015, the Government of Malta launched the *Minimum Standards for Care Homes for Older Persons*. The 38 standards stipulate the minimum requirements of the required knowledge, skills and competencies needed by management and staff to ensure care homes deliver individually tailored, comprehensive and quality services. The Standards include 38 policy endorsements. Standards 1 to 5 concern the home's obligations. Each care home shall provide a written and comprehensive Guide for Residents, which sets out the statement of purpose, the range of facilities, and the terms and conditions on which all services are provided in the contract with each resident. Standards 6 to 10 relate to health and personal care. Residents' health and personal care shall be based on their specific individual needs and wishes within reason. Therefore, the assessment process and the individual's plan of care are seen as crucial in maintaining standards. Standards 11 to 15 concern daily life and social activities. Older individuals continue to have social, cultural, spiritual, and recreational needs and interests, and therefore should enter a care homes with a wide variety of expectations and preferences. Standards 16 to 18 focus on complaints and protection by addressing the matter of how residents and/or their relatives and representatives can make complaints about anything that goes on in the home, both in terms of the treatment and care provided by staff and/or the facilities that are available. Standards 19 to 26 concern the environment. Standards 27 to 30 focus on staffing issues. In determining appropriate staffing contingents in all care homes, the regulatory requirement that staffing levels and skills mix are adequate to meet the assessed and recorded needs of the residents. Standards 31 to 38 relate to management and administration

issues by clarifying the qualities and qualifications required of the persons in day-to-day delivery of care, and how they should exercise their responsibilities.

The *Strategic Policy on Active Ageing* is highly sensitive to the need for improved palliative care. It states that the aim of palliative care is to alleviate symptoms such as pain and to provide social, psychological and spiritual support. Specialist palliative care is usually restricted to more complex cases and therefore accounts for a minority of palliative care offered in clinical practice. End-of-life care refers to the care given in the last few days or weeks before one dies. The aim is to provide more professional help to support older people with their end-of-life needs in the community or in care homes to prevent unnecessary referral to hospitals. The government is committed to improve palliative care by investing in the formal education of health professionals on end-of-life and palliative care to ensure adequate symptom and pain control, an honest disclosure of diagnosis and prognosis to the older person and their loved ones, and the use of integrated care pathways. Recommendations related to palliative care included (i) improving the training opportunities in end-of-life and palliative care for persons working in the social and health care sectors; (ii) creating legislation to introduce advance directives for health care, and (iii), developing and implementing policies and procedures in health care facilities concerning end-of-life issues, including but not restricted to artificial feeding and resuscitation.

### **Equality and non-discrimination**

The Parliamentary Secretariat for Persons with Disability and Active Ageing has been highly proactive in addressing issues relating to equality and age discrimination. The Secretariat is currently working with the Ministry for European Affairs and Equality to strengthen the legal definitions to note how age discrimination can be both direct and indirect, that age discrimination can also take place by way of victimisation or harassment, and that supporting age discrimination is also an unlawful act. The same secretariat has recently appointed a Commissioner for Older Persons, appointed not by the Permanent Secretary for the Ministry of Health as during previous governments, but by Parliament through the *Commissioner for Older Persons Act*. The government has provided the Commissioner with a budget that is substantial enough to work through an office in capital city of Valletta, and hence, within easy reach of all older persons.

### **Violence, neglect and abuse**

The Parliamentary Secretariat for Persons with Disability and Active Ageing was instrumental in introducing new forms of deterrent measures in the Maltese Criminal Code, to ensure maximum protection for older persons, even from relatives, so as to safeguard their best interests. Another noteworthy legislation concerned the possibility whereby persons convicted of crimes where older persons are victims will be automatically liable for damages upon sentencing. Hence, eliminating the need for the older person to pursue the perpetrator for damages through a civil case. In the coming days the Secretariat will be presenting to parliament the 'Protection of Vulnerable Older Persons and Adult Persons with Disability' Act. This Act provides for the protection of vulnerable older adults, and adult persons with disability, from harm and abuse, and to provide them with adequate protection and services. It also empowers institutions working in social and criminal protection to intervene in court proceedings and take all the necessary safeguarding measures. This Act will enable Malta to ratify the international Convention relating to the international protection of adults.