



Attitudes, experiences and expectations on long-term care in Malta*

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Introduction

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In this policy brief, we present the results of the InCARE survey on attitudes, experiences and expectations on long-term care (LTC) for Malta in comparison to EU-27 countries. In order to build people-centred systems that correspond to the preferences and expectations of society, it is necessary to collect this information via regular data collection (i.e. consistently over time) in order to inform policymaking. This policy brief, therefore, outlines individuals' experiences with LTC and informal care, their preferences for care, should they need it, their views on the organisation and provision of care, amongst other findings. We find that there is a mismatch between preferences and expectations for receiving care in the community, aggravated by affordability and availability issues. While informal care remains a key component of the LTC system in Malta, many carers (especially women) experience negative impacts on their health and well-being. At the same time, many individuals in Malta strongly support the state's involvement in organising, providing and paying for the costs of care. We summarize the implications of these findings for policymaking concerning the LTC system in Malta.

Keywords:
long-term care,
informal care,
care services, Malta,
financing

The results presented in this policy brief are based on unweighted data collected between September 2021 and February 2022 through an online survey. It includes 269 responses for Malta and 2,373 responses from other EU-27 countries. The age distribution of Maltese survey respondents slightly deviates from that of the actual Maltese population. While younger (19-29) and older (60+) age groups are underrepresented in the Maltese sample (10% vs. 19% and 24% vs. 30% respectively), middle age groups (30-59) are moderately overrepresented (57% vs. 51%). Only a small share of Maltese respondents

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reported living in large cities (24%) which underrepresents the urban sample compared to population figures (88%). Furthermore, the gender distribution is highly skewed towards females (71%). Lastly, the survey data captures a larger share of individuals with a tertiary education degree (72%) than in the Maltese population while only 20% of respondents in Malta hold a secondary diploma.

Despite reforms to expand the provision of services in recent years, significant challenges for the LTC system remain

Spending relatively little towards LTC¹ in European comparison (0.9% of GDP in 2016), in Malta, care for older adults (i.e. care homes and care services within the community), like healthcare, is financed primarily through public taxation and provides partly means-tested in-kind services and cash benefits. Strong family values render informal care a key component of care for older persons in the country and primarily the role of women, although informal care provision has decreased in recent years as the result of women's increased labour force participation. Live-in care, as in several other European countries, also comprises a key component of the care system in Malta, with the "Live-In Carer Scheme" in the country providing means-tested financial support up to 7,000 euros a year for the live-in carer. Despite reforms to expand the provision of services in recent years, a substantial list of various community-based services and heavy subsidization of services, significant challenges for the LTC system remain, including waiting lists for public institutions, limited human resource capacity and high costs (particularly for private services).

Experiences with care

Experience with care is quite common in Malta, with 7 out of 10 respondents reporting knowing someone that needed care within the last 10 years. Indicating the gendered-nature of care and concentration of care experiences in later life, **women were more likely to report experience with care (74%) than men (64%), as well as older persons aged 60+ (82%) compared to middle-aged adults and those younger than 30 (65%).** This large share for young respondents likely reflects a higher propensity to participate in the survey among those who have personal experiences with care, rather than a true population effect.

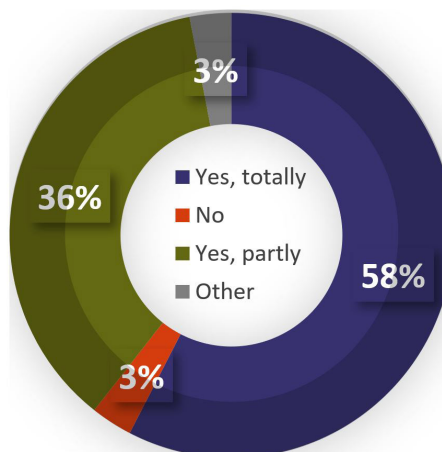
In one third of cases appropriate care was only partly available, suggesting considerable scope for care system improvement

The majority of respondents with care experience (58%) reported that their loved one received the appropriate help needed, while 3% believed appropriate care was not provided (Figure 1). In one third of cases (36%) appropriate care was only partly available, suggesting considerable scope for care system improvement in the country.

1 In Malta, the term LTC typically refers to care home settings. Throughout this brief, we use LTC to refer to all care for older persons, including care provided in the community and informal care provided by family friends, in addition to care homes, however, it should be noted that questions about LTC more generally may have been interpreted by respondents as referring to residential care. We distinguish between care homes and community services wherever possible.

Figure 1. Percentage of individuals who stated their cared for person received the appropriate care needed in Malta

Was the appropriate help and care given to the person in need?



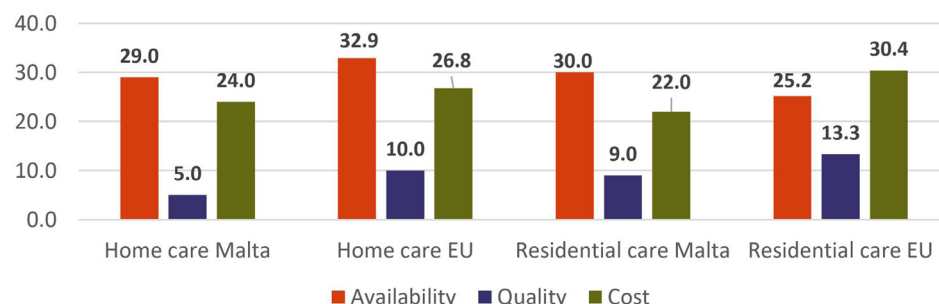
Barriers to accessing care systems

A significant number of respondents in Malta reported facing barriers in accessing care homes and care services in the community, with availability of services particularly an issue, followed by cost. Around 3 in 10 individuals faced availability barriers for home and residential care, while nearly 1 in 4 experienced cost barriers (Figure 2). Although faring better in terms of cost than in other EU countries, in contrast, limited availability of care homes was more commonly reported in Malta (30%) than in the EU-27 countries (25%).

As in other EU countries, socio-economic inequalities in care accessibility are pronounced and pervasive in Malta

As in other EU countries, socio-economic inequalities in care accessibility are pronounced and pervasive in Malta. Considerably more lower income individuals report availability, cost and quality barriers, in comparison to financially stable respondents. Differences are most pronounced with respect to affordability of home care (37% vs. 20%) and residential care services (31% vs. 22%), but extend to poor quality of care services, both at home (6% vs. 5%) and in care homes (11% vs. 8%). Spatial differences in affordability of care are also substantial. Costs limit access to care homes and community services for 34% of respondents in rural areas (compared to 22% in urban areas) indicating limited ability to pay for care and increased need for financial protection in less urbanized localities.

Figure 2. Share of respondents reporting barriers to accessing care services (in %)



Informal caregiving

Many carers are exposed to considerable pressure to provide informal care

The majority of respondents, regardless of gender (women - 65%; men - 53%), reported providing informal care. **The negative impact of informal caregiving on one's career was particularly felt among women in Malta.** Women were more likely to reduce their working hours or quit their job completely due to care responsibilities (21%) compared to male respondents (9%). Part-time work or leaving the labour market completely as a result of informal caregiving was also more commonly reported by respondents from rural areas (26% vs. 11% urban areas), highlighting **the need to expand and improve targeting of policies on reconciliation of work and care responsibilities and investment in alternative formal care options in rural areas.**

"It's very difficult to take care of older people. It causes a lot of stress with effects on health. [I] wish for some more support structures. Needs have to be assessed often as they can change frequently"

Woman, 49

Around 60% of women and 50% of men reported continuing to provide care despite negative effects on their health and well-being, indicating that many carers are exposed to considerable pressure to provide informal care (Figure 3). Younger carers also reported negative impacts of providing care: Nearly half of respondents aged 30 and below carried out informal care tasks, and of them, one third continued to do so in spite of detrimental health effects. The negative health and professional consequences such younger carers experience can place them at a considerable disadvantage and lead to the loss of important social and economic opportunities.

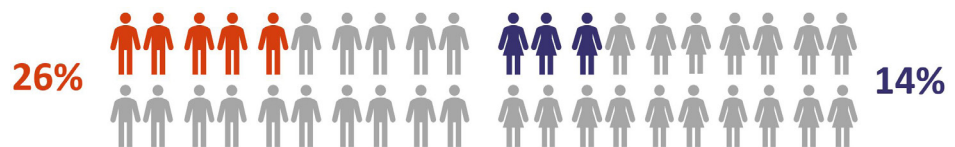
Figure 3. Share of respondents who perceive pressure to provide informal care (by gender, in %)



Younger individuals are more likely to prefer an equal distribution of care than older respondents

Attitudes on gender roles and care responsibilities in Malta show a pronounced age and gender divide. While most respondents completely (45%) or partly (34%) agree with the statement that care should be equally divided among family members, agreement is much more common among women (82%) than men (73%). Furthermore, younger individuals (82%) are more likely to prefer an equal distribution of care than older respondents (72%). A similar pattern persists with respect to beliefs that care should be provided by family members, even at the expense of one's career: 26% of men and 14% of women respondents support the statement, while younger people are less likely to agree (11%) than older individuals (16%) (Figure 4).

Figure 4. Share of respondents who agree that "Care should be provided by close relatives of the older person with care needs, even if that means that they have to sacrifice their career to some extent"



Preferences & expectations for care for older persons

A majority of respondents trust that the Maltese care system will provide the appropriate care when needed, with 53% somewhat confident and 13% fully confident they will receive the care they need in the future if necessary, leaving nearly one-third pessimistic or uncertain in their views. Likely reflecting differences in experiences with care (namely in providing informal care), **gender differences indicate that men are more optimistic in their views of the care system (80%) than women (61%)**. Respondents perceive a lack of predictability of the care system for older persons, as nearly 1 in 4 women were uncertain they would receive necessary care (23%) compared to 1 in 10 men. Trust levels were higher among respondents in rural areas, as compared to those in urban areas (71% vs. 62%).

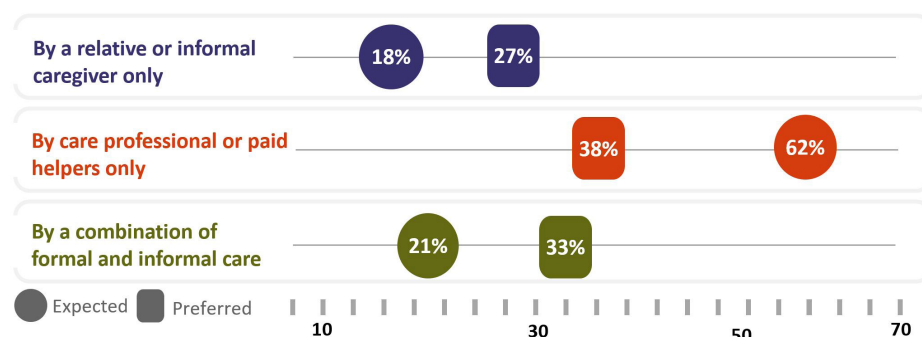
In line with general deinstitutionalization efforts and an increasing move to community-based options across European countries, trends within Malta also indicate a strong preference for care in one's home in some form or another (European Commission, 2021). Around 3 in 10 would prefer to receive a combination of informal and formal care in their home (whether home care or by a personal carer), while 1 in 4 would prefer to solely rely on informal care, marginally higher than at the EU-level (19%). Care homes were the least

Trends within Malta also indicate a strong preference for care in one's home in some form or another

preferred care arrangement (7%) among respondents. Stark gender differences were also apparent, with a stronger preference for residential care among men (14% vs. 5%), while there is a higher preference for informal care among women (27% vs. 20%).

Despite a high level of trust in the Maltese care system to provide appropriate care for older persons, **individuals' expectations of the care arrangements they anticipate receiving do not align with their preferences**. The largest discrepancy concerns formal care arrangements, either by a professional care service at home or in a nursing home, where more individuals expect to receive these types of services than would prefer it (24 percentage point difference). This difference is particularly large for nursing homes, where far more respondents expect to receive it than prefer it (23 p.p. difference) (Figure 5). On the other hand, despite mixed care arrangements being the preferred form of care by 33% of respondents, only 21% expect to receive it. Similarly, while nearly a third state informal care to be their preferred care arrangement (30%), only 20% expect to receive it. **This emphasizes the need for aligning investments in care for older persons in line with population preferences by increasing the availability of community-based services and supporting informal carers.**

Figure 5. Preferred and expected care arrangements (share of respondents, in %)



Attitudes towards care provision

There is a strong belief among respondents that the first-best option for older persons in need of care is either formal home care services provided by public or private service providers (32%) or regular visits from their children (22%). **Subscribing to the view of individualised care plans, nearly 1 in 5 respondents think that the preferred care provision depends on individual circumstances and cannot be generalised.** Attitudes towards residential care as the ideal care arrangement also vary geographically, where those in rural areas (14%) supported it as the best option more than those in urban areas (6%), and by gender, where more men supported this than women (23% vs. 13%).

Financial support for informal carers and recognition of informal care as work is widely supported by respondents in Malta

Financial support for informal carers and recognition of informal care as work is widely supported by respondents in Malta. Nearly all agree that the state should pay an income to those who reduce working hours to provide care (96%). Similarly, the vast majority of respondents believe that providing informal care for a family member should be recognised as work (92%) and bring the same benefits as formal employment, including social insurance and a stable income.

Gender norms and roles that view women as the primary carer when it comes to care for older people still resonate considerably within the country. At par with the EU average, 1 in 3 respondents report that care giving roles are more natural for women than for men (Figure 6). The higher share of Maltese male respondents who agree with this view compared to the EU average (36% vs. 29% EU) is likely reflective of the strong reliance on family care, and particularly women as carers, as commonly seen in southern Mediterranean countries (European Commission, 2021; European Commission, DG for Employment, Social Affairs and Inclusion & Zigante, 2018; Naldini et al. 2016). At the same time, the fact that fewer women agreed with this view than men (28% vs. 36%) is likely explained by the increasing participation of women in the labour force and subsequent reduction in availability to provide care.

Figure 6. Share of respondents who agree that "Caregiving roles are more natural for women than for men"



Financing long-term care

"Long term facilities, whether state funded or private, should be regularly inspected to make sure that residents are safe and treated with dignity."

Woman, 63

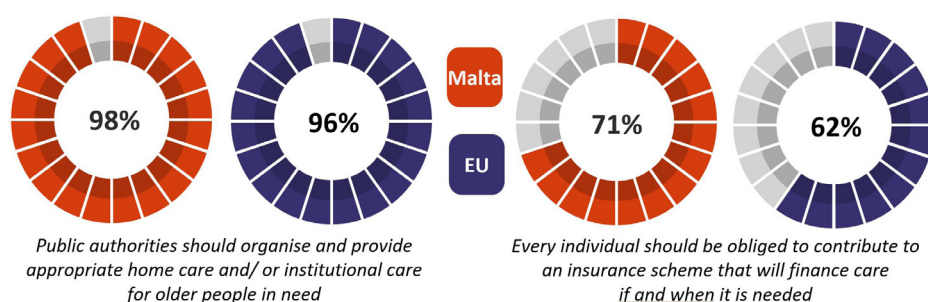
In a show of widespread support for state responsibility for care for older persons, **nearly all individuals agree that the state should organize and provide appropriate care for older people with care needs (98%)** (Figure 7). Nearly half of respondents support the statement that the state should either be covering the costs of care entirely or at least basic care costs for home and residential care. Closely following this, 1 in 3 support some form of cost-sharing arrangement where an individual's contributions depend on their means. Alongside this strong support for state responsibility, more than 2 in 3 individuals support the idea of a LTC insurance scheme to finance care (71%), surpassing levels of support at the EU-level (62%) (Figure 7).

In a display of strong intergenerational support, **younger individuals are most supportive of either fully or basic state-financed care for older persons, whether homecare or residential care.** Middle aged and older individuals are

more likely to agree that care users should contribute to their homecare costs, in an amount proportional to their income and wealth.

Despite strong support for state financed care provision, familialistic care norms are still prevalent in Malta. Nearly 2 in 5 respondents believe that children should share responsibility for their parents' care and should cover the costs of care if the parents are unable to do so themselves. Younger adults particularly support this view (64%) compared to middle-aged (42%) or older adults (31%).

Figure 7. Share of respondents who agree with the statements...



Conclusion and recommendations

The results highlight a pronounced mismatch between preferences and expectations as well as a seemingly high level of mistrust in Malta's care system for older persons, emphasizing the need for investment in line with society's wants. Receiving care in one's home, whether formal services alone or in conjunction with informal care, is the highest preference among respondents, yet insufficient capacity to provide services for both islands as well as high costs of care are major barriers in accessing care particularly for lower-income individuals and those in rural areas, rendering some individuals without the care they need. Efforts should, therefore, be directed towards improving the accessibility and affordability of care by investing in infrastructure and providing financial support to care users, particularly those most vulnerable, as well as ensuring older persons are aware of the services available to them. Human resource constraints pose a major issue according to prior research in the country and should be one considered avenue when improving the availability of services.

An overwhelming majority believe that the state should have a primary role in organizing and providing care and in substantiating subsidies even further

Alongside this, an overwhelming majority believe that the state should not only have a primary role in organizing and providing care, but also in substantiating subsidies even further, suggesting that respondents continue to support the state's responsibility towards care for older persons. LTC insurance schemes are particularly supported by respondents and provide a feasible way of covering care costs publicly.



“An older person must be considered a human being up to the end of his life. This statement should always be kept in mind by everyone concerned.”

Man, 61

Familial values and roles in providing and paying for care remain strong in the Maltese LTC system, even amongst younger individuals, although preferences and support towards informal care are seemingly at a contradiction. Many individuals would prefer some form of informal care, but do not believe that family members should be negatively impacted in terms of career or well-being to provide it. Despite this, an alarming proportion of individuals, particularly women, have felt obligated to provide care and have experienced negative impacts on their career. Despite the wide range of services in the community, fragmentation of services may be limiting general knowledge of the type of services available that could potentially ease the burden on informal carers. As a result, individuals strongly support measures that protect informal carers, namely by recognizing informal care as work and providing social protection measures to carers. This highlights the need for further measures that support informal carers in Malta to ensure that providing care is a willing decision and not an obligation that negatively impacts individuals. Measures should also be taken to ensure that informal carers and older persons are aware of the available services.

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