European Agency for Safety and Health at Work

Safer and healthier work at any age

Country Inventory: Malta

European Agency for Safety and Health at Work

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Abbreviations

ENWHP:	European Network for Workplace Health Promotion
EU:	European Union
Eurofound:	European Foundation for the Improvement of Living and Working Conditions
EU-OSHA:	European Agency for Health and Safety at Work
ETC:	Employment and Training Corporation
HR:	Human resources
ILO:	International Labour Organization
KNPD:	National Commission for Persons with Disability
MSD	Musculoskeletal disorder
NGO:	Non-governmental organisation
OECD:	Organisation of Economic Cooperation and Development
OHSA:	Occupational Health and Safety Authority
OHU:	Occupational Health (Medical) Unit
OSH:	Occupational Safety and Health
P.p.:	Percentage point
RTW:	Return to work
WHO:	World Health Organisation

Introduction

This report is part of the project 'Safer and healthier work at any age', initiated and financed by the European Parliament[1][2]. The objective of the European Parliament was to further investigate possible ways of improving the health and safety of older people at work.

The project, which started in 2013,

- reviewed state of the art knowledge on ageing and work;
- investigated EU and Member States policies, strategies, and programmes addressing the challenges of an ageing workforce in the field of occupational safety and health (OSH) and policy areas that affect OSH, such as employment and social affairs, public health, and education;
- investigated EU and Member States policies, strategies, and programmes in relation to rehabilitation/return-to-work;
- and collected information on related workplace-level practices.

To review policy developments and initiatives taken in Europe to tackle the demographic change, country reports were prepared, with a specific focus on initiatives to improve the health and safety of an ageing workforce and on those aiming at promoting rehabilitation/return to work.

Methodology

The country reports were prepared in each of the 28 European Member States and EFTA countries (Iceland, Switzerland, Lichtenstein and Norway). In eight countries (Austria, Belgium, Denmark, Finland, France, Germany, the Netherlands and the United Kingdom), the research was carried out at a more in-depth level including additional resources and the consultation of relevant stakeholders via the organisation of expert workshops.

The **information** used to prepare the reports was collected between September 2013 and June 2014 and comes from international, European and national sources, referenced in the report's bibliography.

The **indicators** presented in the first section of the reports have been selected taking into account:

- *Relevance to the topic:* In addition to data on working conditions and health, indicators related to general contextual factors such as the demographic development, labour market and employment have also been included.
- *Availability of data by age groups:* As the focus of this work is to investigate activities in the context of an ageing workforce, it is central to the project to collect data by age groups.
- *Geographical coverage:* In order to be able to compare results across the Member States, it is important to use the same indicators in all country reports. For this reason, European and international sources were favoured.

National expert workshops took place in the eight countries subject to in-depth review as well as in two additional countries, Poland and Greece between March and June 2014.

The objectives of the workshops were to:

- Confirm the findings and interpret the results of the desk research;
- Stimulate discussions between intermediaries and experts in the field of occupational health and safety and rehabilitation/return-to-work, in order to collect additional information and examples of good practices;
- Exchange views and ideas on what works well, what could be improved, and what are the drivers, needs and obstacles to address the challenges of an ageing workforce.

[1] Official Journal of the European Union, '04 04 16 – Pilot project - Health and safety at work of older workers', Chapter 0404— Employment, Social Solidarity and Gender Equality, 29.02.2012, pp. II/230 - II/231. Available at: http://bookshop.europa.eu/en/officialjournal-of-the-european-union-l-56-29.02.2012-pbFXAL12056/ (Accessed December 2014

[2] The activities carried out for the European Parliament's pilot project are coordinated by the European Agency for Safety and Health at Work (EU-OSHA) and implemented by a consortium led by Milieu Ltd (other consortium partners include: COWI, IOM, IDEWE, FORBA, GfK, NIOM).

The present report describes policies and strategies in Malta, addressing the ageing of workforce. Specifically, it focuses on initiatives to improve the health and safety of an ageing workforce and on those aiming at promoting the rehabilitation/return to work of workers following a health problem.

Structure of the report

The first section of the report provides background information on demographic developments, the labour market, working conditions and the health status of the older working population. The institutional and legal framework for occupational health and safety in Iceland, as of June 2014, is also described.

The second section of the report describes strategies, policies, programmes and activities initiated by the government or government-affiliated organisations, social partners and non-governmental organisations to tackle the challenges related to demographic change, and more specifically to the ageing of the workforce. These initiatives were identified primarily in the area of occupational health and safety but also in the areas of employment and public health and any other relevant policy areas.

The third section of the report focuses on the issue of the rehabilitation and return to work of workers following a health problem (accident or disease). The section starts by introducing the national system for the rehabilitation of workers following a long-term sick leave or work incapacity and considers the legal and policy framework, the actors involved and the main steps of the rehabilitation process. The second part of the section describes specific activities, programmes or strategies implemented by the government or government-affiliated organisations, social partners and non-governmental organisations for the rehabilitation of workers.

1 General context

Section I of this report starts with an overview of the most relevant facts and figures on the current situation in Malta with regard to demographics, the labour market, working conditions and the health status of the older working population. It then provides background information on the institutional and legal frameworks in Malta that pertain to safe and healthy work in the context of an ageing workforce. Finally, it provides a brief overview of the pension system, looking specifically at legal and actual retirement ages, early retirement opportunities and ongoing or upcoming reforms that would affect older workers.

1.1 Facts & Figures

In this sub-section on facts and figures, a number of indicators introduce the current situation in Malta with regard to demographic factors, the labour market, working conditions and health status of the older working population.

The following definitions aim to provide clarity on a number of terms used frequently in this section:[3]

- "Median age" is the age that divides a population into two groups that are numerically equivalent.
- The "old age dependency ratio" is the ratio of the number of older people at an age when they are generally economically inactive (i.e. aged 65 and over), compared to the number of people of working age (i.e. 15-64 years old)
- "Old age pension" is payment to maintain the income of a person after retirement from employment at the standard age or payment made to support the income of older persons.[4]
- "Healthy life years", also called disability-free life expectancy (DFLE), is defined as the number of years that a person is expected to continue to live in a healthy condition.[5]

Table 1 provides a quick snapshot of selected indicators, some of which are further described in the rest of the section.

Table 1, Overview table of main indicators

	Malta	EU-28
Median age 2013 (2060)	40 (45)	42 (46)
Share of population aged 55 to 64 years (2013)	14%	13%
Share of population aged 65+ (2013)	17%	18%
Old age dependency ratio (65+/15-64) 2013 (2060)	25% (51%)	28% (50%)
Employment rate of 55 to 64-year-olds (2013) (Δ since 2003)	36% (+4 p.p.)	50% (+10 p.p.)
Official Retirement age[6]	62-65	
Effective retirement age (2012) [7]	60(f)/61(m)[8]	60.9(f)/62.3(m)*[9]

[3] Definitions extracted from the Eurostat glossary (unless stated otherwise): http://epp.eurostat.ec.europa.eu/statistics_explained/index.php/Thematic_glossaries (Accessed December 2014)

[4] Eurostat, Methodologies and Working Papers, *The European System of integrated Social PROtection Statistics (ESSPROS), ESSPROS Manual and user guidelines*, 2012, p. 58. Available at: http://ec.europa.eu/eurostat/documents/3859598/5922833/KS-RA-12-014-EN.PDF/6da3b2bf-85ba-4665-b318-a41d6a2df37f?version=1.0 (Accessed December 2014)

[5] This indicator is compiled separately for men and women, both at birth and at age 65. It is based on age-specific prevalence (proportions) of the population in healthy and unhealthy condition and age-specific mortality information. A healthy condition is defined as one without limitation in functioning and without disability.

[6] See section 1.4 on Pension system. Depending on the date of birth, official retirement age in Malta is between 62 and 65.

[7] Source: OECD estimates on the "average effective age of retirement versus the official age, 2007-2012"

[8] Data refers to 2011

[9] These figures refer to the EU-27

	Malta	EU-28
Share of pensioners (50-69) who quit working for health or disability reason (2012)	6%[10]	21%
Pension expenditures (% of GDP) (2011*)		
All pensions	9.3%	13.0%[11]
Old-age pensions	7.1%	9.5%
Disability	0.5%	0.9%
Life expectancy at 65 years, in years (2011)	19.4	19.7
Women	21	21.3
Men	17.7	17.8
Healthy life years at the age of 65 (and 50) (2011)		8.6 (17.7)
Women	11 (23.2)	8.6 (17.9)
Men	11.8 (23.3)	8.6 (17.5)
Employed persons aged 55 to 64 years reporting one or more work-related health problems in the past 12 months in 2007 (% from all employed aged 55 to 64 years)	2.8%	11%[12]
Share of employed people aged 55-64 yrs who perceive their health as in being in a bad or very bad status (and 45-54 yrs), 2012	1.6% (1.4%)[13]	5.7% (3.8%)
Share of employed people aged 55-64 yrs who have a long-standing illness or health problem (and 45-54 yrs), 2012	35.1% (21.4%)	33.3%** (24.2%**)
Share of people aged 55-64 yrs who report MSDs as their most serious work-related health problem during the past 12 months (2007)	62%	60%[14]
Women	63%	64%
Men	62%	56%
Share of workers above the age of 50 who think they could do their current job at the age of 60[15] (2010)	79%	71%[16]
Share of employed people with working experience who report that measures to adapt the workplace for older people have been put in place at their workplace[17] (2013)	36%	31%

Sources: All figures are as published by Eurostat, unless mentioned otherwise. Sources used by Eurostat include: Eurostat population statistics, Eurostat population projections, the European Labour Force Survey (EU-LFS), the European Survey on Income and Living Conditions (EU-SILC), the European System of Integration Social Protection Statistics (ESSPROS).
*figure refers to 2011; ** estimated figures only (by Eurostat)

[10] This figure has low reliability
[11] Figures for pension expenditures are provisional
[12] This figure is for the EU-26 without France. Due to different wording in the French version of the questionnaire, the results were very different in France and Eurostat recommends using the aggregate figures without France.
[13] No data available for "very bad"
[14] This figure is for the EU-26 without France. Due to different wording in the French version of the questionnaire, the results were very different in France and Eurostat recommends to use the aggregate figures without France.
[15] Source: European Working Conditions Survey 2010
[16] This Figure refers to the EU-27
[17] Source: European Commission, Flash Eurobarometer on Working Conditions, 2014. Fact sheet on Malta. Available at: http://ec.europa.eu/public_opinion/flash/fl_398_fact_mt_en.pdf (accessed December 2014).

Demographic developments

Malta's population has been ageing since 1980[18]. The median age in 1980 was 29 years, whereas in 2013 it had climbed to 40 years. This was only slightly lower than the median age of the total population of the EU-28 in 2013, which was 42 years[19].

This ageing is also reflected in the distribution of the population across the different age groups and their development between 1990 and 2012. The share of the oldest age group (65 years and above) has increased from 10% to 17% between 1990 and 2013 (EU-28: 18% in 2013). The group of 55 to 64-year-olds has increased from 9% in 1990 to 14% in 2013 (EU-28: 13% in 2013).

The population ageing is predicted to continue. The age group "65+" will increase from 17% of the total population in 2013 to 29% in 2060. This ageing is also shown in the age pyramid below (Figure 1) which shows that between 2010 and 2050, the age group of 20 to 65-year-olds is predicted to decrease while the age group of 65+ is predicted to increase. This is also reflected in the old-age dependency ratio (see **Error! Reference source not found.**1).

Figure 1, Total population by age group and gender, 2010 and projection for 2050

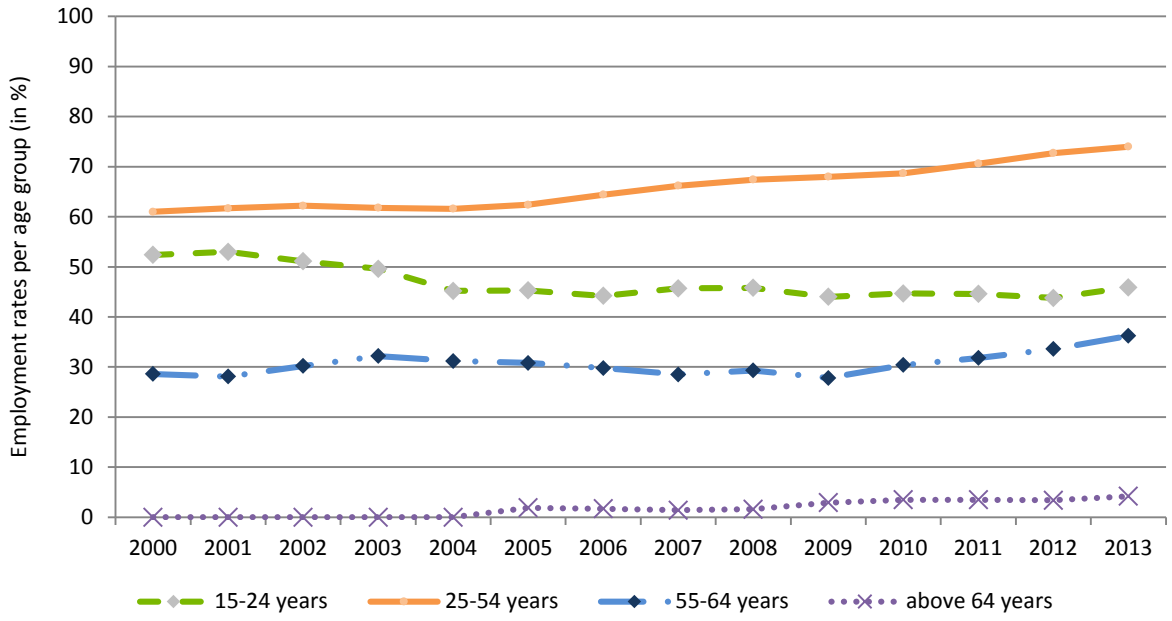
Source: International Conference on Population and Development Beyond 2014, Malta Country Implementation Profile[20].

Labour market participation

Employment among 55 to 64-year-olds is not as widespread in Malta as in the EU overall (36% in Malta compared to 50% on EU average) and has not increased as much as the EU average since 2002. Furthermore, while at EU level the employment rate of this age group has shown a constant upwards trend since 2002, in Malta it has increased overall, but shown decreases in some years. Consequently, the employment rate of young people in Malta is higher than the employment rate of 55 to 64-year-olds, which is contrary to many other EU Member States. The employment rate of people aged 65 years and above has increased since 2004 to 4% in 2013 and is now almost at EU-level (5%).

[18] Source: Eurostat population statistics 2013, structural indicators. Data on the median age is available only from 1980 onwards.
[19] Source: Eurostat population statistics 2013, structural indicators.
[20] International Conference on Population and Development Beyond 2014, Malta Country Implementation Profile. Available at: http://icpdbeyond2014.org/about/view/19-country-implementation-profiles (Accessed December 2014)

Figure 2, Employment rates per broad age groups, trend 2000-2013, Maltese residents, all nationalities



Source: Eurostat 2013, EU-LFS, annual detailed survey results, Employment rates by sex, age and nationality (%) [lfsa_ergan]

Working conditions

Based on the Fifth European Working Conditions Survey (5th EWCS), carried out by the European Foundation for the Improvement of Living and Working Conditions (Eurofound) in 2010,[21] the following conclusions can be drawn with regard to the working conditions of older workers[22] in Malta:

- Contrary to the EU average, the share of workers having to *carry heavy loads* for at least a quarter of the time increased with age in Malta in 2010 (38% of workers under 30, 40% of workers aged 30 to 49 and 43% of workers aged 50 or above). At EU level, only 32% of workers aged 50 or above report the same.
- In Malta, the share of older workers indicating that their job involves t*iring and painful positions* (almost) all of the time is higher than the EU average (22% compared to 16%).
- *Shift work* among older workers has increased from 14% in 2000 to 19% in 2010. The share of older Maltese workers who have to *work at night* once or more a month has also increased from 15% in 2000 to 24% in 2010 (significantly higher than the EU average of 16%).
- In Malta, satisfaction with the *work-life-balance* among older workers is very similar to the EU-average: in 2010, 85.1% of the older Maltese workers felt that their working hours fit in well or very well with their family or social commitments outside work, while the EU-average was 84.5% for that year.
- As in most other EU Member States, the number of people reporting *three or more external constraints on their work pace* (such as demands from people or production/performance targets) decreases with age in Malta: 45% of young workers report that at least three external factors determine their work pace against only 28% of older workers (which is similar to the 27% EU average for older workers).

[21] Unless mentioned otherwise, the figures in this paragraph relate to the EWCS from 2010. Available at: http://eurofound.europa.eu/surveys/ewcs/2010/european-working-conditions-survey-2010 (Accessed December 2014)

[22] The term "older workers" in this section refers to workers aged 50 years and above, the term "young workers" refers to workers below 30 years.

- In Malta, a lower share of workers from all age categories receive *on-the-job training* compared to the EU average. For older workers, this is 22% compared to 26% respectively.
- Around one third of older workers (34%) in Malta think that their *work negatively affects their health*. The figure is higher than the EU average (27%).
- In Malta, the share of older workers who are *satisfied with their working conditions* is the same as the EU average (84%).
- The share of Maltese older workers who think that they will be *able to do the same job at the age of 60* has increased from 68% in 2000 to 79% in 2010 and was higher than the EU average (71% in 2010).
- In Malta, 36% of employed people and people with working experience indicated that *measures to adapt the workplace for older people* had been put in place at their workplace (compared to 31% at EU-28 average). Twelve percent of those that responded did not know whether their workplace had been adapted to older workers[23].

Health

In 2011, estimations showed that Maltese men of the age of 65 years had a *life expectancy* of around 17.7 additional years[24] (similar to EU average – 17.8) including 11.8 considered "*healthy life years*"[25], which is higher than the EU average (8.6 years). The same observation can be made for women. Women of the age of 65 had a life expectancy of 21 additional years (21 years in the EU) including 11 "healthy life years" (compared to the 8,6 at EU level).

The *perceived health status* among employed persons in Malta worsens with age as demonstrated in **Error! Reference source not found.** 2 below.

Table 2, Self-perceived health among employed in different age groups, 2012; shares of age group reporting "very bad" or "bad" health status

	16-44 years	45-54 years	55-64 years	65 years and above
Employed	0	1.4%	1.6%	7.2%*

Source: EU-SILC Self-perceived health by sex, age and labour status (%) [hlth_silc_01]
* Figures are of low reliability

As shown in table 3, the share of Maltese workers between the age of 55 and 64 years who reported that they suffered from *work-related health problems* was a lot lower than the EU average for the same age group in 2007.[26]

[23] European Commission, *Flash Eurobarometer on Working Conditions – Fact sheet for Malta*, 2014. Available at: http://ec.europa.eu/public_opinion/flash/fl_398_fact_mt_en.pdf (Accessed December 2014)
[24] Eurostat 2013'Life expectancy by age and sex' [demo_mlexpec]
[25] Eurostat 2013 'Healthy Life Years (from 2004 onwards) (hlth_hlye).
[26] EU LFS ad-hoc module 2007 on accidents at work and work-related health problems "Persons reporting one or more work-related health problems in the past 12 months, by sex, age and education - % [hsw_pb1]"; shares from all employed in the respective age group; a work-related health problem is defined as covering all diseases, disabilities and other physical or mental health problems, apart from accidental injuries, suffered by the person during the last 12 months, and caused or made worse by the work. This is a broad concept that covers much more than the recognised occupational diseases.

Table 3, Self-reported work-related health problems by workers in Malta and EU-27, by age group

MT 25-34 yrs	4%
MT 35-44 yrs	5%
MT 45-54 yrs	**5%**
MT 55-64 yrs	**3%**
Men	**4%**
Women	**1%**
EU-27* 55-64 yrs	***11%***

Source: EU LFS ad-hoc module 2007 on accidents at work and work-related health problems, Persons reporting one or more work-related health problems in the past 12 months, by age - % [hsw_pb1]
*this figure is for EU-27 excluding France, since in France, the question wording was slightly different, causing a bias. Eurostat suggests using the aggregate without France.

The *most serious work-related health problems* reported among the 55 to 64-year-olds were – as in most other countries – musculoskeletal disorders (MSDs) (**Error! Reference source not found.**).[27] However, compared to the EU average, the prevalence of psychosocial disorders is also high in Malta, especially among women. Contrary to what happens on average in the EU, in Malta the prevalence of psychosocial disorders (such as stress, depression and anxiety) as most serious work-related health problems increases with age.

Table 4, Most serious work-related health problem during the past 12 months, % of all employees who reported a work-related health problem during the past 12 months; by gender and by most prevalent types of diseases[28]

		Cardiovascular disorders	Musculoskeletal disorders	Stress, depression, anxiety	Pulmonary disorders
35-44 yrs.	**Total (EU-27*)**	: (2.9)	67.3 (60.9)	24.1 (16.4)	2.2 (4.9)
	Women	:	74.0	14.9	:
	Men	:	65.6	26.4	2.8
45-54 yrs.	**Total (EU-27*)**	3.8 (6.2)	51.3 (61.3)	25.2 (13.5)	8.3 (4.7)
	Women	:	45.5	19	16.8
	Men	4.7	52.8	26.8	6.2
55-64 yrs.	**Total (EU-27*)**	: (11.3)	62.3 (59.9)	26.6 (9.2)	4.0 (5.8)
	Women	:	63.5	36.5	:
	Men	:	62.2	25.2	4.6

Source: EU LFS ad-hoc module 2007 on accidents at work and work-related health problems, Persons reporting their most serious work-related health problem work in the past 12 months, by type of problem - % [hsw_pb5]
*this figure is for EU-27 excluding France, since in France, the question wording was slightly different, causing a bias. Eurostat suggests using the aggregate without France.

Definition

There is no official definition of an older worker in Malta.

[27] EU LFS ad-hoc module 2007 on accidents at work and work-related health problems, Persons reporting their most serious work-related health problem work in the past 12 months, by type of problem - % [hsw_pb5]; the module distinguishes 8 different problems in total.

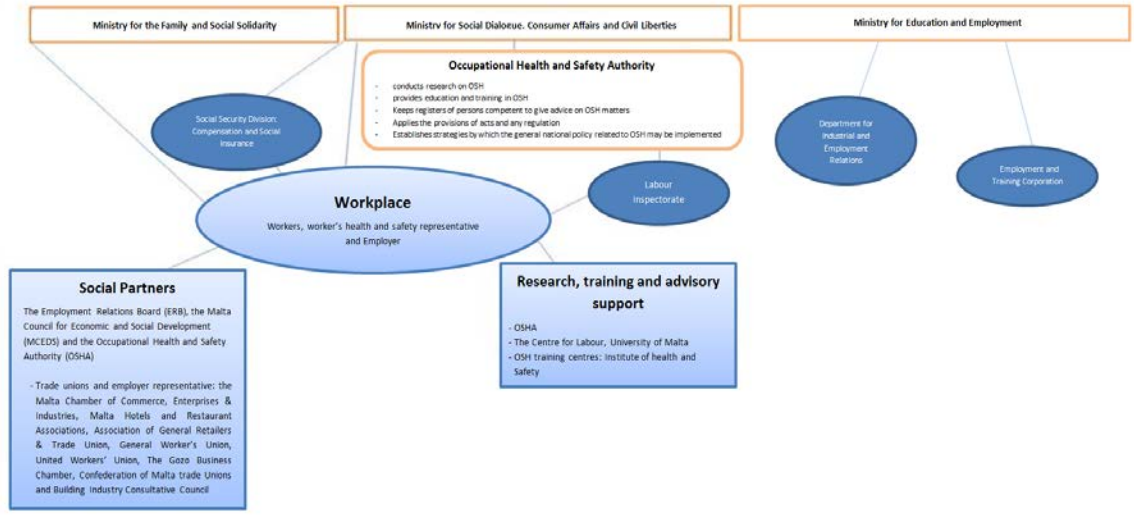
[28] More recent figures are available (EU-LFS ad-hoc module 2013); however, several countries have not delivered data for 2013, which is why no EU aggregates for this variable could be calculated. Due to these limitations, the 2007 data was used in this report. Data for 2013 can be obtained from Eurostat, available at: http://ec.europa.eu/eurostat/web/lfs/data/database

1.2 Institutional structure for health and safety at work

The following section presents the overall institutional structure related to occupational health and safety in Malta.

Overall structure

Figure 3, The OSH infrastructure in Malta on an implementation level



Source: EU-OSHA, OSHWIKI, "OSH system at national level – Malta", updated by expert[29]

On a ministerial level, the **Ministry for Social Dialogue, Consumer Affairs and Civil Liberties** oversees the work of the Occupational Health and Safety Authority, the main regulator for occupational health and safety (OSH) in Malta. Furthermore, the Department of Labour, operating under the **Ministry for Education and Employment,** is responsible for employment conditions and the public employment service. The **Ministry for the Family and Social Solidarity** is responsible for social policy including policies concerning persons with disability and older people; it includes an organisational division, the **Department of Social Security** which administers and provides all welfare benefits and pensions. Finally, the **Ministry of Health** is responsible for providing health care services in Malta and its overall mission is to asure the accessibility, quality and sustainability of the public health services and resources.

The **Occupational Health and Safety Authority (OHSA)** is the national, governmental entity responsible for OSH in Malta and it plays a central role in developing and driving national level occupational health and safety strategies, programmes, initiatives and policies. It was established by the Occupational Health and Safety Authority Act (Act XXVII of 2000), within the institutional framework of the Ministry for Social Dialogue, Consumer Affairs and Civil Liberties. OHSA's structure includes a Board and an executive body. Board Members are nominated by the Government, following tripartite consultation. OHSA also doubles up as an occupational health and safety institution at national level. Among its vast range of competences, OHSA also carries out investigations on any matter concerning occupational health and safety.

The **Employment and Training Corporation (ETC)** [30] is Malta's public employment service, responsible for recommending policies and implementing initiatives aimed at empowering, assisting and training jobseekers to facilitate their entry, or re-entry, into the active employment market. The ETC aims to enhance employability by, promoting workforce development through skills and competency development, and by assisting employers in their recruitment and training needs; in this context it carries

[29] EU-OSHA – European Agency for Safety and Health at Work, OSHWIKI, "OSH system at national level – Malta". Available at: http://oshwiki.eu/wiki/OSH_system_at_national_level_-_Malta (Accessed October 2014)
[30] ETC website: http://www.etc.gov.mt (Accessed October 2014).

out a number of employment and training schemes that facilitate re-integration into the labour market.

The **Department for Industrial and Employment Relations (DIER)**[31] protects the interests of workers while, in a spirit of social partnership, actively promoting a healthy relationship, and contributes towards stable industrial relations.

The **Employment Relations Board** makes recommendations on national and sectoral conditions of employment and advises on other matters upon referral by the Minister for Social Dialogue, Consumer Affairs and Civil Liberties.

Social dialogue

The established model of industrial relations in Malta is traditionally that of a voluntary, bipartite, collective bargaining at enterprise level However, gradually, in recent decades, a pattern of corporate, national level bargaining, based on a model of social dialogue began to emerge[32].

That is also reflected in the structure of **OHSA Malta** that ensures tripartite cooperation and social dialogue throughout the work of the Authority. The Board, under the guidance of the chairperson, is responsible for establishing strategies in consultation with the Chief Executive Officer, to implement the general national policy relating to occupational health and safety. The Board may also advise the Minister to make regulations to promote, maintain and protect a high level of occupational health and safety as well as to prepare regulations or Codes of Practice required to promote, maintain and protect a high level of occupational health and safety. The Board also oversees the performance of the executive body of the Authority responsible for the implementation, compliance and monitoring of OHS laws and policies, as well as any research related thereto. As a result, social dialogue and tripartite cooperation is very strong on OHS aspects in Malta.

Apart from OHSA, the other main tripartite social dialogue institutions are:

- The **Employment Relations Board (ERB)**, a tripartite consultative body set up by the Employment and Industrial Relations Act, in 2002.
- The **Malta Council for Economic and Social Development (MCESD)**, a consultative and advisory body set up by law.

There are a number of social partners that play an active role in the social dialogue process at national level in relation to working conditions, and more broadly, occupational health and safety. These include:[33]

- The following group which mainly represent employers: Malta Employers Association, Malta Chamber of Commerce, Enterprises & Industries; Malta Hotel's & Restaurants Associations; The Gozo Business Chamber; Building Industry Consultative Council.
- The Association of General Retailers & Traders Union which represents mainly SMEs and small businesses;
- The trade unions: Forum Unions Maltin, General Workers Union; Union Haddiema Maghqudin (United Worker's Union); Confederation of Malta Trade Unions;

1.3 Labour, OSH and antidiscrimination legislation

The following section provides a brief overview of the main pieces of legislation in Malta the fields of occupational health and safety, labour and employment and antidiscrimination and whether they contain any provisions in relation to older workers.

[31] DIER website: http://dier.gov.mt/en/Pages/home.aspx (Accessed October 2014).
[32] EU-OSHA, OSHWIKI, "OSH system at national level – Malta". As above.
[33] Ibid.

Occupational health and safety legislation

The **Occupational Health and Safety Authority Act** of 2000 (ACT XXVII of 2000, as amended by Act XXXII of 2007 and Legal Notice 426 of 2007) aims to reinforce and raise awareness of good practices at work. It formally introduced the principle of protection of health and safety at the workplace into Maltese law; and furthermore established the abovementioned national governmental Occupational Health and Safety Authority. The Act applies to all workplaces in both the private and public sector, and to all work activities. Contrary to the provisions of the Framework Directive, the Act is also applicable to workers carrying out domestic duties. The Maltese OSH legislation is complemented by a series of specific regulations and enacted legislation[34].

Employment and labour legislation

The **Employment and Industrial Relations Act** (EIRA) is the main legal act regulating employment. The EIRA precludes discriminatory treatment against any applicant or class of applicants, including on the grounds of age, when advertising or offering employment, when advertising opportunities for employment, or when selecting applicants for employment.

Antidiscrimination Legislation

Several legal acts in Malta were introduced to implement Council Directives 2000/78/EC and 2000/43/EC, including the **Employment and Industrial Relations Act** 2002 (as subsequently amended by Act V of 2009), the **Equal Opportunities (Persons with Disability) Act** 2000, and **Legal Notice 461** of 2004 which brought into force the Equal Treatment in Employment Regulations, reinforcing protection against discrimination on the grounds of religion or religious belief, disability, age, sexual orientation, and racial or ethnic origin in the field of employment. Moreover, **Legal Notice 53** of 2007 provides, in particular, for suitable accommodation for persons with disabilities and the defence of rights in line with the provisions of Directive 2000/78[35].

1.4 Pension system

In Malta, the pension scheme is mandatory, earning-related and financed on a pay as you go basis. It provides old-age pensions, survivor's benefits and invalidity pensions. The scheme is supported by a means-tested (non-contributory) welfare progamme. The main type of retirement regime is a "two-thirds pension", providing a pension equivalent to two-thirds of the insured person's pensionable income[36].

The entire population is covered under either contributory or non-contributory pension schemes.

Retirement age

The long-awaited pension reform came into effect in January 2007. The reform increased the minimum retirement age from 60 years for women and 61 years for men, to between 62 and 65 years for both men and women, depending on the year of birth of the worker. Thus, in order to benefit from the two-thirds of their pensionable income, those born between 1952 and 1955 will retire at 62, those born between 1956 and 1958 will retire at 63, and those born between 1959 and 1961 will retire at 64, while those born in 1962 or later will retire at 65. According to OECD, the effective retirement age in 2011 in Malta was 60 for women and 61 for men[37].

[34] EU-OSHA, OSHWIKI, "OSH system at national level – Malta". As above.

[35] European network of legal experts in the non-discrimination field, Report on measures to combat discrimination Directives 2000/43/EC and 2000/78/EC, Country report 2012 Malta, available at http://www.non-discrimination.net/countries/malta (Accessed October 2014).

[36] International Organisation of Pension Supervisors (IOPS) Country Profiles –Malta, December 2009, available at http://www.oecd.org/countries/malta/43469300.pdf (Accessed October 2014).

[37] OECD estimates on the "average effective age of retirement versus the official age, 2007-2012"

Combining work revenues and pension

A significant measure was announced within the 2008 Government Budget, intending to attract older people to the labour market. A legislative change allowed workers of pensionable age under the age of 65 to work without losing their pension entitlements, irrespective of the amount they earned. Prior to 2008, the full pension was safeguarded only if these workers' salary did not exceed the national minimum wage. As a result, the number of persons of pensionable age remaining in employment increased. By the end of 2011, it was estimated that over 10.000 pensioners were still working and receiving a pension.

Occupational pension schemes and personal pension provisions are still in a very early stage of development in Malta.

2 Overview of policies, strategies and programmes in relation to the occupational health and safety of older workers

As life expectancy rises, it is important to create working conditions that enable healthy and active ageing and ensure that workers reach pension age in good health. The following chapter provides an overview of the various policies, programmes and initiatives put in place by governmental and non-governmental organisations in Malta to address the issue of work sustainability and healthier working lives.

2.1 Initiatives from government/government-affiliated institutions

Occupational health and safety policies

National Strategy for Health and Safety at Work (2008-2012)

The **National OSH Strategy** (which also covers the national labour inspection strategy) mentions that although traditionally the focus of OHS attention has been the prevention of accidents, the economic impact and other negative effects of occupational ill-health must also be addressed. The Strategy demonstrates that there is a serious lack of available data on occupational ill-health and morbidity. Although the Strategy does not spell this out, the lack of available data may be a crucial reason why not enough attention is being given to the linkages between ageing workers who are likely to suffer more from poor standards of OHS due to long term exposure, industrial injuries, occupational diseases and hospitalisation costs, retraining and replacement of such workers as well as lost productivity.

The relevance of the Strategy to enhance the situation of older and ageing workers at the workplace may also be seen in the Policy and Legal Review part of the Strategy which calls for the introduction of an OHS risk rating for workplaces. Such a measure is likely to improve the prevention of injury, as well as the *rehabilitation of ageing workers after illness or injury at work* because the rating would be based on four key dimensions, namely: carrying out an adequate risk assessment, designation of competent person/s to monitor and ensure compliance with OHS at the workplace, participation of employees on matters affecting their occupational health and safety as well as control of risks at source. OHSA Officers would assess the degree of compliance in these key dimensions during the workplace visit, based on objective criteria. Although not specifically stated in the Strategy, it is envisaged that *older workers would be singled out as a priority* in this risk rating exercise together with other vulnerable groups.

The relevance of the National Strategy to this study is found mainly in Objective 4, which addresses taking appropriate action against existing and emerging risks. This part identifies groups of workers who may themselves be vulnerable by virtue of some other factor – these include: presence of a disability, the extremes of age and the gender of the worker – such factors necessitate different or higher levels of protection. Ageing workers definitely fit in under one or more of these criteria.

Occupational Health and Safety Authority Strategy, Work Programme and related initiatives

OHSA has developed both a Strategy and a Work Programme. In 2007, the OHSA published a **Strategic national plan for occupational health and safety** ("Occupational Health and Safety: Consoldating achievements and engaging further commitment, Strategic plan: 2007 to 2012"). The strategy aims to ensure that the OHSA fulfils its responsibilities in the field of occupational health and safety, whilst continuing to instill a sense of responsability and commitment from its social partners. The strategic plan establishes objectives at national level and provides the basic planning for the accomplishment of these objectives[38].

Recently, in line with its current Stategy and Work Programme, OHSA has prepared a project proposal entitled **Ensuring Sustainable Work for Healthier and Longer Working Lives**, which aims to promote *healthy ageing at work*, focusing on health and safety issues that enable and motivate older workers to remain on the labour market for longer. This will be achieved through a specialised campaign *raising awareness* among relevant stakeholders and assisting companies, including SMEs, to deal with the

[38] EU-OSHA, OSHWIKI, "OSH system at national level – Malta". As above.

challenges related to an ageing workforce by developing and providing information and tools. This campaign will assist Governments' efforts to increase the proportion of older workers remaining in employment, lowering poverty in society and at the same time promoting social inclusion. The campaign aims to promote the highest degree of health and safety in enterprises, particularly among the 55-64 years working cohort, by better informing employers and safety practitioners, who will also be taught how to include the specific requirements of this age-group when carrying out statutory risk assessments.

In its proposal, OHSA is trying to engage a number of stakeholders, including the *social partners* during the implementation phase of the project. Efforts will be made to encourage social partner representatives to be OHSA's partners in this project. The project will support companies, their employees and individuals not employed by a company. The following themes will, amongst others, be raised during the various activities of the project:

- Age-sensitive risk assessment conducted by employers;
- Adapting working conditions and work demands to the health status and abilities of older workers such as ergonomics at work and ageing,
- Sector and job specific issues;

Active ageing policies

The **National Strategy on Active Ageing,** launched in 2013, was developed with a sensitivity to the contextual contours that characterise the Maltese Islands. From the outset, the National Commission's intention was that of advising which policy changes have the potential to bring about optimal levels of *successful, productive and positive ageing*. Following public consultation, three themes were seen as the cornerstone of the National Strategic Policy:

- Active participation in the labour market;
- Participation in society; and
- Independent living.

The recommendations in the National Strategic Policy are broad, as they intend to serve as a guide for future policies and set the direction for future implementation, rather than describe specific activities that governments, businesses, communities and other stakeholders could take.

The Strategy on Active Ageing advocates supporting work settings that ensure workers' *lifelong employability*, equal access to training, age-appropriate training systems, flexible and individual work designs, age-friendly shift rotas and occupational support from well-informed management. According to this Strategy, guidance services available to older workers tend to be provided in a fragmented and sporadic manner.The Strategy for Active Ageing also identifies a gap in the services available for persons aged above statutory retirement age who wish to return to work or take-up self-employment. Another gap relates to an *absence of planned reduction of working hours*, rather than an abrupt transition from work to absolute retirement.

The Strategy refers to various reasons for the high inactivity levels amongst older workers. The reasons driving older workers to leave the labour market include a combination of **positive and negative factors** and, according to the Strategy, include retirement schemes, benefits, caring commitments and good financial assets on the one side and poor health, redundancy and unpleasant working conditions on the other.

The Strategy also refers to the need to provide older workers with opportunities to update and extend both their **skills and qualifications** to enable and encourage them to continue working. It mentions that older workers face various **barriers** when participating in skills development, such as negative employer attitudes, discrimination, lack of information about options, financial issues and negative personal attitudes. The National Strategy on Active Ageing also highlights that **work-related stress** is one of the most common contributors for ageing workers to **choose early retirement** after illness or disability, rather than rehabilitation.

2.2 Initiatives from social partners

None of the **social partners** or any constituted body has its own OHS-related strategy or work programme. It seems that none of the social partners on the Board of OHSA have any initiatives relating to active ageing, either on-going or planned for the future.

3 Overview of policy, strategy and programmes in relation to the rehabilitation/return to work of workers

Extending working lives in healthy, safe and sustainable working conditions also means ensuring that people who suffer from an illness or an accident that leads to prolonged sick leave have the necessary support to return to work in safe and adapted conditions. By promoting the return to work of those who are suffering from a health problem, and specifically in the older age group, a number of people who may otherwise have chosen early retirement or needed a disability pension will remain employed.

The effectiveness of the rehabilitation process is therefore another important factor related to prolonging healthy working lives. Although the issue of rehabilitation and return-to-work is particularly relevant for older workers, as they are more likely to suffer from work-related health problems than younger age groups, the chapter looks at rehabilitation for all workers.

In Malta, rehabilitation is oriented towards compensation through cash benefits and pensions. Return-to-work is seen in a more general way, not specifically targeting absenteeism because of an accident or injury, but also looking at reintegration on the labour market of those at risk of exclusion.

The following chapter first describes the institutional system in Malta for the rehabilitation/return to work of workers suffering from a health problem and then looks at specific initiatives from governmental and non-governmental organisations to promote rehabilitation and return-to-work.

3.1 The national system for the rehabilitation/return to work of sick/injured workers

The legal and policy framework

The following pieces of legislation and policy document constitute the main elements framing the rehabilitation process in Malta, focused mainly on workers with disabilities.

- Social welfare in Malta is organised on the basis of the **Social Security Act** (Cap. 318 of the Laws of Malta).
- **Legal Notice 53** of 2007 (see Section 1.3) provides, in particular, for suitable accommodation for persons with disabilities and the defence of rights in line with the provisions of Directive 2000/78.
- According to Article 4(2) of the **OHSA Act**, the OHSA is responsible for ensuring that the physical, psychological and social well-being of all workers in all work places are promoted and to ensure that they are safeguarded by whoever is obliged to do so.
- The **National Strategy for Health and Safety at Work** (2008-2012) calls for adequate levels of OHS to bring about *a reduction in work-related absenteeism*. The Strategy declares that at a national level, one should also aim for a reduction in the high costs associated with injury benefits that the State pays to affected workers, as well as a reduction in hospitalisation and rehabilitation costs.

Main actors and steps to the rehabilitation process

- The main actor in the health system is the **Ministry for Health** (see Section 1.2), responsible for the provision of health services, health services regulation and standards, and the provision of occupational health and safety.
- The **Ministry for the Family and Social Solidarity** supervises the benefits paid by the Department of Social Security[39]. Malta's occupational care system is part of its social welfare national scheme. The Ministry for the Family and Social Solidarity also provides some health services within its portfolio, which includes social policy and policy relating to the child, the family

[39] European Commission, DG Employment, Social Affairs and Inclusion, *Your social security rights in Malta*, 2013 p.6.

and people with a disability, older people and community care, social housing, social security, pensions and solidarity services.

- The **public healthcare system** is the key provider of health services. The state primary healthcare system includes, inter alia, general practice and the Occupational Health (Medical) Unit. The private sector complements the provision of health services, in particular in the area of primary healthcare. In addition some services, especially for long-term and chronic care, are also provided by the private sector, the Church and other voluntary organisations[40]. There is no obligatory health insurance and it is rare for an employer to offer health insurance as an employment benefit[41].

Whilst there are no specific rehabilitative services for workers from the private sector, the government provides primary healthcare through health centres offering preventative, curative and rehabilitative services[42]. Rehabilitation services are offered by the **public rehabilitation hospital** (Karin Grech Rehabilitation Hospital) free of charge to patients referred from other public hospitals following inpatient admission, or from the community by a General Practitioner. The hospital comprises 212 inpatient beds for assessment, post-acute care and rehabilitation, a day hospital for interdisciplinary assessment and care, a medical outpatient department, a physiotherapy and occupational therapy outpatient department, and an orthotics and prosthetics unit. The services are provided by one consultant in physical rehabilitation and eight consultant geriatricians. All patients undergo a comprehensive multidisciplinary assessment[43].

The **Occupational Health (Medical) Unit** of the public health scheme provides a medical service in respect of public service employees (Government-Ministerial Departments, and employees of associated entities (Corporations and Authorities)). Access to the OHU medical service is made through a direct request to the OHU by the responsible and authorised relevant office (usually Human Resources /Personnel) of the Government service entity[44].

There are no legally established incentives or specific, compulsory programmes for **employers** to encourage rehabilitation and a return to work, neither do employers receive any support to do so. In practice, however, employers usually prefer facilitating rehabilitation instead of engaging in training new workers. Workers are usually directed to the available services by the human resources department of their place of employment. If the worker is not so directed, he/she has easy access to customer care of the social security department, of the OHSA and of the Labour Department, which will direct him/her accordingly. Employers can employ company doctors to verify the sick leave of their employees[45] and these doctors can also advise both employers and employees on a return to work, on a case by case basis, including on necessary workplace adaptations and tasks reassignments.

The **Employment and Training Corporation (ETC)** offers a number of employment and training schemes that facilitate re-integration into the labour market. Even if these initiatives are more general and not solely intended for workers that want to return to work after a period of absence because of an accident or illness, such programmes are wide enough to offer this opportunity.

- The **Persons in Disadvantaged Situations** programme is intended for people who find it more difficult to enter the labour market. These could also include employees returning to work after illness, sickness or a disability, or people with different social problems. The ETC Employment Advisors give assistance and job search guidance to these people. It is up to the individual to seek this particular service, and like in all other circumstances, personal information is treated with strict confidentiality. All clients listed on the ETC Register of Disabled Persons (RDP register) undergo an assessment by an occupational therapist to help in identifying the person's abilities. This strengthens the employment advisor's efforts in matching the client with the available vacancies. Persons with a disability are classified into the following categories: intellectual disability, physical disability and persons suffering from mental illnesses. Ad hoc

[40] European Observatory on Health Systems and Policies, 'Malta Health system review', *Health Systems in Transition*, Vol. 16 No. 1, 2014. Available at http://www.euro.who.int/__data/assets/pdf_file/0010/241849/HiT-Malta.pdf (accessed October 2014).
[41] EU-OSHA, *Work-related musculoskeletal disorders: Back to work report*, 2007, p.72.
[42] Ibid.
[43] European Observatory on Health Systems and Policies, Malta Health system review, as above.
[44] Information on OHU available at: https://ehealth.gov.mt/HealthPortal/health_institutions/primary_healthcare/occup_health/overview.aspx (Accessed December 2014).
[45] EU-OSHA, *Work-related musculoskeletal disorders: Back to work report*, 2007, p.72.

training courses are organised for jobseekers with different disabilities. These courses are 'tailor-made' to accommodate the particular needs of the applicants' clients[46].

- The **Enhancing Employability through Training** programme is part financed by the European Social Fund and available to all actively employed, inactive, or registered unemployed individuals eligible to work. One of the principle aims of this programme is to reintegrate registered unemployed or inactive individuals into the labour market through training programmes. It also offers actively employed individuals the opportunity to further their existing skills in order to adapt to changing labour market requirements. This programme also provides the opportunity for men and women, who have been absent from the formal economy for a relatively long period of time, to regain their confidence and brush up on their skills through a series of training programmes that will ultimately facilitate their reintegration into employment[47]. These courses may also be availed of by employees seeking rehabilitation and a return to work after a disability or accident at work.

Several non-governmental organisations provide services to people with disabilities that aim, inter alia, to helping people with disabilities into employment. Moreover, various government commissions, agencies, boards and committees play a role in the health sector. For example, the **National Commission for Persons with Disability (KNPD)** is a government funded organisation which coordinates activities and serves as a platform for the numerous NGOs that are active both as policy advocates and as service providers in this field[48]. It is the national regulatory body, set up by law,which monitors that places accessible to the public, including work places, are all safe and accessible for persons with a disability. The KNPD is entitled and competent to represent disabled people in case employers do not make any necessary adaptations.

Compensation system

Compensation system for sickness absence

The social security insurance within the social welfare national scheme, provides for the payment of benefits. The contributions are paid jointly by the employer, the employee and the state, on the basis of differentiated contributions.

In case of non-occupational sickness, employees are entitled to cash **sickness benefits**. These are paid from the fourth working day of incapacity from work up to a maximum period of 156 working days. However, if the applicant undergoes any major surgical operation or intervention, or suffers a severe injury, or is afflicted by some serious disease which requires long treatment before such a person resumes work, payment may be extended by a further 156 days, but is not to exceed 468 days in any two calendar years[49]. The employer pays the difference between the wage and the benefit if the latter is lower[50]. In case the employer pays the employee full wage when she/he is on sick leave, the payment issued by the Department is to be handed to the employer by the employee. This depends on the agreement between the employer and the employee. Those receiving less than full pay have their pay reduced as necessary so that the salary paid, together with the sickness benefit, does not exceed full pay. Persons on no pay/salary are entitled to have the whole amount received from the Department of Social Security[51].

Individuals who suffer a personal injury caused by an occupational accident or disease may be entitled to **Injury Benefit/Industrial Disease** compensation through the Maltese Social Security Division. It is paid in respect of injuries/diseases resulting in incapacity of work of more than three days. The benefit is paid from the 5th consecutive working day of absence from work, over a maximum period of 12 months. A medical panel examines the claims and decides the duration for which the benefit is to be issued. The employer pays the difference between the wage and the benefit (if the latter is lower). The first three days of injury or disease are not covered by the Department of Social Security, but rather by the

[46] ETC webpage on the programme: http://etc.gov.mt/Category/3/43/Persons_in_Disadvantaged_Situations.aspx (Accessed October 2014).
[47] ETC webpage on the programme: http://etc.gov.mt/Category/3/6/Training-Trainees.aspx (Accessed October 2014).
[48] European Observatory on Health Systems and Policies, Malta Health system review, as above.
[49] Social Security Department, Manual on Social Security Contributions, Benefits and Pensions, January 2014, available at pahro.gov.mt/file.aspx?f=135 (Accessed October 2014).
[50] European Commission, DG Employment, Social Affairs and Inclusion, *Your social security rights in Malta*, 2013 p.11.
[51] Social Security Department, Manual on Social Security Contributions, Benefits and Pensions, as above.

employer. The social security benefit is paid directly to the insured person but s/he has to refund this amount to his/her employer[52].

Finally, for **chronic illness patients**, the Social Security Act provides for free medicines strictly related to the chronic illness in question, irrespective of their financial means[53][54]. On March 2012 a revision of the Social Security Act increased the number of chronic illnesses that entitle patients to free medicines from 38 to 79[55]

Compensation system for disability or reduced capacity to work

Disability Benefits are granted to employees who suffer personal injury or industrial disease caused by an accident, as a result of or in the course of their employment, which results in the permanent loss of physical or mental faculty, when they have exhausted all injury benefit entitlements. The employees have to submit a declaration to the Social Security Department accompanied by a certificate from a medical practitioner indicating the nature and degree of the disability. The degree of disability is assessed and determined by a medical panel appointed by the Social Security Department. There are no contribution conditions for the grant of a disablement benefit[56].

A person who is certified as being incapable for suitable full-time or regular part-time employment due to a serious disease or bodily or mental impairment is entitled to an **Invalidity Pension**. The applicant has to be under the retirement age, to have been continuously in full-time or regular part-time employment or self-occupation or registering for work for a period of not less than twelve months prior to the date of application, and to have a minimum number of paid contributions[57]. There are various rates according to different conditions. The disability has to be certified by a **Medical Panel**, appointed by the Ministry for the Family and Social Solidarity. This certification is made for a period of one (minimum) to three (maximum) years and cases are reviewed periodically. Persons receiving disability pension *cannot engage themselves in gainful occupation*; if an invalidity pensioner returns to work, her/his benefit ceases immediately.

When the degree of disability following injury at work is estimated between 1% and 19% a lump sum payment is granted (Injury Gratuity). If injury or disease caused or contracted whilst at work is considered to have caused a loss of physical or mental faculty of between 20% and 89%, a pension is granted with a rate according to the degree[58] and if the percentage of disability awarded by the medical panel exceeds 90%, the person will be automatically awarded a full Invalidity Pension, even if the contribution conditions are not satisfied[59].

3.2 Specific Initiatives

As mentioned above, there are no legally established incentives or specific, compulsory programmes for rehabilitation and return to work following abseintism due to an accident or illness. Rehabilitation opportunities for employees are available, on a case by case and voluntary basis and return to work is mostly orientated towards disabled persons in general, in terms of employment support.

Initiatives from governmental/government-affiliated organisations

The OHSA project **Ensuring Sustainable Work for Healthier and Longer Working Lives** (see section 2.1 above) also mentions the rehabilitation of older workers after a period of disability, as part of the overall objective of keeping older workers longer at work. The awareness campaign that will be put in

[52] European Commission, DG Employment, Social Affairs and Inclusion, *Your social security rights in Malta*, 2013 p19.
[53] European Commission, DG Employment, Social Affairs and Inclusion, *Your social security rights in Malta*, 2013 p.9.
[54] European Observatory on Health Systems and Policies, Malta Health system review, available at http://www.euro.who.int/__data/assets/pdf_file/0010/241849/HiT-Malta.pdf (Accessed October 2014).
[55] The Health Systems and Policy Monitor, Health Systems in Transition (HiT) profile of Malta. Available at: http://www.hspm.org/countries/malta06022014/livinghit.aspx?Section=5.6%20Pharmaceutical%20care&Type=Section (Accessed October 2014).
[56] Social Security Department, Manual on Social Security Contributions, Benefits and Pensions, as above.
[57] Social Security Department, Manual on Social Security Contributions, Benefits and Pensions, as above.
[58] National Statistics Office Malta, Social Security Benefits Glossary, available at http://nso.gov.mt/docs/Social-Security-Benefits-Glossary.pdf (Accessed October 2014).
[59] Social Security Department, Manual on Social Security Contributions, Benefits and Pensions, as above.

place to promote this objective intends to also include the *facilitation of the rehabilitation of ageing workers after absence from work due to illness or disability*. The various project activities will include the implementation of measures to prevent sickness absences, rehabilitation after long term permanent disability and unemployment due to health problems. The project is currently underway and not all types of services have been identified yet.

OHSA has also developed one of the most effective set of guidelines intended to protect all workers including older workers: the **Framework for Action to Control Stress at Work**. The aim of the document is to further increase awareness and understanding, and to provide employers and workers at workplace level with an action-oriented framework to identify and prevent or manage problems of work-related stress. These Guidelines may also be applied and guide employers on how to deal with and support workers *in need of rehabilitation and readaptation at the workplace after illness or disability*. The document includes a template for an enterprise policy that can be adapted to take into account the particular characteristics of the enterprise and its workers.

Initiatives from non-governmental organisations

Employers may also take advantage of several programmes provided by a private non governmental organisation, the **Richmond Foundation** (Malta). In collaboration with the Employment and Training Corporation (ETC) the Richmond foundation runs the *Supported Employment Programme* [60] that contributes to training, assisting and supporting people with mental health problems to find suitable, sustainable, gainful employment and the *Staff and Organisation Support Programme (SOSP)* [61] aiming to promote mental well-being at the work place and to provide organisations and their employees with support for managing stress, including group counselling in cases of burnout and trauma at the work place.

[60] Richmond Fundation website: http://www.richmond.org.mt/employment-services/ (Accessed October 2014).
[61] SOSP website: http://www.sosp.org.mt/ (Accessed October 2014).

4 Conclusions

General context

Facts and figures

- Malta's population *median age* increased considerably between 1980 (29 years) and 2012 (40 years; slightly lower than EU-27). The ageing of the Maltese population is predicted to continue and the old-age dependency ratio will increase from 25% in 2012 to 51% in 2060.
- Both *life expectancy* and the estimated "*healthy life years*" at the age of 65 in Malta were higher than those at EU level in 2011, except the life expectancy of men at the age of 65, which was a little smaller in Malta than in the EU overall.
- *Employment* of the age group 55 to 64 is not as widespread in Malta as the EU average nor has it increased as much as the EU average over the past decade. The constant upwards trend of the employment rate concerning this age group at EU level is not reflected in Malta and the employment rate of young people was higher than the employment rate of 55 to 64-year-olds in 2012.
- Maltese older workers report a slightly worse situation than the overall EU population in several aspects of *working conditions* (carrying heavy loads, tiring positions, shift work, on-the-job training). However the share of older workers who think they will be able to do their job at 60 was higher in Malta than on EU average and more older workers were satisfied with their working conditions than on EU average in 2010.
- As in most EU countries, the pension system has been reformed during the past years; the minimum *retirement age* increased from 60 years for women and 61 years for men, to between 62 and 65 years for both men and women, depending on the year of birth of the worker.

Legal and institutional framework

The institutional framework in Malta is rather complex. The OHSA functions under the Ministry for Social Dialogue, Consumer Affairs and Civil Liberties, which is responsible for policy making. The OHSA is the regulatory body responsible for occupational health and safety but the issue of ageing workers and rehabilitation following disability and sickness is also dependant upon the Department for Social Security of the Ministry for Social Solidarity and the Family, responsible for social benefits and social welfare. Yet another Ministry, the Ministry for Education and Employment may play a fundamental role in the OSH of ageing workers as its Department for Industrial and Employment Relations regulates conditions of employment. Moreover, the Education and Training Corporation also operates under the Ministry for Education and Employment. All these Ministries and administrative entities interact with parallel regulatory competences and may affect the well being of ageing workers due to the subject area of their portfolios

The tripartite set up of the OHSA that includes social partners representing employers, employees and the SMEs, also faciltates dialogue with the national authorities. The involvement of social partners in OSH issues in general, is very strong and although social partners do express the need for an enhanced social dialogue, their role in influencing policy making and law has grown steadily over the last decades.

OSH and older workers

To date, in Malta, there are no specific OHS laws or strategies specifically related to older workers, althiough the National OSH Strategy recognises older workers (as well as disabled workers) as part of the new and emerging risks. Malta's economies of scale do not usually require sub-specialisation in legal and policy instruments. The working conditions of older workers at this point in time are covered by usual OHS laws and policies that address all workers.

The participation of older workers in the labour market in Malta is strongly conditioned by the national policy environment, in particular by the pension system framework, employment legislation, wage policies, occupational and wider health care provisions, active labour market policies as well as the availability of education and training.

The project proposal by the OHSA *Ensuring Sustainable Work for Healthier and Longer Working Lives*, which aims to promote healthy ageing at work, focusing on health and safety issues that enable and motivate older workers to remain longer on the labour market, could be an important driver to identify the specific needs of older workers. It will serve to provide the required knowledge base and identify the challenges related to an ageing workforce by developing and providing information and tools. This should assist Government's efforts to increase the proportion of older workers remaining in employment, lowering poverty rates while promoting social inclusion. The outcomes of this project that is still underway could result in better informed employers and occupational health and safety practitioners, who will also be taught how to include the specific requirements of this age-group when carrying out statutory risk assessments.

Similarly, the *Strategy on Active Ageing,* which advocates supporting work settings that ensure workers' lifelong employability, equal access to training, age-appropriate training systems, flexible and individual work designs, age-friendly shift rotas and occupational support from well-informed management, is an important policy for Malta's transition towards sustainable work. It should be noted that the new strategy on active ageing may lead OHSA to consider the need for specialised OHS laws, policies and strategies targetting older workers.

Currently, there seems to be no particular insistence on the part of the social partners for a better link between OSH of older workers and sustainable work; the need for sustainable work is seen as essential for all age groups, not just for ageing workers.

Rehabilitation/return-to-work

When a workers is sick or injured in Malta, the state provides social security benefits through the national insurance system and offers medical rehabilitation through the general healthcare system. Vocational rehabilitation opportunities are also provided through the Employment and Training Corporation (ETC) but mainly for unemployed workers. There are *no legally established incentives or specific, compulsory programmes for employers to encourage rehabilitation and return to work*, especially after an accident or illness. Private insurance schemes are rarely offered as a benefit to workers, but employers would have their own insurance cover to address expenses incurred on their part.

In practice, the different competent services, namely the OHSA, the national social security scheme, the public healthcare system and the public employment service, provide assistance to the worker to ensure his/her return to work after injury or sickness (whatever the cause of the disease or injury) but most of the services are oriented towards workers with disabilities or unemployed workers. The National Commission for Persons with Disability (KNPD) has executive powers to ensure that all public places, including work places, do not hamper access or in any way discriminate against people with a disability.

As for the OSH framework, rehabilitation and return-to-work initiatives in Malta are developed on a more general scale and with a scope that is wide enough to be availed of by a variety of individuals, depending on their specific, personal circumstances. Consequently, as demonstrated above,entitlement to social security benefits for occupational disability or sickness, workers rights to a workplace that does not discriminate against people with a disability, are offered to *all vulnerable groups*. Moreover, training programmes for rehabilitation and reintegration into the work force, target all workers that want to return to work after a period of absence, not only due to an accident or illness.

General conclusion

In Malta at present, there are no instruments, policies, etc. that are specifically intended only for older workers, nor does it seem that public authorities or the social partners envisage the need for such a specific approach. Issues related to older workers are rather incorporated in the policy framework that targets vulnerable groups There is always room for improvement and the particular vulnerability of ageing workers should be subject to further research to identify if more specific attention should be given to their particular circumstances, especially given the indications about their increased presence in the workforce. Rehabilitation is oriented towards compensation through cash benefits and pensions and return to work is seen in a more general way, not specifically targeting absenteeism because of an accident or injury.

The policy framework for sustainable work is not only focused on health and safety at work but derives from other policy areas, namely, employment, public health, active ageing, anti-discrimination against disabled persons or vulnerable groups. No contradictions appear among the initiatives deriving from these different policy areas. They appear to be well-coordinated and working towards a global policy objective that is not specific to older workers but, rather aiming at securing sustainable working conditions for all workers.

5 References and further information

European and international sources

EEO – European Employment Observatory, *European Employment Observatory Review: Employment policies to promote active ageing*, 2012.

EU-OSHA – European Agency for Safety and Health at Work, *Work-related musculoskeletal disorders: Back to work report*, Luxembourg, 2007.

EU-OSHA – European Agency for Safety and Health at Work, OSHWIKI, "OSH system at national level – Malta".

Eurofound – European Foundation for the Improvement of Living and Working Conditions, *Sustainable work and the ageing workforce, A report based on the fifth European Working Conditions Survey*, Publications Office of the European Union, Luxembourg, 2012.

Eurostat, *Active ageing and solidarity between generations, A statistical portrait of the European Union 2012*, Publications Office of the European Union, Luxembourg, 2011.

European Commission, DG Employment, Social Affairs and Inclusion, *Your Social Security Rights in Malta,* 2013.

European network of legal experts in the non-discrimination field, *Report on measures to combat discrimination Directives 2000/43/EC and 2000/78/EC – Country report 2012 Malta*, 2012

European Observatory on Health Systems and Policies, 'Malta Health system review', *Health Systems in Transitions,* Vol.16 No.1, 2014.

Greene Noel, *ASISP – Annual National Report 2010 – Pensions, Health and Long term Care, Malta*, May 2010. Available at: http://www.socialprotection.eu/files_db/904/asisp_ANR10_Malta.pdf

IOPS – International Organisation of Pension Supervisors, *Country Profiles –Malta*, December 2009. Available at: http://www.oecd.org/countries/malta/43469300.pdf

National sources:

Malta's Social Security Department, Manual on Social Security Contributions, Benefits and Pensions, January 2014. Available at: pahro.gov.mt/file.aspx?f=135

National Statistics Office Malta, Social Security Benefits Glossary. Available at: http://nso.gov.mt/docs/Social-Security-Benefits-Glossary.pdf

National Strategy on Active Ageing. Available at: https://mfss.gov.mt/en/MJDF/Documents/Acetive%20Ageing%20Policy%20-%20EN.pdf

National Strategy on Health and Safety at Work 2008-2012. Available at: http://ohsa.org.mt/Portals/0/docs/strategic_plan7_12.pdf

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