



ESPN Thematic Report on work-life balance measures for persons of working age with dependent relatives

Malta

2016

Mario Vassallo & Anna Borg
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European Social Policy Network (ESPN)

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Summary/Highlights

Malta's regime to cater for long-term care (LTC) has a long history and is quite extensive. Through state, church and increasingly public-private partnership and private-sector initiatives, it covers the three distinct sectors most in need of the service: the elderly, the disabled and persons suffering from mental health problems. In respect of the needs of the elderly, demand exceeds supply. But the services available, primarily in the form of institutional care, are addressed at the beneficiaries, rather than the carers. There is, in fact, very scant direct provision to meet the needs of carers, since this has traditionally been considered the realm of the family – and more specifically the role of women – so long as those persons requiring long-term care remain in the family.

With the increasing number of women joining the labour market, it is slowly becoming more evident that not all families can look after their dependants at home. At the same time, the idea of allowing dependants to remain in the community, rather than being institutionalised, is being pushed by the government, especially in relation to the elderly. Recent social policy measures have, in fact, contributed to more elderly people remaining in the community through support services provided by the state. These include services like Telecare, a telephone-based emergency alarm system; Home-Help, a special service that provides part-time domestic and counselling services to the elderly; and other services like the Handyman and Meals on Wheels services. The most recent initiative in this respect is a pilot project, launched in January 2016, under which elderly people who are waiting to be admitted to a state institution can apply for a subsidy to help with the wages of a private full-time carer, if they decide to employ one.

In Malta, the vast majority of carers who opt to look after their dependants requiring long-term care do not receive compensation, and they have to find a way of financing themselves. This is because it is generally assumed that women who are not gainfully occupied are supported by their husband/partner. The only exceptions to this are single or widowed people, who may be eligible for a carer's pension or for social assistance for carers. In both cases, the carer has to satisfy both a stringent capital and an income means test. A carer's pension is only granted if the dependant is bedridden, while social assistance is given even if the dependant is not bedridden. At present, only 90 individuals have successfully qualified for a carer's pension.

Persons employed in the public sector/public administration are in an advantageous position: there is a set of family-friendly measures that are open to them, but are denied to workers in the private sector. Although these measures are not specifically intended to assist carers with dependants requiring long-term care, they are available for use in such circumstances. The exact level of take-up as it relates specifically to LTC is not available, since the unit that collects the data centrally draws no distinction between the actual reasons for a claim.

Studies on LTC and the work-life balance are very scant in Malta. A study conducted in 2006 did explore some aspects of this issue, but it has never been updated. It is also not clear how the data contained in this study were collected, and on what basis the estimates were done.

If the family-friendly measures open to public-service employees were to be extended to all workers, this would enable more workers – especially women – to balance paid work and long-term care, rather than exiting the labour market. More focused research is required to update the data on current trends and on the needs of workers who undertake long-term care. If the educational system taught that LTC should be undertaken equally by both genders, there would be long-term consequences.

1 Description of main features of work-life balance measures for working-age people with dependent relatives

1.1 Overall description of long-term care regime

In Malta, there are no comprehensive long-term care services that guarantee universal coverage for people in need of long-term care (LTC). Primary responsibility for dependent relatives is still largely assumed to fall on the family. In fact, Malta – in line with other Mediterranean countries like Greece and Italy – belongs to the family-based care regime model, with limited public responsibility and limited formal service provision to ensure a work-life balance for workers with dependent relatives. This is still the case, even though the extended family has been generally replaced by a very small nuclear family, demographic regeneration is lower than the replacement rate, and more women are now entering the labour market.

To this day, informal long-term care of those individuals who manage to continue to live in the community is largely provided by women, although paid carers are increasingly being recruited from a pool of Filipinos who, over the years, have been attracted to Malta to provide this service to more affluent families. It is important to note that although the contribution of the female members of the family is fundamental, it is not unknown for males to spend the night with their elderly parents. If the family is large enough, siblings (both males and females) agree on taking turns to sleep at their parents' house, in order to ensure that if something happens at night, help is immediately available. This arrangement allows men to lend a hand at night without disrupting their paid work, while typically their wives or female siblings cover the day shifts.

While the family still provides the bulk of the care, there are various care structures and programmes for the provision of long-term care services in Malta. However, these are not operated by a rationalised, well-organised and institutionalised body, and supply falls far short of the ever-increasing demand for such services.

The Maltese state and a number of church agencies provide institutional care to a variety of persons who need long-term care and who cannot continue to live in the community. These include the elderly, people suffering from mental health problems, and disabled people (young and old).

In respect of long-term institutional care for the elderly, there is one central state-run institution for permanent elderly residents, known as St Vincent de Paul Residence. This is supplemented by eight regional residences. The other central institution (Karin Grech) is run by the state and provides long-term care and rehabilitation services for patients with chronic ailments. The state also contracts a number of beds in private institutions. Private institutions have mushroomed over the past few years. Yet, according to a National Audit Office (NAO) report, in June 2014 there were 2,120 persons waiting for a place in a home for the elderly. Over the last decades, LTC for the elderly in Malta has been supplemented by various initiatives that have seen community-based services expanding and improving. These include Home Help, Meals on Wheels, a Handyman service, incontinence support, and the telephone-based Telecare service. Some local councils also provide services for the elderly, such as day centres. These additional services may assist persons of working age with dependent relatives to cope with additional caring duties while remaining gainfully employed.

With regard to the care needs of people with long-term mental health problems, services are provided through a state-run central mental institution that provides treatment and care for mentally impaired persons who need psychiatric help. Recently expanded community-based services for this client group (e.g. when these persons are taken to day centres for training and therapy) also assist carers in remaining gainfully active.

Long-term care services for persons with disability are relatively recent in Malta. This is because for a long time persons with a physical disability, especially children, were hidden and kept at home. Currently, the most important residential services are

provided by *Dar tal-Providenza*, which is Church run but is extensively supported by the state. *Dar tal-Providenza*, which opened in 1968, is itself divided into “villas” to cater for different ages, and has established homes in various localities as part of its programme to push persons to live as much as possible in the community. *Dar il-Kaptan* and *Dar l-Arka* provide short-term respite services to the same client group. *Dar Nazareth* is a private initiative by a priest from Zejtun who hosts a number of disabled persons in his own home.

1.2 Description of carers' leaves

Malta does not have any legal provisions to facilitate the work-life balance of private-sector workers with dependent family members. However, employers can voluntarily grant special concessions to accommodate such workers, in order to help them balance their paid work with their caring obligations. In 2013, it was reported that only 5.9% of private-sector employers provided flexible working arrangements for those caring for elderly parents.¹

However, a number of carer-related entitlements are available **solely** to persons working in the public sector and public administration. These measures are not strictly reserved for those with LTC dependent relatives, but are available to a wider category of public employees, with the aim of creating a mutually beneficial work environment for employees and their employer.² Workers with LTC dependants in the public sector and public administration may indirectly use such measures to balance their paid work with their LTC obligations. The eligibility and conditions vary and are:

Reduced hours

Workers in the public sector/public administration who work a 40-hour week may reduce their working time to between 20 and 35 hours a week. They may also work on a different timetable in summer and winter. Workers on reduced time are paid their existing salary on a pro-rata basis, and are also entitled to allowances and leave periods that are linked to their duties. However, they are not entitled to receive a shift allowance. A number of other conditions apply in relation to other entitlements, such as the disturbance allowance; extra hours of work and overtime; sick leave; and public holiday compensation.³ For the purposes of the state pension, anybody who works for at least 50% of the normal work time is entitled to a full pension.

In order to apply for reduced working hours, employees in the public sector and in public administration must have been working for at least one year. Reduced working hours are available to those who are eligible for parental or responsibility leave, and workers may take advantage of this until their child reaches the age of 16. Reduced working hours are also available to workers who for “medical or serious humanitarian and/or family reasons, cannot attend their duties on a full-time basis”. They must produce a medical certificate to this effect. Workers may also ask to work reduced hours for “other reasons”. Applications are assessed on a case-by-case basis, taking into consideration both the personal and the organisational needs. Permission to work reduced hours is valid for a period of 12 months, after which time it can be renewed at the discretion of the applicant’s director/head of department. Changes to the existing work arrangements can be made at the renewal stage.

When employees work reduced hours, they are not entitled to unpaid leave and they cannot revert to their normal working hours, unless they can offer proof that the circumstances that led to the original application have changed. Advance notice of at least one month must be given by the employee in such cases. Approval to work

¹ Borg, A. (2013): Local businesses implement family friendly measures. *Malta Independent*, 7 September. At: <http://www.independent.com.mt/articles/2013-09-07/news/local-businesses-implement-family-friendly-measures-2514944000/>

² NAO (2011): *Report on Flexible Work Arrangements*. At: <https://opm.gov.mt/en/PAHRO/ERM/Pages/PSMC/Chapter%205/Chapter-5.aspx> See also <https://opm.gov.mt/en/PAHRO/ERM/Pages/PSMC/Chapter%205/Chapter-5-4.aspx>

³ For more details, see <https://opm.gov.mt/en/PAHRO/ERM/Pages/PSMC/Chapter%205/Chapter-5.aspx>

reduced hours can be revoked by the director/head of department for a valid reason. The worker must be notified two months in advance before the permit to work reduced hours is revoked.

Uniformed members of the armed forces of Malta are not entitled to work reduced hours.

Telework

Workers in the public sector/public administration who have at least one year of service may ask to undertake telework, if their “job performance, traits and skills as well as the nature of their job” are considered to be suitable for such telework. Agreements for telework are valid for 12 months and may be renewed annually; but employees may opt out of such an arrangement, if they find it does not suit them.

Flexitime

Workers in the public sector/public administration who have at least one year of service may apply to work flexitime, so long as the service is not impaired and no extra costs will be incurred. Approval of such requests is at the discretion of the applicant’s head of department or director and may be withdrawn for a valid reason. In such cases, one month’s notice must be given in writing to the employee.

Flexitime arrangements are valid for a period of 12 months and are renewable on a yearly basis. Employees working flexitime receive their salary and related benefits in full, and hours worked in excess of the normal weekly working hours will be considered overtime.

Donation of vacation leave

Workers in the public sector/public administration who need to care for a close relative who is sick, and who have used up all their vacation and paid sick leave, may draw on vacation leave donated by colleagues as a gesture of solidarity with their work colleagues, up to a total of 192 days per year.

Responsibility leave

Unpaid responsibility leave may be claimed by workers in the public sector/public administration, in order to take care of “dependent elderly parents, sons and daughters, or spouses/partners in a civil union” who do not have other sources of care during the day. Workers who apply for this leave must have completed at least one year of service. The leave is typically granted for one year, but can be renewed. Employees who resume their duties are not normally allowed to apply for responsibility leave again within 12 months, except in special circumstances.

Career break

Parents and legal guardians of children aged under 8 years who require long-term care are allowed a total of five years’ unpaid career break. This unpaid leave may be taken in a single tranche or in multiples of at least three months. If not used up, any outstanding leave can only be taken for the care of another child/children. Employees need to apply at least three months in advance for this leave.

Special conditions apply to those in the teaching profession who may need to utilise part of the career break to meet specific requirements.

Leave for special reasons

Workers who have at least six months of service can avail themselves of a maximum of 30 days’ special leave without pay for family-related reasons every year.

1.3 Description of carers' cash benefits

The cash benefits available to carers involved in long-term care in Malta are the following three:

Carer's pension

Malta has provision for a carer's pension (better known as *il-Pensjoni tal-Wens*), which is available to people who are caring for an elderly or disabled family member on a full-time basis. The pension is payable to single or widowed citizens of Malta who are responsible for the full-time care of a bedridden or wheelchair-bound near relative (i.e. it is payable to the **carer**, not to the person being cared for). The pension is means tested, and the income derived by the carer from this pension amounts to less than the minimum wage. The carer's capital must not exceed EUR 14,000 in the case of a single person and EUR 23,300 in the case of a married couple. If this capital means test is satisfied, the claimant (i.e. the carer) must then satisfy an income means test: the carer's income must not exceed the applicable rate set out in section 68 part iv, Second Schedule of the Social Security Act. Currently, the highest rate payable is EUR 106.30 per week, plus an additional EUR 1.16 per week if rent is being paid for accommodation. In March 2016, only 90 people are claiming this pension.

Social assistance for carers

Social assistance for carers is different from the carer's pension. In this case the dependant need not be bedridden. This form of social assistance is paid to single or widowed females only who lack financial resources and who are caring for an elderly or physically/mentally disabled relative on a full-time basis. Even in this case, the **carer's** income is both capital and income means tested: capital means must not exceed EUR 14,000 in the case of a single person and EUR 23,300 in the case of a married couple. If the capital means test is satisfied, the claimant (i.e. the carer) must then satisfy the income means test. In this case, income must not exceed the applicable rate set out in section 68 part iv, Second Schedule of the Social Security Act. Currently, the highest rate payable is EUR 106.30 per week, plus an additional EUR 1.16 per week if rent is being paid for accommodation. The eligibility and the amounts are identical to the carer's pension. It is understood that this form of assistance and the carer's pension will be fused in the short-term ahead.

Employment of carer

In January 2016, a new pilot scheme was launched to provide financial assistance for families that decide to employ a carer to look after an elderly family member, instead of placing him/her in long-term residential care. The scheme is open only to the 1,500 or so persons who are currently on the waiting list. Under this scheme, the government provides up to 50% of the national minimum wage for a full-time or part-time carer who is employed to help the elderly person remain at home. This initiative is expected to have a threefold effect:

- 1) To keep the elderly person in the community.
- 2) To provide financial support for family members who have to maintain an elderly family member.
- 3) To save the state money, since the scheme is cheaper than the cost of residential care itself.

1.4 Description of carers' benefits in kind

Malta does not have a tradition of in-kind public policies that go beyond the provision of the social security and medical services systems. The in-kind benefits available in Malta are primarily in the form of the following counselling and respite services, and are primarily intended for the person being cared for, rather than the carer:

Aġenzija Sapport

Aġenzija Sapport provides personal assistants to help parents get their disabled children ready for school or the day centre. However, they have a long waiting list and the service is limited. This service may be useful for working parents.

Adult training

Through a number of adult training centres, Malta offers regular respite for disabled children over 16 who have finished compulsory education but cannot find employment due to their disability. Once more, it is reported that the demand for this service is higher than the current available supply.

Day centres for persons with multiple disabilities

There are nine day centres for persons with multiple disabilities. These centres are meant to foster independent living. The service includes free transportation, and a daily free snack is provided during winter. These centres are useful for workers with dependent relatives. A similar centre that caters for elderly people started operating in Gozo in January 2016.⁴

Short-term respite services

Dar il-Kaptan (on the main island of Malta) and *Dar l-Arka* (on the sister island of Gozo) provide short-term respite services. The services offered by *Dar il-Kaptan* cost almost EUR 500,000 annually, and this money comes in part from many charitable donations from various sources and fund-raising activities.⁵ *Dar l-Arka* in Gozo is the location where the main activity of the Arka Foundation, a private non-profit organisation that promotes the welfare of people with special needs and of their families irrespective of creed or nationality, is undertaken. In fact, about EUR 233,000 are spent annually, mostly on wages. This money comes primarily from fund-raising activities, both in Malta and Gozo and among Maltese migrants abroad.⁶

⁴ See <http://www.tvn.com.mt/en/news/first-centre-for-active-ageing-opens-in-gozo/>

⁵ See <http://www.darilkaptan.org/Articles/OpenArticle.aspx?Id=2060&PagePos=-1>

⁶ See <http://vps.ospreymail.com/www/arkafoundation.org/funds.asp>

2 Analysis of the effectiveness of work-life balance measures for working-age people with dependent relatives

2.1 Assessment of individual measures

2.1.1 Carers' leaves

As can be seen from the above discussion, only workers who operate in the public sector/public administration in Malta can benefit from carer's leave. Workers employed in the private sector depend completely on the goodwill of their employers.

This is an unsatisfactory situation and needs to be remedied to ensure that all workers can benefit. In view of the fact that in Malta the private sector is essentially made up of very small enterprises, state intervention and assistance in this regard would be necessary.

In addition, better data collection is necessary, even in the public sector. Unfortunately differentiated data on the reasons for take-up of these family-friendly measures in the public sector/public administration are not available, even though there is a specific unit at the Office of the Prime Minister which collects such information.⁷

2.1.2 Carers' cash benefits

Cash benefits available to carers involved in LTC in Malta are only available to single persons and to widows, who are assumed not to have another partner who can provide for them. Even so, they can only qualify for a carer's pension or for carer's social assistance if they pass very stringent means tests. It is often claimed that this is necessary, as overly generous provision would put people off seeking gainful employment. The overall result is that very few Maltese actually draw these benefits.

In the first instance, the distinction between the two benefits should be discontinued: it should make no difference whether the person requiring care is bedridden or not, if LTC is required. In the second instance, the provision should be improved to allow a person who provides LTC (once it is established that this is necessary) to live with dignity, and not be rendered a pauper, as at present.

It is hoped that the pilot project started in January 2016, through which the state subsidises a carer employed from outside the family, will improve the situation.

2.1.3 Carers' benefits in kind

The benefits in kind available to carers involved in LTC in Malta are very limited; provisions are actually addressed at those being cared for, rather than at the carer. In this regard, these benefits should be re-examined and a package of benefits to address the needs of carers should be developed.

2.2 Assessment of overall package of measures and interactions between measures

It cannot be stated that Malta has a package of measures that are specifically intended to assist people with dependent relatives in need of LTC to achieve a work-life balance. What does exist is a rather elaborate, but limited, network of services that cater for the needs of persons who require LTC. In this area, workers in the public sector/public administration are privileged, because they are entitled to rights which workers in the private sector do not enjoy. However, to a large extent Malta's social

⁷ See <https://opm.gov.mt/en/PAHRO/ERM/Documents/Reports/FFM2014.pdf>

policy regime still assumes that care will primarily be given by the direct family members – and especially by women.

This is evident from the fact that there is scant provision for carers to at least make up their potential loss of income when they care for a dependent relative. The little that exists is linked to a very stringent means test, which only a few pass. In effect, only 90 persons are actually benefiting from the current (March 2016) provision of a carer's pension. Public officials often claim that a generous scheme would be dangerous, as it could drive more people to opt out of the labour market in order to start receiving such benefits.

In view of this, the push towards the institutionalisation of persons requiring LTC in cases where the family cannot cope is increasing rapidly. In consequence, the waiting list – especially the number of elderly people waiting to be admitted to institutional care – is constantly growing, as Malta's population ages and as most people (of both genders) now prefer to remain in the labour market, rather than stay at home and look after their relatives.

In order to encourage people to keep their relatives who require LTC at home, the government introduced a pilot scheme in January 2016, which allows families to reclaim part of the cost of employing a carer. This scheme, which is still in its infancy, may in the long run be useful in enabling more people to remain in the labour market, rather than forcing them out if they do not find long-term residential care for their relatives.

2.3 Policy recommendations

In view of the dire lack of consideration in Malta's social policy regime for the services provided by carers (who hitherto have mostly been unpaid), the following recommendations are appropriate:

- a) There needs to be a holistic examination of LTC policies applicable in Malta. A study conducted in 2006⁸ is today considered by its main author to be no longer relevant.⁹ This study needs to be updated, in order to take stock of the extent of free, informal care being provided by family and friends in contemporary Malta, as well as paid care provided by others, including private institutions and public-private partnerships. The 2006 study covered only care for the elderly, but any update should cover a broader section of persons receiving long-term care. A 2012 study by Eurofound also appears not to cover LTC, as narrowly defined in the present study.¹⁰
- b) A complete revision of the carer's pension and social assistance for carers is required. The two provisions need to be merged, and the provisions made equally applicable, whether or not the person being cared for is bedridden.

⁸ See Grech, M. and Troisi, J. (2006): *Services for Supporting Family Carers of Older Dependent People in Europe: Characteristics, Coverage and Usage*. Available at:

https://www.academia.edu/2195582/Supporting_family_carers_of_older_people_in_Europe_The_national_background_report_for_Malta_with_Joseph_Troisi_

⁹ Private communication from the author.

¹⁰ The tables in the Annex are derived from the Eurofound Living Conditions Survey (2012). The data in this set of tables show a very high intensity of care among the Maltese, especially among females, but it does not appear to exclusively cover long-term care as discussed in these pages. From the answers given to the various questions, it appears that giving care has been quite broadly interpreted, even in respect of LTC. What the tables in the Annex do show is that in Malta quite a number of people, of all ages, seek to involve themselves when caring for dependants is required, and that employers in the private sector do acquiesce to assist their employees when circumstances so require, even though there are no legal requirements for them to do so. This is clearly evident from the replies given to questions related to the flexibility of working hours and emergency leave.

- c) Family-friendly measures, which are at present open only to persons engaged in the public service/public administration, ought to be open to all workers in the private sector as well.
- d) Caring responsibilities should be shared equally between women and men; hence an educational campaign in this regard would be extremely useful. In order to ensure long-term change, children should be taught early at school about equality of rights and burdens across the genders.

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Annex

This set of Tables present comparative data on the situation in Malta with the mean for EU member states when available.

Source: Eurofound Living Conditions Survey (2006).

Table A1: Employment rates of men and women

	Women			Men			% point difference (Men-women)		
	2010	2012	2014	2010	2012	2014	2010	2012	2014
20-64									
EU28	62.1	62.4	63.4	75.1	74.6	75.0	13.0	12.2	11.6
EU15	63.2	63.5	64.3	76.1	75.3	75.3	12.9	11.8	11.0
MT	41.6	46.6	52.0	78.2	79.2	80.4	36.6	32.6	28.4
55-64									
EU28	38.5	41.7	45.2	54.5	56.2	58.8	16.0	14.5	13.6
EU15	40.9	44.2	47.8	56.2	57.8	60.2	15.3	13.6	12.4
MT	14.1	16.3	19.9	50.0	53.1	55.7	35.9	36.8	35.8

Table A2: Proportion of men and women who are taking care of children (relatives and 15)

	Women		Men		Men and women	
	Not caring	Caring	Not caring	Caring	Not caring	Caring
25-49						
EU28	93.0	7.0	96.0	4.0	94.5	5.5
EU15	93.0	7.0	96.2	3.8	94.6	5.4
MT	91.4	8.6	96.6	3.4	94.1	5.9

Table A3: The person regularly takes care of relatives/friends aged 15 or more in need of care

		% of the total
	Women	Men
EU28	60.2	39.8
EU15	60.8	39.2
MT	66.7	33.3

Table A4: Men and women regularly taking care of relatives/friends aged 15 or more in need of care, 2010

Total men and women, % breakdown by education level							Total men and women, % breakdown by age						
	Regularly caring			Not regularly caring				Regularly caring			Not regularly caring		
	Low	Medium	High	Low	Medium	High		15-24	25-49	50-64	15-24	25-49	50-64
EU28	31.4	45.8	22.8	30.5	46.7	22.8	EU28	4.6	47.8	47.6	18.6	54.2	27.2
EU15	35.2	40.2	24.6	33.1	42.4	24.5	EU15	4.6	45.5	49.9	18.1	54.9	27.0
MT							MT		47.4	52.6	21.5	49.2	29.3

Table A5: The person regularly takes care of relatives/friends aged 15 or more in need of care

Women, % breakdown by education level						
	Regularly caring			Not regularly caring		
	Low	Medium	High	Low	Medium	High
EU28	32.4	44.3	23.3	30.4	45.4	24.1
EU15	36.0	39.2	24.8	32.8	41.8	25.4
MT				58.0	27.1	14.9

Women, % breakdown by age						
	Regularly caring			Not regularly caring		
	15-24	25-49	50-64	15-24	25-49	50-64
EU28	4.2	48.8	47.0	18.5	54.1	27.4
EU15	4.2	46.9	49.0	18.1	54.9	26.9
MT		48.0	52.0	21.5	49.0	29.5

Table A5: The person regularly takes care of relatives/friends aged 15 or more in need of care (cont.)

Men, % breakdown by education level						
	Regularly caring			Not regularly caring		
	Low	Medium	High	Low	Medium	High
EU28	29.9	48.0	22.0	30.6	47.8	21.6
EU15	34.0	41.6	24.4	33.4	43.1	23.6
MT				56.8	29.0	14.3

Men, % breakdown by age						
	Regularly caring			Not regularly caring		
	15-24	25-49	50-64	15-24	25-49	50-64
EU28	5.3	46.1	48.6	18.7	54.3	27.1
EU15	5.3	43.4	51.3	18.1	54.8	27.1
MT		46.2	53.8	21.5	49.3	29.2

Table A6: Proportion of men and women who are taking care of children (relatives and 15), by employment status, 2010

From 25 to 49 years	Women						Men					
	Caring			Not caring			Caring			Not caring		
	Employed	Unemployed	Inactive	Employed	Unemployed	Inactive	Employed	Unemployed	Inactive	Employed	Unemployed	Inactive
EU28	65.1	8.0	26.9	72.8	7.1	20.1	81.7	9.1	9.3	84.6	8.0	7.4
EU15	64.1	8.4	27.5	72.8	7.1	20.1	81.0	9.4	9.6	84.8	8.0	7.2
MT				55.5		44.5	95.2		4.8	89.2	6.2	4.6

Table A6 : Proportion of men and women who are taking care of children (relatives and 15), by employment status, 2010 (cont.)

From 25 to 49 years	Men and women					
	Caring			Not caring		
	Employed	Unemployed	Inactive	Employed	Unemployed	Inactive
EU28	71.1	8.4	20.5	78.9	7.6	13.5
EU15	70.0	8.7	21.2	79.0	7.6	13.4
MT	33.3		66.7	73.5	3.3	23.2

Table A7: Question 13a : Being able to vary start and finish times

	Women		Men		18-24		25-34		35-49		50-64		65+	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
EU	40.1	59.9	45.5	54.5	37.2	62.8	42.3	57.7	42.8	57.2	45	55	71.5	28.5
MT	30.7	69.3	32.3	67.7	26	74	32.5	67.5	27.9	72.1	37.9	62.1	68.6	31.4

Table A7: Question 13a : Being able to vary start and finish times (Cont.)

Total by income level, as % of total in income level

	Total		Low		2nd level		3rd level		High	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
EU			38.1	61.9	35.5	64.5	38.1	61.9	52.4	47.6
MT	31.7	68.3	39.5	60.5	27.6	72.4	24.5	75.5	29.1	70.9

Table A8: Question 13 b: Accumulating hours for time off

Total by income level, as % of total in each income level

	Total		Low		2nd level		3rd level		High	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
EU			39.8	60.2	43.3	56.7	45.7	54.3	49.4	50.6
MT	32.5	67.5	35.4	64.6	34.5	65.5	35.1	64.9	34.2	65.8

Table A8: Question 13 b: Accumulating hours for time off (Cont.)

Total by age, as % of total in each age group

	18-24		25-34		35-49		50-64		65+	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
EU	47.8	52.2	45.6	54.4	43.4	56.6	44.7	55.3	56.1	43.9
MT	30.6	69.4	26.1	73.9	38.8	61.2	31.4	68.6	36.9	63.1

Table A9: Question 13c: Taking a day off at short notice when needed

	Women		Men		18-24		25-34		35-49		50-64		65+	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
EU	59.4	40.6	67.3	32.7	62.0	38.0	63.2	36.8	62.9	37.1	65.4	34.6	78.1	21.9
MT	72.4	27.6	73.9	26.1	75.2	24.8	69.3	30.7	72.7	27.3	76.9	23.1	83.7	16.3

Table A9: Question 13c: taking a day off at short notice when needed (Cont.)

Total by income level, as % of total in each income level

	Total		Low		2nd level		3rd level		High	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
EU			58.1	41.9	61.9	38.1	62.7	37.3	67.2	32.8
MT	73.3	26.7	67.8	32.2	56.8	43.2	61.7	38.3	80.2	19.8

Table A10: Question 36c: How often are you involved in caring for your elderly or disabled relatives?

	Women					Men				
	Every day	Several days a week	Once or twice a week	Less often	Never	Every day	Several days a week	Once or twice a week	Less often	Never
EU	7.4	3.9	4.6	10.8	73.3	4.2	3.3	4.4	10.2	78
MT	8.6	5.7	3.2	7.9	74.6	4.7	1.0	3.9	6.6	83.8

Table A11: Question 36c: How often are you involved in caring for your elderly or disabled relatives?

Men and women as % of total in each income level

	1. Lowest					2. 2nd					3. 3rd					4. Highest				
	Every day	Several days a week	Once or twice a week	Less often	Never	Every day	Several days a week	Once or twice a week	Less often	Never	Every day	Several days a week	Once or twice a week	Less often	Never	Every day	Several days a week	Once or twice a week	Less often	Never
EU	6.9	3.6	3.8	8.3	77.4	6.4	3.4	4.6	9.5	76	4.9	3.8	4.6	11.5	75.2	4.3	3.7	5.1	13.2	73.8
MT	16.2	4.4	3.8	7.2	68.4	6.2	4.8	2.0	3.7	83.2	5.6	3.7	5.2	7.4	78	4.9	0.9	2.6	5.9	85.6

Table A12: Question 36c: How often are you involved in caring for your elderly or disabled relatives?

Men and women as % of total in each age group

	18-24					25-34					35-49				
	Every day	Several days a week	Once or twice a week	Less often	Never	Every day	Several days a week	Once or twice a week	Less often	Never	Every day	Several days a week	Once or twice a week	Less often	Never
EU	2.7	3.1	4.5	10	79.7	3.8	2.4	3.3	11	79.5	6.9	4.4	5.4	13.7	69.7
MT	4.7	2.0	0.7	9.5	83.1	2.3	0.6	0.7	5.1	91.4	5.7	4.8	7.0	10.1	72.4

Table A12: Question 36c: How often are you involved in caring for your elderly or disabled relatives? (Cont.)

	50-64					65+				
	Every day	Several days a week	Once or twice a week	Less often	Never	Every day	Several days a week	Once or twice a week	Less often	Never
EU	8.3	5.4	6.2	11.6	68.5	5	2	2.3	5.2	85.5
MT	9.5	4.6	5.7	7	73.2	9.4	3.8	1.1	4.5	81.2

Table A13: Question 39d: Do you have fixed starting and finishing times in your work?

	Women		Men		<35		25-49		50+	
	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
EU	33.7	66.3	43.6	56.4	37.0	63.0	37.5	62.5	42.4	57.6
MT	21.7	78.3	27.2	72.8	28.8	71.2	22.9	77.1	21.8	78.2

Table A14: Question 39d: Do you have fixed starting and finishing times in your work?

	Total	
	No	Yes
MT	25	75

