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## **EUROPEAN SOCIAL CHARTER**

Addendum to the 8<sup>th</sup> national report  
on the implementation of  
the revised European Social Charter  
submitted by

## **THE GOVERNMENT OF MALTA**

Complementary information on  
Articles 3§1, 3§4, 13§1, 13§3 and 13§4

(Conclusions 2013)

Report registered by the Secretariat

on 18 June 2015

**CYCLE 2015**



## **Article 3 - Right to safe and healthy working conditions**

### *Paragraph 1 - Safety and health regulations*

The Committee takes note of the information contained in the report submitted by Malta.

### **General objective of the policy**

The Committee previously examined (Conclusions 2009) the general objective of the national policy on occupational health and safety. It deferred its conclusion pending receipt of information on whether the objective of the policy is to foster and preserve a culture of prevention in respect of occupational health and safety; whether occupational risk prevention is incorporated into the public authorities' activities at all levels and form part of other public policies; and whether the policy and strategies are regularly assessed and reviewed in light of changing risks.

The report states that occupational health and safety is given consideration in the formulation of public policies, and quotes the inclusion of occupational health and safety requirements in public tenders and in collective agreements for the civil service. It also explains that the Government's Management Efficiency Unit is working with the Occupational Health and Safety Authority (OHSA) to evaluate the potential burden of occupational health and safety regulations on employers and to identify measures to mitigate such burden.

ILO Conventions No. 155 on Occupational Safety and Health (1981) and No. 187 on the Promotional Framework for Occupational Health and Safety (2006) have not been ratified. Selon une autre source,<sup>1</sup> Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work was transposed by the Regulation No. 36/2003 of 24 January 2003 on General Provisions for Health and Safety at the Workplace. The report does not state whether the European Strategy 2007-2012 on safety and health at work is taken into consideration (see Note 1). The OHSA Report for 2010 (pp. 38-42)<sup>2</sup> mentions some co-operation of the OHSA with the EU Agency for Safety and Health at Work (EU-OSHA); the Senior Labour Inspectors' Committee (SLIC); and the EU Advisory Committee for Safety and Health at Work.

The Committee takes note of this information. It concludes that the it has not been established that there is an occupational health and safety policy the objective of which is to foster and preserve a culture of prevention. It asks for information in the next report on the potential burden of health and safety regulations on employers (see Note 2). It also asks for information on the amendments to Act No. XXVII/2000 of 3 May 2001 on the Occupational Health and Safety Authority which, according to the OHSA Report for 2010 (p. 32), are currently under discussion (see Note 3).

### **OHSA comments:**

Note 1: The EU Strategy on safety and health at work (2007-2012) was adopted in Malta through the publication of the national OHS Strategic Plan: 2007 – 2012, which was published during 2007. This strategy aimed to ensure that the OHSA fulfils its responsibilities in the field of occupational health and safety while continuing to instil a sense of responsibility and commitment from the relevant social partners. This strategy basically builds on the requirements of the EU strategy but takes into considerations local needs.

Note 2: During 2014, OHSA embarked on the simplification process of a number of legislation namely those focusing on construction and work equipment. An internal exercise

is currently underway (as of June 2015) to identify potential burdensome and / or complex clauses in a number of Legal Notices. Once this process is concluded the findings will be included in a report, together with the suggested action, such as relevant legal amendments that are being proposed, and will be discussed the Social Partners. A final report will eventually be presented to Ministry for eventual publication of the necessary legal amendments.

Note 3: the relevant legal amendments to the Act have been finalised and discussed with the Social Partners. The proposals will be sent to Ministry during June 2015, for eventual discussion in Cabinet and promulgation through Parliament.

### ***Organisation of occupational risk prevention***

The Committee previously examined (Conclusions 2009) the organisation of occupational risk prevention. It deferred its conclusion pending receipt of information on whether labour inspectors share the knowledge of risks and risk prevention in light of their inspection experience and as part of preventive activities; and on the assessment of work-related risks, the adoption of preventive measures geared to the nature of risks, and the provision of information and training for workers. 6

In reply to the Committee's request, the report states that the OHSA sought advice on requirements for a certification and accreditation system for external prevention services, to provide protection and prevention services in accordance with Council Directive 89/391/EEC. The system would be put in place once adequate resources are made available to the OHSA. Quoting from an EU study report, the report indicates that in practice, a number of workers are not being provided with the health and safety training required by law; are not covered by medical examination; and have no access to a workers' health and safety representative (see Note 4).

In reply to the Committee's request, the report indicates that inspection visits are conducted in presence of the employer and the workers' health and safety representatives, with whom any findings, shortcomings and actions are discussed. According to the OHSA Report for 2010 (pp. 20-28), the OHSA ensures that duty holders effectively control risks in the workplace, provides advice and information upon request, and involves its officials in training on occupational risks.

The Committee takes note of this information. It considers that labour inspectors share the knowledge of risks and risk prevention in light of their inspection experience and as part of preventive activities. It concludes, however, that it has not been established that occupational risk prevention is organised at company level, work-related risks are assessed, and preventive measures geared to the nature of risks are adopted.

Note 4: The overall findings of the 2011 Research study show similar trends with studies carried out in other EU Member States. Among others, similarities could for instance be noted when assessing health and safety practices across companies of different sizes. Findings revealed that generally, larger companies are better equipped to maintain and develop safe working practices, unlike smaller enterprises. Shortcomings in OHS protection at enterprise level are found in all EU Member states and not restricted to Malta, as evidenced by periodical EU wide reports on OHS. To name a few, both the EU OHS Agency's Eisner report & European Commission's Labour Force Survey (ad-hoc module) show that in fact Malta compares well with other MS and is in fact better than the EU average in most areas of the respective findings. However in line with its function to ensure that OHS levels are maintained, where cases of non compliance are observed, enforcement action as contemplated by law is taken. This action varies from improvement notices, orders, issuing of administrative fines and even Court action.

### ***Improvement of occupational safety and health***

The Committee previously examined (Conclusions 2009) existing structures to improve the health and safety of workers. It deferred its conclusion pending receipt of information on the establishment and development of programmes in training, information, quality assurance and research.

The report states that OHSA inspectors are trained in particular under co-operation agreements with foreign labour inspectorates. The OSHA also draws on expertise from academia and publishes analyses of occupational accidents together with recommendations for preventive and protective measures.

According to the OHSA Report for 2010 (pp. 9-15 and 38-42), the OSHA offered training on industrial practices and teaching at the University of Malta; supported awareness campaigns of the EU-OSHA and the SLIC; participated in the development of the EU-OSHA Online Risk Assessment (OiRA) tool, the survey of Enterprises on New and Emerging Risks (ESENER) and the study on the enhancement of co-operation between the EU labour inspectorates and cross-border enforcement in the area of occupational health and safety (CIBELES); and

commissioned research into occupational accidents and diseases. The OHS website also disseminates good practices and leaflets.<sup>3</sup>

The Committee takes note of this information. It notes the involvement of public authorities in the improvement of occupational health and safety through awareness rising activities, publications, and seminars. It asks for information in the next report on the training of qualified professionals, on the design of training modules (how to work, how to minimise risks for oneself and others), and in existing certification schemes. It also asks for more details on the involvement of the University of Malta and other institutions like the *Turu Micallef Institute* in scientific research, applied research and technical knowledge on occupational health and safety issues. 7 (see Note 5)

Note 5: Many of the competences required by employers to ensure OHS necessitate a qualification issued by a recognised educational institution such as a University (e.g. degree in architecture, engineering or in a medical field), while generalist OHS practitioners require an OHS diploma. These courses are all delivered by the University of Malta or other recognised educational institutions. However the design and contents of training modules is not currently regulated by law. OHS also delivered lectures and seminars as part of the curriculum of a number of University of Malta faculties including those for the Faculty of Medicine and Surgery, the Faculty of Economics, Management and Accounts, the faculty of Architecture and, the Faculty of Engineering. The Authority also supported the Centre for Labour Studies by providing lecturers, course supervisors, examiners and tutors and Members of the Exams Committee and Board of Studies for the course leading to the Diploma in Social Studies (Occupational Health and Safety). It in the past, OHS also provided members of its staff to coordinate this Diploma course, which position has now been taken over by staff within the University. This Diploma in OHS is a two-year part time course which is considered by the Authority as a basic entry requirement for entry into the Authority's register of competent persons and is the most common qualification possessed by generalist OHS practitioners. Recently OHS also partners the University of Malta to deliver a set of lectures as part of the Degree Plus programme, whereby basic concepts of OHS are mainstreamed into as many diverse undergraduate courses at the University of Malta as possible. Involvement with other institutes is normally through the participation by OHS staff at seminars, talks or conferences. Similarly OHS participates in awareness building activities organized by other Social partners mainly Trade Unions and Employers' Associations.

### ***Consultation with employers' and workers' organisations***

The Committee previously examined (Conclusions XIV-2, XVI-2, XVIII-2 and 2009) existing structure for consultation with the social partners under Article 3 of the Charter. It asked for information on what is considered to be a sufficient number of workers under the obligation set out in Section 6§4 of Act No. XXVII/2000 to elect, choose or designate workers' health representatives in the private sector, and whether alternative means of workers' representation are envisaged for small undertakings which do not come under that obligation (Conclusions XVIII-2). (see Note 6)

The report does not provide this information. It states that workers' health and safety representatives are informed and involved in discussion during inspection visits. However, quoting from an EU study report, the report also states that workers have no access to workers' health and safety representatives. (see Note 7) The OHS Report for 2010 (p. 14) quotes the ESENER survey finding whereby few workers obtain information on occupational health and safety from workers' representations.

At the national level, legislation is drafted by the Government and discussed by the OHS Tripartite Board before being released to the public for consultation. According to another source,<sup>4</sup> the composition of the Civil Society Committee was revised by Act No. IV/2012 of 8 May 2012 to amend Act No. XV/2001 of 1 August 2001 on the Malta Council for Economic and Social Development.

The Committee takes note of this information. Recalling the obligation to provide requested information, it reiterates its request for information on what is considered to be a sufficient number of workers under the obligation set out in Section 6§4 of Act XXVII/2000, and whether alternative means of workers' representation are envisaged for small undertakings which do not come under that obligation. It also asks for examples on how consultation on occupational health and safety issues is conducted in practice at company level.

Note 6: Although current OHS legislation does not state the number of workers required for a WHS Reps. to be appointed, by policy OHS enforces the appointment of such Reps. in entities having 10 or more workers. The law also provides for an employer to consult individually all workers in employment when such a Representative is not appointed at a place of work. This guarantees worker participation at all times.

Note 7: A slight correction to the text is suggested here. Without going into the individual findings of the 2011 research study, as already reported in note 4 above, the overall picture of OHS levels in Malta compares well and at times exceeds, those reported in other EU Member States. The level of WHS Rep. appointment varies according to the size of the enterprises, the bigger the companies the higher the probability of WHS Rep. being appointed.

Where the appointment of such Reps. is not mandatory (see note 6 above) – OHS Officers still ensure that practical consultation means are adopted at that place of work, such as one-one consultation which is facilitated by the small size of the enterprises.

### ***Conclusion***

The Committee concludes that the situation in Malta is not in conformity with Article 3§1 of the Charter on the grounds that it has not been established that:

- there is an adequate occupational health and safety policy;
- occupational risk prevention is organised at company level, work-related risks are assessed and preventive measures geared to the nature of risks are adopted.

\_\_\_\_\_ <sup>1</sup>[http://eur-lex.europa.eu/RECH\\_legislation.do](http://eur-lex.europa.eu/RECH_legislation.do) <sup>2</sup>*Occupational Health and Safety Authority: Report of Activities for the period 1 January 2010 – 31 December 2010, Pieta: OSHA 2011, available at* <http://ohsa.org.mt/Home/UsefulInformation/Reports.aspx>  
<sup>3</sup><http://ohsa.org.mt/Home/PoliciesStrategies/Policies.aspx>  
<sup>4</sup>[http://www.ilo.org/dyn/natlex/natlex\\_browse.details?p\\_lang=en&p\\_country=MLT](http://www.ilo.org/dyn/natlex/natlex_browse.details?p_lang=en&p_country=MLT)



### **Article 3 - Right to safe and healthy working conditions**

#### *Paragraph 4 - Occupational health services*

The Committee takes note of the information contained in the report submitted by Malta.

The Committee previously examined (Conclusions 2009) the gradual introduction of occupational health services. It deferred its conclusion pending receipt of information on measures taken to promote the progressive development of occupational health services within a reasonable time, with measurable progress and to an extent consistent with the maximum use of available resources; and on strategies geared to provide access to such services for all workers in all sectors of activity and all undertakings.

In reply to the Committee's request, the report states that under Section 16 of Regulation No. 36/2003 on general provisions for health and safety at workplaces, workers are entitled to periodic medical examinations, at the employers' cost. Since the employer must ensure that workers are provided with a health surveillance which is appropriate in regard to the occupational risks, additional medical examinations shall be carried out whenever mandatory risk assessment reveal an identifiable disease or adverse health condition in relation to work, or the likelihood that, given the working conditions, such a disease or condition may occur. Arrangements for appropriate health surveillance (hire medical physicians, accommodate in-house expertise, use public health services) are decided by the employer in consultation with the workers' health and safety representative. Quoting from an EU study report, the report also indicates that in practice, a number of workers are not covered by medical examination and have no access to a workers' health and safety representative.

According to another official source,<sup>1</sup> there were 131 registered occupational therapists in 2010 which, on the basis of the labour force published by ILOSTAT,<sup>2</sup> would amount to 0.74 occupational therapist per 1 000 workers. According to the OHSR Report for 2010 (p. 12),<sup>3</sup> whereas there is currently a void in occupational medicine, the OHSR's application with the University of Malta for setting up a postgraduate certificate course in occupational health for medical physicians was rejected for lacking demand and expertise.

The Committee takes note of this information. It considers that the report does not establish that workers have access to occupational medicine in practice, that measures are taken to promote the progressive development of occupational health services, and that strategies are adopted to ensure access to such services for all workers in all sectors of activity and all undertakings.

#### *Conclusion*

The Committee concludes that the situation in Malta is not in conformity with Article 3§4 of the Charter on the ground that it has not been established that measures are taken to promote the progressive development of occupational health services.

#### **Reply**

As established under LN 36 / 2003 ALL employers are legally bound to ensure that workers are provided with health surveillance appropriate to the health and safety risks at work, and shall make all arrangements as are required to ensure that health surveillance shall be carried out whenever the risk assessments required to be performed by an employer reveal:

- (a) An identifiable disease or adverse health condition related to the work involved;
- (b) The likelihood that the disease or condition may occur under the particular conditions of work.

In practice, however there is a variation between the type of health surveillance carried out by large employers and that by smaller ones. E.g. a number of large companies employ company doctors who generally conduct a number of occupational health functions at the place of work such as in-house pre-employment screening, periodic medical examinations and guidance to management and workers on occupational health issues. Smaller employers tend to rely on government general health services and / or family doctors for advice / services.

Government, as the largest employer, has also set up an Occupational Health Unit which carries out pre-employment screening and some health surveillance of government employees.

Employers may also opt to make use of Government Health services for a number of occupational health matters (such as audiometric testing, blood tests, X-rays etc) or as part of a limited diagnostic approach. While health care in Malta is generally free of charge, OH services of private employers through the Government's Occupational Health Unit are normally against a charge.

There are 19 registered occupational medicine specialists on the Medical register of the Health Division, 3 of whom are retired and one works abroad.

## **Article 13 - Right to social and medical assistance**

### *Paragraph 1 - Adequate assistance for every person in need*

The Committee takes note of the information contained in the report submitted by Malta.

#### ***Types of benefits and eligibility criteria***

The Committee notes from the report that, under the Maltese system, social assistance is aimed at people who, for different reasons are not in a condition to work, namely: a head of household who is not fit for employment due to sickness, physical or mental illness; a person who according to the Employment Training Centre cannot be employed; single parents or separated persons who cannot engage in full-time employment due to family responsibilities and single persons who are over 18 years old, not living with their parents, who cannot engage in gainful occupation or register for employment. A specific means-tested non-contributory assistance scheme (Carers pension) is furthermore available for single or widow persons taking care on a full time basis of a sick relative. The report and MISSOC indicate that a capital resources test is applied in determining eligibility to social assistance: in the case of a single person, the total capital assets (not including the house and first car) must not exceed €14 000; a means test is also applied including any income from employment, investments or rents.

As regards people not falling in the above mentioned categories, the report mentions unemployment assistance benefits, in respect of which applies the requirement to seek suitable work, referred to in previous conclusions (Conclusions XVIII and 2009). Given that non-contributory benefits of this type can be considered as either social security or social assistance, the Committee asks the next report to indicate the Government's reasons for classifying these benefits as social assistance. It asks in this respect to indicate the eligibility criteria to these benefits and reiterates the questions previously raised concerning the notion of "suitable work", what grounds are considered legitimate in refusing employment and what are the consequences of a non-valid refusal i.e., in particular, what forms of social assistance may be refused in case a person would refuse employment, whether the assistance is entirely withdrawn and whether the withdrawal of such assistance may amount to the deprivation of means of subsistence for the persons concerned.

The Committee furthermore asks the next report to clarify what forms of social assistance, if any, apply to people in need not falling within the social assistance categories indicated above and not eligible for unemployment benefits (such as, for example, workers whose salary would be insufficient to satisfy their basic needs and those of their family). In the meantime, the Committee holds that it is not established that social assistance is provided to everyone in need.

#### **Reply**

The Maltese Social Security system provides for two schemes namely the contributory and non-contributory scheme. Whereas the contributory scheme – sickness benefit, unemployment benefit, injury benefit, injury pension, retirement pension, widow pension, invalidity pension - is an insurance based scheme where qualification for all benefits depends on a contribution test, the non-contributory scheme – social assistance, medical assistance, carer's pension, social assistance carers and disability pensions – is a capital and income tested scheme and is therefore based on the financial situation of claimant and also on the outcome of a medical board. Unemployment assistance falls under the same conditions and claimant is registering for work under the Part I Register of the Employment & Training Corporation.

Therefore, the eligibility criteria for claimants falling under the non-contributory scheme are that they form a household on their own, satisfy the capital/incomes test and satisfy a

medical panel review. The financial eligibility criteria for unemployment assistance claimants is the same but claimants must also be registering for work.

In the case of a beneficiary of unemployment assistance who is struck-off the work register for refusing employment, unemployment assistance is suspended but the other eligible members in his household have the right to apply for social assistance on their behalf and thus will continue to receive social assistance for the period commensurate with the strike-off duration. It is pertinent to point that persons registering for work have an employability profile and any referral for employment satisfies their employment profile.

Furthermore, persons in receipt of a non-contributory assistance automatically qualify for the maximum rate of child allowance where such a benefit is due or to the maximum rate of Supplementary Allowance if a child allowance is not in payment and to the energy benefit. Furthermore, persons with a low salary - up to the national minimum wage - also qualify for the maximum child allowance or supplementary allowance and to the energy benefit.

## **Article 13 - Right to social and medical assistance**

### *Paragraph 3 - Prevention, abolition or alleviation of need*

The report submitted by Malta contains no information on Article 13§3.

The Committee notes however from the information submitted to the Governmental Committee (Governmental Committee, Report concerning Conclusions 2009, Doc. T-SG(2011)1final, §§331-339) and that available on the official website of the Foundation for Social Welfare Services (FSWS), that social services are coordinated by the FSWS, which operates through three agencies dealing respectively with vulnerable children and families (APPOGG Agency), disability (SAPPORT Agency) and addiction issues (SEDQA Agency).

All the agencies provide services both to Maltese nationals and foreign residents. The Committee understands that some of these services can cover to some extent the situation of people lacking resources, and notes in particular that the mandate of the APPOGG Agency includes "services to support and work with families and/or individuals at risk of poverty and social exclusion to empower them to attain the best quality of life". It notes however, from the detailed description of the organisation and functioning of these services, that no information is available on the services covered by Article 13§3, i.e. specific services offering advice and personal assistance to persons without adequate resources or at risk of becoming so.

The Committee notes from the Governmental Committee report (see above) and its previous conclusions (Conclusions XVIII and 2009) that the attention of the authorities had already been drawn to the fact that more specific information was required in this respect and it asks accordingly the next report to duly address this issue and, in particular, to provide concrete information on the services available to persons without adequate resources or at risk of becoming so (what type of advice and services, other than those provided to people in situation of need because of abuses, addictions or disability, are available specifically to people needing social assistance? how are these situations dealt with? are there any data on this kind of requests and the capacity of the services to respond to them?). In the meanwhile, the Committee does not find it established that the situation is in conformity with Article 13§3 of the Charter.

### *Conclusion*

The Committee concludes that the situation in Malta is not in conformity with Article 13§3 of the Charter on the ground that it has not been established that services exist, offering advice and personal assistance to persons without adequate resources or at risk of becoming so.

### **Reply**

Update Agenzija Sedqa:

It is a well documented fact that addictions play a major role in causing poverty and need. Through its services, which are all offered free of charge to everybody, Agenzija SEDQA aims to address this aspect through medical, educational and psychosocial interventions with respect to persons experiencing problems related to substance abuse or compulsive gambling. Being aware that addictions affect adversely not just these individuals but also their significant others, SEDQA also works with families of persons who are abusing substances in order to help them lessen the impact that their relatives' addictive behaviour might have on their families.

More concretely, these services include in-patient and out-patient medical care, provision of psychotropic medication, counselling and support services, advocacy, social work support, family and group therapy and residential rehabilitation services.

Update Agenzija APPOGG:

Agenzija Appoġġ has various services which are offered free of charge to all members of society. All specialised services, such as Child Protection Services, where social workers investigate all types of abuse cases on minors, as well as Domestic Violence Services, where social workers help victims of domestic violence, are offered across the board to all those who need to make use of these services.

Agenzija Appoġġ also works closely with people in the communities and with the introduction of more community teams in various localities, work is carried out with people at risk of poverty. Through outreach programmes as well as social work interventions, social workers identify people at risk of poverty and social exclusion and work with them to integrate them back into mainstream society. This is done through various projects in the community, run by community workers and social workers of Agenzija Appoġġ, targeting children, youths and vulnerable people. Parents of young children are supported and targeted, since through helping parents gain more confidence and awareness of their parenting skills, would leave a positive impact on the children themselves.

Agenzija Appoġġ also supports Home-Start Malta, where volunteers visit families who find themselves in a crisis situation, and who have children under 5 years of age and offer practical help as well as a listening ear to these parents. This service offers immediate help to families in crises with the aim of preventing specialised services. The service also aims to link families with other groups, or services where needs be to prevent a crises from happening.

Update Agenzija SAPPORT:

Sapport offers five types of services for disabled persons and their families: The Agency also recognizes that although people with disability are at most risk of becoming vulnerable if proper support is not provided, it is important that the person does not become dependent on the system. Thus the Agency's services are tailored on and together with the individual and its main aim is to keep the person within the community that he desires. In order to achieve so the Agency offers a number of services that vary on the type of intervention offered.

Minimal intervention:

- Social Work Services assist in any form of social problems encountered by persons with disability. They provide guidance and support on how the person can access funds and services within the nation. They also monitor the person throughout the years especially when the latter is using the Agencies Services or those subcontracted by MFSS.
- Community Services that provide personal assistance and/or intervention to allow persons with disability retain their independence in their normal environment up to an amount of 12 hours per week;

Medium intervention

- Day Services that offer therapeutic programmes, training in life skills and employability and community integration;

Intensive intervention

- Independent Living Services that provides funds to the disabled person to be able to live inside his current residence; Throughout the person is also assisted regularly by

the social worker on how to access and utilize in the best possible way the funds granted Residential Services, that provide a home to those persons with disability where their home of origin is no longer available or not in a position to support them.

## **Article 13 - Right to social and medical assistance**

### *Paragraph 4 - Specific emergency assistance for non-residents*

The report submitted by Malta contains no information on Article 13§4.

The Committee recalls that Article 13§4 guarantees foreign nationals entitlement to emergency social and medical assistance. States are required to provide appropriate short-term assistance to persons in situations of immediate and urgent need (such assistance may involve the provision of accommodation, food, emergency medical care and clothing). The beneficiaries of this right include foreign nationals who are lawfully present in the country but do not have resident status, as well as foreign nationals who are in an irregular situation in that country. The Committee asks that this matter be duly addressed in the next report, which will allow the situation in Malta to be assessed. In particular, it maintains its request that the next report should provide updated information on the emergency social and medical assistance available to foreign non-resident nationals, both as regards foreign nationals legally present on the territory asylum seekers and persons in an irregular situation. In the meantime, it finds that it has not been established that all foreign nationals, whether legally present or in an irregular situation, are entitled to emergency medical and social assistance in Malta.

### *Conclusion*

The Committee concludes that the situation in Malta is not in conformity with Article 13§4 of the Charter on the ground that it has not been established that all foreign nationals, whether legally present or in an irregular situation, are entitled to emergency medical and social assistance in Malta.

### **Reply**

The Agency for the Welfare of Asylum Seekers (AWAS) offers a variety of services to assist asylum seekers in Malta. These include managing accommodation facilities, helping persons identified as vulnerable, providing information programmes in the areas of employment, housing, health, welfare and education, and promoting the Government's schemes related to resettlement and assisted voluntary returns.

AWAS also acts as a facilitator between all public entities responsible for providing services to ensure that national obligations to refugees and asylum seekers are accessible, and encourages networking between relevant local voluntary organisations in Malta. It also advises the Government on new developments in its field of operation and draws up reports for policy-making bodies.

In practice, asylum-seekers in detention are provided with accommodation, food and clothing in kind. Asylum-seekers living in Open Centres are given a small food and transport allowance, free access to state health services and in cases of children, free access to state education services. Asylum-seekers in detention enjoy free state health services, clearly within the practical limitations created by their presence within a detention centre.

AWAS provides different amounts of daily allowance, associated with the asylum seeker's status: €4.66 for asylum seekers, persons returned under Dublin II receive €2.91, employed asylum-seekers receive nothing but are then granted €4.08 upon termination of employment and children receive €2.33 until they turn 17.