10/11/2016 RAP/RCha/MLT/10(2017)

EUROPEAN SOCIAL CHARTER

10th National Report on the implementation of the European Social Charter

submitted by

THE GOVERNMENT OF MALTA

- Article 3, 11, 12, 13, 14, 23 and 30 for the period 01/01/2012 - 31/12/2015
- Complementary information on Article 16 (Conclusions 2015)

Report registered by the Secretariat on
10 November 2016

CYCLE 2017

REPORT ON THE

EUROPEAN SOCIAL CHARTER (REVISED)

submitted by the

Government of Malta

for Thematic Group – Health, Social Security & Social Protection
(1 January 2012 – 31 December 2015)

AND

additional information

for Thematic Group – Children, Families, Migrants

(1 January 2010 – 31 December 2013)

2016

INDEX

Report made by the Government of Malta in accordance with Article 21 of the European Social Charter, on the measures taken to give effect to the following accepted provisions of the European Social Charter, the instrument of ratification of which was deposited on the 4th October, 1989:-

Articles 3, 11, 12, 13, 14, 23 and 30 for the period 1 January 2012 to 31 December 2015.

No observations have been received from the organisations of workers and employers regarding the practical application of the provisions of the Charter, of the application of legislation, or other measures for implementing the Charter.

I. INTRODUCTION

This Report by Malta is drafted within the context of the form for submission as adopted by the Committee of Ministers on the 26th March 2008.

The following information is to supplement previous information submitted by Malta with respect to the same provision under the European Social Charter and should be taken as additional information. Where a new provision of the Revised Charter has not been reported upon in previous Reports from Malta, full details of the situation of the respective Article in Malta will be provided.

II. PROVISIONS OF THE EUROPEAN SOCIAL CHARTER (revised)

Thematic Group – Health, Social Security and Social Protection

Article 3 - Right to safe and healthy working conditions

Paragraph 1 - Safety and health regulations

General objective of the policy

The European Strategy 2007-2012 was implemented in Malta through the publication of the Strategic Plan: 2007 – 2012 (*Occupational Health and Safety: Consolidating achievements and engaging further commitment*) by OHSA. This strategic plan outlines OHSA's vision for OHS in Malta as well as the national policy to be followed by all parties though the period 2007 – 2012. This plan, which is solidly based on fostering a prevention culture with the involvement of all stakeholders, follows closely the pillars established in the EU strategy, but has been modified to reflect national priorities. The Maltese strategic plan focuses on:

- Legislation & Enforcement;
- Capacity building;
- Seeking partnerships to change the prevailing culture and attitudes towards OHS;
- Taking appropriate action against existing and emerging risks and
- Evaluating effectiveness of actions taken.

(Reference link: http://ohsa.org.mt/Portals/0/docs/strategic_plan7_12.pdf).

Reduction of legislative burdens / legislative amendments

During the reference period OHSA managed to convince the Department of Industrial and Employment Relations (DIER) to amend a number of Legal Notices administered by DIER which erroneously made reference to legal requirements not present in OHS legislation. As a result, these clauses in DIER regulations placed various bureaucratic burdens on *bona fide* employers. Following lengthy discussions, DIER amended the following regulations, bringing them in line with OHS legislation and removing unnecessary burdens on employers:

(a) Organisation of Working Time Regulations,
(b) Young Persons (Employment) Regulations,
(c) Protection of Maternity Regulations

These amendments were published in 2012.

OHSA also finalised amendments (which were published in 2012) to simplify the frequency of fire drills organised in places of work as per LN 44 / 2002.

OHSA also simplified the workplace First Aid regulations, is so far as a simplifying the process of recognition of a "first aid trainer" under these regulations.

With respect to the amendments to the principal OHS Act, whilst the legal amendments have been prepared by OHSA and discussed at OHSA Board level, political direction to proceed with their publication was not given. As a result these amendments were not published and have been put on hold.

Organisation of occupational risk prevention

During workplace visits, the findings of the visits are always discussed with the employer during the inspection, and relevant enforcement action / observations made (normally in the form of a written confirmation of any verbal orders issued during the visit) are sent to that employer for the necessary action.

The 2012 research report commissioned by OHSA being quoted sought to identify the prevailing levels of OHS in Malta. Therefore this research highlighted the relevant field observations, both negative findings as well as the positive ones. However while it is true that a number of workers are not being provided with a number of OHS measures, the same research also reported a number of workers and companies reporting that adequate measures were being taken in line with local legislation and practices.

In addition, even the various inspection campaigns organised by OHSA (as reported in OHSA's activity reports) make reference to the findings by Officers i.e. shortcomings observed, as well as areas where compliance by employers was noted.

Improvement of occupational safety and health

During the reference period OHSA continued to deliver training / lecturing including:

- Various faculties of the University of Malta (e.g. Degree Plus course for freshers, Architecture, Medicine, Engineering etc). In these cases the curriculum is agreed beforehand with OHSA and members of OHSA deliver the lecturing to students.
- In addition various members of OHSA also participate in the delivery of lectures in the University's undergraduate Diploma course on OHS, as well as act as student supervisors and examiners;
- Lecturing to Government Departments (e.g. though Government's training centre)

- Participation in awareness initiatives organised by Social Partners (through seminars, workshops or conferences organised by social partners and in which OHSA is invited to deliver keynote speeches).

For clarification purposes, the *Turu Micallef Institute* is not a research centre, but an awareness raising centre within the set up of the General Workers Union (GWU). This institute is mostly involved in raising awareness among GWU members. In such cases, OHSA deals with the parent organisation (GWU) and not with the individual Institute.

Consultation with employers' and workers' organisations

By policy OHSA is requesting Safety Representatives to be appointed where 10 or more workers are employed. Where fewer workers are employees, employers may choose not to appoint such representatives but may opt for direct communication and participation with the workers. Where a WHSR has been appointed, an employer is duty bound to ensure their consultation on all matters of OHS. Also, during visits by OHSA, OHSA's OHS Officers request the presence of such Representatives, and where no Reps have been appointed, enforcement action is taken ordering employers to rectify this matter.

The ESENER findings being quoted also make reference to other options which local workers reportedly preferred when seeking OHS information (such as information through OHSA, their employers, their Union etc). The ESENER was simply reporting what the workers replied when asked from where they obtained OHS related information.

Paragraph 2 - Safety and health regulations

Risks covered by the regulations

The Control of Major Accident Hazards Regulations were repealed during 2015 and a new set of regulation were published to include all amendments to the relevant EU Directive. Local OHS regulations fully transpose the EU Directives on the subject.

Establishment, alteration and upkeep of workplaces

- Directive 2009/104/EC on the use of work equipment refers to a consolidation of various amendments. Malta's LN 282 / 2004 fully transposes the consolidated version of the work equipment Directive.

- As a general principle, Maltese legislations place the legal obligation to ensure OHS on employers, which action taken shall be based on a number of principles of prevention (as also listed in Act XXVII of 2000). Among the action required to be taken to ensure OHS one can mention:

(a) Carrying out risk assessments
(b) Training, information and instruction of workers
(c) Supervision of workers
(d) Appointment of competent persons to advise that employer on OHS matters
(e) Taking actions as required by law or good practice and
(f) Consultation, participation and involvement of workers.

Protection against hazardous substances and agents

The transposition of Directive 2003/18/EC of the European Parliament and of the Council of 27 March 2003 amending Council Directive 83/477/EEC on the protection of workers from the risks related to exposure to asbestos at work was transposed locally as LN 323 of 2006).

EU Directives on the existence of an inventory of all contaminated buildings and materials and on levels of exposure to ionising radiation in the workplace in accordance with Council Directive 96/29/EURATOM of 13 May 1996 laying down basic safety standards for the protection of the health of workers and the general public against the dangers arising from ionising radiation were transposed locally as LN 44/2003.

LN 323 of 2006 - Protection of Workers from the Risks related to Exposure to Asbestos at Work Regulations fully transposes the latest EU Directive on Asbestos protection of workers, including fibre thresholds and duties of employers (e.g. duty to draw plan of work, assessments, notification etc).

Temporary workers

Please see previous comments on the interpretation of any research results.

Protection of temporary workers

As stated in the previous report, LN 36 / 2003 fully covers temporary works. As a result the level of protection of workers established by OHS legislation fully applies to temporary workers (e.g. being covered by a risk assessment, provision of training, supervision, provision of personal protective equipment etc). Also, temporary workers are also entitled to access to safety representatives and shall be also consulted on OHS matters.

Other types of workers

These fall under the definition of 'worker' in terms of Act XXVII / 2000 and as such enjoy the protection of the law.

Paragraph 3 - Enforcement of safety and health regulations

Occupational accidents and diseases

Measures taken by OHSA to reduce occupational injuries, ill-health and fatalities may be roughly summarized as follows:

- *Enforcement*

  - Visits at places of work by OHS Officers to ensure compliance with law.
  - Taking action according to management of risks observed. Action may include: orders, cessation of work, legal action through Courts, issue of fines.
  - Prosecution of OHS cases on behalf of the Police
  - Provision of advise or information to duty holders to better place them in a position to comply with the law

- *Raising awareness among duty holders including:*

  - Participation in seminars, conferences, radio, TV to try to get the message to the widest audience possible.
  - Publication and dissemination of OHS related leaflets / publications,
  - Media interventions, including maintaining of OHSA's website and recently launch of a facebook page;
  - Participation by OHSA in various forums to ensure duty holders appreciate their various obligations and take action accordingly (e.g. BICC, OHS Board

Regarding under reporting of occupational diseases, OHSA is currently carrying out the following activities:

- OHSA has employed an occupational physician to address this challenge. Besides providing advice to employers/employees, OHSA's occupational physician also serves as a focal point for OHS Officers on matters concerning workplace complaints on occupational or work-related illnesses. Furthermore, the occupational physician evaluates the medical certificates which are submitted to OHSA and liaises with company doctors, general practitioners and hospital consultants;

- OHSA also participates in EU Working Group on Occupational Diseases, which is currently discussing an update of the present EU list of occupational diseases;

- Setting up of an online occupational diseases report form, whereby examining medical doctors can notify OHSA about observed cases of work related disease;

- OHSA worked with the Department of Social Security in developing a single form which can be used to file a claim for a benefit under the Social Security Act, as well as to notify the OHS Authority of the occurrence or suspected occurrence of a disease that has been caused by work,

- Workplace inspections to investigate cases of work related diseases, both of a reactive and reactive nature.

Activities of the Labour Inspectorate

The imposition of administrative fines by OHSA has been brought in force through the publication of LN 36/2012 (Occupational Health and Safety (Payment of Penalties Regulation, 2012).

Data about number of workers covered by inspections conducted by OHSA is not collected.

	2008	**2009**	**2010**	**2011**
Complaints received at OHSA	Not available	180	130	129
* Total fines imposed (Court) (in €)				
* Court cases found guilty (total)				
* Average fine (in €)				
Accidents investigated	47	32	23	30

* It must be emphhasised that a number of guilty sentences handed down by the Law Courts do not involve the imposition of a fine but, may include a reprimand, a suspended sentence or incarceration (suspended or otherwise), none of which involve a fine. This also holds true that the Act provides for a penalty, pecuniary or no pecuniary to be imposed for every contravention for which an accused is found guilty. For this reason, an average fine cannot be worked out.

Paragraph 4 - Occupational health services

OHSA annual report highlights the 'void' in a post grad course offered in by the University of Malta, NOT that in Malta there is a general lack of occupational medicine expertise. Employers and workers have a vast range of medical expertise they can rely on as needed, including general medicine, specialised occupational physicians, family doctors, specialisation according to individual cases (ENT, radiology, pulmonary specialists, gastroenterologist etc).

In general employers / workers have adequate access to such medical specialisations in Malta. However this reply is delving into matters of health surveillance by qualified medical practitioners and not on post trauma support given by occupational therapies, which is an entirely different matter to the subject being discussed in our reply.

Article 11 - Right to protection of health

Paragraph 1 - Removal of the causes of ill-health

Right to the highest possible standard of health

In the conclusions the committee asked for an explanation for the fluctuations of the maternal mortality rate, and in particular whether it illustrates a sharp increase in the number of deaths in 2010 or rather reflects a statistical calculation related to the low number of births in Malta.

It is pertinent to point out that the fluctuations are more related to the latter reason. Since Malta gets around 4000 births per year, a single maternal death would result in a 25 deaths per 100,000 live births outcome. Effectively our maternal mortality rate varies by increments of around 25 because of the small denominator. In fact it is worth noting that no maternal deaths have occurred from 2011 until 2015.

Right of access to health care

With regards to the Committee's query to be kept informed on the implementation of any further measures to reduce waiting times, it must be noted that the Centralised Waiting List Management System (CWLMS) (renamed Central Theatre Management System (CTMS)) now includes data of all specialities. Furthermore during 2016 MDH has implemented a concerted strategy aimed at reducing waiting lists for surgical interventions and medical imaging. This builds on the on-going drive to increase routine output, (47k surgical interventions in 2013 to 53k in 2015). The strategy involved various forms of outsourcing, as well as initiatives to use theatre facilities during week-ends and evenings.

These concerted actions have had the result that the collective waiting list has dropped from 22,465 cases in March 2016 to 14,218 cases in October 2016. This drop in pending cases has been achieved despite the fact that a drive is underway to ensure that all elective surgery cases are captured on the CTMS.

Paragraph 2 - Advisory and educational facilities

Counselling and screening

The Committee asked to be kept informed of any additional health checks which may be introduced for children over the age of 11 and more generally, whether there are projects to extend medical checks for the whole period of schooling.

It is now confirmed that the above mentioned additional health checks referred to have now been implemented and also that the DT & polio vaccine that used

to be administered at age 16 years has been shifted to age 14 years and provided within school in order to improve uptake.

Furthermore, the colorectal cancer screening programme for persons aged 60 to 64 years which was launched in late 2012 and a national screening programme for cervical cancer have also been implemented.

Paragraph 3 - Prevention of diseases and accidents

Tobacco, alcohol and drugs

New smoking legislation has been enacted to ban smoking in playgrounds or open spaces with playground equipment.

The European Health Interview Survey (EHIS) of 2014 showed that between 2008 (25.2%) and 2014 (24%) there were no marked differences in the total number of smokers including those who smoke daily and those who smoke occasionally. When compared to EU member states the percentage of daily smokers in Malta (20.1%) is at the EU average ranking Malta midway amongst the 28 EU countries.

As regards alcohol consumption, the aforementioned survey showed that 25% of respondents never had an alcoholic drink in the previous 12 months with 61% drinking alcohol at least once a month. Of these, 36% report drinking on a weekly basis. Data from ESPAD 2015 shows that 54% of 15 and 16 year olds reported consumption of alcohol at least once in the past 30 days which is slightly lower than the proportion of adults consuming alcohol at least once in the same time period. (We recommend changing the ESPAD referenced data period for the past 30 days. The indicator 'previous 12 months' is presented in the national report only while the past 30 days indicator is used in the international report and allows for the country comparison and consistency. The international report is also more accessible to external readers reviewing this document). An emerging trend is the increase in the proportion of binge drinker.

Furthermore, the legal drinking age was 16 years in 2009 and subsequently raised to 17 years.

Article 12 - Right to social security

Paragraph 1 - Existence of a social security system

Risks covered, financing of benefits and personal coverage

The Committee asks the next report to provide information concerning the personal coverage of each branch of social security. – **What is exactly understood by personal coverage?**

Medical care

The basic principles of Health Care in Malta provide for universal system funded by government, employers and employees. All persons covered by the Social Security Act, 1987 are eligible for free health care. Basically all Maltese nationals and persons insured under the Maltese scheme and their dependents are entitled to free public health care. EU citizens staying in Malta are entitled to free health care upon presentation of relevant documentation according to EU legislation on the coordination of social security. Refugees, members of religious orders and persons staying in Malta as consultants to Government are also entitled to free healthcare upon presentation of relevant documentation.

Adequacy of the benefits

Sickness Benefit

The sickness benefit scheme which Malta has in place forms part of the Social Insurance Scheme and is regulated mostly but not totally by the Social Security Act (Ch 318) and administered by the Department for Social Security. It is a universal scheme that provides coverage for every gainfully occupied person. However, it does not distinguish between the different classes of employees of any kind, whether they are white/blue collar, self employed etc.

In practice, in Malta the sickness benefit scheme is considered as a 'transitory stage', that is, an employee is between phases in its career, for example employment-sick-back to employment or employment-sick-disability. It lacks some of the almost 'semi-permanent' features found in other systems.

A basic requirement of the scheme is that the benefit is only paid against presentation of a medical certificate especially if sick leave exceeds 3 days. In case of longer absences, a medical certificate needs to be presented every week.

Sickness benefit is exhausted after 156 days. However, this period can be extended in a situation where it is established that the employee in question is still unable to return to his/her occupation. In such situations, the sickness

benefit may be extended for a total of 468 days over a period of 2 years.

One major difference in the Maltese scheme lies in how employees on sick leave are remunerated. The Department pays Sickness Benefits on a flat rate of €18.88 (single parent or married) or €12.86 (any other category) a day. However, this is only one component of the remuneration package.

According to the standing regulations, the first 24 days of sick leave are paid in full. A further 24 days are paid on half pay. During these periods, the Department issues the flat rate mentioned further above, with the difference being paid for by the employer (essentially topping up the flat rate up to the required level by law).

For the remaining period of 70 weeks, the government is obliged to pay only the flat rate. However, one should not see the sickness benefit in isolation. In cases where this benefit is insufficient, the means tested Social Assistance is also provided. As an aside, the Social Assistance increases according to the number of eligible persons in the household. Furthermore, if an employee exceeds the duration of the sickness benefit as mentioned before, s/he will also automatically become eligible for the Social Assistance.

Unemployment benefit

Unemployment benefits in Malta forms part of the Social Insurance Scheme and is regulated mostly but not totally by the Social Security Act (Ch 318) and administered by the Department for Social Security. It is a universal scheme that provides coverage for every gainfully occupied person and does not distinguish between the different classes of employees of any kind, whether they are white/blue collar, self employed etc.

Aswith sickkness benefits, unemployment benefits are also considered as a 'transitory stage' given that unemployment levels have always been on the low side in Malta and persons registering for work find alternative employment prior to the exhaustion of the unemployment benefit.

As with the sickness benefit, the unemployment benefit should not be taken in isolation given that in those cases where the weelky rate is insufficient, the means tested Unemployment Assistance is also provided as a topup. This is also applicable in those rare cases where the unemployment benefit is exhausted.

Paragraph 3 - Development of the social security system

Developments in the Social Security system continued during the reference period as a result of several new measures that continued to enhance the system's benefit provision and also the rates.

During 2013 the rate of supplementary allowance was increased by €1.92 per week for persons over the age of 65 who were at risk of poverty. The Children allowance minimum rate was increased from €350 to €450 per year per child and families with earnings from employment not exceeding the national minimum wage became eligible to the maximum child allowance. The tax bands for pensioners were amended so that pensioners with a pension rate equal to the national minimum wage will be tax exempt. Furthermore, a measure introduced in 2012 awarding €300 per year to persons over the age 80 still residing in their residence was amended so that the sum mentioned is awarded to person who reach 78. The gas price allowance factored in the energy benefit was also increased from €30 to €40 per annum.

During 2014 various other measures included the introduction of the tapering of benefits targetting beneficiaries on social and unemployment assistance who will continue to receive the assistance but on a reduced basis over a three year period thus encouraging the person in the transition from assistance to employment. The age for the award of €300 per year to elderly who continue to reside in their residence was lowered again to 75 years and persons in receipt of a widows pension continued to recevie such pension in full even if employed. The Disability Child allowance which is paid ovaer and above the 'normal' child allowance was increased also from €16.31 to €20 per week.

During 2015 the Inwork Benefit was introduced for parents in employment with dependant children under the age of 23 especially to encourage more women to enter employment. All unemployed youths under the age of 23 to be taken under the Youth guarantee scheme and offered necessary training to enhance their employability and provide additonal skills. The maternity benefit rate fopr self employed women increased to equal the national minimum wage.

Paragraph 4 - Social security of persons moving between States

Equality of treatment and retention of accrued benefits (Article 12§4)

Right to equal treatment

No such agreements have been concluded with Albania, Armenia, the Russian Federation, Georgia, Serbia and Turkey and there are no plans for such agreements. However it should be noted that statistics show that 906 foreign persons for 2014 and 419 foreign persons for 2015 benefitted from some form of social assistance. Such person came from all over the world including Africa, Asia, USA and non EU states. Therefore although there are no agreements in place, cases are treated according to their merits.

Right to retain accrued benefits

It is confirmed that all benefits and pensions falling under the social insurance scheme are exportable irrespective of the nationality.

It also asked for information in the next report on how benefits are accrued according to type of benefit. – **Kindly explain what is meant by this?**

Article 13 - Right to social and medical assistance

Paragraph 1 - Adequate assistance for every person in need

Types of benefits and eligibility criteria

Classification of benefits

The Social Security Act (Chapter 318) of the Laws of Malta provides for two schemes; a contributory scheme which is insurance based and therefore eligibility rests on the number of contributions paid and, a non-contributory scheme which is capital resources tested, weekly means tested and composition of household.

The Non Contributory Scheme which originally was meant to cater for those below the "poverty line" has over a period of years evolved into a comprehensive scheme with a number of provisions that are intertwined in such a way that one type of benefit supplements another. This has made possible the allocation of more than one benefit at the same time thus providing simultaneous coverage in those cases where more than one contingency is present. Moreover, through the process of targeting, this scheme has succeeded in the provision of additional assistance to certain specific categories such as, in the case of persons with a disability, in the case of single parents, as well as in the case of the family as a single unit.

The amount of assistance payable compares favourably, in the majority of cases, and relatively speaking, with what is defined as the current social wage. This flexibility has been made possible by having different means tests applied to certain benefits, and by the elimination of non-entitlement thresholds and their substitution by what are known as topping up systems.

Indeed, one may say that the development that took place, over a number of years in the provisions of the non-contributory scheme may be considered as a synopsis of the dynamic process that was taking place in our society over the same period.

Unlike the 'Contributory schemes', these non-contributory benefits are not based on contributions, but on a financial means test of the person claiming such pension/benefit or allowance.

These non-contributory benefits are mainly aimed at providing social and medical assistance (the latter, both in cash and in kind) to heads of household who are unemployed and either in search of employment or unable to perform any work because of some specific disease, provided their family's financial resources fall below a certain level. Those who suffer from certain chronic diseases are allowed a medical aid grant free of charge as well, irrespective of

their family's financial resources. Whoever qualifies for social assistance is also paid a rent allowance if the head of household is paying rent for his place of residence.

The Means-testing

As stated earlier on, *nearly* all non-contributory benefits are paid provided that a financial means test on the whole of the household is carried out and proves that the income of the household falls below a certain level. There are two non-contributory assistances entitlement to which does not rest on a financial means test and these are Leprosy and Tuberculosis Assistance. Once it is ascertained that a person is suffering from one of the above he is automatically entitled to such non-contributory benefit.

The means test is the basis on which depends entitlement to non-contributory benefits, pensions and assistances. One can also add that the means test is used to establish whether a person is entitled to an exemption from the payment of a social security contribution under the contributory scheme.

Persons who are made redundant and start registering for employment who satisfy the contribution test are awarded unemployed benefits for a maximum duration of six months. In cases where the six month period is exhausted, the person undergoes a capital resources test, a weekly means test and the compostion of household to determine eligiblity and if claimant satisfies the mentioned tests, a non-contributory unemplyment assistance is awarded. In essence this assistance is equal to a social assistance; ie both the applicable rates and also the applicable means testing mechanism.

The notion of 'suitable work'

Registration for work implies that registrants are **actively seeking employment**. During this time, Jobsplus does its utmost to assist registrants in finding suitable employment. If registrants refuse active measures such as job offers, training, and schemes, and do not actively seek employment or participate in training and do not reach the quota agreed upon, this will show that they are no longer interested in seeking employment and consequently Jobsplus will remove their name from the unemployment register. Anyone who is in breach of the above will be called to Jobsplus offices in Hal Far to fill in a *Justification Form* to sustain one's reasons with relevant evidence in a stipulated time frame.

Moreover, with regards to refusing employment, it is to be noted that if a person has been registering with Jobsplus for more than three months, then s/he cannot refuse a job offer that is different than client's stated job preferences and/or if the pay offered is at least the minimum wage.

Upon registering clients are provided with a document (Jobsplus 32 A - Notes for persons registering on Part 1 - and Jobsplus 32 B - Notes for persons registering

on Part 2) where it is clearly stated:

- If you have been registering for more than three months, you cannot refuse a job offer that is different than your stated job preferences. Experience has shown Jobsplus that the longer one is out of employment, the harder it is to get back into employment. This is because the aim of Jobsplus is to assist jobseekers in landing a job not only according to one's job preferences but also according to the competences of the individual among others.

- If one has been on the unemployment register **for more than three months**, that person cannot refuse job offers that pay at least the minimum wage.

Other forms of assistance/benefits

With effect from January 2015 persons who are on social assistance or unemployment assistance who return to the work force are eligible to continue receiving a reduced rate of social/unemployment assistance.

Prior to this measure, the social/unemployment assistance was fully withdrawn in such cases with effect from the first day of employment however, through this measure, such persons continue to receive 65% of the social/unemployment assistance rate in the first year of employment, 45% in the second year of employment and 25% in the third year of employment. Furthermore, all through the three year period, the employer also receives 25% of the value of the social /unemployment assistance in order to encourage employers employ such persons.

Statistics as at 31 December 2015 show that a total of 1,731 persons benefitted from this new measure.

Another measure that came into force in January 2015 is the In work benefit which targets those families with earnings from employment or self-employment that falls within certain thresholds and with dependable children under the age of 23. Such benefit is applicable as follows;

1. For couples who are both in employment whose combined annual earnings / net profit from a gainful occupation is between €10,000 and €20,400 and where the earnings / net profit of one of them is not less than €3,000 per year and with children living in the same address who have not reached the age of 23yrs.

2. For couples where only one of the spouses / partners is in employment whose annual earnings from a gainful occupation is between €6,600 and

€13,000 and with children living in the same address who have not reached the age of 23yrs.

3. For single parents whose annual earnings / net profit from a gainful occupation is between €6,600 and €15,000 and with children living in the same address who have not reached the age of 23 yrs.

As may be noted, the eligibility conditions of this benefit refer to a test of earnings/income from a gainful occupation and from the household composition. Where the conditions are satisfied a benefit that ranges from €200 per child per year to €1,200 per child per year is awarded.

Statistics as at 31 December 2015 show that a total of 1,336 families benefitted from this new measure.

Personal scope

It is pertinent to point out that while the policy on length of residence is as transposed by EU Directives, the practice in Malta is that all cases are treated on their own merits.

In fact all third country nationals who;

1. have refugee status are eligible to all benefits and assistances under the Social Security Act (Chapter 318) of the Laws of Malta irrespective of the period of residence
2. have subsidiary protection are eligible to social assistance under the Social Security Act (Chapter 318) of the Laws of Malta irrespective of the period of residence
3. any other person who is in Malta and through various circumstances does not have to necessary means are treated through the usual financial assessment applicable to all and assistance issued accordingly.

Furthermore, it is also pertinent to point out that third country nationals who come to Malta by way a working permit return to their country once it expires. Other third country nationals who come to Malta due to family attachments and who may also have their work permit expired are under extenuating circumstances, mostly humanitarian, allowed to remain in Malta and social assistance is duly issued if it is warranted.

The above shows that in practice the length of residence on its own is not used as a means to refuse the award of social assistance and that therefore claims for social assistance from such persons are treating equally and according to the specific circumstances of the case.

Paragraph 3 - Prevention, abolition or alleviation of need

The LEAP / FEAD initiatives are driven by the Foundation's commitment to assist in combating social exclusion and poverty through employment, capacity building, social integration and social mobility. To achieve this aim the Foundation is supporting these initiatives which fall within the National Strategic Policy for Poverty Reduction and for Social Inclusion.

The LEAP project, originally funded by the European Social Fund, has, since the 5th November 2015 been developed into a LEAP Programme and personnel engaged (30 newly recruited till date) render service to create occupational opportunities for disadvantaged groups and households which are or are often at risk of poverty. The target groups include single parents, people with disabilities, ex-offenders, migrants and the working poor, amongst others, which are considered vulnerable or disadvantaged. LEAP aims to combat social exclusion and poverty through a number of interventions which include the development of a cluster based network system at both regional and local levels which will help foster social cohesion and mobility in various vulnerable localities.

LEAP operates within the following 6 regions: The Northern Region – Qawra & Għarghur; The Northern Harbour Region – Valletta & Msida; The West Region – Qormi; The South Harbour Region – Birgu & St. Luċija; The Southern Region – Kirkop, Zurrieq & Marsascala; and Gozo Region – Xewkija.

As of this year (2016) LEAP is further reaching out to as many vulnerable people as possible in order to provide support within the family framework so as to reduce poverty within the family. In order to reach those people most vulnerable to poverty, LEAP has been entrusted by the Foundation to operate the FEAD programme – Fund for European Aid to the most Deprived. On a three month basis food distribution is carried out to over 4,000 families. During each distribution phase consent for home visits is requested and appointments made by the respective Regional Development Agents and mentors to establish the first outreach contact. During the home visit a profiling exercise is carried out to each and every family member every quarter to assess the needs of each family. After each Home Visit LEAP social mentors formulate a SWOT analysis of the family. Thus portraying the strengths, weaknesses, opportunities and threats the family is experiencing, giving the respective mentor an outline of the family's main issues and an action plan is established for each family. To date over 3,000 home visits have been carried out, and over 600 beneficiaries accepted to attend one of our accompanying measures training session. During the coming months follow-ups of the visits will be carried out, in the meantime families that need to be referred to other existing services are being referred without delay.

The Leap has also undertaken other initiatives to consolidate on the achievements obtained during the tenure of the ESF funded project, mainly: A book exchange programme in Qawra; A summer camp in Kirkop; A boutique in

Valletta; a set of Network directories; A national database for persons with disability, and 3 transnational visits (two in Portugal and one in Ireland. Furthermore it has been established and confirmed by ETC that 80 Leap beneficiaries entered in regular employment thanks to LEAP.

LEAP has been recognized as best practice by the EU Commission and the way FEAD is being implemented locally has also been considered by the EU commission as a good practice.

Paragraph 4 - Specific emergency assistance for non-residents

All asylum seekers are automatically given the right to 12 months free residence in an open centre. Residents of open centres are entitled to two meals a day and a financial allowance if they are not working. If an asylum seeker is given a decision on their asylum claim during these 12 months (positive or negative), they are still entitled to keep residing in the open centre until the 12 months expire. Residents can request an extension to their 12 months and decisions are made on a case by case basis.

Article 14 - Right to benefit from social services

Paragraph 1 - Promotion or provision of social services

Effective and equal access

It is to be noted that Agenzija APPOGG (which is part of the Foundation for Social Welfare Services FSWS) does not only concentrate on persons with insufficient income. It also works with families and children who need support services. These include Intake and Support Services, Domestic Violence Services, Child Protection Services, Looked After Children Services, Fostering Services, Adoption Services, Health support services, Services for Human Trafficking victims , Courts and Supervised Access Visits Services, Youth support services and Services within the Community. No formal services are offered to former prisoners but they can seek support to any generic or community services within Agenzija Appogg.

Agenzija SEQDA within the Foundation for Social Welfare Services provides services to persons facing substance misuse (alcohol and drugs) and compulsive gambling besides prevention services and parental skills courses.

It is to be also noted that Agenzija SAPPORT has now become independent of FSWS and that elderly persons, disabled people services are provided by the Department for the Elderly and not by FSWS. Furthermore, issues of Roma communities are not existent in Malta.

Quality of services

Budgets 2012 - 2015

	Appogg €	**Sapport €**
2012	3,372,000	7,713,000
2013	3,821,000	8,395,000
2014	4,450,000	10,100,000
2015	5,000,000	10,550,000
Total	**20,093,000**	**43,348,000**

Staffing 2012-2015

2012			2013	
1	Leader Support Executive		1	Customer Care Clerk Appogg
1	Support Executive Community Service Sapport		6	Support Workers (MEDE) Sapport
2	Support Executive Bbugia Residence		4	Support Workers Day Centre Cottonera SAPPORT
1	Support Executive Mtarfa Resource Centre		4	PT Support Workers Siblings
1	PT Social Worker Adoption		8	FT Support Workers Siblings
2	FT Social Workers Adoption		1	Social Worker Siblings
1	FT Social Worker Community Sapport		6	Social Support Workers APPOGG
1	FT Social Worker Adoption Gozo		1	Support Executive Day Services SAPPORT
1	FT Social Worker Fostering/OHCP		1	Youth Worker E4L
4	FT Social Worker MSIDA Access		1	EU Project Assistant
6	FT Social Worker Health		1	Senior Administration Executive
1	FT Social Worker LAC		1	Services Executive Day Services SAPPORT
1	Executive III Embark for Life		1	Internal Audit Accountant]
1	Community Worker MSIDA		1	Accountant Assistant
2	Accounts Executive III		1	Services Manager SAPPORT
1	Psychologist			
1	Executive IV KSM			
2	Besmartonline Personnel			
1	Senior Manager Sapport			
1	Customer Care Clerk APPOGG			
1	Customer Care Clerk ACCESS MSIDA			
2	Support Worker ME2 Sapport			
2	Support Workers Community Sapport			
8	Support Workers Mtarfa Resource			
6	PT Support Workers HSS (LAC WL)			
2	FT Support Workers HSS (LAC WL)			
5	FT Support Worker Bbugia Residence Sapport			
4	PT Support Worker Bbugia Residence Sapport			
1	Customer Care Clerk Day Services SAPPORT			

2014			2015	
4	Precinct Handler APPOGG		2	Out of hours
3	Customer care Clerk		1	ICT Executive
6	PT Care Workers SEDQA Rehab		1	Finance Executive
11	FT Support Workers Day Services		2	Research Executive
8	FT Support Workers Gwardjola		2	Social Support Workers SAV
2	Prevention and After Care Executive		2	Social Workers
1	Executive Servizzi Ghajnuniet Specjali SAPPORT		1	Executive II Pauroll
3	Youth Arrest Referral Program		1	Accounts Clerk
2	Executive III		1	Family Therapist
1	PA to Director Appogg		12	Customer Care SPL179
2	Support Executive Day Services		1	Public Social Partner
6	CPS Social Workers APPOGG		2	Social Workers SPL179

2	Psychologist SEDQA		1	ASW Sta Venera Home
1	Senior HR Executive II SAPPORT		8	FT Support Workers Sta Venera Home
			4	PT Support Workers Sta Venera Home
			1	Social Worker Sapport (Children Services)
			20	Social Workers Health
			4	Sign Language Interpreters SAPPORT
			1	Jr Executive Half Way Program
			1	Youth Worker Sta Venera
			7	Support Worker Siggiewi Residence
			7	PT Support Workers Siggiew Residence
			1	Support Executive Siggiewi Residence
			17	Junior social mentors LEAP
			6	Regional Development Agents LEAP
			3	Senior Executive II LEAP
			1	Trainer LEAP
			1	Social Worker Social Housing
			1	Prevention Teacher SEDQA
			1	FT Nurse
			2	PT nurse
			2	ASW Sapport
			1	Legal Officer

Changes to Structure

Sedqa

1. The amalgamation of Sedqa and Appogg Psychological Services under the managerial responsibility of Sedqa;

2. The amalgamation of Sedqa and Appogg Family Therapy Services under the managerial responsibility of Sedqa;

3. The setting up of an Assessment and Stabilisation Unit to assist persons who would need to stabilize from acute medical treatment and who warrant further assessment;

4. The setting up of Your Parental Journey with the aim of imparting personalized parental skills to parents whose minor children might be at risk due to their (parents') addictive behavior.

Children Services

5. In 2014, the social support services were introduced within the Child Protection Services (CPS) and 5 additional workers joined CPS in order to further tackle the waiting list difficulty.

6. In 2015, a number of analyses took place in order to study more deeply the cases that are being referred and followed by CPS and how other services and professionals can help or take on certain cases which can be followed by other specialized services such as serviced within Agenzija *sedqa*, Mental Health professionals and Community professionals. This was another measure to reduce the waiting list.

7. In 2016 CPS carried out a migration plan, where, in preparation of the New Children's Act, the team was split into two: The Investigation Team and The Monitoring Team.

Residences

8. The Specialised Home-Based Care Service was established in 2011 as an acknowledgement of the fact that some children and young persons being fostered present special challenges which need to be acknowledged through a particular support package

9. A new residential home for siblings was opened in 2013. By the end of 2014, the Home was accommodating two groups of siblings, one of three and one of five.

10. A residential home for teenage girls was opened in 2014. In 2015, the residence caters for young females between the ages of 15 and 20, with the aim of leading residents towards independent living.

11. In 2013 the High Support Service (HSS) introduced support within the community where the main focus was to prevent children from being separated from their families.
12. Shelter had to be provided for number of emergency cases and different premises had to be used to cater for children who had nowhere to reside. A number of placement breakdowns is being noted quite frequently, especially of young people and different and new settings on crisis conditions need to be found.

Domestic Violence

13. During 2013 the Domestic Violence Services developed a procedure whereby workers attend all criminal proceedings of the Family Court in relation to domestic violence presided by Magistrate Anthony Vella

14. In 2015, following a number of operational strategies, the waiting list for this service was brought down to 0

15. In order to expand the services, an Internal Audit, through the National Audit Office, was carried out to evaluate the current service and identify areas of growth and expansion. The audit report was published at the beginning of 2015 and the Managing Abusive Behaviour Service is now committed, also through the Electoral Manifesto to extend its services to Women Who Use Force should these be referred and to further study the phenomenon of Child to Parent Violence. This is in fact, part of a three-year-plan that will ensure that this initiative is completed by the end of 2017.

16. Għabex Shelter for victims of Domestic Violence and Human Trafficking: As targeted, in 2015, unaccompanied minors, who were for a number of years, referred to Għabex when no other adequate placement was found, are being referred to other specialized residential homes so that Għabex Shelter can continue to provide a specialized service to victims of Domestic Violence and Human Trafficking.

Communities

17. Homestart Malta started offering service to all Malta not just Cottonera (2012)

18. Community services in Cottonera, Qawra, B'Kara, Valletta and Msida (opened in 2012 and amalgamated with the B'Kara service) continued to offer service within their respective communities and 2011 onwards saw an increase in projects being organised in collaboration with the local communities. In 2013, there were two interesting developments that were to affect the service provision in the communities and which emanated from the Ministry for the Family and Social Solidarity – the LEAP project, which aims to initiate Family Resource Centres and Social Development Centres in six regions of Malta, and 'Ningħaqdu Kontra l-Faqar' which helped initiate work with a group of young lone mothers in Cottonera.

19. In 2012, the then known Initial Response Service (IRS) and the Generic Services were amalgamated into one service which is today known as Intake and Family Support Services (IFSS).

20. In 2012 – Homestart Għawdex started operating.

Youths

21. Embark for Life (E4L) falls under the Youth in Focus Service. E4L targets young people aged 15-24 years and supports them in engaging in employment. This service was already in existence as it was a service funded by the EU under the European Social Fund and, following its success, local funds were provided and the service started operating in July 2013.

22. In 2015 a new service was initiated: The Adolescent Day Programme, which caters for young people with challenging behaviour and also those who started experimenting with drugs and alcohol. Young people can also be referred to the programme through the Arrest Referral Scheme. The programme is in line with government policy to fight drug traffickers and help victims. It encourages a youth work approach and includes job skills, leisure education whilst addressing anti-social behaviour, offending behaviour and substance abuse. It strives at directing young vulnerable people to embrace sustainable employability as they would normally find it difficult to infiltrate into the labour market due to their troubled background, stigma and lack of employability skills which all create a disadvantage when seeking employment. Youngsters with challenging behaviour, through the Arrest Referral Scheme, can also be referred and possibly benefit from this programme. In fact the programme was divided into 3 phases Bronze, Silver and Gold.

23. Youth In Focus(YiF) - In 2014 the service managed to reduce the waiting list drastically and from 72 at the beginning of the year, the waiting list was reduced to 29 at the end of the same year. The service`s waiting list was also a top priority and included in the Government's Electoral Manifesto and the service had to attain a 50% decrease in waiting list in 2014 with further reductions in the years to follow. However, the percentage required was attained in 2014 leading to no further reporting on the matter. In 2015 the waiting list remained a top priority of the service and although the Electoral Manifesto Proporal target was reached, close monitoring and evaluation of the waiting list continued throughout this year.

Health

24. The years 2012 and 2013 brought about a number of important developments in the Mental Health Services structure, which converged to produce radical changes in the Outreach Community Team. Among

these being the new setup and strategy of the Community Service and the Child and Adolescent Mental Health Service, and the introduction of the Mental Health Act in 2012. The new setup also brought about changes in staff and a drastic reduction in professional key workers in the team.

Increase in health services - opening up of social work at Gozo Hospital in March 2016. Primary health care started operating in September 2015 from B'Kara and Bormla whilst the social work service in MCH and Child Guidance Clinic commenced July 2015.

In 2014, the Sexual Assault Response Team (SART), operating round the clock to carry out sensitive, inter-disciplinary assessments for victims of sexual assault was introduced at MDH. A team of Appogg social workers are 'On Call', and the service is Coordinated by Victims Support, Malta, in collaboration with Appogg.

Paragraph 2 - Public participation in the establishment and maintenance of social services

In the past years various measures have been taken by Government to support and provide national funding lines for NGOs/Voluntary Organisations (VOs). One of the first steps taken was the enactment of the Voluntary Organisations Act (2007) which established both the Commissioner for Voluntary Organisations (MCVS)., who is the regulator, and the Malta Council for the Voluntary Sector, which is the body established to support and represent the sector.

The Malta Council for the Voluntary Sector works closely in collaboration with the Ministry for Social Dialogue Consumer Affairs and Civil Liberties, which Ministry has the Voluntary Sector as part of its portfolio. The Council is financially supported by the Government with an annual allocation of approximately €480,000.00. These funds support the operational aspect of the same Council, a fund allocation to be distributed to VOs to undertake small projects as well as for training and capacity building of the sector.

Apart from this funding to the sector through MCVS, there are various other national funding lines which are intended to support VOs for projects and initiatives. For this purpose the Government has delegated the MCVS to coordinate an Inter-Ministerial Committee consisting of all the Ministries which collaborate and support the Voluntary Sector through funding initiatives. Locally one may find mainly three different ways in which the Government supports financially the sector which are (i) through the funding provided to the MCVS which is directly or indirectly passed on to the sector, (ii) through specific budget allocations to be used through calls for applications opened exclusively for VOs working in the various aspects of the sector and (iii) though service agreements which the government undertakes in partnership with the sector.

The aim of this Inter-Ministerial Committee is to channel the information present at the various fund operators within the Government entities by:

1. Establishing a one-stop-shop for both the issue of information as well as the management of data regarding funding projects and their beneficiaries. Through this platform VOs will be informed of any calls for applications coming out in which they may be interested both by accessing the common funding platform as well as by a mobile app linked to the same web portal.
2. Promoting more transparency and accountability of the distribution of public funds. This will be done since all the results of all call for applications will be published both the common funding platform as well as through a notification a mobile app linked to the same web portal.
3. Preventing the malpractice of double funding. There will be a common database of all distributed funding to prevent such issues. This will also be done in collaboration with other fund operators working with EU Funds and EAA Grants.

Ministries and Governmental Agencies acting as fund operators to national funding and form part of this structure are the Ministry for European Affairs and Implementation of the Electoral Manifesto, the Ministry for Foreign Affairs, the Ministry for Education and Employment, the Ministry for Sustainable Development, the Environment and Climate Change, the Ministry for Gozo, the Ministry for Social Dialogue, Consumer Affairs and Civil Liberties, the Ministry for the Family and Social Solidarity and the Ministry for Justice, Culture and Local Government.

This procedure is essential in supporting one of the Country Specific Reccommendations regarding the simplification of beuraucracy and the enhancement of transparency and accountability within the Public Sector. This structure is facilitating a simple data management system within the funding arena to abide to national priorities. All stakeholders are highly committed and are active collaborators to support and provide VO Funding while upholding and enhancing funding standards within Volunteering Sector.

It is important to specify that for any Voluntary Organisation to be eligible to apply for all the public funds in any of the following funding lines, the VO has to be enrolled and compliant with the Commissioner for Voluntary Organisations as established in the Voluntary Organisations Act (2007).

The Malta Council for the Voluntary Sector manages two main funding lines which are the 'Small Initiatives Support Scheme' (SIS) and the 'Voluntary Organisations Projects Scheme' (VOPS).

The general objectives of both schemes are:

a) To stimulate co-operation and networking between voluntary organisations;
b) To provide a consultative forum that can effectively address issues related to the Voluntary Sector;
c) To provide a platform from which to develop co-operation between voluntary organisations and the Government;
d) To promote and encourage a culture of volunteering and the participation in volunteer activities among people, especially children and youths, as an aspect of personal and social development; and
e) To foster co-operation in the volunteer sector with local and international bodies, entities or other persons for the encouragement and promotion of the development of volunteering programmes, initiatives and activities;
f) To encourage, in furtherance of the principle of subsidiarity, non-governmental bodies and private entities or persons and local councils to contribute to the promotion of volunteering in Malta.

Though the priorities of these schemes may vary from year to year, the principal priorities mainly would focus on Volunteering; Poverty and Social Inclusion; Education; Arts, Culture and Sports; and Research.

The SIS Scheme supports projects up to a maximum of €3,000 while the VOP Scheme supports projects costing between €5,000 up to a maximum of €25,000, which maximum may go up to €60,000 in case of a project undertaken in partnership between two or more VOs. The total annual sum distributed for SIS Scheme projects is of €100,000 while the total annual sum distributed for VOP Scheme is of €700,000.

At present MCVS has been given the responsibility to manage the '*Civil Society Fund'.* The objectives of the Civil Society Fund (CSF), which has an annual budget of €420,000 are (i) to assist CSOs to keep abreast with the developments occurring at an EU level; (ii) to enable CSOs to better educate their members on EU matters related to their respective fields of competence; and (iii) to enable CSOs to participate effectively in the decision-making process at a European level. The eligible actions are the affiliation of CSOs to European umbrella organisations, grouping, federations, confederations or networks; and the attendance at conferences, seminars and meetings abroad in relation to affiliations in European umbrella organisations, groupings, federations, confederations or networks and participation in Training Abroad related to EU Policy or Programmes.

One of the priorities of the Malta Council for the Voluntary Sector (MCVS) is to encourage Voluntary Organisations to invest in training and capacity building, of their members, volunteers and administrators focusing on strengthening the capability of Voluntary Organisations as part of the process of building the potential of voluntary organisations to respond to the needs of the community they serve. For the past three years MCVS had set up an annual training program for VO Administrators on various subjects common throughout the sector, such as Managing Volunteers, Finance Management, Fund raising,

Communications etc. The training program has an annual budget of €50,000 allocated from the MCVS budget. As from this year MCVS has started a new scheme, the *Training Initiatives Scheme* (TIS) with two main priorities namely Priority 1 – Individual Volunteers Training Programmes, intended support for individual volunteers who form part of a Voluntary Organisation in one's training which will be beneficial both to oneself, one's Voluntary Organisation, to other Voluntary Organisations and to the community at large; and Priority 2 – Voluntary Organisations Training Programmes, intended to support for Voluntary Organisations in the organisation of training initiatives which are beneficial both to the same organisation, to other Voluntary Organisations and to the community at large.

Another scheme managed by MCVS, with an annual budget of €200,000 allocated from the MCVS budget, which is intended to encourage young people to volunteer is the Youth Voluntary Work Scheme. The first goal is to help young people improve their skills and employment prospects by giving them an opportunity to take up volunteering as part of their formal and informal learning process. It will also enable them to discover the value of voluntary service and helps to foster a sense of community and active citizenship. The second goal of the scheme is to support Voluntary Organisations in attracting young people to volunteering, enabling them to enhance their capacity with new volunteers and fresh ideas. The Voluntary Work Scheme (YVWS) has now been up and running for the last year and, to enhance its goals, as from this year the YVWS will also be supporting voluntary experience abroad for young people through locally registered voluntary organisations to carry out international volunteer service in Europe, Africa, Asia, Australia and South America.

Apart from these funding lines, there are various other small national funds dedicated to VOs such as the '*Good Causes Fund*' with an approximate budget of €500,000 (Office of the Prime Minister) intended to support VOs in infrastructural projects; the '*Animal Welfare Fund'* with an approximate budget of €60,000 supporting VOs in projects in relation to animals and the *'VO Fund for the Environment*' with an approximate budget of €100,000 intended to support VOs to promote projects which support the environment and promote environmentally friendly projects (Ministry for Sustainable Development, the Environment and Climate Change). There is the '*Gozo NGO Fund*' with a budget of €100,000 supporting various types of initiatives in the region of Gozo (Ministry for Gozo), and the '*Creativity Fund*' with an approximate budget of €200,000 and supporting artistic initiatives in art, music and drama (Arts Council Malta, Ministry for Justice, Culture and Local Government). The '*Overseas Development Aid Fund'* is intended to support NGDOs in their projects in third countries (Ministry of Foreign Affairs), and the '*Fund for Young Musicians in Band Clubs'* support training in music within local band clubs (Ministry for Education and Youth) etc.

The National Commission for the Promotion of Equality (NCPE) have also indicated that any persons who feel discriminated on these grounds (i.e. gender as well as race or ethnic origin in the access to and supply of goods and services

) can lodge a complaint which is investigated by NCPE's Commissioner. Ex officio investigations can also be initiated by the Commissioner on any matters involving acts or omissions that are allegedly unlawful under the provisions of these laws. No complaints filed.

Notwithstanding this information provided, I believe that MFSS are in a better position to provide detailed information on the management of the VO Fund (i.e. Services oriented VOs).

Article 23 - Right of the elderly to social protection

Legislative framework

The period 2013 - 2016 witnessed the strengthening of the post of the Office of the Commissioner for Older Persons to the extent that a *Commissioner for Older Persons Act* was ratified by Parliament in January 2016. The Act calls upon the Commissioner to advocate and promote the human rights and interests of older people, whilst also promote opportunities for older persons, ensuring the elimination of discrimination against the older persons and encourage best practices in social and health care services. It will be under the Commissioner's remit to monitor the adequacy and effectiveness of any legislation relating to or affecting the interests of older people, in addition to from advocating adequate support and services to their carers. Another duty of the Commissioner is to promote the protection of these members of our society from any form of abuse or exploitation. While promoting the highest standards of health, education, leisure and recreational facilities and social services for the elderly in line with the approved standards in place, the Commissioner is also to ensure that all possible measures are taken by the relevant authorities to prevent and address poverty, social exclusion and related issues among older people. A new central premises for the Office of the Commissioner for Older Persons shall be opened by the end of 2016.

Following the ratification of the *Commissioner for Older Persons Act* (2015) Malta has stepped closer to the possibility of the enactment of legislation that protects older persons outside the field of employment - in particular in access to goods, facilities, and services. Functions of the Commissioner include to promote and advocate human rights and interestsof older persons, and the need to safeguard those rights and interests, as well as promoting opportunities for, and the elimination of discrimination against, older persons.

The *Commissioner for Older Persons Act* (2015) improves the empowerment of older persons in public decision-making processes, and also serves to safeguard the right of older persons in engaging in autonomous pronouncements. The *Commissioner for Older Persons Act* (2015) decrees that there shall be a Council for Older Persons to assist the Commissioner of six members one of whom shall be appointed by the National Council for the Elderly. The Council also reserves the right to co-opt five persons who, in the opinion of the Council, best represent the struggle to safeguard the human rights of older persons and who shall, as far as possible, be older persons and persons involved in the promotion of active ageing measures and initiatives.

Adequate resources

Persons over the age of 65 who are not eligible to a contributory retirement pension but satisfy the means test for a non-contributory age pension are eligible to all statutory bonuses, to the highest rates of supplementary allowance and also the energy benefits.

The weekly rate of such non-contributory age pension (which is payable from the age of 60) for 2016 is €106.70, the weekly rate of the statutory bonuses is €8.32 and the weekly rate of the maximum supplementary allowance is €10.05. This results in an annual total benefit of €6,503.64.

According to the latest statistics published by the National Statistics Office in Malta based on 2014 data, the 40% median income stands at €5,115 and therefore persons over the age of 65 who satisfy the means test are receiving a total of benefits that even exceed the 50% median.

The above shows that Government has a system in place that provides cash benefits to avoid persons from falling below the 40% threshold. Apart from the mentioned cash benefits, other services in kind are also provided free of charge to such persons and these include the following;

i. Free healthcare services (including dental care)
ii. Provision of free medicines
iii. Home help services (provision of maid to help with house chores)
iv. Meals on wheels (provision of two meals daily)
v. Provision of certain food products (over and above EU scheme)

Prevention of elder abuse

Enhancing awareness on elder abuse and strengthening legislative frameworks that function to mitigate potential acts of elder abuse is a key pillar in contemporary ageing policy in Malta. The concept of elder abuse is tackled in depth in Malta's *National Strategic Policy for Active Ageing* (2014 – 2020) which included the following recommendations: (i) Raising the recognition of elder abuse and neglect as a social reality through research, public education, and training of persons working in the social and health care sectors, including police officers; (ii) developing and implementing a strategy that empowers older adults to report abuse, and provides the necessary procedures and resources for a comprehensive response; and (iii), Creating the necessary legal amendments to protect older adults from abuse and neglect, that includes a duty to report suspected abuse by social and health care sectors. This policy led to various policy measures that coordinate training sessions for caregivers, professionals, and paraprofessionals working in relevant fields pertaining to the identification, prevention and treatment of elder abuse. Indeed, the Parliamentary Secretariat for Rights of Persons with Disability and Active Ageing commemorates the 15th of June - the World Elder Awareness day - by organising public information sessions, disseminating relevant information, and authoring leading articles in leading local newspapers.

Moreover, Malta has recently witnessed a number of developments as far as legislation on elder abuse is concerned. In its drive to enact legislation that protects older persons from elder abuse, the Parliamentary Secretariat for the Rights of Persons with Disability and Active Ageing introduced new forms of

deterrent measures that will be incorporated in the Maltese Criminal Code, specifically dealing with abuse, which so far had been defined in a very broad manner, in order to encapsulate all forms of abuse but with special focus on maltreatment of older persons. This new legislation included innovative concepts to ensure maximum protection for older persons, even from relatives, so as to safeguard their best interests. From a purely academic perspective, the Parliamentary Secretariat combined civil and criminal concepts to achieve higher levels of protection in more expeditious and effective terms, without the need to resort to either criminal or civil proceedings, which are generally very time-consuming, expensive and disheartening. The government's vision is also encouraging. Another noteworthy legislation in the pipeline concerns the possibility whereby persons convicted of crimes where older persons are victims will be automatically liable for damages upon sentencing. This removes the need for the older person to pursue the perpetrator for damages through a civil case.

The better safeguarding of older persons in care homes from elder abuse has been achieved through the introduction of *National Minimum Standards for Care Homes for Older People* (2015). The Standards are based upon the principles of **person-centred care, dignity, privacy, physical and mental wellbeing, self-fulfillment,** autonomy/empowerment, equality, and the right to complain and legal recourse. The mission of care homes should go beyond the traditional concept of 'elderly care', and enable residents to realize their full potential for physical, social, and mental wellbeing. Moreover, care-homes shall provide an environment where residents are enabled to engage in productive activities, and a healthy, independent and secure lifestyle, where the licensee shall also undertake to promote a culture that encourages independence in activities of daily living including that promote independent personal care. All the *Standards* are intended to be immediately applicable to all homes seeking registration and a license as of the date of promulgation of these Standards, whilst a number of the Standards are intended to be phased in gradually for care homes already operating as of this date. Care homes will be called upon to provide an environment where residents are enabled to engage in productive activities, and a healthy, independent lifestyle. The Standards acknowledge the unique and complex needs of each individual residing in a care home; as such they stipulate the minimum requirements for the facility to operate a care home as well as the required knowledge, skills and competencies needed by management and staff to ensure care homes deliver individually tailored, comprehensive and quality services. Each Standard has an achievable outcome for the residents. Although the Standards are qualitative, they are also measurable: they provide a useable instrument for the independent regulator to assess the degree to which the Standards are being met through: regular communication with residents, family and close friends, staff, managers and others; observation of daily life and management of the home; audit of written policies, procedures and records; and scheduled and *ad hoc* inspections. In order that these *Standards* be implemented by care homes, it is being proposed that they are supported by a legislative instrument that promulgate them in the form of licensing conditions and prosecutable offences.

Services and facilities

The increasing numbers of older persons who require different forms of support presented an opportunity to explore ways to provide user centred care provision focusing on tangible benefits and long term care sustainability. The Department for Active Aging & Community Care continued to increase its community services as part of its commitment to continue to support older persons living in the community and postpone entry into long term care.

During the period 2013-6 the Department continued to address challenges related to demographic and societal changes through the consolidation of established community services and the introduction of new ones. Significant improvements were made to the Home Help, Telecare+, HandyMan, and domiciliary nursing & caring to meet the needs of service users. This includes an increase in assessment and review visits performed by professionals and supervisory staff in the field.

What were traditionally known as Day Centres have been transformed into Life Long Learning Hubs which encapsulate an educational and a traditional socialising function. Each hub has a quarterly active aging programme which is customised according to participants' requests. This successful transformation also lead to an increase in the number of Life Long Learning Hubs across Malta and Gozo, most of which are being set up in collaboration with Local Councils and NGOs. A *Be Active* programme was also established in Gozo to enable older persons to engage in physical, social and well being activites.

Respite and night shelters were strengthened in Malta and introduced in Gozo, whereas domiciliary Physiotherapy, Occupational Therapy and Podiatry have been introduced during 2016 to cater for home bound older persons who require these services. Moreover, a Carer at Home scheme is being piloted during 2016 where government funds a maximum of €4,500 annually to families who employ a qualified care worker to care for an older person at home.

Significant improvements have also been made in Dementia Care in the community. The Dementia Intervention Team was set up to coordinate care for persons suffering from Dementia whilst supporting their families. Furthermore, a specialised Dementia Day Centre was successfully launched in Gozo and the introduction of a Dementia friendly community is ongoing.

To date there are no waiting lists for the above mentioned services while waiting time for introduction of service is minimal. In addition on minimising fragmentation in the provision of community based services is ongoing. A series of milestones inclusive of a one - *all community services* application system, a holistic assessment which will be applicable across services and further promotion of interdisciplinary care and case management are being introduced in phases. This is in line with commitment to promote active aging and improving the quality of life of older persons and their families and with the National Strategic Policy for Active Aging.

Commitment towards meeting the needs of persons who cannot survive in the community is met by an increase in the number of long term care beds which cater for varying levels of dependency in towns and villages across Malta and Gozo.

24 hour nursing care has been introduced in government homes or in residents where long term beds are procured. Standards of care which are in line with the Minimum Standards for Care Homes are clearly stipulated in term agreements signed between government and service providers and are continuously monitored by a departmental quality care team. Department professionals perform regular audits in care homes with the aim of maintaining standards in care, to achieve continuous improvement in service delivery and to safeguard contractual obligations.

A similar system is being adopted for major community based services, namely Com-Care and Home Help where a more robust approach in reviewing cases and monitoring standards in service delivery is in place. This involves regular assessments, reviews and scheduled/surprise visits held by department professional or supervisory staff. In addition there is ongoing communication with service providers to with the aim of ensuring quality in service delivery and addressing any shortcomings with immediate effect. Moreover, all service users are free to forward feedback, suggestions or complaints directly to the department or through more centralised systems. All complaints are thoroughly investigated and action is taken as appropriate.

Housing

The demands for social housing by elderly persons in Malta show that there is no particular problem of lack of housing for the elderly people. When it is not possible for an elderly person to continue living in his or her own home due to the care that he/she needs, there are private and public retirement homes which are very accessible and, Public retirement homes also provide medical services.

The majority of demands for housing accommodation are for better accessibility and the Housing Authority also provides grants to elderly people to render their houses more adequate for their needs. Such provisions include adequate bathrooms, stair-lifts and rails

When it comes to allocations the board gives priority when there are small apartments at ground floor level. Moreover the Housing Authority undertakes that any new apartments that are going to be built in the near future will have small sized apartments where there will be lifts installed and there are some that will have some small community services such as day care centres within the same block.

Health care

The position adopted by the Ministry for Health is to get all possible Health Care

services closer to elderly persons in the community, especially those who are more vulnerable. The Pharmacy of our Choice scheme has been rolled out all over Malta and Gozo so that medicines for Chronic Medical Conditions are dispensed closer to elderly people in the community, giving more individualised advice to patients by pharmacists of their choice. Furthermore, Government has also initiated a scheme whereby medicines are taken to places of residence in case of elderly people who are confined indoors. In order to avoid unnecessary travelling, especially by elderly people and to adopt a one stop shop approach, integrated Care models have been adopted in primary Health, notably in the management of Diabetes which is a very common condition. Such follow ups ensure patients are screened for their diabetes, as well as for peripheral vascular disease and ophthalmic problems. This is helping to cut down on complications related to diabetes as a result of neglected care. Another initiative involves point of care testing for level of anticoagulation. This has decreased the need of elderly patients with chronic disease having to travel to hospital to have their blood tested in the laboratory.

In order to support elderly people continue living an independent life in the community, government has undertaken strong initiatives to successfully cut down on waiting lists for cataract operations, as well as those for Total Knee and Hip replacements. All these three conditions, very prevalent in the elderly cohort, have helped to improve quality of life in the elderly age groups. The length of stay for these operations has also been significantly decreased to ensure early return to their place in the community. Rehabilitation has been actively embarked upon to enhance early recovery. Similarly Chronic Disease management Clinics in primary health settings have helped to decreases risk of complications in the elderly often with multiple co-morbidities. Discussions are currently underway to ensure that patients on oncology treatment are moved out to be dispensed from outside hospitals.

At General Practitioner level, the introduction of electronic prescribing will help decrease medication errors due to wrong information on the prescriptions. Various medical clinics, including cardiology and vascular have also been set up in major Homes for the Elderly. Prescribing rights for various specialist treatments have been given to geriatricians – once again this has avoided elderly persons having to travel to our main hospital to secure relevant permits.

Change of dressing clinics have been opened in primary health clinics to ensure professional wound care if offered in the community to help curtail the numbers of MRSA infections in the community and which may lead to frequent hospital admissions, with resultant impaired morbidity. Various medical devices are loaned from Mater Dei Hospital and this further enhances the ability of elderly persons to continue live in their community.

Initiatives are also under way to identify gaps in our service provision to support Oncology patients better manage their journey through the cancer pathways. Early diagnosis and early access to treatments promote survival in cancer patients.

Institutional care

A multidisciplinary assessment process was established to streamline admissions into long term care facilities such that application classification according to level of dependency and urgency is established. All applications are acknowledged within three working days and assessment is performed within two months. Priority is given to high dependent and urgent cases, with urgency being determined by clinical and social factors. Additionally, series of measures aimed at increasing efficiency in bed utilisation were implemented.

The significant number of delayed and refused admissions led to the introduction of definite time frames for admissions, and establishing a capping over the number of refusals. Furthermore measures were implemented to increase mobilisation of residents who may require levels of care which may be beyond those catered for by individual residences.

The Parliamentary Secretariat Rights of Persons with Disability and Active Aging launched the Minimum Standards for Care Homes in September 2015. This was followed by a public consultation wherein all stakeholders were given the opportunity to discuss the multiple dimensions presented in the document. An independent authority responsible for the implementation of the said standards and licensing of care homes for older persons is to be established.

Thematic Group – Children, Families, Migrants

Article 16 - Right of the family to social, legal and economic protection
Social protection of families

Housing for families

It is the First Hall of the Civil Court or the Rent Regulation Board that can evict persons who may be not paying their rent or who are wrongfully occupying immovable property contrary to law.

The Housing Authority has a particular scheme to subsidise the rent payable by tenants who cannot afford the rents they are paying. The Court or the Board, as the case may be, will only order the eviction if there are the right conditions for doing so. The state cannot intervene on this procedure and a person who is evicted and who has no other place of residence can apply with the Housing Authority for alternative accommodation as long as they qualify.

Migrants that have Refugee status can apply for social accommodation like any other Maltese or EU Citizen. With regards to the other migrants they can apply for Rent Subsidy Scheme to be given subsidy on rent when they rent a premises from the private sector as long as they qualify from the scheme's conditions.

Participation of associations representing families

Government initiated a consultation process in connection with a green paper on Poverty Strategy and Social Exclusion in July 2013 which continued until September 2013.

During these three months the consultation process included public meetings in seven localities around Malta which are considered as poverty hotspots and another public meeting was also held in Gozo (sister Island). Part of the consultation meetings included the distribution of a questionnaire asking to identify what they believe to be the reasons why poverty has been increasing in the neighbourhood by marking yes or no next to the issue being proposed with the following results/outcomes.

Issue	Yes	No
1. Lack of Job Opportunities	136	40
2. Lack of Education or Training	147	41
3. Low Wages	169	21
4. Low Childrens' allowance	73	81
5.Low Unemployment Benefits	98	72
6. Low Social Security Benefits	110	63

7. Low Pensions	143	38
8. Housing Problems	157	23
9. Low Quality of Social Services	106	68
10. Lack of Community Outreach and Services	132	36
11. Family Breakdown	173	20
12. Addiction Problems	177	9
Total Questionnaires Submitted	204	

A seminar was also organised where NGO's that work in the social field where invited to participate and give their feedback on the strategy through workshops that were held following which the rapporteurs.

Concurrently, further consultation was also carried out through an interministerial committee between several Ministries including the Ministry for the Family and Social Solidarity, the Ministry for Education, the Ministry for Justice, Ministry for Home Affairs and the Ministry of Health. Also during the month of September 2013, media participation was very active with several articles written in local newspapers and also several slots on local TV stations which included live interviews and features covering the whole process.

As a result of the above mentioned consultation process a green paper on Poverty and Social exclusion was launched. The green paper focused on six dimensions being; social security benefits, social welfare services, education, employment, health and the environment and culture. A consultation process of two months was open to the general public and to stakeholders and also included media participation. A facebook page was also available where posts by the general public were possible; a dedicated email address and a dedicted telephone line were also available.

After the two month consultation process the policy strategy was concluded and the official Policy Startegy against Poverty and Social Exclusion was launched in December 2014.

Another draft policy document that was launched in September 2016 is the draft National Children's Policy. A wide consultative process that led to the mentioned draft policy included the general public and children and relative stakeholders including several Ministries. A mini survey was also prepared and disseminated in all schools to get direct feed back from children apart from parents and relavant stakeholders and Ministries.

The said draft policy which is currently up for public consultation for a period of one and a half months. A dedicated phone line, a dedicated email portal and the website of the Ministry for the Family and Soail Solidarity provide necessary access to feed back and suggestions from the general public including all relevant stakeholders.