

NATIONAL REPORT ON

STRATEGIES FOR
SOCIAL PROTECTION
AND SOCIAL INCLUSION

2008-2010

MALTA

Contents

List of Acronyms	4
Part 1 - Common Overview	6
1.1 Introduction	6
1.2 Assessment of the social situation	6
1.2.1 Contending with major challenges	
1.2.2 Socio-economic development	
1.2.3 The social perspective	
1.2.4 The effects of irregular migration	
1.3 Overall strategic approach	10
1.3.1 Changes in ministerial portfolios	
1.3.2 Putting sustainable development on the agenda	
1.3.3 Privatisation efforts	
1.3.4 National reform programme	
1.3.5 Doing new business	
1.3.6 The main challenge facing Malta	
1.3.7 Strengthening social policy in Malta	
1.3.8 Environmental considerations	
1.3.9 Training and development	
1.3.10 Strengthening the Public Service	
1.4 Overarching theme	12
1.5 Good Governance	13
Part 2 - National Action Plan on Social Inclusion	14
2.1 Progress in relation to 2006-2008 NSRs and challenges identified in 2007 Joint Report	15
2.1.1 Policy focus 1: Empowering social cohesion	
2.1.2 Policy focus 2: Building stronger communities	
2.1.3 Policy focus 3: Strengthening the voluntary sector	
2.1.4 Policy focus 4: Networking the social welfare sector	
2.1.5 Challenges and lessons learnt	
2.2 Key challenges, priority objectives and targets	19
2.2.1 Key challenges	
2.2.2 Priority objectives	
2.2.3 Targets	
2.2.4 Convergence of strategies	
2.3 Priority policy objective 1: Enhancing social inclusion prospects of children and young persons	24
2.3.1 Personal development	
2.3.2 Well-being	
2.3.3 Safeguarding the rights of children and young people	
2.4 Priority policy objective 2: Promoting active inclusion	27
2.4.1 Adequate income support	
2.4.2 Access to inclusive labour markets	
2.4.3 Access to quality social services	
2.5 Priority policy objective 3: Promoting equality of opportunity	29
2.5.1 Combating discrimination	
2.5.2 Promoting the integration of third country nationals	
2.5.3 Mainstreaming social inclusion and anti-discrimination issues	

2.6	Better governance	31
	2.6.1 Preparation process	
	2.6.2 Policy co-ordination	
	2.6.3 Mobilisation and involvement of actors	
	2.6.4 Mainstreaming	
	2.6.5 Monitoring and evaluation arrangements	

Part 3 - National Strategy for Pensions **36**

3.1	Introduction	36
3.2.	Progress	36
	3.2.1. Progress in implementation of the priorities established in the NSR 2005-2008	
	3.2.2. Assessment of the challenges identified in 2007 Joint Report	
3.3	Review of adequacy	40
	3.3.1 Update of changes since last NSR	
	3.3.2 Recent trends regarding adequacy of pensions	
	3.3.3 Impact of measures that aim to minimise the risk of social exclusion among older people	
	3.3.4 Future measures to improve the adequacy of incomes	
3.4	Review of financial sustainability of the pension system	44
	3.4.1 Level of resources devoted to providing pensions	
	3.4.2 Weaknesses of current financing arrangements	
	3.4.3 Challenges facing sustainability	
	3.4.4 Projection of pension expenditure	
	3.4.5 Review of employment levels	
	3.4.6 Preventing early exit from the labour market	
	3.4.7 Reform of the Invalidity Pension System	
	3.4.8 Provisions relating to the Markets in Financial Instruments Directive	
	3.4.9 Future measures to improve sustainability	
3.5	Review of the modernisation of pension systems in response to changing needs of the economy, society and individuals	48
	3.5.1 Society's increase in consumerism: Responding through education on the importance of saving for old age	
	3.5.2 Impact of atypical career patterns	
	3.5.3 Impact of marital dissolution	
	3.5.4 Reform of the social benefit system	
	3.5.5 Monitoring the accessibility and sustainability of pension systems	
	3.5.6 Disseminating information	
	3.5.7 Bilateral agreements	

Part 4 - National Strategy Report for Healthcare and Long-term Care **51**

4.1	Introduction	51
4.2	The health care system	52
	4.2.1 Progress Report	
	4.2.2 Access	
	4.2.3 Quality	
	4.2.4 Affordability/sustainability	
4.3	Long-term care	64
	4.3.1 Progress Report	
	4.3.2 Access	
	4.3.3 Quality	
	4.3.4 Affordability/sustainability	
4.4	Conclusion	68

Annexes	69
Part 2 - Annex 1	70
Annex 1.1 - Examples of Good Practice	71
Annex 1.1a - Integration of Asylum Seekers into Maltese Society	72
Annex 1.1b - Equal Project - HEADSTART	75
Annex 1.1c - National Standards of Care for Residential Child Care	79
Annex 1.1d - Gender Mainstreaming - The Way Forward	82
Annex 1.2 - Examples of Actions Undertaken within the Different Policy Areas (2006-2008)	85
Part 3 – Annex 2	101
Annex 2 - Primary Indicators and Statistical Information regarding Invalidation Pension Payments	102
Part 4 – Annex 3	103
Annex 4.1 – Statistical Information	104
Annex 4.2 – Consultation Process	112
Annex 4.3 – Examples of Good Practice	119
Annex 4.3a - Integration of persons suffering from mental health problems back into the community, after years of institutionalisation	120
Annex 4.3b - Implementation of nationwide Picture Archiving & Communication System (PACS)	125
Annex 4.3c – Training and Learning Initiative for different levels of management in the Public Health Care Services	130

List of Acronyms

ARPR	At-Risk-of-Poverty Rate
AWG	Ageing Working Group
CCU	Consumer Complaints Unit
DSS	Department of Social Security
DSWS	Department for Social Welfare Standards
EAPN	European Anti-Poverty Network
ERDF	European Regional Development Fund
ESF	European Social Fund
ETC	Employment and Training Corporation
FES	Foundation for Educational Services
FPPS	First Pillar Pension Scheme
FSWS	Foundation for Social Welfare Services
GDP	Gross Domestic Product
ICCO	Inter-sectoral Committee to Counteract Obesity
ICT	Information and Communication Technology
ISCED	The International Standard Classification of Education
MCAST	Malta College of Arts, Science and Technology
MDH	Mater Dei Hospital
MFSA	Malta Financial Services Authority
MPI	Maximum Pensionable Income
MQC	Malta Qualifications Council
NAP	National Action Plan
NCHE	National Commission for Higher Education
NCPE	National Commission for the Promotion of Equality
NEI	National Equivalised Income
NQF	National Qualifications Framework
NRP	National Reform Programmes
NSR	National Strategy Report
NSRSISP	National Strategy Report for Social Inclusion Strategy for Pensions
OIWAS	Organisation for the Integration and Welfare of Asylum Seekers
PES	Public Employment Service
PPCD	Planning and Priorities Co-ordination Division
PPP	Public-Private Partnership
SABS	<i>Sistema għall-Amministrazzjoni ta' Beneficcji Socjali</i> (System for the Administration of Social Benefits)
SFA	Special Funds (Regulations) Act (SFA) of 2002
SPPS	Second Pillar Pension Scheme
SVPR	St. Vincent de Paule Residence
TPPS	Third Pillar Pension Scheme
TRR	Theoretical Replacement Rate
VET	Vocational Education and Training
ZCH	Zammit Clapp Hospital

Part 1 Common Overview

1.1 Introduction

Malta's long-term vision remains that of promoting and sustaining a better quality of life for all, particularly for those who are considered to be more vulnerable and therefore at greater risk of social exclusion and poverty. Against this background, Malta's National Report on Strategies for Social Protection and Social Inclusion for 2008 to 2010 continues to build upon the previous 2006-2008 report even though there are issues such as migration which feature more predominantly in this report.

Malta's vision and the socio-economic objectives and strategies underpinning the country's actions, as outlined in this report, are rolled out in the following documents:

- The Pre-Budget Document 2006-2010, which identifies priorities of action and specific proposals aimed at bolstering Malta's competitiveness and engendering social cohesion;
- The Pre-Budget 2009 Document, which highlights the political, economic and social objectives of the newly re-elected Government for the next fiscal year;
- The National Reform Programme, which outlines Malta's competitiveness and projects the country's continued development in line with the Lisbon Agenda objectives and targets;
- The National Strategic Reference Network, which establishes the strategic priorities for EU structural funds for EU Member States in the period 2007 to 2013, and which in the case of Malta, is at the level of Objective 1.
- Malta's Vision 2015, which is the Government's strategy aimed at making Malta a centre of excellence in six specific areas which are set to be the strong pillars of the country's continued growth: economy; information and communication technology (ICT); financial services; tourism; higher education; health; and the manufacturing industry.

1.2 Assessment of the social situation

The indicators in Tables 1 and 2 give an overview of Malta's socio-economic situation¹:

Table 1: Economic indicators

	Malta Average	EU Average
Growth rate of GDP at constant prices (% change over previous year)	2.3	-
General government consolidated gross debt (as a % of GDP)	64.7	61.4
Overall employment rate ^e	54.8	-
Social protection benefits by function (as a % of total benefits ²)	26.3	28.6 ^e
Social protection benefits by function (as a % of GDP)		

¹ These indicators are for 2006 unless otherwise specified.

	18.3	27.2 ^e
Inequality of income distribution (income quintile share ratio) ²	4.2	4.8 ^e

^eEurostat estimate

²Figures for 2005

Table 2: Social indicators

	Malta Average			EU Average
	Males	Females	Total	Total
At risk-of-poverty rate (%)				
Total Population	14	14	14	-
Children aged 0-17	-	-	19	-
People aged 18-64	10	12	11	-
People aged 65+	22	20	21	-
Early school leavers (%) *	41.5	33.3	37.6	14.8
People living in jobless households (%)				
Children	-	-	8.4	9.4 ^e
Adults (18-59)	5.6	5.6	5.6	5.6

Data of 2007, Eurostat (EU-Labour Force Survey)

Early School Leavers defined as percentage of 18-24 year-olds with only lower secondary education or less and not in education or training

^eEstimate

Against this background, Malta is aware that like all other EU Member States, it is also being compelled to face up to external pressures arising from globalisation, the recent international financial crisis increased competitiveness, the soaring cost of oil and its by-products, the more recent price hikes in cereals and other food items, and the negative consequences of climate change. Being a small island, Malta is at greater risk of suffering the ill-effects of global challenges and economic recession with all the negative repercussions that these can bring about. Malta also acknowledges that the pressures of globalisation and demographic change demand greater flexibility in labour markets and that any moves in this direction should be accompanied by measures to improve workers' employment protection and social security.

1.2.1 Contending with major challenges

Internally, Malta has also to contend with other major challenges that are characteristic of the country's physical, economic, social and demographic reality, such as:

- lack of natural resources,
- scarcity of land,
- urban expansion,
- population density,
- declining birth rate and population ageing,
- sustained influx of irregular migrants,
- inadequate supply of human resources at certain professional and technical levels,
- significant reliance on foreign investment and exports,
- limited funding in research and innovation, and

- environmental and climatic concerns.

Within this scenario, Maltese society continues to evolve and change as it adjusts and adapts to the challenges it is facing. The following overarching elements are thus retained as central in preserving Malta's social cohesiveness and promoting the continued social wellbeing of its people:

- education,
- employment,
- health,
- social security,
- social welfare services, and
- social housing.

Similar to other Member States, Malta is experiencing a continuously increasing demand for more and better jobs, enhanced work and life balance, improved educational standards, more affordable accommodation, and personalised social services. However, Malta is also sensitive to the fact that the more vulnerable groups in society should be at the forefront of Government intervention in order to improve their position and realign their economic and social standing in life.

1.2.2 Socio-economic development

These considerations are bound to influence Malta's socio-economic development in the coming years, even more so as the Government is committed to continue consolidating the fiscal process that enabled Malta's entry into the EUROZONE as from 1st January 2008. Notwithstanding the monetary and fiscal constraints that membership of the EURO currency exerts, Government has been unequivocal in its view that public expenditure will continue to be controlled, but without compromising on social services, healthcare and education. Government considers these provisions as fundamental in sustaining better living standards in the country and ensuring the population's general well-being. In the circumstances, making more equitable and effective use of the resources available whilst also prioritising those interventions that are most needed is of utmost importance. Sustainable development of the economy, of society, and the environment, will underpin Government's goals in this legislature and help shape the country's drive towards a better future.

1.2.3 The social perspective

The pervasiveness of voluntary and religious organisations in the social welfare sector is undoubtedly a positive characteristic of welfare provision in Malta and underscores the social bonds permeating Maltese society. It should nevertheless be pointed out that a declining religious community has necessitated more Government provision or funding for certain services previously provided for by religious organizations.

Whilst recognising the value of such work, more effort is needed to synergise Voluntary Organisations and Government efforts in the social welfare field.

Despite the challenges being faced, the quality of life and social cohesion in Malta, as corroborated by various structural indicators indicated above, encourage Government to intensify its efforts to bolster social progress in the country. In so doing, Malta can draw from its achievements in the three social protection policy strands – social inclusion,

pensions, and health and long term care – to map further progress in line with national policies and EU direction.

1.2.4 The effects of irregular migration

Irregular migration and asylum represent an unprecedented challenge for Malta and has a strong bearing on the social situation in the country. The uninterrupted influx of irregular migrants coming to Malta by sea from North Africa is becoming more serious from a humanitarian and social perspective and shows no sign of abating. In this regard, Ministry for Justice and Home Affairs data indicates that as of the end of August, 2008, a total number of 2223 immigrants have arrived in Malta by boat in the year 2008 (1st Jan 08 – 31st August, 2008) which means an increase of 61.2% over the previous year, where during the same time frame (1st Jan 07 – 31st August, 2007), 1379 immigrants arrived in Malta. Moreover, most of the irregular migrants who reach Malta apply for asylum, with the rate of recognition hovering around 50% or more.

When compared to the country land size (316 km²) and the Island's already high population density (approximately 1,272 per km²), the presence in Malta of such a relatively high number of irregular migrants is severely straining the country's limited resources and infrastructure particularly during the summer months when arrivals are more accentuated. In fact, in spite the incessant efforts by Government, voluntary organizations and other interest groups to provide adequate assistance, both on their arrival and during the entirety of their stay in Malta, to irregular migrants, many of whom apply for asylum, the sheer proportion, vastness and complexity of this problem is at times absorbing these very creditable efforts.

Irregular immigration has many facets – political, economic, social and cultural - and it is necessary to respond to the challenges posed by the accumulative pressures in the respective areas on a European level. The European Pact on Immigration and Asylum adopted in October 2008 recognizes that poorly managed immigration may disrupt the social cohesion of the countries of destination. Moreover, the Pact envisages a number of solutions, including the readmission of those irregular immigrants who are found not to be deserving of protection, as well as the voluntary intra-EU reallocation of beneficiaries of international protection from Member States facing particular pressures as a result of demographic or geographical circumstances. Malta falls within the latter category in view of its demographic reality as well as geographical location.

It is widely acknowledged that the immigrants who enter Malta irregularly do so mainly to seek asylum or in search of a better standard of living and employment prospects. Given that Malta does not have the resources to integrate all beneficiaries of international protection and faces obvious limitations when it comes to the reception of all migrants who reach its shores, and it has consistently called for mutual responsibility and solidarity between member states, also because immigration challenges are a collective interest of the EU.

The Maltese Government is committed towards ensuring the social integration of immigrants recognized as refugees or beneficiaries of subsidiary protection who are not reallocated to other States. However, in view of the country's size and the limitations this comports on the possibilities of integration, reallocation, where possible, remains the most logical and effective solution.

1.3 Overall strategic approach

Following Malta's General Election of the 8th March 2008, the new Government has set out to realign its structures to be in a better position to implement its political manifesto, undertake new policies and programmes and ensure a more effective and timely response to public demands. The appointment of a leaner Cabinet of Ministers and a reduction in the number of ministries from 13 to 9 underlines this commitment.

1.3.1 Changes in ministerial portfolios

As a result of the restructuring of Ministries, the Ministry for Social Policy now incorporates all Public Service entities responsible for developing and implementing policy as well as delivering services in the social security, social welfare and health and long-term care areas. This amalgamation augurs well for a more holistic approach that should render the delivery of such services more effective and timely. This inherently means looking at social protection and social inclusion challenges and opportunities from a new perspective. Malta is therefore at a crucial stage in determining what changes are needed to fulfil a more integrated approach. In this context, it is important to continue the consolidation process of structures and systems to strengthen the institutional framework with the aim of setting priorities and overcoming policy gaps within available resources. More effort shall be made on research, monitoring and evaluation of services to facilitate the development of a concerted, knowledge-based policy approach. This will improve the nexus between resource deployment and client group needs.

1.3.2 Putting sustainable development on the agenda

As outlined by H.E. The President of Malta in the official speech on 10th May, 2008 on the occasion of the inauguration of the first sitting of this Parliamentary legislature, the predominant objective that the Government will be pursuing in the coming years is to ensure that the country not only sustains the progress it has registered so far but makes even more dramatic social and economic advances. These advances shall at the same time respect the need for sustainable development which is tantamount to the wellbeing of present and future generations. Sustainable development shall be at the core of Government's political vision and direction that cut across all its actions and interventions.

1.3.3 Privatisation efforts

Much of the restructuring of the Public Service and the privatisation programmes for indicated sectors have already either been initiated or undertaken. More headway is expected to be achieved over the coming two-year period in areas targeted for privatisation for the short to medium term. The shipyards present an important case in point in this regard.

1.3.4 National reform programme

The importance of the reform initiatives contained in Malta's National Reform Programme cannot be understated and Government is thus expected to continue implementing the National Reform Programme whilst also taking the necessary steps to gradually introduce the social measures announced in its electoral programme.

1.3.5 Doing new business

Government is stepping up its efforts to promote Malta as a high profile investment hub capable of attracting to the country quality firms or businesses such as those operating in ICT or pharmaceuticals. In particular, the expected realisation of the new ICT

SMARTCITY development project by a Dubai-based consortium in the next few years, a project which will be sited in the more underprivileged inner harbour region, will thrust the country forward towards new opportunities for economic and social advancement in a high-tech environment.

1.3.6 The main challenge facing Malta

As with the rest of Europe, the economic, social and demographic situation in Malta is undergoing rapid evolution. The changes taking place in Maltese society are redefining the scope and value of social well-being in Malta. It thus follows that the main thrust of Malta's actions in social policy should reconcile institutional interventions with client demands to ensure more appropriate and sustainable approaches that sufficiently correct or compensate against social imbalances and inequalities within an overall sustainable public budgeting process.

1.3.7 Strengthening social policy in Malta

It follows from what has been said above that the key objective the Maltese Government will be pursuing with greater purpose in its term of office is going to be the country's economic and social advancement within the parameters of sustainable development. In parallel to this, Malta's social policies will have to follow more defined paths such as:

- delivering more personalised social services particularly at community level,
- continuing with the implementation of the pensions reform,
- strengthening transparency in social benefit payments and curtailing abuse where this exists,
- improving health care and other medical services and rendering them more efficient and cost-effective,
- enhancing educational standards and specialisation in line with the country's development requirements,
- increasing training opportunities to facilitate more job security and improve work mobility,
- raising the rate of female participation in the labour market,
- facilitating better access to child care facilities,
- meeting the demand for more social housing particularly from young couples whose income is not sufficient to enable them to purchase/rent on the open market without some form of assistance,
- realising the long-awaited reform to the rent law as proposed by government in its white paper published on 28th June 2008 to encourage the leasing out of unoccupied dwellings,
- promoting equality and integration particularly with respect to disadvantaged groups such as immigrants,
- sustaining social protection and social inclusion through greater solidarity and social justice.

The measures and objectives outlined above reflect Malta's commitment to address its evolving social realities. This responsibility is also amply reflected in the strategies that Malta intends to undertake over the coming two years as outlined in the three strands – Social Inclusion, Pensions and Health and Long Term Care – that make up this report. The planned measures aimed at promoting and sustaining social change should not be perceived as running counter to, but rather parallel, to the country's traditional beliefs, values and aspirations, which have been transmitted from one generation to another and

are now firmly embedded in Maltese thinking and behaviour. These beliefs and values actually underline the great importance that Malta attributes to family and social policies since these are considered to be crucial in promoting solidarity between generations and in maintaining and consolidating social cohesion.

1.3.8 Environmental considerations

Energy and climate policy is also an integral part of the Lisbon Strategy. Apart from constituting a challenge for a micro state like Malta, environment policy should also contribute to broaden economic growth. Conservation and environmental regeneration are crucial to ecological sustainability. Moreover, developing a green collar workforce to help Malta attain a cleaner and more energy efficient future is a stimulating and challenging opportunity for Malta and can contribute towards more job creation in the country.

1.3.9 Training and development

Skills are becoming a key factor in future for the country in its efforts to avoid labour bottlenecks. Particular attention needs to be given to low-skilled workers to facilitate their adaptability to change and young people, especially underachievers, to help them bridge the gap between education and employment. This calls for:

- retraining of people who are already working and who want to find better work in line with the growing industrial sectors;
- diversifying training opportunities to make people who are unemployed, or who want to return to work, more employable;
- the retraining of registered unemployed in multi-skilling to enhance their employability and flexibility.

The underlying issue here is that if we are to have the professional and technical capacity to do better, we need to invest more in the human resource base. Investing in people is a guarantee for a better future. The University of Malta, and the Malta College of Arts, Science and Technology (MCAST) the national vocational and training college in Malta, and the Employment and Training Corporation (ETC) the national entity responsible for employment and training services, are at the forefront in providing the country with quality human resources that sufficiently match up to the skills gaps in the country. This is not easy at a time of rapid transformation. The Island's higher education institutions are reviewing their strategies to ensure closer ties between higher education and employment targets and help equip the country with the skills required in the future.

1.3.10 Strengthening the Public Service

Diversification efforts may require a review of the role of the Public Service in Malta. Although the Public Service in Malta has undergone rapid transformations, more capacity building is required. An important series of initiatives being undertaken through the European Social Fund have reform and capacity building of the public sector as their main theme.

1.4 Overarching theme

Whilst recognising the need for good governance and the country's growing desire to progress socio-economically and generally improve upon living standards, Government is conscious that this is becoming a tougher challenge in the current global climate that is characterised by uncertainty and instability.

Malta's socio-economic development over the next three years will continue to focus on the following overarching objectives:

- sustaining economic growth and increased competitiveness through the expansion of a knowledge-based and service-based economy;
- safeguarding the natural and urban environment from over development;
- ensuring continuous investment in human capital, education and training;
- providing social protection and support especially to those who are more vulnerable and in need of help.

The long awaited EU debate on the renewed Social Agenda which has just started will serve as an opportunity to invigorate social policy analysis in Malta and consider the scale and quality of social intervention in the country.

1.5 Good governance

This National Strategies Report maps out the path that Malta shall follow over the coming two years (2008-2010) to strengthen social cohesion and improve prospects for all. Guided by the comments made in the Joint report in respect of Malta, the acknowledgement of the benefits to be reaped from the adoption of the Open Method of Co-ordination at different levels and the importance of increasing transparency in decision making, Malta shall strengthen its method of governance to monitor and evaluate the overall implementation of policies reported in its National Strategies Report by:

- Permanently maintaining a Working Group so as to continuously monitor progress and development on the National Strategies Report
- Facilitating and undertaking better co-ordination between Malta's representatives on such EU entities as Employment Committee (EMCO), Social Protection Committee (SPC), Indicators' Subgroup (ISG) and Economic Policy Committee (EPC) since the focus of these bodies extensively feeds into the promotion of social cohesion from various perspectives.
- Developing a more co-ordinated approach towards the dissemination of information regarding access to EU funds to ensure that Maltese entities make proper use of funds to address national social priorities.

Through good governance Malta aspires to achieve the key overarching objectives of the three strands presented in this report, namely:

- to promote access to multi-faceted services, including social, financial, recreational, that improve the quality of life and well-being of all but have particular attention to the most vulnerable in society,
- to ensure adequate and quality services that address real priority needs within Malta's national context, and
- to secure sustainability to ensure continuity of services.

Part 2

National Action Plan on Social Inclusion

2.1 Progress in relation to 2006-2008 NSRs and challenges identified in 2007 Joint Report

In its previous National Action Plan on Social Inclusion, Malta prioritised the following over-arching policy objectives:

- empowering social cohesion,
- building stronger communities,
- strengthening the voluntary sector, and
- networking the social welfare sector.

These objectives were aimed at addressing the needs and aspirations of various population groups at risk of poverty and social exclusion² and moreover, at promoting a comprehensive social inclusion strategy for society in general.

This report assesses the progress registered in each of these policy objectives. It also attempts to chart the developments made in relation to the specific challenges identified in the 2007 Joint Report³.

2.1.1 Policy focus 1: Empowering social cohesion

The 2006-2008 National Action Plan on Social Inclusion placed children and young people at the centre of policy formulation and implementation efforts. The rationale pursued here was that children and young people encountering situations that impinge on their life chances are at greater risk of poverty and social exclusion⁴. This first policy focus in Malta's 2006-2008 Social Inclusion Plan thus aimed to maximise the potential and prospects of children and young people through a three-fold approach: (a) enhancing personal development, (b) improving well-being prospects, and (c) safeguarding their rights.

Personal development

Education (both formal and informal) and employment safeguard present and future generations against the risk of poverty and curb the generational transmission of

² Children, young persons at risk, families and other significant others, irregular migrants, persons dependent upon drugs and/or alcohol, persons with mental health difficulties, victims of domestic violence, persons with disability, and older persons have been considered to be among the key vulnerable groups that are addressed by the National Action Plan on Social Inclusion (2006-2008).

³ A more detailed breakdown of the initiatives that were undertaken to secure the indicated progress registered is annexed in this strand's Appendices Section – Annex 1.2.

⁴ Some categories of children and young people who have been identified as being at greater risk-of-poverty and social exclusion include: children living in institutions or in care, children and young persons with a disability, children and young people with literacy difficulties, those with emotional, mental ill-health or dependency difficulties, those living in jobless and single parent households, those witnessing or being victim to domestic violence or abusive behaviour, teenage parents, unaccompanied minors and young people who are unemployed or inactive.

poverty. During 2006-2008 various reforms and initiatives were undertaken to attain these aims. These include:

- continuation of the construction and modernisation of schools and colleges,
- increased investment in ICT training and education,
- skills profiling exercises,
- personalised action plans for unemployed youth,
- entrepreneurship courses, and
- initiation of a national youth employment strategy.

These measures contributed significantly towards reaching the targets mapped out in the Lisbon agenda for education (reducing illiteracy rates and early school leavers) and employment (increasing youth employment). It is worthwhile noting that Malta's overall literacy rate⁵ rose from 88.7% in 1995 to 92.8% in 2005 (2005 Census Report). Significant progress has also been registered with regards to early school leavers. Malta's early school leavers rate⁶ dropped from 53.2% in 2002 to 48.2% in 2003 (Eurostat). This positive trend has continued and figures for 2006 show a decline to 41.7% (men: 44.6%; women: 38.8%; EU27:15.3%) and 37.6% in 2007 (Eurostat: EU Labour Force Survey, 2007). These figures augur well for the 2013 target to decrease early school leavers to 22.0%⁷. Malta has also reported an increase in the rate⁸ of upper secondary education from 40.9% in 2000 to 54.7% in 2007⁹. Similar trends have also been registered in the employment sector during 2006-2008. Malta's youth employment rate¹⁰ stood at 46.1% in 2007, with the unemployment rate of young people¹¹ decreasing from 16.6% in 2005 to 13.3% in 2007 (Annual Labour Force Survey, 2007).

Notwithstanding these notable achievements, Malta still faces a number of challenges in these areas, and combating school absenteeism, learning difficulties and illiteracy remain high on the country's agenda. Furthermore, the positive trends recorded by women pursuing tertiary education need to be better transferred to the labour market¹².

Well-being

The 2006-2008 Social Inclusion plan recognised that good health, adequate housing and effective social welfare services contribute to children's general well-being and promote

⁵ The literacy rate is the number of persons who are literate, expressed as a percentage of the total population. It is calculated for persons aged 10 and over. In the 2005 Census, a person is defined as being literate if s/he is capable of reading and writing a simple sentence about his/her everyday life.

⁶ The early school leavers rate is calculated as the number of persons aged between 18 and 24 having achieved a lower secondary level of education or less, and not currently in education or training, expressed as a percentage of all persons in this age group.

⁷ Operational Programme II, 2007:77

⁸ This is the percentage of 20-24 year olds having achieved at least an upper secondary level of education.

⁹ Malta's National Reform Programme 2008-2010.

¹⁰ The employment rate is defined as the number of persons in employment as a percentage of the labour force. In this case, young persons are considered to be persons aged 15-24.

¹¹ The unemployment rate is defined as the number of unemployed persons as a percentage of the labour force. In this case, young persons are considered to be persons aged 15-24.

¹² Compared to the academic year 1994/1995, where 2731 female students, comprising 48.2% of the university population were following a university course, in the academic year 2005/2006, 5,089 were women following a course at the University of Malta, representing 57.0% of the total university population. There were 4,398 women studying at ISCED 5A level (57.5% of ISCED 5A students), 668 studying at ISCED 5B level (55.4% of ISCED 5B students) and 23 studying at ISCED 6 level (35.9% of ISCED 6 students). This significant growth in Malta's female university population is as yet not leaving the desired impact on labour market trends.

their prospects for social inclusion. To this effect, various initiatives were undertaken during the period under review. These were aimed at:

- extending specialised services for minors with emotional and/or challenging behaviour,
- increasing the availability of adequate and affordable housing,
- enhancing quality of service provision and standardisation, and
- increasing accessible and affordable child care facilities.

Despite these efforts, standards, quality service charters and protocols ascertaining a regulatory, monitoring and on-going evaluative framework for service provision remain a key challenge for the social welfare sector. Reducing waiting lists that hinder accessibility to services and rendering housing more affordable (particularly for households with children) also remains a priority.

Safeguarding the rights of children and young persons

Between 2006 and 2008, various trans-sectoral initiatives were undertaken to safeguard the rights of children and young persons. These include:

- promotion campaigns aimed at nurturing and raising awareness on children and young people's rights,
- primary prevention programmes promoting healthy lifestyles, and
- measures aimed at curtailing youth crime, delinquency and victimisation.

These measures appear to have contributed positively toward stabilising the risk of child poverty in Malta¹³. The major permeating challenge for Malta in this respect is the need to facilitate (a) earlier identification of emerging needs; (b) the evaluation of programmes and restructuring of services, and (c) the establishment of achievable targets and realistic indicators.

2.1.2 Policy focus 2: Building stronger communities

The implementation programme supporting this policy objective mainly comprised of consolidating and expanding (a) community development initiatives, (b) prevention and early intervention programmes, and (c) social benefits reform.

Community development

During the period under review community development services in different geographic areas were consolidated through:

- the setting up of more 'one stop shops' for service users in indicated areas;
- the opening and wider use of youth empowerment centres;
- greater provision of community based services; and
- urban regeneration projects with a view to (a) enhance quality of life, and (b) increase availability of affordable housing.

¹³ The risk of poverty rate for children stood at 18.2% in 2005 and 19.0% in 2006. Statistically there is a 1% margin of error so it is not possible to tell whether there has been an increase or a decrease. However, the figures infer a rather stable scenario.

Although significant headway has been made in this area, more work is needed, *inter alia*, to increase public awareness and information on service availability, eligibility criteria and clients' rights and obligations.

Prevention and early intervention

A number of policy measures and initiatives that contribute towards prevention and early intervention have been undertaken so as to generate:

- sensitivity on social protection and inclusion issues,
- wider knowledge on risk and addictive behaviour,
- personal development (particularly in the areas of education, training and employment),
- focus on the family,
- promotion of equality, and
- integration of migrants.

A greater shift of emphasis in service provision from crisis intervention to prevention and early identification is necessary. This requires ongoing service evaluation to respond to evolving needs, longer-term planning of service provision and shifting of resources to meet priority needs. Moreover, a more holistic approach to service provision that recognises the importance of a continuum of services from primary to tertiary prevention levels is also needed.

Social benefits reform

During 2006 to 2008, various financial measures were undertaken to enhance social inclusion and protection, namely:

- amendments to the social security legislation,
- initiatives aimed at consolidating family friendly measures,
- reform in the children's allowance system,
- measures to increase solidarity,
- measures to enhance the well-being and social inclusion of persons with disability,
- measures that spur people to work and improve their employability,
- reform in the income taxation system, and
- pension reform.

Notwithstanding the above, making work pay to bolster labour market activity, strengthening the fight against benefit fraud and aligning the social benefit and social security system more effectively with emerging needs remain important challenges for Malta.

2.1.3 Policy focus 3: Strengthening the voluntary sector

During 2006 to 2008 Malta undertook various measures aimed at strengthening the voluntary sector, namely:

- enactment of the voluntary organisations act (2007) regulating voluntary organisations and their administration,
- consolidation of consultation processes,
- enhancement of the effectiveness and capacity building of the voluntary sector,

- greater public-voluntary partnerships, and
- promotion of transparency, accountability, networking and collaboration with a view to enhance the voluntary sector,

Although these measures have contributed towards instituting a legal and regulatory framework for voluntary organisations and the democratisation of the social welfare sector by enhancing the mobilisation of third sector participation in service provision and development, it is recognised that further effort is required to enhance the capacity building of voluntary organisations. This should encourage voluntary organisations to respond even more emphatically to national priority needs. Future focus also needs to be set upon ensuring that the structures provided for by the Voluntary Organisations Act are in place and functioning adequately.

2.1.4 Policy focus 4: Networking the social welfare sector

Social welfare networking in Malta

Malta benefits from a wide array of social welfare, health, education and employment services. One of the major objectives in the previous plan was to enhance networking amongst the various stakeholders in the field to improve the prospects of social inclusion through increased collaboration. In view of this, the social welfare sector has embarked on a number of networking initiatives. Consequently:

- development of social welfare services is increasingly being made on transferability and adoption of good practices¹⁴,
- emphasis has been placed on strengthening information and communication technologies, and
- awareness raising on the importance of networking and the involvement of service users has been a marked feature of social welfare service delivery in recent years.

Notwithstanding the increased collaboration between service-providers, present networking frameworks require further enhancement. More integration and networking between social and economic policy for example is crucial for the way forward. This would contribute towards (a) enhancing resource mobilisation, (b) redirecting public expenditure towards more growth-supporting spending, and (c) ensuring the adequacy and sustainability of the social protection systems. Further effort to create a structured and on-going networking forum which draws on the active involvement of key players in the social welfare sector is also required to: (a) strengthen policy measures; (b) rationalise resource allocation (both human and financial); (c) improve quality and cost-effectiveness; (d) reduce undue bureaucratic processes; and (e) consolidate measures, such as service users' involvement.

2.1.5 Challenges and lessons learnt

The 2007 Joint Report identifies a number of challenges for Malta in its country profile. These suggest the need for (a) more quantification of expected results and use of indicators, (b) better synergy and connections among the three strands, on how the

¹⁴ This has taken place through the consolidation of centralized services and the replication of the ACCESS community empowerment centre to other localities. Furthermore, the development of social welfare services is increasingly being informed through peer review activities.

different challenges would be tackled, (c) better explanation of individual strands, and (d) more reference to gender issues.

To address the challenges outlined above and secure a truly multidimensional approach, the 2008-2010 NAP Inclusion aims to:

- set adequate and realistic targets for the two year time frame to enable better quantification and appraisal of progress in the respective measures in so far as present knowledge-base restrictions permit;
- ensure better synergy with the previous plan by continuing to (a) build upon the results achieved in the different policy areas, and (b) focus upon identified vulnerable groups whilst taking into account emerging needs and areas of concern; and
- mainstream gender and disability issues throughout.

In consideration of the efforts made, more progress than that actually registered was expected in respect of some of the more challenging Lisbon objectives, particularly with regards to the (a) female employment rate, (b) employment rate of older persons, and (c) early school leavers. However, Malta has succeeded in (a) increasing its overall employment rate from 54.2% in 2000 to 54.8% in 2006 (Eurostat) and 55.7% in the fourth quarter of 2007 (Labour Force Survey: October-December 2007) most of which is attributable to women joining the labour force. Malta has retained stability in the at-risk-of-poverty rate¹⁵ despite the current external difficult circumstances.

Malta aspires to further strengthen its efforts to reduce the risk of poverty and social exclusion. Therefore, besides continuing to build upon the results achieved between 2006 and 2008, Malta will also seek to (a) identify and address emerging challenges, (b) promote a multi-pronged policy response, and (c) reinforce impact to enhance social cohesion.

2.2. Key challenges, priority objectives and targets

2.2.1 Key challenges

As identified above, the main challenges in combating poverty and social exclusion in Malta continue to be:

- tackling school absenteeism, learning difficulties and illiteracy and pursuing the commitment to reduce the rate of early school leavers educational underachievement;
- increasing the overall employment rate, particularly through (a) the inclusion of older workers, women and vulnerable groups within the labour market, and (b) making work pay;
- promoting greater availability of adequate and affordable housing;
- combating the intergenerational transmission of poverty and social exclusion;
- addressing the social aspects of migration and promoting equality and diversity; and

¹⁵ This rate stood at 14.2% in 2005. The poverty rate amongst males stood at 13.7% while that amongst females stood at 14.7% (NSO, 9th May, 2007). The at-risk-of-poverty rate is the share of persons with an equivalised disposable income below the poverty line, that is, below 60% of the median national equivalised income of the persons living in households. The equivalised disposable income is defined as the household's total disposable income divided by its 'equivalent size' (to take into account the size and composition of the household), and is attributed to each household member.

- reforming the social protection system to ensure its sustainability, adequacy and comprehensiveness.

2.2.2 Priority objectives

In its continued commitment to address these on-going concerns and emerging needs, Malta is prioritising the following over-arching policy priority objectives:

- improving the social inclusion prospects of children and young persons,
- promoting active inclusion for all vulnerable groups, and
- promoting equality of opportunities.

Malta aims to build upon the work undertaken during 2006-2008 by continuing to focus its strategic actions upon promoting the well-being and maximising the potential of children and young people, who have a higher risk of poverty (19%) compared to the total population (total population:14%; males: 14%, females: 14%, EU25: 16%) and people aged 18-64 years (total population:11%; men: 10%, women:12%, EU: 15%)¹⁶.

In an attempt to reduce and combat the intergenerational transmission of poverty and social exclusion and ensure more equality of opportunity, measures are being undertaken to improve the conditions of households with dependent children, which are at a higher risk of poverty¹⁷ when compared to households without dependent children¹⁸. For example as from 2008 all families with dependent children have become eligible to apply for “children’s allowance”.

Malta will also continue to consolidate its social welfare sector and ensure that social transfers will be more effectively directed at reducing the risk of poverty. The at risk of poverty rate before all social transfers except old-age and survivors’ benefits stood at 22% for the total population (males: 21%; females: 23%; EU25: 26%), 30% for children aged 0-17 years (EU25: 33%), 19% for people aged 18-64 years (men: 18%; women: 21%; EU25: 24%) and 25% for people aged 65 years and more (men: 26%; women: 24%; EU25:23%)¹⁹. Effectiveness of welfare benefits will be enhanced by: (a) facilitating accessibility to services through the expansion of community development services; and (b) increasing adequacy by focusing on quality, standardisation, networking, early intervention and prevention strategies. Further focus will also be placed on strengthening the voluntary sector.

Whilst continuing to address the policy foci that formed the basis of the previous NAP cycle, in view of emerging socio-cultural and economic realities, the strategy of this social inclusion action plan shall also be directed towards promoting active inclusion and enhancing equality of opportunities.

The approach outlined above aims to enhance interaction between the various Lisbon strands in order to reinforce Malta’s efforts to eradicate poverty. Demographic changes

¹⁶ Source: SILC 2006, Income data 2005.

¹⁷ ARPR of total population:16%; EU25:17%; single parents with at least 1 dependent child: 37%; EU: 32%; two-adult households with 1, 2 and 3+ dependent children: 15%, 14% and 32%, respectively; EU: 12%, 14% and 24%, respectively. Source: SILC 2006, Income data 2005.

¹⁸ ARPR of total population: 12%; EU25: 15%; one-person households - total population: 20%; EU25: 24%; men:19%; women: 20%; aged < 65yrs: 22; aged 65+: 18%; two-adult households - both <65 yrs: 12%; EU25: 10%; at least one adult 65+: 26%; EU25: 16%). Source: SILC 2006, Income data 2005.

¹⁹ Source: SILC 2006, Income data 2005.

characterised by an ageing population and globalisation trends demanding a competitive labour market necessitate such action. Given the strong ties between unemployment and risk of poverty²⁰, promoting active inclusion through the improvement in access to education and employment is crucial to Malta's strategy to prevent and combat poverty and social exclusion.

Women, young people, older persons and vulnerable groups²¹ remain underrepresented in the labour market. Improving access to education²² and improving the employment rate among these groups, particularly among the long-term unemployed (in 2006 – total population: 2.9%; men: 3.1%; women: 2.5%, EU27: 3.6%)²³ is therefore pivotal if Malta is to successfully counter balance the effects of an ageing population and redress factors that impinge upon the entrenchment of risk of poverty and social exclusion.

Active inclusion may take a more holistic form if accompanied by measures that enhance people's prospects for participation in all aspects of life and equality of opportunity. In view of this, combating discrimination in its various forms and integrating third-country nationals, mainly asylum seekers²⁴, constitute important pillars of Malta's overall strategy.

Taking into account the lessons learnt from Malta's experience in the implementation of its previous NAP Inclusion strategies, the 2008-2010 strategy shall be reinforced by:

- Giving more attention to the needs of persons experiencing poverty and social exclusion by engaging in meaningful dialogue with service users in the planning and formulation of the Social Inclusion Strand (see Section 2.6: Better governance).
- Making better use of EU Funding opportunities. The total financial allocation for ESF funding for the period 2007-2013 under the Priority Axis of 'Promoting an equal and inclusive labour market' amounts to €36.9 million which is jointly funded by the European Union (85%) and the Maltese Government (15%). This figure constitutes 28% of the total (€131, 764, 705) ESF funding allocated for Malta.

²⁰ 41.3% (men: 43%; women: 34%; EU25: 41%) of unemployed persons as compared to 5% (men: 6%; women: 2%; EU25: 25.8%) of those at work and 22% (men: 22%; women: 20%; EU25: 16%) of retired persons were found to be at risk of poverty. As per SILC 2005 data, the risk of poverty rate (for persons aged 16 and over) of others inactive in the labour market stood at 18% (for both men and women; EU25: 27%). Source: SILC 2005. This rate takes into consideration persons aged 16 and over. Moreover, labour market data trends denote that 6.9% of the adult population (men: 5.6%; women: 8.3%; EU27: 9.3%) and 8.4% (EU25: 9.4%) of children live in jobless households (Source: Eurostat, Labour Force Survey - Quarter 2 results, 2006).

²¹ 45% of the unemployed are young people, persons lacking a contributory record or not living alone, persons who are not entitled to social insurance or assistance. (NAP for Employment, 2004)

²² Low educational attainment, is highest among the 65+ age groups (total population: 91.8%; men: 87.2%; women: 95.1%; EU25: 65.6%) and lowest within the 25-34 year group (total population: 56.5%; men: 54.7%; women: 58.3%; EU25: 21.3%) Source: Eurostat, Labour Force Survey Quarter 2 results (2007).

²³ Source: Eurostat - Labour Force Survey, Annual averages

²⁴ Figures of irregular arrivals (by boat) in Malta have been 1,686 in 2002, 502 in 2003, 1,388 in 2004, 1,822 in 2005, 1,780 in 2006, and 1,702 in 2007. As of the end of August, 2008, there were 2223 arrivals. During the same period, applications for asylum have been steadily on the increase; 474 in 2002, 568 in 2003, 997 in 2004, 1,166 in 2005, 1,272 in 2006 and 1,379 in 2007. In all, between 1st January 2002 to 30th April 2008, 6,535 applications for asylum were filed with the Refugee Commission out of which 195 were granted refugee status, 3,256 were granted humanitarian protection status, 2,367 were rejected, 150 applications have been withdrawn whilst 567 application are still being processed. Source: MJHA, Refugee Commission (2008).

- Strengthening integrated approaches, particularly between social inclusion, health, pensions, employment and education.
- Securing transfer of knowledge and better complementarities with other National and EU strategies.
- Ensuring that social welfare investment is more focused on outcomes. The strategy acknowledges that quantified objectives can be instrumental in making a decisive impact on the eradication of poverty and social exclusion and therefore a number of targets are set.

2.2.3 Targets

Notwithstanding the 2008 Budget-related fiscal measures, globally disposable income is still expected to be impacted by higher food and energy prices. This could be compounded by an expected slowdown in the world economy which may lead to deceleration in private consumption thereby affecting provision of durables. This in turn is likely to have highest negative impact on the most vulnerable elements in society, including the low and very low income earners as well as persons on social benefits. Therefore, for the short term,²⁵ this strategy aims:

- to maintain the rate of those experiencing risk of poverty stable at 14.2%²⁶.

This goal is complemented by the medium term²⁷ target, to:

- reduce the rate of people at risk of poverty and social exclusion from the present 14.2%.

This strategy also aims to address a number of other issues of concern specific to the strategy's priority objectives, through the following targets:

Enhancing children's social inclusion prospects by:

- reducing the risk of child poverty below 19.0% (as in 2006)²⁸,
- reducing the rate of early school leavers to 22% by 2013
- increasing the percentage of 20-24 year olds with upper secondary qualifications and above to 70% by 2013.

Promoting active inclusion by:

- raising the overall employment rate to 57% by 2013,
- raising the female employment rate to 41% by 2013,
- raising the employment rate of older workers to 35% by 2010,
- raising the average exit age from employment to 59.7 years by 2010,
- reducing the long-term unemployed on active measures at any one time to 20% by 2010,
- increasing the provision of formal childcare for children under 3 years to 15% by 2010,
- increasing the number of adults in lifelong learning to 8% by 2013,

²⁵ Short term is hereby defined in terms of the two year time frame covered within the current action plan.

²⁶ The poverty rate stood at 13.7% amongst males and 14.7% amongst females (Source: SILC 2005).

²⁷ Medium term is hereby defined in terms of time frames exceeding the two years.

²⁸ For the purpose of this indicator, children are considered to be persons under the age of 18.

- increasing the percentage of public sector employees receiving training to 12.5% by 2010,
- increasing the percentage of households connected to broadband to 80% by 2010, and
- increasing the percentage of the population that is ICT-literate to 75% by 2010.

Promoting equality of opportunities by:

- increasing awareness about and promoting positive attitudes towards diversity ,
- strengthening related legislative and policy frameworks to continue to combat discrimination on the basis of religion or belief, disability, age, gender or sexual orientation.
- stepping up resources and services aimed at (supported) independent living,
- securing more gender balance on government appointed boards and committees,
- gender and disability mainstreaming all national policies,
- making gender equality a horizontal priority in all public procurement and actions
- promoting the integration of third country nationals and addressing racism.

2.2.4 Convergence of strategies

Apart from the pensions and health and long-term care strands presented in this report, this social inclusion action plan draws from, and synergises with, parallel strategies, namely;

- The National Action Plan on Employment setting the principal employment strategies for the years 2005 to 2010²⁹.
- Malta's National Strategic Reference Framework and the National Reform Programme.
- Malta's National Strategy for Sustainable Development³⁰.

The common social objectives and the various EU policy areas, in particular education, health, migration, environment and the internal market, also inform this report. Moreover, this social inclusion action plan has been developed by adapting the themes of the European Year for Combating Poverty and Social Exclusion (2010), to the local situation and challenges. As a result, the three priority objectives endorse measures which aim to contribute towards (a) the reduction of the risk of child poverty and the reduction of intergenerational transmission of poverty, (b) an inclusive labour market, (c) improving access to education and training, (d) addressing the gender dimension of poverty, (e) promoting access to basic services, (f) overcoming discrimination and promoting the integration of immigrants and the social and labour market inclusion of ethnic minorities, and (g) addressing the needs of people with a disability and other vulnerable groups.

²⁹ This strategy, which reflects Malta's employment policy, prioritises (a) full employment, (b) quality and productivity at work, and (c) an inclusive labour market, through *inter alia* improving the levels of education and certification among the workforce, raising the national employment rate, enhancing the business environment, increasing productivity in the public sector, modernising the public employment service, and improving the governance of labour market policies.

³⁰ This primarily aimed at helping society work towards improving the quality of life of all members of society, promoting convergence between the interests of different sectors and layers of society and the interests of current and future generations.

The policy measures being implemented to achieve the targets set out under the priority objectives along with information on specific initiatives to be undertaken are being presented in more detail in the next section.

2.3 Priority policy objective 1: Enhancing social inclusion prospects of children and young persons

Recognising that more effort is needed to combat the intergenerational transmission of poverty and social exclusion and that children and young persons should be given the maximum opportunity to succeed in life, this priority policy objective will continue to be addressed through measures that advance children and young persons' personal development, well-being, rights, interests and responsibilities.

2.3.1 Personal development

Personal development relies heavily on effective formal and informal education, employability prospects and the fulfilling of one's potential through participation and creativity. The following measures are thus being prioritised:

- **Continuation of the reform in the educational system** by: (a) pursuing the college system; and (b) enacting legislation to enable the University of Malta to undertake reforms to improve quality, standards and comparability of qualifications.
- **Construction and modernisation of schools and colleges** by: (a) continued commitment to the refurbishment and building programme for state-run schools, (b) the development of a new campus for MCAST, (c) stronger management in schools and colleges, and (d) ongoing professional development of educators.
- **Promoting further and higher education and life-long learning** by: (a) improving the scholarship system, (b) setting and acting upon the priorities following the completion of the skills gap analysis project being undertaken by the National Commission for Higher Education, and (c) alignment of all existing VET qualifications by the first quarter of 2009.
- **Promoting inclusive education** by: (a) putting in place systems that enable those with special needs to continue to train or study following completion of compulsory education; (b) supporting parents of children with special needs who receive their education in private schools; and (c) addressing absenteeism following recommendations by a task force recently set up to advise Government.
- **Investment in ICT training and education** by: (a) widening access to information technology and the internet in all state-run schools and colleges, in line with government's e-Learning programme; and (b) increasing the focus on the use of information technology in all areas of education.
- **Consolidation of measures that enhance informal learning, active citizenship, and engagement in sports and creativity** through: (a) the provision of an 'after school' programme of sports and creativity for children in state-run schools, (b) enhancing arts and creativity facilities, (c) greater commitment to sport in the education system; and (d) the publishing of a national policy on the accreditation of informal and non-formal learning.

- **Consolidation of a range of youth employment services, schemes and measures**³¹ offered by the Public Employment service (PES)³².
- **Implementation of new initiatives within the youth employment strategy**³³ to increase youth employment through the extended use of diverse employment aid programmes and schemes³⁴.
- **Implementation of new initiatives within the youth employment strategy to increase youth employability prospects**³⁵.

2.3.2 Well-being

To further promote the well-being of children and young people, during 2008-2010 the following measures are being prioritised:

- **Increasing the availability of adequate and affordable housing** by: (a) implementing the 'Headstart Programme' aimed at supporting youths leaving residential care, through rent subsidy and other measures which increase their employability and support their transition to life outside care; (b) strengthening policies and reviewing existing schemes so that more families and young couples are enabled to become home-owners; (c) providing around 200 units per year for letting purposes to those persons who most need assistance; (d) introducing support schemes in partnership with the private sector; (e) revisiting present rent laws to

³¹ Some notable examples in this regard include: (a) personal action planning and profiling, (b) career guidance, (c) the YouthStart programme, (d) job search facilities, (e) Eures, (f) various youth employability promotion schemes as: the Job Experience and the Active Youth Schemes, (g) training courses and traineeships, (h) apprenticeship schemes, (i) training grants, and (j) other ad hoc EU funded initiatives such as exchange training projects.

³² The public employment service (PES) is the generic name utilized for ETC and its European counterparts (Source: Youth Employment Policy)

³³ This Youth Strategy launched in 2008 is aimed at young people aged 16 to 25 who are not engaged in post secondary or tertiary education.

³⁴ These include: (a) the Employment Aid Programme (available, *inter alia*, to persons aged under 25 who have not yet had a first regular employment within two years of completing full-time education); (b) the Youth Employment Programme; (c) the Graduate Scheme (to offer graduates an opportunity to apply the skills and knowledge gained during their studies to a work environment); (d) contribution to career fairs and a study of the feasibility of developing a Job Rotation Scheme for private companies to give opportunity to the unemployed to learn new skills and gain experience; (g) the S.T.A.R.S. Project (to enable young people to feel connected to community life and to develop into active citizens; (h) the creation of a bi-annual newsletter for Young Adults; and (i) increasing access to information (through use of the internet and other ICT); and (j) investigating and addressing issue of employment of minors.

³⁵ These measures are being targeted through: (a) a broader Employability Programme which provides for improved and innovative training programmes and the setting up of a specialised Basic Skills Unit targeting jobseekers, the inactive, prospective entrepreneurs and employees seeking to upgrade their skills; (b) a Training Aid Framework to support entities that provide training to their employees, through a reimbursement of a percentage of the training costs incurred; (c) a review of training programmes towards certification, which enables participants to satisfy national standards and obtain full or part-certification of the skills they attained; (d) introduction of a Job Tasters Scheme to provide short job experiences in labour sectors where there is a demand for youth with little or no skills; (e) the scheme Boosting Entrepreneurship, to further develop the entrepreneurship scheme entitled INT (*Ibda Negozju Tieghek, or Start your Own Business*); (f) a review of the content of the Basic Employment Training Certificate course, to ensure that it meets the standards set by the Malta Qualifications Council, so that school leavers who do not intend to further their studies will be able to attend this training programme and obtain basic competencies that are recognised at the national level; (g) the implementation of the 'Embark for Life' programme aimed at providing individualised intervention and skills-based work-groups to socially excluded youths; and (h) implementation of the 'Youth at Risk - Empowerment and Inclusion' community based project targeting youth at risk of social exclusion (the latter two measures are subject to EU Funding).

ensure that better use is made of rented properties, present tenants are given due protection, and landlords are treated fairly and justly.

- **Improving the physical and mental well-being of vulnerable children and the quality of child services** by: (a) providing better screening programmes; (b) strengthening psychological support provided by child protection services; (c) extending related services particularly those of 'looked after children', fostering, adoption, weekend monitoring and supervised access visits; (d) supporting families experiencing parental difficulties through more short-term and focused interventions by APPOGG agency; (e) setting up of a central support structure to bring together stakeholders from the social welfare sector to provide support to service providers working with looked-after children and young people; (f) implementing the National Standards for residential care; (g) re-evaluation of children's services and restructuring of the services' set-up; (h) consolidation of generic and early intervention through the development of community based resource and empowerment centres.
- **Creating better conditions for families** by: (a) developing a National Family Policy, (b) continuing to subsidise water and electricity for those households most in need, (c) supporting families experiencing parental difficulties through more short-term and focused interventions by APPOGG agency, (d) consolidating mediation services within the Family Court (e) consolidation of secondary prevention services to support families that are experiencing parental difficulties through the development of community based resource and empowerment centres and (f) evaluation and restructuring of current family services.

2.3.3 Rights, Interests and Responsibilities

This policy priority shall be addressed by a plethora of trans-sectoral measures:

- **Community mobilisation and awareness on Children's rights** through (a) information campaigns and (b) community participation and (c) building of a stronger knowledge-base on the quality of child residential services led by Office of the Commissioner for Children.
- **A review of the Juvenile Justice System.** Safeguarding the rights and interests of juvenile offenders remains an important challenge. The setting-up of an inter-ministerial task force on juvenile justice is thus being re-prioritised to evaluate the current status of Malta's juvenile justice sector and to consider the development of diversionary services as an alternative to formal court arraignment. To reduce youth crime and recidivism rates among youth offenders, Malta intends to identify pathways and implement measures (a) extending and consolidating restorative and community-based sanctions, and (b) developing therapeutic structures to meet the needs of young people in lieu of imprisonment.
- **A review of Malta's National Youth Policy.** A working group has been established by the Parliamentary Secretariat for Youth and Sport with the remit of re-evaluating Malta's Youth Policy and related measures, such as the: (a) professionalisation of youth workers and (b) setting up of a national youth agency (co-ordinating myriad youth-oriented services).

- **Consolidating services in the area of addictive behaviour** through: (a) the setting up of a Drugs Court to streamline drug offence cases, (b) developing a National Alcohol Policy to better address alcohol use and associated problems, and (c) actively considering an alternative to the present methadone system for drug treatment.

2.4 Priority policy objective 2: Promoting active inclusion

A pro-active social inclusion policy requires going beyond a social protectionist vision to ensure that provision of services facilitates participation and inclusion. Social welfare service provision and accessibility are increasingly being aimed at strengthening the potential of citizens to lead them towards greater self-actualisation, autonomy and empowerment through their integration in the labour market whilst acting as a safety net for the most vulnerable members of society. This National Action Plan puts forward an integrated active inclusion strategy based on three pillars, by addressing the following:

2.4.1 Adequate income support

Whilst aiming to integrate as many people as possible in the labour market, Malta will continue to provide adequate income support to those who remain outside the labour market by:

- **Undertaking a review of the social security system** starting with a review of Social Assistance provisions to: (a) address priority needs more effectively, (b) curb abuse, (c) encourage people to work, and (d) remove any gender based discriminatory provisions in the current pension system.
- **Providing measures to increase solidarity** by: continuing to subsidise water and electricity for those households most in need.

2.4.2 Access to inclusive labour markets

Malta aims to continue to promote equal access to training and employment for all and to increase employability prospects. Measures to this effect include:

- **Implementation of new initiatives to increase the overall employment rate** through: (a) the reformulation of existing schemes such as the (i) Private Sector Placement Scheme, (ii) Job Experience Scheme, and (iii) Workstart Scheme; and (b) the launch of a new ETC website which will include more on-line services for both job seekers and employers, including an on-line matching service.
- **Implementation of new initiatives to increase the employment rate of vulnerable groups** through: (a) an application for EU funding to launch a Social Inclusion Partnership Programme, which will entail the development of specialised and individualised support for various disadvantaged groups; (b) consultation to determine the possibility of consolidating the training and work exposure of young people in correctional facilities; and (c) implementation of the project 'Dignity for Domestic Violence Survivors' which aims to increase the employability of persons experiencing or escaping domestic violence.
- **Implementation of new initiatives to invest in people and increase prospects of employability** by: (a) extending the ETC Skills Development Centre; (b) implementing the Employability Programme, which consists of various training

initiatives to assist job seekers, the inactive, employees interested in upgrading their knowledge and skills, and persons interested in starting a business; and (c) implementing a programme focusing on training throughout one's lifetime, where a grant (maximum 60 per cent of the minimum wage) will be provided so that people who are at a disadvantage may be able to integrate into the employment market .

- **Implementation of measures to invest in knowledge, development and innovation** by: (a) reforming of public sector employees' training strategy; (b) developing a Research and Training Centre in partnership with the University of Malta to undertake research on emerging national challenges; (c) further investment in research and development in ICT by (i) setting up industry-leading ICT academies to engender a broad suite of specialised skills in the local labour market, (ii) supporting the development of an ICT incubation and proof of concept centre and assisting the local ICT industry to organise itself into specialised niche areas, (iii) launching a new e-Government Services Portal, (iv) investing in the National Identity Management System, and (v) launching a new National ICT Strategy for 2008-2010 (d) implementing the National Strategic Plan for Research and Innovation (2007-2010) - 'Building and Sustaining the Research and Innovation Enabling Framework'.

2.4.3 Access to quality social services

To enhance access to quality social services Malta intends to:

- **Strengthen measures to enhance work life balance and consolidate family friendly measures** by: (a) increasing the availability and affordability of quality childcare through the implementation of a Childcare Subsidy Scheme so as to provide financial assistance for employed parents of dual-earner and single-parent households with children under 3 years of age to mitigate the cost of childcare; (b) implementing the third two-yearly Gender Equality Plan aimed to help women to enter, retain and progress within employment while enabling the family to achieve a healthy work-life balance; (c) undertaking of research by the National Commission for the Promotion of Equality to better understand obstacles to women's involvement in training and employment; and (d) implementing 'NISTA', an awareness project which aims to raise awareness on the sharing of non-remunerated family work and the benefits that increased work-life reconciliation measures can have for both employers and their employees.
- **Reduce burdensome procedures to facilitate access to social welfare services for all citizens** by (a) introducing a single means testing mechanism to streamline eligibility to means-tested benefits and services across Government, thus promoting fairness and transparency in determining eligibility and ensuring that the general public is better informed on benefit and service entitlement and subsequently enhance customer service; (b) revising existing Social Security Division practices in respect of the contribution towards rate of upkeep payable by residents in long-term care in Government institutions and Government financed beds in private residential care settings; (c) introducing an on-line application system for all benefits; (d) providing beneficiaries with on-line access to relevant social security information held by the Social Security Division; (e) facilitating the annual review of benefit entitlements through better networking between government entities, thereby reducing unnecessary bureaucracy constraining service delivery; and (f) setting up a

one-stop-shop to streamline all the relevant processes relating to the notification of death and the issuance of burial permits.

- **Ensuring the sustainability of the social protection system** by reducing abuse of social benefits through: (a) proactive measures which strengthen the working processes within the Social Security Division by, for example, improving the Social Security Division's ICT system (including software applications) to improve the monitoring of benefit entitlements; (b) strengthening the Benefit Fraud and Investigations Directorate and (c) extending the assessment regime for social benefit entitlement to work-related impairment benefit.
- **Continue to strengthen the voluntary Sector** by: (a) ensuring that the structures provided for in the Voluntary Organisations Act are in place and functioning adequately, b) [a Funding Unit within MEUSAC will be set up to assist local government and NGOs in identifying and applying for funds under the EU programmes](#)
- **Enhancing effectiveness of social services** by: (a) consolidating standardisation practices and strengthening the Department for Social Welfare Standards by (i) introducing formal training in 'Assessment in the Regulation of Social Care' for all assessors, (ii) securing technical assistance from other countries on social welfare standards development and monitoring, (iii) recruiting more Welfare Services Assessors, (iv) setting up of National Occupations Standards through a comprehensive workforce mapping exercise, drafting of standards and a skills gap analysis exercise; and (b) consolidating networking mechanisms by (i) increasing collaboration and networking between community based long-term care, health and social welfare services, (ii) reviewing and evaluating services, and (iii) strengthening administrative backup where required.
- **Extending and improving quality of services** through: (a) upgrading state-owned residential homes for those who need more care, including the continuation of the modernisation programme for Saint Vincent de Paule residence for the elderly and the setting up of a child care centre for staff employed in this facility, and (b) undertaking the initial phase of building a new rehabilitation facility.
- **Facilitating accessibility of social services** through: (a) the provision of more community based services by (i) developing community support programs for mental health patients, and (ii) providing more independent and supported living homes for persons with disabilities; and (b) according more focus to primary prevention, and early intervention services in the addictions sector.

2.5 Priority policy objective 3: Promoting equality of opportunity

To ensure full social participation irrespective of religion or belief, disability, age, race and ethnic origin, gender or sexual orientation, Malta intends to advance equality of opportunity and social inclusion by (a) combating discrimination, (b) promoting the integration of third country nationals and (c) mainstreaming social inclusion and anti-discrimination issues.

2.5.1 Combating discrimination

- **Ratifying and implementing the United Nations Convention of the Rights of Persons with Disabilities³⁶, and improving access for persons with a disability** by improving the enforcement of regulations safeguarding the accessibility to commercial and public premises (including 'blue flag' status beaches and public conveniences) and public transport.
- **Enacting legislation** to bolster the protection of (a) cohabitants' and (b) mental health patients' rights³⁷.
- **Promoting diversity** by: (a) conducting awareness raising campaigns on diversity and inclusion by the National Commission for the Promotion of Equality, (b) building upon the activities of the European Year of Intercultural Dialogue by embarking on an awareness raising campaign to foster inter-cultural co-operation and unity, and (c) strengthening voluntary organisations working in related fields.
- **Empowering and enhancing the well-being of persons with disabilities** by: (a) creating and equipping more supported/independent living centres following a thorough needs assessment and planning of services, and (b) undertaking independent living training schemes aimed at improving the employability and integration of persons with disabilities.
- **Increasing the employment rate of persons with a disability** by: (a) revising the Disability Register to make it more rigorous and transparent, (b) introducing Job Coaching Services during the probation period of public or private sector employment of persons with moderate or severe disability, (c) implementing the 'ME2' project by the FSWS aimed at providing training, sheltered employment opportunities and community support to persons with disabilities.
- **Combating stereotypes** by: (a) continuing to empower young people to make the best possible career choices in line with their skills and inclinations and irrespective of gender stereotypes; and (b) extending present training to all male and female 4th form students in secondary schools on: financial independence, joint responsibility for non-remunerated work, and self-care and development.

2.5.2 Promoting the integration of third country nationals

The integration of third country nationals will be supported by:

- **Implementing initiatives to increase the employability of refugees through:** the setting up of a Refugee Advisory Service to (a) help refugees find work in Malta, (b) refer them to training and ancillary services as appropriate; (c) provide a focal point for employers requesting employment of refugees on a short-term basis, and (d) ensuring that employers are aware of their obligations to such persons.
- **Building our knowledge-base in the area** by undertaking research to *inter alia* identify barriers to employment and training faced by Non-Maltese Nationals³⁸.

³⁶ The United Nations Convention of the Rights of Persons with Disabilities has been signed by the European Community and its member states in 2007.

³⁷ To this effect, Government is projecting a series of revision to the Mental Health Act over the forthcoming two-year period.

³⁸ This study is being projected by the National Commission for Promotion of Equality.

- **More effective use of detention periods of irregular immigrants** to: increase empowerment, enhance prospects of post-release integration and, moreover, alleviate the stress of detention by improving opportunities for vocational training and education (including English language courses) and constructive forms of activity.
- **Measures to enhance the well-being of asylum seekers** by: (a) tapping available EU funds for the improvement of reception conditions in line with international standards, (b) improving conditions in open centres and residential homes, (c) continuing to make available the Assisted Voluntary Return Scheme through the International Organisation for Migration, d) harsher penalties will be entered into force against employers of illegally staying third-country nationals.
- **Measures to enhance service provision to asylum seekers** by: (a) strengthening the Organisation for the Integration and Welfare of Asylum Seekers (OIWAS), (b) providing information on asylum seekers' rights and obligations through the development of an integration handbook for asylum seekers, and (c) continuing support to voluntary organisations working in this area.
- **Creating public awareness to address racism** by: (a) providing training in anti-discrimination and multi-culturalism for all officials who come in contact with asylum seekers in the course of their duties, (b) providing ongoing human rights educational campaigns, and (c) conducting research addressing public perceptions towards race and ethnicity.

2.5.3 Mainstreaming social inclusion and anti-discrimination issues

Measures to mainstream social inclusion and anti-discrimination issues include:

- **Strengthening structures** by: (a) extending the remit of the National Commission for Equality, (b) consolidating the social inclusion office to enhance policy co-ordination and monitoring of social inclusion measures, and (c) setting up of a permanent working group on the National Report on Strategies for Social Protection and Social Inclusion.
- **Encouraging service users' involvement** by: (a) undertaking further consultation processes, and (b) ensuring an on-going feedback loop between grassroots experiences and the policy formulation and implementation process.

2.6. Better governance

This section provides an overview of the process that was adopted in the compilation of this NAP Inclusion. It also outlines the co-ordination and evaluation measures to be adopted for the on-going monitoring of the impact of the measures set out in this plan.

2.6.1 Preparation process

The NAP Inclusion 2008-2010 was developed over a number of phases, which include:

- a documentation review to assess the general social inclusion situation in Malta and identify major challenges and trends;
- extensive preliminary consultation with service providers and service users through focus groups to identify needs, wants, lacunae and good practices;

- the setting up of a working group in February 2008 to compile the NSR 2008-2010³⁹;
- a feedback exercise with relevant stakeholders to chart progress made in the policy measures and initiatives identified in the 2006-2008 NAP Inclusion;
- preliminary analysis of the feedback received from the focus group sessions to identify cross-cutting as well as specific priorities and needs across the whole spectrum of vulnerable groups;
- intra-Ministerial consultation;
- drafting and endorsement of the National Strategic Report on Social Inclusion 2008-2010 by the working group;
- endorsement of the National Strategic Report on Social Inclusion 2008-2010 by Cabinet;
- a public consultation exercise;
- revision of the report in line with the feedback received;
- submission of a soft copy of the report to the European Commission; and
- translation of the report into the Maltese language and publication.

2.6.2 Policy co-ordination

Arrangements are required to co-ordinate and integrate social inclusion policies across all relevant policy domains and to ensure the involvement of all levels of government (national, regional and local).

Existing arrangements

The Policy Development Directorate within the Ministry for Social Policy, (the entity responsible for overseeing the compilation of the National Report on Strategies for Social Protection and Social Inclusion 2008-2010 and for drafting the National Action Plan for Social Inclusion 2008-2010), is regularly requested to provide feedback on the development of other National Policy Documents and strategies. Furthermore, the Directorate is responsible for the development of policies in the area of social welfare and protection. This facilitates the co-ordination and mainstreaming of policies across all relevant policy domains.

The Programme Implementation Directorate within the Ministry for Social Policy (the entity responsible for monitoring co-funded EU structural funds projects implemented by any department/public organisation forming part of the Ministry's portfolio under cohesion Policy 2007-2013) is also responsible for overseeing and monitoring the measures proposed in the National Report on Strategies for Social Protection Social Inclusion. This facilitates the co-ordination and implementation of all the proposals withing the NSR.

Both Directorates seek to work closely with regional and local government entities as well as civil society organisations working in the area of social inclusion.

Planned arrangements

It is envisaged that the Directorate for Programme Implementation will be strengthened to enable better monitoring of measures and enhance co-ordination and integration of policies across all relevant policy domains.

³⁹This working group includes the Directors for Policy Development and Programme Implementation within the Ministry for Social Policy and ancillary staff, the permanent SPC Representative, the Director EU Affairs, the Director General Social Security Division (all from the same Ministry) and an NGO representative. The working group is chaired by an independent academic from the University of Malta.

2.6.3 Mobilisation and involvement of actors

The work on Malta's National Action Plan 2006-2008 was conducted within a framework where social partners and the general public were consulted through a national conference and general public consultation exercise. In the present cycle, attempt has been made to build upon and strengthen the mobilisation, involvement, networking and constructive dialogue with key actors and partners within the NAP Inclusion process, by providing more space to people experiencing poverty and social exclusion directly, service users and service providers. To this effect, the former Policy Development and Programme Implementation Directorate (MFSS⁴⁰) organised (between February 2008 and May 2008) a series of focus group seminars targeting groups of people who are at increased risk of social exclusion. Service users and services providers were also consulted via separate seminars addressing mental health, domestic violence, irregular migration, children and young persons, older people, addictive behaviour and disability. Several focus groups on these same issues were also held in Gozo (Malta's sister Island) to address regional specificities related to Malta's social inclusion strategy.

2.6.4 Mainstreaming

Existing arrangements to mainstream social inclusion issues in all relevant public policies (economic, employment, education, social, health, cultural and environmental):

- Ongoing promotion and dialogue on the National Action Plan on Social Inclusion (2008-2010) to inform the general public and civil society on the priority areas.
- Keeping abreast with the development of other national policy documents and strategies by the Policy Development Directorate (Ministry for Social Policy). This shall facilitate the co-ordination and integration of social inclusion policies across all relevant policy domains.

Existing arrangements to mainstream social inclusion in the Structural Funds:

- The Programme Implementation Directorate within the Ministry for Social Policy is responsible for overseeing Structural Funding of initiatives in the area of social welfare for the programming period 2007-2013. This facilitates the monitoring of the delivery of programmes and projects that impact on social inclusion priorities and challenges as established in the NAP.
- Regular liaison between Malta's members on the Community Action Programme for the Implementation of PROGRESS and the National Contact Points and entities committed to promote social inclusion ensures emphasis on the realisation of social inclusion priorities and challenges. This is further strengthened by the involvement of Malta's PROGRESS members in the drafting of the NAP/Inclusion.

Planned arrangements:

- Continued promotion of the National Report on Strategies for Social Protection and Social Inclusion (2008-2010) and dissemination of information aimed at informing the general public and civil society on the NSR's priority areas.

⁴⁰ Refer to section 1.3.1 for changes in the ministerial portfolio following the March 2008 General Elections.

Coordination arrangements between entities responsible for the Lisbon NRP and for the NAPs-Inclusion during the 2008-2010 period:

- Regular meetings and enhanced networking mechanisms between the Social Inclusion Office and the Employment and Training Corporation (ETC), which is the primary entity responsible for the Lisbon NRP to report on progress made within the two strands, share work practices and discuss good practice examples. This process shall be further facilitated over the coming two years since, with effect from March 2008, the areas of social inclusion and employment both fall within the remit of the Ministry for Social Policy. By prioritising active inclusion and re-affirming the targets set by Malta in the area of employment and education, the NAP Inclusion should relate greater convergence between these two strands.

Plans to draw upon Structural Funds over the current programming period to deliver on social inclusion priorities:

- EU Funds Managers have been assigned to the Ministry for Social Policy to support the various departments and entities falling within the remit of the Ministry. The Managers will assist with applications for EU funding, co-ordinate and monitor and evaluate progress of ESF, ERDF and other EU funded projects for the period 2007-2013.

2.6.5 Monitoring and evaluation arrangements

Arrangements are required to monitor and evaluate the overall implementation of the plan and to assess its impact on eradicating poverty and social exclusion

Existing arrangements include:

- Review and update of the National Action Plan on Inclusion on a yearly basis so as to (a) provide a detailed assessment of progress achieved towards set measures and actions, and (b) identify emerging and cross-cutting issues that might be addressed with a more co-ordinated approach.
- Ongoing liaison between the social inclusion office and the entity responsible for Structural Funding within the Ministry for Social Policy and the social inclusion contact points nominated by the various entities. This enables better monitoring of EU funded initiatives that feed into the NAP Inclusion and the monitoring of progress in the different areas and initiatives of the NAP.

Planned arrangements include:

- Continued evaluation of the feedback, issues, and proposals drawn from the consultation process (involving both the focus group sessions and the general public consultation exercise) which could not be addressed in the present NAP cycle so as to effectively respond to these emerging realities in the next NAP cycle.
- The social partners are to remain important contributors to the development, provision and evaluation of schemes and services implemented through the National Action Plan on Social Inclusion.
- The envisaged strengthening of the Social Inclusion Office.
- The working group responsible for the compilation of the National Report on Strategies for Social Protection and Social Inclusion will be set up permanently to enhance its effectiveness and ensure a constant reference point for action plan development and evaluation.

- On-going dialogue between the Policy Development and Programme Implementation Directorates and the National Statistics Office shall be enhanced to assist in the process of progress reporting and the monitoring of relevant trends and indicators.

Part 3

National Strategy for Pensions

3.1 Introduction

The pension situation in Malta remains characterised by the issues previously discussed in the NSR Pensions 2005, and in the NSRSISP 2006-2008. These concerns are population ageing, low employment rates of older workers and early exit from the labour market.

From the pension perspective, it is pertinent to note that most of the life-expectancy increase projected for future years is due to increased longevity, which influences the duration of life spent in retirement. There is an element of uncertainty in the estimates of life expectancy, and the financial costs of pensions resulting from this underestimation are usually borne by the Government. In this context, future pension provision needs to be strengthened, namely through Second (SPPS) or Third Pillar Pension (TPPS) Schemes and awareness of the importance of personal savings for the later years needs to be enhanced further.

Migration has the potential to relieve the burden of aging populations. Whereas the EU15 Member States experience a sizeable inflow of regular migrants, and some EU10 Member States recorded significant out-flows, Malta's flow of regular migrants is relatively low while the number of irregular migrants was 1,780 in 2006, 1,702 in 2007 and reached a total of 2223 as of 31st August, 2008.⁴¹ In terms of regular migration, in 2005 there were 70 emigrants, 109 returned emigrants and 624 naturalisations and adoptions⁴². Therefore, regular migration to Malta could only ease the so-called 'grey pressure' on the labour market and the pension situation to a limited extent. The degree to which the inflow of irregular migrants can help ease the future lack of skilled labour in Malta remains to be assessed and decided upon. The employment of regular and irregular migrants would, however, help the successful integration of third country nationals into Maltese society and improve contribution towards the Maltese economy.

One methodological issue merits attention from the outset. The recent poverty figures quoted in this section of the report are based on the EU-SILC 2005/6 methodology while the 2000 at risk of poverty rates (ARPRs) for Malta were derived from the 2000 Household Budgetary Survey. The surveys' methodologies are not identical, and therefore direct comparisons require caution.

3.2. Progress

3.2.1. Progress in implementation of the priorities established in the NSR 2006-2008

Recognition of the need for the Second Pillar Pension Scheme

In seeking the future adequacy and sustainability of the pension system in Malta, the Pension Reform of March 2006 recognised the need for the Second Pillar Pension Scheme (SPPS), with the aim of strengthening the link between contributions and benefits. Following the most recent Pension Reform initiatives through legislation in late 2006, focus should now be placed on the continuation of the reform with specific attention to SPPS and TPPS provision.

⁴¹ This data, from the Ministry for Justice and Home Affairs, relates to the number of irregular migrants arriving by boat. Considering Malta's land size (316 km²), low population (approximately 404,000) and high population density (1,282 person/km²) the influx of irregular migrants is, in relative terms, very high compared to that in other Member States. ,

⁴² Data: Demographic Review 2005, Table 11, page 17, NSO Malta.

Recognition of the need to improve the accounting system

Currently, the Social Security contribution goes towards the financing of both social benefits and health care.⁴³ To obtain precise estimates of pension system's financial sustainability, social security revenue directed towards pensions needs to be assessed. A need for an improvement in the accounting system of the funding streams for social benefits, including pensions, and health has been identified.

Female participation in paid employment

Women have higher exposure to poverty and lower theoretical future replacement rates compared to men. This is mainly due to low female employment rates and Government has recognised the need to boost employment among women. This is necessary not only in view of economic expansion but also from the long-term micro level perspective: to secure work related entitlements to retirement pensions for women. There has been slow progress in increasing the female participation rate. The limited provision of child care facilities for under 3 year-olds force many women to stay at home or opt for part-time work, resulting in females making lower Social Security contributions and ultimately having lower entitlements to statutory pensions. The situation regarding provision of child care is rapidly changing and an increase in places within private facilities has occurred.

3.2.2. Assessment of the challenges identified in 2007 Joint Report

Increasing paid employment among less active workers

Increasing paid employment among less active workers, such as women and older workers, still remains a challenge and little progress has been achieved so far. The employment rate of older workers is still below the required Lisbon target of 50% and fell further from 30.8% in 2005 to 28.3% in 2007⁴⁴. However, Malta should see improvements given that in 2008 the capping of the National Minimum Wage on earnings from pensioners aged under 65 years was lifted and such pensioners will no longer forfeit their right to a social security pension if their earnings from employment exceed the national minimum wage capping. This initiative should encourage elderly persons to remain active in the labour market and subsequently increase or maintain their relative standard of living.

Pension System Evaluation

In an effort to evaluate existing policies, several modelling exercises were conducted in collaboration with the World Bank experts and the EU Commission and through Malta's participation in the EU FP6 funded work on I-CUE Euromod Feasibility Study⁴⁵. The aim was to examine current practices and simulate their effects in the future. The poverty data obtained from the EU-SILC 2005 also helped to quantify the risk of poverty among persons living on a pension and other income in old-age. The analysis undertaken in view of the Pension Reform indicated that the previous pension system was highly

⁴³ Although social security contributions were originally conceived to cover both social benefits and healthcare, in practice the revenue drawn from the payment of social security contributions is deposited in the government's consolidated funds.

⁴⁴ Latest available data, Eurostat, on 22/09/08.

⁴⁵ The application of micro-simulation of tax-benefit system, in collaboration with the European Centre on Welfare Research in Vienna.

incompatible with current and future demands and opportunities in the labour market. In view of this, changes to the previous system will be gradually introduced.

Preventing early exit from the labour force

Efforts have been made to curb early exit from the labour market and to prevent the abuse of invalidity pension by persons approaching retirement age. The operations of the Benefit Fraud and Investigation Directorate contributed indirectly in limiting the number of persons seeking to exit the labour market through fraudulent claims for social benefits. In 2006 and 2007, there were 382 and 219 cases of social benefit abuse, involving 250 and 156 beneficiaries, amounting to €2,036,511 and €1,306,297, respectively⁴⁶.

Enhancing flexibility in the labour market

The Government has reacted to the need for flexibility in the labour market by:

- introducing a register for persons seeking part-time employment, which could be significant for parents looking after young children, employees returning to the labour market, older employees or retired persons wishing to engage in paid work;
- granting the crediting of social security contribution to parents who temporarily opt out of the labour market to rear children;
- initiating plans to secure unemployed persons' ranking on the unemployment register once they finalise their temporary employment.
- Measures to ease burden of job-to-job transition on workers

Key issues in the development of private pensions: The legal framework regulating private pensions

The existence of an efficient legal framework will facilitate the introduction of the secondary and tertiary pillar schemes. There have been no changes to the Special Funds (Regulations) Act (SFA) of 2002, however, revisions to the SFA legal framework are being examined and discussed in order to cater for the introduction of SPPS and TPPS.

During 2007, two provisions relating to out-of-court dispute resolution in the Markets in Financial Instruments Directive (2004/39/EC) were transposed in Article 20, effectively extending the role of the Consumer Complaints Manager⁴⁷ beyond products and services falling under this Directive. This will help encourage the development of positive attitudes towards private pensions to some extent, facilitating their uptake.

Evaluation of the contribution of private pension to financial sustainability

Private pensions, as significant as they are, still do not form part of the obligatory pension framework in Malta. An analysis of the extent of their contribution to the financial sustainability needs to be carried out.

Strengthening the adequacy of pensions (through budgetary measures)

⁴⁶ Data: Benefit Fraud and Investigation Directorate. Another 170 benefit cases were still pending feedback by the end of 2007.

⁴⁷ Within the Malta Financial Services Authority (MFSA).

As already highlighted measures taken in the recent amendments leading to the pension reform and other measures taken in the 2007 and 2008 Budgets have given importance to provisions for older people with the objective of enhancing adequacy:

With respect to the Pension reform the following seek to enhance the adequacy of pensions:

- The future Guaranteed National Minimum Pension (NMP) will be pegged against a minimum of 60% of the median national equivalised income. This upholds adequacy by maintaining the ratio with national equivalised overall earnings, thus providing a better safety net against poverty: and
- Future indexation of pensions will be carried out through a mechanism that is constituted of 70% wages and 30% inflation. This mechanism should provide a flat increase to all pensioners annually rather than the minimum cost of living adjustment based on the cost of living increase awarded in the National Minimum Wage..

Measures in the 2007 and 2008 budgets with the same aim of adequacy include: -

- As from 2008, the cost-of-living increase was given to retirees in full, whereas previously they had received two-thirds of this allowance.
- The 2008 Budget revised the maximum income that persons could earn to qualify for the Supplementary Allowance (SPA) upwards according to the cost of living increase⁴⁸.
- Retirees can now work and earn an unlimited amount without any reduction in their pensions. This could also have substantial benefits for persons retiring at 60/61 (pre-reform pension age limit).
- Persons receiving severe disability pensions are now entitled to receive this pension up to five years after their marriage to persons without any disabilities, regardless of the income earned by the spouse.
- Persons who remarry and receive a widows'/widowers' pension are now entitled to the pension during the first five year of marriage, at the same rate, even if this pension is higher than the minimum wage.
- Stamp duty was removed *causa mortis* on the part of the inheritance of the residential home as long as the property is not sold before the death of the surviving spouse.
- For pensioners receiving a service pension, the first €466 of the service pension will be ignored in the calculation of the social security pension. This targets pensioners receiving the lowest pensions.
- The 2008 Budget adjusted the income-tax bands to ensure that the lowest earners do not pay taxes and have more money in their pockets.
- In terms of gender equality, and the fact that females are usually the primary care givers, pension credits for child rearing up to two years per child, or four years in the case of a child with serious disability, have been introduced.
- In view of the increased demand for services in private homes for the elderly, Government has allowed a maximum deduction of €2,000 per annum from the taxable income of the senior citizens for expenditure made by them or their relatives for private residential services.

Evaluation of the relationship between contributions and social benefits

⁴⁸ SPA is aimed at those beneficiaries where the total income of the household falls below the limits outlined by the Social Security Act.

To adequately strengthen the link between contributions and benefits in-depth knowledge on various scenarios based on the inter-play between taxation and social benefits provision is of great importance. The future application of the Euromod software using micro-simulation techniques should help to increase such knowledge. Taxation and social benefits can then be adjusted accordingly.

Pension expenditure as a share of GDP

Regular monitoring reveals a gradual increase in the share of expenditure on pensions in the gross domestic product (GDP at current prices), from 7.3% in 1995 to 8.9% in 2003 and to 9.3% in 2005⁴⁹.

3.3 Review of adequacy

3.3.1 Update of changes since last NSR

Change in income tax bands

The 2008 Budget brought about significant changes in the income tax bands. The 2007 income bands have been pushed upwards, with lower income categories positively affected in particular (see Table 1).

Table 1: Previous and revised tax bands

Income tax rate (%)	Chargeable income (€)			
	Separate computation		Joint computation	
	Previous	Revised	Previous	Revised
0	0-7,570.55	0-8,148.24	0-10,4882.30	0-11,4000.08
15	7,572.88-12,811.70	8,150.57-13,999.70	10,484.63-18,635.20	11,402.41-20,498.72
25	12,814.03-15,723.45	14002.02-18,996.26	18,635.20-23,294.00	20,501.05-27,999.39
35	Over 15,723.45	Over 18,998.59	Over 23,294.00	Over 27,999.39

Pension credits for career interruptions

In recognition of the various events during the life-cycle which can result in career interruption, the Government has introduced pension credits for carers of children (2 years per child) and severely disabled children (4 years per child). Carers of a bed-ridden relative are awarded credits for the duration of the carer's entitlement to a carer's pension if specific contribution conditions have been satisfied. This is expected to create a positive impact on these persons' pension accruals and should influence the future TRRs calculated for these specific scenarios.

3.3.2 Recent trends regarding adequacy of pensions

Adequacy by age group and gender

The at-risk-of-poverty rate (ARPR)⁵⁰ is periodically calculated to measure the adequacy of pensions and other income received by persons aged 65 and over (65+). The current ARPR stood at 21% for the total population aged 65+ (males 22%; females: 20%). The 2006 figures show an increase from 2005 figures (total population: 16.3%; males:

⁴⁹ Eurostat data, <http://epp.eurostat.ec.europa.eu/portal>, as on 22/0908.

⁵⁰ Based on 2006 SILC, income data 2005.

15.7%; females: 16.8%). The 2006 SILC figures are higher in comparison to 2000 ARPR figures (bearing in mind the methodological differences), (persons aged 65 and over – total population: 19.6%; males: 18.5%; females: 20.5%)⁵¹. In older age females are more likely than males to be absorbed by the extended family. This explains, to a certain extent, the small difference in ARPRs in favour of females aged 65+. Persons aged 0 to 64 are at a lower risk of poverty than persons aged 65+ (total population: 13%; males: 13%; females: 14%). On average, persons aged 0 to 64 in Malta are at a lower risk of poverty than the EU25 (total population: 16%; males: 15%; females: 16%).

The relative median income ratio for persons aged 65+ and the median equivalised disposable income of persons aged 0 to 64, indicate parity between age groups and genders at 83%. These ratios are however lower than the EU25 averages (total population: 85%; males: 88%; females: 83%).

The aggregate replacement ratio is particularly indicative, showing low levels of personal non-equivalised income from pension of persons aged 65 to 74 relative to the median personal earnings income of persons aged 50 to 59 approaching retirement. In Malta, the total population average ratio stands at 49% (males: 52%; females: 40%). The EU25 averages are higher (total population: 51%; males: 54%; females: 50%). The situation of females merits close attention, being towards the lower end of replacement ratios in the EU (matched closely by Cyprus 33%, Slovenia 37% and Denmark 39%).

Elderly persons are not a homogenous category, and their risk of poverty varies according to their age. While the ARPR of males tends to increase with age (60+: 21%; 75+: 22%). Females' risk of poverty tends to reduce as they age (60+: 20%; 75+: 17%). The possible reason for this gender bias has been outlined above. Elderly persons (60+) in Malta are at a slightly higher risk of poverty (20%), than the estimated EU27 average (18%). However, the situation changes with age, and persons in Malta aged 75 and over (75+) are at 19% risk of poverty, which is lower than the estimated average for the EU27 at 22%. The latter figure is particularly influenced by the steep ARPR of females in Europe (24%), which is 7% higher than in females in Malta.

The relative median income ratio set at 60+, better reflects the position of current pensioners in Malta than the primary indicator calculated for the population aged 65+, given that current Maltese pensioners retire at the age of 61. The relative median income ratio at 60+ is 84% (males: 87%; females: 83%).

Income inequality becomes further exacerbated in old age, as the S80/S20 ratio stands at 5, higher than that of the total 0 to 64 population (4.1) and also higher than the EU27 average (estimated at 3.9). Malta has the highest relative median ARP gap of elderly people 65+ and 75+ measured at the 60% threshold, at 32% and 29% respectively (EU25 estimates 18% and 19%).

The percentage of people at risk of poverty depends on the criterion used for defining poverty. Different median income cut-off points produce different ARP outcomes: at 50% median level, only 14% of persons aged 60+, 14% of persons aged 65+ and 12% of persons aged 75+ are at risk of poverty. Once the threshold is increased to 70% of the median income ARPRs of 32%, 33% and 33% are obtained for the 60+, 65+ and 75+ age groups, respectively. The European averages indicate lower average exposure of older people in EU25 at 10%, 10% and 12% at the 50% of the median threshold and at

⁵¹ Data: NSO: Structural, Poverty and Social Exclusion Indicators, based on the HBS 2000.

28%, 30% and 34% at the 70% of the median threshold, for persons aged 60+, 65+ and 75+, respectively.

Adequacy for pension receivers

Persons in receipt of pensions are at 22% ARP (males: 22%; females: 20%). All figures are higher than the respective EU25 average estimates. Maltese males have a 7% higher exposure to risk of poverty than their average European counterparts. SILC results from 2005 show ARPRs of persons in receipt of pensions to stand at 17.0% (males 17.8%; females: 13.4%). The 2000 structural indicators on poverty also indicate that the situation of retired persons has worsened, whereby the ARPR for all retirees stood at 18.3%, with similar gender-disaggregated rates (males: 18.3%; females: 18.4%).

Adequacy for landlords and tenants

Due to the high share of older heads of households living in rented accommodation under the protected rent regime (the pre-1995 Rent Laws stipulated low rents, in some instances frozen at pre-1939 levels) rental costs are often very low, which ultimately secures further protection against the risk of poverty among tenants. In 2005, there were 12,211 head of households 60+ living in rented accommodation, and 6,835 of them were paying rent of Lm50 (€116.5) or less annually. It is, therefore, not surprising that similar ARPRs were obtained for home-owners and tenants: 21% and 20% in the 60+ age group, 21% and 21% in 65+ age group, and 19% and 19% in the 75+ age group, respectively. Rent reform is currently underway and the outdated rent laws are to be amended fairly soon; the Rent Reform White Paper was presented for discussion in June. It will call for a gradual increase in these low rents, which will have a financial impact on the current tenants. The European (EU25) averages for owners and tenants, stood at 18% and 17% for the 60+ age group; 19% and 17% for the 65+ age group and 23% and 18% for the 75+ age group, respectively.

The issue of poverty of elderly people is about adequate pension provision, but it is also an issue of diversified income in old age. Moving towards second and third pillar pension schemes would effectively increase the pool of monetary funds in old age, through diversification of income sources, decreased vulnerability in case of poor performance of invested funds, and the fostering of greater individual responsibility to secure an adequate income in old age.

In view of the poverty gap, and other poverty measures linked to old age, the Government had recently addressed the issue of the risk of poverty of retired persons. One of the measures in the 2008 Budget led to the introduction of pensioners' entitlement to a cost of living increase (COLA) comparable to that of employed persons. In other words, previous two-third pension beneficiaries will be getting a full COLA, fixed at Lm1.50 (€3.49) in this Budget year.

3.3.3 Impact of measures that aim to minimise the risk of social exclusion among older people

Increase in maximum pensionable income capping

Base-case theoretical replacement rates (TRRs) for Malta were produced for the purposes of this report to reflect the measures introduced in the Pension Reform launched in March 2006.

A significant measure was the change in the maximum pensionable income (MPI) capping, which has been changed from Lm6, 958 (€16,208) in 2006 to Lm9, 000 (€20,965) in 2013. The Reform stipulates that beyond the year 2013, the MPI will be increased through a mechanism made up of weighted average of 70% of the wage growth (productivity and inflation rates included) and 30% of inflation rate.

As a result of this mechanism, the evolution of MPI will result in more reasonable TRRs when compared to the TRRs quoted in previous reporting documents. As projected, the net TRR change during the 2006 to 2046 period stands at -13% while the gross TRR change stands at -11% in the same period. Both rates are based on the calculation of First Pillar Pension Scheme (FPPS) only, as SPPS was not introduced in the 2006 to 2008 period.

In terms of net change in the TRR for the period 2006-2046, Malta fares better than France (-18%), Latvia (-15%), Poland (-19%) and Portugal (-20%), and is at par with Sweden.

On the other hand, the change in gross TRR during the same period stands at -11%, and in terms of this indicator Malta holds better standing than Greece (-12%), France (-16%), Latvia (-14%), Poland (-16%) Portugal (-19%) and Sweden (-13%).

For 2006, the gross TRRs for the base case (40 years of seniority, average full time employee, salary based on the system of national accounts) stood at 65.3% while the net TRR involving income tax regime of the same year, stood at 79.2%. Taking into consideration constant rates of inflation and wage growth over a period of forty years, in 2046 the gross TRR would stand at 54.3%, while the net TRR would reach 66.3%. However, this set of TRRs applies to persons born in 1962 and later, as according to the Pension Reform older cohorts would still have their income cap linked to the Lm9, 000 (€20,965) level fixed in year 2013. Future pensioners are thus a heterogeneous group in terms of their FPPS calculus.

Capping of the national minimum wage of pensioner's earnings

In 2008, the capping of the National Minimum Wage on earnings from pensioners under 65 years was removed, and such pensioners will no longer forfeit their right to a social security pension if their earnings from employment exceed the National Minimum Income capping. This initiative should encourage elderly persons to remain active in the labour market and help them maintain an adequate relative standard of living. A substantial number of persons have already benefited from this measure and the positive effects of this Budget 2008 measure are still to be factored into future measurements of the ARPRs.

Social security pensions of person in receipt of a service pension⁵²

The 2008 Budget also introduced new principles for the calculation of the social security pensions payable to persons in receipt of a service pension. Until recently, the service pension was being deducted in full from the social security pension entitlement. Through the new initiative, the deductible amount has been reduced by €466 thus improving the adequacy of this group of pensioners.

⁵² Service Pension in the Social Security Act refers to any pension or allowance paid to a person for past services rendered to an employer (occupational pension).

3.3.4 Future measures to improve the adequacy of incomes

Further Pension Reform initiatives will be undertaken and the continuation of the measures relating to the calculation of the social security pension of existing service pensioners will be considered in future.

3.4 Review of financial sustainability of the pension system

3.4.1 Level of resources devoted to providing pensions

Malta's total expenditure on social protection stood at 18.3% of the GDP in 2005 (current prices)⁵³ following a gradual increase from 16.5% in 2000. The pension share in the same period increased from 7.3% of the GDP in 1996 to 8.0% in 2000 and 9.3% in 2005.

3.4.2 Weaknesses of current financing arrangements

The introduction of a clear accounting mechanism that distinguishes between spending on social benefits and contributions to the health fund is envisaged. This will help improve understanding as to the adequacy of funds collected through social security contributions and the sustainability of social benefits, including pension benefits.

3.4.3 Challenges facing sustainability

Total expenditure on pensions as a share of the GDP has gradually increased from 7.3% in 1996 to 9.3% in 2005⁵⁴. The old-age dependency ratio stood at 19.8% in 2007 (EU27: 25.2%), marking the peak of an increasing trend observed for more than a decade. With declining fertility, increased longevity and a relatively small influx of regular migrants to Malta, the 'grey pressure' is further exacerbated. In 2006, life expectancy at age 65+ stood at 16.1 years, an increase of 0.6 years in the last decade (EU27 in 2004: 15.5 years). Projections show that by 2050 the ratio of 65+ to 15-64 years old will continue increasing unabated, and is set to reach 40.6% (EU27: 52.8%), a steady increase from 19.2% in 2005 (EU27: 24.7%)⁵⁵.

Individuals' provisions toward the TPPS will continue, encouraged by ample opportunities within the private sector, safeguarded by the existing legal framework. The Government wishes to see this pillar enhanced as much as possible and wants to secure transparency and accountability of service providers (Refer to section 3.8 on the activities of the Malta Financial Services Authority).

3.4.4 Projection of pension expenditure

The projections of public and total pension expenditure indicate a reduction in the share of the GDP by 0.4% in 2050, to 7%. This is partly due to the indexation of the maximum pensionable income to prices, which is ultimately rendering flat-rate pensions⁵⁶. It is projected that public and pension expenditure on GDP will peak at 10.2% in 2021⁵⁷. However, this is set to change due to the new indexation of pensions affecting persons

⁵³ Data Eurostat <http://epp.eurostat.ec.europa.eu/portal>, on 22/09/08.

⁵⁴ Data Eurostat <http://epp.eurostat.ec.europa.eu/portal>, on 22/09/08.

⁵⁵ Data: Ibid.

⁵⁶ "The impact of ageing on public expenditure: projections for the EU25 MS on pensions, health care, long-term care, education and unemployment transfers", 2004-2050, EPC and European Commission, 2006, page 72. Disclaimer note: 'Malta has reservations regarding the demographic projections assumed in this report stemming from differences in the expected influx of immigrants'.

⁵⁷ Ibid. page 77.

born in 1962 or before. The indexation will be based on 70% wage increase and 30% inflation rate, as stated previously.

3.4.5 Review of employment levels

The rate of employment of older workers is still below the required Lisbon target of 50%. The rate fell from 32.5% in 2003 to 30.0% in 2006 and further to 28.3% in 2007⁵⁸. This characteristic of the Maltese labour market already featured prominently in the last NSR Pensions 2006-2008. The employment rate of older females has decreased from 13% in 2003 to 11.8% in 2007. This is much lower than in any other EU country, and significantly lower than the EU27 average of 36%. This comes as little surprise given the low Maltese female employment rate in general. The reduction in the male employment rate from 53.8% in 2003 to 46.2% in 2007, of which 4.2% reduction occurred in the last year alone, is a sign that the current employment policies aimed at this age group need adjusting. The challenge of mobilising less active persons, such as females and older workers, into paid employment remains.

3.4.6 Preventing early exit from the labour market

Early exit from the labour market could also affect sustainability of the pension system in Malta. Malta has the lowest effective labour market exits age of all reporting countries; 58.5 years compared to the EU27 average of 61.2 years⁵⁹. Efforts are being made to curb early exits from the labour market by preventing the abuse of invalidity pensions⁶⁰ by persons approaching retirement age. This will also reap substantial benefits in terms of the prevention of waste of social funds⁶¹.

Partly as a result of the aforementioned measure, Malta's future outlay on disability and survivors' pensions as a share in the GDP, as per Ageing Working Group (AWG) projections, is set to decrease from 3.6% in 2004 to 2.7% in 2025 and further to 0.5% in 2050⁶².

Government's measure in the 2008 Budget of lifting the income cap from earnings after attaining retirement age should also produce a significant effect in the future in terms of preventing early exit from the labour market. This change is expected to boost the financial means of retirees aged 61/60+. The Government has based its decision on the trends in life expectancy at birth (in 2006 it stood at 76.83 years for males and 81.20 years for females) and on a previous Budget 2007 measure to introduce a gradual increase in pensionable age for persons born in 1961 or before, while for persons born in 1962 or after the retirement age was automatically set at 65 years.

⁵⁸ Latest available data, Eurostat <http://epp.eurostat.ec.europa.eu/portal>, on 22/09/08.

⁵⁹ Data 2006, Eurostat, based on Labour Force Survey 2007.

⁶⁰ The Invalidity Pension is a contributory benefit given to persons who are certified as medically unfit for work and who satisfy the relevant contribution conditions. The Invalidity Pension is, payable in terms of Article 26 (1) of the Social Security Act (Cap 318). (http://www.msp.gov.mt/documents/dss/synopsis_dss.pdf).

⁶¹ The measures implemented by the Ministry for Social Policy at curbing the abuse of social benefits is already reaping substantial benefits, not only in terms of preventing waste of social funds but also in preventing undue exit from the labour market. In 2006 and 2007, there were 382 and 219 cases of social benefit abuse, involving 250 and 156 beneficiaries, amounting to €2,036,511 (Lm874,274) and €1,306,297 (Lm56,793), respectively.

⁶² "The impact of ageing on public expenditure: projections for the EU25 MS on pensions, health care, long-term care, education and unemployment transfers", 2004-2050, EPC and European Commission, 2006, page 81 and footnotes 45 and 42.

3.4.7 Reform of the Invalidity Pension System

In mid-2006 discussions on a reform of the Invalidity Pension System were initiated. In July 2007 the Social Security Act was amended to pave the way for the reform of the social security Invalidity Pension System. This reform is expected to positively affect future provisions for early pensions, which according to the AWG projections for 2050 are set to increase⁶³ as a share in all public pensions (old-age pensions and early pensions taken together) by 40% (from 52% in 2004 to 92% 2005) being at par with other EU countries, but also reaching the highest net change in this period⁶⁴.

Apart from various parametric changes to the Invalidity System⁶⁵, the fundamental changes to the system were as follows:

- A change to the medical panel system – a Medical Review Team of three doctors contracted by the Social Security Division has been set-up. The Team's main function is to advise the Director General (Social Security) on the medical aspects of claims for Invalidity Pension, with the aim of strengthening transparency, preventing abuse and ensuring high level of medical expertise.
- Establishment of specific medical criteria – this has been achieved by having in place 'Impairment Tables' that provide the basic guidelines and benchmarks for the Medical Review Team to assess work-related impairment. The Tables are scaled according to a point score system based around minimum qualifying thresholds for entitlement to an Invalidity Pension. Apart from providing for levels of impairment, which will assist the Medical Review Team in its consideration of the case, these Tables make it possible to audit the decisions of the Team.

From an administrative point of view, the format of the Invalidity Pension application form has also been amended to allow a work ability assessment. This work ability assessment is essentially a submission by the applicant of information and medical data to help the medical team determine if the applicant satisfies the criteria for the award of the pension.

The creation of Impairment Tables with established guidelines and benchmarks, together with the new medical review team system and the medical audits, will help to ensure that those persons capable of work remain in the labour market. At the same time, the new system will enhance transparency, a feature lacking in the present system.

Notwithstanding the fact that measures to amend Invalidity Pensions were only announced in mid-2006, the set target to reduce the number of Invalidity Pension awards is already being met. The number of applications received by the Department of Social Security (DSS) during 2006 and 2007 for this type of pension already suggests that these changes are yielding significant positive results. DSS data show that the number of Invalidity Pension claims has dropped from 1,203 in 2005 to 895 in 2006, a 25.6% decrease in one calendar year. A slight increase in applications was experienced in 2007 with 916 applications being received, however, future prospects for further reductions are optimistic (see Annex Tables 3.2 to 3.4).

63 In case of Malta taken as 'main schemes', *Ibid.* page 81, footnotes 45 and 42.

64 *Ibid.* page 80, and footnote 42.

65 These include the extension of the waiting period to six months on sickness and the reduction in the frequency with which the person needs to be assessed as being incapable for work from three years to one year

The number of newly awarded Invalidation Pensions has dropped from 1,181 in 2005 to 676 in 2006 and 668 in 2007; 43.4% lower than two years ago. This has resulted in a total decline of 464 in the total Invalidation Pension population between 2005 and 2006 (8,851 in 2005, 8,387 in 2006 and 7,854 in 2007).

Moreover, data for 2006⁶⁶ show that 59.28% (in 2005), 60.89% (in 2006) and 63.35% (in 2007) of all invalidity pensioners were aged 55 years and over. This suggests that invalidity pensioners tend to be older workers. The 4.07 percentage point increase in the proportion of older invalidity pensioners infers that the measures targeted by the Invalidation Pension Reform to prevent unjustified early exit from the labour market is giving the desired results.

As previously noted, a reduction in the number of invalidity pensioners not only reduces the unjustified expense of social benefits but also helps retain the labour force within the market. The effective labour market exit age in 2006 stood at 57.9 years, an improvement over the 57.7 years recorded in 2005⁶⁷.

3.4.8 Provisions relating to the Markets in Financial Instruments Directive

During 2007, two provisions relating to out-of-court dispute resolution in the Markets in Financial Instruments Directive (2004/39/EC) were transposed in Article 20, effectively extending the role of the Consumer Complaints Manager⁶⁸ beyond products and services falling under this Directive. In addition, the Manager is required to assist and cooperate to a reasonable extent with bodies responsible for out-of-court settlement of consumer disputes in Member States and EEA⁶⁹ states in the resolution of local and cross-boarder consumer disputes concerning financial services. This back-up will help engender positive perceptions towards private pensions, facilitating their uptake and reducing dependence on the government.

3.4.9 Future measures to improve sustainability

Reducing labour market exit

It is Government's intention to continue to roll out the current reform in the medical assessment for entitlement to benefits where entitlement to such benefits is dependent upon work-related incapacity. In fact, the medical assessment for entitlement to social assistance, which is dependent upon the person being certified to be suffering from a work-related impairment, is to be reformed on the same lines as that for the Invalidation Pension. This should ensure that effective labour market exit continues to improve.

Introduction of SPPS

The gradual introduction of a mandatory SPPS could be achieved in various ways. The Pension Reform proposed 'carving out' 2% of the present social security contributions, 1% from each employer and employee, and this was planned to increase to 4% from both parties by 2025. However, other options remain to be explored, such as transfer of privately negotiated pension funds into the SPPS.

⁶⁶ From the SABS data-base (Sistema għall-Amministrazzjoni ta' Beneficcji Sociali, System for the Administration of Social Benefits)

⁶⁷ Data – Labour Statistics Unit, NSO.

⁶⁸ Within the Malta Financial Services Authority (MFSA)

⁶⁹ A state which has signed the agreement on the European Economic Area.

There is a concern that if the status quo is maintained, the adequacy gap would become unavoidable. The pension deficit in terms of percentage share of the GDP is set to increase to 4.7% in 2025 in the absence of reform. The proposed reform would reduce this gap to 3% in the same year⁷⁰. A Pension Advisory Task Force has recently been set up to provide technical support for political decision making in this area.

Separation of social benefits and health accounts

It is felt that social benefits and health expenditure should not remain combined for accounting purposes. While the Maltese population aging process continues unabated, the combination of funds is exasperating the situation marked by a perilous absence of funded pensions in Malta. Reform is necessary to ensure pension contributions are channelled for pension purposes only.

Strengthening the legal framework of private pensions

The Special Funds (Regulations) Act (SFA) of 2002 provides the regulatory framework for retirement schemes. Revisions to the SFA legal framework have been drafted. Strengthening of the legal framework should help encourage people to take out private pensions, thereby relieving pressure of the local pension system and increasing sustainability.

3.5 Review of the modernisation of pension systems in response to changing needs of the economy, society and individuals

3.5.1 Society's increase in consumerism: Responding through education on the importance of saving for old age

Maltese society is passing through a transitional stage. Processes of individualisation and secularisation are in full swing, and they mark all major aspects of individual and family life. With clear signs of more consumerism and indebtedness, the need to increase awareness on the importance of saving for older age is strongly felt. In this respect, the education and information campaigns conducted by the main players in the field of retirement plans provision play a significant role.

3.5.2 Impact of atypical career patterns

The introduction of the pro-rata system of benefits has enabled all persons in atypical employment to continue with their social security contributions on the basis of the number of hours worked, rather than on the basis of a minimum rate of social security contributions based on the National Minimum Wage. This facilitates efforts of persons in atypical careers to build their pension entitlements. However, people in standard careers will generally receive better pensions. Since it is usually females who opt for part-time work, due to their commitment to child bearing and rearing, there is a significant gender specific imbalance of accrued rights at the time of retirement.

In case of a full-career scenario, pension entitlements of an average wage earner are not generally gender biased. This is mainly due to a low gender pay gap in Malta, which has been steadily declining from 11% in 2000 to 3% in 2006. Notwithstanding such improvements, focus will continue in the future, with respect to the First Pillar pension system to ensure that any remaining issues regarding gender bias are identified and addressed accordingly.

⁷⁰ Final Report: Pensions Adequate and Sustainable, October 2005.

3.5.3 Impact of marital dissolution

The gender imbalance in pension entitlements is exacerbated in the scenario of marital dissolution when females often have to resort to social benefits such as Age Pension or Social Assistance to secure their means of subsistence. Females (who are affected more than males) are often left with insufficient funds or entitlements for a retirement pension. This is mainly due to their greater propensity to experience an interrupted career and therefore dependence on their spouse. In the sharing of pension entitlements in case of separation or annulment (as divorce is only recognised in Malta if obtained from abroad) two scenarios are possible depending on the ruling of the Family Court: (a) Family Court recognises separation as *de jure* separation and decides on the amount of maintenance to be passed on to the spouse, specifying that the Director of Social Security Department is to issue separate cheques for the beneficiary and his spouse; or (b) the Family Court awards the amount to be passed by the retirement pension beneficiary to his/her spouse directly. In the case that this is not acknowledged by the beneficiary, the spouse is guided to report the case to the Family Court in order to remedy the situation.

3.5.4 Reform of the social benefit system

Reform of the system of social benefits has been an ongoing process. During 2008 a reform of the Child Allowance system was carried out. Through this reform approximately 16,000 households (over and above those already receiving the means tested Child Allowance – approximately 30,000 households) have started to receive a flat rate child allowance irrespective of their means. It is now Government's intention to look closely at the Social Assistance scheme.

The current social assistance system provides different forms of financial assistance. However, some of the existing social assistance provisions do not effectively address certain emerging realities and reform is necessary to make work pay .

Special attention also needs to be placed on the allowances paid to single parents and persons deemed to be suffering from a work-related incapacity. These allowances should seek to adequately sustain such families whilst providing incentive to these beneficiaries to participate further in the Maltese economy.

3.5.5 Monitoring the accessibility and sustainability of pension systems

The calculation of theoretical replacement rates, as devised by the EEC and the respective Working Group, helped assess the long-term effects of pension situation for various scenarios in Malta. For this reporting exercise the Apex software created by the Organisation for Economic Co-operation and Development (OECD) has been used in parallel to the national TRRs calculations (see section 3.2.1 on adequacy). In the process of drafting the Pension Reform, several other tools have been used such as /-PROST software developed by the World Bank and the results using various hypotheses were presented in the Pension Reform White Paper discussion phase.

In view of the need to monitor developments affecting retirees, as well as the wider macro-economic situation impacting pensions, the Pensions Strategic Unit is to be established. This will provide Government with a resourced and sustained vehicle that ensures continued organised review and calibration of the country's pension's infrastructure, in line with the legislative commitments resulting from the Pensions Reform.

3.5.6 Disseminating information

Discussions on the subject of SPPS or TPPS have been ongoing throughout the period 2006 to 2008, with the intention of roping in the major players in the area of pension provision. Increasing the awareness of adequacy of pension and other income in old age has been given due importance. The Social Security Division has a well established network of district offices, from which people can obtain information on the various pensions and benefits that they may be entitled too. This information process is also backed up by regular TV and radio call-in programmes where the audience can ask questions or participate in live discussions. Given that the SPPS and TPPS are still not formally introduced, there is scope for more awareness and information campaigns. The Government wishes to see private pension plan providers approach these campaigns with full transparency and accountability to their customers, to ensure increased awareness results in a clear-understanding-based commitment.

The Consumer Complaints Unit (CCU) of the Malta Financial Services Authority (MFSA)⁷¹, is responsible for providing consumer education and information about financial services. It performs this public information role, *inter alia*, by taking part in various television and radio programmes. It is expected that the focus on the media will continue throughout 2008 to ensure that public awareness of financial resources remains high. The CCU also answers queries from the public on financial services in general.

3.5.7 Bilateral agreements

In terms of Malta's bilateral activities in the area of pensions, discussions are ongoing regarding a Reciprocal Agreement on social security with New Zealand.

⁷¹ Consumer Complaints Unit, Malta Financial Services Authority, Annual Report 2007.

Part 4

National Strategy Report for Healthcare and Long-term Care

4.1 Introduction

The Maltese health care system is based on the principle of equity and solidarity with universal coverage⁷². Ensuring that the health and long-term care systems have adequate resources that are efficiently and effectively managed is key not only to the future sustainability of the two systems but also to the present-day drive to continuously improve their quality and accessibility. It is for this reason that much attention has been and is being devoted to enhancing the sustainability of the health and long-term care systems.

On the other hand, quality and accessibility are not only beneficial for patients and service users but can also be conducive to the sustainability of the care systems (Refer to Annex 4.1, table 17 for trends in health and long-term care expenditures). Hence, Government's plan to expand and modernise its provision of primary and community care is aimed at reducing the need and demand for expensive institutional health and long-term care while managing the individual's care from an early stage and also bringing care closer to patients and their families.

Another priority which has multiple and far-reaching benefits beyond health and care is the focus on a preventive approach to health and long-term care that will characterise Government's efforts over the coming years. (refer to Annex 4.1, Table 6 for Healthy Life Expectancy figures) Health is increasingly seen as an essential prerequisite for the country's social and economic development. This is borne out by the inclusion of health as one of the pillars in the Vision 2015 policy document.

Despite soaring costs (refer to Annex 4.1, Table 18 for projected trends in health and long-term care expenditures) and demand for health and long-term care, Government is committed to preserving the solidarity-based model of universal access to care. In addition to the general policy lines indicated above, considerable attention will be devoted to enhancing Malta's entitlement policy to make free provision of health services reflect better the real needs of patients.

Waiting times are a long-standing challenge in both health and long-term care which may have an adverse impact on the health and quality of life of patients as apart from

⁷² The public health care system provides a comprehensive basket of health services to all persons residing in Malta who are covered by the Maltese social security legislation and also provides for all necessary care to special groups such as irregular immigrants or foreign workers who have valid work permits. No user charges or co-payments apply but a few services including elective dental services, optical services and coverage of certain formulary medicines are means-tested. The private sector acts as a complementary mechanism for health care coverage. The state health service and private general practitioners comprise primary health care in Malta. However, the two systems of primary care practice function independently of one another. Secondary and tertiary care is mainly provided by specialised public hospitals of varying size and function. The main acute general services are provided by one new main teaching hospital incorporating all specialised, ambulatory, inpatient care and intensive care services. Malta has become almost self-sufficient in terms of providing most tertiary care. Patients are sent overseas for highly specialised care required for rare diseases. Universal coverage is also in place for long-term care. Access is linked to need and to capacity within the currently available infrastructure. Services are provided by the state, church and private/voluntary organisations.

reducing their overall satisfaction with the health and long-term care systems. Government is determined to find a solution to the problem. Transferring responsibility for certain services from the institutional, secondary and tertiary sectors to the primary and community sectors will be as important a component of this solution as an increase in the provision of those services where longer waiting times exist.

A series of measures aimed at promoting patients' rights and responsibilities are at the heart of Government's plans for the health sector in the coming months and years. Malta's membership in the European Union has further accentuated our need to urgently create a modern legislative framework accompanied by systems to empower patients and their families. Increasing health-related knowledge among patients and the nature of chronic diseases have necessitated a shift from a paternalistic approach to an approach in which service providers and service users work in partnership to achieve the best possible outcomes. This approach bestows rights but also places responsibilities on services users to utilise services effectively and appropriately without wastage and with due regard to the limitedness of resources.

For the past five years, a degree of coordination between the systems of health care and long-term care for the elderly has been achieved through their joint administration by a single Ministry (i.e. Ministry of Health, Elderly and Community Care), whereas social care for non-elderly groups such as the disabled and drug users was managed by a different Ministry (Ministry for the Family and Social Solidarity). These two ministries have now merged (Ministry for Social Policy), an amalgamation that should favour the development of better coordination and synergy between all strands of care.

4.2 The health care system

The restructuring of the general administration of the health and long-term care sectors into four divisions, carried out in 2007, has been important in laying the foundations for the new roles being developed to meet the challenges the health and long-term care sectors are facing. The four Divisions are:

- Public Health Regulation,
- Health Care Services,
- Strategy and Sustainability, and
- Resources and Support.

4.2.1 Progress Report

This section shall integrate both health and long-term care updates due to their common links to set policy objectives.

Enhancing equity in access to care

Patients' rights and responsibilities

The preliminary drafts of the Health Care Act and the Mental Health Act, which will ensure *inter alia* better recognition and respect for patients' rights and responsibilities, have been finalised and are being reviewed by the Attorney General. Patient advocacy will be further enhanced by the Malta Health Network, an umbrella organisation that

brings together numerous health-related voluntary organisations, which was officially established in November 2007⁷³.

Increasing civic responsibility among service users to ensure the sensible use of services remains a challenge. In this respect, a nation-wide media campaign and a booklet on hospital and primary care services were distributed from every public healthcare facility in the wake of the opening of the new acute hospital, Mater Dei (MDH) in 2007.

Waiting times for specific interventions

Waiting times have not been tackled as planned due to the migration to the new hospital. However, preparatory work is underway in the form of ongoing projects for better management of beds, outpatients and day care/theatres. The new collective agreement with doctors should alleviate this problem to some degree by ensuring better coverage by medical consultants. The problem is compounded by the blocking of beds in the acute sector by patients awaiting admission to long-term care facilities. This is being addressed through an increase in the provision of long-term care beds (see section 4.2.1 – Equitable access to long-term care) and a planned consolidation of community care (see 4.2.1 - Community-based responses to health care needs).

Affordability of and accessibility to medicines

A mechanism has been set up whereby the Consumer and Competition Division will monitor prices of medicines in the private market and investigate any cases of overpricing that may be referred through an ad hoc committee set up for the purpose.

The 'Pharmacy of your Choice' scheme (operative in 27 localities to date) has enhanced access to medicines within the community through improved convenience and proximity for the patient, longer opening hours and a closer relationship with dispensing pharmacists.

Financial resources are a challenge in this area. Increased investment is needed to render access to new medicines and technology more rapid and timely.

Community-based responses to health care needs

A pilot project on diabetes care in the community has been replicated in another two localities in partnership with their respective local councils. Government's drive to network with the voluntary sector has been boosted by the passing into law of the Voluntary Organisations Act. The allocation of space to voluntary organisations, notably VOLSERV⁷⁴, at MDH was another sign of a closer relationship being forged with the voluntary sector.

Following a broad process of consultation with internal and external stakeholders, a strategic plan for the consolidation of primary health and community care is being drawn up. A Task Force has been established to plan an incremental series of measures to reform and strengthen primary care. The overarching aims of this plan include the fostering of a more interdisciplinary approach among health professionals, better

⁷³ The network facilitated communication between Government and a number of patient organisations as part of the consultation process leading to NAP 2008-2010.

⁷⁴ VOLSERV is a project aimed at developing and organising voluntary services to support patients and relatives in the main general hospital as well as in the community.

networking with the educational and social sectors, the regionalisation of service planning and delivery and the creation of a process of continuous needs assessment at community level. A Task Force to recommend on the phased implementation of this plan has been established.

Equitable access to long-term care

Bed capacity in long-term geriatric care is being increased by 120 beds through the ongoing refurbishment of a new wing at St. Vincent de Paule Residence (SVPR). A further 130 beds have been added as a result of the completion and opening of a new community nursing home for the elderly (*Madonna tal-Mellieha*) in the north of Malta. This home, which is capable of providing for varying needs and dependency levels, will also ease demand for entry to SVPR. Plans to endow other residential homes with this capability spectrum are still being developed. The development of community services will also help to delay the need for institutionalisation.

Criteria for admission into state institutional facilities for long-term care have been established, and made public.

Promoting quality and excellence

Opening of Mater Dei Hospital and planning of new rehabilitation facilities

The opening of MDH has improved the quality of the care environment and that of the medical equipment and information systems technology. A similar improvement was registered in long-term geriatric care through the continued refurbishment of SVPR.

Plans for the development of new cancer treatment facilities and for the procurement of new machines are underway. A strategy for cancer prevention, treatment and palliation is being finalised. A 'Non-Communicable Diseases Strategy' is also being developed. Plans for the implementation of population-based organised breast cancer screening programme for women aged 50-59 years have reached an advanced stage.

Plans for the construction of a new 280-bed facility for rehabilitative and intermediate care are underway. In the interim, this service is being expanded in part of the now vacated St. Luke's Hospital. Plans are underway to convert more wards within Mount Carmel Hospital (a mental health hospital) into an intermediate care facility.

Developing new information technology systems to improve health care delivery

New IT systems have been installed within MDH. These include a Picture Archival System (refer to Good Practice Example in Annex 4.3b) and a Radiography Information System, a Laboratory Information System, and an Intensive Clinical Manager (ICM) System. The need for similar systems in, and connectivity with, the primary care setting is being evaluated and addressed. These and other initiatives will be supported by an ehealth strategy.

User involvement

The Health Interview Survey conducted during 2008 will assess service users' views on the nature and quality of health services provided. Research and development capabilities are being enhanced through Malta's participation in the European Community Health Indicators (ECHI) project, which is leading to the harmonisation of health information indicators, as well as through enrolment in a number of clinical trials with very good timelines.

Setting and enforcing quality standards

Efforts to develop and apply systematic patient care protocols are ongoing. With regard to the need to upgrade legislation regulating institutional and community long-term care, a new directorate for Health care standards within the newly formed Regulatory Division has been established. It has the regulatory capacity for licensing and monitoring of long-term care services and facilities and will strengthen the enforcement of approved quality standards across the public and private sector.

Safeguarding sustainability

Prevention and health promotion

Several health promotion and disease prevention initiatives have been successfully undertaken. In the area of immunisation there was a substantial increase in population coverage of the influenza vaccination since 2003 (30% in 2006, 26.9% in 2007 vs. 12.23% in 2003, 13.7% in 2004; refer also to Annex 4.1, Table 14 for 2005 figures of vaccination coverage in children). There has also been a further rollout of immunisation against Hepatitis B. An Intersectoral Committee to Counteract Obesity (ICCO) by addressing its key determinants across all sectors has been set up. Legislation regulating underage drinking has been enacted, and a national information campaign was launched. Various programmes aimed at promoting lifestyle-changing activities among older people have also been run.

Health promotion and disease prevention among school children has been enhanced as a result of the reorientation of the role of the School Health Service to such functions as screening for development problems, learning difficulties, obesity issues and the promotion of healthy lifestyles.

Health promotion activities are also being offered to dementia patients, notably through a Dementia Clinic and an Activity Centre that were launched in Zammit Clapp Hospital (ZCH) and SVPR, respectively. Both are providing day care services.

Government is set to shift focus from institutional to community care by implementing the aforementioned strategic plan for the consolidation of primary and community care.

Human resource development

The importance of the human workforce to the sustainability of the health and long-term care system has been acknowledged through a number of training initiatives.⁷⁵ These include an extensive training and development programme focused on leadership at different levels of management for public health care employees (refer to Good Practice Example in Annex 4.3c), induction programmes for newly recruited health professional, a specialists training scheme for medical staff and a pilot mentoring programme for newly recruited clerks.

The new collective agreements that have been signed with major groups of health professionals will also help address the challenges with regard to human resources in the health and long-term care sectors. A positive development is the Continuous Professional Development (CPD) component that is an integral part of all agreements.

⁷⁵ These initiatives earned the then Ministry of Health the award for Human Resources Development from the Malta Foundation for Human Resources Development.

Sustainable financial management and control systems

A central unit of financial management, monitoring and control has been set up within the public health sector. The unit needs to engage additional expertise to enable it to fulfil its mandate. To ensure better management of human and financial resources in the long-term care sector, a human resources management system (payroll system) was implemented at SVPR. Tax incentives to encourage take-up of private residential care by elderly people in need of such care were introduced.

Efforts are ongoing to implement financial management systems in MDH and in other service-providing health care entities to bring information on expenditure in line with EuroStat parameters. The setting up of the System of Health Accounts to ensure better monitoring of the performance of health systems is still under development.

Challenges and lessons learnt

Considerable progress has been registered since Malta's first involvement with the NSR process two years ago. One particularly important aspect of this progress is the effort made by Government to consult with a wide range of stakeholders on a variety of health issues, not merely those pertaining to the NSR. The next major challenge is translating policy into action.

Vulnerable groups and health inequalities have not yet received sufficient attention. Future policy efforts will focus on developing a comprehensive policy framework and action plan on the health of migrants, in particular asylum seekers, and on increasing accessibility of residents of Malta's sister island, Gozo, to a wider range of healthcare services.

4.2.2 Access

After achieving an important milestone with the opening of MDH in November 2007, in the coming months and years, Government intends to turn its attention to strengthening primary and community care services. The emphasis across all services shall be a preventive approach together with a focus on rehabilitation to ensure that people remain active and independent within their communities wherever possible. Such an approach will also lead to more effective and sustainable use of the resources within MDH.

During 2008 to 2010 Government intends to address accessibility issues through a concerted action plan centred on the following priority areas:

Enhancing access to information on health services

The Ministry's web portal is being restructured to become more versatile to meet the public's increasing demand for information about, and from, the health care services.

An assessment of the feasibility of introducing 24-hour telephonic help line facilities will be performed. These help lines will initially provide for general health and services related queries. Advice given via this service may also contribute to reduce unnecessary attendance in clinics and hospitals.

Better quality information on the health services provided and the criteria for entitlement to such services are needed. The creation of a directory of health services with information on eligibility conditions would assist health professionals in standardising access to care. Furthermore, information including conditions and requirements to gain access to treatment abroad in line with EU regulations shall be drawn up. The setting up

of a central customer service unit for health care entitlement matters is being considered.

Reducing waiting times

Government is committed to curtailing waiting times for interventions. The first exercise will involve assessing existing waiting lists and maintaining updated information on patients awaiting interventions within each health care entity. After this information is analysed, targets for maximum acceptable waiting times for different procedures will be established. A review of work practices to improve efficiency within MDH is being undertaken to find ways of increasing activity levels within the limits of the currently available resources by maximising resource utilisation by, for example, using theatres for longer hours and on Sundays. Government will consider creating incentives to enable timely access to investigations and treatment through the private sector where capacity in the public sector has reached saturation points.

Similar initiatives will be taken to reduce waiting times for out-patient appointments where unacceptable delays exist. Out-patient clinics will also start operating over longer hours. Out-patients appointments given for the sole purpose of communicating the results of certain blood and imaging investigations will be reduced by transferring this information to the patients' doctors in the community (Refer to 4.2.3. - Community-based responses).

Enhancing access to new treatments

Advances in medicine continuously lead to new therapeutic agents for the treatment and management of disease. Government is committed to fully implementing mechanisms to allow access to effective and cost-effective new medicines and technology in a transparent manner. The capacity for assessing new medicines and technology will be strengthened. Collaboration with national European partners in the areas of technology assessment will be sought. Government is considering the creation of a framework for transparent negotiation with industry to ensure that maximum reference prices are set when new medicines are introduced into the health service. This will contribute to the affordability and sustainability of the health system.

An exercise to identify gaps in the provision of free medicines for chronic illness leading to inequalities between different types of chronic illness shall also be carried out.

Prevention of communicable diseases through immunisation will be stepped up through the modernisation and expansion of the childhood immunisation programme. The recently re-configured Advisory Committee for Immunisation Policy will be reviewing and issuing recommendations for changes in the immunisation schedules and the free immunisation programmes that are offered nationally by the public healthcare services.

Ensuring equity in access

Tackling health inequalities is one of the top priorities in the EU's health strategy. Health inequalities lead to economic losses both in terms of lost productivity and higher health care expenses. There is therefore both a humanitarian and an economic rationale for identifying health inequalities. The Directorate for Health Information and Research will be seeking to identify and map out existing epidemiological health inequalities in Malta.

A review of the current services provided for children in the community will take place. The objective is to provide a more integrated service that better caters for modern social

and health problems. Well baby clinics, School Medical Services, the Child Development and Assessment Unit and the Child Guidance Clinic⁷⁶ already offer very good quality services but their better integration will assist a coordinated preventive approach. A review of their respective structures and functions will also be undertaken.

A policy on the health of migrants is being prepared. Migrants have particular health care needs. A preventive approach to their health problems will be better developed. More so, a reception centre to house newly arrived asylum seekers until results of screening tests for infectious diseases are known will be set up in the next few months. The possibility of administering the Health Interview Survey separately to migrants will be explored.

To ensure that residents of Gozo have better access to care closer to home, Government will be investing Structural Funds to purchase new equipment for the operating theatres and radiology department in Gozo General Hospital.

A 24-hour crisis intervention setup will be implemented to deal with cases requiring acute assessment for possible emergency treatment or admission to the mental health in-patient facility. This team will be based at the Admitting and Emergency Department of MDH.

The Community Mental Health Services Department manages several programmes and initiatives in this sector. A programme, operating since 2004, that has succeeded in augmenting access to mental health services in the community involves a primary (nurse-led) and secondary (consultant psychiatrist-led) mental health teams operating from one primary care centre. These two teams share professionals, such as nurses and social workers, to ensure continuity of care when the patient needs to move from one team to the next. Other similar teams will start operating in different areas in Malta.

4.2.3 Quality

The Maltese public consistently report being satisfied with the quality of clinical care offered by the public and private sector. Nonetheless, added pressures and different demands on Malta's health and long-term care systems from ongoing demographic and socio-cultural changes, will need to be met. Government is committed to promote and advance the quality and excellence of Malta's health care services most notably through the strengthening of the community-based responses, development and enforcement of health care standards, increasing patients' involvement, choice and information, upgrading of other health care facilities and stepping up measures to fight cancer.

Community-based responses

Following the extensive consultation exercise carried out at the end of 2007, Government drawing up a strategy for the future development of primary and community care services. Our vision is that of empowering communities to promote health, prevent disease, and treat illness and support individuals through care delivered within communities. To attain the vision community and primary health care services must be placed at the centre of the healthcare system and be supported by specialist hospital services, rehabilitation and institutional care.

⁷⁶ This clinic is responsible for the assessment, treatment and follow-up of children and young people with emotional, behavioral and other mental health problems.

A task force has been set up to advise on the implementation of the necessary changes and reforms that will place primary and community care services at the heart of the health and long-term care sectors. The task force will be required to plan financial and human resource requirements for implementation of the strategy for primary and community care for the next five years. In the meantime the following measures will be undertaken:

1. Health centres will be refurbished and equipped with the capability to treat minor emergencies. This will allow patients with minor injuries and ailments to be treated more rapidly and will allow the emergency service at MDH to focus its resources on the more serious emergency and acute cases.
2. A central emergency call triage centre will be established. This will ensure better response times to emergency domiciliary care and streamlining of human resources required for home visiting.

The need for better management of patients after discharge from acute care was highlighted in the consultation process. A set up for follow-up in the community also enables more rapid discharge from acute care, avoiding unnecessary bed blocking. The COMMCARE unit will be strengthened to take on a broader role and contribute to better care coordination following discharge.

Government is not intending to take over the provision of primary health care from the private sector since the private community family doctor plays a sterling and vital role in the health system. Rather, the objective is to find a way of strengthening and supporting these doctors to develop into primary practices and teams with formal patient registration.

The 'pharmacy of your choice' scheme will be evaluated, strengthened and will continue to be rolled out across all of Malta and will be extended to Gozo. Government will continue to invest in the necessary information systems to support the smooth and efficient functioning of the scheme and ensure the necessary financial and management control systems.

Government will invest in IT systems to give primary care providers access to patient records. This patient-driven model will be particularly targeted to expedite the delivery of results of investigations to patients. Apart from improving the timeliness of this service this measure will help to reduce the pressures resulting from appointments at MDH out-patients solely for this purpose.

Development of health care standards

Enforcement of health care quality standards is set to be reinforced through the newly established Directorate for Health Care Standards that will continue working to establish care protocols and quality indicators to enable international benchmarking of standards. Customer service standards across all health service providers will be a priority in the coming months. The main challenge is to ensure appropriate handover of care at the interface between different service providers. All health care entities will be required to have a transparent and effective complaints handling system.

An efficient monitoring system is an important element in health service quality assurance. This awareness has impelled the Maltese health authorities to require the establishment of such internal control systems in several areas of the health sector,

including that of the quality and safety of blood. The establishment of the National Haemovigilance Unit within the Department for Health Care Standards under the division for Public Health Regulation is an important step in this direction. It is hoped that the reporting system operating in this Unit would serve as a learning platform for the introduction of error reporting in other areas, including near-miss accidents.

The newly reconstituted National Antibiotic Committee will be working to address issues related to antibiotic use, notably the problem of antibiotic resistance and antibiotic resistant bacteria, particularly MRSA (*methicillin-resistant staphylococcus aureus*).

Patients' involvement, choice and information

The Health Care and Mental Health bills, to be presented to Parliament, provide for far-reaching changes in the legislative framework of patients' rights. The draft Bill for Mental Health makes provisions for a Commissioner for Patients and places emphasis on compulsory care plans. The draft Bill for Health Care will include a section on service users' rights, including the right to information, the right to confidentiality and the right to informed consent. The current mechanism of patient consent will be reviewed, and consent forms introduced. The Bills provide a legal framework for the involvement of patients in the making of decisions concerning care options and the management and administration of the system. It is also envisaged that regular and structured fora for consultation with patient representatives will be set up. Once enacted, these Bills will be disseminated to patient groups and the public at large to raise awareness about patients' rights.

The 2008 Health Interview Survey (HIS), a periodic nationwide survey of health trends in Malta, will also provide an insight into the satisfaction of patients and the general public with health services in general. Methods and initiatives for a more structured and thorough assessment of patient satisfaction with primary health care services will be established and carried out. At MDH, suggestion boxes will be installed to allow patients to convey their comments and suggestions on a specific form. In addition, patient satisfaction surveys will be conducted among patients.

Upgrading of health care facilities

Following the inauguration of MDH and migration of the public acute general health care to this state-of-the-art teaching hospital, plans are underway to modernise and upgrade facilities in other healthcare settings, notably in the field of oncology, in primary health care centres and at Gozo General Hospital.

Measures to fight cancer

Government has made tackling cancer a national priority⁷⁷. In the health sector, a chain of initiatives are planned. These will be included in a national cancer control plan that will shortly be finalised..

The oncological facilities will be modernised. They will migrate to another facility which will undergo extensive upgrading and new building works. This new cancer treatment facility will accommodate a larger number of patients than was previously possible. A specialist palliative care in-patient unit will also be established in this new facility.

⁷⁷ A number of measures being taken in other sectors, such as using renewable energy sources and improving the quality of our environment, indirectly also form part of our strategy to combat cancer.

Radiotherapy is one of the mainstays of treatment for cancer patients. The present day linear accelerators are due to be replaced by 2010. The procedure to procure the new linear accelerators is presently taking place.

Government will be investing in the procurement of a PET scanner which is important in improving the diagnostic capabilities for cancer and monitoring its progression.

The role of chemotherapy in the treatment of cancer has become more important over recent years. A drive to expand the availability of proven effective treatment on the Government Health Service is currently underway.

Cancer prevention will be promoted through an organized mammography breast screening programme targeting women aged 50 to 59 years over a three-year period. A call and recall system is being set up and the necessary human resources are being identified and trained. Steps are being taken to ensure that the programme will meet quality criteria and the programme will be subjected to external peer review once established.

4.2.4 Affordability/Sustainability

The issue of the long-term sustainability of the system is receiving increasing attention. This should be understood also in light of Government's commitment to keep health care free at the point of delivery. The resources underlying sustainability are financial and human. In terms of financial resources, Government's strategy is to reduce the need for expensive health care through an increased investment in health promotion and preventive care⁷⁸, and to improve the way these resources are managed. In terms of human resources, a number of measures aimed at enhancing the stock and quality of the health care workforce are being proposed.

Prevention and promotion

The emphasis across all services shall be on a preventive approach to health care, with efforts focused on non-communicable diseases including cardiovascular disease, diabetes and cancer.⁷⁹ Such efforts necessitate reliable up-to-date information on both established disease and pre-disease states and levels of risk factors to enable proper planning of health promotion and health care service for the future. To this end, a Health Examination Survey will be carried out jointly with other European Union countries in 2010 with the necessary planning and contracting of resources occurring in 2009.

Attention will be paid to risk factors associated with cardiovascular disease and diabetes. An ongoing initiative to publish national guidelines on the treatment of hypertension, and eventual enforcement of the guidelines across primary and acute care settings will help prevent unnecessary complications. Similar initiatives to treat other risk factors will ensue.

A national strategy encompassing non-communicable diseases is being drawn up, with cardiovascular disease and diabetes forming the central challenge. Government will

⁷⁸ This also benefits people and patients in terms of improved health status

⁷⁹ These constitute the major causes of mortality before the age of 65 in Malta (refer to Annex 4.1, Table 12). The rate of cardiovascular disease mortality is relatively high in comparison with other countries of the European Union. Furthermore, cardiovascular disease and diabetes together are responsible for the major burden of disease in Malta.

gradually continue to upgrade the range of medicines available for treating these common illnesses.

Obesity and smoking will be tackled more holistically. Obesity is to be addressed through a National Action Plan drawn up by the inter-sectoral Committee to Combat Obesity (ICCO) and which due to be published. This plan will see *inter alia* the involvement of public and private stakeholders in an effort to reduce the obesogenic environment, and the implementation of compulsory minimum levels of physical activity in schools. As for smoking, the continuation of anti-smoking campaigns coupled with the introduction of mandatory pictorial warnings and the setting up of a tobacco control reporting unit, are intended to help curb this important risk factor. Young women will be particularly targeted.

As far as the prevention of communicable diseases is concerned, a National Sexual Health Policy will be soon published to address rising rates of sexually transmitted diseases, such as gonorrhoea. The policy will provide a framework from which a strategic plan of action will be formulated.

In general, there will also be an increased focus on health promotion and disease prevention in school curricula and in the provision of primary health care services. Preventive care for school children will experience a quality leap through the introduction of an electronic system of surveillance (CHESS) whereby the medical records will be stored and updated through an online database that can be accessed by authorised medical personnel. This system will make data collection and analysis much more practical. Efforts will also be made to expand School Health Services to the secondary educational sector with a strong emphasis on advisory and health educational activities. In a bid to promote early intervention and reduce stigma, the mental health sector will strive to consolidate its efforts in educating and sensitizing the general public where mental health issues are concerned. These efforts will continue to target school children together with their parents through school talks and activities. Other awareness campaigns will focus on encouraging people to visit the psychiatric hospital, thus dispelling false notions and misconceptions.

Mechanisms for a more continuous evaluation of the outcomes of all health promotion and disease prevention strategies and initiatives will be established.

Human resources

To meet the challenge of having a workforce that is quantitatively and qualitatively adequate to meet the present and future demands for health care, a wide range of measures are envisaged for the coming years.

Further incentives to prospective students at tertiary level to encourage them to take up health care professions, particularly nursing, will be explored. Since it takes a number of years to train nurses, in the meantime Government shall continue to pursue a policy of active sourcing and recruitment of suitably qualified nurses from overseas.

To improve retention of qualified staff, particularly doctors, efforts at developing local post-graduate specialist programmes will be intensified. To this end, partnerships with other EU countries are being sought to create and maintain an exchange of specialist trainees thereby providing our local trainees with international exposure and conversely, foreign trainees with opportunities to use Maltese facilities for their training programmes.

Mechanisms to facilitate re-entry of health care professionals pursuing long-term training and employment abroad will be explored and implemented.

To help make primary health the lynchpin of the National Health Service, Government will be working towards the development and consolidation of a career path within primary health. A further positive impact on retention of staff will be produced by creating emotional and psychological support structures for staff members to address stress and burnout, so common among health care workers. This should also enhance the quality of workers' professional output.

Partnerships with the voluntary sector for the provision of support services will be further developed. The voluntary sector, through VOLSERV, has successfully organised a number of services provided by volunteers at MDH. Extension of these services in the field of long-term care is being explored.

Training in, and support to further increase the scope for, multidisciplinary teamwork is also planned. This concept is being taken up in more clinical settings in Malta. Continuous professional development initiatives will be augmented for all professional groups. The recently signed collective agreements provide incentives for the organisation and uptake of programmes.

As a result of the agreements, the development of nurses and paramedics into warranted professionals and the consequent reviewing of the codes of practice for nurses and the development of those for paramedics will also create a more competent workforce. In this respect, Government is planning to review a number of job descriptions to ensure that job specifications are in line with today's needs and demands.

To consolidate and diversify local medical training, Government is actively pursuing partnerships with foreign medical educational institutions for the establishment of medical schools in Malta.

Government is planning to set up and improve core management competencies at MDH. Furthermore, a programme providing coaching and other support initiatives for staff employed in the different levels of management of health administration structures has been ongoing since 2006.

Improving governance

There is a need to create awareness amongst service users of their responsibilities to utilise health care services responsibly. Some health services are not functioning efficiently because they are misused. An example of this is the emergency service at MDH and Government intends to address this need in the coming months. Irresponsible utilisation of resources will be addressed through information campaigns on better utilisation of acute and emergency health care services, and on avoiding wastage and hoarding of medicines.

In a bid to make the most efficient use of resources, business process reengineering will be carried out at MDH to ensure that unnecessary admissions are avoided, acute beds are used for truly acute care and day surgery is utilised wherever possible.

Better financial control will be exerted by initiating a shift of all health care entities to a controlled decentralised accrual and responsibility accounting system⁸⁰. This will be accompanied by an appropriate investment in the necessary human expertise and information management systems. Realistic operational budgets, including provisions for medicines, surgical devices and general supplies, will be decentralised to the public health care entities. Thus a system of health accounts in compliance with EUROSTAT requirements will be created for the public health sector and also, through mechanisms of transmission of information from the private health sector, for the health sector overall.

Government will also centralise procurement services into a single unit. This unit will be governed by more efficient procurement processes and will make users financially responsible for their ordering and consumption patterns

The services offered by the public health sector will be more clearly defined. Entitlement to these services will also be streamlined. Government will explore the setting up of an appropriate mechanism to verify entitlement to free health care services.

Electronic information management systems will play a key role in promoting greater efficiency. This will be the case not only for the decentralisation of financial management to health care entities, but also for the:

- setting up of an e-prescription system that will provide a tracking system for prescription and dispensing of Government-funded medicines linked through the pharmacy of your choice scheme;
- change to a new Patient Administration System as soon as possible;
- development of ICT infrastructure within SVPR and the Gozo General Hospital;
- development of information managing systems in various non-service provider health entities.

Complementary systems of financing the national health system to public funding will be sought. Efforts will be made to attract foreign investment in the health care industry. These include the development of a strategy for the development of health research that will promote the conducting of clinical trials within the Maltese health sector in line with health ethics safeguards, the development of the necessary capability for Malta to be able to act as a Reference Member State for medicines requiring a European marketing authorisation, and the development of health tourism in Malta.

Finally, the challenge of placing the public health care system on a more stable financial basis can only be met through consensus-building with constituted bodies, civil society and the health care industry. Government therefore proposes to further create mechanisms for regular consultation with all stakeholders on the issue of the sustainability of public health and long-term care.

4.3 Long-term care

4.3.1 Progress report (see section 4.2.1)

Dependent persons should be given all the support they require to fulfil their functions in society and lead, as far as possible, an independent life. Dependency may be transient as may be the case following an accident or after some acute medical intervention. Dependency may also be a long-term condition associated with ageing or disability.

⁸⁰ Such a system has been in place at Mount Carmel Hospital and Zammit Clapp Hospital for a number of years with excellent results in terms of efficiency and cost-savings.

Dependency also arises in relation to mental illness besides physical illness. (refer to Annex 4.1, Table 10 for dependency figures)

A great deal of long-term care in Malta was previously provided by the families of the dependent persons. Maltese lifestyles have gone through many changes in the past few years which have had, and will continue to have, a big effect on the capability to provide this informal type of care. New and different needs for long-term care services have consequently emerged. Besides homes for those who do not have the possibility to be cared for by families or for those persons whose requirements are such that they become too hard to handle by relatives, there is the need for more formal community-based care services.

One of the major problems that the new acute hospital (MDH) is facing is the congestion of beds caused primarily by elderly patients who cannot be discharged back to the community for various reasons. This situation is being balanced out by increasing beds at SVPR. A new residence (*Madonna tal-Mellieha*) has been recently inaugurated. In another initiative, beds that are being vacated at Mount Carmel Hospital due to increased discharges and retention in the community of patients in the mental health sector, are being turned into long-term care beds for the elderly. These residences cater especially for long-term elderly who are dependent and have special needs.

On the other hand, Malta needs to strengthen existing measures, introduce new ones aimed at delaying institutionalisation and increase and encourage both formal and informal care in the community. Day care centres are available at local councils, however re-structuring is needed to increase and improve their availability and accessibility to more patients needing long-term care. Night care centres will be introduced on the same guiding principle as day care centres, while assistance for informal carers is to be stepped up to further decrease the demand for care in institutions. Discussions are ongoing with the Church Curia with a view to opening a night shelter pilot project for senior citizens in the south of Malta.

4.3.2 Access

Although Government's main goal is for older people to remain active and independent in the community for as long as possible, the state of health of some individuals, especially amongst the very elderly, deteriorates to a point where 24-hour long-term institutional care becomes necessary. In this respect, the demographic increase in the age-group of the 'very old' (Refer to Annex 4.1, Table 2b for actual and projected elderly population estimates; refer to Annex 4.1, Table 6 for actual and projected life expectancy estimates) is a major challenge to access to institutional long-term care. For this reason, an increase in capacity in institutional care for elderly people is being proposed through the following mechanisms:

- increase in beds through expansion at SVPR,
- conversion and expansion of long-term care facilities at Mount Carmel Hospital
- building on the recent success and inauguration of the new facility in *Mellieha*⁸¹ to plan further nursing homes in the community⁸² on the PPP model.

⁸¹ This new home is equipped with a number of facilities which can help dependent patients and will also alleviate the waiting list at SVPR.

⁸² Such homes are to be co-located with community health centres.

More information regarding the availability of long-term care services with consistently applied and transparent admission criteria will be made more available and will be better enforced.

Further development of the dementia services and the refurbishment of a unit at SVPR for these particular patients will continue.

In the mental health sector, a female forensic unit is projected for development within Mount Carmel Hospital to better cater for the changing needs within this client group. A male forensic unit has already been established. A rehabilitation unit being developed within Mount Carmel Hospital is aimed at promoting independent living among persons suffering from learning disabilities to the extent that they cannot live even with support in the community. Such services are currently only offered by the church/religious sector in Malta and are increasingly encountering major challenges of both financial and human resources sustainability.

Measures will also be taken to increase suitable accommodation facilities for persons with a disability who are unable to live on their own. These measures can be viewed in greater detail in the chapter on Social Inclusion (section 2.5.1).

4.3.3 Quality

Care standards are considered to be very important. A phased programme of inspections of Government homes and long-term care facilities for the elderly, coordinated by the Department of Health Care Services Standards, has begun on the same lines as the inspections carried out in the private sector. Improving the quality of care in government residential homes is being considered as a first step in the conversion of these homes into nursing homes. This will include increased emphasis on care standards, more medical care and increasing availability of paramedical services.

A policy will be developed that will address the need to increase awareness and understanding of what constitutes abuse, prevention of abuse and procedures to be followed in cases of suspected abuse. This will apply to both institutional/residential settings as well as for those elderly persons living in the community.

There will be further development of rehabilitation services. By the end of 2008 all remaining rehabilitation services at Zammit Clapp Hospital will be transferred to Karin Grech Hospital, which is undergoing refurbishment to accommodate the additional patients and services. Government is planning to construct a new purpose-built rehabilitation facility to fulfil the functions required for effective rehabilitation services⁸³. Environmental and energy factors are being considered in the design of this facility as part of Government's overall strategy for sustainable development.

Long-term care facilities in both SVPR and Mount Carmel Hospital are being refurbished to improve and maintain them in line with modern needs and expectations. Furthermore, a plan to completely renovate a number of wards in both institutions has been in operation for a number of years and several wards have now been renovated and other will be refurbished in future.

⁸³ Government shall be seeking assistance from EU funds for this project.

As part of the reform and development of community services, focus will be on supporting dependent persons to stay in their own homes for as long as possible. Community-based care structures will target both dependent and independent long-term sufferers. These will include night shelters in the community to enhance the safety of elderly citizens residing in their homes. Suitable premises that can be converted into night shelters will be identified. Also, community centres co-located with nursing homes will be set up as a hub from which to deliver community health support services.

The proposed Mental Health Act will place community-based mental health services at the forefront of mental health promotion, prevention and treatment. Government intends driving forward with the de-institutionalisation of mental health in line with its community-oriented vision of health and long-term care (refer to Good Practice Example in Annex 4.3a). To this end, a community hostel for persons with learning disabilities is being developed. An 'outreach team' works with patients in their homes to enable patients who require a substantial amount of support to continue to live a good quality life in the community. This team caters for patients under the care of two consultant psychiatrists. The inception of other teams to deal with patients of other consultant psychiatrists is being planned.

In the field of elderly long-term care, outreach home services manned by multidisciplinary teams composed of such professionals as nurses, psychologists, occupational therapists and physiotherapists are planned. The team would also include a number of carers specifically trained in activities of daily living and a number of domestics⁸⁴. The service will be aimed at allowing elderly persons to continue living in the community as much as possible thus delaying entry into a residential home, at providing support to any existing carer network and at facilitating discharge from acute/rehabilitative hospitals.

A regular setup for consultation with service users needs to be established. Work is underway to make these initiatives more ongoing, structured and inclusive.

4.3.4 Affordability/Sustainability

Government is presently drawing up a plan for long-term care needs over the coming five years. This plan will incorporate both the structures and the human resource needs that are required. The increase in bed capacity must be accompanied by a concomitant expansion in skilled human resources, particularly carers.

Beds for respite services in the public sector are necessary to help alleviate the load on informal carers on a temporary basis. Across all the facilities for long-term care, a proportion of the bed capacity will be earmarked for respite care to provide relief and assistance to carers and families. The number of respite beds available in Malta will soon be increased by seven beds that were earmarked for the purpose at the new Mellieha home. This service will be coordinated by SVPR.

The setting up of networks for informal carers and the provision of training for such carers will also provide support. Financial support to enable families to keep dependent relatives in their own homes will be strengthened. This can take the form of further subsidies on aids and care devices but other forms of compensation may be considered.

⁸⁴ Such teams will be able to visit elderly people in their homes, assess their needs, provide and mobilise any identified necessary services.

The remit of the Home Help service⁸⁵ will be extended to include personal care. Supervision of 'home helpers' will be enhanced through the running of a training programme for those responsible for such supervision. The involvement of the voluntary sector, represented by VOLSERV, in the care of elderly and dependent persons living in the community, is being actively explored.

Public-Private Partnerships with the collaboration of both the public mental health services and two established voluntary organisations in the sector have established two community hostels for persons suffering from mental health problems. These have been functioning for the last few years. The inception of similar hostels with regards to both function and management style is being considered in other parts of the Islands.

4.4 Conclusion

The policy objectives and strategic measures delineated in the foregoing pages are aimed at the further reinforcement of the several recognised strengths and also at addressing the various acknowledged and emerging weaknesses that are part of Malta's health and long-term care sectors. Evaluations of the measures proposed in the previous report were evaluated on an annual basis. This process will be strengthened for this new cycle by ensuring more frequent liaison and requests for feedback from the identified focal points for each activity.

Malta continues to contend that social inclusion, health and long-term care policies must combine the respect for and active defence of diversity and should foster a solidarity that protects both the dignity and autonomy of the person in all the stages of life and the population as a whole. To this end, the growing consciousness at all levels of government and society for personalised and patient-centred, professional, evidence-based, quality and sustainable services that empower individual change and privilege the health and psycho-social needs of the person are being employed as the guiding principles for the future of health and long term care in Malta.

⁸⁵ This community service for elderly people living in their own homes provides help with domestic chores.

Annexes

Part 2 - Annex 1

Annex 1.1
Good Practice Examples

Annex 1.1a

Name of Measure		Member State	
Integration of Asylum Seekers into Maltese Society		Malta	
End Purpose of the Measure			
To integrate asylum seekers into Maltese Society by improving their labour market prospects			
Summary of Main Results			
<p>This EQUAL project provided English language training and training in life skills and employment integration skills. The Project's Vocational Guidance and Counselling Team also helped a group of certified beneficiaries compile their own profile and a European CV.</p> <p>The Project had originally planned to reach 30 asylum seekers and certify 20 (13 males and 7 females). Through the collaboration and dedication of all stakeholders 116 participants were enlisted, 107 were certified (85 males and 22 females) and 32 were helped to compile their own profile and European CV. Furthermore, 63 participants (45 males and 18 females) either found a job or enhanced their skills required for their current job.</p>			
Targeted Beneficiaries		Policy Focus	
General Population	<input type="checkbox"/>	Social Exclusion	<input checked="" type="checkbox"/>
Children	<input type="checkbox"/>	Healthcare	<input type="checkbox"/>
Single-parent Families	<input type="checkbox"/>	Long-term Care	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>	Governance	<input type="checkbox"/>
Older People	<input type="checkbox"/>		
Young People	<input type="checkbox"/>	Geographical Scope	
People with Disabilities	<input type="checkbox"/>	National	<input checked="" type="checkbox"/>
Immigrants/Refugees	<input checked="" type="checkbox"/>	Regional	<input type="checkbox"/>
Ethnic Minorities	<input type="checkbox"/>		
Homeless	<input type="checkbox"/>	Implementing Body	
Specific Illness/Disease	<input type="checkbox"/>	Foundation for Social Welfare Services	
Other [Please specify:]	<input type="checkbox"/>		
Context/Background to the Initiative			
<p>The wealth of experiences and resources that asylum seekers possess are rarely valued in host countries. Qualifications and competencies often remain invisible and unrecognised since they cannot be verified and measured using European grading standards.</p> <p>In 2005 Agency APPOGG, within the Foundation for Social Welfare Services, began managing an open centre and providing social work services to asylum seekers. The need to offer training and facilitate integration within society drove the Agency to apply for EU funds.</p>			

Details of the Initiative	
1.	What is/was the timescale for implementing the initiative?
	<p>The project was implemented over three years (2006 to 2008). The first year focused on providing training to asylum seekers. The second year was geared towards in-depth assistance and support in profiling and vocational guidance and counselling. In the third year (September 2008) a research and national mainstreaming conference was organised.</p> <p>This project had a strong transnational component, particularly during the first two years when many local front liners were given the opportunity to job shadow their European counterparts.</p>
2.	Specific objectives
	<ul style="list-style-type: none"> • Provide language, life skills and employment adaptation training to asylum seekers to help them integrate into Maltese society • Provide support and guidance to asylum seekers through the project's Vocational Guidance and Counselling Team. • Mainstream the good practices and outcomes of the project.
3.	How did the initiative address these objectives?
	<p>The objectives were addressed by:</p> <ul style="list-style-type: none"> • developing training to enable asylum seekers to access mainstream support for training and employment, • improving access to education and employment within the scope of domestic policy, • developing an employment strategy appropriate for the needs of asylum seekers, and • preparing asylum seekers for social integration.
Monitoring and Evaluation	
	How is/was the measure monitored/evaluated?
	<ul style="list-style-type: none"> • A study was conducted by an asylum seeker to provide a snapshot of the reality of project beneficiaries. • A local evaluator was contracted to evaluate and examine the impact of the transnational deliverables and activities. • The Ministry for Social Policy contracted a firm to carry out a Tracer Study of local EQUAL projects' beneficiaries. • The National Thematic Network contracted a firm to carry out a Policy Brief, which shall evaluate and incorporate good practice experiences throughout local EQUAL projects.
Outcomes	

1.	To what extent have the specific objectives been met?
	With plans to certify 20 persons, the certification of 107 underscores the success of the project. This achievement was facilitated by the networking between local social partners and the enthusiasm of all stakeholders, including the participants, who were highly committed to the project.
2.	What obstacles/risks were faced in implementing the initiative?
	<ol style="list-style-type: none"> 1. During the period in which the project was being launched the property of some persons rendering their services to, or supporting, irregular migrants, was damaged; cars were burnt, a front door was set alight. In addition various corner meetings were organised to try and incite racial fear and hatred. 2. The asylum seekers did not hold work permits, which would allow them to work legally.
3.	How were these obstacles and risks addressed?
	<ol style="list-style-type: none"> 1. The EU Commission and National entities supported the project in various ways and believed in the project provision, which encouraged all stakeholders to continue to support the project. 2. The Employment and Training Corporation (ETC) initiated the issue of 'permits to work' to local firms interested in assuming Asylum Seekers within their firm.
4.	Were there any unexpected benefits or weaknesses?
	This project has been classified as an example of good practice by the European Commission and its project leader has been invited to various overseas conferences to discuss this project.

Annex 1.1b

Name of Measure		Member State
Equal Project - HEADSTART		Malta
End Purpose of the Measure		
<p>The project aims to facilitate sustainable independence among young people leaving residential care mainly by improving their employment prospects and providing better access to affordable accommodation.</p>		
Summary of Main Results		
<p>Under this programme, 15 young people were offered training (9 males and 6 females). Fourteen of these young people were certified and gainfully employed. The Housing Authority is offering these young people access to affordable accommodation.</p>		
Targeted Beneficiaries		Policy Focus
General Population	<input type="checkbox"/>	Social Exclusion <input checked="" type="checkbox"/>
Children	<input type="checkbox"/>	Healthcare <input type="checkbox"/>
Single-parent Families	<input type="checkbox"/>	Long-term Care <input type="checkbox"/>
Unemployed	<input checked="" type="checkbox"/>	Governance <input type="checkbox"/>
Older People	<input type="checkbox"/>	
Young People	<input checked="" type="checkbox"/>	Geographical Scope
People with Disabilities	<input type="checkbox"/>	National <input checked="" type="checkbox"/>
Immigrants/Refugees	<input type="checkbox"/>	Regional <input type="checkbox"/>
Ethnic Minorities	<input type="checkbox"/>	
Homeless	<input checked="" type="checkbox"/>	Implementing Body
Specific Illness/Disease	<input type="checkbox"/>	<p>The Housing Authority was the lead partner. Other partners included: the Employment and Training Corporation, the Department for Social Housing, APPOGG, the National Commission for the Promotion of Equality between Men and Women, St. Joseph Home, Osanna Pia Salesian Youth Hostel and Dar Suret il-Bniedem.</p>
Other [Please specify:]	<input type="checkbox"/>	
Context/Background to the Initiative		
<p>A number of homes in Malta offer residential care to young persons below the age of 18 who have either been orphaned or have had to leave a troubled or abusive family environment. These young persons are required to leave these residential care settings at the age of 18. Youths leaving care tend to have little or no educational qualifications, have great difficulty in</p>		

finding a stable job with prospects of advancement and even greater difficulty in securing affordable accommodation. Their labour market attachment is weak and unfocused, with poor prospects. The search for affordable housing often significantly delays their social integration, the development of regular work habits, and their assumption of adult responsibilities. It was therefore felt that a holistic support package to young persons leaving institutional care was required.

Details of the Initiative

1.	What is/was the timescale for implementing the initiative?
	This programme had three phases. In its first phase, between January 2005 and June 2005, the Development Partnership came together, refined the programme and consolidated the transnational aspect of the programme. In its second phase, between July 2005 and June 2007, end-users were selected, trained and supervised in their work placements. In its final phase, the young people were assisted to enter the labour market and access affordable accommodation.
2.	Specific objectives
	To train and certify young people who have left residential care to enhance their employability prospects and ensure better access to affordable accommodation.
3	How did the initiative address these objectives?
	The project objectives were addressed through the following; <ul style="list-style-type: none"> • Vocational guidance – employees from the ETC met the young people to discuss the training areas that they were interested in. • Training – a training programme was set up for each young person according to their skills and interests. • Mentoring – mentors were employed to follow the young people during the training and everyday difficulties. • Budgeting - the young people were given a weekly allowance and were taught how to budget this allowance. • Independent living – the young people had the possibility of living independently in rented accommodation. Mentors assisted in this regard. • Employment – the young people were assisted to find employment. • Affordable accommodation – at the end of the programme the participants were given an affordable housing package from the Housing Authority.

Monitoring and Evaluation

	How is/was the measure monitored/evaluated?
	A project administrator was contracted to co-ordinate the programme. The administrator liaised closely with the participants' tutors to monitor participants' progress for the duration of the training, and to offer guidance and support services as and when necessary. The administrator was also responsible for co-ordinating the

	<p>work of the mentors contracted under this programme, to ensure that trainees were properly supported and to obtain reports on their progress. The lead development partners submitted reports on the progress of the programme on the Structural Funds Database. These reports included information on the participants' progress in terms of their training and their employability as well as progress with transnational activities. During the programme the participants, as well as the documentation held by the lead development partners, were subjected to a number of spot checks.</p>
Outcomes	
1. To what extent have the specific objectives been met?	
	<p>This programme met its objectives since the targeted 15 young people were offered training (9 males and 6 females). Fourteen of these young people obtained certificates; and 14 are now employed. The Housing Authority is offering these young people access to affordable accommodation.</p>
2. What obstacles/risks were faced in implementing the initiative?	
	<p>The major problems encountered under the HEADSTART Project were as follows:</p> <ol style="list-style-type: none"> 1. It was difficult to find units to rent to these young people since landlords did not want to rent to youth leaving residential care. 2. Upon leaving residential care these young people had to face a number of life challenges that required psycho-social assistance. 3. There was a lack of in-depth awareness on the psycho-social challenges that these young people had to address. 4. The young people experienced loneliness when moving out from residential care to live alone in a flat. 5. These young persons did not have any budgeting experience. 6. The participants had never been for an employment interview and needed help with this. 7. Training difficulties were encountered since the courses were held in English, which the young people were not fluent in.
3. How were these obstacles and risks addressed?	
	<ol style="list-style-type: none"> 1. The landlords were assured that the Housing Authority was going to pay for the rent and that there would be no delays in payment. They were also assured that the young people would be supervised and the flats well kept. 2. A mentor and a life skills co-ordinator were employed to follow up these young people and ensure that that they were doing well in the programme. 3. Professional advice was sought. 4. In terms of loneliness, mentors gave assistance by visiting frequently. 5. A life skills co-ordinator was employed to help these young people develop budgeting skills. 6. Role play sessions were organised to promote job interview skills. 7. Participants were sent to English lessons.
4. Were there any unexpected benefits or weaknesses?	

This project has been very successful: it not only helped the participants acquire training skills and to subsequently find employment and start living independently but also helped them develop important life skills such as budgeting and time management competencies.

Annex 1.1c

Name of Measure		Member State	
National Standards of Care for Residential Child Care		Malta	
End Purpose of the Measure			
Development of National Standards of Care to ensure the provision of quality care. Compliance to the standards of care will be taken into consideration when granting licences to service providers. The standards will also serve as a benchmark against which care services within the sector can be to assessed and monitored.			
Summary of Main Results			
<p>Over the past two years, intensive work has been carried out on the drawing up of National Standards for Residential Child Care. This work was carried out in close collaboration with stakeholders. A working group, comprising staff from the Department for Social Welfare Standards (DSWS) and a representation of the sector, was entrusted to draft the standards. This working group adapted Q4C Out-of-home Standards to the local context. The draft Standards were launched for public consultation in February 2008.</p> <p>Since February 2008, a comprehensive consultation process on the standards has been on going. All major stakeholders have responded generously to the consultation process and have welcomed the standards.</p> <p>The response from the stakeholders has confirmed the working group's concerns about the sector and has shed further light on the issues within the sector that need to be addressed for compliance to the standards to be possible.</p>			
Targeted Beneficiaries		Policy Focus	
General Population	<input type="checkbox"/>	Social Exclusion	<input type="checkbox"/>
Children	<input checked="" type="checkbox"/>	Healthcare	<input type="checkbox"/>
Single-parent Families	<input type="checkbox"/>	Long-term Care	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>	Governance	<input checked="" type="checkbox"/>
Older People	<input type="checkbox"/>		
Young People	<input checked="" type="checkbox"/>	Geographical Scope	
People with disabilities	<input type="checkbox"/>	National	<input checked="" type="checkbox"/>
Immigrants/ Refugees	<input type="checkbox"/>	Regional	<input type="checkbox"/>
Ethnic Minorities	<input type="checkbox"/>		
Homeless	<input type="checkbox"/>	Implementing Body	
Specific Illness/Disease	<input type="checkbox"/>	Department for Social Welfare Standards (DSWS)	
Other [Please specify:]	<input type="checkbox"/>		
Context/Background to the Initiative			

For the DSWS to carry out its role as a regulatory body there needs to be recognised general agreement about what constitutes quality care and a competent workforce. The DSWS has therefore been entrusted with the responsibility of drawing up national standards of care for each of the sectors that it will regulate and of issuing codes of conduct and practice for social care workers and for employers of social care workers. On the basis of these, the DSWS will be able to carry out its functions regarding the registering and monitoring of care services. Compliance to the national standards and to the codes will be the basis on which licences will be issued to service providers.

Details of the Initiative

1. What is/was the timescale for implementing the initiative?

The legislation that establishes the DSWS as a regulatory body should be enacted and in force by the end of 2009. The implementation of the standards will be phased over a number of years to give the sector time to overcome the obstacles that are preventing the achievement of the desired quality of care.

2. Specific objectives

To ensure that service users receive high quality care within the sector of residential child care.

3. How did the initiative address these objectives?

Working in close collaboration with stakeholders has helped to articulate what constitutes quality care and what measures/resources are needed to provide the necessary care.

Monitoring and Evaluation

How is/was the measure monitored/evaluated?

The draft Standards have been subjected to intensive consultation with stakeholders in the field. The feedback received will be taken into consideration when the final version of the standards is being drawn up.

Outcomes

1. To what extent have the specific objectives been met?

The objectives set for the drafting of the standards and the subsequent consultation process have been fully met. Once the regulatory framework that establishes the DSWS as a Regulatory Body is enacted and in force, and the necessary resources are made available to meet the needs of the sector, the Standards will be implemented.

2. What obstacles/risks were faced in implementing the initiative?

	<p>The sector of residential child care provision is suffering from a severe and crippling lack of resources and risks collapse if it is expected to raise standards of care without receiving the resources that it needs for compliance with the standards. A substantial proportion of service delivery is still carried out by the church, which is expected to 'donate' its professional services to the state. There was a risk that the service providers would consider the standards as a threat to their work and as a lack of appreciation for the quality service that they are already providing under conditions of burnout.</p> <p>A further risk was that the expectations of service users would be raised when there was still no clear indication whether the resources needed to raise the quality of care would be made available. Even if the resources were available, improving the quality of care would still need time to be realised.</p>
3.	How were these obstacles and risks addressed?
	<p>The DSWS worked in close collaboration with stakeholders. The dialogue and collaboration facilitated stakeholders' ownership of the initiative. This ensured their enthusiasm for the initiative.</p>
4.	Were there any unexpected benefits or weaknesses?
	<p>No</p>

Annex 1.1d

Name of Measure		Member State	
Gender Mainstreaming - The Way Forward		Malta	
End Purpose of the Measure			
<p>The aim of this project was to increase the participation and advancement of women in the labour market primarily through the identification and promotion of measures aimed at enhancing work-life balance in the public and private sectors.</p>			
Summary of Main Results			
<p>This project identified and promoted a set of measures that are considered to be highly beneficial in enhancing work-life balance for both men and women.</p> <p>The strategy of Gender Mainstreaming of policies and the concept of teleworking were promoted. The teleworking pilot project led to the development of a national teleworking policy across the public sector. The project also helped to provide a tentative answer to questions regarding gender disparities in pay and the reasons for certain career choices by graduates.</p>			
Targeted Beneficiaries		Policy Focus	
General Population	<input checked="" type="checkbox"/>	Social Exclusion	<input checked="" type="checkbox"/>
Children	<input type="checkbox"/>	Healthcare	<input type="checkbox"/>
Single-parent Families	<input type="checkbox"/>	Long-term Care	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>	Governance	<input type="checkbox"/>
Older People	<input type="checkbox"/>	Geographical Scope	
Young People	<input type="checkbox"/>	National	<input checked="" type="checkbox"/>
People with Disabilities	<input type="checkbox"/>	Regional	<input type="checkbox"/>
Immigrants/Refugees	<input type="checkbox"/>	Implementing Body	
Ethnic Minorities	<input type="checkbox"/>	National Commission for the Promotion of Equality (NCPE)	
Homeless	<input type="checkbox"/>		
Specific Illness/Disease	<input type="checkbox"/>		
Other [Please specify:]	<input type="checkbox"/>		
Context/Background to the Initiative			
<p>The project was undertaken since women are under-represented in the local labour market. In September 2002, during the planning of the project, women made up 29% of the full-time gainfully occupied, self-employed women constituted 13% of this workforce. Furthermore, findings of the Labour Force Survey indicated that women earned on average 80% of the wages earned by men in broadly similarly occupational categories, which suggested the need to promote equal treatment and equal pay between women and men.</p>			

The shortage of adequate childrearing facilities has also been identified as a significant contributor to the exclusion of women from available education, training and employment opportunities. This demonstrates the need in the private and public sector for quality jobs coupled with policies and work practices, such as flexible hours, teleworking and job-sharing, to encourage women to remain in, or return to, the labour market.

Details of the Initiative

1. What is/was the timescale for implementing the initiative?

July 2004 to June 2008.

2. Specific objectives

The objectives were:

- to feed directly into policy making on gender issues,
- to develop gender mainstreaming at a national level,
- to sensitise cost-effectiveness and other benefits to the social partners,
- to identify potential grounds for improvement to render the system of family-friendly conditions of work more effective for both employee and employer,
- to identify gender disparities in pay and recommend the elimination of these barriers,
- to follow career paths of graduates and identify the effects of the absence of family-friendly measures and their discriminatory effect on women, and
- to identify how working arrangements can be varied to meet employee and organisational requirements.

3. How did the initiative address these objectives?

In 2005 a study to identify the benefits of family friendly working arrangements was conducted. The research consisted of different components related to: family-friendly measures, gender pay review, career paths and teleworking.

The project included a media campaign that was carried out at two different stages. The initial campaign focused on promoting public awareness about NCPE, and the Maltese and EU norms on gender equality. The second stage of the publicity campaign focused on disseminating the results of the study and promoting an equal work-life balance for both men and women. NCPE published the above information on posters, leaflets and billboards. Two television and six radio adverts were also aired on national television stations during prime time. A final document summarising the results from the studies conducted was also published.

Throughout the execution of the project (which was funded by the Structural Fund Programme for Malta 2004-2006, European Social Fund) importance was given to promoting gender mainstreaming on a national level.

Monitoring and Evaluation

How is/was the measure monitored/evaluated?	
	Result indicators were set for the project. These indicators, which included the number of persons trained and the number of publications produced, were achieved. However, the project did not include an evaluation component to assess the impact of such measures, nor was the awareness campaign evaluated.
Outcomes	
1.	To what extent have the specific objectives been met?
	This project succeeded in identifying and promoting measures that contribute towards the promotion of work-life balance.
2.	What obstacles/risks were faced in implementing the initiative?
	Innovative ideas are not always warmly welcomed by all. It was a challenge to get the people concerned to acknowledge the benefits of the initiative.
3.	How were these obstacles and risks addressed?
	This key obstacle was addressed through dialogue and discussions with the respective stakeholders. Throughout these discussions advantages of implementing measures aimed at enhancing work-life balance were highlighted.
4.	Were there any unexpected benefits or weaknesses?
	This project provided a tentative answer to questions concerning gender pay gaps and career choices. The project also raised awareness of the need for further developments within our society.

Annex 1.2
Examples of Actions Undertaken within the Different
Policy Areas (2006-2008)

POLICY FOCUS 1: EMPOWERING SOCIAL COHESION

BREAKDOWN OF MEASURES BY POLICY AREA AS PROPOSED IN NAP INCLUSION 2006-2008	SOME EXAMPLES OF ACTIONS UNDERTAKEN WITHIN THE DIFFERENT POLICY AREAS
<i>PERSONAL DEVELOPMENT</i>	
<i>Promoting formal and informal education through:</i>	
Reform in the educational system	<ul style="list-style-type: none"> • Amendment of the Education Act (2006). • Revision of the structure of the Education Division through its separation into two separate Directorates; the Directorate for Educational Services and the Directorate for Quality and Standards in Education. • Implementation of the network concept of the college system such that the existing colleges in operation are collaborating more and maximising the use of resources. • Finalisation of negotiations with the Malta Union of Teachers in 2007.
Construction and modernisation of schools and colleges	<ul style="list-style-type: none"> • Building of new schools and extensive maintenance of existing ones. (A new secondary school in Qormi has been completed whilst schools in Verdala and Gozo are in an advanced stage of completion. Plans are also underway for new schools to be built in Zokrija, Naxxar and Pembroke). • Provision of a stronger management team and enhanced administrative support, through recruitment of college coordinators and other administrative staff, to ensure greater efficiency in the administration and maintenance of schools and colleges.
Stronger management and ongoing development of educators	<p>Teachers have benefited from a number of training programmes including:</p> <ul style="list-style-type: none"> • 26 in-school professional development programmes reaching 440 teachers, • national in-service training courses reaching 13 teachers, • induction training for Foundation for Educational Service (FES) future teaching personnel reaching 235 teachers, • coordination and co-delivering of a Basic Skills Training Course reaching 26 secondary school teachers, • on the job training for 100 primary school teachers from 32 different state primary schools in the use of a multi-sensory approach to the teaching of Maltese and English, and • six week-long work-placement training for four primary school teachers shadowing FES personnel in two different programmes.

<p>Promoting further and higher education and life-long learning</p>	<ul style="list-style-type: none"> • In June 2007 the Malta Qualifications Framework for Lifelong Learning designed by the Malta Qualifications Council (MQC) was launched in line with the European Qualifications Framework for Lifelong Learning. The MQC also designed and prepared four working documents relating to (a) the National Qualifications Framework for Lifelong Learning, (b) a vocational education and training (VET) system, (c) a quality assurance policy governing education and training, and (d) level descriptors for key competences in lifelong learning at National Qualifications Framework (NQF) levels 1 to 3. • The MQC also redesigned and reprinted a Cumulative Passport for vocational education and training, to facilitate accreditation of formal learning. • New legislation was enacted in 2006 establishing the National Commission for Higher Education (NCHE) to (a) ascertain the needs and aspirations of further and higher education, (b) inform the public of issues connected with sustainable development of further and higher education sectors in Malta, and (c) provide advice to Government on matters connected with further and higher education. • The NCHE worked on the development of a Quality Assurance Framework. • In July 2007 Government launched a scholarship scheme. • The Employment and Training Corporation (ETC) in collaboration with the Euro Guidance European Union Programmes Agency (EUPA) and the Education Division's Guidance Unit conducted a study on career paths. • A number of community learning centres in different localities in Malta were set up.
<p>Promoting inclusive education</p>	<ul style="list-style-type: none"> • Community-based life-long learning initiatives were consolidated (such as Homestart run by Appogg Agency and other similar programmes delivered by the FES and the Paolo Freire Institute) aimed at: (a) supporting the acquisition of basic literacy skills among students at risk of educational failure; and (b) actively involving and supporting parents in the on-going learning support process, thereby positively influencing the informal curriculum of the home and facilitating the capacity building of parents. • Structures within the inclusive and special education sectors and the Statementing Moderating Panel were reviewed and reorganised through the contracting of services of an educational psychologist and an inclusive education specialist.
<p>Investment in ICT training and education</p>	<ul style="list-style-type: none"> • The general IT infrastructure was strengthened by (a) replacing computers in schools, (b) ensuring a high PC-to-student ratio in schools, (c) improving internet bandwidth, and (d) investing in human resources. • Incentives were introduced to encourage students to engage in ICT-related studies. • Tax exemption was increased on expenditure related to investment through research and innovation of ICT in education.
<p>Consolidation of measures that enhance</p>	<ul style="list-style-type: none"> • Policies and strategies were developed through the (a) launching of a policy document 'Validation of

<p>informal learning, active citizenship and engagement in sports and creativity</p>	<p>Informal and Non-Formal Learning' in June 2008 by the MQC, and (b) publishing of the National Strategy for Sport by The Malta Sports Council.</p> <ul style="list-style-type: none"> • Measures to enhance youth participation were strengthened through (a) the consolidation of Youth Councils at local levels, and (b) the setting up of a number of Youth Empowerment Centres. • Measures to enhance children and young people's involvement in sports were consolidated by (a) improving a number of regional sports complexes and facilities, and (b) launching a school programme whereby children and youths, whatever their capabilities, participate in a physical activity programme. • Benefits were granted whereby: (a) parents of children attending sporting activities approved by the Malta Sports Council can reduce their taxable income by a maximum of €100 spent on fees; (b) VAT paid by accredited non-profit making sports organisations on expenses incurred by them in their sports facilities will be reimbursed; (c) private companies providing financial support for the participation of sports organisations or athletes in national and international sporting events can deduct the financial grants from their taxable income; (d) payment of VAT on the renting of space for artistic and cultural activities as well as on entrance tickets for museums, art exhibitions, concerts and theatres (with the exclusion of cinemas) shall be reduced to 5 per cent from the current 18 per cent; (e) payment of VAT will be exempted on all training in the arts provided by organisations accredited in the training of the arts; (f) incentives for Maltese film productions will be provided through the setting up of a Film Fund; (g) an Arts Fund is to be created to promote artistic and cultural development; (h) companies providing financial assistance to recognised non-profit making cultural organisations and/or to the Arts Fund will be able to deduct these grants from their taxable income; (i) companies providing assistance or grant scholarships to Maltese artists will be entitled to deduct these grants from their taxable income; and (j) persons employed in the public sector and working in a semi-professional manner in the creative spheres will be able to request leave without pay for a definite period of time to develop or work on artistic projects. • Other measures to increase creativity were implemented including: (a) an increase in the vote for the National Orchestra so that the it develops into a Philharmonic Orchestra; and (b) a provision that 0.25 per cent of the expenditure in projects of a capital or infrastructural nature must be spent on works of art, infrastructure connected with the creative spheres or other creative projects.
<p>Addressing youth unemployment through:</p>	
<p>Consolidation of existing schemes</p>	<ul style="list-style-type: none"> • The ETC sustained its schemes and services that target young people including (a) job search facilities, (b) training courses, (c) apprenticeship and traineeships schemes, (d) training grants, and (e) the job experience scheme.
<p>Implementation of new initiatives to address youth unemployment</p>	<ul style="list-style-type: none"> • The ETC pursued other new initiatives to address youth unemployment such as: (a) Basic Employment Training, which targets young school leavers with no or few qualifications and no intention of furthering their studies; (b) the Job Employment Scheme; and (c) the Active Youth Scheme (AYS), which helps youth discover and develop their qualities whilst contributing to the

	community by working with NGOs through a placement of up to six months, during which time participants receive an allowance.
Introduction of entrepreneurship courses	<ul style="list-style-type: none"> Implementation of the EQUAL project by Malta Enterprise in collaboration with three local partners namely the ETC, The Maltese Mentoring Society and Women in Business through (a) awareness raising campaigns, (b) entrepreneurship training, (c) mentoring in various subjects, (d) provision of grants, and (e) study tours. The project targets the unemployed, particularly women, students and the short-term unemployed since these groups find it harder to start their own business.
Undertaking of skills profiling exercises	<ul style="list-style-type: none"> The ETC carried out a skills profiling exercise, which established the training needs of young people registering for work. These young persons were then referred to job vacancies relevant to their qualifications and experiences.
Development of youth employment strategy	<ul style="list-style-type: none"> The ETC developed a youth employment strategy to better address the needs of young people. This strategy has been launched upon the confirmation of financial support from the European Social Fund (ESF) 2007-2013.
Launching of a personalised action plan for unemployed youth	<ul style="list-style-type: none"> The ETC launched a Personalised Action Plan in January 2007 to help unemployed youth in their job search. Unemployed youth are requested to attend a one-day Job Search Seminar within the first 15 days of their unemployment and then a Personal Action Plan appointment with an employment advisor within their first 30 days of unemployment.
WELL-BEING	
Extending specialised services for minors with emotional and/or challenging behaviour	Programmi 'Innocenti' (Kids), a residential therapeutic setting for children and young persons with challenging behaviour and/or mental health difficulties, was set up in 2007. This provides a community-based residential setting for the re-integration of children and young persons who would otherwise have to reside within the institutional setting of the Young Persons Unit at Mount Carmel Hospital.
Increasing the availability of adequate and affordable housing	<p>This has involved:</p> <ul style="list-style-type: none"> Undertaking urban regeneration projects to refurbish dilapidated housing. Building new apartments. Reducing the impact of adverse interest rates on home loans and stamp duty on transfer of land or property through: (a) granting a subsidy of up to a maximum of 1% (on the base rate of interest as established by the Central Bank if this is higher than 3.75%) to newly wed couples on the purchase of their first residence; (b) extending the current rate of 3.5% stamp duty on the first €70,000 to the first €116,468 in the case of the purchase of a first property for personal residence; (c) reduction by 1.5% in stamp duty on the transfer of property from the parents to their children if such residence is used for personal residence purposes; and, (d) exempting widows and widowers from payment of

	<p>stamp duty <i>causa mortis</i> on the part of the inheritance connected with their residential home.</p> <ul style="list-style-type: none"> • Consolidating other measures such as home repair schemes, subsidies on home rent, and the Equity Share Scheme. • Extending the Headstart project, which provides a holistic package to young people leaving care. The project includes a preferential rent subsidy for five years to young people who complete a training programme. • Providing 331 residences in a number of localities under the Shared Ownership Scheme in November 2007.
<p>Enhancing quality of service delivery and standardisation</p>	<ul style="list-style-type: none"> • The Department for Social Welfare Standards (DSWS) has undertaken the following social welfare standardisation initiatives: (a) the development of a 'Code of Conduct and Practice for Social Service Workers and Code of Conduct and Practice for Employers of Social Service Workers', which was launched in February 2008; (b) the development of standards for residential child care through the compilation of a 'Standards for Residential Child Care - Consultation Document', which was launched in February 2008 and establishes agreed national standards of care aimed at improving the quality of life of service users and the development of common policies and procedures; and (c) the expansion of the role of the DSWS to include legal responsibility for the accreditation of fostering agencies, as outlined in the Fostering Act. • The quality of service delivery and standardisation was enhanced through the warranting of social welfare professionals working with children and young people such that: (a) in January 2006, social workers were awarded their warrant, increasing the number of warranted social workers to 194 as of February 2007; and (b) in January 2007, 62 psychologists were warranted in seven different areas of specialisation: clinical psychology, counselling psychology, educational psychology, academic psychology, social psychology, forensic psychology and sports psychology. • A national policy document entitled 'Early Childhood Education and Care' was published in 2006. It focuses on the quality of pre-school services in Malta and provides recommendations and guidelines for the improvement of these facilities. • The 'Foster Care Act' (Chapter 491) was introduced in 2007 to facilitate the role of various professionals working in the field. Such legislation establishes the Fostering Board, which amongst other functions, upholds the role of determining suitability or otherwise of foster carers, keeping an updated register of foster carers, reviewing reports and making recommendations to the Minister for the more effective implementation of the provisions of the Act. Following this legislation in November 2007, a Central Authority and a Fostering Board and Appeals Board were set up. • The Care Orders Regulations were amended to formalise and enhance the transparency of procedures regarding the issue of Care Orders. • An Added Support Scheme was introduced to assist foster carers of children who are under a care order and exhibit challenging behaviour or have a disability. • The 2008 Budget increased allowances: (a) the fostering allowance was increased by €12 to €40 per week; and (b) the orphans allowance was increased by €11 per week to €47 per week.

<p>Provision of a greater number of accessible and affordable child care facilities</p>	<ul style="list-style-type: none"> • A number of state-run child-care facilities within various localities were set up. • Standards for ensuring a holistic approach to quality child care services were developed in July 2006. • In 2007 a national campaign aimed at promoting the benefits of quality childcare was concluded. • A structure within the Ministry for the Family and Social Solidarity (MFSS) (now the Ministry for Social Policy) was set up to examine and implement a scheme for the provision of a child care subsidy to working parents. • Benefits and initiatives were provided whereby: (a) parents availing themselves of childcare facilities are now able to deduct Lm400 from the taxable amount to make good for part of the expenses incurred for licensed child care services; (b) in those cases where employees receive payment from their employer for expenses relating to childcare services, such payments shall no longer be considered as fringe benefits and will therefore no longer be taxable; (c) in those cases where employers pay their employees for expenses related to childcare services, such expenses are considered as business costs and therefore are deductible from taxable income; and (d) childcare centres registered with the DSWS will be exempt from paying VAT. • An improvement grant and provisional registration scheme were launched in 2006 to help existing childcare facilities meet the established standards and to have them registered as providers of child care services. Twenty-six child care facilities have benefited from this scheme.
<p><i>SAFEGUARDING THE RIGHTS OF CHILDREN AND YOUNG PERSONS</i></p>	
<p>Development of primary prevention programmes</p>	<ul style="list-style-type: none"> • The following actions aimed to promote diversity: (a) the 'All Different - All Equal' Campaign for Diversity, Human Rights and Participation run by the Youth Section Programme within the Ministry of Education, Youth and Employment; (b) projects funded under the Youth Support Programme addressing issues of diversity and human rights, which were given priority status during the selection of projects under the scheme of the Youth Support Programme for January to June 2007; (c) activities organised for the National Youth Day of 2007, which were granted priority status; (d) 2008 year activities on Intercultural Dialogue. • To help young people at risk and in need of social support, an integrated service was launched by the FSWS in March 2007. This service adopts a holistic approach through a multi-disciplinary strategy involving various professionals from different services. • The National Drugs Policy put forward the following actions to be implemented by the Ministry responsible for education to prevent and reduce demand for drugs: (a) the introduction of personality development programmes for children of early school age; (b) the provision of professional packages and refresher courses for educators and other professionals providing support in the area of drug use; (c) the introduction of effective parenting skills programmes to complement school-based education; and (d) the undertaking of measures to ensure that appropriate prevention programmes become an integral part of the national curriculum from an early schooling stage and that prevention programmes cater for persons in all levels of education and within occupational settings.

<p>Measures aimed to curtail youth crime, delinquency and victimisation</p>	<ul style="list-style-type: none"> • The rights for victims of crime were increased whereby: (a) victims have been granted the right to be present during court proceedings and be assisted by a lawyer; (b) in criminal cases, the Court can condemn the offender to compensate victims of crime such that the victim does not need to institute civil cases against the offender; (c) once ownership is established, the victim's property used in criminal court proceedings is released; (d) in cases where children are victims or witnesses of criminal offences, video conferencing has been introduced so that children only need to give their witness once, away from the physical presence of the accused, to safeguard their rights and dignity and protect them from undue harm; (e) in July 2007 a compensation scheme was introduced so that dependents of those who have been killed through voluntary homicide from 1st January 2006 onwards may be compensated with a maximum of Lm10,000. • A Memorandum of Understanding for the Probation Service in January 2008 was signed, which <i>inter alia</i> grants €1257.86 to Probation Officers and 1537.38 Euros to Senior Probation Officers. • The National Drugs Policy made provisions for: (a) the setting up of a Drugs Court that streamlines drug offence cases; (b) facilitating a restorative justice approach in legal and judicial interventions and in those related interventions conducted by various complementary bodies and departments; and (c) analysis of the current legal provisions to ensure that relevant laws cover new types of drugs and trends. • The Dangerous Drugs Ordinance (Cap. 101 of the Laws of Malta) was amended in August 2006 to provide for a distinction between drug sharing and drug trafficking, so the offence of drug sharing without the intent to traffic would not inevitably be punished through incarceration.
<p>Promotion of awareness on children and young people's rights</p>	<p>Examples of initiatives that have promoted greater awareness and pressure for children and young people's rights include:</p> <ul style="list-style-type: none"> • The publication of a 'Manifesto for Children' by the Office of the Commissioner for Children. • A study on family issues undertaken by the National Family Commission, which was presented in April 2007. The results from this study will be considered in the development of a National Policy on the Family. • A National Awareness campaign co-financed by the ESF in April 2007 to raise knowledge and awareness of the benefits of quality childcare to Maltese society and to increase parents' confidence in, and demand for, such services. • A multimedia educational campaign on safer use of the internet, launched on February 8 2007, European Internet Safety Day. <p>Other measures to protect children and young people's rights and safety include:</p> <ul style="list-style-type: none"> • The introduction of new media regulatory clauses whereby children are granted greater protection. • The launch of an online reporting system whereby the public can report specific child abuse cases over the internet through the official APPOGG website. This complements the 24-hour service given by Supportline 179. • The setting up of a Task Force for Child Protection over the internet, an agreement with Childnet

	International and an eSecurity Working Group.
--	---

POLICY FOCUS 2: BUILDING STRONGER COMMUNITIES

BREAKDOWN OF MEASURES BY POLICY AREA AS PROPOSED IN NAP INCLUSION 2006-2008	SOME EXAMPLES OF ACTIONS UNDERTAKEN WITHIN THE DIFFERENT POLICY AREAS
<i>COMMUNITY DEVELOPMENT</i>	
Consolidation of 'one stop shops' for social intervention services	<ul style="list-style-type: none"> • The ACCESS one-stop shop approach model for the provision of social welfare services, which Malta has presented as a good practice example in a peer review activity in 2007, has been replicated in three other localities around Malta.
Proliferation of youth empowerment centres	<ul style="list-style-type: none"> • A number of Youth Empowerment Centres run by local authorities in collaboration with central Government have been set up in various localities.
Greater provision of community based services	<ul style="list-style-type: none"> • A home for the elderly in Mellieha was opened in April 2008. • A day care centre for persons with a disability was opened in Rahal Gdid in January 2008. • Social renewal projects were undertaken within specific communities to help local families. One such community initiative is the Tac-Cawla project in the locality of Victoria, Gozo, which was implemented by the National Commission for the Family, St. Jeanne Antide Foundation, the Local council and other government and civil society stakeholders.
Urban regeneration projects with a view to enhance quality of life, and increase availability of affordable housing	<ul style="list-style-type: none"> • In 2006 the Housing Authority within the MFSS launched a scheme of urban regeneration with the objective of buying existing and older housing, preferably in urban core areas, which can be re-developed and eventually allocated under shared ownership, sheltered housing or social housing for rent. This scheme is being consolidated through other measures to promote adequate and affordable housing such as: repair schemes, subsidies on rent and shared ownership opportunities. • In June 2007 the Housing Authority reviewed the existing repair schemes and increased the maximum assistance grants for repair works in cases of dangerous structures. The new, higher rates reflect current prices and follow the policy of the Housing Authority to regularly adjust its schemes to meet the needs and demands of its customers. • In July 2007 the Housing Authority extended the assistance offered to persons with disabilities through a scheme whereby persons with disabilities, or families with a disabled member living with them, can apply for assistance for adaptation works, including general alterations and the installation of stair lifts and lifts.

	<ul style="list-style-type: none"> • In 2006 a policy was introduced whereby every new building project consisting of more than 25 units and over, situated in a suitable locality, must contain a block reserved for the elderly. • In July 2007 the Housing Authority started planning for a number of sheltered housing projects in Birgu, Valletta, Paola and Floriana. • Urban regeneration projects were undertaken, including the development of the Vittoriosa Waterfront and the regeneration of Valletta. This will increase job opportunities in disadvantaged localities, allow these localities to enhance their economic contribution and improve inhabitants' quality of life.
PREVENTION AND EARLY INTERVENTION	
Ongoing public awareness campaigns on social protection and inclusion issues	Ongoing public awareness campaigns on issues such as child protection, addictive behaviour, disability, sexual health and domestic violence, were carried out. For example, an awareness campaign against domestic violence was launched in January 2008 by the MFSS, National Commission on Domestic Violence and the Local Councils Association.
Focus on addictive behaviour	<ul style="list-style-type: none"> • A National Drugs Policy was launched. • In July 2007 legislation prohibiting the consumption of alcohol by minors under the age of 16 came into effect. • A national awareness and information campaign was launched in March 2007 to educate people on the harms of underage drinking and the implications of the new law regulating underage drinking. • Training on 'Counselling Problem Gamblers' was provided to social workers, psychologists, family therapists, youth workers, nurses, counsellors and community workers in April 2007.
Promotion of personal development initiatives conducive to prevention and early intervention	<ul style="list-style-type: none"> • Between October 2006 and September 2007 the ETC provided training to more than 8,200 persons in a vast range of subjects. Presently, the corporation offers approximately 130 different courses to enhance prospects of employability. • To help employers retain and recruit older workers and to help the unemployed over 40s to find work various schemes have been created. These schemes provide financial assistance to both sides and offer training and work exposure to the unemployed. Such schemes include the (a) TEES: Over 40s (Training and Employment Exposure Scheme), (b) Employment Training Placement Scheme, (c) Redeployment Scheme INT (Iftah Negozju Tieghek), (d) Bridging the Gap Scheme, (e) Supported Employment Scheme, (f) Work Start Scheme, (g) Motivation Seminars for the Long Term Unemployed Over 40, and (h) Selective Weekly Education and Motivation Meetings.
Focus on the family	<ul style="list-style-type: none"> • The Domestic Violence Act (Chapter 481) was enacted in 2006 to make special provision for domestic violence and to make consequential and other amendments to the Criminal and Civic Codes. This legislation also establishes the Commission on Domestic Violence which, amongst other functions, upholds the main role of advising the Minister responsible for Social Policy on all aspects of domestic violence.

	<ul style="list-style-type: none"> Initiatives to increase family friendly measures were introduced through the provision of more flexible working arrangements such that: (a) family-friendly measures have been extended to all public sector employees; and (b) incentives and rewards were granted for the introduction of innovative family-friendly and inclusive measures in the workplace, such as the waiving of social security contributions paid by employers for employees who avail themselves of the 14th week of maternity leave.
Promotion of equality	<ul style="list-style-type: none"> The remit of the National Commission for Equality between Men and Women was widened. The now-named National Commission for the Promotion of Equality is responsible for promoting equality in all sectors and at all levels of society, including to the areas of training and employment, and the provision of services and benefits. The Criminal Code was amended in August 2006 such that an offence against the person or property is considered as being aggravated if instigated on the basis of racial or religious hatred. The ETC's third Gender Equality Action Plan for 2007 and 2008 was launched. The plan gives an in-depth analysis of trends in the labour market during the last 6 years from a gender perspective. The action plan proposes a series of activities and projects to enhance gender equality through: (a) training initiatives, (b) new projects, (c) support and information services, and (d) an award scheme for employers who offer innovative working solutions for their employees.
Welfare and integration of migrants	<ul style="list-style-type: none"> In 2007, the MFSS set up the Organisation for the Integration and Welfare of Asylum Seekers (OIWAS). This organisation provides social welfare services to asylum seekers to help them meet their basic needs with dignity and respect and to enhance their quality of life through integration.
<i>SOCIAL BENEFITS REFORM</i>	
Amendments to social security legislation	<ul style="list-style-type: none"> A number of amendments to the Social Security Act (Cap 318) have been made, through (a) Act VI of 2006 which puts forward changes to the invalidity scheme, (b) Act XIX of 2006 which enacted the pension reform system, (c) the publishing of legal notices to increase the maximum pensionable income and to put into effect the various provisions of the enacted legislations mentioned above, and (d) Legal Notice 62 of 2007 entitled 'Social Security Act (Amendment of Fifth Schedule) Regulations' The MFSS set up a working group in 2006 to ensure a comprehensive review of the Social Security Act.
Benefits aimed at consolidating family friendly measures	<ul style="list-style-type: none"> Paid maternity benefit leave was extended from 13 to 14 weeks. Incentives and rewards were granted for the introduction of innovative family-friendly and inclusive measures in the workplace, such as the waiving of social security contributions paid by employers for employees who avail themselves of the 14th week of maternity leave. A national teleworking policy was launched in February 2008 for the civil and public sector.
Reform in the Children's Allowance System	<ul style="list-style-type: none"> The children's allowance for children under 16 years of age from the second child onwards was

	<p>doubled so that it will be the same as that for the first child.</p> <ul style="list-style-type: none"> • The minimum income limit for Children's Allowance was lowered from €6,452 to €4,658 to help families whose income is lower than the minimum wage. • The minimum Children's Allowance was increased from €121, 12 to €250 per year for each child. • The minimum amount of €250 in Children's Allowance was paid to all children for the first time.
Measures to increase solidarity	<ul style="list-style-type: none"> • Due to the increase in energy prices, benefits were introduced to assist persons whose income does not allow them to benefit from the income tax reform. • From 1st January 2008, the cost-of-living increase has been given in full to all pensioners. • Retired persons can now keep on working and earn any amount of income without any reduction in pension. • Pensioners' expenditure for private residential services was exempted from income tax. • The maximum income limit to qualify for the Supplementary Allowance was revised upwards, according to the cost of living increase. • Widows and widowers have been exempted from payment of stamp duty <i>causa mortis</i> on the part of inheritance which is connected with their residential home, as long as the property is not sold before the death of the surviving spouse • Non-taxable bands have been extended, relieving low income persons from income tax dues.
Measures to enhance the well-being and social inclusion of persons with a disability	<ul style="list-style-type: none"> • Measures have been introduced so that persons with a severe disability who are certified by the National Commission for Persons with a Disability as requiring a personal assistant will be (a) exempted from the payment for permits issued by the ETC for the employment of a foreign personal assistant, and (b) exempted from paying social security contribution in relation to the employment of their personal assistant. • The allowance for children with a disability has been increased from a maximum of €11.65 per week to a fixed rate of €16.30 per week, and will no longer be subject to a means test. • Employers of persons with a disability registered with ETC are exempted from paying social security contributions for the first three years of the latter's employment.
Measures that motivate people to work and improve their employability	<ul style="list-style-type: none"> • From 1st January 2008 the Government started paying the first year's social security contribution for persons if they are aged over 45, have been unemployed for the past five years and have obtained a commercial license to work on a self-employed basis. • A register has been established for those persons seeking employment only on a part-time basis to increase flexibility in the employment market. • The system of registration of unemployed persons was changed to motivate people to accept temporary employment. Unemployed persons will retain their ranking according to the register and their social security contribution will be credited once again when the temporary employment comes to an end. • On 1st January 2008 paid maternity leave was increased from 13 to 14 weeks. Expenditure for the extra week is being borne by the Government by means of a credit in the social security contribution

	paid by the employer. Women who are entitled to maternity benefit will have their benefit increased from 13 to 14 weeks.
Reform in the income taxation system	<ul style="list-style-type: none"> • Reform of the income taxation system has increased the disposable income of a substantial number of families. • Incentives have been introduced to encourage inactive women to return to the labour market and to allow spouses working in their own family business to be registered as employees of that business for taxation and social security purposes.
Pension reform	<ul style="list-style-type: none"> • During 2006, the pension system was amended via the Social Security Act XIX, 2006. Within this Act, parents who were born on or after 1st January 1962, have legal custody of a child, and opt to leave the labour market or are not active in the labour market to care for the child are now entitled to (a) up to a maximum of 2 years of child minding national insurance credits per child until the child reaches the age of 6, and (b) up to a maximum of 4 years of national insurance credits per severely disabled child until the age of 10. These incentives are available for married, single and adoptive parents, who may be employed, unemployed, inactive or self-employed. They are awarded only if the parent returns to employment for a minimum period equivalent to the period of credits awarded prior to retirement age.

POLICY FOCUS 3: STRENGTHENING THE VOLUNTARY SECTOR

BREAKDOWN OF MEASURES BY POLICY AREA AS PROPOSED IN NAP INCLUSION 2006-2008	SOME EXAMPLES OF ACTIONS UNDERTAKEN WITHIN THE DIFFERENT POLICY AREAS
<i>STRENGTHENING THE VOLUNTARY SECTOR</i>	
The enactment of legislative structures	<p>The Voluntary Organisations Act to regulate voluntary organisations and their administration (Chapter 492) was enacted on the 11th December, 2007 through Act XXII of 2007. The legislation:</p> <ul style="list-style-type: none"> • Lays down the definition of voluntary organisations and deals with civil code amendments to cater for their legal personality status. • Addresses a number of institutional and organisational requirements that include (a) the appointment of a Commissioner for Voluntary Organisations, (b) a Register of Voluntary Organisations, (c) a Board of Appeal, and (d) a Council for the Voluntary Sector. • Establishes the Voluntary Organisations Fund to assist and support enrolled voluntary organisations through education, management, support and financial grants. It also sets down penalties for any breach of the provisions of the Act.

	<p>In accordance with the provisions of this legislation, the Commissioner for Voluntary Organisations has been appointed and a public notice has been issued for applications of enrolment in accordance with the Act. The applications submitted by interested bodies in response to this call are being determined on an ongoing basis. Other structures established by the Voluntary Organisations Act are presently in the process of being enacted.</p>
<p>Consolidation of consultation processes</p>	<ul style="list-style-type: none"> • Consultation processes have been consolidated through a) the adoption of a more uniform and user friendly approach. Such consultation practices, which allow non-government organisations and relevant stakeholders to put forward suggestions to policy makers, amongst others, have been undertaken in the compilation of the Pre-Budget Document (2007), the Tourism Policy for the Maltese Islands 2007-2011 and the National Drugs Policy (2007); b) the re-activation of the Malta-EU Steering and Action Committee (MEUSAC) as an instrument for consultation between Government, the Constituted Bodies and Civil Society Organizations on Malta-EU related matters.
<p>Enhancing the effectiveness and capacity building of the voluntary sector</p>	<p>To help the voluntary sector benefit from EU funding opportunities, and to help entities and organisations familiarise themselves further with the various mechanisms involved in implementing projects financed through EU Structural Funds:</p> <ul style="list-style-type: none"> • the Planning and Priorities Co-ordination Division (PPCD) organised a series of information sessions on the drawing up of application forms pertaining to projects under Operational Programmes I and II to enhance capacity building of potential and prospective beneficiaries; • the Policy Development and Programme Implementation Directorate within the MFSS organised similar training programmes for voluntary organisations involved in the social welfare sector aimed at optimising the possibilities of EU funding; • SOS Malta launched a technical assistance training programme on EU structural funds for NGOs and civil society organisations through the coordination of the 'Malta Resource Centre for Civil Society NGOs' and the support of PPCD, a voluntary organisation; and • Government has committed itself to help NGOs in the co-financing aspect when applying for EU funds.
<p>Greater public-voluntary partnerships</p>	<ul style="list-style-type: none"> • Partnership agreements between the public and voluntary sector acknowledge the expertise and skills held by NGOs in their sphere of activity. Partnership arrangements with the social welfare sector include: (a) the operation of open centres for asylum seekers run by Fondazzjoni Suret il-Bniedem (Foundation for the Human Values); and (b) 'Programm Innocenti', which was set up in 2007 by the Richmond Foundation to provide a residential therapeutic setting for children and young persons with challenging behaviour and/or mental health difficulties. • Another form of partnership between government and the voluntary sector which acknowledges the value of civil society organisations is the release of public officers from their normal working responsibilities to carry out voluntary work with non-government organisations, for a specific period of time under the same public sector conditions.

<p>Promotion of transparency, accountability, networking and collaboration with a view to enhance the Maltese voluntary sector</p>	<ul style="list-style-type: none"> To further enhance the effective work undertaken by NGOs and to strengthen collaboration and networking, between 2006 and 2008 the voluntary sector has been encouraged to respond more emphatically to national priorities as identified in the National Action Plan reports. To this effect, the National Report on Strategies for Social Protection and Social Inclusion (2006-2008) has been promoted and information aimed at informing the general public and civic society of the identified priority areas and the relevance of engaging on issues in such areas has been disseminated.
---	---

POLICY FOCUS 4: NETWORKING THE SOCIAL WELFARE SECTOR

<p>BREAKDOWN OF MEASURES BY POLICY AREA AS PROPOSED IN NAP INCLUSION 2006-2008</p>	<p>SOME EXAMPLES OF ACTIONS UNDERTAKEN WITHIN THE DIFFERENT POLICY AREAS</p>
<p><i>NETWORKING THE SOCIAL WELFARE SECTOR</i></p>	
<p>New networking initiatives</p>	<p>Examples of networking initiatives within the social welfare sector include:</p> <ul style="list-style-type: none"> the merging of schools into colleges to maximise the use of resources; investment at the Malta College of Arts, Science & Technology (MCAST) in networking between the private and public sectors and academia, and in terms of promoting international links in science and technology; the setting up of the Organisation for the Integration and Welfare of Asylum Seekers, which incorporates and brings together available government services for asylum seekers; the integration of a network of Adult Training Centres, which offer services to adults with intellectual disabilities, within the Foundation for Social Welfare Services; amalgamation of the Housing Authority, Department of Social Housing and the Department of Housing Construction and Maintenance in 2007; and networking arrangements laid down in the National Drugs Policy to address addictive behaviour.
<p>Development of services on transferability and adoption of good practices</p>	<ul style="list-style-type: none"> Community-based services as opposed to centralised services were consolidated. In 2007 Malta organised, as a host country, an EU peer review exercise presenting the ACCESS one-stop shop approach model for social welfare services as a good practice example,. The ACCESS one-stop shop approach was replicated in other localities around Malta. Malta participated in peer review activities with the aim of learning from social welfare practices in other countries to improve local service provision.
<p>Strengthening information and communication</p>	<ul style="list-style-type: none"> Networking was facilitated by ICT developments. Development in the communication system,

technologies (ICT)	particularly within the public service has created the possibility of a more open and dialogue-oriented approach.
Raising awareness of the importance of networking and the involvement of service users	<ul style="list-style-type: none"> • In 2007, the Policy Development and Programme Implementation within the MFSS organised a conference entitled 'Enhancing Social Inclusion - Moving Forward Together'. One of the workshops delved into the issue of networking within the social welfare sector. The discussion focused on: (a) the types of networking currently in place between and within the state, private and voluntary sectors; (b) the extent to which service users are involved in this networking; and (c) what can be done to enhance collaboration between government and non-government agencies, inter-ministerial collaboration in service provision and administration and interagency collaboration among service providers. Several relevant issues came out of this workshop, including the need to (a) share resources more, (b) consolidate good practices, (c) work towards common goals, and (d) involve service-users in the networking process by valuing their participation as well as by directly involving them in work practices and service delivery. • In preparation for the NAP Inclusion (2008-2010) between February and May 2008 the Policy Development and Programme Implementation Directorate within the Ministry for Social Policy organised a series of focus group seminars targeting groups of people who are living in situations considered to render them vulnerable and at increased risk of social exclusion.

Part 3 - Annex 2
Primary Indicators and Statistical Information regarding
Invalidity Pension Payments

Primary indicators

Table 1: Streamlined objective pensions

At-risk-of poverty-rate of older people (PN-P1)	Malta	EU25
Aged 65+		
Total	21	19s
Males	22	16s
Females	20	21s
Aged 0-64		
Total	13	16s
Males	13	15s
Females	14	16s
Relative median income ratio (65+) (PN-P2)	Malta	EU25
Total	0.83	0.85s
Males	0.83	0.88s
Females	0.83	0.83s
Aggregate replacement ratio (PN-P3)	Malta	EU25
Total	0.49	0.51s
Males	0.52	0.54s
Females	0.40	0.50s

Source: http://ec.europa.eu/employment_social/spsi/common_indicators_en.htm

Statistical information regarding invalidity pension payments

Table 2: Live Invalidity pensioners as at 31st December

	2003	2004	2005	2006	2007
Males	6443	6703	6659	6275	5864
Females	2044	2140	2187	2110	1991
Total	8487	8843	8846	8385	7855

Table 3: New applications for invalidity pension

	2003	2004	2005	2006	2007	2008*
Applications	1707	1315	1283	895	916	255

*up to 30th April 2008

Table 4: New awards of invalidity pension

	2003	2004	2005	2006	2007
Males	1116	917	910	538	525
Females	361	288	271	138	143
Total	1477	1205	1181	676	668

Part 4 - Annex 3

Annex 4.1
Statistical Information

Table 1a: Total population by broad age groups and gender (as at 27 November 2005 - Census date)

Age groups	Females		Males		Total	
	N	%	N	%	N	%
0-14	33716	16.6	33716	17.6	68963	17.1
15-24	28342	13.9	29898	14.9	58240	14.4
25-49	68152	33.5	71378	35.6	139530	34.5
50-64	41248	20.3	40577	20.2	81825	20.3
65-79	24417	12.0	19181	9.5	43598	10.8
80+	7449	3.7	4434	2.2	11883	2.9
Total	203324	100.0	200715	100.0	404039	100.0

Source: Census of Population and Housing 2005, Preliminary Report – National Statistics Office, Malta (2006)

Table 1b: Estimated total population by broad age groups and gender (as at 31 December 2007)

Age groups	Females		Males		Total	
	N	%	N	%	N	%
0-14	32427	15.7	34161	16.7	66588	16.2
15-24	28132	13.6	29821	14.6	57953	14.1
25-49	69061	33.5	72662	35.6	141723	34.5
50-64	43839	21.3	43413	21.3	87252	21.3
65-79	24536	11.9	19338	9.5	43874	10.7
80+	8189	4.0	4711	2.3	12900	3.1
Total	206184	100.0	204106	100.0	410290	100.0

Source: Census of Population and Housing 2005, Preliminary Report – National Statistics Office, Malta (2006)

Table 2a: Total population projections for 2020 and 2050 Malta for 65+ and 80+ age groups by gender according to baseline scenario (based on Economic Policy Committee assumptions) *

Age groups	2005 (Census)			2020			2050		
	Females	Males	Total	Females	Males	Total	Females	Males	Total
65+	31866	23615	55481	48219	40034	88253	66486	59010	125496
80+	7449	4434	11883	11688	7087	18775	21736	16558	38294
Total	203324	200715	404039	228247	225773	454020	256807	251461	508268

Source: Ageing Working Group, Economic Policy Committee (2005)

* Malta has reservations with the population projection figures. These population projections include the assumption that the workforce will increase annually by an average of around 2,500 during the forecast period, thus leading to a higher influx of immigrants than under the local population projections. This influx is leading to a significantly higher growth in Malta's population by the year 2050 under the EPC projections.

Table 2b: Total population projections for 2020 and 2050 Malta for 65+ and 80+ age groups by gender according to the Pensions Working Group

Age groups	2005 (Census)			2020			2050		
	Females	Males	Total	Females	Males	Total	Females	Males	Total
65+	31866	23615	55481	46445	37340	83785	58648	51227	109875
80+	7449	4434	11883	10371	5336	15707	17492	11917	29409
Total	203324	200715	404039	204805	203513	408318	192598	194474	387073

Source: Final Report of Pensions Working Group (June 2005)

Table 3: Age-dependency ratio (Census, 2005) and old-age dependency ratio (2005 and projected to 2020 and 2050)

Age-dependency ratio¹			
Malta (2007) ²	43.9	EU15 (2007) ²	49.0
Old-age dependency ratio³			
Malta (2005) ^{4*}	19.2	EU25 (2005) ⁴	24.9
Malta (2010) ^{4*}	20.4	EU25 (2010) ⁴	26.3
Malta (2020) ^{4*}	30.0	EU25 (2020) ⁴	32.1
Malta (2030) ^{4*}	36.0	EU25 (2030) ⁴	40.3
Malta (2040) ^{4*}	35.9	EU25 (2040) ⁴	48.5
Malta (2050) ^{4*}	40.6	EU25 (2050) ⁴	52.8
Malta (2020) ⁵ <i>Maltese projections</i>	41.4		
Malta (2050) ⁵ <i>Maltese projections</i>	66.1		

¹ Age-dependency ratio = ratio of the population aged 0-14 and 65+ to the 15-64 year age group

² Source: ECHI - Demographic and Socio-economics factors indicators,

http://ec.europa.eu/health/ph_information/dissemination/echi/echi_1_en.htm#2 [July 2008]

³ Old-Age dependency ratio = 61 years and over as a share of the 16-61 year old population

⁴ Source: Health data July 2006 – Supporting data for National Reports (received 24 July 2006)

⁵ Source: Pensions Working Group (2000)

* Malta has reservations with the population projection figures. These population projections include the assumption that the workforce will increase annually by an average of around 2,500 during the forecast period, thus leading to a higher influx of immigrants than under the local population projections. This influx is leading to a significantly higher growth in Malta's population by the year 2050 under the EPC projections. This has the effect of diluting the projected old-age dependency ratio for Malta.

TABLE 4: LIVE BIRTHS BY YEAR AND GENDER AND TOTAL FERTILITY RATES BY YEAR, 2000-2006

	2000	2001	2002	2003	2004	2005	2006
Female	2206	1903	1845	2013	1877	1863	1828
Male	2180	2032	2061	2023	2010	1994	2052
Total	4386	3935	3906	4036	3887	3857	3880
TFR*	1.69	1.72	1.46	1.48	1.37	1.37	1.41

Source: National Obstetrics Information System, Department of Health Information and Research

*TFR = Total fertility rate is defined as the mean number of children that would be born alive to a woman during her lifetime if she were to pass through her childbearing years conforming to the fertility rates by age of a given year. (Eurostat Glossary on Demographic Statistics – 2000 edition)

Source: Demographic Review of the Maltese Islands, National Statistics Office, Malta (2005)

Table 5a: Infant mortality rates*[\[EU: HC-S3a\]](#)

	1970	1980	1990	2000	2004	2005	2006
Malta ¹	27.9	15.2	9.1	6.0	5.9	6.0	3.6
EU15 ²	21.9	12.4	7.6	4.8	4.3	4.3	Na

Sources:

¹ Health Data July 2008 – Supporting data for National Reports (received 28 June 2008)² WHO Health for All Database, <http://data.euro.who.int/hfad/> [July 2008]

* The ratio of the number of deaths of children under one year of age during the year to the number of live births in that year. The value is expressed per 1000 live births.

N.B. Termination of pregnancy is illegal in Malta

Table 5b: Peri-natal mortality rates*[\[EU: HC-S7\]](#)

	1990	2000	2004	2005	2006
Malta ¹	10.9	4.6	5.9	3.1	1.8
EU15 ²	7.7	6.4	6.1	Na	Na

Sources

¹ Health Data July 2008 – Supporting data for National Reports (received 28 June 2008)² WHO Health for All Database, <http://data.euro.who.int/hfad/> [July 2008]

* The ratio of the number of foetal deaths (over 1 000g) plus neonatal deaths (0-6 days) per 1000 live births.

N.B. Termination of pregnancy is illegal in Malta

Table 6: Life expectancy and disability free life years[\[Life expectancy – EU: HC-P4a\]](#)[\[Healthy life expectancy – NAT: HC-P5a\]](#)

	Malta			EU15		
	Year	Females	Males	Year	Females	Males
Life expectancy at birth ¹	2005 (1996)	81.4 (79.8)	77.2 (75.0)	2005 (1996)	82.6 (81.0)	76.8 (74.4)
Life expectancy at 45 years ¹	2005 (1996)	37.5 (36.5)	33.9 (32.2)	2005 (1996)	38.7 (37.4)	33.8 (31.9)
Life expectancy at 65 years ¹	2005 (1996)	19.5 (18.4)	16.3 (14.7)	2005 (1996)	20.7 (19.6)	17.1 (15.6)
Disability free life expectancy at birth ²	2005	70.1	68.5	2002	66.0	64.5
Projected life expectancy at birth ^{3*}	2010	81.7	77.4			
Projected life expectancy at birth ^{3*}	2030	83.7	80.1			
Projected life expectancy at 65 years ^{3*}	2010	19.0	16.0			
Projected life expectancy at 65 years ^{3*}	2030	20.6	19.0			

¹ Source: WHO Health for All Database, <http://data.euro.who.int/hfad/> [July 2008]² Source: Health Data July 2008 – Supporting data for National Reports (received 28 June 2008)³ Source: Ageing Working Group, Economic Policy Committee (2005)

* Malta has reservations with the population projection figures. These population projections include the assumption that the workforce will increase annually by an average of around 2,500 during the forecast period. Local population projections assume a lower influx of immigrants. This influx is leading to a significantly higher growth in Malta's population by the year 2050 under the EPC projections.

Table 7: Self-reported unmet need for medical care (total)[\[NAT: HC-P1\]](#)

	Self-reported unmet need for medical care (%)			Number of doctor consultations per capita
	2004	2005	2006	2005
Malta	Na	1.6	1.8	2.6
EU25	Na	3.8	3.4	Na

Source: Health Data July 2008 – Supporting data for National Reports (received 28 June 2008)

Table 8: Self-reported unmet need for dental care (total)[\[NAT: HC-P2\]](#)

	Self-reported unmet need for dental care (%)			Number of dentist consultations per capita
	2004	2005	2006	2005
Malta	Na	4.3	3.7	Na
EU25	Na	9.2	8.3	Na

Source: Health Data July 2008 – Supporting data for National Reports (received 28 June 2008)

Table 9: The proportion of the population covered by health insurance[\[NAT: HC-P3\]](#)

	Public health insurance	% population covered by private health insurance
	2005 ¹	2002 ²
Malta	100	21.3

Sources:

¹ Health Data July 2008 – Supporting data for National Reports (received 28 June 2008)² National Health Interview Survey: <http://www.sahha.gov.mt/pages.aspx?page=384> (accessed July 2008)**Table 10: Self-perceived limitations in daily activities (%) (Health interview surveys; Maltese survey performed in 2002)**[\[NAT: HC-S1\]](#)

		Severely hampered	To some extent	Not hampered
Males	Malta	5.3	11.0	83.7
Females	Malta	6.7	13.4	79.9
Total	Malta	6.0	12.3	81.7

Source: ECHI - Demographic and Socio-economics factors indicators, http://ec.europa.eu/health/ph_information/dissemination/echi/echi_1_en.htm#2 [July 2008]**Table 11: Self-perceived health by gender (%) (Health interview surveys; Maltese survey performed in 2002)**[\[NAT: HC-S2\]](#)

		Very good	Good	Fair	Bad	Very bad
Males	Malta	18.5	54.2	23.9	2.7	0.7
	EU25	25.3	40.0	25.6	6.7	1.8
Females	Malta	16.0	50.2	30.3	3.0	0.6
	EU25	21.8	38.0	29.2	8.7	2.3

Source: ECHI - Demographic and Socio-economics factors indicators, http://ec.europa.eu/health/ph_information/dissemination/echi/echi_1_en.htm#2 [July 2008]

Table 12: Standardised death rates, per 100,000*

			2002	2003	2004	2005
All causes of death	Males	Malta	853.9	830.9	753.2	761.6
		EU15	819.3	815.9	777.2	771.8
	Females	Malta	539.2	569.1	531.3	527.8
		EU15	500.6	504.6	478.9	476.7
Malignant neoplasms	Males	Malta	211.8	192.1	189.0	183.5
		EU15	239.0	236.4	232.3	230.2
	Females	Malta	128.4	135.0	125.6	119.9
		EU15	136.0	134.7	133.2	132.7
Diseases of the circulatory system	Males	Malta	348.6	350.6	294.4	317.5
		EU15	291.8	286.6	268.1	263.8
	Females	Malta	244.5	240.0	221.8	232.9
		EU15	190.3	189.3	176.2	173.5
Suicides and self-inflicted injury	Males	Malta	5.4	8.3	6.5	7.9
		EU15	16.1	16.0	15.7	15.5
	Females	Malta	3.6	1.5	4.4	0.9
		EU15	5.1	5.0	4.9	4.9
Transport accidents	Males	Malta	7.7	6.2	6.2	6.8
		EU15	16.0	15.2	14.0	13.8
	Females	Malta	0.5	0.7	1.3	2.2
		EU15	4.7	4.4	4.0	3.9

Source: WHO Health for All Database, <http://data.euro.who.int/hfad/> [July 2008]

Table 13: Satisfaction with the quality of the medical and dental care
[NAT: HC-P10]

	Satisfaction with the quality of medical care (Answer: Good)	Satisfaction with the quality of dental care (Answer: Good)
Malta	84%	90%
EU27	71%	74%

Source:

¹ Data July 2008 – Supporting data for National Reports (received 28 June 2008). Data taken from Health and long-term care in the European Union (2007) http://ec.europa.eu/public_opinion/archives/ebs/ebs_283_en.pdf

Table 14: Vaccination coverage in children*, percent for 2005
[EU: HC-P6]

	Malta	EU15
Pertussis	93.6	94.1
Diphtheria	92.4	93.2
Tetanus	92.4	93.2
Measles	86.0	89.7
Mumps*	65.0	87.7
Rubella	94.0	90.1

Source: WHO Health for All Database, <http://data.euro.who.int/hfad/> [July 2008]

* Data is for 2002

Table 15: Hospital activity by year

		2000	2001	2002	2003	2004	2005	2006
Acute care hospital admissions per 100 ¹	Malta	11.2	10.9	11.0	10.8	10.7	11.0	11.4
	EU 15	17.8	17.6	17.4	17.1	16.9	Na	Na
ALOS days, acute care hospitals only ¹	Malta	4.6	4.3	4.3	4.6	4.6	4.7	5.3
	EU 15	7.1	7.0	6.9	6.8	6.7	Na	Na
Bed occupancy rate in %, acute care hospitals only ¹ [HC-S9]	Malta	75.5	79.7	83.0	83.4	85.4	87.5	89.6
	EU 15	77.1	77.1	Na	Na	Na	Na	Na
All causes in-patient per 100,000 inhabitants ^{3*} [HC-P16]	Malta	Na	Na	Na	Na	6871.2	Na	Na
	Malta	Na	Na	Na	Na	14081	13977	Na

¹ Source: WHO Health for All Database, <http://data.euro.who.int/hfad/> [July 2008]

² Source: ECHI - Demographic and Socio-economics factors indicators, http://ec.europa.eu/health/ph_information/dissemination/echi/echi_1_en.htm#2 [July 2008]

³ Source: Health Data July 2006 – Supporting data for National Reports (received 5 July 2006)

* Hospital in-patient discharges (excluding V, W, X and Y codes) excluding 'healthy newborn babies'

** excluding healthy newborn babies

Table 16: Professional medical and nursing human resources (per 100,000 inhabitants)

	2000	2001	2002	2003	2004	2005	2006
Licensed physicians *	269.3	311.9	268.1	315.6	346.1	349.4	386.8
Qualified nurses and midwives	Na	Na	549.2	550.2	561.3	579.9	596.3

Source: ECHI - Demographic and Socio-economics factors indicators, http://ec.europa.eu/health/ph_information/dissemination/echi/echi_1_en.htm#2 [July 2008]

* Physicians/Doctors licensed to practice, irrespective of whether they are active, retired, unemployed or abroad. Mostly, numbers refer to recording in a Professional Orders.

Table 17: Trends in health and long-term care expenditure

		2000	2001	2002	2003	2004	2005	2006
THE, PPP\$ per capita [NAT: HC-P11]	Malta	1380	1057	1596	1635	1739	Na	Na
	EU15	2186	2328	2470	2637	2778	Na	Na
THE, % GDP [NAT: HC-P12]	Malta	7.99	8.03	9.05	9.27	9.21	8.68	8.62
	EU15	8.65	8.78	8.99	9.36	9.44	9.58	Na
TPHE, PPP\$ per capita	Malta	925	1073	1133	1150	1318	Na	Na
	EU15	1628	1742	1853	1937	2089	Na	Na
TPHE, % GDP	Malta	6.1	6.2	7.3	7.4	7.0	Na	Na
	EU15	6.5	6.7	6.9	7.0	7.1	Na	Na
TPHE, % THE [NAT: HC-C3]	Malta	76.6	77.8	79.7	80.1	78.2	76.1	76.4
	EU15	Na						
Private health expenditure, %	Malta	1.9	1.8	1.8	1.9	2.2	Na	Na

GDP	EU15	2.2	2.2	2.2	2.2	2.2	Na	Na
Private Out-of-Pocket health payments, % THE [NAT: HC-C3]	Malta	21.2	19.9	18.2	17.9	21.6	Na	Na
	EU15	16.1	15.7	15.7	15.7	16.0	Na	Na
Salaries, % TPHE	Malta	59.2	57.3	69.7	40.2	50.1	46.4	Na
	EU15	Na						
Total capital investment on medical facilities, % THE	Malta	11.2	12.4	19.0	19.0	15.5	26.1	25.8
	EU15	Na						

Source: WHO Health for All Database, <http://data.euro.who.int/hfad/> [July 2008]

TPHE = Total Public Health Expenditure

THE = Total Health Expenditure

PPP\$ = Purchasing Power Parity in dollars

GDP = Gross Domestic Product

Table 18: Projections in health and long-term care expenditure

[Health Care – NAT: HC-P14]

[Long term care – NAT: HC-P15]

	Projected spending as % of GDP				Change 2004-2050	Difference as % of GDP compared to pure ageing scenario		
	2004	2010	2030	2050		2010	2030	2050
Health								
Malta	4.2	4.5	5.5	6.1	1.8	0	0	-0.1
EU15	6.4	6.7	7.5	8.1	1.6	0	-0.1	-0.1
EU25	6.4	6.6	7.4	7.9	1.6	0	0	-0.1
Long-term care								
Malta	0.9	0.9	1	1.1	0.2	Na	Na	Na
EU15	Na	Na	Na	Na	Na	Na	Na	Na
EU25	0.9	0.9	1.1	1.5	0.6	Na	Na	Na

Source: Health Data July 2008 – Supporting data for National Reports (received 28 June 2008). Data taken from DG ECFIN calculations.

Annex 4.2

The Consultation Process

One of the main principles and aims of the Open Method of Coordination is to increase the involvement and participation of all stakeholders of a particular sector in the development and monitoring of policies that need to be designed and implemented in that field.

The development of the second National Action Plan for Health Care and Long-term Care in Malta involved a number of coordinated initiatives that sought to elicit the widest possible consultation within the available timeframe.

A Steering Committee was formed in early 2008. It was decided that the main method to be employed for this consultation process would involve the organisation of 7 focus groups; each of these focus group focussing on one of the 7 themes chosen (see below). These focus groups were held from the 17 till the 24 of April 2008. The themes chosen included widely divergent topics such as finance, promotion, service providers and users, inequality and technology.

The extensive feedback received from these focus groups were then used in the compilation of the National Strategic Report for 2008-2010 for the Health and Long-term care strand. This feedback was utilised both for the assessment of the progress of the measures that were included in the 2006-2008 report and also for the design of new measures that will be introduced in the current one.

The following is a short description of the thrust of each focus group and also illustrates how the discussion was directed.

Focus Group 1: Planning Management and better use of Human Resources.

In this focus group a discussion was introduced about what is being done in the present and what led to the present situation with regards to the human resources currently employed or being planned for employment in the health and long-term sector. The main formula was to learn from lessons of the past and try to improve the problems that are currently being faced and are envisaged to be encountered in the future (such as the ageing population). The major problems involve the supply of people to work in local the health sector in order to effectively meet with the demand. Another important issue was concerned with how best to consult and receive feedback from the human resources employed in this sector.

Focus group 2: Financial Sustainability of Health and Long-term Care.

The main issue explored in this group was how the current policies can be re-engineered so that the system of health and long-term care in our country could be made more sustainable. The discussion centred on how to maximise sustainability by:

- Maximising efficient use of resources
- Increasing available resources
- Engaging in health promotion and disease prevention.

Focus group 3: Health Promotion and Prevention Strategies

The aim of this focus group was to evaluate the strategies held by the Directorate of Health Promotion and Disease Prevention. Participants were made aware of the development of this directorate and the group discussed how the activities of this department can be improved or changed. The importance of promoting the overall wellbeing in our society was the guiding

principle. Health promotion initiatives that included focus on all ages and especially from a very young age were explored.

Focus group 4 : Inequalities in Health

Professional groups from Governmental and non-Governmental organizations participated in these focus groups. During the discussion it was felt that inequalities in health care definitely exist and important issues and causes were identified. These included the importance of equitable access to information, education and preventive care and community based services, the influence of socio economic status, policies and legislation and the progression towards a more person-centred approach.

Focus group 5: Service users' perspectives on quality of health and long-term care services

A copy of the European Charter of Patients' Rights, November 2002, was distributed to all participants so as to direct the discussion on whether and to what extent these rights are being promoted and fulfilled. The Right to Information, Access and Prevention were the three most emphasised principles selected as needing significantly further effort for improvement to be registered.

Focus group 6: The Role of Informal Carers

Several different issues were raised by the service providers and the informal carers present in this group. The mainly issues pointed out included the difficulties of identifying contact points when support is needed by these carers and also physical, financial and psychological support. Other important discussion points were concerned with the need of education to carers especially on how to help the patient regain and retain his/her independence as much as possible.

Focus group 7: The Role of Technology and ICT in Improving Health and Long term care services

This focus group emphasis was on the more technical aspects of health and long term care service provision and how this can help increase its sustainability and efficiency. Participants included experts in ICT both from the government and the private sector and users of ICT in the sector. The setting up of new systems in ICT is a primary concern in Malta. Issues explored included the needs for finance, human resources, supplies of the necessary software and hardware and the training to staff to help them assimilate in the IT culture.

The following are lists of entities that were invited to send participants for each of the focus groups.

FG 1: Planning, Management and better use of Human Resources

Malta Association of Medicine (MAM - Trade Union)
Malta Union of Midwives and Nurses (MUMN – Trade Union)
General Workers' Union
Unjoni Haddiema Maqghudin (Trade Union)
Corporate Services (Health)
Employment and Training Centre, Ministry for Social Policy
Foundation for Social Welfare Services
Management Personnel Office, Office of the Prime Minister

Medical School – Dean, University of Malta
Director of Nursing Services, Ministry for Social Policy
Malta College of Arts, Science and Technology (MCAST)
Institute of Health Care
Mater Dei Hospital (Public General Hospital)
Foundation for Human Resource Development
CareMalta (private community care provider)
Department for the Elderly – Human Resources, Ministry for Social Policy

FG2: Financial, sustainability in health and long-term care

Budget Office
Office of the Prime Minister (OPM)
Director General Financial Policy, Ministry of Finance, the Economy and Investment
Financial Policy Development and Analysis, Ministry of Finance, the Economy and Investment
Economic Policy Division, Ministry of Finance, the Economy and Investment
Benefit Fraud Investigation Directorate, Ministry for Social Policy
Financial Control Unit (Health)
Malta Insurance Association
St. Philips Hospital (Private Hospital)
Association of Private Family Doctors
Malta Council for Economical and Social Development
Procurement Directorate, Ministry for Social Policy
Malta Health Network
CareMalta – Financial Controller
Malta Association of Medicine (MAM)
Malta Union of Midwives and Nurses (MUMN)
General Workers' Union
Unjoni Haddiema Maqghudin (Trade Union)
Chief Executive Officer of Mater Dei Hospital
Director Pharmaceutical Policy and Monitoring, Ministry for Social Policy

FG 3: Evaluation of health promotion and prevention strategies

Caritas Malta (NGO)
National Commission on the Abuse of Drugs, Alcohol and other dependencies.

Kummissjoni Kontra l-Vjolenza Domestika (*Commission for Domestic Violence*)
 Ministry for Education, Culture, Youth and Sports
 Association of Family Doctors
 Occupational Health and Safety Authority (OHSA)
 Malta Collage of Art, Science and Technology (MCAST) –Institute of community services
 Sedqa (Public national organisation which helps people with different addiction problems
 such as drugs, alcohol and gambling)
 Appoġġ (Public national organisation which helps children suffering from abuse and families
 with different social problems)
 Press Club
 Department of Health Information and Research, Ministry for Social Policy
 Day Centres
 Department of Primary Health Care, Ministry for Social Policy
 Department of Health Promotion and Disease Prevention, Ministry for Social Policy
 Kummissjoni Nazzjonali tal-Familja (*National Family Commission*)
 National Council of Women
 National Council for the Promotion of Equality (NCPE)
 Institute of Health Care, University of Malta
 Breast Cancer Support Group
 Malta Health Network - umbrella organisation of NGOs related to health
 Local Councils

FG 4: Inequalities in Health

Social Inclusion Officers
 Refugee Commission
 Richmond Foundation – NGO working in community mental health sector
 Inclusive Education Unit
 European Anti-Poverty Network
 Curia of the Archdiocese of Malta
 Foundation for Educational Services
 National Council for the Promotion of Equality (NCPE)
 YMCA (Home for homeless people)
 AĊĊESS (Non governmental organization which helps people with a disability)
 Ir-Razzett tal-Ħbiberija (*Park of Friendship*) NGO which helps people with disabilities
 Department of Health Promotion and Disease Prevention, Ministry for Social Policy
 Department of Health Information and Research, Ministry for Social Policy

FG 5: Service users' perspectives on quality of health and long-term care services

Malta Health Network
Cancer Patient Groups
Richmond Foundation
Appoġġ, Aġenzija Sapport, Aġenzija Sedqa – government agencies working with people needing social assistance
Dar tal-Providenza (Residential home for people with disabilities)
National Commission for Children
Kummissjoni tal-Familja (*Family Commission*)
Kunsill Nazzjonali taż-Żgħażaġħ (*National Youth Council*)
Director of Health Care Standards, Ministry for Social Policy
Mater Dei Hospital (Customer Care)
Customer Care for Public Health Care
Mount Carmel Hospital (Mental Hospital)
Department of Primary Health Care, Ministry for Social Policy
National Council for Women
St. Jean Antide Foundation
Department of Elderly – Customer Care, Ministry for Social Policy
CareMalta
St. Vincent De Paule Residence – Customer Care (Residential Home for Elderly)
Jesuit Refugee Service
National Autism Focus Group
Asst Head, Centre for the Blind
President, Federation Associations Persons with a Disability
President, Mental Health Association

FG6: The role of informal carers – the silent workforce

Dar il-Kaptan (Home for people with disabilities)
Malta Wheelchair Dancesport Association
Monday Club for the Mentally Handicapped
Eden Foundation
Equal Partners
National Council for Women

VOLSERV (Voluntary Services organization)
Multiple Sclerosis Society of Malta
Disabled by Accident Group
Kunsill Nazzjonali ta' l-Anzjani (*National Council for the elderly*)
Kunsill Nazzjonali Persuni b' Dizabilita (*National Council for people with a disability*)
National Association of Pensioners
Cystic Fibrosis Association
Zammit Clapp Hospital (Public Rehabilitation Hospital)
Department of Elderly, Ministry for Social Policy
National Mental Health Commission
Curia, Archdiocese of Malta
Kummissjoni Nazzjonali tal-Familja (*National Family Commission*)
Malta Hospice Movement
Ir-Razzett tal-Fbiberija (*Park of Friendship*)
Foundation for Social Welfare Services (Agenzija Appogg, Agenzija Sapport, Agenzija Sedqa
Richmond Foundation
Dar tal-Providenza

FG 7: The role of ICT and technology in improving health and long-term care

ACS Health Care Solutions (IT consultants)
6PM plc (IT consultants)
Alert Communications (IT consultants)
Malta Information Technology and Training Services (MITTS) Ltd.
Medical Records (Mater Dei Hospital)
Information Management Unit, Ministry for Social Policy
IT Section Mater Dei Hospital (Consultant Director Information Management and Technology)
Megabyte (IT company)
Microsoft (IT company)
Oracle (IT company)
Philip Toledo Ltd (IT and security solutions)
Association of General Practitioners
Department of Primary Health Care, Ministry for Social Policy
SmartCity
Operations and Programme Implementation Unit, Office of the Prime Minister
Association of Local Councils

Annex 4.3
Good Practice Examples

Annex 4.3a

Name of Measure	Member State
INTEGRATION OF PERSONS SUFFERING FROM MENTAL HEALTH PROBLEMS BACK INTO THE COMMUNITY, AFTER YEARS OF INSTITUTIONALISATION	MALTA
End Purpose of the Measure	
<p>The stigma of mental health is being slowly overcome. This is strongly aided with advances in medical pharmacology and technology. The move is towards controlling symptoms of mental health problems within the community with appropriate support structures available rather than segregating and labelling such individuals in large asylums, where they lose more daily life skills, rather than rehabilitate to re-enter the community. Through care in the community, individuals enjoy a better quality of life, maintain and develop their level of independence, and attempt to maintain a social and productive life despite their mental health problems. A long term residence offers minimal supervision and support to those who have not managed to integrate back into society independently.</p>	
Main Results in summary	
<p>This residence houses thirteen males who otherwise would have spent the rest of their lives in a chronic ward at the local mental health hospital, Mount Carmel Hospital (MCH). The ages range between 40 and 70, with the average age being 64. The great majority suffer from schizophrenia. Residents are surrounded by people who have mental health problems that are more or less of the same level which assists them to ameliorate rather than deteriorate. They are also given more individual care and attention due to the bigger patient/staff ratios. Other results include the following:</p> <ol style="list-style-type: none"> 1. Many residents have improved their personal image a great deal, their social skills and their independence skills such as going out by bus, or by bicycle, alone, in pairs or in groups. Some have enrolled in societies specific to their particular hobbies or attended related courses. Other residents have also attempted and partially succeeded at work experiences. 2. These gentlemen are also regaining the value of and the ability to carry out daily living skills such as cooking and keeping their home and their personal belongings clean. <p>Through the collaboration and dedication of all stakeholders (neighbours, staff at</p>	

MCH and at the home, relatives and the residents themselves) these residents have made great strides in the little, though important things that may help them attain an average to above-average standard of living as compared to the average adult/elderly citizen in Maltese society.

Targeted Beneficiaries		Policy Focus	
General Population	<input type="checkbox"/>	Social Exclusion	<input checked="" type="checkbox"/>
Children	<input type="checkbox"/>	Healthcare	<input checked="" type="checkbox"/>
Single-parent Families	<input type="checkbox"/>	Long-term Care	<input checked="" type="checkbox"/>
Unemployed	<input type="checkbox"/>	Governance	<input type="checkbox"/>
Older People	<input checked="" type="checkbox"/>	Geographical Scope	
Young People	<input type="checkbox"/>	National	<input checked="" type="checkbox"/>
People with disabilities	<input checked="" type="checkbox"/>	Regional	<input type="checkbox"/>
Immigrants / Refugees	<input type="checkbox"/>	Implementing Body	
Ethnic Minorities	<input type="checkbox"/>	Fondazzjoni Suret il-Bniedem in partnership with Mount Carmel Hospital	
Homeless	<input checked="" type="checkbox"/>		
Specific Illness/disease	<input checked="" type="checkbox"/>		
Other [Please specify:]	<input type="checkbox"/>		
Context/Background to the Initiative			
<p>The constructive trend at EU level is towards care in the community, including persons suffering from mental health problems. Another positive and popular way forward is that of involving private stakeholders to assist in achieving goals identified by the government and independent bodies in society at large. The Community Management Team of Mount Carmel Hospital liaised with “Fondazzjoni Suret il-Bniedem”, a non government organisation focused on helping people in need, particularly the homeless, to open up this new home for persons suffering with chronic mental health problems to live in the community.</p> <p>Discussions were underway since 2003 and in August 2006, thirteen males moved together with their belongings to this residence that would become their new home.</p> <p>It was a major transition for all involved, the residents themselves, their relatives, staff at the hospital as well as the staff of the Foundation.</p>			
Details of the Initiative			
1. What is/was the timescale for implementing the initiative?			
Although informal discussions about this project had started a number of years ago, formal meetings and concrete plans started towards the beginning of 2005. Around June 2006 MCH referred the matter to our legal			

	<p>office for the contract to be revised from a legal perspective. Around the same time both entities joined forces to recruit suitable personnel for the project. Once the employees were selected, a short but intensive training programme was implemented in order to prepare the new recruits for the task ahead. Once the agreement was signed in August 2006, a plan for the transfer of patients was made and this was planned to happen within 2 weeks of referral.</p>
2.	Specific Objectives
	<ul style="list-style-type: none"> • To help the person suffering from mental health problems to re-integrate in society • To help them regain their independence and socialisation skills • To assist them in enjoying a better quality of life
3.	How did the initiative address these objectives?
	<ul style="list-style-type: none"> • By giving these residents a home within the community when they had no relatives or no safe residence in the community to return to • By giving the residents more independence while still offering them minimal support as their condition requires • By developing specialised carers in the field of mental health care in the community. • By utilising sources in the community to integrate the residents further: training and work opportunities, local councils, the religious community, associations, societies, centres, cultural events.
Monitoring and Evaluation	
	How is/was the measure monitored/evaluated?
	<p>The measure has been continually monitored and evaluated by the Community Department at the local mental health hospital.</p> <p>There is a Joint Management Committee made up of representatives of both MCH as well as Fundazzjoni Suret-il Bniedem, which meets regularly and continuously monitors the service.</p> <p>Practice and targets with individual clients are evidence-based. Internally residents' individual abilities are evaluated by means of an assessment every six months. Targets to be worked on with key carers are re-assessed every two months. Evaluations consist of qualitative and quantitative reports. The assessment has been converted into quantifiable amounts so</p>

	that changes in ability will be more recognisable and evaluations more indicative of change or lack of it.
Outcomes	
1.	To what extent have the specific objectives been met?
	<p>The Clinical Teams who still follow the residents closely, continue to give verbal and written positive feedback about the clearly visible changes in the individuals residing in this home.</p> <p>Internally, qualitative and quantitative reports show that all residents have advanced in their level of independence and socialisation skills.</p>
2.	What obstacles/risks were faced in implementing the initiative?
	<p>Main obstacles included:</p> <ul style="list-style-type: none"> • Being accepted by the neighbours in the community. Although there was some initial fear, this was slowly overcome. The caring nature of the average Maltese was quickly felt. Today the residents enter the neighbours' garages to help them in wood work or to have a chat. • The significant change for these individuals after having spent over thirty years at the mental health hospital, in some cases. There were a few restless nights in the beginning. Their levels of anxiety were somewhat higher in the initial months, but these levels have now decreased tremendously and many feel very much at home. • Since this home was the first of two homes catering specifically for mental health care in the community, which were opened simultaneously, there was not much past experience with the local context backing this venture, and knowledge of what obstacles would crop up.
3.	How were these obstacles and risks addressed?
	<p>The main solutions were:</p> <ul style="list-style-type: none"> • good communication with neighbours, sound communication with the residents together with a lot of investment in quality time and care, thus creating a safe and trusting environment in as short a time as possible. • The setting up of house structures, procedures and house rules that were sensitive to particular client group moving into the home was also a key factor. • Training staff on issues specific to caring for mentally ill persons • Sensitising the staff to the nature of the project and its needs. • Regular liaising with all stakeholders involved: relatives, professionals, neighbours, volunteers.

4.	Were there any unexpected benefits or weaknesses?
	<p>A minor weakness that could be catered for more profusely in future projects is to have substantial time and funds for more in-depth training of staff prior to the initiation of the project. Another weakness was relatives' resistance to the move. However, through building positive working relationships, these obstacles were also overcome.</p> <p>An unexpected benefit was that residents did adapt rather quickly and well to the big change they went through. Neighbours were also quite flexible to the circumstances and the needs of these residents enhancing care in the community.</p>

Annex 4.3b

Name of Measure		Member State	
IMPLEMENTATION OF NATIONWIDE PICTURE ARCHIVING & COMMUNICATION SYSTEM (PACS)		MALTA	
End Purpose of the Measure			
<p>The purpose of Malta's nationwide PACS is to make the PACS service at Mater Dei Hospital, Malta's main hospital, accessible to clinicians not just at Mater Dei but also at all of Malta's public hospitals and health centres, with the potential of even extending the service to private health care providers. This access improves continuity of health care and reduces the need for the use of ionising radiation, thus directly benefitting patients all over Malta and Gozo.</p>			
Main Results in summary			
<p>A fully-fledged PACS was successfully implemented at the new Mater Dei Hospital and integrated with all the digital imaging modalities at this hospital in the space of three months. Access to this PACS was extended to Boffa Hospital (oncology), Zammit Clapp Hospital (geriatrics/ rehabilitation), Gozo General Hospital, Mount Carmel Hospital (psychiatry) and Health Centres (GP clinics). Within nine months of "Go-Live", there were around 1000 active clinical end-users of the PACS across the public healthcare system of Malta and Gozo.</p>			
Targeted Beneficiaries		Policy Focus	
General Population	<input checked="" type="checkbox"/>	Social Exclusion	<input type="checkbox"/>
Children	<input type="checkbox"/>	Healthcare	<input checked="" type="checkbox"/>
Single-parent Families	<input type="checkbox"/>	Long-term Care	<input checked="" type="checkbox"/>
Unemployed	<input type="checkbox"/>	Governance	<input type="checkbox"/>
Older People	<input type="checkbox"/>		
Young People	<input type="checkbox"/>	Geographical Scope	
People with disabilities	<input type="checkbox"/>	National	<input checked="" type="checkbox"/>
Immigrants / Refugees	<input type="checkbox"/>	Regional	<input type="checkbox"/>
Ethnic Minorities	<input type="checkbox"/>		
Homeless	<input type="checkbox"/>	Implementing Body	
Specific Illness/disease	<input type="checkbox"/>		
Other [Please specify:]	<input type="checkbox"/>		

Context/Background to the Initiative

A Picture Archiving & Communication System (PACS) is a Health ICT system by means of which medical images (such as X-rays, CT scans, MRI's and ultrasound scans) are stored and communicated to clinicians in an entirely electronic manner. In most healthcare systems a PACS is typically installed in a single hospital. In Malta, the installation of a PACS at the new Mater Dei Hospital was turned into an opportunity to create a nationwide PACS service for the benefit of all Maltese residents and visitors, in the interest of providing better continuity of health care and improving patient safety.

Continuity of health care is undoubtedly one of the most important elements of patient safety. When separate health records are kept by each healthcare facility there is a greater risk of delays and mistakes in diagnosis and treatment, and in the case of medical imaging there is the additional risk of unnecessary repetition of tests involving ionising radiation. By providing access to a single PACS, these risks are significantly reduced.

Details of the Initiative

1. What is/was the timescale for implementing the initiative?

The contract with the IT system integrator was signed on 2 August 2007. The implementation plan started running immediately. The necessary hardware and software were supplied and implemented, and intensive training was held for hundreds of clinicians at St Luke's Hospital who were about to migrate to the new Mater Dei Hospital. The PACS went live in all the wards and clinics of Mater Dei Hospital on 12 November 2007. In the weeks that followed, the training and functionality were extended to Boffa Hospital (oncology), Zammit Clapp Hospital (geriatrics/ rehabilitation), Gozo General Hospital, Mount Carmel Hospital (psychiatry) and Health Centres (GP clinics). The roll-out across the whole public healthcare system was essentially completed in July 2008, about a year after the contract for the supply of the PACS was signed.

2. Specific Objectives

- Provide improved continuity of care to Maltese residents and citizens in respect of their medical images and the corresponding radiological reports, by giving access to all clinicians in the public healthcare system.
- Reduce the need for repeated medical imaging, especially in those cases involving ionising radiation

	<ul style="list-style-type: none"> • Use the Government's strong standards-based IT infrastructure and the nation's robust telecommunications network to good advantage
3.	How did the initiative address these objectives?
	<ul style="list-style-type: none"> • A contract was signed with a systems integrator for the implementation of an industry-standard PACS application (GE Centricity). • The PACS was configured in a way that it would be accessible through a web interface, which would facilitate its implementation not only within Mater Dei Hospital but also in other public healthcare facilities across Malta and Gozo. • Clinicians from all the relevant facilities were provided with training in the use of the PACS and informed about their specific data protection and security responsibilities. • The Ministry responsible for Health and the IM&T staff at Mater Dei Hospital worked closely with the Ministry responsible for IT and MITTS Ltd (Government's IT agency) in order to provide the required hardware, network and software facilities in all the facilities concerned. • The IM&T Directorate at MDH set up a PACS systems administration and audit function in conjunction with the Medical Imaging Department.
Monitoring and Evaluation	
	How is/was the measure monitored/evaluated?
	<ul style="list-style-type: none"> • There has been ongoing monitoring and evaluation by the Medical Imaging Department and the Information Management & Technology Directorate at Mater Dei Hospital. • Feedback has been received from clinicians in Mater Dei Hospital, Zammit Clapp Hospital, Gozo General Hospital, Boffa Hospital, Mount Carmel Hospital and the Health Centres.
Outcomes	
1.	To what extent have the specific objectives been met?
	<ul style="list-style-type: none"> • There was successful uptake by the clinicians in all the public healthcare facilities. This success was notable as the MDH systems administration function could hardly keep up with the demand for the creation of PACS user accounts. The result of this uptake is that the specific objective of creating continuity in the handling of medical images is "de facto" achieved. • Another result of the successful uptake is that the objective of reducing

	<p>the need for repeated medical imaging is also achieved, resulting in less use of ionising radiation and overall cost savings.</p> <ul style="list-style-type: none"> • The Government's standardised ICT infrastructure has been used successfully to achieve rapid deployment of a Health ICT system across several healthcare facilities dispersed across a wide geographical area.
2.	What obstacles/risks were faced in implementing the initiative?
	<ul style="list-style-type: none"> • There was a significant risk that the PACS could not be implemented in time for the start-up of full clinical services at Mater Dei Hospital, as the time available was much less than the time typically required for implementations of this scale. • There was the risk that the small team of IT trainers at MDH would not cope with the load of training hundreds of busy clinicians in a short period of time. • There was the risk that some clinicians, especially older ones, may struggle to achieve the transition from a film-based to a filmless radiology system accessible only through PC workstations. • There was the risk that the small IM&T staff complement at MDH would not cope with the systems administration load that would be generated by the PACS and by its extension outside MDH.
3.	How were these obstacles and risks addressed?
	<ul style="list-style-type: none"> • A very detailed implementation project plan was drawn up and scrupulously adhered to by all parties concerned, i.e. the systems integrator, the IT subcontractors, MITTS Ltd and the IM&T Directorate at MDH. • Training materials were customised to the needs of the local clinical community and intensive training sessions were organised on both a collective and an individual basis. • On-site application support was given by all qualified IM&T Directorate staff during the acute Go-Live phase at MDH. Several communication channels were used to ensure access to the whole of the target community. • There was close collaboration between the Medical Imaging Department, the IM&T Directorate and senior clinical managers at MDH and other healthcare facilities to handle the administrative and technical tasks that arose during the course of the implementation. At times, the limited official resources were supplemented by voluntary efforts

	outside working hours.
4.	Were there any unexpected benefits or weaknesses?
	<p>There was an unexpected benefit:</p> <ul style="list-style-type: none"> • By providing access to the PACS across virtual private networks (VPN's) for hospital consultants at their residences, they are now able to view medical images and advise emergency clinicians much faster than before. This additional facility could be considered to be a tele-radiology system in its own right. <p>There was an unexpected weaknesses:</p> <ul style="list-style-type: none"> • The protection of privacy sometimes came into conflict with the provision of continuity of care. There were cases where it was in the vital interest of the data subject (i.e. the patient) to allow greater access to the patient's records.

Annex 4.3c

Name of Measure	Member State
TRAINING AND LEARNING INITIATIVE FOR DIFFERENT LEVELS OF MANAGEMENT IN THE PUBLIC HEALTH CARE SERVICES	MALTA
End Purpose of the Measure	
<p>At the Health, Elderly and Community Care (HECC) divisions within the Ministry for Social Policy, an innovative coordinated effort is actively addressing the paradigm shift necessary within the public health care sector. This paradigm shift aims at strategically aligning the four main divisions within HECC and equips them with 21st century management and leadership concepts. This is being done by focusing predominantly on helping and supporting all management staff to gradually address their own management and leadership skills, work values and time applications according to their levels of authority, responsibility and accountability.</p>	
Main Results in summary	
<p>Management personnel were divided into 3 levels (see below). For each level of management a number of initiatives were planned and performed since 2006. These initiatives included courses in leadership and management skills followed up by booster Continued Professional Development sessions, sessions on the implementation of good management practice focussing on how to successfully manage the bridge between strategy and operations, peer coaching and reflective sessions, and residential events.</p> <p>This initiative was started in 2006 and the programmes that are carried out are on-going. For each year, a new programme is designed, approved and performed and the results achieved evaluated.</p>	
Targeted Beneficiaries	Policy Focus
<p>General Population <input type="checkbox"/></p> <p>Children <input type="checkbox"/></p> <p>Single-parent Families <input type="checkbox"/></p> <p>Unemployed <input type="checkbox"/></p> <p>Older People <input type="checkbox"/></p>	<p>Social Exclusion <input type="checkbox"/></p> <p>Healthcare <input checked="" type="checkbox"/></p> <p>Long-term Care <input checked="" type="checkbox"/></p> <p>Governance <input checked="" type="checkbox"/></p>

Young People <input type="checkbox"/> People with disabilities <input type="checkbox"/> Immigrants / Refugees <input type="checkbox"/> Ethnic Minorities <input type="checkbox"/> Homeless <input type="checkbox"/> Specific Illness/disease <input type="checkbox"/> Other [Please specify:] <input checked="" type="checkbox"/> Managers in the Ministry for Social Policy - Health, Elderly and Community Care divisions	<table border="1"> <tr> <th colspan="2">Geographical Scope</th> </tr> <tr> <td>National</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Regional</td> <td><input type="checkbox"/></td> </tr> <tr> <th colspan="2">Implementing Body</th> </tr> <tr> <td colspan="2">Ministry for Social Policy - Health, Elderly and Community Care divisions</td> </tr> </table>	Geographical Scope		National	<input checked="" type="checkbox"/>	Regional	<input type="checkbox"/>	Implementing Body		Ministry for Social Policy - Health, Elderly and Community Care divisions	
Geographical Scope											
National	<input checked="" type="checkbox"/>										
Regional	<input type="checkbox"/>										
Implementing Body											
Ministry for Social Policy - Health, Elderly and Community Care divisions											
Context/Background to the Initiative											
<p>A paradigm shift which aims to strategically align the above-mentioned four divisions is needed to equip them with 21st century management and leadership concepts. These concepts are applicable to the whole public health care sector. This is being done by focusing predominantly on helping and supporting all management staff to gradually address their own management and leadership skills, work values and time applications according to their levels of authority, responsibility and accountability. To address these needs, the management has been divided into 3 broad levels and offered a variety of training and learning opportunities which directly and positively reinforce this effort.</p> <p>A. Level 1 management: first line health care managers across the four divisions (managers that nearest to the patient)</p> <p>B. Level 2 management: managers occupy positions of responsibilities in the range of top first line to initial top management. These include assistant directors, senior principals and service managers, and specialist and practice development nurses and midwives</p> <p>C. Level 3 management: top management within the four divisions including the administrative directors, the four Chief Executive Officers, four Directors General, and the Permanent Secretary.</p>											
Details of the Initiative											
<p>1. What is/was the timescale for implementing the initiative?</p> <p>This initiative was started in 2006 and the programmes that are carried out are on-going. For each year, a new programme is designed for each of the 3 levels of management mentioned above. It is then approved by the Permanent Secretary and funding is assigned for each of the initiatives. These initiatives are coordinated by a consultant clinical psychologist and a leading local expert in management (bringing in a lot of experience from the private business sector). These events are regularly evaluated using various means including participant questionnaires and interviews.</p>											
<p>2. Specific Objectives</p>											

	To help and support all management staff to gradually address their own management and leadership skills, work values and time applications according to their levels of authority, responsibility and accountability.
3.	How did the initiative address these objectives?
	To address these objectives, the management has been divided into 3 broad levels and offered a variety of training and learning opportunities which directly and positively reinforced the learning needs of each specific level. The format of some of the initiatives were proposed and developed by the participants themselves.
Monitoring and Evaluation	
	How is/was the measure monitored/evaluated?
	These events are regularly evaluated using various means including participant questionnaires and interviews.
Outcomes	
1.	To what extent have the specific objectives been met?
	<p>The participation levels for each of the events that were performed in the 1st 3 years of this programme have always been very high and the interest shown has been remarkable. These initiatives are considered by many as innovative for the local public sector.</p> <p>Results of evaluation exercises show a generally positive assessment of the outcomes by both individual interviewees and also group evaluation sessions. This is confirmed by the frequent demands for 'one off' sessions to focus on a specific sector and particular needs of a specific group of workers.</p>
2.	What obstacles/risks were faced in implementing the initiative?
	The biggest obstacle and challenge faced is time. Finding the time to bring people together is difficult in a small country as Malta where most of the management, especially at top level management, are running small departments but at the same time involved in numerous projects not to mention having to cover numerous responsibilities. The time needed for continuity and consolidation becomes critical in ensuring success of training and development initiatives like coaching and communication. Another risk, reflecting once again the same problem of competent and sufficient human resources is the fact that this initiative is led and coordinated by one person

	only thus making the whole initiative dependent on the movements or availability of one person.
3.	How were these obstacles and risks addressed?
	<p>These risks were addressed through long term planning and an increased involvement of the stakeholders so that different activities could be coordinated more easily and in line with other responsibilities be they local or international. Indirectly, the training and development initiatives also address core management practice such as delegation and team work so that management exploit these avenues to the full. Another factor that has helped is the involvement of a small number of external consultants who have continued to support and help the Ministry address this culture change. This has helped to positively reinforce continuity and consolidation issues.</p>
4.	Were there any unexpected benefits or weaknesses?
	<p>One of the major unexpected benefits that have surfaced over time is linked to succession planning. This initiative that has now been going on for nearly 3 years has generated a certain amount of well deserved pride, respect and trust in management thereby also increasing the sense of appreciation and acknowledgment for people occupying such roles.</p> <p>When it comes to weaknesses, these are directly linked to the risks addressed above and focus on the lack of a team of dedicated and competent specialist people working within Human Resources or People Management who can truly understand the needs, dynamics and systems involved in individuals and teams that are leading and managing the Maltese national public health care services with all its resources and citizens who are dependent on it.</p>