



Report on the social inclusion and social protection of disabled people in European countries

Country: Malta

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Background:

The [Academic Network of European Disability experts](#) (ANED) was established by the European Commission in 2008 to provide scientific support and advice for its disability policy Unit. In particular, the activities of the Network will support the future development of the EU Disability Action Plan and practical implementation of the United Nations Convention on the Rights of Disabled People.

This country report has been prepared as input for the *Thematic report on the implementation of EU Social Inclusion and Social Protection Strategies in European countries with reference to equality for disabled people*.

The purpose of the report ([Terms of Reference](#)) is to review national implementation of the open method of coordination in Social inclusion and social protection, and in particular the National Strategic Reports of member states from a disability equality perspective, and to provide the Commission with useful evidence in supporting disability policy mainstreaming.



PART ONE: SOCIAL INCLUSION PLANS (GENERAL)

1.1 Please describe how and where disabled people are included in your country's published plans for social inclusion and protection?

The interests of disabled people in Malta's National Policy feature throughout major policy documents, including the National Minimum Curriculum, the National Reform Programme, the National Report on Strategies for Social Protection and Social Inclusion and the Operational Programmes for the European Regional Development Fund. These funds can be used for projects aimed at increasing the participation of disabled people in society, especially the labour market. Moreover, the Equal Opportunities (Persons with a Disability) Act (2000) enshrines the rights of disabled people. The inclusive education system and the move towards community residential and day services, further reinforced efforts for the social inclusion of disabled people and the protection of their rights also encourage social inclusion of disabled people.

The National Minimum Curriculum (1999) is the most significant proof of mainstreaming in the context of educational policy. This is due to the fact that for the first time, disability issues and measures to celebrate the diversity of disabled individuals was included in a mainstream educational curriculum which was aimed at providing schools with the basic values and principles which schools at primary and secondary level should gear to. In this sense, the NMC set disabled people on par with issues related to gender, race, ethnic origins or different faiths and beliefs.

The National Reform Programme (2005) does not make explicit reference to disabled people when referring to education, employment or training. However, it emphasizes the need to sustain commitment to the National Minimum Curriculum (1999), which includes direct reference to valuing disabled children within the school curriculum. However, direct reference to disabled people is made when it comes to access to information communication technology (ICT) as the report notes that disabled people remain the lowest group of people making use of information technology.

The National Report on Strategies for Social Protection and Social Inclusion 2006 - 2008 contains descriptions of various measures and programmes currently being implemented on a national policy level with specific regard to disabled people. Indeed, aims, which have a particular reference to disabled people, are in the areas of education, employment, rehabilitation and rights. The same report refers to projects currently being implemented in the areas of inclusion of disabled people in the labour market, better educational services, housing and independent living. It is significant that the areas of 'disability' and 'mental health' were treated as separate areas of concern throughout the NAP which is indicative of the tendency of policymakers to deal with mental health system users apart from other disabled people.

The Operational Programme 1 (OP1), with the theme of 'Investing in Competitiveness for a Better Quality of Life', also highlights the need for increasing access to ICT, especially the Internet, for disabled people and other groups. In addition, it suggests that a programme of urban development be considered to replace buildings that cannot be restored. The OP1 highlights the need for any new developments to be accessible to ensure longer use. More importantly, it refers to the possibility of providing advice, information and training in aspects of independent living, such as mobility and assistive technology. In fact, this year (2008), KNPD obtained funding from the ERDF for the construction and equipping of an independent living centre, which, for the time being at least, will focus mainly on services for people with mobility impairments.

Operational Programme 2(OP2), aims at 'Empowering People for more jobs and a better quality of life' emphasizes the low presence of disabled people within the labour market and highlights the need for action in this area. Moreover, the OP2 notes that disabled people are also highly under-represented in higher education. The report also stresses the importance of ensuring mental health system users are better included within work.



This report recognises the fact that human resources are very important to a country with limited natural resources like Malta and stresses the importance of investing in programmes that can include socially excluded groups, including disabled people. In addition, the report affirms the principle of non-discrimination with specific reference to job creation and personal development.

1.2 In reality, what major actions have your country taken and what are the positive or negative effects on disabled people? (Policy or practical examples)

As discussed earlier, the Equal Opportunities (Persons with a Disability) Act had an effect on other policy areas. By asserting the right to equal opportunities and treatment of disabled people in education, employment, leisure, access to transport and services, the built environment and housing; disabled people's rights could feature more prominently when developing mainstream policy. In addition, the National Commission Persons with Disability or the Kummissjoni Nazżjonali Persuni b'Dizabilità has now a legal claim to take action if there is a case of discrimination against disabled people on the basis of their disability. In order to assist disabled people when they feel that they have been discriminated against, the KNPD set up an Equal Opportunities Compliance Unit (EOCU) to receive complaints and take appropriate legal action if required. Although the EOCU has achieved effective results in matters related to discrimination in physical access, disabled people made relatively few complaints when it comes to education and employment.

Despite these shortcomings, the EOA (2000) consolidated previous initiatives started in 1994 to include disabled children into mainstream education by pushing state schools and later private schools to become accessible both structurally and in terms of providing accessible and support in educational services. The provisions made it possible for disability issues to feature in the planning of future schools spearheaded by the Foundation for Tomorrow's Schools (FTS) in 2001 set out with the aim to ensure that future state schools are long-lasting and offer the best possible educational services and environments. Efforts for better educational options was also carried out following the establishment of the Foundation for Information Technology Accessibility (FITA) which ensured information and communication technology are accessible to all whilst providing training to disabled people if required. Initiatives to ensure that disabled people are given the opportunity to pursue further studies have been taken up with the adoption of measures to provide equal opportunities when it comes to sitting for examinations by the publication of the guidelines for special educational arrangements (1998) which made it possible for certain disabled people to acquire certification for entry into post-secondary institutions or into work. The University of Malta also set up a support service for disabled students and in 2007 issued a publication entitled "The University of Malta and Students with Disability" to describe what support or services are available for disabled students. Moreover, other post-secondary institutions providing education are expected to provide equal opportunities to disabled people.

All these initiatives made education more accessible to disabled people. In this sense, disabled children who would have been segregated in the past now have the opportunity to learn in mainstream schools. However, there are practical problems that still need to be addressed. For instance, although measures to provide physical access to every school are underway, the process is sometimes too long and may span for years – when disabled children leave their school. Moreover, there are issues regarding the inclusion of children with high complex needs, such as children with challenging behaviour within mainstream education due to lack of specialised learning support assistants. Indeed, a review published in 2005 called the Inclusive and Special Education Review (2005) highlighted the need for reforms such as better training of staff and lamented that disabled people are still facing great problems after they leave school or seek employment. Furthermore, we should note that there are not enough qualified Braille instructors or sign language interpreters in schools or other educational institutions. Moreover there exists a black hole in post-secondary provision for intellectually disabled people.



Therefore, it is not surprising that the presence of disabled people who are pursuing further studies remain significantly low as demonstrated by Census 2005 figures on people aged 15 and over. Indeed, only 1274 (5.6%) disabled people attended post-secondary level compared to 45097 (14.4%) of non-disabled people. Unfortunately, the figures related to tertiary level are equally worrying as only 992 (4.4%) disabled people, compared to 31172 (10%) non-disabled people, reported they were attending tertiary education. It is also worrying that 2215 (9.8%) reported that they received no schooling, compared to 5886 (1.9%) among the non-disabled population. Finally, a huge amount of disabled people reported having no qualification whatsoever, with 17884 (79.3%) stating this compared to 173185 (55.3%) within the non-disabled respondents (Source: NSO CENSUS 2005).

In the context of employment, disabled people could now benefit from schemes offered by the government agency related to employment, the Employment and Training Corporation (ETC) to better access employment. Services offered by ETC include support on the place of work and financial assistance to employers who recruit disabled employees. ETC has also successfully helped in finding employment for a number of severely disabled people in 2006 (NAP 2008). Despite these successes and the establishment of a disability work register to help in offering guidance and counselling to disabled job seekers, figures still indicate a low presence of disabled people in employment. This is evidenced by the Census 2005 figures, which revealed that compared to the 150188 (48%) non-disabled people employed, only 3295 (14.6%) disabled people were employed. In addition, 4370 (19.4%) of disabled people reported they could not work because of disability or illness. Interestingly, 3410 (1.1%) non-disabled people reported that they could not work due to disability and illness (Source: NSO CENSUS 2005). This might indicate that actual figures of inactivity in employment may be actually higher for disabled people than those reported, as individuals may not identify themselves as 'disabled'.

In terms of access to the built environment, the Malta Environmental and Planning Authority (MEPA), the government authority taking care of building and development, gave KNPD the role of advisor when it comes to issuing permits to new building or to existing buildings that require restructuring or change of use. In relation to this, KNPD issued its Access for All Guidelines (2000) – amended in 2005 – to make architects and developers aware of their legal requirements in respect to buildings. The Test of Reasonableness board set up in 2003 started looking at development plans to determine whether they were accessible to all or not. Failure to comply to access guidelines would mean that a permit is not issued unless reasonable financial or technical reasons are put forward against making the place accessible. Then again, it should be noted that at the point of writing, plans arrive for review at the KNPD's test of reasonableness board at the discretion of the MEPA authority. On the other hand, plans pertaining to educational, medical, and places offering public services are amongst the buildings that are required to comply with Access for ALL guidelines. Arguably, the step to increase the number of accessible buildings is positive but the fact that many buildings are still inaccessible and that regulations do not extend to other features of the built environment (such as pavements), means that inaccessibility is still a problem for disabled people.

As far as people with mental health problems are concerned, government policy is to provide services to people with mental health problems in the community with institutional care used as a last resort. In terms of law and policy, Malta revised its Mental Health Act and in 2005 established the Commission for Mental Health Reform, which aims to increase awareness about mental health and decrease stigma associated with mental health problems. Many efforts to include people with mental health problems are underway in education, employment and community living. Although the mental institution has undergone restructuring, the push is towards more community-based support. The government offers support to people with mental health difficulties through the agency Appogg, which amongst other services offers social work services. However, government emphasizes the role of NGOs in this sector. Indeed, both the Mental Health Association and the Richmond Foundation are instrumental in increasing public awareness about mental health and in providing services to mental health system users. Amongst the initiatives for this group, we find supported employment schemes and residential houses for people



with mental health problems within the community. An educational campaign aimed at schoolchildren was also carried out to raise awareness. In spite of this, the stigma associated with mental health is still relatively strong in Maltese culture. People with mental health difficulties are still misrepresented in media.

According to Census 2005 figures, the number of people with mental health issues constituted 1912 (8%) of the total disabled population. The largest number of people belonging to this group are found in the following age groups: 50 to 59- 604 (32%); 40 to 49 - 375 (20%) and 60 to 69- 230 (12%). This group is least represented in the age range of 0 to 29 and in people over 90 years of age. Although this indicates that mental health issues seem to appear later on in life, it is interesting to note that people between ages 30 to 39 constitute 169 (8%) in this category which might suggest that the numbers may increase as individuals enter adulthood.

The greatest number of individuals with mental health issues are males with 1039 (54.3%) compared to 873 (45.7%) females. The NSO Census also reveals the following facts

- 41.5% or 793 in this category stated they were married but it is interesting to note that 754 (39.4%) were separated.
- A large number of people with mental health issues only reached primary level with 721 (38.9%) declaring this. This was followed by secondary level with 712 (38.4%) stating it was their highest level achieved whilst 145 (7.8%) of the respondents had received no schooling.
- 40.2% or 745 individuals declared they cannot work because of disability/illness. Given that a large number of people with mental health issues were over 40, we find that 499 (26.9%) were retired and 283 (15.3%) stated they were taking care of family or house. Only 153 (8.3%) were employed whilst 42 (2.3%) declared they were unemployed.

These figures indicate that people with mental health problems may find it difficult to work in the open market whilst many had received little or no educational opportunities. There may be various reasons for this, including lack of support and assistance to people with mental health issues to be included in all aspects of society. Moreover, the fact that people with mental health conditions face greater problems in other aspects of life (such as marital life) reveals that the impact of this impairment extends far beyond education or employment. Indeed the disabling obstacles faced by people with mental health difficulties are compounded by the negative ideas and stereotypes that exist on mental health problems.

1.3 What is the most recent research about disabled people's equality and social inclusion in your country?

To date, only one study has looked in depth at the way disabled people are being included in Maltese society. The study involved a survey among 599 disabled people registered with KNPD and was produced with the assistance of the National Statistics Office (NSO). The study, entitled "Major Concerns of Persons with Disabilities and their Families" (2004) examined the areas that may have a direct effect on the quality of life of disabled people. The study involved the completion of a questionnaire and disabled people with varying impairments were consulted and provided with support to complete the questionnaire if required. A social model definition of disability informed the survey research.

This study revealed the following concerns:

- A major problem disabled persons reported is related to financial independence. Indeed, it was revealed that most disabled people relied on social security benefits for support whilst a majority do not earn more than the minimum wage. Respondents felt that not only did this limit their choices but they felt more dependent on their families.



Moreover, as the general tendency is for disabled people to require specialised equipment, this placed further limits on their family's expenditure. Finally, it was shown that the pension for disability did not realistically support disabled persons in their everyday lives.

- The family is an important element in the life of disabled people. Many reported that it was a good source of support and assistance. Though this bond with the family was held to be a positive thing, disabled people stated they are prepared to pay for support and assistance to be able to be more independent and less of a 'burden' on their families. Although it was reported that the church and social workers provided support, their services were limited. Moreover, the study revealed that much still needs to be done to balance the financial problems with the cost of services.
- Education is also a key concern for disabled persons. Only a small percentage of disabled people had reached post-secondary and tertiary education, whilst some never attended school. Indeed, most of the problems for participation are caused by the lack of services of support, though children who were currently attending schools were provided by facilitators at the time. Interestingly, disabled people asserted the importance for disabled children to attend regular classrooms and not special schools.
- Disabled people are also concerned about employment. Most of those interviewed did not work, and most of those who did were engaged in elementary or in clerical work. Moreover, disabled people asserted that they had few opportunities for on-the-job training and promotions. Disabled people then expressed the need for more training to be able to perform their job duties and flexible hours when it comes to working times.
- Information and communication technology is another sector that is important for disabled people. Though many disabled people recognised the advantages of using a computer, only a small percentage actually used it. A general need was felt from disabled people to be given the opportunity for training in accessible premises.
- Disabled people still did not feel fully included in their communities. The report showed that many disabled people found it difficult to go out without support meaning that a significant number stayed at home most of the time. Moreover, less than half of disabled people in this study felt that local councils or the church support them. The report suggests that more assistance is needed for disabled people to be fully included, including more accessible structures.
- Health and government services were considered to be fairly adequate. However, disabled people felt that they should be given the right to apply for health insurance as this was often denied from them. Moreover, respondents noted that certain government buildings providing a service were still inaccessible with disabled people having unequal opportunities in applying for services. Disabled people also complained that in certain government departments, it took long to be served.

This study helped in giving some indication of the situation of disabled people and on their inclusion in society. However, given that the sample consisted of a relatively small number of disabled respondents (totalling 599), only very general claims could be made. However, in 2005, the National Statistics Office included reference to disabled people for the first time in its census survey across the Maltese population. Although the data is currently being analysed by KNPD for a report to be published this year, the following trends have been confirmed:

1. The low educational status of disabled people.
2. The high unemployment rate amongst disabled people.
3. The significant levels of poverty and poor living conditions in families with disabled people.
4. The low use of information and communication technology and Internet access amongst disabled people.
5. Significant differences between disabled men and women.



Undoubtedly, more research is needed – especially in areas of employment, education and community living – to explore the current situation of disabled people with particular attention to the problems that they are currently facing. However, research on any area should include a perspective from the side of disabled people if we are to discover ways in which disabled people can be better included in social policy, in the delivery of services and in claiming their rights. Moreover, the close relation between disability and poverty that is being revealed through the Census 2005 data should help in shaping future action to prevent disabled people and their families from falling into poverty.



PART TWO: INCOMES, PENSIONS AND BENEFITS

2.1 Research publications (key points)

The study published in 2003 by Dr Gordon Cordina entitled “The Economic Dimension of Independent Supported Living for People with Disability”, can help us look at the economic situation of disabled people. Even if the focus of Cordina’s study was mainly employment and ways in which disabled people can be encouraged to enter the labour market by reducing their dependence on state benefits, a number of findings relate directly to the financial situation of disabled people and their families.

Cordina notes that:

- Despite representing a significant consumer group, with economic activity two thirds of the general population, the employment rate amongst disabled people was 27% compared to 40% in the general population. Moreover, at the time, 72 of the disabled workforce were male whilst 28 were female. Cordina also notes that although the number of unemployed was 450 (4%) of the general population, these figures were a high 8% when compared to the disabled population. However, the report did not look at how different impairments might pose diverse problems in accessing the labour market.
- Households with disabled family members tended to have lower incomes and are more dependent on social benefits. Although families having disabled family members had similar spending patterns to the rest of the general population, they tended to spend less and save more (possibly due to uncertainty and fear for their children’s future). In addition, the income of these households tended to be 5% less than that of other households (These comparisons were obtained from a study of the household budgetary survey).
- Disabled people do not generally continue with their education and are underrepresented in employment. This is mainly due to the fact that disabled people find lack of support and barriers in pursuing an education. In employment, additional barriers can include low levels of access and negative attitudes of employers.
- Disabled people might be reluctant to enter the labour market because they could lose their benefits in the process with little financial gain in return. Indeed, disabled people receiving a disability pension who find employment paying more than the national minimum wage can lose this permanent benefit whilst investing their time and energy with little financial gain in return.

Cordina proposes that in order to increase the economic participation of disabled people and also encouraging independent living, government should allocate more of its resources towards ensuring disabled people’s autonomy in terms of choices on benefits and services. Whilst Cordina proposes that disabled people who still need benefits should be given a choice to retain these benefits, he argues that investment in independent living would reduce disabled people’s dependence on the welfare system and empowering them in the process. Finally, Cordina acknowledges that efforts towards independent living might incur extra costs for the government in the initial stages. He calculates that the economic gain from such provisions would outweigh any expenses made in the long run.

The Research on the Major Concerns of Disabled People and their Families (2004) provides us with an indication of the financial situation of disabled people and their families. In fact, one of the areas investigated by the survey included financial income.

The survey reveals that disabled people’s level of income is very low. The respondents reported that they earned little or nothing at all. In addition, the survey revealed that families with disabled family members tended to spend less than other families. This is mainly due to the fact that families of disabled people tend to have higher financial costs related to impairment.



Moreover, the survey shows that such families are also greatly dependent on social benefits and on welfare provision.

In addition, the survey revealed that poverty and low income of disabled women was greater than that of disabled men. Preliminary analysis of the Census 2005 data indicate that disabled women have a greater chance of falling into poverty and earning less than disabled men since they tend to have less access to education or employment.

Unfortunately, the Census 2005 did not look into the income patterns of the Maltese population or into the financial perspective of the population. In other words, no data on the income of disabled people exists. However, the indications stated above suggest that disabled women may have lower access to educational or employment opportunities and to lower income and standard of living. However, the financial income and the living standard of disabled and non-disabled people remains an area in which more research needs to be carried out. Similarly, given the low employment rate of disabled people, it is crucial for research to find reasons why this might be happening and offer propositions for future policy.

2.2 Type and level of benefits (key points and examples)

Two main social security provisions concern disability:

- Invalidity Pension
- Disability Pension

The invalidity pension is a contributory pension. The contributory system assumes that an employed person pays part of the income through the amount s/he earns during employment. The invalidity pension is awarded to people who have worked and who cannot perform further full-time or part-time work due to permanent disability.

The rate of the invalidity pension varies according to the individual. Due to the large number of claims being made for invalidity benefits, the government revised the procedure to claim this benefit and now applicants must bring extensive medical evidence to their eligibility, which are brought forward to a medical board.

According to the 2007 NSO “Malta in Figures” report, there were 7307 people on this benefit in 2006. However, the figure for 2008 should be lower given the new procedures for eligibility. In the period of Jan – Mar 2008, according to the NSO figures for government expenditure, the state was paying €6910k in national minimum invalidity pensions or a decrease of €156000 in respect of figures for Jan – Mar 2007 (NSO 2008).

The disability pension is awarded to disabled people who are Maltese citizens over the age of 18 who qualify under provisions in the Social Security Act. The amount of the disability pension falls in the range of €338. Unlike the invalidity pension, this pension is non-contributory.

In the same report cited earlier, the amount of people receiving this benefit stood at 2194 in 2006 (nso 2007). During the period Jan – Mar 2008, state was paying €2292 in disability pension – an increase of €167000 in respect of Jan – Mar 2007 (NSO 2008).

2.3 Policy and practice (summary)

To date, the Social Security Act is the only provision that directly relates to disabled people. The social security system in Malta is based on a welfare system. People of working age pay an amount of money for National Insurance and the money collected is used to finance both contributory and non-contributory state benefits.



The criterion by which the SSA defines someone who is entitled to receive benefits related to disability is the following:

“... ‘Severely disabled person’ means a person who still has a reasonable expectancy of life and who is incapable of supporting himself through full-time employment or self-occupation, or who will be rendered so incapable when of age to do so, owing to a permanent disability...”

In this article, the SSA lists a number of medical conditions that will qualify individual or family members to receive state benefits related to disability. Amongst the benefits family members can apply for the SSA lists a ‘carer’s pension’ and the ‘disabled child allowance’.

In addition, the criterion that defines ‘disability’ is also used to assess eligibility for both a disability pension and for the invalidity pension. The only difference being that the disability pension does not preclude any amount of contributions to the National Insurance.

In this sense, the disability pension is awarded to any Maltese citizen over the age of 18 who satisfies the criteria of disability stated by the SSA. However, the disability pension is given on condition that, if a disabled person is in employment, his/her weekly earnings do not exceed the amount set by the National Minimum Wage.

However, recent amendments to the SSA were geared to encourage the employment of disabled people and to encourage more independent living of disabled people. Two measures that came into effect, in 2008 indicate this trend:

- Employers employing a severely disabled person (as defined by the Act) or a visually impaired person will have any social security contributions made refunded for the first 156 weeks of employment.
- Severely disabled people who employ a “carer” will have part of their social security contributions refunded. In effect, this means that severely disabled people who employ a carer will be exempt by the State from paying part of the social security contributions for the employed carer.

It should be noted that the SSA lists two pensions related to disability: the disability pension and the pension for the visually impaired (SSA/part V). The main difference between the two is that the pension for the visually impaired can be awarded to Maltese citizens aged 14 or over on condition that their weekly earnings do not exceed those of the National Minimum Wage.

Due to abuses of the invalidity benefit, government introduced stricter measures to curb abuse. These include:

- The applicant is required to fill in the application forms as before, but the applicant’s GP now has to fill in more detailed information on the medical reasons why the applicant cannot perform part-time or fulltime work whilst the applicant must make his/her case for receiving such a benefit.
- The beneficiaries’ claim to this benefit are to be reviewed every 3 to 4 years when they have to re-submit new medical evidence.
- The requests are reviewed by a team of medical practitioners who advise the director of social security on the merits of each claim.
- The introduction of impairment tables to be used by the medical review panel to assess whether the claims are justified or not and to establish conformity in awarding invalidity benefits.
- The establishment of a medical audit team to assess whether the benefit was awarded justly or not and whether a claim was rejected unfairly.



In addition, before the assessment process starts, the new regulation establishes 3 months where the claimant must submit evidence of not having worked. (Source: MISSOC 2006)

Moreover, as noted already, eligibility of an invalidity pension assumes that the claimant has paid a minimum number of contributions to the National Insurance as set out by Article 17 of the SSA.



SECTION THREE: CARE AND SUPPORT

3.1 Recent research publications (key points)

Except for the study by Cordina (2003) cited earlier, the current support services or institutional care being provided have not been subject to any study to date. Indeed, the report commissioned for the European Union on “De-Institutionalisation and Community Living: Outcomes and Costs (Volume III)” (2007) notes the difficulties in obtaining data to give an overview of the system of support and care in Malta. Moreover, the report noted that data from service agencies or NGOs providing services was, at best, incomplete and, in many cases completely absent or outdated.

This fact indicates that research on the effectiveness of current service provision offered by personal assistance schemes or those currently given within institutional settings is absent. In this respect, it is difficult to assess the level of social inclusion that services in the community, for example, might offer because neither qualitative nor quantitative research studies exist to help us draw any conclusions. It must also be noted that the dominant approach in the field of research vis-à-vis disability remains vastly positivistic and empiricist in its approach.

Consequently, we can note a definite lack of research into whether systems that aim to include disabled people within the community are actually achieving the results desired. Moreover, with no available research data, especially data from qualitative research, it is difficult to assess why certain schemes, like personal assistance, may not be delivering and on what can be done to improve the current schemes being employed.

3.2 Types of care and support (key points and examples)

Malta has moved from institutional approaches to disabled people towards more community-based services. However, the amount of disabled people living in institutions according to Census 2005 figures is still significantly high with 2808 (11.8%) amongst disabled people reported as living in an institutional residence.

Indeed, there are a number of large institutions providing care to disabled people. Three examples of large institutions include:

- Mt. Carmel Hospital – providing psychiatric care to people with mental health issues. However, it is also used to house people with an intellectual impairment or challenging behaviour.
- Dar tal-Providenza – a church-run institution providing a mixture of medical and spiritual support to people with severe disabilities and people with complex needs.
- St. Vincent de Paule – an institution housing elderly people, including disabled residents.

Reports such as that commissioned by the EU Commission “De-Institutionalisation and Community Living” (2007) noted that the services offered by Mt. Carmel Hospital fall short in providing adequate psychiatric care and, more worryingly, that the institution follows a routine that does not give residents a chance to exercise autonomy or choice during their stay. However, this mental health hospital has since undergone refurbishment and the goal of current policy is to integrate as many residents back in the community and reducing the stay at this mental institution. This goal is aided by the NGO Richmond Foundation (RF), which offers a number of people with mental health issue a chance to live in a halfway house (Villa Chelsea). Apart from this, RF also assists the inclusion of people with mental health problems within the community by providing support in residential houses and in employment rehabilitation.



Schemes have also been set up to assist other disabled people to remain living in the community. These schemes are being implemented by Agenzija Sapport, a government agency which provides personal assistance and necessary support to disabled people and their families. Indeed, thanks to work carried out by this agency, disabled people with a wide range of impairments can continue living in the community either in small residential homes or by making the use of the services offered in their own homes. However, demand for these services exceeds supply and disabled people are being given incentives to employ their own 'carers' through the SSA provisions that exempt them from paying the National Insurance for their personal assistants.

On the other hand, the provision of institutional and community care in Malta are not restricted to state services. Indeed, the "Dar tal-Providenza" referred to below is a good example of a church-run institution. The residential institution merges faith with medical provision. The church also provides disabled people with small residences around Malta, which often couple religious practice with medical approaches. In this sense, both the church and the private sector offer services of small residential houses or community care that complement the services offered by the state. Although church services are provided for free, private services usually come at a cost. The church and NGOs also provide respite care to disabled people and their families.

In respect to medical care, Malta has a free health system with contributions being paid for by National Insurance. Disabled people with certain medical conditions may also benefit from free medicines. However, representatives of mental health system users in particular have complained that certain costly medicines used for a wide range of mental health conditions (like bipolar disorder) are not covered by this provision.

In relation to transport, measures to make public transport accessible have been underway since 1996. In an effort to make public transport more accessible, governments requested the Malta Transport Authority (MTA) to start replacing its fleet of inaccessible buses with accessible buses. Although around 100 such buses were purchased helped through government subsidy, the MTA requested a higher amount of subsidy and at the time of writing, no new accessible buses were purchased and no progress has been made on this matter. Therefore, many disabled people cannot rely on public transport to fulfil their transport needs and many make use, if available, of services provided through private companies with trips during working hours being partially subsidised by the government. However, demands for this service outstrip supply and there is a waiting list to make use of this service.

Housing is another area in which disabled people are included. The Housing Authority (HA), the state agency active in this sector, provides a wide range of benefits and services to disabled people and other disadvantaged groups, including single parents and elderly people. Disabled people are included in schemes aimed at restructuring property needing repair. In addition, the HA allocates 10% of new allocation schemes for disabled people. Apart from this, the HA also offers subsidy on rents which are not means-tested and a subsidy on loans for disadvantaged groups (including disabled people). However, in relation to subsidy on loans, financial assistance is given on condition that the bank approves the loan. On the other hand, the age at which disabled people can apply for such a subsidy is set to 18 and not 20 as in the case of other groups. The HA has also schemes that are directly related to disabled people, such as Schemes V and VII, that are aimed at providing financial assistance for existing buildings in which a disabled person resides to be made more accessible.

Although no official statistics relating to the success or not of these schemes exists, there is demand for such schemes. Additionally, given that disabled people are often included together with other disadvantaged people (as is the case for subsidy requests), it is difficult to make any assessment on the situation of disabled people or their families in this area. Despite this, schemes such as the loan subsidy scheme, which relies on bank approval, might restrict disabled people (or their families) who do not earn enough money to get such assistance. Undeniably, the efforts to include disabled people in mainstream housing policy may help in the inclusion of disabled people into their local communities.



The fact that Malta has an aging population has helped push forward the idea of providing more community-based support and services. However, the current system of financial assistance to help disabled people be more independent may be inadequate in providing them with true control over their choices. Even if the state assists disabled people by providing subsidies on certain services and assistive apparatus, they will probably find that their disability pension, for example, is not sufficient for them to live by as revealed by the report on the “Major Concerns of Disabled People and their Families” (2004). Moreover, as noted by Cordina (2003), although households with disabled members have similar spending patterns to those of other families, they tend to spend less money on acquiring goods and services. In this sense, the low income of disabled people invariably leads to a lower quality of life.

In effect, considering the dearth of research on services encouraging social inclusion, it remains impossible to make any claims on the current situation of disabled people’s inclusion through such services. In addition, for us to know whether disabled people feel they have control over their life we must consult disabled people themselves and study the services that exist and how they are impacting on their daily life. Moreover, we need to ask ourselves why the recommendations proposed by Cordina (2003) on independent living have not been implemented or considered at a policy level yet.



PART FOUR: SUMMARY INFORMATION

4.1 Conclusions and recommendations (summary)

The current situation of disabled people in Maltese society is a definite improvement to what existed in the past. Not only are disabled people protected by anti-discrimination legislation but they are also included in a wide range of policy areas. In addition, social protection measures aim to encourage disabled people to be more independent and to enter the labour market. In this sense, disabled people's interests are part of the national agenda and are included in national programmes and initiatives. However, it would be wrong to assume that disabled people have equal access to society or enjoy a good quality of life.

In fact, in spite of all these measures, disabled people are still facing challenges in education, employment and in other areas of life. Whilst state and civil society offer a degree of support to assist disabled people achieve independence, the fact that disabled people and their families still face social exclusion and poor living conditions indicates that we need to take a good look at what may be going wrong and, concurrently, on what is yielding positive results.

In addition, it is evident that there is a serious lack of research in the area of social inclusion and protection in relation to disabled people. Whilst some studies have tackled this issue, the reality remains that, without proper quantitative or qualitative data, we cannot fully assess:

- Whether disabled people (or their families) feel included in society.
- What are the living conditions of disabled people (or their families) and to what degree does disability affect their life situation.
- What effect current services and provisions are having on the quality of life of disabled people, and
- How can active measures and provisions be improved to address the needs of disabled people (or their families).

In effect, this report highlights the strong need for research in this area. At the same time, such research needs to involve disabled people and help empowering them into taking greater control over their life in order to be really transformative and effective in achieving the goals of inclusion and independence. Whilst the data extracted from the NSO Census 2005 can help us understand the areas in which disabled people are facing problems, this information only goes as far as exposing the situation and proposing research themes related to social inclusion or protection. Therefore, it is proposed that research in which disabled people take centre stage is carried out to inform policy that truly promotes social inclusion and protects disabled people (or their families) from poverty and social isolation.



4.2 One example of best practice (brief details)

As stated earlier, research in this area is seriously lacking. Consequently, we cannot present an example of good practice in this area since no research project has examined the impact of measures and provisions mentioned in this report or tackled the way services or schemes may be impacting on the lives of disabled people.



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