



European Social
Policy Analysis
Network (ESPAN)

Access for children in need to the key services covered by the European Child Guarantee

Malta

Sue Vella, Edgar Galea Curmi and Andriana Dibben

Social Europe



EUROPEAN COMMISSION

Directorate-General for Employment, Social Affairs and Inclusion
Directorate D — Social Rights and Inclusion
Unit D.2 — Social Protection

Contact: Flaviana Teodosiu

E-mail: flaviana.teodosiu@ec.europa.eu

European Commission
B-1049 Brussels

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Manuscript completed in March 2023

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Luxembourg: Publications Office of the European Union, 2023

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Quoting this report: Vella, S., Galea Curmi, E., & Dibben, A. (2023) *Access for children in need to the key services covered by the European Child Guarantee – Malta*. European Social Policy Analysis Network, Brussels: European Commission.

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Summary

On 14 June 2021, the Council of the European Union adopted a Recommendation establishing a “European Child Guarantee” (ECG), with a view to guaranteeing access to six key services for “children in need”:

- effective and free access to four services: high-quality early childhood education and care (ECEC); education and school-based activities; at least one healthy meal each school day; and healthcare; and
- effective access to two services: healthy nutrition and adequate housing.

The purpose of the present report is to assess the extent to which low-income children in Malta do indeed have effective (or effective and free) access to these services.

Children in Malta benefit from a comprehensive array of free services. However, children from the lowest-income households are not always prioritised, in a context of “work first” eligibility policies such as in free childcare and, effectively, in housing. Benefits are often used as a tool to increase employment (rendering the children of unemployed parents ineligible) and are too low (tied as they are to a slow-growing minimum wage) to purchase many market services. Only children whose parents work or are in full-time study are entitled to free breakfasts and free childcare; any childcare places not taken up by this group are made available to children of jobless parents at free or subsidised rates, depending on income. Access is thus residual for children from the most disadvantaged households, even though they are likely to be most in need of the socio-educational head start offered by high-quality childcare. The national action plan for the ECG envisages the extension of childcare to those children whose parents do not work; no date has yet been set.

Public schooling and transport to and from school are free of charge, as is the use of school textbooks. Free lunches – whether at ECEC or at primary or secondary level education– are only available to low-income children under what is known as “scheme 9”, where eligible households (on social assistance or flagged by social workers) are invited by the Department of Social Security to avail themselves of various items such as free lunches. However, the gap between at-risk-of-poverty (AROP) thresholds and social assistance rates leaves many AROP households uncovered. Scheme 9 is complemented by a modest social fund utilised at the discretion of school heads for children in need. Access to extra-curricular activities such as sports and music incurs only a very small fee, which can be waived in case of need, although the expense of kit and equipment is likely to be prohibitive for poorer households.

In terms of healthcare, children are entitled to almost everything for free, except for prescribed medicines (unless they have a chronic illness or live in households qualifying for social assistance). The main challenges in healthcare are the considerable waiting lists for out-patient appointments for specialist care and for dental treatment. Limited health literacy among low-income families may not be conducive to seeking the best healthcare for children. Healthy nutrition is also a challenge for those on low incomes, given that food prices in Malta are the fifth highest in Europe in 2022, while the minimum wage is practically half that prevailing in more expensive countries.

Lastly, access to affordable housing by children with parents coming onto the housing market in recent years is particularly challenging. The social housing stock is limited, with long (though reducing) waiting lists. Various schemes exist to assist lower-income households to purchase a home, but these require the applicant to be in employment. Rent benefits (though increased) still leave a significantly uncovered portion of housing costs to be met by low-income parents, in a context where house prices and rent levels have risen sharply over the last decade.

Introduction

On 14 June 2021, the EU Member States unanimously adopted the Council Recommendation (EU) 2021/1004 establishing a “European Child Guarantee” (ECG).¹

The objective of the ECG is to offset the impact of poverty on children and to prevent and combat their social exclusion. To this end, it is recommended that Member States guarantee for “children in need” (defined as people **under 18** who are at risk of poverty or social exclusion – AROPE):

- effective and free access to four services: high-quality early childhood education and care (ECEC); education and school-based activities;² at least one healthy meal each school day; and healthcare; and
- effective access to two services: healthy nutrition and adequate housing.

According to the ECG Recommendation, **effective access** means “*a situation in which services are readily available, affordable, accessible, of good quality, provided in a timely manner, and where the potential users are aware of their existence, as well as of entitlements to use them*” (Article 3d). **Effective and free access** means “effective access” to the services, as well as free-of-charge provision – either by organising and supplying such services or by providing “*adequate benefits to cover the costs or the charges of the services, or in such a way that financial circumstances will not pose an obstacle to equal access*” (Article 3e).

The Recommendation directs the Member States to prepare action plans, covering the period until 2030, to explain how they will implement the Recommendation.³ These plans are to be submitted to the European Commission.

The purpose of the present report is to assess the extent to which children AROPE have effective and free access to four of the six services covered by the ECG and effective access to the other two (see above). Given that the eligibility criterion (or criteria) for accessing those services in individual Member States (at national and/or sub-national level, depending on how the service is organised) is/are not based on the EU definition of the risk of poverty or social exclusion,⁴ the report focuses on access for **low-income children** to each of these services, using the national low-income criterion (or criteria) that apply (e.g. having a household income below a certain threshold or receiving the minimum income). Throughout this report, “low-income children” is to be understood as children living in low-income households.

In Malta, all six services covered by the ECG are regulated solely at national level. The report therefore seeks to provide a general picture of the (effective/free) access for low-income children in the country.

¹ The full text of the ECG Recommendation is available at: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv%3AOJ.L_.2021.223.01.0014.01.ENG&toc=OJ%3AL%3A2021%3A223%3ATOC.

² According to the Recommendation (Article 3f), “school-based activities” means “*learning by means of sport, leisure or cultural activities that take place within or outside of regular school hours or are organised by the school community*”.

³ Once they have been submitted to the European Commission, the plans are made publicly available online at: <https://ec.europa.eu/social/main.jsp?catId=1428&langId=en>.

⁴ According to the EU definition, children are AROPE if they live in a household that is at risk of poverty (below 60% of median income; hereafter AROP) and/or severely materially and socially deprived, and/or (quasi-)jobless. For the detailed definition of this indicator and all other EU social indicators agreed to date, see: <https://ec.europa.eu/social/main.jsp?catId=756&langId=en>. In 2021, EU Member States agreed a target to be reached by 2030: a reduction in the number of people AROPE in the EU by at least 15 million, including at least **5 million children**.

The report is structured by service:

- effective and free access to high-quality ECEC;
- effective and free access to education and school-based activities;
- effective and free access to at least one healthy meal each school day;
- effective and free access to healthcare (e.g. free regular health examinations and follow-up treatment, and access to medicines, treatments and support);
- effective access to healthy nutrition;⁵ and
- effective access to adequate housing.⁶

1. Early childhood education and care (ECEC)

This section describes the situation regarding effective and free access for low-income children to ECEC services.

1.1 Mapping accessibility and affordability of ECEC

To place the forthcoming sections in context, free childcare in Malta was introduced in 2014 and is now in its tenth year of operation. The number of children under 3 benefiting from the scheme has increased steadily, more than doubling since its inception (see Table A1.1 in Annex). The services are provided through registered and regulated privately run childcare centres and a smaller number of publicly run childcare services. There were 166 childcare centres registered in 2022 (Parliament of Malta, 2022a), 13 of which were public ones operated by the Foundation for Educational Services (FES). Childcare educators must be qualified at Malta qualifications framework (MQF) level 4, and childcare managers at MQF level 5. Accessibility for all is the first goal of Malta's ECEC policy framework – followed by a professional workforce, a well designed learning environment, and collaboration with families (Ministry for Education, 2021a).

Entitlement to free childcare stops when children become eligible for kindergarten. Public kindergartens and church school kindergartens are free of charge, with church school kindergartens being financed by public funds and supported by parents' donations. There are two intakes to public kindergartens each year: in October for children who will turn 3 by the end of the year, and in February for children who will turn 3 by the following April. Admission to church school kindergartens takes place in line with Church regulations. Church kindergartens have a number of mainstream places and a number of "serious case" places, including children who need learning support, children under care orders, and asylum-seekers. Applications are submitted online and a one-time administrative fee of €25 is charged. A ballot is held and streamed online, in the presence of a notary to certify the process, resulting in a rank order of applicants; the results are published on the Church's website (Archdiocese of Malta, n.d.).

⁵ According to the Recommendation (Article 3g), "healthy meal" or "healthy nutrition" means "*a balanced meal consumption, which provides children with nutrients necessary for their physical and mental development and for physical activity that complies with their physiological needs*".

⁶ According to the Recommendation (Article 3h), "adequate housing" means "*a dwelling that meets the current national technical standards, is in a reasonable state of repair, provides a reasonable degree of thermal comfort, and is available and accessible at an affordable cost*".

In the 2020/2021 school year (latest data available), 72.5% of the children in kindergartens were enrolled in public kindergartens while 10.3% were enrolled in church school kindergartens; the remaining 17.2% were enrolled in private fee-paying kindergartens (National Statistics Office, 2022).

Table 1.1: Accessibility and affordability of ECEC

Childcare (usually under age 3)		Pre-school setting (usually age 3 to compulsory school age)	
Accessibility	Affordability	Accessibility	Affordability
ENT-ALL3months	FREE-ALL3months	ENT-ALL3years	FREE-ALL3years

Note: "ENT-ALLxxx" means a legal entitlement for all children from the age of xxx. "FREE-ALLxxx" means free for all children from the age of xxx. If the information differs between centre-based and home-based care, the information provided applies to centre-based care.

Access to childcare under the free childcare scheme is an administrative and not a legal entitlement. Although in Table 1.1, "ALL" has been indicated in both the accessibility and affordability columns (irrespective of parental income), it must be noted that free childcare is only available for those children whose parents/guardians are in employment or are pursuing a recognised educational programme. Eligibility is irrespective of nationality and includes the children of third-country nationals with a valid residence permit and migrants who have asylum protection issued from Malta. Eligibility is also extended to parents whose lack of employment is due to terminal illness. Children of unemployed parents, or parents on parental leave or career break leave, are not eligible under this scheme at the time of writing (Jobsplus, 2022).

That said, the 12 publicly run childcare centres do offer a limited subsidised service to children who are not eligible for the free childcare scheme, but only if places are available after the demand by working parents is satisfied. These limited places are free for low-income children whose family's gross total annual income is less than €10,000; for children in households where gross annual income exceeds €10,000, monthly fees range from €40 to €150, according to the total family income and the average number of days per week on which the service is used. In addition, applications from social workers for free childcare services on behalf of vulnerable children from families with serious health, mental health and social difficulties are considered on an individual basis by the Foundation's Social Cases Board.

No administrative data are available on the utilisation of the services by low-income children; given that the free childcare scheme is not means-tested, such information is not captured.

Since the introduction of the free childcare scheme in April 2014, the hours of care to which children are entitled has always been calculated as the maximum number of hours worked by the parents plus 20 hours each month, to allow for commuting time. To allow for unforeseen exigencies, 10% of the working hours for the month are also added. Officially, the free childcare scheme also caters for the provision of services at night and during weekends. However, this provision depends on the supply of such services by the private childcare centres, which is rarely the case (further discussed in Section 1.2.2).

The free childcare scheme was primarily aimed at activating and increasing female participation in the local labour market (Sollars, 2020). Since its introduction, a significant upward trend in female employment has been registered year-on-year. In 2022, the minister responsible for education cited a World Bank study that attributed a 4.4 percentage point (p.p.) increase in the female share of total employment between 2013 and 2020 to free childcare (Grima, 2022).

In respect of kindergarten services, low-income children can access public kindergartens located in most towns and villages, most of which are attached to the public primary schools. Alternatively, they may enroll in a church school kindergarten if successful in a ballot following

an application by their parents. All children benefit from free transport (financed by public funds) to and from kindergartens.

All children eligible for kindergarten may also make use of an after-school programme, *Klabb 3-16*, provided to children aged 3-16. This national programme, run by the FES throughout the academic year, caters for children from the time school ends until 18:00 hours, subject to demand. During school holidays, a 07:00 to 17:30 hours programme caters for children whose parents are in employment or on a registered education or training programme. The programme is offered at 30 public primary schools at a highly subsidised fee of €0.80 per hour. Parents buy packages of hours ranging from 10 to 150 hours, which they can use with a degree of flexibility (as long as they inform the respective centre co-ordinator at least one day in advance if not making use of the service).

The new “national policy framework for early childhood education and care” (Ministry for Education, 2021a) also covers kindergarten provision and the first two years of compulsory education. In emphasising the move away from a one-size-fits all provision, the national policy framework refers to the importance of “*an integrated ECEC curriculum framework for all children which ensures continuity, smooth transitions, and progression in children’s learning and development across the different ECEC settings starting from home to childcare through kindergarten and early primary*” (p. 15).

1.1.1 Conditions for qualifying as a “low-income child”

Not applicable. The primary qualifying criterion is not low income but the employment or educational status of parents. That said, Malta’s national action plan for the ECG for 2022-23 envisages the extension of free childcare to all children whose parents are not in employment or education (Ministry for Social Policy and Children’s Rights, 2022, p. 50, Table 17). No target date for this extension has yet been publicly announced (Debono, 2021; Xuereb, 2022).

As noted above, at present children whose parents are not eligible for free childcare may (depending on household income) benefit from a free or subsidised service if there are places left after the demand by all working parents is satisfied.

1.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)

Available data indicate that, in 2022, between 59% to 65% of children residing in Malta benefited from the free childcare scheme – an estimate based on the number of children in the scheme as a proportion of the 2021 Census data for the total number of children under age 3 (National Statistics Office, 2021a). This suggests a non-take-up rate of 35-41%, which may be accounted for by: parents who care for their children on a full-time basis; those who use private childcare; or those whose extended family assist with childcare. A small minority of families have live-in child carers, often of foreign nationality.

To qualify for free childcare where the parents are not in work or full-time study, the combined gross annual household income must be below €10,000; that is, 61% of the 2021 AROP threshold for single parents with two children under 14, and 47% of the threshold for couples with two children under 14.⁷ In 2022, 31 children in such households benefited from free childcare services (Foundation for Educational Services, 2023a). Data are not available to calculate either: (a) the number of children under 3 with free access – that is, those whose parents work, study or earn less than the gross amount of €10,000 per annum; or (b) non-take-up of eligible children. However, they are very likely to considerably exceed 31, so the lack of

⁷ Eurostat, EU-SILC [ILC_L101]. Downloaded on 14 December 2022.

free access to childcare among low-income families where parents neither study nor work is likely to be high. There are around 4,000 children under 5 in AROP households;⁸ a very rough estimate of 800 in each year band illustrates that 31 is a negligible proportion of the approximately 2,400 AROP children under 3 (even if a number of these households are eligible for free childcare due to parental employment). No data exist to indicate which social groups these AROP children may belong to, other than the household income criterion.

In the case of children from low-income households whose gross income exceeds €10,000 a year, a subsidised fee schedule is applied depending on the household's total income bracket and the number of days of childcare used per week. Thus, for instance, a single parent on the 2021 AROP threshold would pay a maximum of €90 per month in respect of each child using childcare for five days a week; and a couple on the 2021 AROP threshold would pay a maximum of €150 per month. As stated, there is likely to be a sizeable group of AROP children who are not eligible for free childcare – that is, in households where the combined gross annual income exceeds €10,000 but is under the AROP threshold, and whose parents do not work or study. Once again, given very limited data on children under 3, it is not possible to quantify the number of AROP children who are not eligible, or the groups to which they may belong. Nor is it possible to quantify the number of AROP children who are eligible but do not take up the service, as there is no clear eligibility for this group, but only the very limited possibility of benefiting from a residual place.

No data are available that enable an estimate of the take-up of kindergarten services by low-income children. However, the enrolment of children between age 3 and the compulsory school age of 5 is very high. In 2021, there were 9,843 children aged 3 and 4 in Malta⁹ and 9,316 children in kindergartens (National Statistics Office, 2022a), resulting in a take-up rate of 94.6% for children aged 3-4.

1.2 Main barriers to effective and free access to ECEC for low-income children

1.2.1 Financial barriers

There are no known studies that focus on access to free childcare by those children who are likely to be at the greatest disadvantage – that is, whose parents are out of employment and, if eligible, on social benefits. The rationale for free childcare, as noted, was to encourage female employment, and probably remains so, given that the childcare demand of working parents must be satisfied before even subsidised places are offered to children whose parents do not work. Until such time as the commitment in the national action plan to extend free childcare to all children irrespective of their parents' labour market status is implemented, disadvantaged children will be deprived of an opportunity for a much needed educational head start.

The *Klabb 3-16* programme serving kindergartens in the hours between the closure of their kindergarten and 18:00 hours is given in return for a fee of €0.80 per hour. Although this fee is heavily subsidised, low-income children making daily use of the four-hour programme can incur a substantial cumulative expense, especially during the periods when this programme is utilised for the full day (during school/kindergarten holidays). Low-income children can benefit from further subsidies ranging from 75% of the fees (for households with a gross annual income below €10,000) to 30% of the fees (for households with a gross annual income ranging

⁸ Eurostat. EU-SILC [ILC_LI02]. Downloaded on 20 December 2022.

⁹ Eurostat. Population and social conditions [DEMO_PJAN]. Downloaded on 22 February 2023

from €14,501 to €16,500). There are other conditions attached to these subsidies, namely that parents are employed or in a recognised education programme, or that the children are identified as having complex family health, mental health or social difficulties (Parliament of Malta, 2018).

1.2.2 Non-financial barriers

First, availability of childcare services outside normal working hours is limited. Operational hours in publicly run childcare centres are from 07:30 to 16:00 hours (Foundation for Educational Services, n.d.), making it difficult for people working regular office hours until 17:00 to utilise the service. That said, six of the 13 public childcare centres have extended their hours to 06:00-18:00 (Foundation for Educational Services, 2023b). Night childcare service provision has been regulated by new national standards (Ministry for Education, 2021b). Even though the free childcare scheme provides for services in case of night-shift and weekend work, in practice such provision depends on the opening hours set by the private childcare centres, which are currently extremely limited. Though some centres advertise a 24/7 service, their listed opening hours are at best 06:00-18:00 hours. Given the marginal demand for such services, it remains to be seen whether a sustainable supply will develop within the existing financing and policy regime for the centre-based free childcare services by private operators during nights and weekends.

Second, in respect of low-income children whose parents are not in work or study, these may benefit under certain conditions from the childcare services operated by the FES, offered against payment but with a means-tested subsidy (Ministry for Social Policy and Children's Rights, 2022). However, there are only 13 such centres in Malta. As already noted, the government has stated its intention to extend free childcare even to those children whose parents neither work nor study. Local experts have long held the position that universal childcare is necessary to mitigate inequality and inter-generational poverty, and that the current eligibility criteria may be excluding some of the most vulnerable children (Debono, 2021).

Third, some administrative policies and waiting lists may act as further barriers to low-income children in vulnerable situations. Community social workers interviewed about their practical experience emphasised the positive value of childcare for vulnerable children, yet identified waiting lists and restrictive policies as a major limiting factor for children who are not eligible for the free childcare scheme (Mercieca, 2021). Placement availability in public childcare centres is limited, giving rise to waiting lists. Mercieca (2021) also identified the following as barriers to vulnerable children accessing childcare: rigid or limited hours of service provision; strict policies concerning the minimum number of hours to be eligible for free childcare; and the inconvenient location of these centres.

Fourth, low-income children with severe impairments may experience practical difficulties in accessing and making use of free childcare services when the services are not capable of meeting their needs. Buttigieg (as cited in Arena, 2022) highlighted the general inadequacy of childcare services to provide specialised care for children with severe impairments. While the national standards stipulate that all service-providers must ensure equitable access irrespective of children's needs, the national policy framework recognises the need for "*sustained financial investment to support access for disadvantaged groups, particularly children with a disability and those considered to be vulnerable or marginalised*" (Ministry for Education, 2021a, p. 19). Low-income children with severe impairment are at risk of not being able to access free childcare, either because their support needs may not permit their parents to be in employment or because they may not find a service that meets their needs.

Fifth, the Malta Women's Lobby has reported situations of mothers being dependent on getting the endorsement of an abusive partner for enrolling children in childcare ("Women's Lobby Calls for Change in Law", 2022). This barrier arises from the eligibility criteria stipulating that a

parent claiming sole custody of the child is required to provide legal documentation attesting to the parent's full care and custody of the child. In situations when the separation procedures are not completed, or in shared-custody situations involving a violent or unco-operative partner, the child's access to free childcare may be compromised.

1.3 Free meals provision for low-income children in ECEC

All children in the publicly run childcare centres are provided with a breakfast of cereal and milk. Milk is also provided throughout the day.

Children between 3 and compulsory school age who attend public kindergarten services and whose parents are employed or studying, are entitled to a healthy breakfast through the breakfast club service (discussed in more detail below in Section 3.1). There are no disaggregated data on the use of this service by kindergarten children. The eligibility criteria for this programme exclude children whose parents are neither in employment nor on a recognised training or education programme.

Under scheme 9, outlined in Section 2.1 below, low-income children from both public and church kindergartens may benefit from a nutritious school lunch. Eligibility under scheme 9 depends on the parents being in receipt of non-contributory (social protection) benefits (see Section 2.1.2 below), or students experiencing deprivation because of serious health, mental health or social difficulties (Parliament of Malta, 2019). These eligibility criteria cover only a small proportion of AROP children, as explained in Section 2.1.2 below. Prior to recent changes to this scheme (Parliament of Malta, 2023a), parents had to choose whether their child would benefit from a free meal or from other free provisions under this scheme, which include uniforms, free lunches, stationery and photocopies, and extra-curricular events of *SkolaSajf* (the public summer school). Only a few parents chose a free meal, possibly reflecting the fact that other provisions such as uniforms represent a greater outlay for parents, at least at a given point in time. It remains to be seen whether take-up of free meals under this scheme will increase with the recent changes that allow parents to choose more than one form of support.

Since 2017, there has been a social fund whereby heads of public schools are allocated a minimum annual budget of €10,000 to ensure that all students in their respective schools are not deprived of basic needs, including food (Parliament of Malta, 2022b). There is no further information or data on the workings of this fund and its effective use to support low-income children enrolled in public kindergartens. A flexible budget at the discretion of the head of school can be an effective tool in meeting nutritional needs of low-income children, to the extent that the school is able to identify and address such needs in an equitable manner.

Section 3 below describes the breakfast club service and scheme 9 in more detail.

2. Education and school-based activities

This section describes the situation regarding effective and free access for low-income children to education and school-based activities.

Section 2.1 maps the main school costs in public primary and secondary education, distinguishing between the following:¹⁰

- compulsory basic school materials (schoolbag, pens, glue, scissors, etc.);

¹⁰ Tuition fees charged by private schools are not covered.

- compulsory school materials (textbooks, school supplies, notebooks, etc.);
- compulsory specific clothing (uniform, sports clothing);
- IT equipment requested by the school;
- sports equipment or musical instruments requested by the school;
- compulsory extramural activities (e.g. school trips, sport, culture) that are part of the curriculum;
- other compulsory fees or costs; and
- transport costs to or from school.

Section 2.2 briefly describes the cash benefits specifically intended to help meet educational costs.

Finally, Section 2.3 seeks to identify the main barriers that prevent low-income children from having effective and free access to “school-based activities” as defined in the Council Recommendation establishing the ECG (see “Introduction” section). Given that the distinction between these activities and some of the activities covered above – especially the “compulsory extramural activities (e.g. school trips, sport, culture) that are part of the curriculum” – may not always be clear-cut, the focus of Section 2.3 is specifically on school-based activities which are not part of the curriculum.

2.1 Mapping the main school costs in public primary and secondary education

To place the forthcoming sections in context, public primary and secondary education are free of charge in Malta (as are post-secondary and tertiary education). Public schools are complemented by church schools (which are subsidised by the state and supplemented by parents’ donations) and independent fee-paying schools.

A commitment to inclusive and equitable educational opportunities for all is set out in a number of education policy documents, including the 2019 policy on inclusive education in schools (Ministry for Education and Employment, 2019). This includes, among other principles, the requirement for schools to have an inclusive orientation to eradicate discrimination, racism and exclusionary practices, and stipulates that learners have the right to equitable access to high-quality education. The document lists six types of diversity that should benefit from this inclusive orientation – one of which is socio-economic diversity, including AROP children.

Table 2.1a: School costs of primary education (free for all/low-income children)

Basic material	Books	Clothing	IT	Sports or music equipment	Extra-mural activities	Other fees or costs	Transport
POOR	ALL	POOR	ALL	NO	POOR	NA	ALL

Note: “ALL” means that this category is free for all children. “POOR” means that it is free for low-income children. “NO” means that most/all items in the category are not free for low-income children. “NA” (not applicable) means that this category is not requested/compulsory in the country.

As noted, primary education in public schools is free of charge for all children, and many costs are covered as indicated in Table 2.1a above. While parents must generally pay for uniforms and basic equipment, scheme 9 was introduced in 2017 to support low-income children aged 3-16, whereby eligible households could avail themselves of one of the following options for free: uniforms, daily lunches, stationery and photocopies, and extra-curricular events of *SkolaSajf* (the public summer school) (Ministry of Finance, 2016). Since late 2022,

beneficiaries under scheme 9 have been able to choose more than one form of support. When the scheme extension was announced, it was acknowledged that some students may need all forms of support, but details as to how this will work, or whether any form of cap will apply, are not in the public domain (“PM announced extension of Scheme 9”, 2022). In addition, in 2020 the minister responsible for education announced that students who cannot afford internet access would be granted it; furthermore, free school lunches would no longer necessarily be delivered to the school itself, but to churches or directly to families themselves (Magri, 2020), presumably to combat stigma.

As already noted, and in addition to scheme 9, a social fund of €1 million is distributed across heads of public schools to disburse to low-income children as they deem necessary. Heads of schools receive, on average, €10,000 a year to assist with food, uniforms, stationery and other basic resources (Martin, 2022; Ministry of Finance, 2021, p. 17). This applies not only to primary but also to secondary level students.

New public school uniforms were introduced in a staggered manner from October 2020, based on tracksuits at children’s request, with a reduced price of €37.50 for primary school students and €55.50 (including blazer) and €19.10 (excluding blazer) for secondary school students. Furthermore, the prices of the new uniforms will be fixed for seven years (Maltese Association of Parents of State School Students, n.d.)

The budget speech for 2023 also committed the government to design programmes that would assist students in schools in “difficult environments”, with heads of these schools receiving a higher allocation than others (Ministry of Finance, 2022, p. 29).

Table 2.1b: School costs of secondary education (free for all/low-income children)

Basic material	Books	Clothing	IT	Sports or music equipment	Extra-mural activities	Other fees or costs	Transport
POOR	ALL	POOR	ALL	NO	POOR	NA	ALL

Note: “ALL” means that this category is free for all children. “POOR” means that it is free for low-income children. “NO” means that most/all items in the category are not free for low-income children. “NA” (not applicable) means that this category is not requested/compulsory in the country.

The conditions and assistance provided above for primary school education also apply to secondary education in state schools.

2.1.1 Conditions for qualifying as a “low-income child”

Scheme 9 is the main instrument to assist low-income children with school-related expenses. The eligibility criteria for scheme 9 are not in the public domain. However, the response to a parliamentary question in 2021 stated that eligible students are those living in families who receive non-contributory benefits (Parliament of Malta, 2021a; 2021b). To be eligible for non-contributory benefits means that the household income from any source does not exceed the maximum social assistance rate per household (which in 2023 stands at €6,296 per annum plus €423.80 – a rate of €8.15 per week – per dependent household member), plus a capital assets threshold of €23,300 for a couple and €14,000 for a single person. On seeking further clarification of eligibility with the unit responsible for administering this service, an official confirmed that eligible families include: (a) those in receipt of non-contributory benefits; (b) households with two or more children whose income falls below the minimum wage; and (c) other cases brought to their attention by social workers or school officials.

2.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)

As noted, children from low-income households are eligible for support under scheme 9.

As noted, eligibility for scheme 9 is tied to the receipt of non-contributory benefits, which fall well below the AROPE threshold. Table A2.1 in the Annex illustrates the difference between the maximum social assistance rate in 2021, and the value for the same year of the national AROPE, for a single parent with two dependent children aged under 14, and a couple with two dependent children under 14. The gap between the social assistance rate and the national AROPE threshold is very wide, which largely explains the considerable difference in the number of AROPE children (16,000 in 2021¹¹) and the 2,000 children reported to have benefited under scheme 9 in 2022 (Martin, 2022).

It is hard to estimate non-take-up, given that parents deemed eligible to participate do not apply for the scheme but are invited to do so by the Department of Social Security and the Department of Education.

It is not known whether there are specific groups of children over-represented in the AROPE population who lack free access to scheme 9.

Enabling free access for as many low-income children as possible is particularly necessary in view of the way that the relatively low educational attainment of children aged 15 in Malta relates to low socio-economic status. Specifically in relation to reading, the OECD notes that “*Malta has one of the largest shares of the variation in reading performance within schools explained by students’ and schools’ economic, social and cultural status*”, despite having one of the lowest shortages of educational material at school (OECD, 2023), with socio-economic status explaining 8% of the variance in reading performance. Although disaggregated data by household income could not be obtained, research abroad has consistently indicated the negative impact of household poverty upon children’s school attachment (for instance, Engle & Black, 2008) and the potential of education to mitigate the inter-generational transmission of poverty (Bellani & Bia, 2018).

Early intervention is particularly necessary at primary level to reduce the number of those who leave school early and those who are neither in education, employment or training. A 2015 study of early school-leavers by the foremost Maltese professor in this field illustrated that a majority of early school-leavers come from households where “*the low incomes prevalent among this group are resulting in serious financial difficulties for families, even restricting access to important learning tools, such as computers and the Internet, for their own children. Money problems are just the tip of the iceberg. Negative emotions and a lack of optimism are widespread in their lives. They are less optimistic about their futures and experience exhausting time-pressures*” (Camilleri & Borg, 2016, p. 54). A cross-national study of the reasons for early school-leaving found Maltese school-leavers were most likely to attribute their departure to family responsibilities, which further underscores the probable role of financial difficulty in this phenomenon (followed by difficult relationships with other students; and no interest in learning). Teachers, too, were asked how early school-leaving should be addressed; the highest scores from Maltese teachers were for addressing psychological needs, improving counselling services and strengthening home-school liaison (Özden Bademci *et al.*, 2020).

¹¹ Eurostat. EU-SILC [ILC_LI02__custom_4568109]. Downloaded 20 December 2022.

2.2 Cash benefits whose specific purpose is to help meet educational costs

Other than children's allowances, there are no cash benefits to help children meet educational costs. The needs of low-income children for those items that are required for education, but which are not free, are being addressed through scheme 9 as outlined above. That said, all students in post-secondary education, many of whom are under 18, as well as those in vocational education, receive a yearly grant and monthly stipend, the amount of which depends upon the level of the studies in relation to the MQF. Students in post-secondary education (levels 3 and 4 of the MQF), receive a yearly grant of €332.94 and a monthly stipend of €101.89; the same amounts are paid to students pursuing a vocational course at levels 2 to 4 of the MQF (Department of Education, n.d.[a]). Supplementary stipends are paid to students in defined, difficult circumstances, and such allowances are based on a means test where the total gross annual household income may not exceed €12,700 for families, €10,500 for single parents, and €9,100 for single people (Department of Education, n.d.[b]).

There are no cash benefits or maximum billing mechanisms to help groups of children other than those described above.

There are no known studies that analyse whether the grant and monthly stipend adequately cover the costs for low-income children. The vast majority of children under 18 live with their parents, and a number of children in low-income households may contribute to the household living expenses: but no data are available on this issue. The stipend itself is likely to cover education-related costs such as the purchase of textbooks and necessary equipment. Public transport is now free. However, the outlay on computers and internet is likely to be a challenge. As noted above, it was announced that the cost of computers and internet would be covered for low-income children, but only those entitled to assistance under scheme 9 – which, as already noted, is very limited in relation to the AROP threshold. In relation to the grant and stipend, all students in post-secondary education automatically receive it, so there is no issue of non-take-up.

2.3 Main barriers to effective and free access to school-based activities for low-income children

2.3.1 Financial barriers

Klabb 3-16 is an after-school service open to all those aged 3-16 from all types of school, subject to a fee. The service organises sports, leisure activities, scientific and foreign language education, and also provides homework tutoring, between 2 p.m. and 6 p.m. during Monday and Friday (Government of Malta, n.d.). The fee for this service is €0.80 per hour (Parliament of Malta, 2017); thus, if utilised daily for four hours, the monthly fee would range from €64 to €80 (depending on the number of weeks that month), which would be equivalent to around one tenth of the minimum wage for one month (standing at €182.83 per week in 2022) (Department for Industrial and Employment Relations, n.d.). That said, the fees for low-income children may be met under scheme 9 (along the lines explained in Section 2.1.1 above) or from the budget of the FES, which runs the scheme. The FES offers a partial and staggered subsidy ranging from 30% of the fee for households with gross annual incomes below €16,500 per annum, to 75% of the fee for households with gross incomes below €10,000 per annum. (Parliament of Malta, 2018). This leaves a potential unaddressed need. Households falling between the maximum annual gross household income threshold of €16,500 for the subsidy and the AROP (at €21,466 for a couple with two children and €16,355 for a parent with two

children in 2021¹²) have to bear the full cost for *Klabb 3-16*. Data are not available to quantify how many children are affected.

Access to the public School of Music is free for children aged under 16; the fees for those aged 16 and over are low, but people who believe their circumstances should exempt them from payment for social reasons may apply to the Director for Lifelong Learning who, in consultation with the Department of Social Security, may waive the fees on an individual basis (Malta School of Music, n.d.). However, the cost of purchasing musical instruments for necessary practice is prohibitive for those on low income and may effectively deter such students from taking up musical instruction.

In addition to after-school sports activities, the public School of Sport (SportMalta, n.d.) organises an array of training programmes in different sports, in localities around the island. Although very modest fees apply, these may be met under scheme 9 where applicants are eligible. Furthermore, parents whose children attend any sports nursery that is registered with SportMalta may benefit from a tax rebate of up to €100 for each child, capped at €300 per year. Although the fees are waived, many sports activities entail other costs, such as for kit and equipment, which may deter low-income parents from enrolling their children.

Recently published data found that only 0.4% of households report that they cannot afford school trips and school events that cost money. The numbers are too small to reliably indicate how many of these are AROP or not (National Statistics Office, 2023a).

2.3.2 Non-financial barriers

The main barrier to participating in school-based activities outside school hours is that of time. The Maltese academic system is intense, leaving little time outside of school and homework to participate in extra-curricular activities, especially as students enter secondary and post-secondary schooling. This applies not only to low-income children.

While geographical distances in Malta are not great, the timing of sport and cultural activities might make it difficult for parents who work full time to leave work and transport their child to these activities if they are not based at the school itself. This may be particularly true for parents in lower-skilled occupations, which tend to be less flexible in terms of family-friendly arrangements.

3. Free meals at school

This section describes the situation regarding effective and free access for low-income children to at least one free healthy meal each school day.

3.1 Mapping free provision of school meals

As indicated in Section 2.1 above, free lunches are also available under scheme 9 which, since 2017, has allowed low-income parents to opt for only one form of assistance for their children (with one possibility being a free school meal). From late 2022, parents have been able to choose more than one form of assistance.

All students (and not only low-income children) in public primary schools whose parents work, or are full-time students themselves, are eligible for a healthy breakfast before school hours. This is known as the breakfast club service (Government of Malta, n.d.[b]). In 2019, 5,680

¹² Eurostat. EU-SILC [ILC_L101]. Downloaded on 14 December 2022.

students were making use of this service (Parliament of Malta, 2019). This was 21.2% of the total number of primary school students that year (National Statistics Office, 2021).

Malta also participates in the EU-funded school scheme, administered by the Agriculture and Rural Payments Agency (ARPA) in collaboration with the National School Support Services and the Health Promotion and Disease Prevention Department. The scheme seeks to address the enduringly low consumption of milk, fruit and vegetables among all Maltese schoolchildren by giving them one weekly 75-gramme portion of fruit and vegetables, and 250ml of milk. The scheme also promotes, through educational publicity, the consumption of these products. During the school year, children aged 3-11 in all types of schools are eligible; during the non-compulsory *SkolaSajf* (summer school), eligibility is extended to age 16. Children in educational resource centres with serious disabilities, whose ages effectively range from 4 to 22, are also eligible (ARPA, 2017, amended 2021).

The scheme was launched in 2010 but has been intermittent for administrative reasons (Camilleri, 2018) and then due to COVID-19. From January 2021, vouchers for 500ml of milk were disseminated by post (rather than the milk itself, to respect pandemic health protocols), together with an educational pamphlet on healthy diets. No fruit and vegetables were delivered in the 2020/2021 school year, except during *SkolaSajf*. The interrupted service during COVID-19 makes it difficult to draw conclusions about take-up of fruit and vegetables; in respect of milk, though, the monitoring report for 2020/2021 stated that 9,059 primary schoolchildren participated in the milk scheme (ARPA, 2022), out of a total primary and pre-primary population of 36,257 (National Statistics Office, 2021b).

3.1.1 Conditions for qualifying as a “low-income child”

Eligibility for free lunches under scheme 9 is open to children from families dependent upon non-contributory benefits. To date, access to a free lunch under scheme 9 is free for effectively a very small proportion of children from AROP households who are in receipt of a non-contributory benefit. Parents need not apply for this scheme as they receive a letter of eligibility from the Department of Social Security and the Ministry of Education (Parliament of Malta, 2021b). In addition, informal consultation with an official in this scheme indicated that social workers may also refer known cases of need to it.

As noted, eligibility for the breakfast club service is not based on low income and is only open to children of parents who work or who are full-time students themselves. This excludes, rather than targets, children whose parents are outside the labour and education markets and therefore most likely to be vulnerable.

3.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)

In June 2021, only 232 children received free lunches under scheme 9 (Parliament of Malta, 2021a). This is a tiny fraction of the 16,000 AROP children aged under 18.

In respect of the breakfast service, as noted, eligibility depends on parents' labour market and education status. In 2022, 76.1% of AROP children aged under 18 lived in households with very low work intensity¹³. Although similar data are not available specifically for those aged 6 to 11 (the primary school cohort entitled to the breakfast service), applying the same rate to this cohort would mean that at least 5,000 AROP children would not be entitled to the breakfast service in view of the very low work intensity of their parents.

¹³ Eurostat, EU-SILC. [ILC_LI06]. Downloaded 15 February 2023.

3.2 Main barriers to effective and free access to school meals for low-income children

3.2.1 Financial barriers

As demonstrated, not all AROP children receive at least one free healthy meal each school day. There are no studies/data that have analysed whether the out-of-pocket cost of a healthy school meal is a financial barrier for them.

3.2.2 Non-financial barriers

In respect of the utilisation of free lunches under scheme 9, the fact that families cannot apply, and must be invited to participate, may constitute a barrier. Furthermore, it may have been the case – when only one form of support could be chosen under scheme 9 – that parents would opt for support other than school lunch. Indeed, the share of scheme 9 expenditure spent on free school lunches across all educational levels in 2020 was only 13.7% (or €136,630) – although it is not clear whether this reflected choice, and/or the exhaustion of the budget on other support available, and/or a cap on the different types of support, or possibly stigma. In any case, from 2023, this should no longer be an issue as eligible students may benefit from more than one type of support under scheme 9.

The main non-financial barrier to participation in the breakfast service is the requirement for the parents of AROP children to be in employment or full-time study. That said, the take-up rate of 21.2% is low, especially when broadly compared with the fact that 74.4% of mothers aged 20-49 in a couple relationship are in employment, as are 68.4% of single mothers.¹⁴ Although no studies explaining this are available in the public domain, it may be the case that some school transport arrives at schools too late for participation in the breakfast club, or that parents drop children off at school themselves on their way to work just before school starts at 8.30 a.m.

4. Healthcare

This section describes the situation regarding effective and free access for low-income children to healthcare, focusing on vaccinations, care from a general practitioner (GP) or infant nurses, specialist care, dental care (not orthodontics) and prescribed medicines.

4.1 Mapping the provision of free healthcare services and products

To place the forthcoming sections in context, data on children's health in Malta paint a mixed picture. Table A4.1 in the Annex illustrates children's general health in 2019. As is explained in this and the subsequent section, access to healthcare is free and unmet need is low; at the same time, many children in Malta do not have healthy lifestyles, which poses a real risk to their longer-term health (Inchley *et al.*, 2020).

¹⁴ Eurostat, LFS Series. [LFST_HHEREDTY]. Downloaded 22 March 23.

Table 4.1: Healthcare costs (free for all/low-income children)

Vaccination	GP	Infant nurses	Specialist care	Dental care (not orthodontics)	Prescribed medicines
ALL	ALL	ALL	ALL	ALL	MOST S&P

Note: "ALL" means that all services/products in the category are free for all children. "MOST S&P" means that most but not all services/products in the category are free for low-income children.

As indicated in Table 4.1, most healthcare costs in Malta are waived for all children, and prescribed medicines are free for most low-income children. The Maltese national health service comprises a general hospital and public health centres in various localities.

The multidisciplinary school health service monitors children's health and provides preventive services free of charge in all schools (state, church and private). These include vision tests, vaccination, and scoliosis checks.

Free vaccinations are available up to age 16 (Ministry for Health, 2023). GP services are available in primary healthcare centres free of charge; however, private GP services are not free. "Well baby" clinics are held daily in community health centres, conducting clinical examinations and developmental assessments until the age of 18 months. Children may be referred to the general hospital for free specialist care, and children under 16 are eligible for comprehensive free dental treatment.

In respect of prescribed medicines, in line with Article 23 of the Social Security Act, essential medicines (Ministry for Health, n.d.[a]) are available free of charge for those in possession of the "pink card", based on means-testing as explained in Section 4.1.1 below. Non-essential medicines are not. However, if anyone (not only low-income children) has any of the stipulated chronic diseases that require medicine (Social Security Act, Schedule V), this is freely available under the "yellow card".

4.1.1 Conditions for qualifying as a "low-income child"

Free medical aid, known as the "pink card", is means-tested or granted to those already in receipt of social or disability assistance or non-contributory pensions. Free medical aid is also granted in respect of fostered children, and students over 18 in full-time education. The means test in 2023 entails a maximum capital asset threshold of €23,300 for a couple and €14,000 for a single person, while maximum gross weekly income must not exceed €183.30 for a couple and €175.15 for a single person (with an extra €8.15 per week for every additional person in the household).

4.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)

To be eligible for free medical aid for non-chronic conditions, the income of the household where the child in question lives must be considerably lower than the 60% AROP threshold. Effectively, the eligibility threshold for a two-parent, two-child family is only 48% of the 60% threshold, and 61% in the case of a single parent and two children under 14 (see Table A4.2 in the Annex).

Although the AROP threshold of €10,222 per annum, as calculated by the National Statistics Office (2022a) in 2021, was close to the threshold for non-chronic free medical aid, the threshold – for purposes of calculating eligibility for free medicine – does not rise in the same proportion as the Eurostat calculation per additional household member. Hence, there is a considerable effective difference between the AROPE threshold and the medical aid threshold. It should be noted that, in 2018, Malta had the fifth highest retail expenditure on

pharmaceuticals of all OECD/EU countries, at an annual per capita amount of €448 (of which €399 went on prescribed medicines, €35 on over-the-counter medicines and €15 on other medical non-durables). 50% of this expenditure was out of pocket (OECD, n.d.). While the Pharmaceutical Pricing Unit endeavours, through its procurement and research, to ensure fair prices (Ministry for Health, n.d.[b]), it is highly likely that households who fall slightly above the qualifying means threshold for free medicines will feel the extra cost of illness most keenly.

In 2021, there were 19,343 AROPE children aged under 18 in Malta.¹⁵ Data on the total number of children who need medications, and have free access to them, are not available, and take-up cannot be estimated.

In the case of children (or their head of household) with severe disability, the situation is different. From 2017, people qualifying for increased severe disability assistance became eligible for free medical aid irrespective of means. Furthermore, those qualifying for severe disability assistance have any income from gainful employment (or self-employment) disregarded when calculating income.

4.2 Cash benefits whose specific purpose is to help meet healthcare costs

There are no user charges in the public health system. Neither cash benefits to specifically address healthcare costs, nor maximum billing mechanisms, exist in Malta. That said, the level of private financing of healthcare in Malta was, at 34.1% of health expenditure, the second highest in the EU27 in 2020 after Bulgaria and more than double the EU average of 14.4%. The remaining healthcare expenditure was by government (62.5%) and voluntary health insurance (3.4%) (Eurostat, 2022). Just over 2% of Maltese households were pushed below the poverty line in 2015 due to healthcare costs (WHO, n.d.).

4.3 Non-financial barriers to effective and free access to healthcare

The principal barrier to effective and free access to healthcare is long waiting lists, with many prospective patients having to resort to private services when treatment cannot be delayed. This applies across most publicly provided medical services (other than emergency and primary healthcare). The most recent comprehensive data on record are somewhat dated, and derive from a 2017 performance audit by the National Audit Office on out-patient waiting times (National Audit Office, 2017). The audit reported that, on 31 October 2016, 63,233 patients (or 14% of the population) were awaiting their first out-patient appointment at one of the 51 clinical specialisms at Mater Dei, the public hospital, and had been waiting an average of 250 days. It is not clear how many of these were children.

Some child-specific data may be gleaned from Eurostat. As Table A4.3 in the Annex illustrates, the unmet needs for medical care for children in Malta were found to be insignificant by Eurostat in 2017. However, the rate of unmet need for dental care was considerably higher among low-income households (9.7%) than among higher-income ones (1.1%).

Two recent parliamentary questions indicate that in January 2023 there was no waiting list for the Child Development Assessment Unit (Parliament of Malta, 2023b). In February 2022, while 7,612 children were receiving psychological or counselling services, there were 647 on the waiting list (Parliament of Malta, 2022c).

¹⁵ Eurostat, EU-SILC. [ILC_PEPS01N]. Downloaded 20 December 2022.

Limited health literacy among segments of the population may also be a barrier. In a 2014 representative health literacy survey in Malta, it was found that a good number still found aspects of health literacy quite challenging (Ministry for Health, 2014). Overall, Malta's health literacy score was very marginally higher than the other eight EU Member States participating in the survey¹⁶ – a score of 34 (vs 33.8), which was considered “sufficient”. However, the study concluded that 45.8% had “problematic or inadequate health literacy”, rising to 61.6% among those with self-declared “low social status” and 48.9% of those with education at or below primary level (likely to be confounded by age). Health literacy is also inversely related to body mass index. Given the importance of parental health literacy to teaching children to care for themselves and to seeking appropriate healthcare for them, health literacy may plausibly be a barrier to accessing appropriate healthcare.

5. Healthy nutrition

This section describes the situation regarding effective access for low-income children to healthy nutrition.

5.1 Main barriers to effective access to healthy nutrition

To put the forthcoming sections in context, data from different sources paint a challenging picture of health nutrition in Malta, characterised by high obesity rates, low exercise levels and low consumption of fruit and vegetables.

Obesity is the foremost health policy challenge, which policy-makers are striving to tackle on different fronts as described by the Superintendent of Public Health (Cilia, 2020; Ministry for Health, 2012). In respect of children aged 4-5, a 2022 study found 12.1% to be either overweight or obese, and 3.7% to be obese (Ministry for Health, 2022). The World Health Organization (WHO, 2022) found that of Maltese children aged 7, 35% of boys and 31% of girls were overweight; 18% and 12% respectively were obese. These rates were among the highest in Europe, following mainly the pattern in other southern European countries. In respect of those aged 11-15, 27% were obese in 2017, declining to 11.7% of the 15-19 cohort but still the highest rate in the EU27 (Azzopardi-Muscat *et al.*, 2017).

5.1.1 Financial barriers

2022 saw a steep rise in the inflation rate. While the average rate in the preceding 10 years had been 1.1%, in 2022 it rose to 6.15%. Annual inflation on the retail index rose more sharply, reaching 7.35% in December 2022 (National Statistics Office, 2023b). As indicated in Table A4.4 in Annex, the price of food in Malta in 2021 was the fifth highest among EU Member States. This is due in part to the fact that Malta imports more than 40% of its food from Italy and England, also hit by high inflation due to rising energy prices. Only the price of meat matches the EU (100); other items surpass it markedly, such as milk, cheese and eggs (123); fruit, vegetables, potatoes and cereal (115), oils and fats (143) and other food (136).

Prices relative to income are very much a barrier to healthy nutrition. To offset this, the budget for 2023 provided for €600 million to subsidise energy and cereals, equivalent to nearly 10% of the government's total annual expenditure (Ministry of Finance, 2022). However, the fact remains that the annual average wage and monthly minimum wage in Malta were very

¹⁶ The European health literacy survey in 2014 was also carried out in Austria, Bulgaria, Germany (NR Westphalia), Greece, Ireland, Netherlands, Poland, and Spain (Ministry for Health, 2014).

markedly lower than the four more expensive Member States, as indicated in Table A4.5 in the Annex; for instance, Malta's annual average wage is, at €27,334 per annum, just over half that of Ireland's with quite similar price ranges. The challenge becomes far greater among those on social benefits, particularly people receiving social assistance, where the weekly rate in 2023 is €121.08 for a head of household with an additional €8.15 per household member.

Data by income quintile are not available. If parental education is taken as a proxy, though, the WHO study illustrates an 8 p.p. difference in obesity among children whose parents had low education (18%) compared with those whose parents had high education (10%). However, when it comes to children's own educational levels, Eurostat data show obesity to be somewhat higher among those with upper- or post-secondary education (13.1%) than those with lower levels (11.8%), mirroring the very low fruit and vegetable consumption of this cohort.

5.1.2 Non-financial barriers

It is not clear to what extent the causes of unhealthy eating patterns are primarily financial, or reflect a culture of low health literacy or a lack of time to prepare healthy food. Parental education appears to play an important role.

In the fifth round of its European childhood obesity surveillance initiative between 2018 and 2020, the WHO (2022) found that Maltese children aged 7 were by far the least likely in Europe to eat vegetables, with 32% eating them less than once a week or never; 17% had fruit less than once a week or never (WHO, 2022). Parental education matters considerably to this cohort. WHO found that the vegetable consumption by the children of parents with higher education was 18 p.p. higher than among children of parents with lower education; the gap fell slightly to 14 p.p. in the case of fruit consumption. This cohort was also among the least likely to have breakfast before school; only around 55% had breakfast daily, with 8% never having any. This may well be due in part to the early hours at which school transport collects children. That said, once again the consumption of daily breakfast was higher among children whose parents had higher education (66%) than lower education (49%).

Even if parental education is an explanatory factor for poor child nutrition in the early years, the pattern persists among older children even in post-secondary education. In respect of children aged 15-19, Eurostat data for 2019 found that 55.6% of Maltese children aged 15-19 were most likely not to consume any fruit and vegetables on a daily basis – 20 p.p. lower than the general population. This cohort of Maltese children are the fifth least likely to consume such products, behind Romania 70.6%; Luxembourg 57.9%; Latvia 56.9%; and Cyprus 56.5%. The EU27 average was 42%. Data by income quintile are not available. Zero consumption of fruit and vegetables is actually more likely among students in upper- and post-secondary education (61%) than lower levels (48.7%); data for tertiary level are not available. This possibly suggests that academic stress displaces personal care during this intense period of young people's lives. Maltese adolescents are the most likely (along with those in Bulgaria, Romania and Slovakia) to consume sweets, including chocolate (Inchley *et al.*, 2020).

The problem is multi-faceted; as a prominent Maltese psychiatrist has stated, obesity is the easiest condition to diagnose and the hardest to understand and treat. The former chair of the UK's Council of the Royal College of General Practitioners, herself of Maltese origin, has attributed high obesity rates in Malta to addiction to sugar and fast foods, and little time for healthy food preparation and exercise (Gerada, 2015). A local online survey by one of Malta's popular news portals resulted in the following self-identified reasons for excess weight: the price of healthy food, frequent snacking, not enough time to prepare healthy food, increased prevalence of eating out and ordering in, and too little exercise (Barbara, 2022). Another possible factor among children is the pressure of an intense academic schedule with much homework and very little physical education (Fenech *et al.*, 2020).

There have been sustained efforts to raise awareness of healthy eating across multiple media including television, radio, billboards and social media. Food and nutrition have been mainstreamed in: the home economics curriculum; in personal, social and career development; in core science; and across teacher-training programmes (Piscopo, 2020). Nutrition services are offered through primary healthcare, including community outreach, information sessions, groupwork and one-to-one counselling. A number of policies have sought to address this issue, reference to which may be found in the most recent study on childhood obesity (Ministry for Health, 2022).

Indeed, these efforts may be having a modest initial effect. In its fifth round of data collection between 2018 and 2020, the WHO (2022) study found that the incidence of overweight boys and girls in Malta had fallen since the fourth round three years earlier, as had obesity among girls. In 2022, the launch of a national strategy to combat childhood obesity entailed, among other things, the collection of data from families about their children's weight and lifestyle habits. Meanwhile, Chapter 550 of the laws of Malta, enacted in 2016, was brought into force in January 2023, with a view to promoting an inter-ministerial approach to promoting healthy lifestyles through exercise and nutrition (Healthy Lifestyle Promotion, 2023).

5.2 Publicly funded measures supporting access to healthy nutrition

Children facing poverty receive food-related support through the Fund for European Aid for the Most Deprived, which is co-financed by the EU (Ministry for Social Policy and Children's Rights, n.d.). Three times a year, eligible families receive a package including: wholewheat cereal; corn flakes; pasta, couscous, rice and pulses; tinned vegetables, tomato pulp, fruit, tuna, sausages and baked beans; and tea and coffee. Eligible families need not apply as they are informed of their eligibility by letter. Eligible families are those who: (a) receive a non-contributory benefit, pass the means test established for social assistance, and have two or more children under 16; (b) have two or more children under 16 and an annual income below 80% of the annual national minimum wage (NMW); (c) have two or more children under 16 and an annual income below the NMW; and (d) families (not single people) receiving a non-contributory old-age pension. In the case of (b), where income is below 80% of the annual NMW, an additional food package is provided for each additional child.

Modest cash benefits have also been made available to combat rising prices, which include the following. A one-time payment of €300 was introduced in 2020 for all people who give birth or adopt a child ("New Mothers", 2020). A one-time bonus cheque of €200 to combat the rising cost of living was paid in March 2022 to those on social benefits, and of €100 to those earning less than a gross amount of €60,000 per annum from various sources (Government of Malta, n.d.[c]). While Malta has for many years had the slowest rise in minimum wages (Eurostat, 2022b), the annual cost-of-living adjustment for 2023 was the highest ever, at €9.90 per week; students' stipends were also increased on a pro rata basis (Ministry of Finance, 2022). The Chamber of Commerce warned that granting this increase to everyone would serve to raise prices further, in turn hitting lower-income groups the worst (Galea, 2022).

In addition, a new cost-of-living mechanism for the most vulnerable has been introduced from 2023, which will be triggered when inflation in the preceding 12 months exceeds 2% and when, during this period, inflation in three of five retail prices (food; accommodation; electricity, water, gas and fuel; home maintenance and household appliances; and private healthcare) surpasses the average of the preceding five years. This adjustment, payable to those on social benefits or earning less than the average income, was first paid in late 2022. The budget for 2023 reports that 80,000 individuals and 37,000 families would benefit from this, with amounts starting from a minimum of €100 and averaging €643 in 2023 ("A Welcome Mechanism", 2022).

6. Adequate housing

This section describes the situation regarding effective access for low-income children to adequate housing.

6.1 Publicly funded measures supporting access to adequate housing – Housing allowances

To place this section in context, the cost of housing in Malta has increased sharply over the past decade, often attributed to the dramatic growth of the foreign labour force, which increased eight-fold over 12 years to constitute a quarter of the workforce in 2021 (Borg, 2022). When looking at “stock” housing indicators, such as cost-to-income and housing conditions, the situation in Malta is broadly positive (Xerri & Vella, 2022). However, if one looks at the situation of new entrants to the housing market, the picture is different, as housing affordability has become a pressing problem as both selling prices and rent levels have risen sharply (Grant Thornton, 2022). Table A6.1 illustrates market rents as provided to Eurostat by real estate agents in 2012 and 2022. These rates are high in relation to the minimum monthly wage of €835 and, as Briguglio and Spiteri (2022) note, it is highly unlikely that young people today can move out of their family home without assistance from the family or the state. Housing subsidies are available, and have been increased as detailed below, yet the problem of low supply of affordable housing persists.

Homelessness is not visible in Malta, but it exists, and a number of children are affected. A study of 14 shelters by YMCA Malta in 2022 found 178 people in these shelters, 30 of whom had 58 children under 16 (YMCA, 2022). For people with children, the main reasons for homelessness were financial problems (40%) and domestic violence (33.3%).

Housing benefit is the main allowance that people on low-income living in privately rented accommodation can benefit from. The scheme is aimed at rendering rent more affordable for individuals and families who are not home-owners or who do not benefit from social housing (Housing Authority, n.d.[a]).

The benefit is calculated according to the rent-to-income ratio, with a monthly maximum benefit of €417, and a maximum coverage of 80% of the rent. The benefit is based on the annual income of applicants and their rent expenditure. The income criteria, and benefit, differ by household type, as illustrated in Table A6.2 in the Annex. For instance, a single parent with one child and a maximum gross annual income of €19,928 receives a maximum annual benefit of €4,800, while a couple with two or more children and a maximum gross annual income of €32,696.80 receives a maximum annual benefit of €5,000. To be eligible for this benefit, the applicant must be a Maltese citizen, EU national or third-country national, who has lived in Malta for 18 months prior to application. However, couples (married or civil union) must apply jointly, and at least one partner must be a Maltese or EU citizen. This condition would appear to exclude children in families where parents are refugees, asylum-seekers, or third-country nationals.

As illustrated in Table A6.2, the maximum income threshold to qualify for rent benefit exceeds the AROP threshold in each case, ranging from 134% in the case of couples with one child, to 152% for couples with two or more children. The impact of the maximum rent benefit depends on the total rent payable. Although the benefit may cover up to 80% of the rent, it is also capped in terms of the maximum benefit receivable, as outlined above. It is therefore likely to have a greater impact on households who entered a rental contract in the years before the steep rise in rent prices, in that the maximum benefit payable is far more likely to come close to the maximum coverage of 80% of rent.

In recent years, income thresholds have been raised and subsidies increased. Expenditure on rent benefits since 2011 has increased by almost 10-fold, from €790,651 in 2011 to €7,769,320 in 2021. Take-up has almost trebled since 2014, possibly reflecting the fact that households renting at market rates have quadrupled over this period to stand at 8.7% of all households.¹⁷ Between 2014 and 2016, there was an average of 560 new applicants for rent benefit each year; between 2017 and 2021, the average rose to 1,360 (Housing Authority, 2022b). A total of 4,040 beneficiaries received rent subsidy in 2021, which constituted 58.7% of all renting households (National Statistics Office, 2022b).

In 2020, 34.8% of tenants renting from the market were AROPE.¹⁸ In 2021, 39.4% of AROPE households perceived their housing costs to constitute a heavy burden, while 46.1% considered them a slight burden (National Statistics Office, 2022b). In respect of households with dependent children specifically, as illustrated in Table A6.3 in the Annex, housing was seen as constituting a heavy burden – particularly among single parents (51.5%) and households with three or more children. These data are not disaggregated by tenure status. However, overall, a heavy burden was more likely to be felt by tenants (33.9%) than by owners (21%).

6.2 Publicly funded measures supporting access to adequate housing – Social housing

6.2.1 Mapping the provision of social housing

In Malta, social housing consists of housing units owned by the state, and properties leased by the state from the private sector and managed by the Housing Authority. Until the end of 2021, beneficiaries of government-owned social housing, once allocated a unit, could enjoy permanent stability since leases were signed for a lifetime duration. This policy changed in January 2022, and new beneficiaries are currently provided with allocations for four years, followed by another four years and a final period of two years (Housing Authority, 2022a). New beneficiaries can no longer apply to purchase their residence (unlike those who were allocated a property prior to 2022 through a home-ownership scheme).

For households with dependent children to be eligible for social housing, applicants' gross income cannot exceed €12,000 in the previous year (excluding disability benefit, energy benefit and children's allowance). This ceiling is applicable to both single-parent and two-parent households. The amount increases by €700 for each dependent child under 18. Thus, for either a one-adult or two-adult household with two dependent children, the gross low-income threshold is €13,400 per annum, together with a capital asset maximum of €28,000 in the three years preceding the application (Housing Authority, n.d.[b]). Social housing applicants who are married or in a civil union must apply together, and individual applications by people who are only separated de facto are not accepted. One of the applicants needs to be a Maltese or EU citizen or have refugee status, as long as they lived in Malta for at least a year in the 18 months prior to the application.

The rent in social housing accommodation is subsidised up to 80% of the value of the rent. The subsidy is based on income; those who earn less than the gross amount of €6,000 per annum pay 8% of their income; those with gross income between €6,000 and €12,000 per annum pay 16%; and those earning over €12,000 per annum pay 23%.

¹⁷ Eurostat, EU-SILC. [ILC_LVHO02]. Downloaded 15 February 2023.

¹⁸ Eurostat, EU-SILC. [ILC_PEPS07]. Downloaded 20 January 2023.

The Housing Authority also operates a priority system, and 36% of applicants waiting for allocation in 2021 were considered as priority cases (Housing Authority, 2022). Such priority cases include: people living in sub-standard accommodation; those with a lack of sanitary facilities; those in overcrowded conditions; social cases referred from agencies; domestic violence cases; homeless people living in institutions or currently in prison or rehabilitation; people with mobility impairments and other disabilities; and refugees.

As illustrated in Table A6.4 in the Annex, 9.4% of the total population in 2021 were living in accommodation with reduced rent, including those living in social housing and tenants on pre-1995 rent leases, which are subject to controlled rent law legislation.¹⁹ The EU-SILC²⁰ does not differentiate between the two, and the latest data on tenants living in government-owned social housing are from the 2011 Census data, estimated at 5% of households (National Statistics Office, 2012); results from the 2021 Census are not yet available.

Marmara and Brown's study (2021) set out to profile social housing applicants, and looked at the extent to which their needs were being addressed by the Housing Authority. The study, which included questionnaires to over 2,000 applicants and interviews with over 100 applicants, found that 3 out of 4 applicants were women, 68.7% had dependent children, and over 90% were single parents. Among applicants with children, 46% had one child, 34% had two children, and 20% had three or more children. It is widely understood that single-parent households, especially female-headed households, find it more difficult to access affordable housing (Xerri & Vella, 2022; Attard Previ, 2020). The mean gross income of social housing applicants was around €9,000 per annum (or €750 per month), making it immediately apparent that renting in the private sector would be impossible, even with a rent benefit.

6.2.2 Main barriers to effective access to social housing

6.2.2.1 Financial barriers

The main financial barrier to social housing is the strict income threshold, as only households on very low income are eligible to apply. The eligibility threshold of €12,000 for gross annual income is only 73.4% of the AROP threshold for a single parent with two children under 14, and only 55.9% of AROP threshold for a two-parent household with two children. It is also the case that such housing is generally rented out unfurnished; the cost of even modest furnishing of an apartment is prohibitive for low-income earners.

6.2.2.2 Non-financial barriers

There are a number of non-financial barriers.

The most prominent non-financial barrier that hinders AROP children's access to social housing is the very limited social housing stock, depleted over the years by indefinite (permanent) allocations, by a scheme allowing (pre-2022) tenants to become owners of their property, and by many years of non-replacement of depleted stock. Marmara and Brown (2021) noted that in 2018 there were 3,382 applicants awaiting alternative housing; Xerri and Vella (2022) further noted that in 2020 there were 2,105 applicants who had been waiting for at least two years. In a National Audit Office study, non-governmental organisation representatives recounted the hardships endured by applicants waiting for available properties, including overcrowding, sub-standard housing, and homelessness (National Audit Office, 2020). Various efforts have been made to address the shortage of stock, including an end to permanent allocations; discontinuing home-ownership for new tenants; and more

¹⁹ Eurostat, EU-SILC. [ILC_LVHO02]. Downloaded 15 February 2023.

²⁰ European Union statistics on income and living conditions.

stringent checking of eligibility. In a press conference in 2021, the then chief executive officer announced that 979 applications had been removed as they were not eligible; and the Minister for Social Accommodation announced that the government had pledged to build an additional 1,700 housing units and that the waiting list should fall below 800 by late 2022 (“Social housing allocation”, 2021).

The condition excluding couples who are de facto separated but not yet legally separated is a barrier for single parents on low income and their children, especially in the many cases where legal separation procedures are lengthy. This situation is especially problematic in situations of domestic violence (Naudi *et al.*, 2018; Vakili-Zad, 2013), where housing is one of the biggest problems faced by survivors. Even if domestic violence is listed as one of the priority allocation criteria, Naudi *et al.* (2018) point out that allocation still takes many years, at a time when rehousing is crucial for survivors to rebuild their lives.

The condition that stipulates that only those with refugee status can apply for support with housing costs is also a barrier to some of the most vulnerable households – asylum-seekers with dependants, the vast majority of whom are not granted refugee status (UNHCR, n.d.). The National Audit Office (2020) report pointed out the lack of accessibility to Housing Authority schemes for certain population groups, specifically migrants, asylum-seekers and generally non-Maltese-speaking residents. Asylum-seekers are known to be employed in precarious work and at low wages and tend to live in overcrowded, inadequate accommodation. Their very limited access to housing was also flagged by the Council of Europe’s Commissioner for Human Rights in 2017 (Muižnieks, 2017). Poor housing conditions affect the well-being of children accompanying asylum-seeking parents; although most asylum-seekers are single males, there are always a number of accompanied children arriving each year, with 31 and 43 arriving in 2021 and 2022 respectively (UNHCR, n.d.), whose parents are even less likely than nationals on low incomes to access affordable and adequate housing.

6.3 Publicly funded measures supporting access to adequate housing – Other measures

The following are some other measures by the Housing Authority (see Housing Authority, n.d.[c]), that could be availed of by families on low income with dependent children. However, once again these are open to parents who are in employment and thus unlikely to be utilised by anyone on very low wages or benefits.

Deposit payment scheme: This is a scheme for those who are under 40 who would like to purchase a property and are eligible for a mortgage but do not have the 10% value of the property that needs to be given as a deposit to take out a bank loan. The Housing Authority acts as a guarantor for a personal loan on this amount and pays all the interest on this loan. In this scheme, the property value cannot exceed €175,000. 10 single parents and 14 married couples (not specified if they had children) benefited from this scheme in 2021. Eligibility for this scheme requires applicants’ gross income not to exceed €35,000 per annum, and their assets not to exceed €22,500.

Equity-sharing scheme: This is a scheme for those over 30 who cannot take out a loan (due to their age and income) that is enough to purchase a property. The Housing Authority purchases 50% of the property worth up to €200,000, thereby lowering the mortgage amount for the beneficiary. The beneficiary is obliged to purchase the share owned by the Housing Authority after 20 years, at the original price it was purchased for, if they are found to be able to do so. The gross yearly income thresholds for this scheme are based on age and exceed the AROP threshold: €25,000 for those aged 30-34; €30,000 for those aged 35-39; and €40,000 for those aged 40 and over. Since the launch of this scheme in 2019, there have been 421 applications, 111 of which were in 2021. By the end of 2021, of these applications, 44

people had signed a contract of sale, 12 had signed a promise of sale and 22 other applicants were approved and the beneficiary was looking for a property.

Social loan scheme: This scheme is aimed at low-earners who cannot finance mortgage repayments, and grants them up to €167 a month to finance part of the repayment for properties up to €140,000. The gross annual income thresholds for this scheme for applicants with children are €19,534 for single parents and €20,536 for couples (above and slightly below AROP thresholds respectively). This scheme can be combined with the deposit payment scheme. Since its launch in 2017, 54 single parents have benefited from it and 16 married couples (not specified whether they had dependent children).

All these schemes require the applicant(s) to be in stable full-time employment (or at least one of the adults in two-person households). These schemes could be beneficial for low-income households with children where at least one of the adults works full time and is in stable employment. However, in their study of social housing applicants, Marmara and Brown (2021) found that 70.1% of applicants for social housing were not employed on a full-time basis and were therefore unable to benefit from these schemes.

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Annex

Table A1.1 Children using free childcare scheme, Malta, 2014-2022

Year	Period	Total number of children (aged 0-3)
2014	01/04-31/12	3,856
2015	01/01-31/12	5,852
2016	01/01-31/12	5,335
2017	01/01-31/12	5,939
2018	01/01-31/12	6,737
2019	01/01-31/12	7,341
2020	01/01-31/12	6,702
2021	01/01-31/12	7,509
2022	01/01-31/12	8,437

Source: Jobsplus (2022).

Table A2.1: Annual social assistance rates and national AROP threshold, Malta, 2021

	Social assistance rate, 2021 ^(a) €	National AROP threshold for year 2021 ^(b) €
Single parent with two dependent children under 14	6,538	16,355
Couple with two dependent children under 14	6,962	21,466

Sources: ^(a) Department of Social Security (n.d.); ^(b) Eurostat EU-SILC [ILC_LI01__custom_4566916]. Downloaded 14 December 22.

Notes: ^(a) Calculated on the schedule of benefit rates for 2021. The weekly rate for social assistance in 2021 was €109.43, with an additional €8.15 per household member. Thus: €109.43+(€8.15x3)x52 for couples, and €109.43+(€8.15x2)x52 for single parents.

Table A4.1 Children's general health, Malta & EU27, 2019

Ages	Very good		Good		Fair		Bad or very bad	
	MT	EU27	MT	EU27	MT	EU27	MT	EU27
4 or less	60.7	69.9	38.4	26.6	0.4	3.0	0.5	0.6
5 to 9	56.5	66.1	41.7	30.1	1.8	3.1	0.0	0.6
10 to 15	51.8	63.3	44.7	32.4	2.9	3.4	0.6	0.8
Under 16	56.2	66.1	41.76	29.9	1.8	3.2	0.4	0.8

Source: Eurostat, EU-SILC [ILC_HCH12]. Downloaded 20 February 23.

Notes: EU27 data is estimated; 'very bad' scores for Malta are not significant

Table A4.2. Comparison between AROP threshold in 2021, and free medical aid threshold in 2023, Malta

	Two parents + two children under 14 €	Single parent + two children under 14 €
AROP 60% threshold in 2021 ^(a)	21,466	16,355
Free medical aid threshold 2023 ^(b)	10,379	9,955

Sources: ^(a) Eurostat, EU-SILC. [ILC_LI01]. Downloaded 14 December 2022. ^(b) Department of Social Security (n.d.)

Notes: ^(b) As stated in Section 4.1.1. above, applicants must also meet the capital assets criterion. The figures in ^(b) were arrived at by multiplying the weekly thresholds by 52.

Table A4.3. Unmet medical and dental needs of children under 16, by income groups, Malta and EU27, 2017 (%)

	Malta		EU27	
	First quintile	Fifth quintile	First quintile	Fifth quintile
Unmet need for medical care	0.0 ⁽ⁿ⁾	0.7	3.0	1.3
Unmet need for dental care	9.7	1.1	7.8	1.3

Source: Eurostat, EU-SILC. [ilc_hch14]. Downloaded 22 February 2023.

Notes: ⁿ=not significant

Table A4.4 Food prices in five most expensive Member States, 2021, relative to EU (100)

	Luxembourg	Denmark	Ireland	Sweden	Malta
Food	127.0	118.2	117.8	116.5	115.2
Bread and cereals	123.0	144.2	120.3	122.3	114.6
Meat	140.0	94.1	109.5	116.3	100
Fish	112.7	123.0	97.7	120.0	104.4
Milk, cheese & eggs	128.6	119.4	125.6	107.9	129.5
Oils and fats	118.4	121.2	122.0	125.3	142.8
Fruit, vegetables & potatoes	127.1	110.7	114.9	120.1	115.0

Source: Eurostat (2022c).

Table A4.5 Selected monthly minimum wages and annual average wages, 2023 and 2021, respectively

	Monthly minimum wage 2023 ^(a) €	Annual average full-time salary 2021 ^(b) €
Luxembourg	2387.40	72,247
Denmark	NA	63,261
Ireland	1,909.70	50,347
Sweden	NA	46,934
EU average	NA	33,511
Malta	835.16	27,334

Sources:

^(a) Eurostat. Labour Market. [EARN_MW_CUR]. Downloaded 31 January 2023.^(b) Eurostat. Economy & Finance. [NAMA_10_FTE]. Downloaded 31 January 2023.

Notes: NA=not applicable: Denmark and Sweden do not have minimum wages; EU average minimum wage does not exist.

Table A6.1 Monthly rent levels in Malta, 2012 & 2022, as provided by real estate agents

	Flats			Houses	
	3-bedroom	2-bedroom	1-bedroom	Non-detached	Detached
2022	1,400	1,100	800	1,850	3,250
2012	830	620	440	1,080	1,600

Source: Eurostat (2013, 2023).

Table A6.2 Housing benefit, by type of household with children, and income, Malta 2023

Household	Maximum annual income ^(a) €	Maximum housing benefit per annum ^(a) €	AROP threshold 2021 per annum ^(b) €	Income threshold as % of AROP threshold %
Single parent with one child	19,928.28	4,800	13,288	150
Single parent with two or more children	24,278.28	5,000	16,355	148
Couple with one child	24,678.28	4,800	18,399	134
Couple with two or more children	32,696.80	5,000	21,466	152

Source: (a) Housing Authority (n.d.); (b) Eurostat, EU-SILC. [ILC_LI01__custom_4566916]. Downloaded 14 December 2022.

Table A6.3 Perceived financial burden of housing among tenant-households with dependent children in Malta, 2021

	A heavy burden	A slight burden	No burden at all	Total
Household with dependent children	26.7	57.8	15.5	100.0
Single parent household, one or more dependent children	[51.5]	[35.1]	:	100.0
Two adults, one dependent child	21.2	63.5	[15.2]	100.0
Two adults, two dependent children	16.6	63.6	19.8	100.0
Two adults, three or more dependent children	[33.2]	[54.5]	:	100.0
Other households with one or more dependent children	33.8	53.0	[13.3]	100.0

Source: National Statistics Office (2022)

Notes: Unreliable, and not published. [] = to be used with caution: between 20 and 49 reporting households or with non-response for the item concerned exceeding 20% and lower than or equal to 50%.

Table A6.4 Tenure status by households with dependent children, Malta, 2021

Household type	Owner			Tenant	Free of charge	Total
	With mortgage	Without mortgage	Total			
Total households with dependent children	23,335	33,876	57,210	6,879	[3,432]	67,521
Single-parent household, one or more dependent children	[2,668]	[2,572]	5,240	[1,537]	:	7,629
Two adults, one dependent child	10,858	10,807	21,666	[1,871]	:	25,028
Two adults, two or more dependent children	8,024	8,902	16,926	[1,541]	:	19,284
Other households with one or more dependent children	[1,784]	11,594	13,378	[1,929]	:	15,580

Source: National Statistics Office (2022b).

Notes: Unreliable, and not published. [] = to be used with caution: between 20 and 49 reporting households or with non-response for the item concerned exceeding 20% and lower than or equal to 50%.

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