Social Support of Undocumented Immigrants in Malta: Adaptive Transfer of Good Practices to a Challenging Context

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To my wife Helga, our daughter Edka, my mother and father,

and all our families.

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I, the undersigned, declare that this thesis is my original work, and has not been presented in fulfilment of other course requirements at the University of Malta or any other University.

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33978M

Abstract

The aim of this research is to identify and examine good practices in the social support of undocumented immigrants exercised during integration, while exploring how these were and could be adapted to the Maltese context. The study adopted critical realism as a paradigm, with the focus being on structure and agency. Structure mainly points to local authorities and organisations that are active in the fields of social support. Agency refers to service providers, but also immigrants who choose to adapt to these contextual features. To better understand context and adaptations, the author took Dr Charles Pace's Adaptive Remodelling for Congruence framework in order to investigate the service provider and user worlds. For the former we analysed country policies, the organisations and their service designs, including face-to-face practices. For the latter, we determined immigrants' culture, their living settings and patterns, and family or friends. The identification of contextual features is crucial in the addressing of mismatches or gaps by means of context-sensitive-adaptations. To check if our adaptations could be considered good practices, they were analysed against Prof Charles Watters' Six Dimensions of Good Practice Criteria, namely access and entitlement, users' participation, holistic practices, interagency collaboration, cultural sensitivity and evaluation. To further understand the application of these concepts of adaptation and good practice, the author carried out two visits to good practice centres in Italy, with these thus serving as case studies.

The study used a mixed method research approach, as it was considered the most appropriate to explore these phenomena. The primary data was collected in two phases. First, one-to-one meetings with service providers, and secondly, sessions with immigrants that took the form of focus/interview groups. The samples consisted, respectively, of 13 service providers and 15

immigrants, familiar with the fields of social support. The service providers first answered statements in a closed-ended manner, within a quantitative approach. In its qualitative aspect, the rating scale also allowed for open-ended questions that probed for richer data, thus expanding the closed-ended answers through open-ended comments. Moreover, to further dig beneath the surface, immigrants were interviewed in three groups by means of a semi-structured interview guide. Both the rating scale and interview guide were constructed by the author, by merging the frameworks of Pace and Watters. Descriptive statistical analysis was carried out for quantitative data, whilst the qualitative data was analysed using thematic analysis.

The aspects under review are relatively new in Malta, particularly how service designs adapted to the social support of undocumented immigrants during the integration process. This research contributed to knowledge by focusing on how service providers, coming from both public mainstream services and migrant-specialised organisations, adapted or could adapt their service designs to help immigrants during the integration process, despite a context that was considered new and challenging. Nevertheless, immigrants proved to be agents of adaptation in their own right, choosing to adapt either as a response to structural inadequacies or to meet their own needs during integration. Research participants and the author gave their recommendations to further help and support immigrants particularly during their passage from segregation to integration and inclusion.

CHAPTER ONE: Introduction

1.1. Our journey

...And that's how my house fell down! Build it up again!

Change for it that place that harms it.

He who changes his neighbourhood changes his fortunes;

For there is a difference of kind in every span of land:

Some land there is which is white, some black, some red.

More than this. There should you... (Luttrell, 1975, p. 67)

Written in Maltese in the fifteenth century by Peter Caxaro, the Kantilena is the oldest known literary text in Maltese. Montebello (2014) describes its author as one of the first local philosophers, linking him to medieval philosophers that put faith in human beings and their "idea of civic life as necessary to human fulfilment and virtue" (Hankins, 2000, p. 33). One can say that its application brings to mind the values that are being put forward by this thesis: the engagement of us all (state, society and third sector organisations) to adapt our efforts to help and empower persons experiencing vulnerability, like Mediterranean undocumented immigrants who have had to leave their country of origin to pursue their life project in a different country.

In fact, the aim of this thesis is to investigate what good practices in the social support of undocumented immigrants were, or needed to be, adapted to the Maltese context. During the last decade, Malta experienced sheer numbers of exhausted persons, mostly sub-Saharan

Africans, entering the Maltese islands unpredictably on small boats, undocumented and precariously. All this challenged political and public opinions, including the development of policies and services, amid tensions between support and security. This project takes the reader through such an itinerary, with emphasis on the adaptation of social support practices to help immigrants integrate within local communities. We shall see the main contextual factors that helped shape service designs and modes of practice, and how providers and immigrants reacted and adapted to all these realities. The reader is helped to appreciate good social support practices and how these can be identified and remodelled as a response to new realities.

Section 1.2 shall present the general overview of this thesis, whilst the aim, research questions and objectives are outlined in section 1.3. In section 1.4 the rationale for choosing this research topic is discussed and the structure of the thesis is drawn in section 1.5. The conclusion is presented in section 1.6.

1.2. General overview

For the past decade, the smallest and most densely populated European Member State (Eurostat, 2016) was in the eye of the storm. In 5,000 years of history, the Maltese Islands may have never experienced such a high number of persons entering undocumented and desperately as in the last decade. From 2002 till April 2012, a total of 16,657 undocumented immigrants entered Malta by boat; peaking in 2008 with 2,775 arrivals (UNHCR, 2012). Most of these persons left Africa for Europe on small boats to strive for a better life (Carabott, 2010 & Hamood, 2006). These landings of exhausted and sea-sick persons left an impressive mark on Maltese society.

"Malta ħanina, ħobża u sardina" (Malta is kind, bread and sardines) says a local expression that is still heard not just in Malta but even in neighbouring Tunisia, describing the kindness of Maltese people when they used to welcome foreigners at the capital city Valletta by offering bread, salt and sardines (Arbib, 2005, para. 19). However, over the past decade the popular notion of Maltese warmth and friendliness towards foreigners was challenged. All this opened up political discourse (national and international) on influxes, invasions, failed multiculturalism, terrorism and flooding of the others (Christie, 1993, p. 68; Kelly, 2002, p. 2; "Nicolas Sarkozy joins David Cameron and Angela Merkel view that multiculturalism has failed", 2011; Gray, 2012; Dalli, 2013). Local planners could have been prejudiced and compassion eroded, leading to minimal thinking on integration and social support (Watters 2013, p. 103). Immigrants could have felt that they bore the brunt of this at the cost of great personal hardship during the integration process (Carabott & Pace 2012, p. 316). The general perception was that when faced with these out-of-proportion landings of vulnerable persons, local hospitality dwindled to pave the way to solutions that led to detention, segregation and ghettoization, rather than integration. But what happened exactly? How did mainstream services and migrant-specialised organisations respond and adapt to all these realities, especially when no formal integration existed? What is there beyond the surface?

In 2012, the Office of the United Nations High Commissioner for Refugees (UNHCR) launched an online and TV spot campaign entitled 'I found protection in Malta'. In an interview, Samsam, a Somali mother who lives in a small townhouse with her husband and three children, declared that in Malta they found support, peace and safety. The family is very optimistic about their future in Malta (UNHCR, 2012). This story is very much in line with this thesis' values and type of help advocated. The author is interested in the concepts of integration and social support and *how society as a whole* adapted to these vulnerable persons. While one

can feel in this story a sense of empowerment, integration and respect for autonomy, Samsam and her family passed through a whole process of experiences and feelings: from time spent in segregation and adjustment like the detention and open centres, to eventually moving on to live their lives in the community. It is in the latter that the author is interested, immigrants living within local communities and the help needed to make this move from segregation to integration (Flynn & Nitsch, 1980). We do not know the details of how Samsam received the support that enabled her and her family to feel empowered and well settled. But it is the scope of this thesis to investigate these concepts, practices and adaptations, as the author wants to dig beyond the surface to see the full picture.

1.3. Aim, Research Questions and Objectives

The main aim of this project is to identify and examine good practices in the social support of undocumented immigrants, exercised during integration, while exploring how these were and could be adapted to the local context.

The research questions are:

Q1. What good practices in the social support of undocumented immigrants were applied and how were they adapted to the Maltese context?

Q2. What contextual features are making Malta's context a particular one, calling for particular adaptations?

Q3. What further adaptations are recommended to fill remaining service gaps or mismatches?

The objectives pursued in order to answer the research questions are:

1. To provide a reflective and somewhat detailed account of the existent knowledge on Malta's immigrant context and solutions; and the periodisation of undocumented immigrants' support, giving particular attention to their passage from segregation to integration.

2. To determine a conceptual framework that defines social support, integration, adaptation, policy transfer and good practice, together with an analysis of the two main theories (ARC and Good Practice Dimensions) serving as the structure of the research tool, whilst using two visits to Italy that were carried out as case studies to further understand the application of these concepts of adaptation and good practice.

3. To provide an assessment of the quantitative and qualitative research findings in order to:

   a. Establish the contextual features that were 'predisposing' factors to adaptations.

   b. Evaluate whether adaptations were solutions that can be classified as good practice concepts or not, after comparing them to the literature and the exemplary practices that the author studied during the two visits to centres of good practice in Italy.

   c. Determine if adaptations were an importation from an adopting country to Malta or a remodelling of service design and practices from the usual version to one partly changed to fit the new context (hence context-sensitive-solutions).

   d. Identify the research participants' recommended adaptations as a response to mismatches and attempt to envisage how to fill remaining gaps in service provision, particularly in the areas under review.

1.4. The choice of research topic and its rationale

This research topic was chosen for three main reasons. First, the locations under review are relatively new in Malta. Academic research on how service designs adapted to the social support of undocumented immigrants, particularly as a response to immigrants' realities, and whether these adaptations can be considered as good practices or not, has been limited. Consequently, there was a need for a local researcher to explore the experiences of service providers and immigrants in order to fill the gap in the literature and draw a clearer picture of what happened and what the contextual features that 'predisposed' adaptations were.

Secondly, a desire to give voice and listen to the people who had to adapt to these realities and those tasked with making that adaptation a functional success. This thesis wants to provide in-depth information to planners and practitioners on the areas under review, but also raise awareness on contextual features and adaptations that are context-sensitive-solutions.

The third rationale was a personal one. Being a nurse, graduated in social policy and health sciences, the researcher was motivated to help service providers adapt to the reality of more immigrants living in the community, and above all understanding how immigrants can be helped to find their feet and improve their quality of life.

1.5. The structure of the thesis

1.5.1. Chapter 2 – Literature review

This chapter traces the narrative of developments to identify Malta's contextual characteristics, from which adaptations have been or need to be made. To better understand the development of services, the reader is presented with three consecutive historical periods, constructing a

periodization of how service response shaped up. Throughout these periods, practice and policy took shape, and this section introduces the stakeholders, barriers and solutions that affected services and immigrants' integration, in a country that was becoming familiar with immigrants' reality.

1.5.2. Chapter 3 – Conceptual Framework

After determining the aim, research questions and objectives, this chapter reviews a wide range of concepts related to this thesis. The author takes time to understand the relationship between integration and social support, and to define the concept of social support. In this chapter we narrow the broad definition of the latter and focus on four main areas of social support. The two main theories on adaptation and good practices, Pace's (2003) Active Remodelling for Congruence (ARC) and Watters' (2007) Six Dimensions of Good Practice, are also presented in this chapter. Besides theory and concepts, this chapter is complemented by two visits to good practice centres in Italy. Although the case studies came from health-oriented organisations, the way that service designs were remodelled to the concepts of migrant-friendliness and accompaniment to respond to new contextual realities further help the reader to understand policy transfer, good practices and adaptation. Moreover, the concepts of migrant-friendliness and accompaniment are two strands of thoughts that will intertwine and 'accompany' the reader throughout the journey. It is believed that migrant-friendliness and accompaniment are two concepts that will improve social support, and therefore integration.

1.5.3. Chapter 4 – Research Methodology

The chapter reviews the research process and its methodology. After revisiting the research questions, the author presents a discussion on the epistemology and ontology of this research, and his choice for critical realism over pure postivism, constructivism and interpretivism. With

these in mind, and his motivation to dig beyond the surface, the choice for a research design that is based on a mixed-method approach and triangulation is presented. In this chapter the processes of sampling, data collection and construction of research tools are dealt with. We will also discuss the permissions that were needed to conduct data collection, the fieldwork and methods of data analysis, including issues of validity and reliability, followed by ethical reflections. Reflections on all the methodological processes are also included.

1.5.4. Chapter 5 – Research Findings – Quantitative and Qualitative

Presented in line with the principles of convergent parallel design, emanating from the mixed method approach, in this chapter the author presents the quantitative and qualitative findings. Quantitative data originated from the constructed rating scale's close-ended part. This was applied with 13 service providers active in the fields of social support, and was aimed to generate data on the dimensions of good practices applied in their own entity and in relation to services in general. It is from this data that we started to compile our contextual characteristics.

The qualitative data can be divided in two. First, the above rating scale's open-ended answers on questions about congruence and adaptation, asked during each stage of the research tool. Secondly, the application of a semi-structured interview guide with 15 African immigrants in three different focus/interview groups, consisting of 5 immigrants per group. These were immigrants whose arrival in Malta was undocumented, had different types of protection, and who were now living independently in local communities. Qualitative research probed for more in-depth and richer data on contextual features and respective remodelling of service designs, like how these adaptations are made and who effected them, but above all, on how these adaptations impacted immigrants who were trying to integrate in local communities.

1.5.5. Chapter 6 - Discussion

This chapter helps to elucidate the contextual features that served as 'predisposing factors' to the needed and identified adaptations. First, general contextual features are grouped under the User and Provider worlds to help the reader understand how these shaped and dovetailed with service designs. Moreover, these are compared with the contextual features identified in our literature review, and the main overarching ones are identified. In the second part we will look to the general adaptations, their type, and which organisations were more active in their application.

But it is in the third section that the concept of adaptation finds its fullness. It is here that the author groups conceptual features and adaptations under the narrower definition of social support, supported by the combination and strength of qualitative and quantitative sources of the data, together with comparisons made with the literature review, the conceptual framework and the author's two visits to good practice centres in Italy. It is also here that the ARC template is used to describe not only the particular adaptations but also what happens in an environment deemed to be 'ideal' or 'standard'.

In the last section, attention is turned to immigrants' own adaptations to the new context; since adaptation is not only the prerogative of service providers. Here the reader will note immigrants' agency and initiative, but also adaptations of a more passive kind.

1.5.6. Chapter 7 – Research respondents and author's recommendations

Though many of the adaptations were already being implemented, in this chapter the author presents research respondents' recommended adaptations that have not yet happened. In line

with our adaptation theory, attention is given to the pointed mismatches and incongruencies, identified by research participants themselves, between the usual way of shaping practice and what the context allows. Mismatches or adaptation gaps are grouped in two sections. Though this thesis' aim was to investigate the adaptations of good social support practices to immigrants living in the community, the first group of adaptation gaps emanate from immigrants' plea for more help during their stay in open centres, while moving from a segregated stage to a more mainstream one. The second section points to the mainstream or integration stage, at which stage the mainstream services, catering for the whole population, become central.

1.5.7. Chapter 8 - Conclusion

The aim of this chapter is to identify the contributions of this thesis in order to understand what adaptations service providers applied as a response to immigrants' realities. These were divided in contributions made to applied, theoretical and epistemological knowledge. The author includes a discussion on the research's limitations, what further studies can be done, and brief reflections, as postscripts, on the new formal integration strategy and how the PhD journey unfolded throughout its seven-year duration.

1.6. Conclusion

This research analyses the adaptations made to social support practices as a response to the reality of immigrants integrating within local communities, and whether these practices can be considered as good practices or not. This chapter presents a general overview of this research by highlighting in brief the research context. It provides the structure of the thesis, including the aim and objectives, the research process and the methodology applied to meet the aim and objectives. We also explored the rationale and its contribution to fill the gap in knowledge. The

next chapter is developed on a secondary level, making use of narratives that were written along the years and recounted in three historical periods. It investigates how service solutions shaped up and analyses the barriers and opportunities that presented themselves.

CHAPTER TWO – Literature review - Malta's immigrant context since 2000

2.1. Introduction

Our research questions centre around adaptations of good social support practices addressed to undocumented immigrants in Malta. Malta has been described as a challenging context. This chapter takes the form of a literature review that traces the narrative of developments in a way that leads to the identification of Malta's contextual characteristics. First is the present introduction. In the second part, 2.2, the author presents how statutory services shaped up during the past years in three consecutive historical periods, amid an upsurge of xenophobia and racism. The latter are discussed in section 2.3. The reactions of European Union and local NGOs are discussed in section 2.4. During these periods, practice and policy in the support of immigrants were taking shape, and immigrants were experiencing a combination of passive or *de facto* policy of reception and integration, as well as a gradually developing integration strategies offered by local entities and authorities. All this is discussed in section 2.5. Meanwhile in section 2.6, we see how immigrants help each other as a response to gaps in local services. At the end of this chapter, in section 2.7, we shall conclude by summarising the main characteristics of the Malta immigrant context, as they emerge from the literature-based narrative. One can say that it is to these contextual characteristics that adaptations have been or need to be made.

2.2. Framing events in three historical periods

It all started on the doorstep of the third millennium. To better understand what happened over an interval of fifteen years, these events are split in three phases. First, the detention-dominated phase, including arrival, that is characterised by reactive solutions, usually oriented more on security than support. Secondly came the open centre-dominated phase. This is considered as

the period when immigrants started to experience and adjust to local communities, thus ushering the third phase or the mainstreaming-dominated phase. The latter is characterised by a shift to more permanent solutions, possibly leading to integration. The reactive, adjustment and integration phases are presented in a sense of chronological timeframe, but also to symbolise immigrants' journey from segregation to mainstreaming and inclusion, from exclusion to integration. In this section these service solutions and their characteristics, together with immigrants' experiences, are described. In Appendix A, the reader can find an extensive and comprehensive timeline of how all this shaped up.

2.2.1. The detention-dominated (reactive) phase

In the year 2000, Malta experienced the arrival of the first group of 24 undocumented immigrants, followed by 57 in November 2001, going up to 1686 by end 2002 (Amnesty International, 2003, p. 45). From 2002 till 2016, a total of 19,000 irregular immigrants entered the Maltese Islands, undocumented and by boat; peaking in 2008 with 2,775 arrivals (United Nations High Commission for Refugees (UNHCR), 2017). Carabott & Pace (2012, p. 313) state that the 2008 arrivals were space-wise equivalent to the arrival of 4.6 and 2.6 million arrivals in France and Italy respectively. These numbers of immigrants are exceptionally high when compared to those reaching other European counterparts.

Having been assisted at sea either by Maltese or international authorities, they would as a rule arrive in Malta by mistake, disappointed and exhausted, as their intention had been to migrate to mainland Europe (Carabott & Pace, 2012 & European Commission, 2004). Malta is host to around 434,000 persons within just 316 square kilometres (Eurostat, 2016). Of the 9,554 asylum seekers that arrived in Malta undocumented between the years 2000 and 2010, Somalis were the biggest cohort, while Eritreans came next (Mifsud Bonnici, 2010). Up to 2015, upon

arrival and after starting a process of excluding those assessed as vulnerable, immigrants were medically assessed and escorted by the immigration police for interviewing and then moved to detention centres for a period of generally not more than 18 months. Said to be set up for administrative purpose (Ministry for Justice and Home Affairs & Ministry for the Family and Social Solidarity, 2005, p. 12), detention centres have been a bone of contention between Maltese authorities and various stakeholders, especially in view of overcrowding and lack of proper facilities (Amaral, 2010). Though the detention phase characterised the first years of the undocumented immigrants' stay, by 2008 the average yearly occupancy of detention centres was still 1561 (Borg, 2009) and by 2013, there were 1900 persons in detention (UNHCR, 2014, p. 1). The number of immigrants in detention went down to 15 in 2015 (UNHCR, 2015) (see table 2.1).

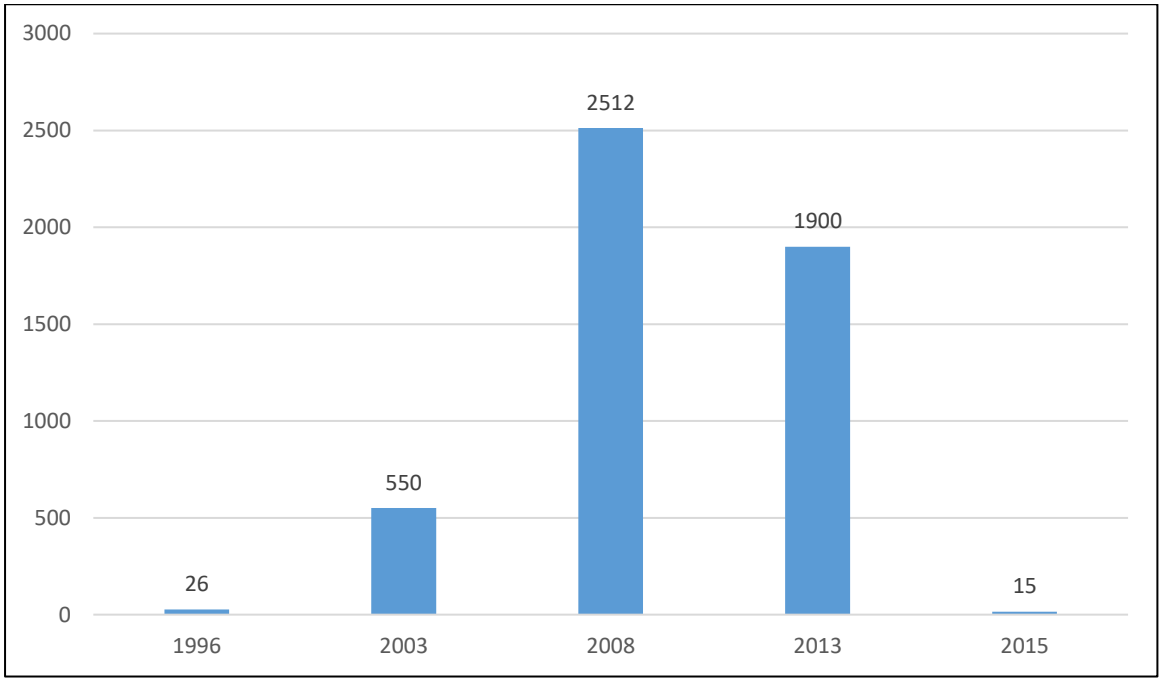

Table 2.1. Number of immigrants in detention (Adapted from CPT, 1996, p. 11; "Tonio Borg sticks to his guns on detention", 2004, para 2; Médicines Sans Frontières, 2009, p. 10; UNHCR, 2013, p.1; UNHCR, 2014, p.1, UNHCR, 2015)

During this stage a sense of imbalance was felt between the support and security aspects, an appallingly restrictive and unfriendly environment of long-lasting detention creating stumbling blocks to humane face-to-face service provision for immigrants (MSF, 2009; Amaral, 2010; Pace 2011; Ombudsman, 2002; Camilleri 2003; International Federation for Human Rights, 2004, Catania, 2006; European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT), 2003, Médicines Sans Frontières (MSF), 2009; Hammarberg, 2011). Despite the goodwill shown by local authorities in a 2005 policy document where minimum standards in detention centres were laid out (Ministry for Justice and Home Affairs & Ministry for the Family and Social Solidarity, 2005), these standards never reached the adequacy required. The reasons could be manifold, such as overpopulation of centres, lack of resources – including care professionals – and little breathing space for planning and refurbishments (Pace, Carabott, Dibben & Micallef, 2009). Pace (2011) analogises this as a tug of war between not just the security and caring missions but also between needs and levels of entitlement, between protection and empowerment, between dependence and independence.

Things changed incrementally, with the result that the population in detention progressively declined and ceased being the largest concentration of boat-immigrants. The transposition of European Union (EU) Directives such as 2003/9/EU and 2005/85/EU and pressure from international organisations (IOs) and local non-governmental organisations (NGOs) forced local authorities to cap and shorten the detention period (Mainwaring, 2012). The EU Refugee Fund started to be tapped and local authorities improved the detention centre's infrastructure and provision of basic services, whilst IOs and NGOs, though not big in numbers, complemented state resources and gave hope to detainees through their flexible and mostly direct face-to-face assistance (Amaral, 2010; Ministry for Home Affairs, 2017). By 2016, the

number of boat-immigrants in detention was negligible, probably due to the fact that the number of boat arrivals decreased to 568 in 2014, 103 in 2015 and 8 in 2016 (Caruana, 2016, p. 10). Such a decrease in number and reduction in the pressure of arrivals was probably one of the main contextual features that made local authorities reconsider the automatic, widely criticised and lengthy detention policy. Finally, a new migration strategy brought notable changes, thus putting an end to the above practices. According to a report by the Ministry for Home Affairs and National Security (2015), this strategy offers new alternatives, depending on immigrants' assessments and needs. Immigrants now spend 7 days in an "initial reception centre" – described as "equivalent to those provided in detention centres" – to then move out in open centres (Ministry for Home Affairs and National Security, 2015, p. 9-14; Dalli, 2016). This means that vulnerable immigrants are no longer being detained. This strategy was welcomed by an informal coalition of NGOs active in the fields of immigration (Ministry for Home Affairs and National Security, 2015; Dalli, 2016). Fassin (2005, pp. 362–387) explains how change can be made by means of humanitarianisation of policies, thus turning regression to compassion and requalifying illegal immigrants as victims that deserve sympathy. In Appendix B, the reader can find narratives from the detention centres, giving particular attention to the voices of users and providers.

2.2.2. The open centre-dominated (adjustment) phase

After detention, immigrants are assisted in open centres for a maximum of one year (Fondazzjoni Suret il-Bniedem (FSB), 2010). The launch of the first open centres was in 2002, and this accompanied the release of the first undocumented immigrants from the detention centres after being given status by the then newly incepted Office of the Refugee Commissioner. Open centres serve as a transition period for immigrants between detention and a long-term solution to their life project (FSB, 2010). The release of immigrants from detention

sent a message of goodwill and adjustment; though criticism of ghettoisation and lack of serious integration policies also featured (Mainwaring, 2012), particularly targeting the setting up of large open centres that resemble hamlets in remote areas. Fondazzjoni Suret il-Bniedem (FSB) (2010) and International Commission of Jurists (ICJ) (2012, pp. 40-42) describe how though overcrowded, these centres attempt to meet the needs of various groups of immigrants. According to UNHCR (2017), by 2010, the population in open centres was 2220, whilst in 2016 there were 673 immigrants (see table 2.2). Immigrants and service providers' experiences in open centres can be found in Appendix B.

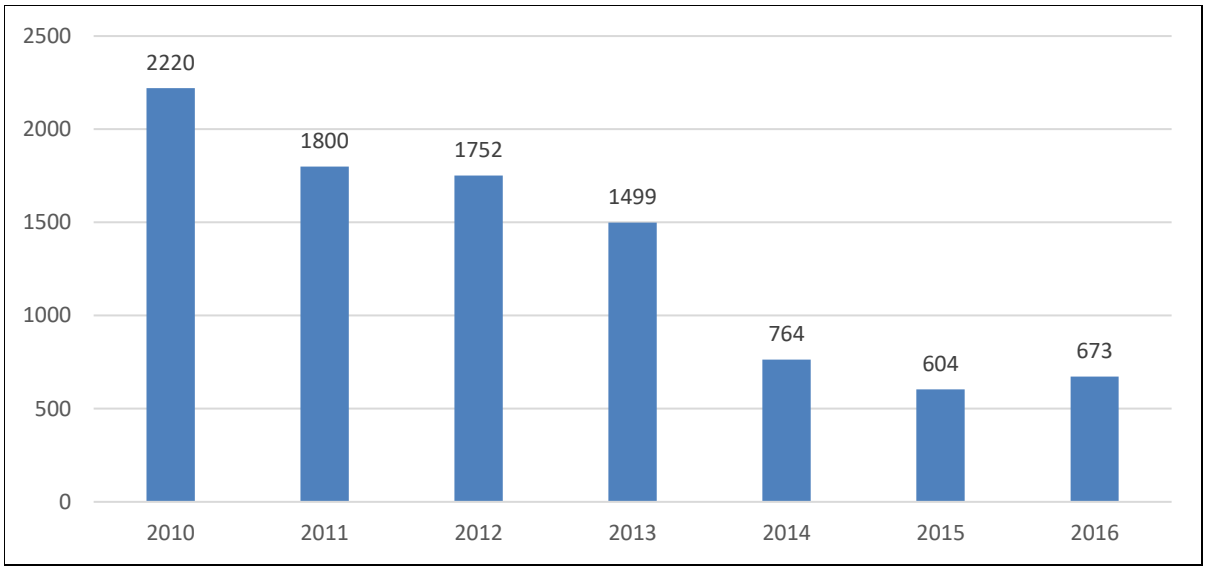

Table 2.2. Total population in Open Centres (Adapted from UNHCR, 2017)

Many open centres are owned and managed by the government through the Agency for the Welfare of Asylum Seekers (AWAS) or an NGO, whilst the popular and more central Marsa Open Centre, which used to be managed by an NGO from its inception, returned under the direction of AWAS, amid criticism of a lost opportunity for more civil society partnerships (Dalli, 2015). In Appendix C a table is presented listing the management models, number of residents and client groups in each open centre. Contrary to detention centres, professionals and NGOs are more present in open centres, as their aim is to help immigrants during such a

transitory and adjustment period to a more independent life in local or foreign communities – the latter by means of resettlement programmes or Assisted Voluntary Return (AVR) to country of origin (FSB, 2010). The first schemes of AVR started in 2006 (Pisani & Giustiniani, 2009). By 2009, 750 beneficiaries were either resettled or relocated in other countries, mainly the United States (Carabott, 2010).

However, since most of the sub-Saharan immigrants, like Somalis and Eritreans, who landed in Malta undocumented and precariously, are not granted automatic refugee status, these remain stuck on the island. In fact, by 2009, only 215 immigrants were approved as refugees, with 4531 others given subsidiary protection (Mifsud Bonnici & Caruana, 2009). Somalis and Eritreans were given temporary humanitarian protection status until 2008, a status which was then changed to subsidiary protection status. Unlike refugees, immigrants who are granted subsidiary protection status cannot automatically move from one country to another, due to the strict Dublin III Regulation. Described as "disproportionate" for Malta by Kőpping (2012, para. 4) and favoured by Member States who receive less immigrants than the EU average (Oechseln, 2012), the Dublin III Regulation puts the onus of asylum management on the receiving country. This state of 'feeling trapped' results in a zero-sum situation for the sub-Saharan immigrants in Malta, as the gain of bureaucracy and law on one side is at the expense of their life project on the other side. These realities are atypical and diverse in their implications when they affect a small island-state, when compared to those affecting other European countries (Carabott, 2010).

This means that it is good to think seriously on the role of open centres as a place for early interventions and to prepare immigrants to integrate within local communities. Despite

criticism of lack of structured support (Caruana, 2016, p. 10), whilst living in open centres, immigrants experience various life openings such as the deliberate choice of work, participation in society, recreation and socialisation, access to mainstream healthcare and education and even the first steps to enable them to own a home or set up a family. Early interventions, such as in open centres, could prevent the worst effects of social exclusion and poverty (Gray, 2012). Robbins (1998) and Bond (1999) (cited in Gray, 2012, p. 27) argue that prevention through early interventions improve the quality of life of vulnerable groups and ease their respective welfare needs. Open centres also serve as a safety-net against destitution for those who experience difficulties or failed integration experiences, whilst trying to live independently in local communities (FSB, 2010). In other words, open centres can start paving the way to integration.

2.2.3. The mainstreaming-dominated (integration) phase

This means that after more than a decade from the first mass arrivals of exhausted immigrants, who landed in Malta precariously on small boats from Libya, around 30% of these 19,000 persons are estimated to be still living in Malta (UNHCR, 2017). Only a few are naturalised or resettled, since forced return practices were reconsidered after an ill-fated Eritrean return in 2002 (Lindsay, 2008 & Pace et al., 2009, p. 28). Those who stay on the island perceive minimum integration opportunities (Migrant Integration Policy Index (MIPEX), 2013), though on a positive note, several reports of successful integration have been noted (Pace & McKay, 2013). In fact, there is increasing evidence that more immigrants are expressing their wish to remain and integrate in Malta (UNHCR & aditus fundation, 2013; Caruana, 2016; JRS-Malta, aditus foundation & Integra Foundation, 2016). UNHCR and aditus foundation (2013), in their project entitled “Meet the other”, state that there were immigrants who explicitly claimed that they want to remain and integrate in Malta. Despite all this, in November 2016 the news that a

group of Malians with a failed asylum status who had been living in Malta for many years were arrested, detained and were facing deportation by the government because of their status sent shivers down people's spines, amid NGOs' protests and criticism ("Malian migrants arrested and 'facing deportation', government says they are failed asylum seekers", 2016). This contrasted with the earlier declaration of the new Minister for Civil Liberties, where in 2014 she announced a national strategy on immigrants' integration in Malta, following three years of decline in the number of arrivals (Caruana, 2016, p. 10). The aim of the new integration strategy, which at time of writing has not yet been implemented, is to create a "framework for understanding successful integration as belonging", where immigrants will be given the opportunity to voluntarily apply for integration, entitling them to be assigned a caseworker and to follow a compulsory course, providing them with support throughout the entire journey until they feel comfortable living in the community (Ministry for European Affairs and Equality, 2017, p. 1). This news arrived as a breath of fresh air, as until then, the pro-integration discourse had been largely expressed by NGOs and IOs active in the fields of immigration (Camilleri, 2014, p. 9). It is clear that when the number of arrivals drops, local authorities can dedicate more space for planning and integrationist thinking. This is similar to what happened back in 2010.

The setting up of the Organisation for the Integration and Welfare of Asylum Seekers (OIWAS) happened when the number of arrivals dived to 28, and coincided with the 2009 Italy-Libya friendship pact period. The aim of this historic agreement comprised the financial compensation of Italy towards Libya for its former military occupation. In return, Libya implemented push-back measures to combat illegal immigration coming from its shores; later described as a violation of migrants' human rights (Amnesty International, 2012). Even the Maltese population started to change their level of apprehension towards immigration, and the

autumn edition of the Eurobarometer (2009) revealed that Maltese concerns on immigration had descended to second place. Soon we will see how xenophobia and racism increased due to the arrivals of high numbers of immigrants.

However, soon after the introduction of OIWAS, the government dropped its integration mandate. According to Carabott (2010) and Pace and McKay (2013), in 2010 OIWAS shed its integration objective and changed name to AWAS. There was consternation by many observers who feared that this would indicate the dropping of the government's already reluctant interest in integration, in the face of further mass arrivals (Pace & McKay, 2013). However, AWAS and the Ministry for the Interior started publicising the doctrine that AWAS was only responsible for the reception (detention and open centre) stage, disclaiming or handing over (whichever way one understood it) the integration role to mainstream welfare providers. Prime among these was the Foundation for Social Welfare Services (FSWS) (the main state social work provider), but also a number of NGOs and IOs, including not only mainstream ones, in the sense of serving the main Maltese population, but also others specialised in the care and support of immigrants (rendering the use of the word mainstreaming a little ambiguous and potentially misleading).

AWAS also proclaimed that even during the reception stage, the contribution of other entities was essential - something that was already in place prior to 2007, before the inception of the then-OIWAS, through the FSWS. In fact, between 2004 and 2006, the FSWS embarked on integration projects funded through EU aid, like the project Equal, where immigrants were helped and trained to find employment (Vella Piscopo, 2006). FSWS recorded an increase in immigrants' referrals following OIWAS's passing – or sharing – the integration buck to

mainstream welfare service providers (FSWS, 2013). Its Annual Report of 2010-2011 (OIWAS changed to AWAS in 2010) reveals how immigrants, after moving out from open centres, were seeking the assistance of social workers within the Initial Response Service of Agency Appoġġ, part of FSWS (FSWS, 2013). Help varied but there were some who were referred to shelters or supported hostels in an attempt to avoid homelessness and destitution. Many asked for help and information such as assistance in accessing mainstream services, or for placing their children in day care facilities to make themselves more employable. Even Agency Appoġġ's Benniena services dealt with an increased number of pregnant immigrant women and their families who experienced social difficulties and were in need of information and help. Such immigrant-oriented services within mainstream agencies illustrate semi-segregated services as a stepping-stone to 'full-blown' mainstreaming. At that time, FSB (2010) start revealing the first anecdotal accounts of immigrants living in groups close to their place of work like San Pawl il-Baħar, Msida, Gżira, Valletta and Birżebbuġa.

But since the first mass arrivals, local efforts were affected by the sentiment of xenophobia and racism. These posed a challenge to a Maltese culture founded on traditional values and ideologies, the latter being described by Delia (2010) under the umbrella of Catholicism and solidarity.

2.3. Upsurge of long-standing xenophobia and racism: Fostered by culture and heightened by large numbers

The year 2002 marked the first mass arrivals in Malta. Until then it could be argued that Maltese experience with black persons had been very limited, sporadic or absent. This was because throughout contemporary history the Maltese did not particularly share life with people of black

colour or African origin. Apart from the ex-Prime Minister Mintoff's diplomatic efforts to strengthen links with the Arab world in the 1970s (Gerber, 2010), in the same period Malta also saw the arrivals of hundreds of Ugandan refugees who were expelled by the dictatorship of Idi Amin (Pace, 2009). But these were soon resettled in different countries and their experience in Malta turned out to be short. On the other hand, at that time the scenes of Maltese missionaries alleviating African deprivation and famine, and anecdotes of locals sponsoring African children's upbringing or seminarians' training, were common on local media, later including television. Interestingly, in 1989 a Nigerian settled in Malta as an agent of Nigerian footballers. Soccer is an extremely popular sport on the island (Amore, 2005). This brought in new interracial friendships and respect, and this Nigerian founded a Nigerian community, a society for African studies at the University of Malta and ran for the first European Parliament elections in which Malta participated in 2004 (Amore, 2005).

However, going further back, Maltese history discloses events that predisposed its inhabitants to racism and xenophobia. The island is strategically situated in the middle of the Mediterranean Sea, and there were times when the island was caught between the Christian West and Muslim East (Fenech, 1993). During the Knights of St. John's period, fierce battles were fought in the name of God, and as the sentinel of Europe, Malta suffered war, death and famine. The Maltese started to perceive Arabs, Turks, and blacks as different cultures that contrasted with the Maltese one (Calleja, Cauchi & Grech, 2010; Gerber, 2010; Calleja, 2001). In 1996, Vella Gauci, a scholar on Christian and Muslim relationships, recorded how Maltese tradition handed down sayings and expressions that disparage Arabs, Turks and Muslims (Gerber, 2010).

According to Grima (2005), Maltese literature is packed with racism and xenophobia, particularly during the nineteenth and twentieth centuries, where a disproportionate sense of nationalism made Maltese perceive persons of different culture and colour as outsiders. Calleja et al. (2010, p.12) note that until a few years ago, similar texts could be found in secondary and tertiary schools' literature books. Today's school text books represent different values, but the previously mentioned texts, along with others, as well as an understanding of Maltese history, could have negatively shaped Maltese perceptions on persons coming from Arab and African countries (Gerber, 2010; Calleja et al., 2010).

During the mass arrivals between 2002 and 2009, an extreme right political party was incepted to explicitly campaign on the proposition that persons with black skin are inassimilable in a European culture. Later, the leader of this party was found guilty of inciting racial hatred by the Maltese Law Courts ("Norman Lowell found guilty of inciting racial hatred", 2013). This could be seen as similar to what happened in Great Britain during the 1980s, which was described as a new racism based not only on colour of the skin but also on cultural differences and on incompatibility between different cultures, thus leading to xenophobia (Gilroy, 1987; Modood, 2005).

In 2009, two particular incidents fuelled anti-racism protests. The first one saw the case of an immigrant who was hit with an iron bar by three unknown persons and left unconscious on the street leading to an open centre, whilst the second one was the death of a Sudanese after being beaten by a club bouncer. The European Network Against Racism also noted hostile discourse and hate speech towards immigrants (Amnesty, 2007). Moreover, in 2006 arson attacks were

targeted against persons and organisations active in the fields of immigrants' help (Farrugia, 2006).

Vassallo (2005) revealed the extent of xenophobia in Malta. His findings were disturbing; while 90% of the respondents had no objection to having a European person as a neighbour, an equal 90% responded that they would not like a person of Arab or African origin as their neighbour. Moreover, more than 75% of the participants claimed that they would not give shelter to persons who were trying to escape their native land because of political persecution, war or mass poverty. The perception is that Malta is far too small to receive immigrants, no matter how serious their problems are. Twelve years later, on a positive note, Sammut (2017) discloses how the Maltese are acknowledging integration as a solution for immigrants to settle down in a receiving country. However, they are as yet unready to support it. According to Sammut (2017), while immigrants are trying to integrate within Maltese communities, the latter prefer that these take their characteristics – in other words assimilation. In another study, 38% of Maltese were found to be uncomfortable if working with either a black person or a person with a Muslim background, and this is much lower than the European average (Merino, 2017).

For a traditionally homogenous society like Malta, the rapid receiving of undocumented sub-Saharan immigrants in large numbers caused disbelief. According to Pace et al. (2009, p. 5), it proved to be a shock to a population which is more familiar with emigration than immigration. Numbers skewed and challenged not only public and political opinion, but also the shape of service provision, since culture is an important factor in service solution and provision (Pace, 2002). Despite the introduction of anti-discrimination laws, arrivals unearthed old prejudices and ignorance towards persons of different races. Reasons for xenophobia could be manifold,

but for Malta culture and sheer numbers were apparently the two most predisposing factors. It could be argued that this contrasts with the expectations of a society that considers itself to be grounded in Christian values, democracy and solidarity. But this seems to be how societies often react, especially when deep rooted structures that are anchored in a way that sustain whole communities, like homogeneity, are challenged so insistently.

2.4. Further reactions to sheer numbers

Nevertheless, if we have a deeper look into the chronology of events, we notice that mass arrivals did not only foster xenophobia and racism, but also triggered two other important features of social policy provision, namely, the setting up of new NGOs, and help from European Union.

2.4.1. European solutions

It could be argued that arrivals escalated following Malta's accession to the European Union in 2004 (see table 2.3). Some think that there is a relationship between the number of arrivals and Malta's accession to the EU, but to date no one has substantiated this with evidence and research. After all, migration flows depend on other push and pull factors, and it is difficult to substantiate the impact of an isolated factor. The Maltese had high expectations for EU aid, particularly after years of European campaigning, portraying the EU as the panacea for all illnesses. However, European help took quite a long time to materialise, leaving a local negative sentiment in the face of mass arrivals. In fact, Borg (2009, p. 3), Malta's Minister for Foreign Affairs, started to argue that Mediterranean immigration is a European problem requiring a European solution, and Malta should not be left to manage the pressures of African irregular immigration alone.

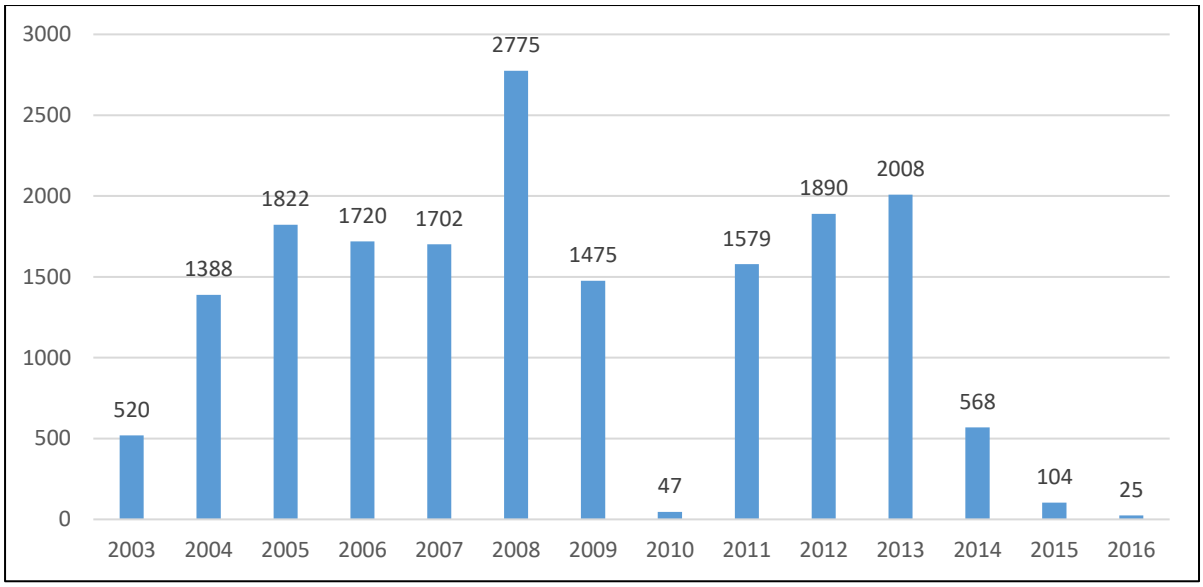

Table 2.3. Number of arrivals by boat – 2003 – 2016 (Adapted from UNHCR, 2017)

According to the 2009 Spring edition of the Eurobarometer, immigration was the top concern in Malta with 49% of respondents selecting it as their biggest concern, contrasting with UK's (25%) and Greece's (16%). The Eurobarometer (2009, p. 60) reiterated that Malta is a unique case, where immigration was of greater concern than the economic situation (31%) and unemployment (24%). However, things started to shape up differently when Malta and the Commission accomplished three major milestones that started to change the situation on the island incrementally. First was the money that Malta started to receive by means of the Framework Programme on Solidarity and Management of Migration Flows (Ministry for Justice and Home Affairs, 2008). For instance, as from 2007 Malta received EUR84.96 million in EU aid to deal with immigrants' arrivals on the island ("Malta received €84.9m from EU to deal with migration – Malmström", 2013). These were largely spent on the improvement of service provision, mainly infrastructure and face-to-face services (Ministry for Home Affairs, 2012). Secondly, a pilot voluntary burden sharing project was incepted in 2009 with the aim to

address Malta's needs in managing irregular immigration, possibly by giving asylum seekers the opportunity to resettle in other EU member states. Though many European countries offered their assistance, the number of beneficiaries was very low when compared to the numbers of arrivals in the European Union's smallest and densest Member State. Later, lack of interest by Member States increased to the extent that the European Commission had to abandon plans of a permanent scheme (Camilleri, 2013). Thirdly, Malta has since 2011 been hosting the European Union Asylum Office in a bid to support itself and other Member States to implement more consistent and fairer asylum policies and collect and share information. On a further general note, one cannot leave out the mainstream transposition of laws to safeguard the rights of the immigrants and ascertain minimum reception standards.

However, the Europeanisation efforts to respond to the global economic and Eurozone crises, and lately the United Kingdom's membership withdrawal, could have put the Mediterranean immigration in a penumbra situation, though in 2017 the Maltese Presidency placed it again on top of the Commission's agenda (MaltaEU, 2017). Clearly, without a sturdy economy, Europe cannot fund and guarantee the help and integration of immigrants beyond a certain limit. But had these efforts for the Europeanisation of policies and solidarity been better translated into burden or responsibility sharing, within the Mediterranean immigration situation, both settlement-wise and financing-wise, Malta would obviously have been better placed to offer support and assistance to the great numbers of African arrivals.

In fact, from a crossroads of trade, culture and dialogue, but also of conflicts (Salles, 2009), lately the Mediterranean is being described as a cemetery. The International Organisation for Migration (IOM) described the Mediterranean as a watery grave on Europe's doorstep

(Smoltzyck, 2009). In the sea space between Libya, Malta and Italy, many immigrants have died, and in several cases many bodies were found at sea. It is estimated that from 1988 to 2009 nearly 14,000 people have died fleeing from Africa to Europe (Smoltzyck, 2009), and by the first six months of 2017, 1737 had already died on the busiest central Mediterranean route (Missing Migrants, 2017). These circumstances put more weight on European policy makers to provide better help to immigrants, particularly to prevent and ease the traumas of the voyage, but also to help immigrants integrate within Member States. One can say that these objectives are also at the heart of many NGOs and IOs active in the fields of immigration.

2.4.2. The involvement of NGOs

Before seeing how migrant-specialised NGOs and IOs grew profusely during the past years, let us review how history seems to repeat itself. As a prologue to last decade's mass influx of immigrants, on 8 August 1991, following the collapse of communism, Malta experienced unexpected landings of two Albanian ships carrying over 600 persons. Before reaching Malta, the two ships, Durresi and Lirija, tried to enter Sicilian ports unsuccessfully ("Important dates", 2013). In Malta, the immigrants, desperate and hungry, asked for permission to enter the Grand Harbour, whilst some jumped off the boat to swim ashore ("Important dates", 2013). Police intervened and the ships were directed to anchor at St. Paul's Bay, where they were given help and food.

The 1990s episode activated the rapid onset of two organisations, SOS Albania and Malta Red Cross, in order to give humanitarian help to these asylum seekers. From a social policy perspective, the response of these NGOs to these episodes was noteworthy. The main features originating from these experiences link with the "national identity" which is rooted in social solidarity (Abela, 2006, p. 10). Moreover, the flexibility of local organisations to respond to

persons' needs was interesting. At that time Malta had no refugee law and no international obligations ("Significant milestones in refugee protection," 2011), but Maltese stakeholders reacted on an ad-hoc basis, rather than offering entitlements spelled out from policy documents and regulations.

Recently, the contribution of a good number of NGOs is even more remarkable, as they have gone further in their responsibilities. Apart from being catalysts through their awareness-raising roles, many NGOs are active in immigrants' help and integration. In a timeline table presented earlier in Appendix A, one can see the inception of 10 NGOs in a period of 13 years. Across all European countries there is a movement to adopt an approach in which there is a mixture of different providers (Valtonen & Matinheikki-Kokko, 2008), and the field of immigrants' support in Malta is no exception. As happened in other areas in Europe and in Malta, services that were probably seen by many as under the monopoly of the state are now being replaced or perhaps supplemented – the latter might sound more diplomatic – with more pragmatic alternatives that leave space for IOs and NGOs to involve themselves and specialise in the care and support of immigrants.

A number of these NGOs are tapping EU funds to compile situational analyses and policy reports. These include organisations like aditus foundation, Integra Foundation and Jesuit Refugee Services – Malta (JRS-Malta), which are not only implementing awareness campaigns but other projects that assist immigrants at more psychosocial, legal and practical levels in the community (Camilleri & Zammit, 2012; JRS-Malta, aditus foundation & Integra Foundation, 2016). Some NGOs have been active in the fields of immigrants' help for a number of decades, from well before the government took the lead. For instance, the Malta Emigrants Commission

has been active in the field of migration for the past 60 years. As from the first arrivals on the island, this faith-based NGO was a pioneer in helping immigrants in the community through counselling, social work and practical help (Malta Emigrants Commission, 2017). In parallel with Malta Emigrants Commission, there is also SOS Malta advocating immigrants' integration and social inclusion in Malta (SOS Malta, 2017). Incepted as SOS Albania, it later changed to SOS Malta, and is an example of a local organisation that managed to develop its identity within the Maltese context and grow as a leading local development agency. There is also Jesuit Refugee Services – Malta (JRS-Malta) providing assistance to immigrants in detention and in the community (JRS-Malta 2017).

This means that NGOs and IOs are complementing and helping local statutory/mainstream government services – in many ways resulting in a mixed economy of welfare. In Appendix D, one can find all the organisations involved in the support of immigrants during the integration phase. However, and this is very important, they are actively involved in putting forward new ideas, such as the recent launch of the new integration strategy (aditus foundation, Integra, JRS-Malta, Kopin, OFD, 2015). Though not yet implemented, this policy is placing integration seriously on the agenda. But before it is implemented, other policies and services have matured or adapted with time, resulting in integration policies of both the intended or what this author calls of the *de facto* kind.

2.5. Immigrants' policy-driven and *de facto* integration in Malta

Now that we have discussed the three consecutive periods, the upsurge of xenophobia and help from the European Union and NGOs/IOs as a response to more immigrants landing on Maltese

shores, in our attempt to identify the challenging Maltese context, it is time to see how all this is impinging on immigrants' integration, both through policy-driven and *de facto* integration.

On harmonising integration studies across Member States, the Migrant Integration Policy Index (MIPEX) (2013) reveals that "Malta is slightly unfavourable for the integration of immigrants and far behind the EU average and its neighbours" (Project Update section, para. 1). The ICJ (2012, p. 5) claims that after a decade Maltese authorities are still offering solutions driven by an "emergency attitude", in the face of long-term integration solutions, because Malta is too small to manage all these numbers of arrivals. Mainwaring (2012, p. 1) attributes this to the "construction of a crisis" as a strategy "to gain more practical and financial support from the European Union". However, despite such a negative perception of Malta's attitude towards immigrants' integration, Watters and Hussein (2008, p. 25) in a comparative analysis exploring the asylum practices in 6 different European countries, place Malta on the favourable side of the axis, characterised by "Integration, Autonomy and Welfare" (see table 2.4).

Separation	⟷	Integration
Control	⟷	Autonomy
Top down	⟷	Participative
Immigration control	⟷	Welfare

Table 2.4. Integration, autonomy and welfare axis - Watters & Hussein (2008, p. 22)

This study contrasts with MIPEX's conclusions, together with the wide sentiment that in Malta there are no integration solutions. In other words, Watters and Hussein (2008) explain how following the detention phase, undocumented immigrants in Malta do enjoy less control and separation. Watters and Hussein (2008) place Malta within the Southern model were immigrants live autonomously rather than the Northern and Eastern models that place more emphasis on separation, control and surveillance, or the Western model which is characterised

by a policy of dispersal. In practice, Malta implemented what can be called *de facto* integration. Though, on paper, by time of writing Malta still has no formal comprehensive support for immigrants to integrate in Malta (the new integration strategy has yet to be implemented), Watters and Hussein (2008) explain that there is adequate access to accommodation available on the market, free health care, education and employment, in a system that promotes immigrants' autonomy and less control over their deciding on their own lives, thus enjoying better welfare when compared with the other models. The authors claim that all is done within a statutory social and legal framework; however, we will soon see that this is not fully correct, as sometimes local authorities are closing an eye to allow immigrants to work and to access healthcare services beyond what they are entitled to. So how is all this translating itself at a face-to-face level, through employment, education, housing, health and social security?

2.5.1. Employment

Let us start with employment as it is central to integration (Hansen, 2012). The few immigrants with refugee status can work freely. Despite a law necessitating immigrants to pass a labour market assessment (applied loosely), undocumented immigrants of all statuses – even refused – can freely work in Malta (Caruana, 2016). Those with a failed or rejected status have to get their employer to renew their job licence, whilst those on subsidiary protection can apply by themselves (Pace et al., 2009). Here, it seems that law is being overridden to allow immigrants to work freely.

It is difficult to establish the employment rate of sub-Saharan Africans who travelled by boat to Malta, but in Pace & McKay (2013), a quantitative study, the majority (n=476) of the 836 immigrants who participated in the study were unemployed. On one hand, Caruana (2016) in a quantitative study with immigrants living in 72 households, explains that 45.8% of his

research's participants were unemployed, whilst 23.6% and 40% of those working were in full-time or part-time basis. On the other hand, whilst conducting interviews with 156 immigrants, aditus foundation and UNHCR (2013) found that more than half of the participants were in employment, and that these found work through their friends. JRS-Malta, aditus foundation & Integra Foundation (2016, pp. 25-27) reveal in a study with 87 refugees living in the community how 56% of research participants found work with the help of informal support, mainly friends, whereas 20% found work through government entities, private agencies and NGOs. 17% and 6% found work by means of direct contact or were picked up by the employer. The whereabouts of open centres have become a popular place for irregular employment, where immigrants wait "to get picked up for an odd day's work on a construction site or farm" (Martins, 2016). An immigrant reveals "here at the roundabout [referring to a large roundabout outside one of Malta's largest open centres] they [employers] come ask you to work. It is difficult, but at least I can try" (FSB, 2010, p. 32). In an attempt to address related abuse, in 2016 the Minister for Employment announced a "new job brokerage scheme". Two offices are to be setup near two main open centres, where help will be given to pair immigrants with regular employers. The role of immigrants' social networks to find work is very significant in the light of a fluid employment environment where immigrants change work frequently due to unstable and seasonal employment (Caruana, 2016). "It is possible to find a job only through friends", declares an immigrant interviewed by Pace and McKay (2013, p. 32). In another study with 91 immigrant women, hailing from sub-Saharan countries like Somalia and Eritrea, 85% are unemployed and half have been job-hunting for more than a year (Leone Ganado, 2017).

JRS-Malta, aditus foundation & Integra Foundation (2016, p. 26) disclose negative answers from research participants that dealt with conditions of work like "excessively long hours, impossibility of benefitting from sick or injury leave, verbal abuse by colleagues and being

underpaid (or not paid) for work done". This situation of immigrants' unemployment has been attributed to a lack of structured support, including access to important information, language and ad-hoc training (Leone Ganado, 2017; aditus foundation, Integra Foundation, JRS-Malta, Kopin & OFD, 2015; GWU, 2008; European Union Agency for Fundamental Rights, 2010). On a positive note, to enhance the skills and competencies of immigrants, thus minimising the effects of unskilled labour exploitation, mainstream government education services like the University of Malta, the Malta College for Arts, Science and Technology (MCAST) and the Department of Life Long Learning have in various ways opened their doors to immigrants, often offering free access to a variety of courses. Moreover, AWAS organises in-house informative sessions on employment in both detention and open centres, including employment rights, searching and applying for a job, the preparation of a CV and how to behave in an interview. Pace and McKay (2013) argue that these are the most popular courses, primarily aimed at improving employability. But in spite of this accessibility to training, the same authors reveal that only a mere 17% of immigrants who renewed their status at the Office of the Refugee Commissioner attended a course whilst in Malta, with Sudanese being the biggest cohort, followed by Eritreans and Somalis. The Department of Industrial and Employment Relations (DIER) is another important stakeholder in the employment field as they are responsible to investigate alleged cases of racial discrimination in employment: in 2012, 18 cases were investigated (Pace & McKay, 2013, p. 53).

2.5.2. Education

Moving on to the policy fields of education, Equal (2007) rates Malta as one of the few Member States where immigrants and their children have free access to education and vocational training, despite critique by MIPEX (2013) that Maltese schools are the least prepared for migrant children among Member States. However, all immigrants' school-age children

assessed in a study by aditus foundation and UNHCR (2013) were attending school. aditus foundation and UNHCR (2013) remark on the difficulties of helping immigrants with children to integrate them into local education systems, merely because of language and communication problems, matching of immigrants' educational levels, and an unconducive learning environment at home because of overcrowding. Soon we will see how immigrants are sharing the same accommodation. In the same study, aditus foundation and UNHCR (2013) find that there are immigrants who expressed their desire to further their studies in Malta.

In 2011, the Foundation for Education Services (FES) was active in the organisation of adult education amongst immigrants, especially in mainstream community centres like Qawra Aċċess. Various FES projects, of which many were EU-funded, aimed at assisting integration and raising awareness to support a diverse and multicultural society through non-formal education (European Union Funds and Programmes – Malta, 2011a). Apart from making computers accessible to all, including immigrants, other projects used information technology to enhance communication and create understanding between different cultures. Qawra Aċċess is situated in one of the localities with the highest percentages of immigrants living in private small residences (Pace & McKay, 2012). Apart from opening all mainstream services to immigrants, such as the Parental Empowerment Programmes where parents' lifelong learning skills are enhanced, thus promoting social and economic integration of vulnerable persons, FES is also organising ad-hoc programmes and research studies to help immigrants' integration in local communities by means of education (European Union Funds and Programmes – Malta, (2011b). In the qualitative part of Pace and McKay (2013)'s study, participants claim that knowledge of the Maltese language could assist their integration within local communities, thus showing the need for more Maltese language courses. As pointed out by Calleja, Cauchi

and Grech (2010), education facilities can be of great help to immigrants and their children during the integration process.

2.5.3. Health care

As regards access to health care, the Health for Undocumented Immigrants and Asylum Seekers Network (HUMA) (2010, p. 95) declares that undocumented immigrants living in the community do have access to free health care and medicine, despite gaps in the legislative framework that do not guarantee the same rights to access to health care as Maltese, thus leaving a "door open to discretionary practices". However, HUMA (2010, p. 9), contrary to MIPEX (2013), were fair to disclose that notwithstanding the gap in the legislative framework "immigrants are allowed to receive medical services [and] access the mainstream system primarily by showing their police number as a unique identification" (HUMA, 2010, p. 9). The Department of Health is responsible for all Maltese health services, including primary health centres and hospitals. It is to be noted that one of the first migrant-specialised units – the Migrant Health Unit – was incepted within the Health Department, with the aim to assist immigrants in their health needs through health literacy and cultural mediation.

aditus foundation and UNHCR (2013) confirm that there are no significant barriers to health care; however, more work has to be done to facilitate communication, cultural mediation and disseminate information on entitlement and how to access services, particularly for mental health. The latter is very worrying since Collantes, Soler, Klovak and Meslinski (2011, pp. 64-93), whilst reporting the findings of interviews with 100 immigrants in Malta carried out by Kopin, observed that 70% of participants perceived their psychological health as poor to very poor. In the same report, the top barriers to accessing health care were feeling unwelcome, the language barrier, a lack of information and waiting lists. The latter is also a problem for all

Maltese public health service users (Schembri, 2016). These barriers are amongst the predisposing factors for immigrants to give up health care, such as treatment, check-ups and vaccination, whilst the majority rely on friends for emotional support (Collantes et al., 2011, pp. 64-93). JRS-Malta, aditus foundation & Integra Foundation (2016, p. 25) identify lack of information as a major concern, mainly "on health education, particularly in relation to sexual and reproductive health". aditus foundation, Integra Foundation, JRS-Malta, Kopin and OFD (2015) remark on the lack of cultural mediation services and the need for mainstreaming it as a fundamental service in the provision of care.

2.5.4. Accommodation

On accommodation, MIPEX (2013) praises Malta for its long-term efforts. Accommodation is an important facet of this indicator, as to become a long-term resident, apart from renewing a five-year permit, an immigrant together with their family has to find adequate accommodation through the open-market. Notwithstanding housing discrimination revealed by the National Council for the Promotion of Equality (NCPE) in 2013, it seems that as immigrants spend more time on the island, accessing rented accommodation becomes easier (Pace & McKay, 2013). By 2013, according to Pace and McKay (2013), 77% of immigrants who renewed their status at the Office of the Refugee Commissioner lived in small houses. Pace and McKay (2013, pp. 27-29) interviewed immigrants and confirmed that "the majority managed to find a private accommodation only thanks to their friends", whilst "in some cases, when someone cannot afford it, their friends cover the renting cost for some time". According to the Pace and McKay (2013) study, 639 immigrants were found to be living in rented accommodation, with the biggest cohorts living and sharing households of 2 (n=198), 3 (n=226) and 4 (n=164) occupants. Fsadni and Pisani (2012) highlighted how 29% of respondents found a property to live in by means of family and friends. Caruana (2016) and JRS-Malta, aditus foundation &

Integra Foundation (2016, p. 28) also confirm that immigrants share accommodation but highlight how some of the research participants had periods of homelessness and squatting, whilst not knowing about their rights or any help they could receive from the Housing Authority or other mainstream services. Despite receiving 23 applications, till March 2013, the Housing Authority had never allocated a housing unit to African immigrants (Parliamentary Question 112, 12 Legislature-2013). However, the supply and demand in the mainstream social housing is quite critical, with more than 2,800 applications on the waiting list (Parliamentary Question 360, 12 Legislature-2013). aditus foundation and UNHCR (2013, pp. 21-22) confirm how immigrants are renting from Maltese landlords who in return are not providing proper contracts and issuing flat rate utility bills. Caruana (2016) and JRS-Malta, aditus foundation & Integra Foundation (2016, p. 28) confirm that sharing of accommodation amongst large numbers of persons is an attempt to "make ends meet" and could negatively affect the quality of life of immigrants.

2.5.5. Social security benefits

This section outlines social security benefits and analyses whether these are adequately addressing immigrants' needs. Only refugees and immigrants with subsidiary protection are entitled to benefits emanating from the Social Security Act and income support, whilst immigrants on a temporary humanitarian protection, rejected or asylum seeker are not considered as beneficiaries (Caruana, 2016). The author here uses Esping-Andersen's (1990) concept of decommodification, particularly in relation to how persons can live a socially acceptable life outside the market, to examine how the Maltese social security system – through cash benefits – responded to see that undocumented immigrants can live a decent quality of life. The poverty rate is central to decommodification. The report of the National Statistics Office on income and living conditions provides no information on immigrants' country of

origin, what kind and how much social transfers they receive, and how effective these benefits are. This could have served as an opportunity to compare immigrants' living conditions with local households, thus identifying the full decommodification capacity of the Maltese welfare state.

In Malta, as in other EU Member States, the at-risk-of-poverty threshold is calculated at 60 per cent of private households' equivalised income. According to the National Statistics Office (NSO) (2012) in 2010 this stood at 10,375 Euros; meaning that persons who earned 6,225 Euros and less were considered to be at-risk-of-poverty. The at-risk-of-poverty rate in Malta is 15% and 61,523 persons live at an equivalised income that falls below the earmarked amount (NSO, 2012). In the Pace & McKay (2013) quantitative study, the majority (n=476) of the 836 immigrants who participated in the study were unemployed. 38% of those living in rented accommodation had no salary, whilst 56% of the working cohort were working illegally. Hypothetically, since participants had a subsidiary protection status, these were entitled to an unemployment allowance of 73.61 Euros per week. The allowance is paid every 4 weeks for a total of 3,827 Euros per year. Pace and McKay (2013, p. 26) reveal that "the commonest rents lie more or less at around €10 to €13 per day". This means 300 Euros per month or 3,600 Euros per year. Simple mathematics show that a person or a household living with such a disposable income cannot have an acceptable standard of living. However, things are expected to work out slightly differently if immigrants pool for the accommodation renting fees and work illegally – the commonest monthly wage is around the minimum wage of 700 Euros (Pace & McKay, 2013).

In his study Caruana (2016) calculates the equivalised income of 72 immigrants' households at 4823.45 Euros, definitely below Malta's 2014 at-risk-of-poverty threshold of 7672 Euros. This means that 80% of participants are living at-risk-of-poverty, more than five times the rate in the general population (Leone Ganado, 2017). Similarly, in Pace and MacKay (2013), 45.8% of participants were unemployed and 30 heads of households received social benefits. This indicates the need for more efforts to minimise immigrants' risk of poverty but also the need to make mainstream social security benefits accessible (aditus foundation et al., 2015).

2.5.6. Naturalisation

MIPEX (2013) and aditus foundation and UNHCR (2013) slam Malta's policies on naturalisation in view of their exclusionary nature; lack of family reunion efforts and no opportunities, including of participation in political life. Immigrants' status is important for social rights entitlements and access to services, thus directly affecting immigrants' life project (Sainsbury, 2012). A more major stumbling block might be immigrants' own attitude towards long-term integration in Malta. Pace et al. (2009, p. 9) discuss how "most of the undocumented immigrants arriving in boats from North Africa do not have the intention to land or stay in Malta". This is similar to the findings of aditus foundation and UNHCR (2013), where participants express their desire to leave Malta in order to meet their families, find better and more stable employment and more education opportunities. Moreover, approximately two-thirds of the participants claimed that they did not have any Maltese friends and "lived their lives separately from locals, rarely engaging in social interaction" (aditus foundation and UNHCR, 2013, no page). One can say that all this hinders immigrants' integration in Malta.

However, we previously noted evidence of immigrants with an aim "to remain in Malta, thus demonstrating a higher level of self-reliance and engagement with Maltese society" (UNHCR

and aditus foundation (2012, no page). In their foreward to a publication on refugee integration perspectives in Malta called 'Nitkellmu' (Let us talk), Ministers Marie Louise Coleiro Preca (appointed as President of Malta in 2014) and Helena Dalli explain how "the reality of immigrants and refugees...is here to stay", thus paving the way for more integrationist thinking (Office of the United Nations High Commissioner for Refugees - Malta & aditus foundation, 2013, p. 7-8). Such a statement is of utmost importance, as there can be no adequate formal support at a face-to-face (micro-) level, without the necessary support at the macro- (policy making) and meso- (institutional/organisational) levels (Pace, 2002).

2.6. Immigrants helping each other

In all areas of social policy provision, it is remarkable how in many instances friends are compensating or complementing the more formal services provided by the government. One could note how immigrants are helping each other, perhaps a situation resulting from the practice of 'autonomy', earlier described by Watters and Hussein. In fact, JRS-Malta, aditus foundation & Integra Foundation (2016, p. 26) argue how during their study, Local Councils, AWAS, APPOĠĠ and the Housing Authority (potential immigrants' service providers) obtained few references by immigrants who participated in the research. The authors link this to a "low level of engagement as a result of limited individual need to benefit from services offered by these public entities", despite immigrants' "social and personal difficulties" (JRS-Malta, aditus foundation & Integra Foundation 2016, p. 31). Caruana (2016, p. 11) also explains that were it not for their friends, immigrants would often feel "completely lost". JRS-Malta, aditus and Integra Foundation (2016, pp. 19-20) reveal the importance of support by family and friends, particularly within Eritrean and Somali communities. The report highlights how community members help each other "to access employment opportunities, vocational training, accommodation, and/or help with the English language" (JRS-Malta, aditus

foundation & Integra Foundation, 2016, p. 19). Rossi (2014) describes the importance of immigrants' social networks as part of a process assisting them in building resilience in a bid to adapt to the new realities. This is very relevant in light of JRS-Malta and aditus foundation (2013)'s findings, where two-thirds of their research participants did not have Maltese friends. In Appendix E, the author presents more examples of the type of help from family and/or friends in the community, as per Pace and McKay (2013) study.

To help us think on the strength of friends' help when the more formal services are perceived as unengaging, the author finds the Jesuit Refugee Services of Malta (JRS-Malta) project particularly notable. In a bid to offer support to undocumented immigrants in Malta, JRS-Malta managed to tap EU and local funds to run a project called Bridging Borders. This organisation is considered as one of the pioneers in the field of immigrants' support in the community, since the first undocumented sub-Saharan immigrants started to land on the island. The project was implemented between July 2011 and June 2012, and the majority of beneficiaries were adults hailing from sub-Saharan countries. 60% of these immigrants were living in the community, 48% in open centres and 12% in private accommodation (Camilleri & Zammit, 2012, pp. 16-26).

This project had aimed at providing service in two main areas: mental health and social support, including provision of alternative accommodation to immigrants assessed as vulnerable. In fact, the latter, social support, overshadowed the former, in view of higher requests and referrals. 37% of beneficiaries living in the community needed social support (Camilleri & Zammit, 2012, p. 24). By social support, service providers meant help that took the form of coordination, provision of information, following and accompanying users in effecting

referrals or meeting others for medical and employment needs, filling of forms, accessing basic mainstream services and material support, child care, cultural mediation, interpretation, and adaptation to the post-detention period (Camilleri & Zammit, 2012). But, above all, being there to give support during their integration process.

Remarkably, Camilleri and Zammit (2012, p. 33) admit that part of the project did not achieve the expected results. They were referring to the accommodation component of the project, consisting in helping the most vulnerable immigrants to move out of detention and open centres and to more appropriate residential settings that offer better support and living arrangements. However, upon offering such an alternative, only 19 immigrants accepted to be placed in alternative accommodation. The majority refused the transfer despite better living conditions and support and preferred to live within a community setting, in order to keep enjoying the company of their family and/or friends. It turned out that this part of the project was planned according to the planners' "own pre-conceived ideas" (Camilleri & Zammit, 2012, p. 33), thus failing to offer what was for them the right service solutions. This is an eye-opener on the importance of family and friends and their benefits during immigrants' transitional period.

On a general note, deciding what is best for users without listening to their needs is quite paternalising and unsafe, especially in the areas under review. It might lead to a situation where beneficiaries are pathologised in a way that they are considered as unable to decide for themselves. Nevertheless, this also demonstrates how professionals should pay attention to the essentiality of participation and involvement of immigrants in service solutions, right from the beginning, particularly in taking their needs, aspirations and problems into consideration (Garcia-Ramirez, Hernández-Plaza, Albar, Luquw-Ribelles & Suárez-Balcázar, 2012, p. 193).

2.7. Conclusion

Since this thesis is on the lookout for adaptations of good practice to the Maltese context, it would be good to end this chapter by summarising the main characteristics of the Malta boat-immigrant context as they emerge from the literature-based narrative that comprises this chapter. One thing that is clear from this chapter is how the Maltese undocumented immigration context is atypical and diverse. The conclusions about this context could be grouped under seven main characteristics.

2.7.1. Atypical and diverse: seven notable contextual characteristics

Firstly, the numbers of immigrants were far too unmanageable for the size of the island, thus resulting in a tug of war between national security and adequate social support of immigrants. Secondly, the onset of arrivals was so new and rapid that it took the country by surprise and stretched national resources. This challenged political and public opinion, arousing old racist and xenophobic sentiments. However, each time that boat arrivals dwindled, it gave space for planning and integration thinking, and this is the third characteristic. Another aspect is the generous response of third sector organisations and their flexibility to meet immigrants' needs. Some are religion-based, others secular, reflecting the development in the provision of help to vulnerable persons in a society with deep-set but weakening Christian foundations in a context of increasing globalisation and Europeanisation.

The fifth characteristic is that Malta has no physical borders and all immigrants are intercepted at sea, assisted ashore and all apply for asylum determination. Many are given a status of subsidiary protection, thus remaining stuck in Malta due to the Dublin III treaty, ushering the 'immigrants-are-here-to-stay' reality. The sixth characteristic is that on paper Malta gives the impression that it is less favourable to integration, however in reality immigrants enjoy

autonomy and more control over their own lives, despite reports of immigrants living in at-risk-of-poverty conditions. The seventh characteristic is how much immigrants help each other, in an attempt to counterbalance the wider lack of structured and unengaging support, thus facilitating the integration process. The characteristics are briefly listed in table 2.5.

Characteristic 1	The numbers of arrivals are far too unmanageable for the size of the island, thus resulting in a tug of war between national security and adequate social support of immigrants.
Characteristic 2	The onset of arrivals was so new and rapid that it took the country by surprise and stretched national resources. This challenged political and public opinion, amid feelings of old racist and xenophobic sentiments.
Characteristic 3	Each time that boat arrivals dwindled, this gave breathing space for planning and integration thinking.
Characteristic 4	The generous response of the third sector and their flexibility to meet immigrants' needs complemented state resources and added value to social support services.
Characteristic 5	Malta has no physical borders and all immigrants are intercepted at sea and assisted ashore. Many are given a protected status, thus remaining stuck in Malta due to the Dublin III treaty, ushering the 'immigrants-are-here-to-stay' reality.
Characteristic 6	Malta gives the impression that it is less favourable to integration, however in reality immigrants enjoy autonomy and more control over their own lives, despite reports of immigrants living in at-risk-of-poverty conditions.
Characteristic 7	Immigrants help each other, in an attempt to counterbalance the wider lack of structured and unengaging support, thus facilitating the integration process.

Table 2.5. Key contextual characteristics of undocumented immigration – atypical and diverse

In the next chapter we shall move on to the delineation of our theoretical and conceptual frameworks, supported again by literature, mainly centring on integration, social support, policy transfer, good practices and adaptation.

CHAPTER THREE – Conceptual Framework - Aim, research questions, values and raison d'être, frameworks and ideas for research tools and approaches

3.1. Introduction

In this conceptual and theoretical framework chapter, section 3.1 determines the aim, objectives and research questions, while in section 3.2 the concepts of integration and social support are discussed and elucidated. Section 3.3 seeks to define social support of immigrants and section 3.4 starts the discussion on policy transfer and adaptation. To better understand the latter concepts, this section is supplemented by information gathered by the author during two visits Italy, serving as case studies to dwell on exemplary good practices in the support of immigrants. Though coming from the health care fields, these case studies highlight how services were remodelled or adapted into migrant-friendly ones, and the application of social accompaniment, in view of contextual realities.

The concepts of good practices in section 3.5 and adaptation of good practices in section 3.6 are inspired by Watters's (2007) Six Dimensions of Good Practice and Pace's (2003) Active Remodelling for Congruence (ARC). In section 3.7, the reader is presented with the author's intention to merge these two frameworks, in an attempt for them to complement each other and serve as a joint framework for the task of answering our aim and research questions. Section 3.8 concludes this chapter.

3.1.1. Aim, Objectives and Research Questions

The main aim of this project is to identify and examine good practices in the social support of undocumented immigrants exercised during integration, while exploring how these were and could be adapted to the local context.

The research questions are:

Q1. What good practices in the social support of undocumented immigrants were applied and how were they adapted to the Maltese context?

Q2. What contextual features are making Malta's context a particular one, calling for particular adaptations?

Q3. What further adaptations are recommended to fill remaining service gaps or mismatches?

The objectives pursued in order to answer the research questions are:

1. To provide a reflective and somewhat detailed account of the existent knowledge on Malta's immigrant context and solutions; and the periodisation of undocumented immigrants' support, giving particular attention to their passage from segregation to integration.

2. To determine a conceptual framework that defines social support, integration, adaptation, policy transfer and good practice, together with an analysis of the two main theories (ARC and Good Practice Dimensions) serving as the structure of the research tool, whilst using a visit to Italy that was carried out as a case study to further understand the application of these concepts of adapation and good practice.

3. To provide an assessment of the quantitative and qualitative research findings in order to:

a. Establish the contextual features that were 'predisposing' factors to adaptations.

b. Evaluate whether adaptations were solutions that can be classified as good practice concepts or not, after comparing them to the literature and the exemplary practices that the author studied during the two visits to centres of good practice in Italy.

c. Determine if adaptations were an importation from an adopting country to Malta or a remodelling of service design and practices from the usual version to one partly changed to fit the new context (hence context-sensitive-solutions).

d. Identify the research participants' recommended adaptations as a response to mismatches and attempt to envisage how to fill remaining gaps in service provision, particularly in the areas under review.

3.2. What kind of support?

Literature reveals different types of support. For instance, in a comparative analysis exploring immigrants' support in 6 different European countries, Watters and Hossain (2008) reveal how northern and eastern European countries are characterised by strict surveillance, social control and rigid administrative regimes. National security discourse "justifies repressive immigration measures and attempts to perpetuate the invisibility, marginalisation and social exclusion of undocumented immigrants" (Carrera & Merlino, 2009, p. 32; Bigo, 2002; Hammarberg, 2009).

Then there is the human rights-based model. This model identifies undocumented immigrants as persons in an irregular situation who are thus subject to various human rights infringements. Ndiaye (2011, p. 1) lists discrimination, exclusion, exploitation and abuse as major violations. Under a human rights-based approach, states shall respect, safeguard, and fulfil human rights, even the rights of undocumented immigrants, because "everyone has the right to recognition everywhere as a person before the law" (United Nations (UN) Declaration of Human Rights,

1948, “Article 6”, para. 14). However, sometimes laws and entitlements can be overridden because of extraordinary situations like the mass arrivals experienced by southern European countries during the past decade. Overwhelming numbers of irregular immigrants can make countries declare a state of emergency and take over human rights entitlements. Agamben describes this as a “state of exception” (as cited in Watters, 2007, p. 181), where particular situations and necessities could possibly restrict or suspend legal guarantees and entitlements, thus widening the gap between legal and social provision.

In a food-for-thought document presented in Morocco to a special taskforce on migration of the Parliamentary Assembly of the Mediterranean, Pace and Carabott (2008) argue that the formal promotion of human rights alone is not enough without promotion of the bio-psycho-social wellbeing of immigrants, through a combination of provisions specific to migrant needs but also maximum access to mainstream services and integration within society. This statement brings us to the third model of support, based on social support.

Broadly, Pace and Carabott (2010) link social support with integration. Social support closely approximates social care in its definition (Dearing (1993) describes social care as the support of vulnerable persons living in the community) – but support is preferred to care, since the former implies a higher level of empowerment and respect for autonomy than the latter. In its practice, good social support, like integration, follows values of inclusion, equality, empowerment, non-discrimination, adequate quality of life, independent living and respect for human dignity (Hill, 1993; Twigg, 1997; Lewis & Glennerster, 1996; Shi & Singh, 1999; Baldock, Manning, Miller & Vickerstaff, 1999). We shall now first attempt to define integration, on the way to elucidating what we refer to by the social support of immigrants.

3.2.1. Integration

As Rene Lenior, a French social policy expert, put it in his 'Les exclus: Un Français sur dix' (The excluded: One out of ten Frenchmen), during the 1970s, the integration of vulnerable persons in society was sought as a solution to the breakdown of solidarity (as cited in Sainsbury, 2012). The integration of vulnerable persons, like immigrants, promotes inclusion and social solidarity. Lockwood (1964) and Esser (1999), as cited in European Forum for Migration Studies INTPOL TEAM (EFMS) (2006, p. 9) explain social integration as the deliberate relationship and cooperation of persons within a social system (institutions, policies, laws and the market), and is the process by which immigrants are expected to acquire the necessary knowledge on how to interact in the receiving society – such as accessing status, education and work to obtain rights, make friends, set up a family and identify themselves with a group.

Berry (2005, p. 698) describes the contact between a society (government, NGOs, local communities) and immigrants as acculturation; meaning by that changes at a cultural and psychological level that eventually lead to "mutual accommodation". Berry (2005, p. 698) explains that such a process takes quite a long time, sometimes years and generations, to occur. All this is affected on the one hand by the psychological traits of immigrants and on the other by the characteristics of a receiving country – essentially the extent to which it is multicultural/culturally pluralistic – and predisposed towards the assistance of immigrants' adaptation through a degree of social support (Berry, 2005; EFMS, 2006).

Berry and Kalin (1995) as cited in Berry (2005, p. 703) discuss how societies that bear a positive multicultural ideology have a greater predisposition towards integration. Murphy

(1965) as cited in Berry (2005, p. 703) claims that "culturally pluralistic societies [meaning societies with a positive multicultural ideology] are more likely to provide social support at both institutional [formal] and community [informal] levels, such as culturally sensitive health care and multicultural curricula in schools".

3.2.2. But what is meant exactly by social support?

Social support has been given important attention in literature, mainly because of its links with the improved wellbeing of vulnerable persons, particularly in its attempts to meet persons' needs (Stewart, Makwarimba, Beiser, Neufeld, Simich, & Spitzer, 2010; Taylor, 2011). Handen (1992, pp. 121-123) explains that there is consensus on the positive effects of social support, especially when persons face stressful transitions. Whilst conducting this review, it was evident that different researchers define social support differently, thus making its conceptualisation rather difficult (Hutchison, 1999; Uchino, 2006; Handen, 1992, p. 123).

Nevertheless, this author finds convergence in the literature, especially in its broad functions. Lopata (1975) and Kahn (1979) discuss how social support includes emotional help, dissemination of information and material/instrumental help. Schaefer, Cayne and Lazarus (1981) further dissect the provision of support into five categories. The first type is emotional support, referring to someone who shows empathy and is there to give support. Secondly, esteem support, meaning encouragement to take action and to believe in one's capabilities to face life difficulties. The connection and awareness of a person's network in finding help is the third category, whilst provision and promotion of information to empower a person to shape their life project is the fourth one. The fifth category is tangible support, meaning physical assistance like accompanying a person to hospital or providing shelter in time of destitution. Thompson (1995, p. 43) also agrees on this, and more specifically he concludes that "social

support consists of social relationships that provide (or can potentially provide) material and interpersonal resources that are of value to the recipient, such as counselling, access to information and services, sharing of tasks and responsibilities, and skill acquisition". All this is promoted by means of interpersonal relationships based on empathy, trust and care (Lakey & Cohen, 2000; Blaug, 1995; Thompson, 1995).

A great amount of literature, particularly from the psychology fields, link social support to social networks, referring to its benefits post-trauma in coping with stress and finding the resiliency to move on with life (Besser & Priel, 2010; Cohen & Syne, 1985; Rossi, 2014). This concept is defined by social psychologists as social connectedness and refers to the *informal and formal* connections that a person has with others (Seppala, Rossomondo & Doty, 2013). It is in line with those two words – formal and informal – that we pursue our quest for our definition of social support.

Informal relationships include close and extended family members, friends and neighbours, while the more formal relationships include professionals, like social workers, doctors, nurses, counsellors and teachers (Kaul & Lakey, 2003; Lopez & Cooper, 2011). Literature from other fields also refers to informal and formal social support, also giving attention to how the latter is provided by government, NGOs and IOs, both in mainstream or specialised centres as happens in community care (Williams & Dilworth-Anderson, 2002; Shiba, Kondo & Kondo, 2016), health care (Campbell, Wynee-Jones & Dunn, 2011; Guidry, Adey, Zhag & Winn 1997), social policy and social work (Shaver & Fine, 1995; Froland, Pancoast, Chapman & Kimboko, 1981).

Turkat (1980) and Whittaker and Garbarino (1983, pp. 46-47), highlight how professionals engaged in social support include key persons in the coordination of formal and informal help, to an extent that these authors link them with the role of a case manager. In fact, Moxley (1989), in his seminal work on case management, defines one of the roles of a case manager as coordination of formal and informal support, added to the case manager's roles of advocacy, brokerage, building of social networks, facilitation of services, information, empathy and help in time of crisis. Whilst professionals across social policy services, like health and social care, education, employment, accommodation and social security, can to a lesser extent be coordinators of comprehensive help, social support is not identical to the services provided in these settings. The author is here referring to professionals who specifically *accompany* a person during stressful situations, who as we have seen from the above literature, can provide information and help in accessing services, and can support the individual to move on in life and shape their life project. It is not the intention of this thesis to go into detail on the concept of case management, but it is here used to help understand a role involving the accompaniment of a person during stressful, vulnerable, unstable and unsatisfying situations while receiving a combination of often intertwined formal and informal support. More on social accompaniment will follow in the next subchapters.

This means that the author is defining social support as the formal (government services and NGOs) and informal (family and friends) connections or relationships, based on empathy and trust, particularly useful in times of stress, where a vulnerable person interacts to find help by means of information, accompaniment or physical material. Wallston, Alagna De Vellis and De Vellis (1983) argue that the general functions and provision of social support find their application with different persons, particularly those with complex needs and living in different situations, like frail elderly, persons with disability, immigrants and persons with mental health

problems, either living in care settings or in the community. Our research questions centre on the social support of immigrants living in the community in Malta; therefore, it is appropriate to take a deeper look into the literature on the social support of immigrants.

3.3. The social support of immigrants

With the increase of international migration in the past decades, research on immigrants' social support started to develop, with research first focusing mostly on social support as a social determinant of health (Raphael, 2004). However, lately ample research has started to emerge detailing how immigrants benefit from social support, especially during the integration process. In a study by Stewart et al. (2010), whilst conducting in-depth interviews with 60 Chinese immigrants and 60 Somali refugees in Canada, research participants acknowledged the benefits of both informal and formal social support (as defined by this endeavour) during the integration process. Hernández-Plaza, Alonso-Morillejo and Pozo-Muñoz (2006) highlight the importance of social support interventions with immigrants during their integration process. This is also confirmed by Bartkevičienė and Raudeliūnaitė (2013, p. 90) when conducting semi-structured interviews with immigrants in Lithuania. They investigated the importance of "[formal] social support strategies used by social workers in solving problems" deriving from "housing, employment, legal, financial, and lack of access to relevant information". Potocki-Tripodi (2002), Hernández-Plaza et al. (2006), Logger, Paulsen and Rothfusz (2006), and Valtonen (2008) explain how dissemination of information and guidance on housing, social, health and education needs, but also cultural mediation at an organisational level and emotional support, help in the integration process of immigrants.

Similarly, its informal counterpart has been the centre of attention due to its direct associations with the general wellbeing of immigrants. Researchers and practitioners coming from the health and psychology disciplines explain that apart from empowering immigrants to deal and adapt to challenges, "[informal] social support enhances coping, moderates the impact of stressors and promotes health" (Simich, Scott & Agic, 2005, p. 16). Nevertheless, Stewart et al. (2010) explain how (informal) social support helps immigrants to find work and meet basic needs and improves general wellbeing and coping amid stress as a result of integration. In a study of 429 newly immigrant grade-schoolers and their parents, Levitt, Lane and Levitt (2005, p. 160) investigate how the presence of (informal) social support helps immigrants cope during "transitional circumstances".

It is clear that focus is needed to narrow the areas of social support in order to answer our research questions. First, we need to acknowledge, as Mattson and Gibb Hall (2011) did, that informal and formal social support are not mutually exclusive, but complementary to each other. This is very relevant, especially when considering the complexity of the needs of vulnerable persons, like immigrants. Trimble (1980) and Froland et al. (1981) also speak about the interweaving between the two and their efforts in coordinating benefits to clients. The author is particularly intrigued in this, especially when formal and informal social support not just complement each other, but *adapt* to counterbalance, particularly in times when one of the two pillars fails to intervene appropriately. There could be times where either formal or informal support is inadequate or unengaging, thus obliging the other part to intervene, like a 'safety-net', to help the vulnerable person. It is in this insufficiency or feeling of unengagement that we find focus, thus shedding light on specific areas of social support that deserve more attention than others. For the author, this is an important step in addressing the research questions.

As we have seen in the previous chapter, local research reveals how immigrants are helping each other during the integration process, such as by providing information on work or how to access mainstream services, rights and entitlements, by balancing their income by sharing accommodation, acting as translators and cultural mediators, accompanying each other and providing emotional support (Caruana, 2016; Pace & McKay, 2013; aditus foundation & UNHCR, 2013; Collantes et al., 2011; Fsadni & Pisani, 2012). This informal support could be the result of "lack of structural" and unengaging [formal] support (JRS-Malta, Aditus & Integra Foundation, 2016, p. 26; Caruana, 2016) or perhaps a society that is inclined towards assimilation rather than integration (Sammut, 2017). Despite this informal support and living in a state of "autonomy" (Watters and Hussein, 2008, p. 25) and showing interest towards integration, research is revealing immigrants who are living in segregated and at-risk-of poverty conditions (JRS-Malta, aditus foundation & Integra Foundation, 2016, p. 26; Caruana, 2016). This reinforces our argument of complementariness between the two pillars of social support, and the need for formal social support to take note and adapt to these realities, especially when there is segregation, exclusion and minimal integration. So it seems that there are overarching elements and attention is to be given to the provision of information on how immigrants can access mainstream services, together with the coordination of referrals not just to formal services but also to other members of the community in an attempt to ease social connectedness. It is through this information and connectedness, and within an emphatic relationship, that immigrants can be in a better position to start their integration journey, feel empowered and live autonomously in the community.

3.3.1. The four focal social support areas

In view of the above elucidations from the literature about the meaning of the term social support, and its place especially in the help given to immigrants, this author has decided to

narrow the scope of the research question to define this thesis' *focal social support*, or the aspects of social support that constitute the focus of this research project, as that social support that involves:

1. More information on how to access mainstream service;
2. Effecting and coordinating referrals to formal and informal support;
3. Empowering to achieve autonomy; and
4. Supporting users to shape their own life project.

It is the intention of this endeavour to identify service designs that make changes in line with the above type of help and service characteristics, in response to new contexts. But before explaining this, even by means of the Reggio Emilia and Rome case studies, we need to discuss the conceptual definition of policy transfer and adaptation.

3.4. Policy Transfer and adaptation

Now that we have conceptualised social support and the focal social support areas and how they are understood for the purpose of this work and immigrants' integration, it is time to discuss policy transfer and adaptation. This is driven by a desire to understand how local service providers adapted their service designs, particularly in the areas of focal social support, to the realities of more immigrants living in Malta. Adaptations can be made either through policy importation from a different location or remodelling of current service designs from the usual version to one partly changed in order to fit the new context. By service design, the author is referring to the resources, practices and organisational structures that are in control of the

organisation and how these work together to meet their clients' needs (Edvardsson & Olsson, 1996; Secomandi & Snelders, 2011).

Why should practitioners, researchers and service providers aim for policy or services importation, adaptation and transfer? Pace (2002, p. 25) declares that "all countries carry some sort of policy importation and transfer as it does not pay to re-invent the wheel". Watters & Hussain (2010, p. 38) compare transfer of practices to the benefits of an "economy of scale" since the "wider" expertise would be more efficient than "reinventing the wheel" at a national level. Sometimes social policy locations, like the location under review, lack critical mass in research, planning and adaptation capabilities. The discovery of knowledge, whether locally or abroad, and respective importation and adaptation, adds value to the work of social policy practitioners, particularly at a receiving level. This is truly the conceptualisation of "nanos gigantum humeris insidentes (dwarfs sitting on the shoulders of giants): where one can see further when standing on the shoulders of giants" (Newton, 1676, as cited in Westfall, 1980, p. 274).

Evidence increasingly shows how transfer of knowledge, policy or service is affected by globalisation, facilitating it either by means of convergence (control and effectiveness) or emulation (influence and pressure) (Levi-Faur & Vigoda–Gadot, 2004). Nevertheless, lessons learnt from literature on policy transfer, like case studies in education, healthcare and public policy, can shed more light on adaptation, particularly the focus on contextual features and how these influence adaptations (Dolowitz, 2000; Levi-Faur & Vigoda-Gadot, 2004). In fact, as we shall see from the Reggio Emilia case study, evidence is showing that policy transfer is more than convergence and emulation. In the context of social support, the need for and significance

of *context sensitive local solutions* is not to be undervalued. Without lessening the benefits of globalisation or Europeanisation or the push for policy transfer, the latter require a description that is not universalising or simple but one that is multidimensional and complex. Conceptually, this means that adaptations, whether coming from different locations or constituting a remodelling of current service design, have to be congruent with the new context.

3.4.1. Contextual characteristics

Context sensitive solutions, or adaptations in our case, acknowledge the importance of contextual features, like service designs, policy, institutional factors, users' culture and socio-economic and familial background, that influence professional and managerial decisions. These factors, which can be found at all levels (later on in this chapter we will discuss the social systems as part of our theoretical framework), are the context in which services are provided, hence 'contextual features'. Although practices focus on immigrants' needs, quality of life, empowerment and integration, sometimes these are not individual choices by the immigrant and service provider. The choices are usually influenced by structural and contextual features within a larger perspective of social policy.

To better understand and conceptualise policy transfer and adaptation in relation to context, the lessons learnt from the attempts of health services in Reggio Emilia and Rome to become more equitable to immigrants' needs could shed more light on our analysis. In fact, in the next subchapters, we will follow two strands of thoughts. On the one hand, the adaptation of mainstream services in order to make these more migrant-friendly by means of service solutions that are in line with our focal social support. On the other, we will evaluate social accompaniment as a service solution or application that specialised services use to help immigrants in periods of exclusion and when integration fails. The author is interested to see

if this application can be adapted. It is here that adaptation comes in, when one moves from an application (or specification) of a generic idea to a different specification of the same idea. Thus, there is adaptation when a remodelling is involved.

3.4.2. Strand 1: A more (migrant) friendly service – the Reggio Emilia and Rome experiences

David Ingelby, a lead researcher and coordinator of the European research network Health and Social Care of Ethnic Migrants in Europe, explains:

Since this issue was first raised during the 1960s and 1970s [when civil rights movements asked for equality, respect and the right for cultural diversity] there has been continual uncertainty about how to label attempts to adapt health services to the needs of migrants and ethnic minorities. Shortly after the issue first came to the fore, a consensus seems to have arisen that the most important differences which needed to be taken into account were cultural ones. Responsive care thus became known as culturally sensitive or culturally competent care (Ingleby, Chiarenza, Devillé & Kotsioni, 2012, p. 10).

Cross, Bazron, Dennis and Isaacs (1989) and Bennet (2016) argue that for a service to become *culturally competent*, service providers should have sufficient knowledge and skills in understanding and responding to cultural differences and similarities, whilst *cultural sensitivity* is the adaptation of their interpersonal and social relationships with immigrants. This means that a balance has to be struck between these two concepts. Based on his vast cooperative work and research on migrant-friendliness, Chiarenza (2012, p. 73), an authority in these fields, also stresses the importance of this complementariness. He explains how migrant-friendliness is not just cultural competence, but means services that are open and sensitive, and listen and learn from immigrants' experiences. Ben-Ari and Stirer (2010), Kleinman and Benson (2006),

Johnson and Munch (2009) explain that adaptation in service provision should keep immigrants at the centre of support and not just build adaptations on the exclusivity of the provider's competence. Chiarenza (2012, p. 73) explains how "humility is a prerequisite in this process", therefore redefining the user-provider relationship and whilst being non-judgmental, establish others that are based on trust and respect.

Chiarenza and Ingleby agree that instead of a one-size-fits-all approach, one has to think about adaptations that instead of placing the only focus on "the knowledge about the other", focus their attention on a "relationship with the other in order to produce knowledge" (Ingleby et al., 2012, p. 10). This is what migrant-friendliness is all about – an environment that is conducive to positive relationships and providers that understand cultural differences and similarities in order to adapt according to immigrants' needs.

To learn about these adaptations, the author carried out two visits to good practice centres in Italy. From 2008 to 2011, the author was a member of a research network called COST-HOME, more fully referred to as ISCH COST Action IS0603 Health and Social Care for Migrants and Ethnic Minorities in Europe (HOME), existing within the European Cooperation in the Field of Scientific and Technical Research (COST) (European Cooperation in the Field of Scientific and Technical Research, 2015). COST is supported by the European Commission and is one of the longest-running instruments supporting co-operation among scientists and researchers across Europe and beyond. As a member of COST-HOME, the author carried out two visits, first to Rome's National Institute for Health, Migration and Poverty in March 2010 and then to Reggio Emilia's Local Health Unit Agency in March 2011. The aim of the visits was to study

and explore the provision of good social support practices to undocumented immigrants. The main types of activities during the visit included:

- contacts with managers, promoters, practitioners, researchers and evaluators of services, consisting of interviews, discussions, focus groups, and shadowing;
- observation visits, contacts with users;
- access to literature sources; and
- familiarisation with methods of service organisation and adaptations to local contextual features, research and evaluation.

3.4.2.1. Reggio Emilia's Migrant-Friendly Hospital

Reggio Emilia's Local Health Unit Agency (Azienda Unità Sanitaria Locale di Reggio Emilia) (AUSL-RE) is one of the pioneers of a larger network of so-called Migrant-Friendly Hospitals (MFH). The visit to Reggio Emilia (RE) was hosted by sociologist Dr Antonio Chiarenza, in his role as AUSL-RE's Director of Research and Innovation (Chiarenza, 2011). Interestingly, at RE, and presumably in other regions of Italy, the Local Health Unit is responsible not only for all health care services, but also for a myriad of social support services that are coordinated and funded by both the Local Government and the Local Health Unit.

Amid Italy's restrictive measures that hinder immigrants' access to certain services, the rise in the number of immigrants in Reggio Emilia was a predominant contextual feature that led to the adaptation of the hospital's service design to immigrants' needs and the introduction of such a model of support (Gualdi, 2011). In fact, interviews with service providers revealed how AUSL-RE is committed to ameliorating immigrants' services, also in the belief that help given

to vulnerable persons and minorities could have a positive ripple effect on mainstream services and the general community. Indeed, such a sensitive approach could be seen throughout the author's visit. This followed the Amsterdam Declaration that launched the MFH project. This is a 2004 European initiative to promote health and health literacy for migrants and ethnic minorities, by means of better patient-practitioner communication, migrant-friendly information, and staff training (Ludwig Boltzmann Institute for Health Promotion Research (LBIHSM), World Health Organisation (WHO), Collaborating Centre for Health Promotion in Hospitals and Health Care & University of Vienna, 2003, p. 2 and LBIHSM et al., 2005, Migrant Friendly Hospital, 2004).

AUSL-RE's adaptation towards migrant-friendliness was not by coincidence. A structured and scholarly approach to change was started in 2003 (Chiarenza, 2005). This means that the transfer of the MFH model did not happen lock, stock and barrel, and adaptations were needed to address local contextual characteristics. A steering committee took charge and carried out a needs assessment with providers and users, which confirmed how on the one hand immigrants within the region needed help in accessing health care services, whilst on the other, service providers required (and asked for) training and support (Chiarenza, 2005). Four main adaptations were identified and coordinated by this committee, that involved all management strata, including modification of the mission statement and objectives of the hospital, amid constraints and competing forces from practitioners on the medical model axis (Chiarenza, Gigliobianco, Ventura & Bertozzi, 2005).

The first adaptation is the availability and publication of a multitude of information in different languages, ranging from menus to information leaflets, consent forms and hospital signs. The

second is the annual procurement of 300,000 Euros of cultural mediation services at all levels. The social cooperative Dimora d'Abramo (Abraham's Abode – inspired by the Old Testament's writings on Abraham's hospitality and the use of his tent to welcome nomads roaming in the multicultural land of Canaan) employs professional mediators (usually trained immigrants) on both full-time and part-time basis in order to provide cultural mediation for persons coming from different countries, in various stages of care, extending from admission to discharge and out-patients (Cavazzuti, 2011; Codeluppi, 2011; Prandi, 2011). Moreover, their services can also be booked and accessed by phone for urgent requests, and they keep regular contact with users by phone to ensure continuity of care and help in the translation of multi-lingual information material (Cavazzuti, 2011; Magnani, 2011). Professionals welcomed the introduction of cultural mediators and explained how these complemented and added value to their interpersonal relationships with immigrants. G. Magnani (personal communication, March 31, 2011), Director of the Department of Infectious Diseases, states that "the introduction of cultural mediators is a big step forward. They are helping us and are adding extra value to our services."

Cavazzuti explains that the AUSL-RE cultural mediation services' objectives are fivefold, in that they:

1. favour persons' equality and right for health;
2. facilitate the removal of linguistic and cultural barriers;
3. enhance access to services and inclusion;
4. ameliorate services to minority groups;
5. offer new work opportunities (the role of the cultural mediator); and
6. promote knowledge and different values. (2011, p. 2)

A third tool for adaptation is the Migrant-Friendly Evaluation Unit, which aims to define minimum standards and carries out evaluations in an attempt to measure the hospital's intercultural sensitivity and migrant-friendliness in responding to immigrants' needs (Chiarenza, 2011). Chiarenza (2011) explains how evaluation is done by means of a Migrant-Friendliness Quality Questionnaire (MFQQ), which was developed by LBIHSM (2004). It deals with the characteristics of migrant-friendly services designs such as specialised resources and information to facilitate communication with users and accessibility, the type of support needed through quality audits, written policies, dedicated budgets, management structures, involvement of immigrants' representatives in the decision-making process, marketing, training of staff, documentation and collaborations (LBIHSM, 2004).

The fourth adaptation is the hospital's inclusion of cultural sensitivity courses within the staff's continuous professional development curriculum. The author had the opportunity to be present during one of the regularly offered courses. The approximately five-hour-long course is very well-delineated and structured. Practitioners are familiarised to the concepts of migrant-friendliness by means of an active methodology, case studies and a bottom-up and holistic approach (Bevolo, 2011).

3.4.2.2. Taking migrant-friendliness in the community

At RE, the concept of migrant-friendliness did not stop in hospitals, but was even applied in the community, particularly the Immigrants' Counter. At RE, like in other parts of Italy, there are information centres for immigrants called Immigrants' Counters (Sportello Immigrazione). However, the one at RE adapted and became a one-stop-shop resourced with a helpdesk, cultural mediators from the social cooperative Dimora d'Abramo, support workers, volunteers, students, administrative clerks and a website (Comune di Reggio Emilia, 2011b). Immigrants

ask for all kinds of information and support on status, family reunification, citizenship, birth certificates, social support, health, child care, availability of Italian language courses, education, training, employment, reporting of discrimination and information on Local Government's intercultural events (Ferretti, Lanni & Melioli, 2012, p. 18).

In an evaluation report, Ferretti et al. (2012, p. 37) discuss how service providers praised the specificities of these centres and reiterated that all efforts should be made to maintain the uniqueness of these centres and the way they collaborate with other mainstream services for the benefits of immigrants in RE. This was highlighted in view of rumours that Immigrants' Counters would be incorporated within major Local Government centres, thus diluting their current richness, specialisation and specificities (Ferretti et al., 2012, p. 37). The Immigrants' Counter collaborates with World-together (Mondinsieme), RE's intercultural centre supporting intercultural relations and dialogue, the formation of immigrants' groups and councils and the dissemination of information to immigrants through collaboration with a newspaper (Mondinsieme, 2016). With the collaboration of the University of Modena and Reggio, all such articles were published by the Local Government in a book entitled 'Voci colorate: pensieri, notizie e informazione della multiculturalità 2002-2006' (Different voices: thoughts, news and information on multiculturalism 2002-2006) (Comune di Reggio-Emilia, 2006).

Indeed, during the visit to RE, the author noticed a sense of adaptation among professionals. This could be attributed to a number of factors, but the author believes that the famous Reggio Emilia approach is one of the main factors. This approach contributed to the development of a critical mass in social sciences research across the region, thus establishing a sense of social solidarity within students (Hall, Horgan, Ridgway, Murphy, Cunnen, & Cunningham, 2010).

Influential educationalist and social science expert Loris Malaguzzi, who incepted this approach, encouraged schools to adapt to the learning needs of young children, thus rooting a sense of adaptation as a pedagogic approach (Gandini, 2008; Innovative Teachers Programme, 2011). But above all, Prof Malaguzzi believed in a person-centred approach, whereby the provider has to adapt in order to understand the user and provide better support (Gandini, 2008). This is very much in line with the philosophy of this project, whereby service providers need to adapt their service solutions in response to clients' needs and contextual features.

3.4.2.3. Rome's National Institute for Health Migration and Poverty

To continue with our conceptual reasoning on services' adaptations, the author will now discuss his second visit to a good practice centre. This was conducted at the National Institute for Health Migration and Poverty (NIHMP) in Rome. Director Prof Morrone describes the institute as "a place that serves as a meeting point between professional anthropologists, cultural mediators, physicians, nurses, psychologists with specialisations in ethno-psychology and legal representatives" (Morrone, Gulmez, Latini, Segneri, Toma & Tumiati, 2009, p. 47-48). Though the place was originally designed as a centre for comprehensive multidisciplinary help to victims of torture in their journey towards integration (Morrone et al., 2009, p. 48), in reality it adapted into one that is open to all vulnerable persons, Italians and immigrants, including undocumented ones, as well as homeless people and Roma; using practices that have interdisciplinary traits, establishing synergy between team members in the way they communicate, and actively involving immigrants in the decision-making process. The author noticed how the roles of anthropologists and psychologists, together with cultural mediators, are predisposing factors for such sensitivity, comprehensiveness and ultimately building friendly relationships with immigrants, and their active involvement. After the immigrants' needs assessment, professionals compile a report to serve as a "welfare-rehabilitation strategy"

(Morrone et al., 2009, p. 50) that is agreed on by all professionals and immigrants themselves, and that is also used for the asylum determination process.

Morrone et al. (2009, p. 50) has a deep conviction that help should take the form of "welfare-rehabilitation interventions", where "linguistic-cultural mediators act as welcomers and facilitators" (Morrone et al., 2010, p. 50). These are usually trained immigrants who help clients access mainstream services, in issues related to their personal lives, information on Italian laws, visa regulations, and other practical help. This means that cultural mediators are key persons in the way they coordinate referrals and accompany users during their integration journey. Vietti, Rosso, Costanzo and Mirisola (2012, p. 299) explain how NIHMP changed to a 'drop-in' centre with an 'open-door' policy. The centre is open all week, including Saturday and Sunday, in an attempt to minimise waiting lists and improve accessibility for the most vulnerable. This is a remarkable adaptation, as a response to vulnerable persons' needs.

Another remarkable adaptation is how professionals welcome immigrants, in a reaction to an important contextual feature. In 2009, the Italian Senate proposed provisions in a law – which eventually were never approved – requiring healthcare professionals to report irregular immigrants to police (Turone, 2009). Though never officialised (Vietti et al., 2012), these proposals created fear and anxiety amongst stakeholders, which resulted in a stumbling block for immigrants to access services in Italy. To put immigrants' minds at rest and facilitate access to help, NIHMP made two innovative changes. First, the running of big prints over each office and clinic, saying "I offer care but will not report you" (Io curo ma non denuncio), as a clear statement of reassurance that they can seek help without being reported. Secondly, cultural mediators started wearing traditional native costumes, welcoming immigrants on NIHMP's

door step, thus making it comfortable for them to access help. Vietti et al. (2012, pp. 299, 309) describe NIHMP's 30-strong cultural mediators team as an "asset". Apart from training cultural mediators, they believe that by being immigrants themselves, and with their help during registration and first interviews, immigrants will be more comfortable to open up and speak about their vulnerabilities, very often associated with destitution (Vietti et al., 2012, p. 299).

3.4.3. Strand 2: Social accompaniment

Another feature that struck the author during the visits, particularly at AUSL-RE, was the way specialised service providers use *social accompaniment* as their model of support. This corroborates Chiarenza and Ingleby's earlier explanation on the importance of building positive relationships with service users, based on trust and respect, whilst being non-judgmental and placing the person in the centre of service provision. According to medical anthropologist and physician Prof Paul Farmer, accompaniment has "Latin origins: *ad cum panis*, which is one way of saying breaking bread together" (Farmer, 2011). The term has its roots in liberation theology founded by Peruvian priest Gustavo Gutiérrez who wrote extensively on "the preferential option for the poor" after being introduced to Dominican and Jesuit thinking whilst studying in France and Belgium (Farmer, 2011; Gutiérrez, 1973). Farmer (2011, para. 16) quotes Prof Giozueta, who in line with Fr Gutierrez speaks about being physically there to accompany vulnerable persons, to walk and "build interpersonal relationships with them" rather than from a "controllable distance" and "treat[ing] them as passive objects of our actions".

Whilst in Italy allocation of accompaniment (idennità or assegnamento di accompagnamento), generally refers to the State's social benefits for persons with disability (Accompaniment of Persons with Disability Act, 1980). In RE, professionals refer to accompaniment as an

approach to help vulnerable persons, by means of information, support and orientation (Landuzzi & Pieretti, 2007). Landuzzi and Pieretti (2007) explain how professionals using this approach are considered to be key workers and users' advocates in order to help vulnerable persons during their (re)integration in society after trauma, disease or social problem amid difficulties due to destitution, racism, illiteracy, and social exclusion. The author could note how the concept of accompaniment was complemented by the way services were coordinated and communicated with each other. This sense of service integration was made possible through the Standards for Healthcare and Health Planning Act 1985. As noted before, at RE, and presumably all over Italian regions, the Local Health Unit is responsible not only for public health but also for a myriad of social care and support services. In fact, interviewed AUSL-RE professionals, despite coming from different academic backgrounds and departments, were like a discourse community sharing and using social accompaniment as their preferred support practice.

Despite its being very rarely used in standard English-language social policy and within the health and social care mainstream fields, it is a striking adaptation and very much in line with our *four focal social support aspects*, identified earlier in this endeavour as:

1. giving information to the user on how to access mainstream service;
2. effecting and coordinating referrals to formal and informal supports;
3. empowering the user to achieve autonomy; and
4. support to shape their own life project.

In line with all the above, it is no wonder that this author considers that 'accompaniment' is a word he can freely use, for the purpose of this endeavour, to be interchangeable with what we

have called *'focal social support'*, which is what we wished to investigate through the present research project.

3.4.3.1. Accompaniment in practice

At the specialised Centre for Immigrant Family in RE, an initiative between AUSL-RE and Caritas, professionals are like 'accompaniers' in the way they provide information to immigrants and coordinate and accompany immigrants to different service providers and professionals (Fornaciari, 2011). The Centre is another solution or adaptation, as it was created during the early years of the last decade as a response to an increase in the immigrant population in the region (Chiarenza et al., 2005). Marzocchini (2011) describes how the centre was originally created as a medical centre for immigrants, with various clinics manned by professionals on a voluntary basis, like clinic Evaluna (a name inspired by the name of a Chilean novel based on love but also on emigration, hardship, women's rights and abuse of power; this clinic gives particular attention to immigrant sex workers). However, by time it adapted to an open-door-drop-in centre where users have no need to book appointments. In 2009, they welcomed 2,000 immigrants asking for basic help and information due to destitution, and referrals to mainstream service providers.

Once again, the author noted the active participation, like key persons, of cultural mediators and/or translators from the Dimora d'Abramo. To better understand social accompaniment in practice, Vaccari (2011) presents a case study to the author in order to show their practice at a face-to-face level. The case involves a community worker and a cultural mediator helping a homeless immigrant with serious health problems. The author is presenting a table below replicating verbatim the case study in Italian and with an English translation next to it. The word 'accompaniment' features six times in the practitioners' discourse (table 3.1).

Case Study – Social Accompaniment	
In Italian	In English
Accompagnamenti "complessi": Esempio: persona tunisina di 53 anni senza fissa dimora e con gravi problemi sanitari: • **Accompagnamento** colloquio Caritas e ottenimento di un posto al dormitorio e di un domicilio temporaneo presso la struttura. • **Accompagnamento** presso il centro per l'impiego e ottenimento dello stato di disoccupazione. • **Accompagnamento** al centro per le famiglie straniere e ottenimento della tessera sanitaria e, di conseguenza, di un medico di base. • **Accompagnamento** presso il medico di base e prescrizione di visite specialistiche. • **Accompagnamento** al patronato per verificare possibilità di pensione (non ottenuta).	Complex **Accompaniments**: Example: A 53-year-old homeless person from Tunisia with serious health problems: • **Accompanying** the person to a Caritas interview, requesting admission to a temporary shelter. • **Accompanying** the person to the employment office where an unemployment status is issued. • **Accompanying** the person to the Centre for Immigrant Families to apply for a health card and access GP services. • **Accompanying** the person to a GP for referral to specialists. • **Accompanying** the person to apply for social security benefits (not entitled).

Table 3.1. Social accompaniment – A case study

At this stage, a conceptual one, it is appropriate to delineate how accompaniment is a specialised practice, particularly important when vulnerable persons feel marginalised and socially excluded (Farmer, 2011). The above case study indicates its usefulness, especially when Berry's integration is unheard-of and where there is no self-reliance and no social support engagement. As we can see, it is time for migrant-specialised accompaniers who help excluded persons to access mainstream services or migrant-specialised sections within mainstream services, to find help, even from friends and local communities, in order to find their feet again. After this process, the vulnerable person would be in a better position to start feeling self-

reliance and autonomy. Obviously, accompaniment here is not only physical, but also emotionally and practically supportive.

In fact, the picture is now becoming clearer. We wish to investigate how immigrants are helped to move from an unintegrated (segregated, marginalised or separated) state to an integrated one, focusing on the role that accompaniment, as we have defined it, combines with the use of migrant-specialised services, as well as, often later, of migrant-specialised sections of mainstream services and proper mainstream services (see table 3.2). The effective use of mainstream services, which are the ones used by the host country's general population, is in itself a sign of integration, which can be considered to be the main goal of help to immigrants as such.

INTEGRATED	
Use of MAINSTREAM SERVICES (social security, health, education, housing, employment, social care facilities like residential, day or domiciliary care, same as used by the general population of the host country)	
Use of MIGRANT-SPECIALISED SECTIONS OF MAINSTREAM SERVICES	
↑↑↑↑↑ ACCOMPANIMENT	↑↑↑↑↑ USE OF MIGRANT-SPECIALISED SERVICES
SEGREGATED/ MARGINALISED / SEPARATED	

Table 3.2. Accompaniment, or 'focal social support', helps immigrants to move from segregated states to integration while they move from the use of segregated to mainstream services.

3.5. Active Remodelling for Congruence

The literature on policy transfer very often deals with case studies of such transfer. This very often, probably always, involves a tweaking or partial change in the policy or service design in order to make it fit with the environment of the new context. Pace's (2002) Active Remodelling

for Congruence (ARC) seems to be the first model that attempts to systematise the understanding of the process of remodelling that often must take place in the process. ARC places this in perspective as it serves as a tool for those who aim for the adaptation of practices, whether these have to be imported from a parent country to an adoptive one or involve a remodelling of current service design from the usual version to one partly changed in order to fit the new context. Nevertheless, it can serve to understand and evaluate adaptations that have already been made or attempted and to study if an adequate context-congruent response or policy solution is implemented. The framework allows for systematic thinking in all contexts (parent and receiving contexts) and at the three levels: macro-, meso- and micro- (the definitions of these levels will be explained soon in this subchapter).

Conceptually, ARC defines adaptation as the change that is made to an existing policy, application or service solution, in an attempt to make it congruent with a new context. For instance, in Reggio Emilia, the migrant-friendly approach was not implemented wholly – Pace (2002, p. 24) argues that there are other alternatives to "lock, stock and barrel importation, thus we can 'say yes to the lock' and 'no to the stock'" (Pace 2002, p. 24) – but adapted or perhaps remodelled following a needs assessment of both service users and providers.

Having evaluated a service in light of its inter-level congruence in its parent context or current design and highlighted particular contextual differences, the framework is to assist the researcher or planner in testing and developing the congruence and adaptiveness of a service. Before detailing the ARC process, one is to bear in mind that whereas changes are needed to merge a service to a new context or remodel service designs, the function, principles and raison d'être of the service to be imported are usually intended to remain essentially the same across

the two contexts (Pace, 2002). With this in mind, ARC proposes an adaptive remodelling template.

3.5.1. ARC's Adaptive Remodelling Template

Table 3.3 features the Adaptive Remodelling Template (ART). It examines the User and Provider worlds in both receiving and adopting countries or from current service design to a new one to fit the new context, thus preparing the remodelling so as to achieve congruency (Pace, 2002). To facilitate this analysis ART tabulates three items that go into the adjustment between the parent and receiving contexts or between the current design to one partly changed in order to fit the new context: the User world, the Service components and the Provider context. The User and Provider worlds are evaluated against the three-tier levels (macro-, meso- and micro-). This means that to find service solutions one needs to extend thinking beyond the user world, which is the usual focus of the traditional ecological model. According to Mizrahi and Davis (2008), in social sciences the social systems-ecological frameworks focus on the person's (user) multifaceted and dynamic relationships between contexts like family, community service providers, culture and institutional systems. Here ARC is going a step further and in an inventive way it recommends that a parallel multi-level conceptualisation is also constructed for the provider world. In doing this, Pace is applying the ecological perspective to describe the context in a multi-level manner. In fact, the provider world can be evaluated for its country's values, laws and policies at a macro- level, the organisation and its systems at a meso- level, and face-to-face service provision at a micro- level (see table 3.3).

It could be argued that this is a unique feature attributable to the ARC framework. Whilst applying the Adaptive Remodelling Template, adaptation questions are asked along the way:

1. What is the service that is to be imported or remodelled?

2. What are the main features, aim and rationale?

3. What particularities of the receiving or new context are relevant to it?

4. How can the transfer and adaptation happen?

5. How successful will the adaptation be?

6. What suggestions for optimising the solution and the fit can be made?

Service Driving Values and Function	(Common driving values & function)	
	Original context of the Good Practice or Model	Receiving context of the Good Practice or Model
The Provider Context *Macro* Country's values, laws and policies *Meso* The agency or program, as well as the managerial and organisation system *Micro* Face-to-face service provision	*(descriptions bringing out differences...)*	*(descriptions bringing out differences...)*
The User World *Macro* Country of origin and values *Meso* The living setting and contexts experienced by immigrants *Micro* The individual user and immediate family and/or friends	*(descriptions bringing out differences...)*	*(descriptions bringing out differences...)*
The Service Solution	(original service described)	***(adapted service solution derived /created)***

Table 3.3. The Adaptive Remodelling Template: Tabulating to aid Remodelling (Pace, 2002)

Let us discuss a hypothetical scenario to better understand the operationality of the ARC framework. For policy transfer to happen, we need the exportation or importation of a policy from an original context to a new one. For the sake of this example, we will take Reggio Emilia's Local Health Unit Agency as the original context and Malta's main hospital as the new one. The need for an adaptation comes from a mismatch between the policy solution of the original context and the new context. Our example's concept or mismatch is the publication of information in different languages, in an attempt to make hospital services more migrant-friendly. When this author visited Reggio Emilia's main hospital in March 2011, the visit coordinator explained how in view of more immigrants living in the region and with the aim of making services more accessible to migrants, hence migrant-friendly, the hospital published wide-ranging information in different languages. These adaptations followed a needs assessment and ranged from consent forms to hospital signs, from information on different medical services to menus. Here, it was evident the change that was made to an existing policy – the availability of information in Italian – in order to fit and become congruent with the new context: more immigrants accessing health care services. Let us now turn our attention to Malta's main hospital. In Chapter 2 we referred to three studies highlighting how lack of information and language barriers are amongst the top stumbling blocks for immigrants to access health care in Malta (Collantes et al., 2011, pp. 64-93; aditus foundation et al., 2015; JRS-Malta et al., 2016, p. 25). In fact, Collantes et al. (2011, pp. 64-93) explain how such barriers are predisposing factors for immigrants to give up health care, and then rely on family and friends for practical help. So how can the local main hospital respond to the reality of new immigrants? How can we import and remodel such a practice from Reggio Emilia? Table 3.4 is our first attempt in operationalising Pace's Adaptive Remodelling Template.

Common Service Aims & Rationale	**The provision of translated information**	
The different contexts	**Reggio Emilia**	**Malta**
The Provider Context	A priority to make services more migrant-friendly	Migrant-friendly concept still evolving
The User World in terms of • **own culture** • **living setting** • **needs**	Rise in number of immigrants in the region. Many have communication barriers, as they do not speak Italian.	More immigrants working and living in Malta Many have communication barriers, as they do not speak Maltese and/or English
The Service Solution in terms of • **design and inputs**	Publication of loads of information in different languages	***What New Adapted service solutions are proposed*** - Evaluate language barriers of immigrants accessing main hospital - Publication of translated material and information, from Maltese/English to immigrants' mother tongue. - Keeping in mind how immigrants rely on each other for practical help, involve and disseminate translated information amongst local immigrants' communities.

Table 3.4. Using the Adaptive Remodelling Template: First attempt

As one can see the ARC framework facilitated the author's work to think critically and systematically at all levels, whilst seeking for congruence in the transfer from the parent to the receiving context in a process of remodelling. Table 3.4 is a synthetic table that brought together many contextual features and service solutions. Howitt and Owusu Bempah (2002, p. 293) also praise Pace's framework, describing it as a "useful tool" for psychologists to address cultural diversity and racism in service provision at all levels. The author concludes that the ARC framework is well placed to identify and examine good *focal social support* practices

exercised during integration, while exploring how these have either been adapted or can be adaptively transferred to the support of undocumented immigrants in Malta. It must however be here emphasised that, while the general approach of ARC is adopted, it is an aim of this dissertation to streamline and refine the way ARC can be usefully applied to help the development of policy and service solutions that are congruent with the relevant aspects of the receiving contexts. One aim of this thesis is the development of a number of examples of how the Adaptive Remodelling for Congruence framework can be applied, and applied more particularly to the design, and the evaluation of the design, of services for undocumented immigrants.

3.6. The Six Dimensions of Good Practice

In our attempt to determine which *focal social support or accompaniment practices* service features are needed to best help immigrants during their integration process, Watters' (2007) Six Dimensions of Good Practice are strategically important criteria. In fact, Hussein and Watters (2008, p. 30) explain that good practice concepts emanate from the comparative analysis of practices against "a comprehensive set of criteria" that are "broadly agreed upon". Watters' criteria focus predominantly on service provision and were developed following many years of research and practice in the fields under review. His seminal works like 'Refugee Children: Towards the Next Horizon' and 'Good practices in mental health and social care for asylum seekers and refugees', the latter together with Ingleby, Bernal, De Freitas, De Ruuk, Van Leeuwen and Venkatesan, were of utmost importance in identifying these criteria originating from "overarching values" and "supranational bodies" like the European Union, the Council of Europe and United Nations, but also, importantly, from practitioners and users on the ground.

It is in the application of these criteria that the author finds their usefulness. In a project entitled 'The Hub' a group of practitioners, with the collaboration of the European Centre for the Study of Migration, Health and Social Care (MASC) at the University of Kent, applied Watters' good practice concepts to evaluate immigrants' reception services in various EU countries (Watters & Hussain, 2008). Though good practice concepts can be applied to many contexts (pluri–contextual), the author is interested in those that are applied as a response to a particular context, thus in remodelling to become more specific, for example to a new location (such as becoming Malta–specific).

Watters's Six Dimensions of Good Practice are (Watters, 2007, p. 30):

- access and entitlement to users;
- degree of participation;
- holistic practices;
- interagency collaboration;
- cultural sensitivity; and
- evaluation.

Watters' framework highlights good practice by leading service providers and planners to consider these six particular dimensions as well as the respective relationships extending among the macro- (institutional), meso- (service) and micro- (treatment) levels. The first dimension involves entitlement to services that are spelled out from statutory laws and regulations and how these are translated at a face-to-face level, including type of and access to

appropriate information that is specific to the target population. Watters goes into not just the breadth of the service but also into the depth of how this is offered, including the kind of approach, ambience, variety of professionals and respective relationship with users that is friendly and culturally sensitive. The second dimension is the degree of service users' participation in service provision, especially at meso- and micro- levels. For instance, Watters and Hossain (2008, p. 32) identify a Norwegian immigrants' centre where an active residents' council participates in the dissemination of information to residents. On the one hand, participation of service users can be direct, such as through volunteering or in the planning or evaluation processes or evaluation of service provision, whilst on the other hand it can be indirect, by means of opportunities where immigrants can voice their concerns, feelings and recommendations.

Holistic practice is the third dimension. This requires good planning at both meso- and micro-levels, especially in allocating resources and identifying methodical assessments to meet immigrants' social, cultural, emotional and psychological needs (to which we could also add spiritual needs). Rather than working in silos, professionals are to coordinate practices that are integrated and not passive, and to take note of all the internal and external factors that contribute to the problem of vulnerability. For instance, the interdisciplinarity at the NIHMP in Rome enables a more integrated service, preventing immigrants from being sent from one place to another.

The fourth dimension is interagency collaboration. Apart from highlighting the obvious benefits of such collaboration to service users and providers, such as welfare opportunities and less duplication of work respectively, Watters refers to the role of a focal person in charge of

coordinating collaboration, thus enhancing benefits for the users and better meeting their needs. Watters and Hossain (2008, p. 36) refer to an EU-funded project in Ireland, where a 'community development worker' was a key person in meeting immigrants' needs through coordinated referrals and by accompanying users in life projects.

The fifth dimension of good practice refers to cultural sensitivity. This requires service providers to avoid practices that westernise immigrants and consider them as real experts of their needs rather than the other way round. Such an approach minimises stereotyping and a 'blame-the-culture' attitude.

Evaluation is the last dimension of good practice, where providers are expected to gauge the outcome of practices against the aim of the service, standard goals and immigrants' met needs. As a sixth dimension of good practice evaluation is needed to measure how users and quality of life improved and whether the service experience has been a factor in causing change or not.

3.7. The merger between ARC and Six Dimensions of Good Practice

As we have seen, Watters' Six Dimensions put forward concepts or criteria of good practices in working with immigrants. Pace's ARC proposes a systematic methodology to study, before or post-factum, adaptation of services and policies that are either imported from a parent context or where current designs are remodelled as a response to a new context. A merging of ARC and the Six Dimensions of Good Practice could therefore assist the author to evaluate how good practices in the social support of immigrants have been or could be adapted to the particular and often untypical and challenging Maltese environment, to help immigrants during

the integration process. In the methodology chapter we shall introduce an evaluation tool that merges the two frameworks.

It is noted that both authors give great importance to analysis looking at the macro-, meso- and micro- levels. But whilst ARC is an instrument for adaptive remodelling in finding better service solutions, it does not in itself offer criteria that assist policy makers to identify good practices in the field, like Watters' Six Dimensions. On the other hand, one strength of ARC is that the three-level analysis happens simultaneously in two sides or sectors, namely the User and Provider worlds – a simple idea which does not seem readily available in other parts of the literature. This two-sidedness is important in order to make deep and comprehensive analyses of the contextual characteristics, helping to find good practices that have the right features to meet immigrants' needs within the identified context.

Table 3.5 is presented tentatively, as a prototype of the merger between the two frameworks. It is envisaged that the merger between ARC and Watters' Six Dimensions needs more streamlining, making it a coherent and clear evaluation tool. For instance, the division into macro-, meso- and micro- is one feature that needs more revision and refinement, particularly because of their overlapping issues. However, table 3.5 is tentatively offered as a provisional prototype of the research tool to be used in the operationalisation of Watters' criteria and ARC, showcasing its helpfulness and how this could assist the author in answering the research questions.

Dimension		**Macro**	**Meso**	**Micro**
	User World	What are the values and cultures of users?	What are the experiences and daily living arrangements?	What is the relationship with immediate family and friends?

				What is the relationship with area under investigation?
Access and entitlement	**Provider World**	Are statutory laws and regulations being maintained, such as access and entitlement to services?	What are the values of the service? What kind of information is being provided? Is information available? How many resources are dedicated? Is communication ascertained?	How are laws and regulations translated at a face-to-face level? Are professionals friendly and culturally sensitive to users?

Table 3.5. Tentative merger between ARC and Six Dimensions of Good Practice: Questions on the way to finding and evaluating adaptations of good practices related to the dimension of access and entitlement. Adapted from Watters (2007) and Pace (2002).

3.8. Conclusion

By way of concluding this journey from conceptual and theoretical frameworks to an outline of the research tools and approaches to use, it must be here noted that this project is one that is simultaneously factual and interpretative, person-centred and nonetheless aimed not only at appropriateness and sensitivity but also at effectiveness and efficiency, whilst striving for balanced perspectives in its search for solutions.

We have seen the relation between integration and social support, and how societies that bear a multicultural ideology will probably be in a better position to promote more social support. At the start we noted the broadness of social support as usually understood, but then we found convergence in literature. In fact, we defined social support as the formal (government services

and NGOs) and informal (family and friends) connections or relationships, based on empathy and trust, particularly useful in time of stress, where a vulnerable person interacts to find help by means of information, accompaniment or physical material. Literature shows how immigrants benefit from social support, especially in finding their feet during the integration process, whereas formal and informal social support compensate each other for the wellbeing of the immigrant. For instance, when formal services are perceived as unengaging, immigrants turn to their friends for support, like help in finding work and accommodation and accessing mainstream services. It is evident that more adaptations are needed locally in the coordination of immigrants' support, like more information on how to access mainstream services, effecting referrals, and aiding in the users' empowerment to achieve autonomy and shaping of their own life project. These have been described as the *four focal social support or accompaniment* factors from where adapted good practices and others which have already been applied to the support of undocumented immigrants in Malta will be taken.

On issues of policy transfer and adaptation, the author noted how these can be either imported from abroad or current service designs are tweaked as a response to new contexts, hence the importance of the identification of contextual features and context sensitive solutions. The author presented exemplary good practices in adaptation derived from visits to Reggio Emilia and Rome. It is here that the author learnt how health care services applied adaptations to make mainstream services more migrant-friendly, whilst specialised service providers use social accompaniment to accompany vulnerable immigrants, especially in times when integration is inexistent. Both clusters of adaptations engage immigrants by means of positive relationships, effective communication, and 'welcomingness'.

To tackle the challenges of adaptation, a structured approach is necessary to explore the fit between the various actors and elements like values, society, culture, economy and users' background. ARC offers such a framework by innovatively taking practitioners through a multi-level analysis in the User and the Provider worlds and their respective solutions, to then help remodelling in order to achieve congruency. Meanwhile Watters' Six Dimensions helps by pinpointing areas where efforts at good practice with immigrants can be directed.

In the next chapter we shall discuss the research methodology, including the epistemology and ontology, the research design, how data collection was carried out, the fieldwork, construction of research tools and how the author conducted his data analysis. Moreover, the researcher will discuss how he maintained rigour and best practices throughout the whole process.

CHAPTER FOUR - Methodology

4.1. Introduction

This chapter discusses the methodology of this research. To answer the research questions, this thesis takes a mixed method approach in an attempt to combine qualitative and quantitative data collection. During one-to-one interviews with service providers, the author administered a rating scale and an interview, whilst semi-structured interviews were conducted during focus/interview groups with immigrants. The first part, 4.1.1, revisits the three research questions. The second part of this chapter, 4.2, comprises a discussion on the epistemology and ontology of this research, focusing on critical realism, positivism, constructivism and interpretivism. In the third section, 4.3, one is to find an explanation of the research design, involving a mixed-method approach and triangulation. The fourth section, 4.4, discusses the sampling and data collection, including the one-to-one meetings and focus/interview groups. The fifth section, 4.5, deals with the necessary permissions to conduct data collection, to then move on to an overview of the fieldwork. The presentation of the construction of the research tools can be found in the sixth part, 4.6, leading to the methods of data analysis in the seventh, 4.7. The latter focuses on both frequency distributions of responses and thematic analysis, whilst issues of validity and reliability, followed by ethical reflections, are discussed in the next two subchapters (4.8 & 4.9). In the penultimate section, 4.10, the author reflects on the research methodology, whilst 4.11 concludes this chapter.

4.1.1. Revisiting the research questions

In the previous chapter we identified social support as the formal (government services and NGOs) and informal (family and friends) connections or relationships, based on empathy and trust, particularly useful in time of stress. Social support can help immigrants during the integration process by means of information, accompaniment or physical material. During our conceptual framework chapter, we managed to narrow the scope of the research question to

define this thesis' focal social support, *or the aspects of social support that constitute the focus of this research project*:

1. More information on how to access mainstream service;
2. Effecting and coordinating referrals to formal and informal support;
3. Empowerment to achieve autonomy; and
4. Supporting users in shaping their own life project.

The main research questions of this thesis are:

Q1. What good practices in the social support of undocumented immigrants were applied and how were they adapted to the Maltese context?

Q2. What contextual features are making Malta's context a particular one, calling for particular adaptations?

Q3. What further adaptations are recommended to fill remaining service gaps or mismatches?

To answer the three research questions, it is necessary to collect data at service providers' and users' levels. To answer Q1, we need empirical data from participants to examine what is happening on the ground. In Chapter 2, we noted how during immigrants' integration 'unengaging' formal social support prompted immigrants to heavily rely on informal help, namely family and friends. It was noted how more efforts are needed in the areas of the four focal social support aspects: the provision of more information on how to access mainstream services, effecting and coordinating referrals to formal and informal support, more empowerment to achieve autonomy and shaping of the users' own life project. Nevertheless, it seems that local service providers, particularly in the areas under review, are offering a combination of passive or *de facto* integration, as well as a set of gradually developing comprehensive integration strategies. To test how the above adaptations are being applied and

whether they have the necessary service features and applications to be called good practices, data was collected from service providers and immigrants. To answer Q1, the author also tests the dovetailing between ARC, Watters's criteria and author's own reflections.

To answer the research question Q2 concerning contextual features that are making Malta a particular (and challenging) case, we turn to the participants to gather data and then compare it with the context's particularities, especially the seven atypical and diverse characteristics. The latter were identified earlier in Chapter 2 by means of secondary data. The understanding of contextual characteristics is in line with Chapter 3's discussion on policy transfer, adaptation and ARC. Planners and practitioners have the responsibility to take account of the context, because its complexity is not to be ignored, especially during adaptations, particularly the fit between the ecological levels (macro-, meso-, and micro-) and the user world and provided service. It is these data on contextual characteristics that help social policy practitioners to achieve solutions and adaptations that are more realistic and appropriate, centring around the users' needs and 'world'.

The latter leads us to research question Q3. This deals with recommended adaptations in order to fill in remaining service gaps or mismatches. In Chapters 2 and 3, the importance of social support during stressful times like integration was identified, but many immigrants, despite living in a state of 'autonomy' and relying on informal social support, are nonetheless experiencing low integration and at-risk-of-poverty conditions. On the basis of this, it was felt that more has to be done to fill in these gaps in service provision, thus facilitating integration and aiming to reduce further vulnerabilities with the help of the four focal areas of social support. The author collected data from participants to give voice to their needs and highlight

the importance of immigrants' and service providers' participation in the identification of solutions and adaptations.

4.2. Epistemology and ontology

Our attempt is to see the whole picture and to learn with and from immigrants and service providers' experiences (Ryan, 2006). This author wants to value these main actors, as a clear sign that this research wants to *place the person at the centre of service provision*. This is a value of utmost importance in an attempt to deliver services that respond to persons' needs (Rogers, 1951), rather than the other way around. Social support practices and their effect on immigrants involve mechanisms, structures and processes that need to be studied from both the immigrants' and providers' perspectives.

4.2.1. The choice of research method

The study of adaptation of good practices to the social support of undocumented immigrants is a concept that is considered by the author as directed to a real multi-layered phenomenon. This means that this research cannot be viewed from a purely positivist point of view where the science and social worlds are controlled and where the researcher is objectively able to not influence respondents or results, and is therefore considered as an outsider to the research (Jennings, 2010). This type of approach leads researchers to quantitative studies, such as questionnaires (Bryman, 2004) and analyses based on numbers (Veal, 2006). The investigation of adaptations needs deep understanding of the context, such as service providers' and users' worlds, including behaviours, relations and actions (Graves, 2006). One can say that quantitative data on its own is unsuitable for this research, as it is unable to explore and interpret experiences to the same extent as qualitative methods. Bhaskar (1986) argues that such

objectivity keeps researchers on the surface of reality, because it cannot narrate persons' experiences, nor understand meanings.

On the other hand, the author believes that an interpretative approach values the person more highly and gives a sense of meaning, holism, history and values standpoints (Bevir & Kedar, 2008; Denzin & Lincoln, 1998; Potter, 1997; Denzin, 1989) that go in line with the rigour of the study. This is quite appropriate, particularly in the planning and management of support aimed for those who are in need of help, such as immigrants during the integration process. In fact, Jennings (2010) states that interpretivism aims at an in-depth understanding of experiences through multiple realities, where the researcher's relationship with participants is not objective, but fundamental and subjective. However, the author is not only interested in persons' experiences, but also in the causes and mechanisms of these realities, the contextual features that predisposed actions and change in society as a whole. Hence, akin to positivism, even interpretivism on its own was found unsuitable for this research.

At the same time, the author does not want to be an 'expert', but wants research participants to be actively involved through a dynamic process (Mascolo & Fischer, 2005). He wants to explore participants' views and understand the meaning behind their experiences; he wants to know why service providers opted for particular adaptations or how immigrants are solving problems during their integration process. The author wants to understand the context, like service providers' type of service designs, or immigrants' culture and living patterns.

4.2.2. Critical Realism

Therefore, the author wants a balanced epistemology. This research values and acknowledges a post-modern turn, believing in multiple realties, however without ignoring the post-

positivist's objectivity in the quest for reality. Such a "bridging" between quantitative and qualitative research can be achieved by means of critical realism (Alvesson & Sköldberg, 2009, p. 15). One can say that the founder of critical realism, English philosopher Roy Bhaskar, developed this approach as an alternative to radical positivism, interpretive and constructionist approaches because of their superficiality in seeing the 'real' world (Alvesson & Sköldberg, 2009). However, within the social sciences, there is a growing consensus that this view is only applied to radical versions, such as paradigms that belief that knowledge cannot represent the world (Schwandt, 2001; Alvesson & Sköldberg, 2009). In fact, Alvesson and Sköldberg (2009, p. 40) argue how critical realists share the interests of quantitivists' objectivity and qualitivists' context.

The bridging between the quantitative and qualitative approaches through critical realism also came from Bhaskar's belief that human uniqueness and the individual's respective complexities are difficult to study by means of a purely positivist approach (Bhaskar, 1998; Travers, 2001; Crossan, 2003; Polit & Beck, 2006). Moreover, critical realism "accepts a constructionist element in research" (Alvesson & Sköldberg 2009, p. 49), without rejecting interpretivism (Archer, Decoteau, Gorski, Little, Porpora, Rotzou, Smith, Steinmetz & Vandenberghe, 2016, para 8). This is very important as the author is interested in context, depth, multiplicity and meaning, and how these affect knowledge (Alvesson & Sköldberg, 2009; Cruickshank, 2003, Archer et al., 2016). In line with critical realism, we will delve into structure, meaning society as a whole, and agency, which for this thesis is profoundly interesting with reference to immigrants and service providers. We will see how society, like organisations, policies and communities can either restrict or give opportunities to service providers and immigrants. We are interested to see their relationships, how ideas and discourses affect organisations, practices and resources in service provision, along with cultures and living

patterns (Alvesson & Sköldberg, 2009, p. 47-48). According to Bhaskar and Hartwig (2010), structure and agency are interdependent, but sometimes agents can react to social structures, particularly for their own benefit. For instance, later we will see how despite contextual characteristics, like resources and laws, service providers exhibited agency by originating adaptations in order to keep offering social support to immigrants. Meanwhile, we meet immigrants who adapted not only in view of lack of formal support but also to meet their own needs, and worked for their integration, independently of the services offered. These examples bring us to the notion of reality, which for critical realism is crucial. Legislation and resources are there to be used. If these are unclear or inadequate, these can act as cues or provoke actors to originate events, like adaptations, that we can observe empirically. These adaptations are the actual domain that is being exposed to special conditions, like the number of immigrants that is too large to cater to in optimal ways (Ryan, Tähtinen, Vanharanta, & Mainela, 2012).

This means that the researcher needs to face reality and strive for flexible adaptations depending on specific contexts and immigrants' needs. He wants to learn from participants through an open-minded and reflexive approach. The provision of our services within an immigration context, especially during the integration process, generated social phenomena that require the current author to not just understand these worlds by taking stock of these realities, but also give them meaning. The application of this particular epistemological stance was of utmost importance since the selection of an epistemological position is significant to an appropriate study methodology (Carter & Little, 2007). One can say that it is here where critical realism and interpretivism connect through the construction of reality, particularly when "our knowledge of reality is socially constructed, not the reality itself" (Dobson, 2013, p. 128), as there is reality that exists independently of the observer (Speed, 1991; Casti, 1989; Berger & Luckman, 1967, p. 33).

Therefore, it was the intention of the author to conduct a mixed method research with a critical realist perspective, that has a constructivist and interpretivist epistemology and an ontology where reality can exist outside of perception (Maxwell & Mittapalli, 2010, pp. 145-167). Moreover, the author combined this with a reality check: a checking whether the understanding constructed actually conforms to the evidence, thus avoiding incongruent characterisations, fixed identities and face value reasoning. Creswell and Clark (2011, pp. 44-45) also agree with Maxwell and Mittapalli (2010) and confirm how the "critical realist perspective" can provide "potential contributions to mixed method research…as its philosophical perspective validates and supports key aspects of both qualitative and quantitative approaches".

4.3. The research design – Mixed Method Approach and Triangulation

Creswell and Clark (2011) explain how a mixed method approach is a method that combines both quantitative and qualitative approaches to better understand the research problems, thus answering the research questions. Creswell and Clark (2011, p. 62) argue how the "purpose of converging different methods has been discussed extensively in the literature", thus placing researchers in a better position to "compare and contrast quantitative statistical results with qualitative findings". The author applied one of the most common approaches in this area: triangulation design. This is a "one-phase design", where researchers carry out both methods during the same period and "with equal weight" (Creswell & Clark, 2011, p. 63). This research project was divided into two main parts.

First, the administration of a rating scale, whilst allowing for open-ended questions, during one-to-one meetings with local service providers. The rating scale with service providers

allowed a reality check or empirical study, while the partial open-endedness of the scale avoided essentialism and naïve realism. It is here that positivism and constructivism met. Cupchik (2001, para. 17) describes how, although identified as different, when brought together these two approaches "bring distinctive qualities to the research process". The second stage consisted of the application of a semi-structured interview guide during focus/interview groups with immigrants. Such an approach, similarly to the first stage, combined induction and deduction, flexibility and also reflexivity through questioning of interviewees (Babbie & Mouton, 2001), and is one where the role of the interviewer can probe for participants' answers (Marks & Yardley, 2004; Bernard & Ryan, 2010).

4.4. The data collection– Sampling methods and characteristics of participants

4.4.1. The one-to-one meetings with service providers

The aim of one-to-one meetings was to better understand contexts and respective adaptations and good practices through the application of a rating scale and open-ended questions. The latter helped the author to probe for more information, especially in areas where the questionnaire failed to deliver due to its close-endeness (Rubin & Babbie, 2001; Silverman, 2011). Such meetings presented a "meaningful opportunity" for the author to carry out "in-depth interview accounts…and [gain] access to realities" (Silverman, 2011, p. 131).

In periodising the assistance offered to immigrants in Chapter 2, the author identified a number of service providers that were active in the help of immigrants (see Appendix E). However, in line with our research questions, the author was more interested in those who are providing social support, mainly in the four focal social support areas: provision of information, effecting and coordinating referrals, offering empowering practices and help to shape one's own life-

project. These were selected as the population targeted for the first phase of the author's research fieldwork. This means that practice in the four focal social support areas was used as the selection criteria in the recruitment process of one-to-one meetings with service providers, where the application of the rating scale and open-ended questions were sought accordingly. This is in line with Silverman (2010, pp. 142-143), who explains how purposive sampling requires planning of sample selection before starting the fieldwork. According to Silverman (2010, p. 141), "purposive sampling allows us to choose a case because it illustrates some feature or process in which we are interested…[and] demands that we think critically about the parameters of the population we are studying and choose our sample case carefully on this basis".

A list of 17 service providers was purposively chosen, and these were invited for the interviews. The majority of participants worked for migrant-specialised NGOs (n=7) and IOs (n=2), two (n=2) were engaged with migrant-specialised sections within mainstream services and six (n=6) participants were employed with public mainstream services. One of the migrant-specialised NGOs could not be retrieved because of incorrect email address, whilst a migrant-specialised entity within mainstream services and a migrant-specialised IO did not reply to the author's invitation. A director of a public mainstream agency referred the author to another practitioner who was already on the list. Though these changes shortened the participants' list to 13, they in no way affected the strategy and plan of this endeavour. Research participants included three directors (two were priests), a nurse, four social workers, an anthropologist, an assistant director, a cultural mediator, a retired manager and a manager who is also a pastor and lawyer by profession. Table 4.1 depicts the final list of one-to-one meeting participants, as per genre of entity, profession and code.

Migrant-specialised IO	Migrant-specialised NGO	Migrant-specialised within mainstream services	Public mainstream services
P6. Social worker 3	P2. Director 1 (priest) P12. Director 2 (priest) P8. Director 3 P9. Manager (pastor and lawyer) P10. Social worker 4 P13. Retired manager	P1. Nurse P5. Anthropologist P7. Assistant Director	P3. Social worker 1 P4. Social worker 2 P11. Cultural mediator

Table 4.1. The final list of one-to-one meetings, as per genre of entity, profession and code

4.4.2. The focus/interview sessions with immigrants

Rubin and Babbie (2001, p. 589) explain how focus groups are a qualitative research method often used for collecting data on programme or service evaluation. The author first identified organisations that could help him organise three focus groups (see Appendix E), since relying on one group is considered risky due to its possible atypicality (Rubin and Babbie, 2001, p. 589). The three organisations were chosen by virtue of their relevancy to the fields under investigation through their daily practice in immigrants' social support, particularly the four focal social support areas. There was one organisation that did not reply to the author's invitation, but this was substituted with another one having the same connections to the four areas of social support provision, thus not affecting this research strategy. Of the three organisations, one was a public mainstream service provider, and two were migrant-specialised NGOs.

Meanwhile, the eligibility criteria for focus/interview groups with service users are listed in Table 4.2:

1. African immigrants whose arrival in Malta was undocumented; 2. currently living independently in local communities; 3. should have passed through the whole itinerary: meaning from time spent in detention through that in the open centre, to eventually moving on to live in the community; 4. including persons having different types of protection: refugees, subsidiary protection, and refused; 5. including persons who can be of different gender (an effort is to be made to have at least one or two female participants per group – reflecting the ratio between female and male African immigrants in Malta – 1:9 respectively); and 6. be of adult age (18 years and older).

Table 4.2. Focus/interview groups participants' eligibility criteria

The author asked the three organisations to recruit participants by means of both random and purposive sampling techniques. The mix of these sampling techniques attempted to strive for a balance between participants that were selected because of their articulateness and willingness to participate and the rest who were selected by chance, even at the risk of being less willing to turn up for the session. Moreover, it had to provide all immigrants on the books of the three organisations the opportunity to participate in the study. However, when openly discussing such a recruitment process with the three organisations, the author kept himself open for further suggestions. In fact, only one organisation accepted to carry out such a mixed recruitment process, while the other two recruited immigrants only purposively.

Fifteen (15) immigrants (5 in each group) participated in this study - 13 males and 2 females. The author did not ask participants for demographic data, like their nationality and status, but the organisations confirmed that four hailed from Somalia, whilst five came from Eritrea, three from Nigeria and another three from Mali. The majority (n=14) had a status of subsidiary protection and one refused. It is important to note that these sessions were conducted in a manner meant to encourage participants to express their individual views or experiences. Though homogeneity is a "critical characteristic…for focus groups to work" (Krueger & Casey, 2015, p. 63-64), this was not the case as regards their answers. In other words, the emphasis was not on encouraging the participants to co–construct a common or consensual view, though at times this could be observed. Rather, quite often the number of participants out of the total fifteen who expressed similar views or experiences was taken note of, implicitly emphasising that we were not dealing with a homogeneous group as regards the answers given. Given the fact that there was cross-fertilisation and stimulation by the other members of the group, the exercise was partly a group-level construction of discourse or narrative. Therefore, since there were individual and group opinions, the author decided to describe these sessions as focus/interview sessions.

4.5. Permissions and overview of the fieldwork

The process of organisation of the one-to-one meetings and focus/interview sessions was triggered after the necessary statutory approvals by the University of Malta Research Ethics Committee (UREC/FREC Ref: 14-2014/2015). The author spent 10 months doing fieldwork with immigrants and service providers. Carried out between January and October of 2015, the fieldwork had two stages. First the author organised one-to-one meetings with 13 service providers and then 3 focus/interview groups with immigrants. During this period, the author collected first hand empirical data, the major source reported in this research. All sessions were

audio-recorded and noted for better analysis; however, recordings and notes were destroyed after completion of the study. Both one-to-one meetings and focus/interview group sessions took not more than 90 minutes. The 13 one-to-one meetings and 3 focus groups were conducted in quiet rooms where privacy was maintained.

4.5.1. One-to-one interviews

All earmarked service providers were informed through a recruitment/information letter, in English and Maltese versions (Appendix F), and participants were asked to confirm their intention to take part in the research by email. Afterwards, this author set up meetings to administer the rating scale and carry out interviews. A declaration form (provided in English and Maltese versions) was signed before collection of data (Appendix G), and no interviews were undertaken with individuals who did not give their permission accordingly. All invitation letters included information on the aim of the study, the researcher's academic background and research interests, the supervisors, consent form and right of voluntary participation, acknowledgement of and safeguarding from psychological harm, confidentiality and anonymity, the destruction of data post-research publication, what participants expected to do during the study, the amount of time needed to carry the interview, withdrawal and right to know about the results of the study. To protect anonymity and confidentiality, a coding system was used to minimise the possibility of identification. *Being a very small network of providers, anonymity and confidentiality was rigorously maintained, as per participants' wish*.

4.5.2. Focus/interview groups

Before sending invitation letters to immigrants, the author sought permissions from three organisations to assist him in the selection and contacting of immigrants (one focus/interview group per each organisation). The organisations were requested to give permissions – which

they did – to hold focus/interview groups of 5-8 participants within their premises. In Appendices H and I, one can find information letters and declaration forms in English and Maltese versions.

As soon as potential participants were identified, an information letter, in a user-friendly format, was sent to these immigrants (Appendix J). Akin to the information letters sent to service providers' participants, this one also included all the relevant information on the aim of the study and how focus/interview groups were to be conducted. A declaration form (user-friendly version) was signed before collection of data (Appendix K), and no focus/interview groups were undertaken without both the organisation's and immigrants' permission. *To protect immigrants' anonymity and confidentiality, the use of a coding system was used, thus decreasing the possibility of identification.*

4.6. Data Sources

As we have seen in the previous chapter, to answer the research questions the author developed tools that use Pace's ARC and Watters' Six Dimensions of Good Practice to identify adaptations, that are assessed as good practices, which are either already being implemented or recommended. By means of this dissertation, these two relatively recent and still not-widely-tried-theories were further developed into an extensive rating scale including both closed-ended and open-ended questions and a semi-structured interview guide. The original factor in the proposed tools is in the harmonisation of the two frameworks and the author's own reflections, complementing and enriching each other to better answer the research questions. This means, since knowledge and understanding comes post-factum (Khalidi, 2008), another scope of the research tools was to evaluate current practices and services, thus doing justice to those who for years had to make a functional success out of services that in the majority had to be reactive

to new and challenging situations with the sheer numbers of immigrants trying to integrate in local communities.

4.6.1. The construction of the rating scale

Rubin and Babbie (2001) explain how rating scales are tools that set specific criteria and allow researchers to collect information systematically. The rating scale served as the empirical test, the reality check, and the evidence-base of this research, used in order to evaluate how far practice conforms to good practice ideals and to identify and partly evaluate adaptations involved in applying the desired good practices in the local context. It categorised or read reality through Watters' Six Dimensions of Good Practice and Pace's ARC framework.

The rating scale's statements described practice and service designs that enhance the provision of social support. In line with Chapter 3, these variables emanated from Watters' Six Dimensions, ARC and the author's own reflections, like migrant-friendliness, cultural sensitivity, user participation, holism, coordination, personalisation and accompaniment, needs-led service provision, the resources, training, commitment and experiences with users' family and friends. The statements were arranged not just in the traditional ecological one-sided model (usually addressing the user/client and their relation with systems) but according to ARC's parallel two-sided multi-level conceptualisation, thus including both the service provider and service user as added features to the rating scale (see Chapter 3.5). The latter will be discussed later on in this subchapter. The inclusion of the ecological model meant the stratification of service and policy into the macro-, meso- and micro- levels, earlier defined in Chapter 3, table 3.3.

The tool was designed over Watters' Six Dimensions (see Chapter 3.6) and was therefore divided into six main parts with five statements each, with a set of statements addressing the participant in their capacity as service provider. At the top of each section, one can find the dimension's description, followed by the three level criteria (macro-, meso- and micro-) on the left and the criteria's definition at the centre of the table. These are followed by five bipolar scaling lines that give participants the opportunity to choose from an ordinal character of response categories: (1) service needs a lot of improvement, (2) service needs improvement, (3) service is of appropriate level, (4) service exceeds expectation or (5) does not apply. The aim of these response categories was to direct the author's attention to the service design needing attention. As we shall see below, each answer was then probed for adaptations that could be described as concepts of good practices, such that the previous closed-ended question subject was now the focus of open-ended questioning. Table 4.3 illustrates an extract from the rating scale, showing the actual results of the merger between the two theories, explicitly addressing the participant in their role as service provider (provider participants). All participants answered this section of the rating scale.

3. RATING SCALE – PROVIDER PARTICIPANTS

3. Dimension of good practice – Holistic Practice

Holistic practices that meet users' social, spiritual, financial, legal, emotional and psychological needs through good planning of coordinated and integrated services, including health care, and that take note of all internal and external factors that contribute to the problem of vulnerability.

Dimensions' criteria	**Definition of criteria**	***Please tick X where applicable***				
Three level criteria **M**=macro, M=meso, m-micro		Service needs a lot of improvement	Service needs improvement	Service is of decent level	Service exceeds expectation	Does not apply
3.2. Coordinated and integrated services (M)	Service providers address needs in a seamless way and when this helps, accompany users during referrals to ascertain continuity of support	□	□	□	□	□

Table 4.3. Extract from proposed rating scale (Provider participants)

4.6.1.1. The inclusion of users' proxy views

As we can see from the above table, originally the rating scale was constructed in a one-sided way, with statements addressing only the participant as service provider (provider participants). Inspired by ARC (the parallel multi-level conceptualisation between the User and Provider worlds) on the one hand and by the emphatic relationship that should prevail between the service provider and the immigrant on the other, the author felt the holism of this endeavour would be respected more if a second set of statements was introduced. Though these were still responded to by service providers themselves, participants were asked, in answering, to put themselves in the users' shoes and do their best to see things from users' point of view (users' proxy views). The aim was to take the users' role in order to do their best to understand how immigrants feel, experience and think on the areas of social support provision. It is like the German sociologist Max Weber's theory of putting oneself in another's shoes, thus seeing the world from a different perspective (Weber, 1864-1920, cited in O'Shaughnessy, 2009). Though the six dimensions' criteria remained essentially the same, the definitions changed to favour empathic understanding, earlier discussed in Chapter 3.2 as one of the main features that facilitates social support connectedness, thus ameliorating practices within the four focal social support areas.

Nussbaum (1997, p. 9) declares that this is essential in nurturing the value of empathy and compassion. Ioannidou and Konstantikaki (2008) observe how empathic intelligence enhances the user-provider relationship; and Braye and Preston-Shoot (1995, p. 131) argue that "the ability to shift perspective, to stand in the shoes of people needing social care services", is important to value users' experience and how they might feel on accessing such services. This author believes that apart from enriching data collection, the inclusion of this feature in the rating scale sensitised service providers to the importance of empathic understanding and how this could empower vulnerable service users. Table 4.4 is an extract from the rating scale

addressing the user perspective from the provider point of view (users' proxy views). Only one participant, coming from a migrant-specialised IO, refused to answer this part of the rating scale because of their organisation's:

> …policy that does not make such a separation since the services we provide are on the basis of what the refugees share. Therefore, after some reflection we feel that on a general note having this separation would be a contradiction to the office policy (Participant 6, personal communication, July 17, 2015).

3. RATING SCALE – USER PARTICIPANTS

3. Dimension of good practice – Holistic Practice Holistic practices that meet users' social, spiritual, financial, legal, emotional and psychological needs through good planning of coordinated and integrated services, including health care, and that take note of all internal and external factors that contribute to the problem of vulnerability.						
Dimensions' criteria	**Definition of criteria**	***Please tick X where applicable***				
Three level criteria **M**=macro, M=meso, m-micro		Service needs a lot of improvement	Service needs improvement	Service is of decent level	Service exceeds expectation	Does not apply
3a.1. Familiarity with holistic practices (**M**)	On accessing the service, a thorough assessment is made to address all our important needs	☐	☐	☐	☐	☐

Table 4.4. Extract from proposed rating scale (User participants)

4.6.1.2. The open-ended questions

But when things became more complex, such as when investigating congruency and adaptation, the rating scale allowed for open-ended questions that probed for more in-depth and richer data, thus expanding their closed-ended answers with open-ended comments. Roulston (2008, Article 300) states that:

> Open-ended questions provide participants of research interviews or written surveys with the opportunity to choose the terms with which to construct their descriptions and highlight the topics that are meaningful to them.

The author is familiar with participants' wealth of information, knowledge and experiences; therefore, the author sought to follow up the closed-ended questions of the scale with open-ended ones, always on the same aspect. One of ARC's objectives can be briefly described as the identification of mismatches between the parent and the other context, or perhaps from what is ideal to what is not ideal or what is not being done. As we have seen in Chapter 3.5, this is central to ARC's framework and its process of service adaptation. Apart from underlining mismatches between contexts, it facilitates the contextualisation of service design features and gives a clearer understanding of the congruence with the context one is seeking and, hopefully, subsequently achieving. Therefore, it was decided to pose open-ended questions that took the shape of *adaptation questions,* aiming to assess and hopefully arrive at solutions marked by congruence and adaptiveness of service. The set of such questions were just three, as listed in table 4.5.

1. What contextual factors led to the particular shape that was given to the aspect of the service design and mode of practice that is being discussed?
2. To what extent was the service or practice ideal or fell short of the ideal?
3. What proposals, if any, would the interviewee make as ways to improve service or practice for greater congruence with context?

Table 4.5. Questions about congruence and adaptation to be asked at every stage of the rating scale

The questions fit well with the structure of the rating scale, particularly as it unfolded in the understanding of the users' and providers' worlds, disclosing the dynamism and creativity of service providers in adapting their service design to new realities. One can also say that these questions engaged well with the critical realist nature of this project, thus extracting both answers broken down under a predicted categorisation, and, at the same time, engaging in the construction of a narrative with participants to activate the respondent's "stock of knowledge" (Ryan 2006, pp. 18-19; Richie & Rigano, 2001, p. 744). These questions broadened the position of the rating scale, from a closed-ended arguably positivist one to an open-ended and more interpretivist or constructivist one. It encouraged the respondents (and subsequently the author) to exercise their constructive and interpretative capacities. This critical realist two-sided position meant that we understand and conceptualise (epistemology) as interpretivist and constructivist, but is realist (ontology), in holding that there is a reality independently of whether or not we affirm or perceive it, in such a way that looking and assessing the evidence, or the reality check, are also part of its epistemology.

It was felt that this strengthened the critical realist approach of this endeavour and its aim to detect realities and understandings and look for evidence through an exercise of reality checking. All this stimulated meaning-making practices that generated observable outcomes, through induction and reflexivity, but also by means of deductive thinking. In fact, at this stage we can say that this research had a partly top-down approach – resulting from the rating scale that was already partly closed-ended in its questions, and already tied to a particular conceptual framework – and a partly bottom-up approach, whereby the knowledge collected by means of the open-ended part of the research tools was identified and evaluated, through the interviewees' experiences, adaptations and contextual features (Goddard & Melville, 2004).

After considering all the above, the author felt it appropriate to name the rating scale as HELGAS Rating Scale - **H**armonising the **E**cologic **L**evels of **G**ood Practice and **A**daptation in **S**ocial Support. This acronym groups all the features of the rating scale, namely the harmonisation that comes from the merger between the two theoretical frameworks (ARC and Six Dimensions), its ecologic levels explaining how the user and provider worlds or contexts interact with systems (macro-, meso-, micro-), and the good practices and adaptations in social support deriving directly from the Six Dimensions, ARC and the author's own reflection. The full version of the HELGAS Rating Scale is available in Appendix L.

4.6.2. Piloting of tool with two key informants

Before presenting the rating scale to the actual research participants, the author piloted it with two key informants (Shinn, 1990) in an attempt to evaluate the scale's effectiveness and check whether the statements were clear and helped to elicit the information needed to answer the research questions (Rubin & Babbie, 2001). The key informants were practitioners and planners involved in the immigrants' social support fields. Their recommendations helped the author to:

1. eliminate double barrelled statements as much as possible,
2. make dimensions and criteria definitions more explicit and readable, and
3. discuss the challenges that the macro-meso-micro demarcation poses, in an attempt to improve the structure of the scale.

Figure 4.1 illustrates the development of the rating scale from drafting to piloting and administration.

STEP 1	DEVELOPMENT OF RATING SCALE

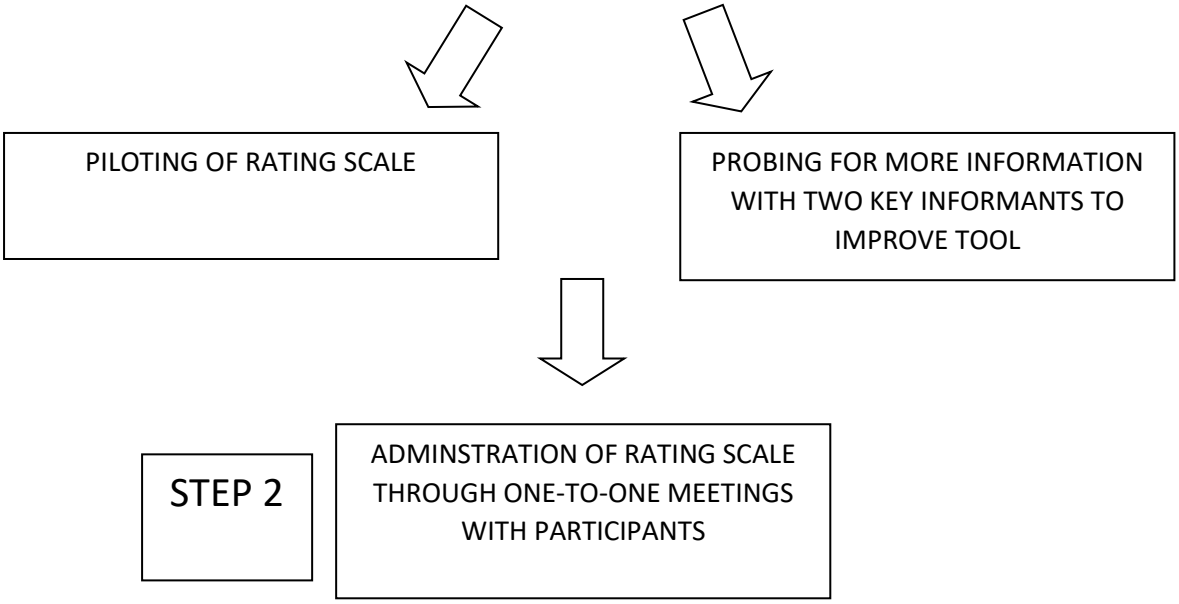

Figure 4.1. Development of the rating scale

4.6.3. The semi-structured interview guide

The semi-structured interview guide for the three focus/interview sessions with immigrants was deemed appropriate as it generated depth of meaning in a research focused on understanding reality (Lakoff, 1987), whilst stimulating thinking to dig beyond the surface. This method was found more appropriate than structured interviews, because open-ended questions allow for more probing (Cormack, 2000). Immigrants gave their personal views in their own words, and this was a point that the researcher was looking for (LoBiondo-Wood & Haber, 1994). Moreover, the use of an interview schedule standardised the interview by using the same wording and sequence for each group.

The semi-structured interview guide allowed the researcher more freedom to contextualise and personalise questions and statements to the immigrants participating in the three focus/interview groups. Hesse-Biber and Leavy (2011, pp. 102-103) argue that in semi-structured interview guides the researcher allows for more free and natural conversation, thus

prompting for more knowledge that sometimes has not been considered by the researcher. Moreover, Hesse-Biber and Leavy (2011, p. 103) confirm that:

> Low structured interviews explore people's views of reality and allow the researcher to generate theory....The higher the degree of the structure that is sought, the more control the researcher imposes.

The author constructed the interview guide in a way that aimed to keep the "degree of its structure as unimposing as possible" (Hesse-Biber & Leavy 2011, p. 103). The current researcher wanted to understand immigrants' reality by learning from and with participants, particularly immigrants who experienced the provision of social support on themselves. In fact, the interview guide had no questions, but statements that served as "lines or domains of inquiry" (Hesse-Biber & Leavy, 2011, p. 103). A disadvantage with this type of interview guide is the voluminous knowledge that is generated, thus making analysis more difficult (Bowling, 2002). However, the author had faith in this research instrument and the way it was going to generate knowledge on participants' realities, thus stimulating the interpretivist character of this research.

Akin to the HELGAS Rating Scale, the interview guide was formulated in terms of ARC's and Watters's middle-range theories and the author's own reflections. The semi-structured interview guide was divided into six sections, representing Watters' Six Dimensions. The statements were written in a way that was as migrant-friendly as possible, with as little jargon as possible, and geared to trigger descriptions of structure, agency and context. Table 4.6 depicts an extract from the interview guide, whilst in Appendix M one can find its full version.

Access and Entitlement
Service providers' sensitivity to users' values and culture
Information on service entitlement and how to access it
Use of cultural mediators and/or interpreters to facilitate communication
Meeting basic needs, personalisation of service, referrals and accompaniment to other agencies
Meeting family and/or friends; and sometimes even carried domiciliary visits to meet them as well

Table 4.6. Extract from semi-structured interview guide

As regards both the HELGAS Rating Scale and the interview guide, the author is very conscious that, even in the open-ended part of the interview, interviewees are guided to largely answer in terms of the Watters/Pace joined conceptualisation and categorisation. In both interviews, therefore, much of the interview is theory-driven, in terms of the Watters/Pace conceptualisation as joined up by the author, leaving room for a good measure of constructed meaning and interpretive conceptualisation. It is in this way that the 'mixed' research methods used reflect both a deductive and an inductive perspective. This very comfortably reflects this thesis' theoretical underpinnings, that both accepts theory as a valid attempt to represent reality, while accepting the meaning-making aspect of understanding.

4.7. Choosing an appropriate method of data analysis

The data generated from the HELGAS Rating Scale was analysed in two stages: quantitative, then qualitative.

4.7.1. Descriptive analysis

In view that the number of respondents was small, at the quantitative stage, only descriptive statistics were presented. Frequency distribution of responses is a measurement that is considered "helpful" to show how many instances there are of each value of a variable (Sullivan & Artino, 2013, p. 542). The author opted for descriptive analysis in order to visualise how a variable, in our case service features like migrant-friendliness or sensitivity, behaved across its range of possible values - (1) service needs a lot of improvement, (2) service needs improvement, (3) service is of appropriate level, (4) service exceeds expectation or (5) does not apply. Neuman (2010) argues that descriptive analysis supports the researcher to describe the collection of raw data in numbers. In fact, univariate statistics were analysed by means of an Excel spreadsheet as the author had no intention to carry out parametric and non-parametric tests that would require the use of specific statistical software. However, if in the future the author wants to conduct further studies, the data on Excel spreadsheets can be imported to other statistical software like the Statistical Package for the Social Sciences (SPSS) (O'Halloran, 2001). The results are presented in twelve stacked bars, for readers to simultaneously compare totals and review changes for each statement of the HELGAS Rating Scale. These are followed by a summary of results and a general average for each dimension. The general averages are presented in two clustered graphs at the end of the next chapter. Keeping in mind the mixed method approach of this research, the quantitative tables were used to triangulate our analysis with qualitative data, thus making them the reality check, to evaluate if the understanding constructed actually conformed to the evidence. Though the respondent service providers represent a relatively high proportion of Malta's organisations supporting immigrants, no claims are made of quantitative generalisability of the numbers to the whole population of such agencies.

4.7.2. Thematic analysis

As regards qualitative data, thematic analysis was used to analyse data collected from open-ended questions presented in the HELGAS Rating Scale during one-to-one meetings with service providers; and the semi-structured interview guide applied during immigrants' focus/interview groups. Braun and Clarke (2006, pp. 4-5) describe thematic analysis as the "foundation of qualitative analysis", that "could potentially provide a rich and detailed, yet complex account of data". Boyatzis (1998, p. 4) explains how this is "a process for encoding qualitative information", and where "a theme is a pattern found in the information that at minimum describes and organises the possible observations and at maximum interprets aspects of the phenomenon".

In order to carry a good thematic analysis, the author followed Braun and Clarke's (2006) recommendations, as illustrated in figure 4.2. The data was first transcribed to a sufficient level of detail and transcripts checked against the audio recordings and notes for correctness. All generated data was given due importance, especially whilst conducting the coding process that was followed in a "thorough, inclusive and comprehensive way" (Braun & Clarke, 2006, p. 36). In fact, in the next chapter the readers are expected to find thematic analyses grouped rigorously under HELGAS Rating Scale dimensions, based on Watters's Six Dimensions: Access and Entitlement, Participation, Holistic practices, Interagency collaboration, Intercultural sensitivity and Evaluation. The aim was to present the whole picture, presenting contexts, adaptations and good practices in a broad way, before starting to dig under the surface in the second phase.

Since one of our main concerns is to gain an in-depth understanding of the realities, and describe and interpret what is happening in a particular setting (Ritchie & Spencer, 1994), in

the second stage the author grouped all extracts under a priori concepts, mainly the four focal social support areas including giving information to the user on how to access mainstream service; effecting and coordinating referrals to formal and informal supports; empowering the user to achieve autonomy; and giving guidance and emotional support to help the user to shape their own life project. Emerging themes were grouped under contextual features and linked to adaptations. This because the author is interested in multiple realities, but also in mechanisms and causes. It is here that the themes were checked against each other, anchored to their original data set and internally checked for "coherence, consistency and distinctiveness" (Braun & Clarke, 2006, p. 36).

The strategy was to analyse four set of codes. First were the contextual features and how these had impact on the service provision, like adaptations. The latter constituted the second set of codes. The third set included the concept of good practices with the aim to identify if the adaptations had features that can be considered as good practices. The general strategy was to constantly compare the codes in different categories to find the patterns, associations and explanations among the themes. For example, the author noted how in view of work overload, lack of resources and multiple immigrants' needs, a migrant-specialised IO and an NGO started to share a common calendar of appointments to better coordinate immigrants' referrals between the two organisations. This can be defined as an adaptation, since there was remodelling of a generic idea (booking of appointments) to a different specification of the same idea, in an attempt to respond to a new context (work overload, lack of resources and multiple immigrants' needs). However, it is also a good practice, since it is in line with Watters' criteria of interagency collaboration, where two organisations are collaborating to improve service provision. The last set of codes included recommendations made by participants, like the availability of more cultural mediators and/or translators.

This strategy followed the Ritchie and Spencer (1994) framework analysis, "which sits within the broad family of analysis methods often termed thematic analysis" (Gale, Heath, Cameron, Rashid & Redwood, 2013, para. 15). Figure 4.2 is a checklist that the author followed in aiming for a good thematic analysis process.

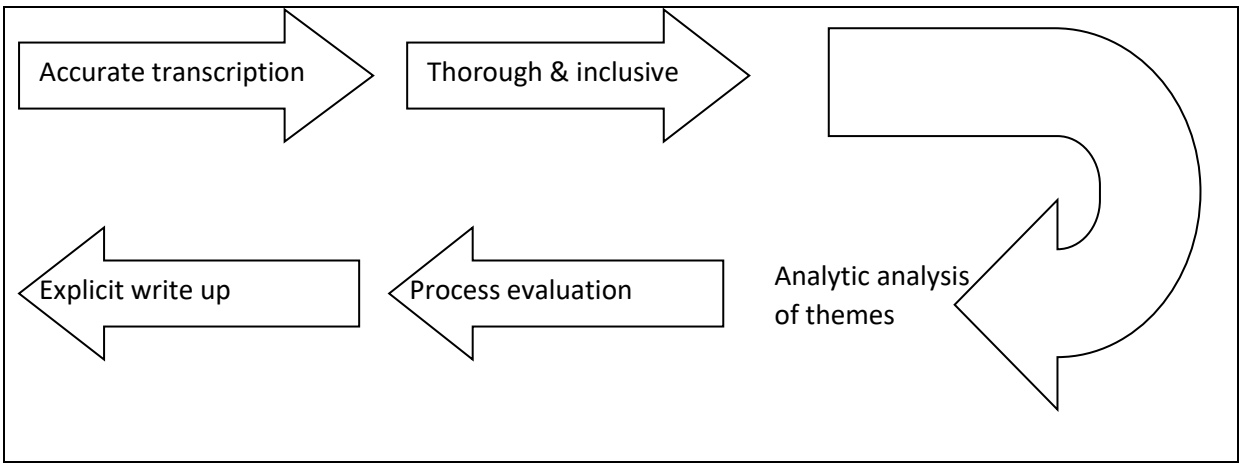

Figure 4.2. Checklist of criteria for good thematic analysis process – Adapted from Braun and Clarke (2006, p. 36)

4.8. Issues of quality – validity and reliability

Bryman (2004, p. 24) argues that rigorous research has to meet a number of good practice criteria. These are generally associated with quality, merely through validity and reliability. This is quite appropriate, given the mixed methods approach within a critical realist perspective taken by this research (Creswell & Clark, 2011, pp. 42-48). In the first part of this section, efforts are made to ensure that the qualitative methods are of good quality. In the second section, our attention turns to the HELGAS Rating Scale's issues of reliability and validity.

4.8.1. Qualitative methods

Silverman (2010, p. 275) argues that for qualitative researchers, validity is parallel to the truth, in its "extent to which an account accurately represents the social phenomena (Hammersley, 1990, p. 57; Wolcott, 1990; Winter, 2000), thus reflecting what is happening in the field. As regards reliability, its essence lies with consistency of results (Leung, 2015; Silverman, 2009; Guba & Lincoln, 1994). Taking his cue from Guba's (1981) and Shenton's (2004) quality criteria, the author took a set of measures to keep validity and reliability during the course of qualitative data collection and analysis.

During data collection, the author kept up good communication and explicitness to help avoid social desirability responses (McKelvey, 2002; Polit & Hungler, 1999) and minimise any fear of the unknown or uncertainties related to sensible discussions, especially when touching controversial issues. For example, government employees might be uncomfortable to discuss weaknesses in service provision, and immigrants might not be acquainted with providing feedback on services, especially if these are services provided by the government. The author made it clear, both in the consent forms and briefly before the interviews, that anonymity was to be maintained, even if the research was to be published, and that data would be used for academic purposes only. Another aim of spending time discussing certain issues before the interviews was to establish a relationship, thus enhancing interviewees' probability of revealing the truth.

A further measure to enhance validity during data analysis is triangulation (Ponterotto, 2005). Creswell and Clark (2011) and Hammersley (1992) explain how validity is strengthened by the presentation of data that supports evidence. In fact, the author triangulated the qualitative and quantitative data in Chapter 6. For example, interview data was triangulated with statistical

data to further strengthen the findings on contextual characteristics like work overload or lack of resources. Moreover, by taking the-more-the-merrier or perhaps the-more-the-stronger approach, the author counted the number of interviewees that took the same point, thus directing his data analysis to points which had more claims.

In order to improve reliability, during data collection, the author kept his values aside as much as possible, thus conducting the interviews as objectively as possible (Creswell & Clark, 2011). This was however particularly difficult and limited during the interviews with service providers, since open-ended questions followed HELGAS Rating Scale statements. The latter derived from ARC and Watters' criterial concepts. Having said that, both during one-to-one meetings with service providers and immigrants' focus/interview groups, the author avoided imposing or leading questions and participants were encouraged to speak freely without any interruptions (Silverman, 2011; Seidman, 2006). Moreover, the author followed Silverman's (2011) principle to report research findings as faithfully as possible, including verbatim accounts, thus aiming for minimal inferences that could contaminate data and alter reality.

4.8.2. Quantitative methods

Since the author included arguably positivist elements in the research design by means of the rating scale, the author took a number of measures to maintain its validity and reliability. Wong, Ong and Kuek (2012) explain how social science researchers should check their questionnaires' validity. They describe validity as the amount of systematic or built-in error in the questionnaire. Apart from constructing the HELGAS Rating Scale on two theoretical frameworks – ARC and Six Dimensions criteria – it was checked by the author's supervisors to see if it had a valid measure of the concepts being measured (Rubin and Babbie, 2001). Another measure that helped the validity of the questionnaire is the way the author sampled

the participants. The areas under review presented themselves with a limited number of service providers. The majority were selected, thus helping the external validity of the tool. The fact that the same person carefully conducted all the interviews helped reliability.

The piloting of the questionnaire helped the author to maintain content validity and reliability. The former is the degree to which the questionnaires measure the construct of interest, whilst the latter is the stability or consistency of scores over time (Kirk & Miller, 1986). The pilot stage key informants were experts in their fields of practice and reviewed the questionnaire for readability, clarity and comprehensiveness. Moreover, these key informants helped to improve the reliability of the questionnaire as they marked the questionnaire themselves at least three times following agreed amendments. The author also managed to review the semi-structured interview guide with these key informants. One of these two key informants was an immigrant himself.

4.9. Ethical reflections

The author gave particular importance to two main ethical issues. The first was informed consent, whereby the author ascertained that all participants took part in the research of their own accord after they were provided with all the required information, as listed in an earlier subchapter. Following their verbal and written approval, the author outlined the aim of the research, and obtained consent to the use of an audio recorder. Only after confirming that there were no objections did interviews formally start. Confidentiality regarding identity was essential and its total preservation was maintained by means of a coding system. The participants were reassured that no personal or organisations' names would be disclosed, even if the research was to be published. Interviewees could withdraw from the interview at their own will, though none of the service providers and immigrants did so. Only one participant

refused to answer the second part (users' proxy views) of the HELGAS Rating Scale, as earlier described. This organisation believed that by answering these statements, they might contradict their policy that service provision is founded on immigrants' needs or what they share. After the one-to-one meetings and focus/interview groups, the author always finished by asking participants whether they wanted to add anything else. Following no more comments, the author deeply thanked participants for their time and for sharing their thoughts.

The second ethical issue revolved around conducting discreet focus/interview groups and acknowledging risk of any psychological harm. This followed the University of Malta Research Ethics Committee's recommendation to the author. Keeping in mind the traumatic journeys of undocumented immigrants (see Chapter 2.2), the author asked organisations – who accepted to collaborate with the author in the planning and organisation of focus/interview groups – if the selected immigrants suffered from any mental health problems and/or difficult behaviour. Though no participants had such concerns, this information was not sought to seek exclusion but to understand risks and what precautions had to be taken. Moreover, before the focus/interview groups, the author explained to potential participants that sessions would be an occasion to learn from each other's experiences and that these were planned in a way that it should do no harm to them. But in the unlikely case that the discussion brought up memories of past painful experiences – which it did not – the immigrants were encouraged to stop and ask the author for help, if necessary. If this was the case, the author had to refer and accompany the participant for emotional and psychological support available at their respective entity. Though it did not occur, if any participant recounted past painful experiences, this author would have directed them to speak about the main facts in a general manner, without going into painful details.

Also, the author asked their organisations if potential participants had any communication problems, in order to arrange for a translator and/or cultural mediator to be present during the focus/interview group, depending on the immigrants' country of origin. During one session, two Somali immigrants, a male and a female, had problems in understanding English. These had not been identified by their respective organisation. On asking whether they wanted to reschedule the session and book a cultural mediator and/or translator, they felt more comfortable for translation to be provided by another participant. They considered this participant as part of their family.

4.10. Additional comments and reflections on the research methodology

In this section the author will reflect on this thesis research process and how he maintained rigour by means of best practices throughout the process. Guba (1981), Krefting (1991), Lincoln (1995) and Shenton (2004) are used in order to determine how far the present study can be described as trustworthy, thereby demonstrating that findings and results are sound and their arguments strong. This has to be seen through the lens of a critical realist, where knowledge comes from trustworthy sources, founded on evidence and justification, and linked to change (Bhaskar, 1994, p. 64).

The author sought to develop a clear aim and objectives as the foundation of this thesis, thus setting its direction. The aim of this thesis was to investigate how service providers, active in the four areas of social support of undocumented immigrants, adapted to new contextual characteristics, and whether these adaptations can be defined as good practices or not. The aims, research questions and objectives pursued to answer the research questions in a specific and unfolding manner (Gray, 2009) are presented in this chapter.

Earlier we confirmed how a critical realist approach can lead to potential contributions to mixed method designs (Creswell & Clark, 2011; Maxwell & Mittapalli, 2010). This thesis' need for both descriptive statistics and narrative data is to contribute to this approach. The reader will see how different data collection techniques complemented each other, strengthening this study and avoiding weaknesses or shortcomings that could have resulted from the application of a single method. This means that complementariness could not have been achieved if either a qualitative or quantitative method was applied on its own (Creswell, 2003).

This complementariness further encouraged the author to opt for critical realism as opposed to a single application of positivism, interpretivism or constructivism. These could not provide a more complete and in-depth understanding of the contextual characteristics and respective adaptations than a critical realist approach. In fact, in the next chapter, we note how structures, meaning society as whole, are affecting service providers and immigrants through restrictions or opportunities. For instance, legislative weaknesses or a 'blame-the-culture-attitude' affect the service design or the way service providers offer services, thus calling for adaptations either from service providers or immigrants' point of views. This means that for this thesis, service providers and immigrants who adapt to these structures are exhibiting agency.

In this thesis quantitative research is represented by the closed-ended parts of the HELGAS Rating Scale. This serves as a reality check, or 'a checking whether the understanding constructed actually conforms to the evidence'. HELGAS Rating Scale developed through the dovetailing of ARC, Watters' Six Dimensions and author's own reflections. It is built on criteria of good practices, at all levels (macro-meso-micro) and incorporates a second part on service providers' proxy views where respondents put themselves in immigrants' shoes and

answer statements from their perspective. Its results are expected to develop a profile of service providers and their characteristics, based on good practices dimensions: Access and Entitlement, Users' Participation, Holism practices, Interagency Collaboration, Cultural Sensitivity and Evaluation. Validity was maintained by means of piloting and using language that could be understood by service providers (Bryman, 2008), sometimes referred to as context validity (Weir, 2005), but also by avoiding double-barrelled statements where necessary and taking care of the format, space and readability. The author explains the research process, methodology and analysis in detail. This is to help other researchers to replicate the study (Creswell, 2003). The HELGAS Rating Scale was primarily applied with 13 service providers active in the social support of immigrants. The sample size was adequate to collect reasonably rich and in-depth information. In Chapter 2, the author periodised the help to undocumented immigrants in Malta, since their first mass arrivals. This assisted the author to identify the main stakeholders coming from mainstream and migrant-specialised organisations, being either public or NGO/IO. These represented the population and potential respondents, who then were purposively sampled to take part in the research.

As regards generalisability, as noted prior, though the respondents represent a big portion of local organisations active in social support, no claims are made of quantitative generalisability of the numbers to the whole population of such agencies (Ritchie & Lewis, 2003). A comprehensive narrative and a conceptual framework were presented earlier in this thesis, to be used to understand the areas under review and paving the way to the identification of gaps in local literature. The researcher employed structured and semi-structured research methods of data collection and analysis to investigate the subjects. The author's presence during the administration of the rating scales helped the author to return completed forms. Nevertheless, to minimise social desirability responses related to the author's presence, before commencing

the fieldwork, the author took the opportunity to spend time with participants in order to build a relationship with them. He explained the rigorous measures ascertaining anonymity and confidentiality. All closed-ended data was repeatedly checked before being inputted in the Excel spreadsheets, as this could affect the descriptive analysis.

As regards the qualitative data, this comes from the open-ended parts of the HELGAS Rating Scale, where respondents were asked to answer adaptation questions at each stage, thus expanding their closed-ended answers with open-ended comments. Qualitative data also comes from the semi-structured interview guide applied with three focus/interview groups with immigrants. In these qualitative parts, the author also follows measures to ascertain credibility by allowing readers to be able to apply the findings to their own situations (Krefting, 1991). The author tries to demonstrate how findings, such as contextual features and service designs' adaptations, were reached, thus representing the phenomena that were intended to be investigated in an organised way. To enhance credibility, in the next chapter, this researcher shall present a selection of direct quotations from the field's transcripts (Creswell & Clark, 2011). Apart from serving as evidence, this will help the reader to follow the process of how the data and findings were analysed. Meanwhile, this is expected to help the reader imagine the participants' world and the unfolding of their stories.

Lincoln and Guba (1985) encourage researchers to be familiar with the research participants in order to gain understanding and develop relationships. In fact, the author has been engaged in the fields of social support of immigrants for the past seven years. Since 2000, the author engaged himself academically and professionally in the fields of social support. He collaborated in various publications and policy papers, and attended scientific missions and international meetings to study and explore the provision of good social support practices to

undocumented immigrants. He was also member of a research network dedicated to the Health and Social Care of Migrants and Ethnic Minorities in Europe (HOME) within the European Cooperation in the Field of Scientific and Technical Research (COST). Patton (1990) explains how experience and qualifications increase the credibility of the researcher in the development of the research tools, data collection and analysis. Nevertheless, during the implementation of the fieldwork, the author built good relationships with participants, thus helping in the collection of rich and thick information, as without the latter "thick interpretation" is not possible (Ponteretto, 2006, p. 542).

The sampling method also helps credibility. While we have already explained how purposive sampling was chosen for the application of the HELGAS Rating Scale, for the recruitment of three focus/interview groups with 15 immigrants (5 in each group), a mix of purposive and random sampling was attempted. Whilst purposive sampling for qualitative research is usually more important in order to deliberately understand specific participants' situations (Maxwell, 1992), random sampling was proposed to recruit half of the immigrants that had to participate in the three sessions. In this way, the author would have given chance to the immigrants, as service users of the three organisations, chosen for their connection to the four areas of social support, to participate in the research. The rest had to be chosen, in view of their articulateness and willingness to participate. However, only one organisation chose the proposed sampling technique that balanced purposive and random sampling for the focus/interview session carried out with users in their premises. The other two organisations purposively sampled the immigrants. Stake (1994) argues that a mix of sampling techniques, such as were used here in the face of limitations, are likely to yield greater knowledge. Akin to the qualitative part of this research, no claims of generalisability are made.

Best practices in interviewing demand that all participants are informed about the aim of the study. In fact, the researcher ascertained that all participants were informed not only on the aim, but also on the researcher's academic background and research interests, the identity of the supervisors of the student, the consent form and the right of voluntary participation, acknowledgment of and safeguarding from psychological harm, confidentiality and anonymity, the destruction of data post-research publication, what participants can expect to do during the study, the amount of time needed to carry the interview, withdrawal and the right to know about the results of the study. The qualitative research tools were designed in a way to assist the researcher in probing for as much detailed information on the social support of immigrants as possible, including contextual features and adaptations. Moreover, research tools were used flexibly, such that the author could return to matters previously discussed in order to compare, evaluate and draw attention to any discrepancies in data. The author kept himself open to discuss findings with research participants during the course of the research. Van Maanen (1983) argues that formative understanding is important to the development of analysis and its contextual meaning. In fact, there were two instances where the author had to contact two respondents of the HELGAS Rating Scale, in order to clarify issues related to their claims of inadequate resources and legislative weaknesses.

This means that the research tools were developed so as to capture as much information on structure and agency as possible, thus strengthening the transferability aspect of this endeavour. The author also explains in detail the outline of this study, through the development and design of research instruments, recruitment and data collection, showing a systematic approach to qualitative research. The interviews were audio-recorded to guarantee correct transcription, thus presenting findings in a fair way and enhancing authenticity (Bryman, 2004). All

interviews were carried out in English, so there was no need for translation. The author analysed all data, giving attention to detail and without ignoring any transcribed data.

Interviews applied both through the open-ended part of the HELGAS Rating Scale and semi-structured interviews with immigrants were deemed to be the most appropriate to help participants express themselves freely. Moreover, before the focus/interview groups with immigrants, the author took care to contact organisations and check whether there were immigrants who needed the help of a translator or not, thus ascertaining better communication. The consent form and semi-structured interview guide were developed in a user-friendly way, so that immigrants could understand them easily. In fact, during the sessions, immigrants felt comfortable to discuss their realities, as we shall see in the next chapter.

There are many types of questioning technique (Kvale, 1996), but the author kept his style as unimposing as possible (Hesse-Biber & Leavy, 2011). Nevertheless, after making his statements, he probed and followed up respondents' answers in order to get as much rich information as possible, as opposed to short answers like yes or no, thus digging deeper inside service providers' and immigrants' realities. For instance, whilst conducting focus/interview sessions with immigrants, the author avoided asking direct questions or questions that could make them recall their traumatic journeys. The fact that the author was a nurse, graduated in social policy and health sciences, helped him to organise sessions and interviews based on a 'learn-from-each-other' concept, thus making respondents comfortable to narrate their stories. Another advantage was that he could understand service providers' and immigrants' realities, like service designs and culture issues, together with respective adaptations.

Qualitative data was primarily evaluated through thematic analysis. The author followed Braun and Clarke's (2006) recommendations in conducting good thematic analysis where the researcher is engaged in the whole process of data collection by means of transcription, coding, categorising, analysing and interpreting the data, thus increasing credibility and trustworthiness (Miles & Huberman, 1994; Ritchie, & Spencer; 1994; Mason, 1996; LeCompte, & Goetz, 1982). This was no easy task as this research generated many codes that needed deep understanding. This step was quite a lengthy one and took the author many weeks of manual coding of rich information and thematic analysis.

4.10.1.Reflexivity

Guba and Lincoln (1989) highly recommend a reflexive approach for the author's own thinking, thus giving the work more credibility. The author always aimed for reflexive comments, in all parts of the research, including the openness on his values and principles. This illustrates this researcher's clarity and sincerity regarding the author's influence on the research process. This helps to increase readers' trust in the study (Daymon & Holloway, 2011).

Working as a nurse at the main state hospital in the period when Malta started to receive the first mass arrivals of undocumented immigrants was quite a challenging experience. Entire sections of general wards had to be evacuated to assist African immigrants who ended up dehydrated, sea sick, sunburned and malnourished following the crossing from Libya to Malta. Service providers were taken by surprise, while our communication and understanding were minimal as few immigrants spoke English. We had no cultural mediators and no translators. The author had to deal with structures that excluded these persons, because of prejudices, fear of invasion and panic from contagious ailments. Many did not even speak to them to see what their real needs were.

Nevertheless, after reading his degrees in social policy and health sciences, the author joined a team of research analysts with the Standing Committee on Social Affairs in the House of Representatives. These were the years when arrivals peaked and where research started to reveal local xenophobia, despite a society that considers itself to be grounded in Christian values, democracy and solidarity. The author wanted to help by raising awareness and push forward an integration discourse, where immigrants are helped to find permanent solutions rather than temporary shelters, like open centres, that developed as 'permanently temporary' solutions. In fact, the author organised visits for Members of Parliament in order to talk to immigrants and service providers, thus understanding how these are adapting to the new realities. However, the imbalance between security and support, segregation and integration, was no easy task to break down.

The author is conscious about research bias in relation to credibility, but as a critical realist, he believes that values have to be acknowledged. The author always kept respondents' answers as his main focus. With the help of reflexivity and continuous assessments, the author could work to minimise this bias and see the multiple realities of the world, thus digging under the surface and changing parts of this thesis when new understanding was uncovered and comprehended.

4.11. Conclusion

In this chapter we discussed the methodology of the thesis. The thesis adopts a mixed approach within a critical realist perspective. Data was collected by means of qualitative and quantitative methods. We have seen how the tools were constructed by dovetailing ARC, Watters' criteria and the author's own reflections.

In order to answer the three research questions, the HELGAS Rating scale, including questions administered both in a closed-ended and an open-ended manner, was administered during 13 one-to-one meetings with service providers. A semi-structured interview guide was used during three focus/interview groups having 5 immigrants each. Sampling was carried out by means of purposive sampling, though half the participants of one focus/interview group were chosen randomly. All sessions took no more than 90 minutes.

On the one hand, quantitative data was analysed by means of frequency distribution of responses. On the other, thematic analysis was used for qualitative data, and it consisted of three stages: transcription, coding and data interpretation. The validity of the qualitative part of the research was maintained mainly by means of good communication during data collection and triangulation during data analysis. Though difficult, it was also sought to make no imposing or leading questions at the open-ended stage, whilst reporting research findings as faithfully as possible. The author as interviewer strove to be consistent in various ways in order to ensure reliability. As for the quantitative side, the supervisors' review of the rating scale, sampling method and piloting of the research tools helped the author to maintain validity and reliability. Moreover, the author followed the ethical principles of informed consent, anonymity and the conducting of discreet focus/interview sessions that acknowledged risk of any psychological harm.

CHAPTER FIVE – Findings

5.1. Introduction

Our research questions are threefold. First, to identify good practices in the social support of undocumented immigrants (particularly in the four focal aspects of social support, as per table 5.1 below) and how these are being applied and adapted to the Maltese context. Second, to determine the contextual features that are making Malta's context a particular one, thus calling for particular adaptations. Third, to analyse what further adaptations are recommended to fill remaining service gaps or mismatches. In the previous chapters we learnt how the issue of immigrants' social support and related services adaptation has grown in importance in light of more immigrants integrating in Malta, amid critique that Malta has no formal integration programme and immigrants living in at-risk-of-poverty conditions. In fact, many are finding help from each other to facilitate the integration process, due to a lack of structured and engaging support. We would like to know what happened in the fields of social support when no formal integration programme existed. What were the contextual features? What shall we find when digging beneath the surface?

1.	Giving information to the user on how to access mainstream service;
2.	Effecting and coordinating referrals to formal and informal supports;
3.	Empowering the user to achieve autonomy; and
4.	Giving guidance and emotional support to help the user to shape their own life project.

Table 5.1. The four focal social support areas

As explained earlier in Chapter 4, this chapter is carried out under the principles of convergent parallel design, emanating from the mixed method approach (Creswell, 1999). The data is

analysed independently under the same section, to then move to an overall interpretation in the next chapter where we will look for convergence and contrast between the sources of data (Creswell, 1999). The present chapter focuses on contextual features that are making Malta unique, whilst learning how participants, as agents, are adapting to these realities, especially in their relationships with structures, such as authorities, resources, and socio-cultural issues.

This chapter addresses the research questions systematically. After this introduction, 5.1, from sections 5.2 to 5.7, the author presents Watters' dimensions of good practice, as per the HELGAS Rating Scale and semi-structured interview guide, thus covering Access and Entitlement, Participation, Holistic Practice, Interagency Collaboration, Cultural Sensitivity and Evaluation. Each section has two main parts: the quantitative and qualitative results. In the quantitative section, the researcher presents the opinions of respondents about how well each dimension is applied in their own entity and in relation to services in general. This is done with the help of stacked bars featuring the responses' frequency distribution in the HELGAS Rating Scale. The HELGAS Rating Scale has 89 statements, 47 addressing participants in their capacity as service providers and 42 expressing users' proxy views. In the latter, participants were asked to rate the statements from an immigrants' point of view, thus entering the shoes of service users. The HELGAS Rating Scale was conducted with 13 participants (see table 4.1): three directors (two were priests), a nurse, four social workers, an anthropologist, an assistant director, a cultural mediator, a retired manager and a manager who is also a pastor and lawyer by profession. Six participants worked for migrant-specialised NGOs, three for migrant-specialised mainstream services and three for public mainstream services. One participant worked for a migrant-specialised IO.

Moving to the qualitative part, the reader is presented with findings related to the open-ended answers to the questions asked during each stage of the HELGAS Rating Scale, mainly the Questions about Adaptations (as shown in table 5.2 below), thus expanding closed-ended answers with open-ended comments. Then follow the findings from the focus/interview groups. Three focus/interview groups were conducted with immigrants in three different organisations: one was a migrant-specialised section within mainstream services, and two were migrant-specialised NGOs. Each group consisted of five immigrants, for 12 male and 3 female participants of adult age (18 years and older) in total. They were all African immigrants whose arrival in Malta was undocumented, had different types of protection, had passed through time spent in detention and in an open centre and were currently living independently in local communities. The qualitative part unfolds through a thematic analysis of participants' open-ended responses.

1. What contextual factors led to the particular shape that was given to the aspect of the service design and mode of practice that is being discussed?
2. To what extent was the service or practice ideal or fell short of the ideal?
3. What proposals, if any, would the interviewee make as ways to improve service or practice for greater congruence with context?

Table 5.2. Questions about congruence and adaptation asked about every dimension of HELGAS Rating Scale thus expanding on closed-ended answers with open-ended comments

This means that another objective is to find out how good practices within the six dimensions were implemented, whether they were a rather simple application of the good practice in a largely standard manner, or if it was, instead, largely a case of adaptation, remodelling the practice from the usual or standard version to one partly changed in order to fit the Maltese context. Therefore under each dimension, the reader is to find how service designs adapted to the dimension in question. Adaptation occurs when one moves from an application (or

specification) of a generic idea to a different specification of the same idea, in an attempt to respond to new contextual features. This means that there is adaptation when remodelling is involved.

In line with the previous chapter's ethical reflections, to protect the anonymity of research participants, no names of immigrants, agencies, departments or organisations are to be revealed. For service providers, only their profession or type of organisation is to be mentioned, like migrant-specialised NGO/IO, public mainstream services and migrant-specialised sections within mainstream services. The author presents his concluding remarks in section 5.8 by giving a brief overview of all the findings.

5.2. Dimension 1: Access and entitlement

Watters' first dimension of good practice is access and entitlement. Particular attention is given to those good practices spelled out from statutory laws and the entity's principles and regulations, and translated to a face–to–face level. Of particular interest are the type of and access to appropriate information that is specific to immigrants; and how this is offered, the kind of approach, the ambience, the variety of professionals like cultural mediators and/or translators and the respective relationship with users and their families and/or friends that is friendly and culturally sensitive. Tables 5.3 and 5.5 present statements on Access and Entitlement's criteria addressing participants in their capacity as service providers and as proxy users. Following each graph, the reader is to find a descriptive analysis of all statements.

5.2.1. Quantitative Findings – from direct answers to HELGAS Rating Scale

5.2.1.1. Statements addressing participants in their capacity as service provider

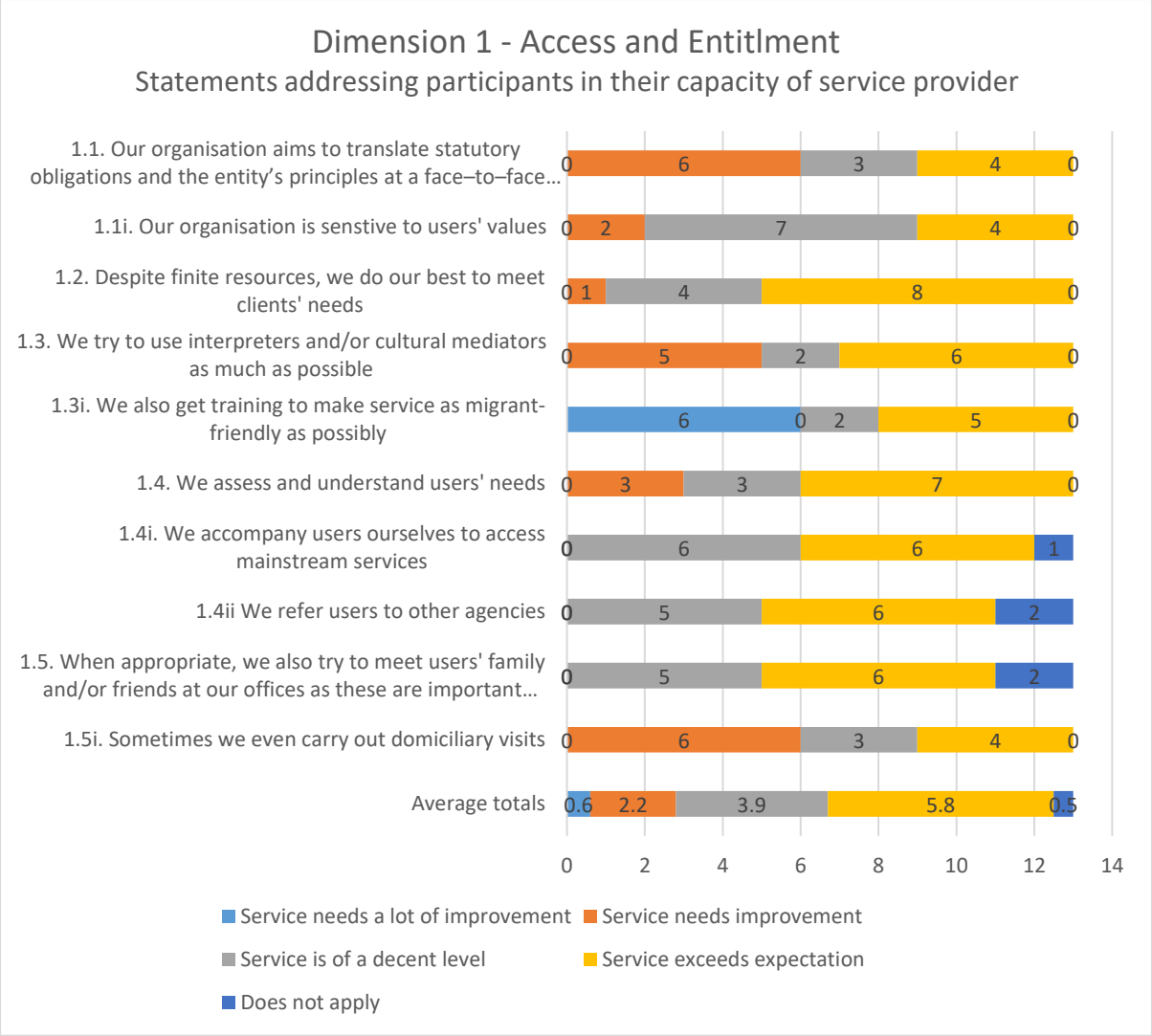

Table 5.3. Access and Entitlement: Statements addressing participants in their capacity as service provider

The above totals show how the average majority of participants (n=5.8) claimed that service exceeds expectation in terms of immigrants' access and entitlement. However, participants (n=6) wanted their services to be improved in the way they translate their statutory obligations to a face–to–face level. Despite finite resources, the majority of service providers (n=8) think that they are exceeding expectations in doing their best, not just in continuing to provide mere services, but services that are sensitive and that understand users' values (n=7 – decent level). In the fields under review, the involvement of cultural mediators and/or translators is fundamental in guaranteeing immigrants' access and entitlement to services. Some participants

(n=5) declared that the involvement of cultural mediators and/or translators needed improvement and others (n=6) declared that it exceeds expectation. Most participants (n=6) replied that their engagement in migrant–friendly training needed a lot of improvement; two (n=2) said that it was of decent level and another five (n=5) claimed that it exceeded expectation. Participants (n=6) claimed that they accompany users to access mainstream services. Seven participants (n=7 – exceeds expectation) confirmed that they assess and understand users' needs, whilst (n=6 – exceeds expectation) claimed that they refer users to other agencies. Six (n=6 – exceeds expectation) declared that, when appropriate, they meet users' family and friends, and even carry out domiciliary visits.

5.2.1.2. Statements addressing participants as users' proxy views

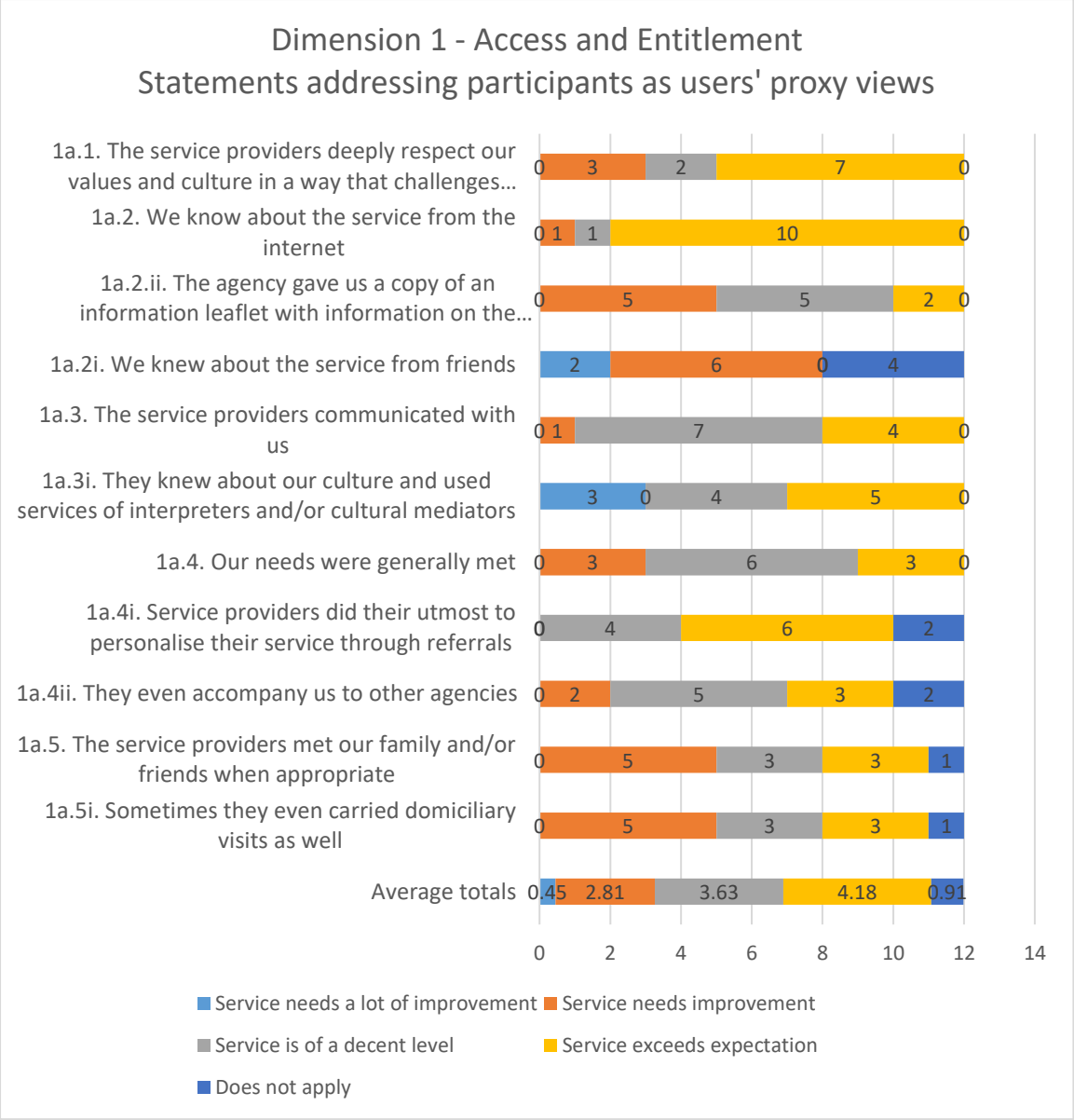

Table 5.4. Access and Entitlement: Statements addressing participants as users' proxy views

Even when entering immigrants' shoes, on average participants (n=4.18) agreed that services are exceeding expectation in helping immigrants to be informed about their entitlements and help to access services. In doing so, the majority (n=7 – exceeds expectation) considered that immigrants are being respected and biases are being challenged. Participants answered that immigrants' knowledge on services is mostly passed through friends (n=8) and that information available through the internet needed improvement (n=6). Even the type of information

provided in leaflets needed improvement (n=5). Participants' communication with users is of a decent level (n=7), whilst they knew about users' cultures and used services of cultural mediators and/or translators accordingly (n=5 – exceeded expectation).

Six participants (n=6 – service is of decent level) thought that immigrants' needs are generally met, and referred immigrants in an attempt to personalise service provision. Participants (n=5 – service is of decent level) accompany users to access mainstream service. However, when providers thought about their relationship with users' family and/or friends from a user's perspective, including carrying domiciliary visits, five (n=5) asked for improvement.

5.2.2. Qualitative findings – from Open-ended Answers to HELGAS Rating Scale and its Adaptation questions to Focus/Interview groups

Through the thematic analysis of this dimension, the author noted a number of contextual features that could possibly lead to adaptations. The contextual features can be divided into two main themes. The first theme is inadequate service design and includes sub-themes such as the need for clearer guidelines, communication channels, resources, specialisation, training and relationships. The second is users' culture. This theme particularly evolved during the focus/interview groups and includes sub-themes such as immigrants' knowledge on access and entitlement, open centres as the first place of help, their social network and experiences with service providers. In response to these contextual features, service providers adapted in many ways to be more flexible and creative (see figure 5.1.).

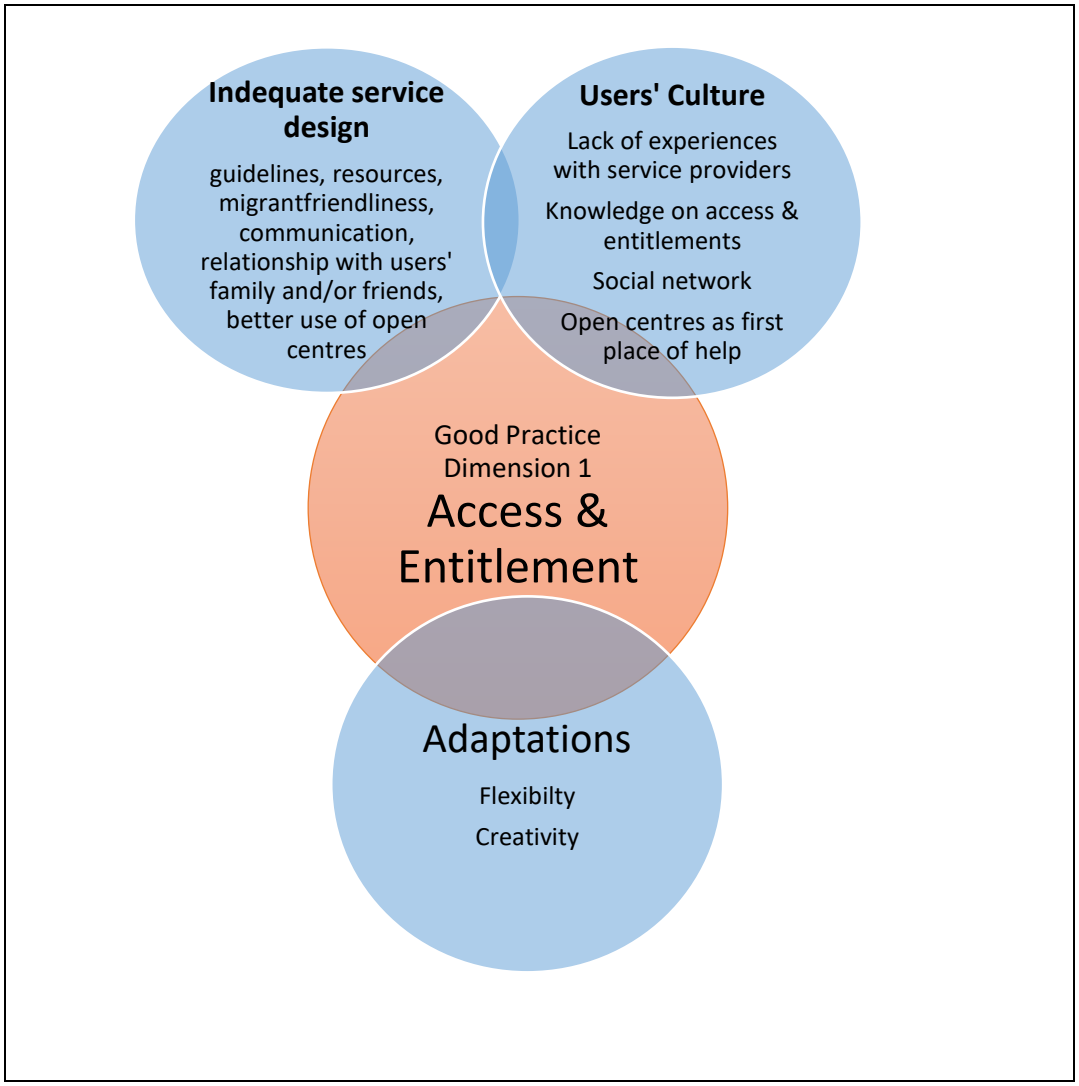

Figure 5.1. Dimension 1 - Emerging Themes

5.2.2.1. Inadequate service design

Yang and Sung (2016) argue how service design involves the planning and organisation of resources in order to improve service provision and better meet user needs. During the one-to-one meetings participants revealed many issues that possibly indicated inadequate service design as a main contextual characteristic leading service providers to adapt in order to ensure access and entitlement, not just to their own services, but to all mainstream services in general.

5.2.2.1.1. Clearer guidelines

In social policy and administration, guidelines and procedures are important arrangements, focused on respecting users' needs while improving service providers' efficiency, enhancing service quality, establishing consistency in service provision and minimising miscommunication (Baldock et al., 1999). Sometimes these guidelines emanate from laws.

When asked about how clearer guidelines could enhance access and entitlement to services, four participants reported that many immigrants are benefitting from services they are not entitled for, and their access is being allowed either covertly or at the discretion of the professional. Participants 3 and 1 claimed that a lack of clear guidelines affects the way they counsel immigrants, especially on how to access mainstream services. These participants claimed that they could be recommending services that immigrants are not entitled for.

Participant 3, a senior social worker working with a government mainstream organisation, explained:

> We need to be frank with our users and tell them that they can access certain services...even though not entitled for...or explain better complicated processes to avoid inequalities and illegalities...like in employment for example.

Major areas of service provision, like health care, housing, and employability, were deemed to be in need of clearer guidelines.

Participant 3 added:

> We need clearer guidelines in referring our clients to healthcare services...though sometimes they [immigrants] are billed...sometimes they have no money to pay operations and other costly treatments. Are they entitled or not?

Participant 1, a senior nurse with extensive practice and research experience in immigrants' care, reiterated how clearer guidelines are needed since working permits are complicated to obtain when compared to the fluidity of immigrants' employment:

> They [immigrants] always ask for work...accessing work through formal channels is sometimes quite complicated…clearer guidelines will help…especially due to the fact that they change work frequently.

As regards access to housing, the situation is different, in the sense that although immigrants are entitled to social housing, till March 2013 no immigrants were ever allocated a housing unit (Parliamentary Question 112, 12 Legislature–2013). It is widely known that Maltese social housing is inundated with waiting lists. However, Participant 5 explained that despite this lack of accessibility and entitlement, an NGO is providing shelter in a hostel to vulnerable immigrants in the community against a fee paid by the government, thus filling a gap in service provision.

Participant 5, an anthropologist working with public agency mainstream services, clearly explained:

> There is little help from mainstream housing...at least there is an NGO that help immigrants in their housing needs, especially during vulnerable situations...These are paid by the government.

5.2.2.1.2. Better communication

Access to services depends on what is happening on the ground, particularly on the ability of immigrants and service providers to communicate and understand each other. Participant 1 explained how entitlements have to be translated well at a face-to-face level, particularly by means of communication:

> Entitlements on paper are not enough...One has to guarantee access and this depends mostly on what is happening on the ground with immigrants [referring to communication].

Immigrants have to be able to communicate their needs and understand what provisions are available; whilst service providers have to not just communicate but also understand in order to counsel, refer, follow up and give support to access services. For the latter to succeed, communication between service providers is important, especially in providing information and creating accessible services (Watters, 2007). Here the author has grouped under one theme two types of communication channels: the user–provider and provider–provider types of communication. As we will see, both types of communications have an effect on access and entitlement, particularly with the availability of cultural mediators, information material and a referral system between agencies.

In the fields under review, the involvement of cultural mediators and/or translators is fundamental to guaranteeing good levels of communication with the users (Chiarenza, 2012). Participant 1 discussed how their service was important in the introduction of Somali and Eritrean cultural mediators and/or translators within mainstream services, mainly at the Floriana Health Centre:

> We introduced Somali and Eritrean cultural mediators and/or translators at Floriana Health Centre and main local general hospital, available every day with an on–call coverage for emergency situations.

For some time, this service also filled a gap in the coordination of cultural mediators and/or translators. However, as explained by Participant 1, many cultural mediators and/or translators leave the island for better jobs, thus leaving them unsupported:

> We used to have very good cultural mediators, but they somehow leave the island...and we find it difficult to replace them.

Eventually the providers end up struggling to find and train more immigrants to carry such a skilled role in the delivery of social support. It seems that lately such coordination is also done by means of an EU-funded project called LEAP, a project that complemented mainstream social welfare centres in the community. The aim of this project is the promotion of social inclusion and minimising poverty by means of training and mobility initiatives, together with the involvement of voluntary and statutory organisations. The project started on October 2014 and was intended to stop in September 2015, with the intention that the Ministry for Family and Social Solidarity was to subsequently extend services on similar lines.

Participant 3 said:

> We use cultural mediators from an EU [mainstream] project [LEAP project], as the ones on our list are sometimes either unavailable or leave Malta with no prior notice.

Upon being asked what proposals they would make to improve their mode of practice in engaging cultural mediators and/or translators, participants expressed a need for a more structured approach towards the engagement of cultural mediators and/or translators. In fact, Participant 10 suggested that cultural mediators are grouped in a pool and employed on a full–time basis, such that organisations can share their services.

Participant 10, an experienced social worker with years of face-to-face and research experience in immigrants' support, reiterated:

> Cultural mediators and translators are not employed on a full–time basis...We have been suggesting a pool of cultural mediators for quite a long time...They are leaving because they are not full-time workers...Mater Dei Hospital [state hospital], Health Centres [part of state's primary care services], Appoġġ [state social organisation], Mount Carmel Hospital [state mental health hospital] and Social Security services can use such a pool and mediators could be eventually employed on a full-time basis.

Meanwhile, communication can also be enhanced by means of printed multilingual booklets or leaflets. The author noticed a lack of printed material available to immigrants with information on the kinds of services they are entitled to and how to access them. Participant 5 confirmed this and declared that they were in the process of printing new leaflets:

> We are in the process of printing a new set of multilingual leaflets for the benefit of immigrants...explaining what are their entitlements and how to access mainstream services.

Participant 6, a specialised social worker in immigrants' support working for a renowned IO, reported no problems with the publication of multilingual leaflets. Moreover, the participant explained how they organise self-help groups to share experiences and information on mainstream services, including access and entitlement:

> We have no problems, neither with the publication of multilingual leaflets, nor with information uploaded on the internet...This information is important for immigrants to know their rights and how to access mainstream services. Sometimes we also organise

> self–help groups to share information, even on how to access certain services, mainly health care and employment.

Communication between providers can be facilitated through proper referral systems. Participants were also asked about the referral systems between agencies, and asked for better formal communication channels among service providers. Work overload, multiple clients' needs and lack of resources were all contextual features affecting the type of communication.

Participant 2, a director of a veteran NGO providing 'open-door-drop-in' services to immigrants, explained how a lack of resources is affecting their referral system:

> There is room for improvement, especially when it comes to referrals...and the way we communicate with each other...However, sometimes our resources make it problematic to implement a correct referral system.

Moreover, Participant 3 identified how:

> Sometimes referrals are carried out without proper documentation.

Participant 5 described the importance of better coordination of referrals to meet immigrants' complex needs:

> Our clients have complex needs...therefore, we need closer communication with each other to guarantee access to services.

Participant 10 explained how, in view of their specialisation, they work closely with mainstream social workers, especially after immigrants' discharge from hospital:

> They regularly refer clients to us for assistance…Mainstream social workers come to us because we offer a specialised service.

Participant 3 revealed how, due to work overload, immigrants used to personally hand on referral notes containing sensitive information:

> Once we even had immigrants handing us referral forms or professional notes, containing sensitive information on themselves...but these cases were all the effects of work overload!

5.2.2.1.3. More resources

The issue of more resources is always a concern, as it has a direct impact on immigrants' access to services. In fact, five participants requested more investment in human resources. These are proposing improvements at a face–to–face level in order to better deal with immigrants' daily needs and enhance access to mainstream services. Gray (2013) agrees that face–to–face services in the fields of social support are of utmost importance, especially in their role of counselling the person on how to meet daily needs and their support in accessing mainstream services.

Participant 4, a social worker working with immigrant mothers, explained:

> There was a time that we focused only on immigrant clients, we had such overwhelming numbers...practically leaving out the Maltese altogether [in Maltese – Wasalna fi stat li tlaqna l–Maltin]. We have too little resources to meet the demands of our clients.

Participants 2 and 1 commented how they are working on their own:

> I am the only person responsible for the service...I try to do my best...together with volunteers we try to cope and meet immigrants' needs.

> I am the only coordinator of the service.

On asking what can be done, Participant 5 explained that more personnel should be recruited, as more immigrants are living in the community:

> It is time that more personnel are recruited as sometimes we feel stressed with the increase in number of cases...More immigrants are living in the community.

However, two participants praised the efforts of authorities and their efforts to recruit more professionals in the field. One can say that service providers' perseverance for more resources is triggered by their motivation to improve support to better meet users' needs. In Chapter 2, the author described the remarkable increase in recruitment of professionals like social workers and support workers with state–owned organisations. Also remarkable was the inception of more NGOs, filling in gaps in welfare and service provision (see Chapter 2).

Participant 7 explained the difference between the number of professionals and the increase in immigrants' needs:

> During the past years more professionals were recruited with our organisation...but number of users is still high and their needs are quite complex.

Participant 5 compared a public agency specialising in immigrants' support with mainstream counterparts, noting how the latter recruited more professionals than the former:

> We are not like mainstream services...they have more resources than we do...more professionals were recruited with them [government/mainstream services].

Whilst Participant 6 described:

> Lately more NGOs were set up to not just voice immigrants' concerns but also to come up with new initiatives...More resources allow us to meet better immigrants' needs.

In sum, one might argue that in contrast with mainstream services, migrant-specialised organisations or services (as the ones under review) are highly praised in theory but often lack resources. The fact that these are not provided within prominent institutions make them less visible to policy–makers. More human resources are deployed for services offered within strong institutional settings, like hospitals and schools, leaving these services less resourced. Moreover, immigrants' voices are not loud enough to rock the boat and to urge planners to invest more money in direct social support provision. As one could expect, this lack of visibility has had a ripple effect not just on the development of services but also on the numbers and variety of professionals specialising in the areas of immigrants' social support. Moreover, it is also evident that contrary to what happens in mainstream services, there is no service–provider induced demand pushing for the development of more services.

5.2.2.1.4. Specialisation

In Chapter 3, we discussed how there can be two different types of specialisation in the fields under review. The first example are *migrant-specialised services* that help and accompany immigrants move from segregated services to migrant-specialised sections of *mainstream services*. The mainstream is the second type. Both lead to more immigrants accessing mainstream services, at a percentage similar to the host country's general population, as a sign of integration.

Meanwhile, two participants praised mainstream organisations for their efforts in meeting immigrants' needs and how they are dealing with immigrants' referrals, especially for their

way of providing information on entitlement and access to services. This is an example of how mainstream services can have *specialised sub–units*, thus assisting immigrants and other small organisations that work directly with immigrants.

Participant 13, a manager who has been working with immigrants for many years explained:

> The employees of a mainstream service provider are doing a good job with our referred users...they are really helpful and know how to explain their various processes to immigrants.

Participant 3 said:

> A mainstream service provider organised various initiatives in our locality [a locality with a high number of immigrants]...many of which provided information on access and entitlement to services.

Participant 10 explained their balance between being a specialised organisation and encouraging mainstream services to be more specialised in the areas of immigrants' support:

> We like the balance between being a specialised service and encouraging mainstream services be more specialised...because that is the future.

The author met with another situation where small NGOs assist state organisations, like in the case of housing needs of immigrants. This describes how specialised NGOs are filling gaps in service provision and complementing state resources. Arguing from a policy perspective, such a declaration gives a feeling of fresh air, as it confirms the benefits of a welfare mix system of service provision. This is a concept the author holds close to heart. Participant 3 praised the

work of NGOs in the way they try to support immigrants in finding shelter following discharge from open centres, in an attempt to start living an autonomous life in the community:

> We [public mainstream service] find great help from an NGO...especially in finding emergency shelter.

5.2.2.1.5. Migrant–friendliness (training)

The concept of migrant-friendliness was extensively discussed in Chapter 3, particularly in the Reggio Emilia case study of a Migrant-Friendly Hospital. There we learnt how the service design was remodelled to enhance openness and sensitivity to better meet immigrants' needs, by means of immigrants' support to access services and training of health care providers. Here we will focus mostly on training, since access to services has been widely discussed in the previous sub-chapters. All organisations have the duty to organise structured and regular training, as this affects practices on the ground.

The author was encouraged by the participants' wish for more migrant–friendly training. For instance, Participant 6 described how they carry out migrant-friendly training:

> We do have planned training and this helps us to deliver better migrant–friendly services...our case workers do induction training and regular sessions are done with a European agency…Training in migrant–friendly services is the key for better services, thus improving access to services as well…I look forward for migrant–friendly training. Organisation of training is part of my responsibilities.

Meanwhile, other participants expressed their wish for more training. The majority came from participants employed with public mainstream services:

Senior social workers, Participants 3 and 4, declared:

> I'd like to attend more migrant–friendly training…We need training to avoid services that westernise and acculturate immigrants.

> I sometimes attend conferences...but would prefer if training is more structured.

Lack of migrant–friendly training was mainly attributable to work overload and lack of planning. Stress and overwork limited time for service providers to plan adequate training.

Participant 5 added:

> We are particularly stressed...we don't have time to plan training properly.

Participant 4 expressed how:

> Our focus on work and clients' needs alienate us from planning proper training...it would be ideal if our managers plan formal training for us workers.

However, other participants explained how training is central to their organisation; or how they organise migrant–friendly training for both professionals and students.

Participant 1, a pioneer in migrant-friendly training within government departments, proudly explained:

> Migrant–friendly training is one the objectives of our unit. We are proud to provide training for students and professionals in the fields of health and social care.

Whilst Participants 6 and 10, both coming from migrant-specialised organisations, explained:

> Our organisation is rigorous in training and expects that all service providers attend training.

> We do believe that training is an integral part of our work...We organise training to mainstream healthcare providers and even brought foreign speakers to facilitate the attendance of healthcare professionals.

5.2.2.1.6. Relation with users' family and/or friends

Here we will see how service providers took note of the users' family contextual features in order to shape their practices.

Conscious about the need of familial support, Participant 2 explained that they take family contextual features seriously. In fact, one of this organisation's objectives is family reunification. This is another case of how NGOs are filling gaps in service provision and complementing state resources. They use their networks to establish communication with the immigrants' relatives abroad:

> We specialise in family reunification, therefore we try to establish contact with users' relatives aboard, by means of our international network.

Finite resources, like lack of staff, can also affect the relationship with users' family and/or friends. Another participant discussed how they carry out domiciliary visits, giving particular attention to vulnerable immigrants like minors and single parents, as they cannot implement such a practice with all users During these visits immigrants are empowered and referred to access services.

Participant 5 said:

> Domiciliary visits are carried out on a case–by–case basis...but attention is mostly given to the most vulnerable...Lately the situation is changing...now we are seeing more Libyan minors, some are unaccompanied, and also single parents. We help them to access services.

Participant 6 explained how, together with another two NGOs, they organise a specific programme whereby domiciliary visits are carried out to facilitate immigrants' integration process:

> One of the objectives of our organisation is to carry domiciliary visits to assist immigrants in their integration process. Two NGOs are helping us in assessing immigrants' needs in the community.

During the interviews with service providers, the author noted how four participants valued the role of family and/or friends as immigrants take care of each other, whilst others were attentive and careful to certain cultural gender issues, especially with patriarchal types of families.

Participants 1 and 10 described the importance of family and/or friends:

> Family is important...we do our best to establish family reunification…We try to involve them [family and/or friends] as much as possible.

> We usually work with their friends as many of our clients are single male immigrants.... Migrants take care of each other a lot.

Participant 1 revealed:

> We still meet families where male figures are dominant...we are quite cautious in such situations. That is why we involve family and friends on a case–by–case basis.

Participant 2 discussed how this is also affecting access to services:

> Often, we encounter cases where the male figure influences family members' access to certain services.

A senior social worker working with immigrants' mothers said how immigrants family and friends help each other in practical things, such as carrying donated baby equipment.

Participant 4 said:

> Sometimes family and friends are important to meet users' needs. We had cases where immigrants relied on the assistance of relatives and friends. Last time we had a Somali family where, together with their friends, they collected a donated baby cot from our offices...after dismantling the cot in pieces, they carried it away and returned home by means of public transport.

It seems that professionals strive for a balance between immigrants' individual welfare and the level of family and/or friends' involvement. One can say that sometimes such a relationship also affects users' access to services. This justifies the involvement of more cultural mediators and/or translators in the field to enhance better communication and understanding.

Three participants observed that service providers frequently deal with different situations of familial commitments and partners' negative influence, unstable relationships, promiscuity and women's lack of health literacy. Chiarenza et al. (2005) argue that women's health is negatively

affected by poor health literacy attributed to a feeling of isolation and fear. All these contextual features could potentially affect access to services, either as a barrier or as a predisposing factor.

Participant 2 explained how promiscuity is practised to get out of detention earlier or to leave Malta, to the detriment of women's health:

> Sometimes immigrants are engaged in promiscuous relationships, usually for convenience, either to get out of detention faster or to travel abroad with their partner, for family reunification…this can lead to health, mental health and social problems.

Similarly, another participant explained how they meet women who are victims of relationships of convenience or where children are conceived to fast track their mothers out of detention. They assist them in legal matters related to these issues. Such cases require closer relationships with both users and their families. The participant described the case of a woman who got pregnant after travelling abroad for family reunification. She gave birth to the child and got caught with an illegal name, then forcibly returned to Malta under the Dublin III Treaty. The family is in the middle of a legal dispute to establish the mother's real name and the legal guardian.

Participant 2 said:

> We know the case of an immigrant mother, she got pregnant after travelling abroad for family reunification...after giving birth to her child, she got caught with an illegal name. She was returned to Malta, because of the Dublin III Treaty. We are assisting them legally as the court wants to establish the real mother's name and the child's legal guardian...Few organisations provide free legal aid to immigrants as we do.

Participant 1 revealed the poor turnout of women attending self-help or formative groups due to family commitments, despite negative cultural habits:

> Unfortunately, women don't turn up for group sessions...mainly due to familial commitments, lack of awareness on benefits of health literacy, and also due to the influence of their partner not allowing them to participate…Though some are living in at–risk–of–poverty conditions, I educate immigrants to prepare healthier food with low budget in order to minimise risks of diabetes and cholesteremia...relationship with mothers and their families is important. The amount of butter and raw sugar consumed by Somalis is out of this world...this is very bad for health...It is my role to educate and empower...for healthier families and children.

Alarmingly, the same participant explained how some immigrants in Malta are practising male and female genital mutilation, thus reinforcing the need for mediation in order to find a balance between cultural, medico–legal and migrants' health:

> Immigrants in Malta face cultural and religious pressures...some are still practising male and female genital mutilation. It is difficult to find a balance between respect to immigrants' culture and teaching them how such practices affect the general well-being of the person.

5.2.2.2. Users' Culture

Keeping the above statements in mind, Participant 5, with a sense of exhausted resignation, claimed that access and entitlement of services to immigrants is sometimes affected by a disproportionate demand from service users:

> They [immigrants] always ask for more...Some of them keep on returning to our offices for all sorts of help.

Four participants blamed this on immigrants' culture. In fact, these four participants considered service users to have demanding attitudes, noting that this put pressure on resources. One participant explained how immigrants keep asking for more free services in order to save money to either return earned money to their families or to continue the journey to Europe.

Participant 1 said:

> I don't know why...but they [immigrants] always ask for more...seems that it is in their culture.

Similarly, Participant 2 added:

> They [immigrants] always want more [in Maltese – dawn dejjem iridu]...even though they work; immigrants keep on asking us to pay their electricity and water bills...they want to send their money, earned in Malta, to help their families or to continue their journey.

Whilst the author is in no way referring to participants as culturally prejudiced, Uhlmann and Nosek (2012, p. 110) argue how this could be "a sign of sensitivity, influenced by a desire to maintain a positive view of the self thus attributing negative thoughts to culture".

More is to follow on this issue in dimension 5, but here this theme is presented to show how even users' culture is being somehow blamed for the way immigrants access services. This could indicate a need for more migrant–friendly training for service providers and formative sessions to immigrants and providers in order to, on the one hand, avoid a risky blame-the-culture type of service provision, and on the other, empower users to be more service literate. At this stage one can say that adaptation is not just on the side of the service provider but even

on that of the user. As we had seen some prefer to live their life suspended in order to give money to their families in home countries or to continue on their itinerary to mainland Europe. This is a feature that service providers need to take into account as it influences service designs and practices. Later on in this section, particularly in the focus/interview groups' findings, we will note more types of users' adaptations.

5.2.2.3. Adaptation of service design to Dimension 1 (Access and Entitlement)

In this subsection, we will discuss good service solutions or good practices and how service design was adapted to respond to the above-encountered contextual features. Answers to adaptations came mostly, but not exclusively, in response to the adaptation questions (listed in Table 5.2). Notably, during the interviews, the author noticed a high degree of service provider flexibility and creativity. Despite the inadequate service design, which could potentially lead to stumbling blocks in service provision, participants still tried to meet users' needs and focus resources on the most vulnerable. Necessity is the mother of invention or, in our case, adaptation. This means that participants tweaked or remodelled their application of service or practice in order to keep it from falling short of the ideal to meet users' needs. Let us start from what the author has described as reversed state of exception, as a real case of flexibility.

5.2.2.3.1. Reversed state of exception

Agamben explains how a "state of exception" could override law and creates one for its own (as cited in Watters, 2007, p. 181). In simple words the state of exception or emergency, like the mass influxes, take over entitlements, because of the overwhelming numbers of immigrants. Interestingly, while at the time of writing of this chapter (late 2015) many countries are suspending access to and entitlement for services because of mass influxes, one can say that Malta is experiencing a different policy reaction.

Participants reported health care as the most contested area, where, as earlier described in Chapter 2, there are gaps in the legislative framework that do not guarantee the same rights to access health care as there are for Maltese, yet immigrants are enjoying free access. It seems that access is being left at the discretion of health care professionals. Moreover, immigrants accessing acute care are being given bills to make good for hospitalisation. Though this could raise concerns about immigrants' means to pay bills, it seems that authorities were not enforcing their right to get reimbursed.

Participant 5 explained:

> We have no particular issues with immigrants' access to healthcare, but I recommend changes or better guidelines to bring them on the same level of rights as Maltese do...Access to hospitals is at the discretion of doctors and many [immigrants] do pay their social contributions.

Participant 1 said:

> Bills are being issued to immigrants following discharge from hospital, however we know that no or minimal enforcement is being done by authorities to recover payments.

Access to the labour market was another area where participants voiced their concerns. All immigrants of all statuses – including refused ones – can freely work, despite a law necessitating immigrants to pass a labour market assessment. Moreover, those with a failed or rejected status have to get their employer to renew their job licence, whilst those on subsidiary

protection can apply by themselves. Participants reported how despite burdensome procedures, law is being overridden to allow immigrants to work freely. This sometimes leaves them without the required work licence or its correct renewal.

Despite these two legislative pitfalls in immigrants' access to health care and free employment policy, it seems that mainstream service providers adapted in a way to overrule the law in favour of support to immigrants. This is an adaptation described by this author as a *reversed state of exception*, meaning breaking the rules by being too generous.

5.2.2.3.2. Flexibility

The booking of gender sensitive cultural mediators and/or translators; the printing of information material that includes not just their services, but all services that immigrants might need; and planning of group sessions according to immigrants' availability, are examples that fit with our concept of adaptation. The goal of the service remained the same, but because of the new realities, participants decided to be more congruent by being more flexible or sensitive.

Two participants declared that they try to be gender sensitive in the booking of translators and/or cultural mediators to minimise power imbalance, especially with immigrant women, whilst another participant declared that they have no mediators and use immigrants to fill in this gap. The development of cultural mediators and/or translators showed a process of adaptation to local limitations, realities and potentials.

Participant 2 discussed:

> We have no cultural mediators...instead we use other immigrants for translation.

Participant 3 said:

> We try to find cultural mediators that have the same gender of the client…sometimes it is difficult…especially with female ones…In this way we help women immigrants to open up.

As we have seen, due to lack of resources, participants opted for prioritisation as an adaptation, particularly with those assessed as most vulnerable. This is also a characteristic of flexibility.

Participant 1 described:

> Though being the sole coordinator of the service I try to be the case manager [in a sense of key worker] for those immigrants who are more vulnerable than others...particularly in coordinating their care...Once I followed an unaccompanied minor who needed psychological help because of trauma.

As a response to a lack of printed material, Participant 7 explained how they were going out of their main areas of responsibility in order to meet immigrants' information needs. Moreover, conscious of the fact that these publications cost a lot of money, the same participant aimed to tap EU funds in order to realise such projects:

> As regards our services, we provide information in 11 different languages on asylum process. Moreover, we already issued leaflets in English to inform immigrants how to

> access mainstream services, but now we are working to produce multilingual ones by means of EU funds...this is to include not just our services but all immigrants' services in Malta and their access and entitlement.

Flexibility was also noted in the way Participant 1 built relationships with not only users but also their families by organising group sessions at different times of day, even outside office hours:

> I try to organise group sessions according to immigrants' schedule of work. They work long hours.

During these sessions, information on access and entitlement to mainstream services, reproductive health, childcare and parental skills, and how to prepare healthy and inexpensive meals are discussed. In these sessions women are also empowered to seek training and access employment to ameliorate the general welfare of their family.

5.2.2.3.3. Creativity

Strikingly, the author noted not just flexibility, but also creativity; and these were common adaptation characteristics of both NGOs and public entities in meeting the needs of the most vulnerable immigrants. For instance, Participant 4, a senior social worker working with a public entity, encouraged donations for the support of immigrants assessed as more vulnerable than others:

> We encourage donations from families...these donations are distributed according to immigrants' needs.

As regards NGOs, one could note how an IO and an NGO set up a common referral calendar system to keep track of their clients' appointments. The same participant revealed how continuity of support is sometimes problematic due to immigrants' employment commitments. They also incepted a joint-programme implementation with other NGOs. Participant 6 said:

> We share a common calendar for referrals and appointments…sometimes immigrants are busy with their work, thus they need help…Two NGOs are helping us in assessing immigrants' needs in the community.

One might conclude that service providers have to work in a more collaborative environment to address common incongruences that are hindering their service and mode of practice. The idea of sharing a common calendar for referrals and appointments could be described as an inexpensive yet valuable adaptation. More cooperation is necessary to address structural problems, thus it is encouraging to see initiatives that are serving as workable service solutions.

Another participant explained how by time his NGO adapted to gaps in mainstream service provision, particularly when immigrants face stressful situations like attending Court, family reunifications and funerals. Moreover, they realised that to better meet immigrants' complex needs they had to adapt their service design into a drop-in-open-door type of service provision. The participant meant a type of service where no booking is necessary and service providers are available to help.

Participant 2, a director of a specialised NGO, described:

> We accompany immigrants to get travelling documents and attend Court, particularly child appeals and marriage separations. Other objectives include providing shelter to immigrants' families, organise interfaith funerals and family reunification. Most of

> these services are not provided by the government...usually state organisations ask our help...There are few drop–in centres with an open door policy as we have...here immigrants come for all sorts of help and guidance to access mainstream services.

5.2.2.4. Focus/interview groups – Dimension 1

Here the author wanted to know participants' perceptions on services entitlement, and their experiences and realities upon accessing these services. Moreover, the author asked about the type of information and how it was given and their relationship with service providers, together with the level of friendliness and cultural sensitivity. In this dimension, the author noted participants' average knowledge on access and entitlement that was primarily obtained through their social network, the type of information given and relationships with service–providers. Responses are presented under the following sub-themes, which emerged from thematic analysis: knowledge on access and entitlement, open centres as the first place of help, their social network and experiences with service providers.

5.2.2.4.1. Knowledge on access and entitlement

One participant praised the kindness of Maltese people, while clearly explaining that limited information is provided by institutions, especially on mainstream services.

After many years in Malta, Group Participant 5 said:

> In Malta there are good people but institutions are not good [adequate]...they do not provide information...the services for immigrants in Malta are not enough.

On further explaining the areas of social support – such as help in accessing mainstream services – five participants openly declared that no one had ever explained to them how to

apply for work, access tertiary education, go to hospital or what the services that they are entitled to are. Lack of information is an important contextual feature.

Group Participant 4 agreed:

> No one told us about ETC [state employment office], MCAST [government tertiary education organisation] or where is Mater Dei [main state hospital].

Whilst Group Participant 8 explained:

> I was never given such information.

Group Participant 4 discussed how information could have helped the group:

> That would have helped us [referring to information]...but no one gave us such information, no.

In the meantime, two participants did not know about Mater Dei Hospital's (main state hospital) availability of cultural mediators and/or translators, whilst another three participants knew about Mater Dei and Floriana Health Centre's availability of cultural mediators and/or translators.

A young Group Participant 2 revealed:

> I know about Floriana Health Centre but am not aware about Mater Dei [state hospital] [referring to cultural mediators].

Meanwhile Group Participant 6 asked for a cultural mediator to no avail:

> I asked for cultural mediator when I was at Mater Dei [participant did not speak English – as translated by another focus/interview group participant].

5.2.2.4.2. Open centres as the first place of help

The participants frequently referred to open centres as the first place where immigrants should receive help. This is correct, and it is in line with open centres' mandate as discussed in Chapter 2. The open centres' aim is to help immigrants transition from detention to an autonomous life in the community, and it is the place where they start spending time in contact with service providers, either migrant-specialised or mainstream. Four participants explained that during their stay in open centres they were only given information on the open centre, while one was handed a booklet in English on immigrants' rights, entitlements to services and bus routes.

Group Participant 1 said:

> At the open centre, we were not given information on how to access services, not even on what are we entitled for...they only told us about the conditions of the camp [open centre].

Meanwhile, Group Participant 4 declared:

> We were given a booklet in English...it contained information on our rights, entitlement to services and bus routes.

5.2.2.4.3. Social network

In no other part of this research did the benefits of social networks come out so strongly as a main contextual feature. Participants' social networks were particularly important, as it was through their network of friends that participants acquired practical information on services, and oriented themselves to live independently in the community. This is in line with the

definition of social support, particularly informal help, earlier discussed in Chapter 3. Two participants also described how immigrants prefer to live together.

Group Participants 11 and 8, from different focus/interview groups, said:

> We got to know about certain services from our friends, since they live near us.

> We try to live in areas where other migrants live, as we support each other and provide information on common issues and services.

Three participants, despite being friends, described themselves as a family. They accompany each other, help each other to minimise language barriers and share life experiences. In fact, during one of the focus/interview groups, one of these participants served as a translator for a man and a woman with a 6-month-old child. Immigrants' living next to each other are interesting instances of users' active adaptations in response to the lack of information available for immigrants to find how to access entitled services.

Group Participant 7 explained:

> We support each other...we are friends and live together...like one family...they [referring to his two friends – a man and a woman with a 6-month-old child – who participated in the focus/interview group] do not speak English and I help them as a translator.

Three participants revealed how their first experiences with mainstream service providers included accompanying a friend to a health centre, the employment office and a tertiary educational institution. All three praised their friends for helping them live independently in

the community. This is in line with Pace and McKay (2013, p. 23) and Rossi (2014); as the former described how immigrants prefer to live in groups, whilst the latter explained that friends improve social networks and immigrants' adaptation to new realities. Therefore, it is safe to say that immigrants' friends and/or relatives enhance access to mainstream services and provide support to live independently in the community.

Group Participants 3 and 5 similarly added:

> It is thanks to our friends that we know about certain services, like health centres and work office [state employment office]...even certain NGOs.

> A friend accompanied me to MCAST [a state tertiary education institution].

5.2.2.4.4. Their experiences with service providers

Three participants discussed how mainstream services employees helped them in different experiences, though one of these three and another participant felt that there was a lack of sensitivity. The first participant explained how at MCAST, lecturers were flexible in supporting his needs and personalising tutorials to meet his working schedule. He praised lecturers and students for their support.

Group Participant 5 said:

> Lecturers and students were very helpful...they respected and helped me...once they even arranged the time of the lesson because of my work.

Nevertheless, another one explained how he accompanied a friend to Floriana Health Centre, as the latter knew about the availability of cultural mediators and/or translators. However, upon discovering that they did not live in the health centre's catchment area, health centre staff

referred them to another centre. He was accompanying a non–English speaking woman complaining of painful haemorrhoids; a cultural mediator would have assisted her in such a critical situation, especially in explaining her pain and anxieties. The same participant admitted that many immigrants are unfamiliar with services, and therefore need assistance to gain access, instead of just referring them from one place to another.

Group Participant 6 explained with frustration:

> We went to Floriana because of culture mediators, but then we were referred to another one, as we did not live near Floriana. My friend was a woman suffering from haemorrhoids and didn't speak English...never went to big hospitals...we felt quite down...many immigrants are not familiar with these type of services.

Participant 8 explained how hospital professionals helped her and her son during labour, whilst Participant 9 revealed how he was admitted to the state general hospital for surgery because of war injuries. He praised the help of hospital staff, but no one turned up despite a request for a translator. The help of friends in cultural mediation and/or translation is another example of users' active adaptation. None of the participants informed the author that service providers met their family and/or friends, or carried domiciliary visits.

Female Group Participant 8 described:

> Hospital staff helped me a lot during the birth of my son...they were very kind [participant did not speak English – as translated by another focus group participant].

Group Participant 9 discussed:

> I had a surgery in my face and mouth because of war injuries...they helped me a lot...I asked for a translator as my friend was at work [his friend helped him as a translator]...but no one turned up [participant did not speak English – as translated by another focus group participant].

5.3. Dimension 2: Participation

This is Watters' second dimension of good practice and the author is interested to know the degree of service user participation in the provision of services, and how it takes place. It includes participation that is either direct, like involvement of immigrants in the planning, running and evaluation of service, or indirect, by means of committees or councils to whom immigrants can voice their concerns, feelings and recommendations. The good practice of valuing users' participation in service provision is intrinsic to social support. Earlier in Chapter 3, we explained the importance of active participation of users in order to build up relationships during social support in a migrant-friendly way. This is important in planning services around immigrants' needs. Tables 5.5 and 5.6 feature the answers of respondents to the HELGAS Rating Scale, both in their capacity as service providers and as users' proxy views. Of interest is the difference between the average replies. The service providers first claim that services are generally exceeding expectations in the way immigrants participate in service provision. But when entering users' shoes, they altered their perspective and asked for more improvements.

5.3.1. Quantitative Findings – from direct answers to HELGAS Rating Scale

5.3.1.1. Statements addressing participants in their capacity as service providers

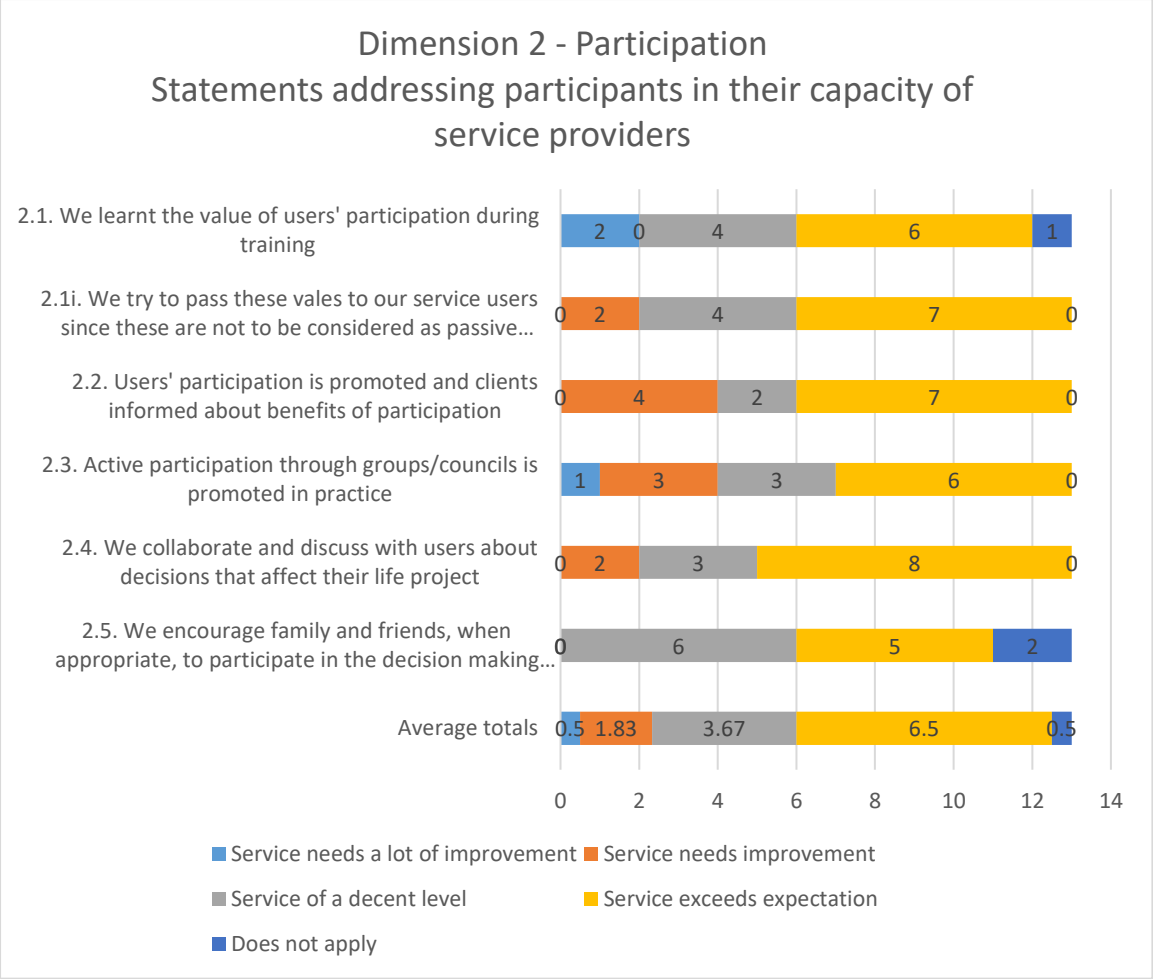

Table 5.5. Participation: Statements addressing participants in their capacity as service providers

Results show how the average majority of participants (n=6.5) considered services offered as exceeding expectations in helping immigrants participate in service provision. Participants (n=6) declared that they learnt the value of users' participation during training. The majority of participants (n=7) responded that their service exceeded expectations in passing on these values to immigrants, as they considered them more than just passive recipients of their services. Six (n=6 – exceeds expectation) participants agreed that they promoted the formation of groups and councils in practice, whilst seven (n=7) participants declared that they inform immigrants about the benefits of participation in service provision. A striking majority of eight (n=8 – exceeds expectation) participants admitted that they discuss with users about decisions

affecting their life. One can say that this is of utmost importance in order to avoid services that are patronising and pathologise users as unable to decide for themselves, making immigrants feel more vulnerable. Participants (n=6 – decent level) declared that they encourage family and/or friends to participate in the decision–making process of their clients.

5.3.1.2. Statements addressing participants as users' proxy views

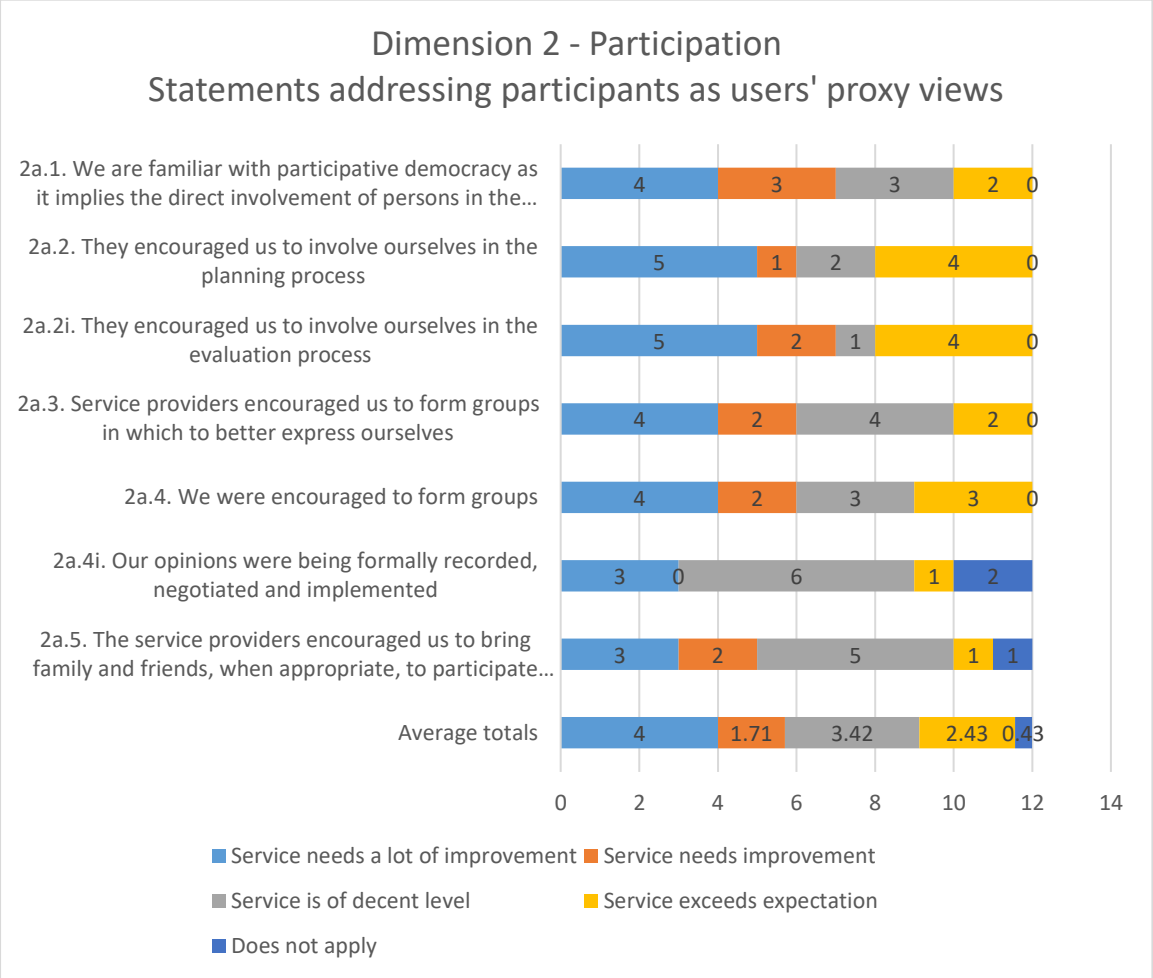

Table 5.6. Participation: Statements addressing participants as users' proxy views

Contrary to the previous set of statements, the average totals in this section indicate that the average number of participants (n=4) wanted services to improve a lot in relation to users' participation. Participants (n=4 & n=3) thought that services need a lot of improvement or need improvement in the way they assist immigrants to be familiar with participative democracy and

its sense of involvement in the decision–making process. Participative democracy would involve users' empowerment and service providers' acknowledgement of immigrants' multiple realties and plurality (Renn & Schweizer, 2009).

Planning and evaluation are two important managerial processes for services to keep on improving all aspects of provision. It is good practice that immigrants are involved in these processes. Participants (n=4) agreed that services exceed expectations in encouraging immigrants to take part in both planning and evaluation, however five (n=5) participants remarked that current services need a lot of improvement in this regard. More on the involvement of immigrants in the evaluation process will be discussed in the sixth dimension, dedicated solely to evaluation as a good practice. Whilst participants (n=4) agreed that their services needed a lot of improvement in encouraging the formation of groups, another four (n=4) declared that it was decent. However, the majority (n=6 – decent level) revealed that immigrants' opinions are taken seriously, and are formally recorded, negotiated and implemented.

5.3.2. Qualitative Findings – from Open-ended Answers to HELGAS Rating Scale and its Adaptation Questions to Focus/Interview groups

In this subchapter we will see different examples of the enactment of the good practice of immigrants' involvement in service provision. However, there was a general feeling that immigrants are somehow reluctant or find it difficult to participate in shaping service provision. This subchapter is divided into four sections, as per Figure 5.2. First we deal with the value of user participation to service providers, to then reverse this to focus on how users value participation in service provision. The adaptation of service designs is the third section, whilst the last section deals with the themes emerging from focus/interview groups with immigrants, such as their wish to learn more on the subject of users' participation.

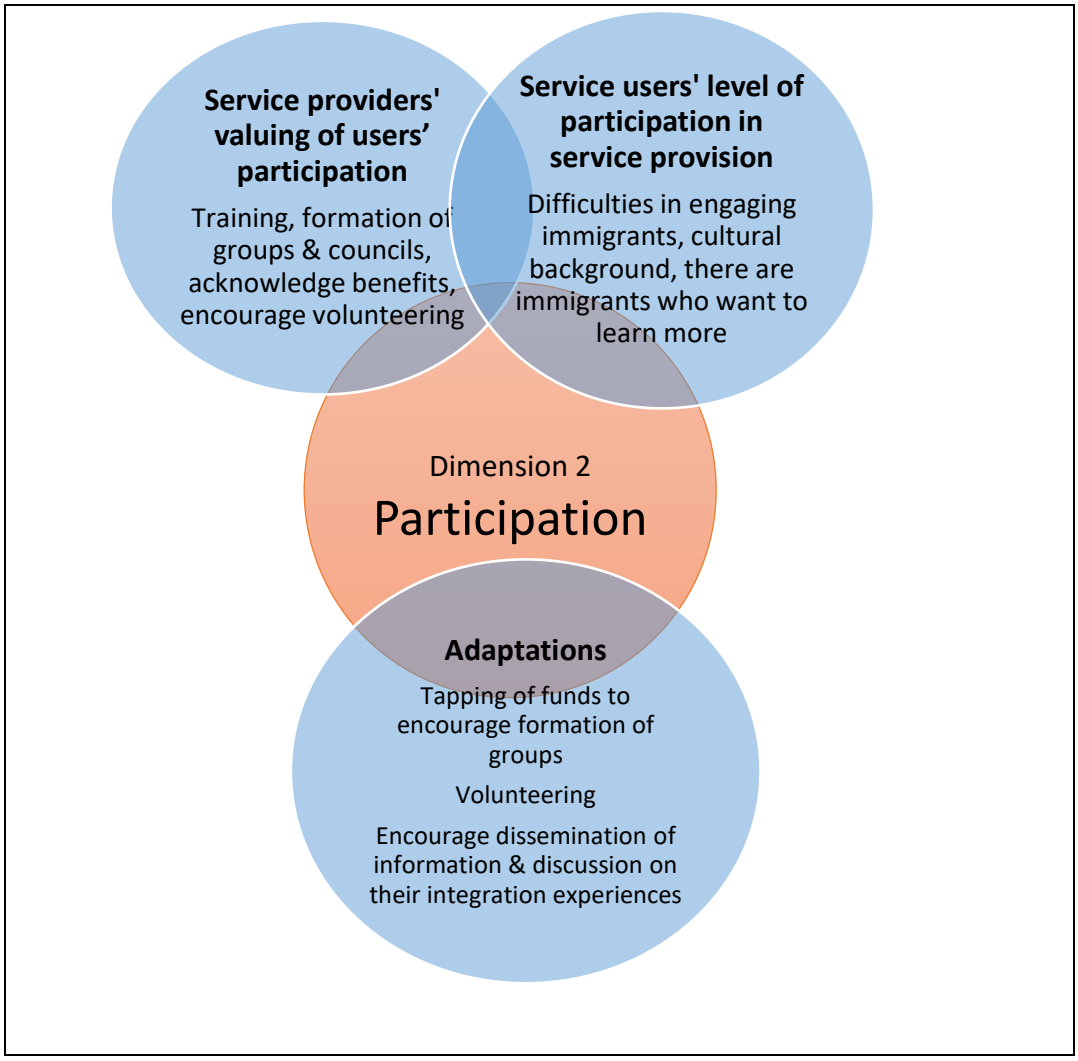

Figure 5.2. Dimension 2 – Emerging themes

5.3.2.1. Service providers' valuing of users' participation

In answering how this good practice was applied, two young social workers and a senior nurse, both working with government entities, explained how they learnt to value immigrants' participation in service provision through their training.

Participant 1 said:

> We were trained to value users' participation in service provision.

Nevertheless, four participants recommended that this be included in formal training, like Participant 2:

> It would be a good idea if the value of users' participation is included in regular training to assist providers improving migrant–friendly services.

On asking to explain more on the formation of immigrants' groups as a good practice, one participant revealed a tangible example where immigrants are encouraged to form consultative groups. In these groups, ideas, recommendations, life and integration experiences and proposals for better services are shared among members. The formation of these groups shares the concept of social support where persons engage in both formal (professionals) and informal relationships (group members) through sharing of experiences in order to find help and empower oneself.

Participant 6 commented:

> We have a refugee consultative group…Here immigrants share their views on our services, ideas, life experiences and integration project.

Service design can benefit from users' participation. Participant 6 explained how this might help in the planning of more migrant–friendly and culturally sensitive services and enable more users to participate in services through volunteering:

> From experience, I can say that their [immigrants] involvement, like volunteering, contributes towards more sensitive services.

As regards participation and the role of involvement of family and/or friends, one participant described how service providers' resources are stretched, and they therefore do not have time

to dedicate to family and/or friends. Another participant said that they still encounter patriarchal immigrants' families where the decision–making process is influenced by the male members of their family.

Participant 5 described:

> The involvement of clients' family and friends in the decision–making process of the organisation is limited because of lack of time and resources. If we had time and more staff, we would involve more their [immigrants] families and friends.

Whilst Participant 2 commented:

> The decision–making process in some immigrants' families is heavily influenced by the most senior and male members of the family.

5.3.2.2. Service users' level of participation in service provision

Two participants described how difficult it is for them to involve immigrants in service provision. They said that some of them are disinterested in participating in service provision. Their main interests are work and a way to leave the island to mainland Europe. This is an important contextual feature that is affecting the service design and mode of practice.

Whilst expressing disappointment, Participant 2, a veteran director of a migrant-specialised NGO, said:

> Some of the immigrants are not interested...It is very difficult to involve them. For instance, they do not care for their lodging...they do not have a sense of belonging. Often, we noticed immigrants selling items that were given for free to them by our organisation...They always think of Malta as a transit place...and how to leave the island...It is difficult to organise a group session, especially with Somalis, Eritreans and

> Ethiopians...Last time we invited immigrants to participate in a religious activity....only a few turned up.

Participant 5 added:

> They act as if we have obligations and responsibility towards them whilst they don't have to us.

One participant explained how this could be related to the fact that some of the immigrants in Malta hail from countries where institutions are oppressive and therefore not trusted or do not exist at all. Another participant explained the difference between African immigrants and others who are coming from Libya or Syria. The latter are more empowered to speak for themselves than the former, who may not be familiar with the values of participative democracy. Many immigrants do not have platforms for redress or voicing their ideas and concerns.

Participants 5 and 10 explained how this could be a factor affecting their perception and involvement in the decision–making process:

> Our clients hail from countries with no government and no institutions...these are not trusted. They do not have opportunities for redress or to voice their ideas and concerns. This could affect their perception on the subject...they do not know better...we need to empower in this respect.

> It is very hard and very difficult [speaking about immigrants' participation]...Many African immigrants come from countries where there is oppression...For example,

> Libyans and Syrians are more empowered, they speak more for themselves, rather than an Eritrean who was oppressed all his life.

The formation of groups where immigrants can participate and be empowered to express themselves are a fundamental part of this dimension. Moreover, Potocky-Tripodi (2002) explains that these serve as opportunities to not just give feedback on service provision but also on how to access mainstream services and counselling, and share life projects in the community. The latter are in line with the *four focal areas of social support*.

Participant 6 revealed:

> After their formal application to access our services, we try and group immigrants on a regular basis.

Likewise, Participants 1 and 3 take users' participation seriously:

> We feel that immigrants' participation should be taken seriously.

> We try and discuss all their concerns.

5.3.2.3. Adaptation of service design to Dimension 2 (Participation)

In this dimension, the main contextual feature is immigrants' challenging attitude towards participation, possibly because of their desire to earn money and leave the island, thus leaving no space for thinking about participation. On the other hand, we learnt how some are unfamiliar with the decision–making process. One has to be careful not to fall in a blame–the–culture behaviour. Nevertheless, participants adapted in many ways to keep immigrants directly or indirectly involved in service provision, such as through volunteering and acting as cultural

mediators, encouraging the formation of groups and councils and discretion in involving their family and/or friends.

5.3.2.3.1. Encouraging immigrants to volunteer and acting as cultural mediators

Participants remarked how immigrants are encouraged to volunteer in service provision. This is an important adaptation that enhances direct participation, potentially leaving immigrants feeling more included and having a greater sense of wellbeing. For instance, Participant 11 revealed how sometimes immigrants are allowed to act as informal cultural mediators and/or translators. The same participant described how their involvement enhanced migrant friendliness.

Participant 11, a cultural mediator himself, said:

> I know some who participate actively by giving suggestions to make better migrant-friendly services, help in cultural mediation and translation, and volunteering on a daily basis.

Participant 6 described how they encourage immigrants to volunteer themselves in online videos. In this praised adaptation, this organisation is giving space to immigrants to voice and share their experiences on integration through online videos, thus sensitising the local community and showing the general population the reality and benefits of integration:

> Together with another NGO, we launched a campaign with the participation of immigrants in order to create online videos and raise awareness on immigrants' success stories in Malta.

Participant 6 knew about immigrants who volunteered in their organisation:

> I knew immigrants who assist in the daily running of our services, and inform other immigrants about these services. They feel happy to be part of our team.

5.3.2.3.2. The formation of groups and councils

The formation of groups and councils is per se an encouraging solution. Here the adaptation is that participants not only share life experiences but also discuss feedback on service provision in an attempt to ameliorate the service design.

Participant 1 shared:

> During self–help groups, immigrants are encouraged to share not just their life experiences or opinions but even feedback on certain services....and obviously our services as well.

Another remarkable adaptation came from a migrant-specialised NGO where tapping of international funds is being sought to encourage formation of focus groups in order to empower immigrant women.

After many years of experience, Participant 10 revealed:

> Over the last years we have done more focus groups and groups' involvement. We have a programme funded by an international organisation where women are empowered to speak for themselves...this is all about them...we met many authorities and accompanied a group of women from detention to the community.

Similarly, Participant 8 discussed how they are encouraging group formation to promote participation, empowerment and integration:

> We set initiatives of which immigrants will run. We have immigrants who took up these challenges and are running important initiatives like Migrant Women Association, Somali Community Malta and African Media...We were the first...when in 2007 we said that immigrants are here to stay, so let us talk on their integration, there were persons who did not understand.

5.3.2.3.3. Discretion in involving family and/or friends

As we have noted earlier, immigrants' families could have their decision–making process influenced by the male members of their family. As an adaptation, this called for certain discretion in the users' involvement.

Participant 2 explained:

> I exercise carefulness in their [family and/or friends] involvement…because of the [dominant] role of male members of the family.

5.3.2.4. Focus/Interview groups – Dimension 2

The author asked immigrants about the type of participation they were engaged in, if any, like involvement in the planning, running and evaluation of service or involving themselves in committees or councils to voice their concerns, feelings and recommendations. This section is divided in two sub-themes: their wish to learn more on the subject of participation and the fact that this was the first time someone approached them to voice their opinions.

5.3.2.4.1. Their wish to learn more on participation, while they knew of immigrants who involved themselves

Six participants explicitly said that they never participated or were given the opportunity to participate in the planning, running or evaluation of services, nor encouraged to express themselves and form groups.

Group Participants 1, 5 and 4, members of the same group, shared:

> No one told us how to participate in the provision of services.
>
> We were never given such an opportunity to evaluate services.
>
> We were never approached to form groups.

Another participant, from a different group, discussed how he never involved himself in groups, despite the fact that other immigrants and an open centre staff member encouraged him to involve himself. He described the relationship with this open centre worker as a positive one.

Group Participant 7 eagerly explained:

> Some friends and an open centre staff told me to involve myself [in groups]...there you can discuss common issues...I know...even the problems of your friends...but I never went. I had good relations with this open centre worker.

Indeed, the fact that group participants were never given the opportunity to participate was disappointing for the author, though their wish to learn more on this subject sent in a breath of fresh air. In fact, five participants asked for more information on how they could be involved in groups. They also asked to learn more on the subject of participative democracy, and the creation of more opportunities to be involved in the decision–making process, including service provision.

Group Participants 1 and 4 added:

> Where can we learn more on the subject [participative democracy]?

It would be good if we join a group to voice our opinions.

Similarly, Group Participant 14 commented:

I like to know more on Maltese laws [referring to how he can participate to make his voice heard].

As a clear message for improvement, Group Participant 13, though living in the community, admitted that they would like to know more on the subject in order to improve the open centres:

We like to be involved...especially to improve open centres.

It was very rewarding for the author to see participants being so receptive, whilst expressing their wish to involve themselves and participate in service provision, and to join groups. This was a clear sign that if persons are empowered, they can actively adapt to ameliorate their quality of life and carve out a way for faster integration. Three participants explained how they heard or knew other immigrants who are involved in the running of service provision, especially NGOs. This is another example of users' active participation that could lead to faster integration. One of them explained how immigrants have a sense of collective desire to work towards their wellbeing. In the meantime, no one claimed that someone had ever encouraged them to bring family and/or friends to participate in a decision–making process.

Group Participants 1, 5 and 7 explained:

I heard of others who are involved in NGOs....I am new to Malta...but I would like to be more involved.

> Immigrants want to help each other...as they want to be good...if they are given the opportunity.

> A friend of mine told me about an immigrant from our country who was involved in the running of an open centre.

5.3.2.4.2. First time that someone asked for their opinion on service provision

Remarkably, five participants from the same group declared that it was their first time that someone asked for their feedback. In fact, one of these five participants, Group Participant 13, thanked the author for giving such an opportunity:

> No one ever asked us such questions…we would like to thank you for this.

Another participant said that sometimes they feel like speaking to someone for help, but they do not know where to go and how to go about it. The author noted that they seemed to have accepted such a situation, in a manner akin to passive adaptation. When asked to explain more on this statement, Group Participant 6 recalled when he used to live in an open centre:

> No one heard me...If I knew where to go...it is quite confusing...thanks for giving us this opportunity.

Following the last extract, one can say that services under review should have systems in place where users can voice their concerns, even in the basic form of a customer care service. Apart from encouraging and above all valuing users' participation in service provision and expressing themselves, it facilitates users' involvement and ascertains formal ways to voice concerns, thus minimising confusion and establishing redress if necessary.

5.4. Dimension 3: Holistic Practice

Social support is also an attempt to achieve holism, and the latter is Watters' third dimension of good practice that is going to be discussed in this subchapter. The author is interested to know of applied practices that meet users' social, spiritual, financial, legal, emotional and psychological needs through good planning and implementation of coordinated and integrated services, including health care, and that take note of all internal and external factors that contribute to the problem of vulnerability. Internal factors include stress, physical and mental health, resiliency and a sense of self, whilst external ones comprise economic impoverishment and social exclusion (Elder, Evans & Nizette, 2008; Milner & O'Byrne, 2009; MacCourt, Tuokko, & Tierney, 2000). Conscious about the finite resources in the areas under review, the author is here interested in social support provisions that despite not having the means to act as a one–stop–shop to directly address all immigrants' needs, nonetheless have the capability to adapt in order to meet immigrants' needs by means of assessments to accompany and refer the person to mainstream services. Persons' needs are complex, personalised and multifaceted, meaning that a vast range of service providers and professionals have to be involved in meeting immigrants' needs (Murphy, 2000). In tables 5.7 and 5.8, the author presents answers to the HELGAS Rating Scale.

5.4.1. Quantitative Findings – from direct answers to HELGAS Rating Scale

5.4.1.1. Statements addressing participants in their capacity of service provider

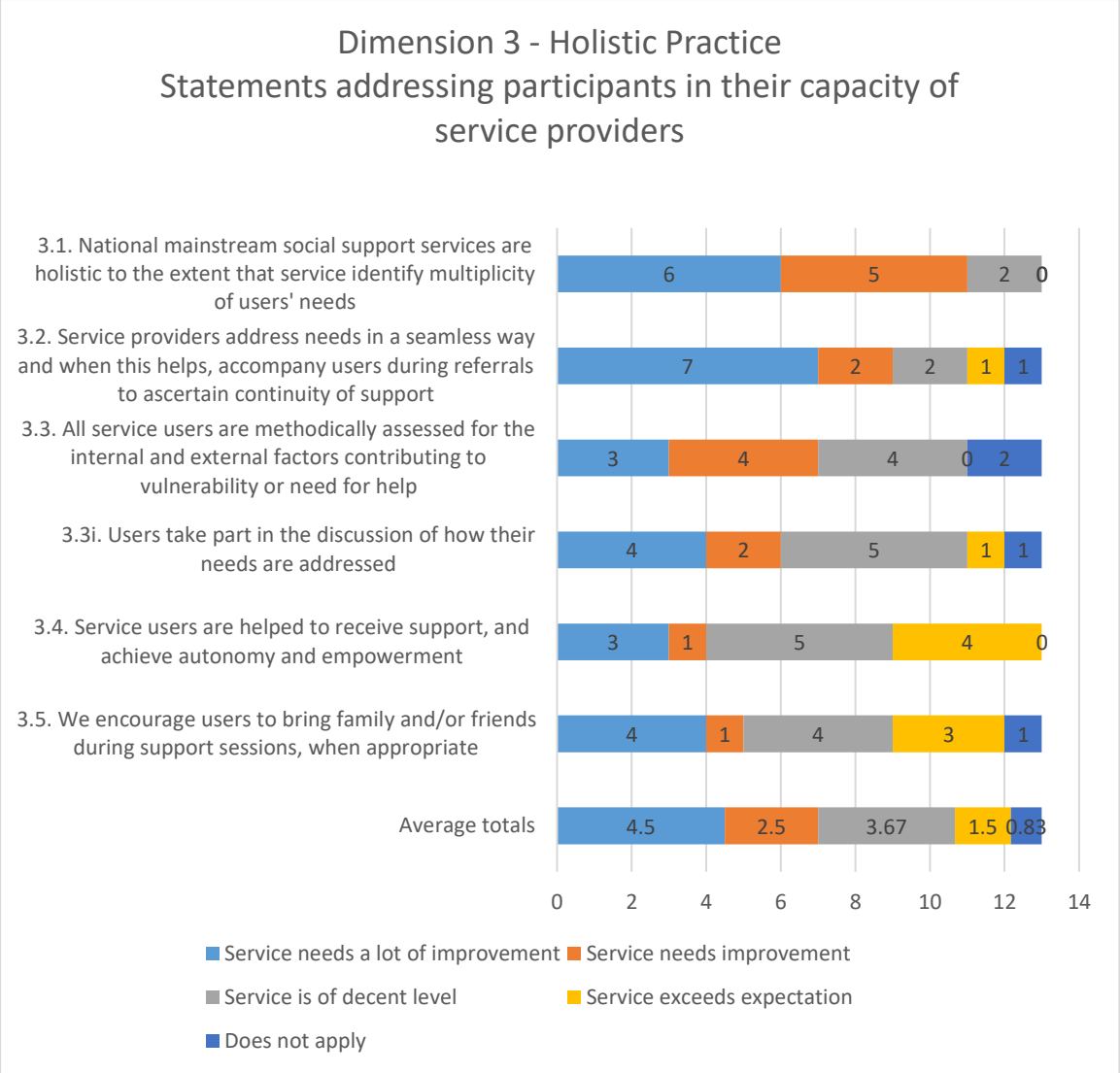

Table 5.7. Holistic Practice: Statements addressing participants in their capacity of service provider

On average, participants (n=4.5) wanted services to improve a lot in their holistic practices. The majority (n=6 & n=5) of participants agreed that national mainstream services, especially those related to social support as defined by this thesis, need a lot of improvement or improvement in their holistic approach towards immigrants. Four (n=4) participants answered that they conduct decent immigrants' needs assessments, whilst another three (n=3) and four (n=4) declared that these require a lot of improvement or improvement respectively. To address needs in a holistic way, services have to be coordinated and integrated in a seamless way, and when it helps users can be accompanied for continuity of support. The majority (n=7 & n=8)

claimed that this aspect of support needs a lot of improvement and improvement respectively. Participants (n=5) scored high when it came to the involvement of immigrants in their support plan and how needs can be addressed. Five participants (n=5 – service is of decent level) and four (n=4 – service exceeds expectation) declared that they support and empower immigrants to live autonomously in the community. Whilst four (n=4 – service is of decent level) and four (n=4 – service needs improvement) are trying hard to take note of the internal and external factors that could predispose vulnerability. Participants (n=4 – service is of decent level and n=3 – service exceeds expectation) claimed that when appropriate, family and/or friends are called in during support sessions.

5.4.1.2. Statements addressing participants as users' proxy views

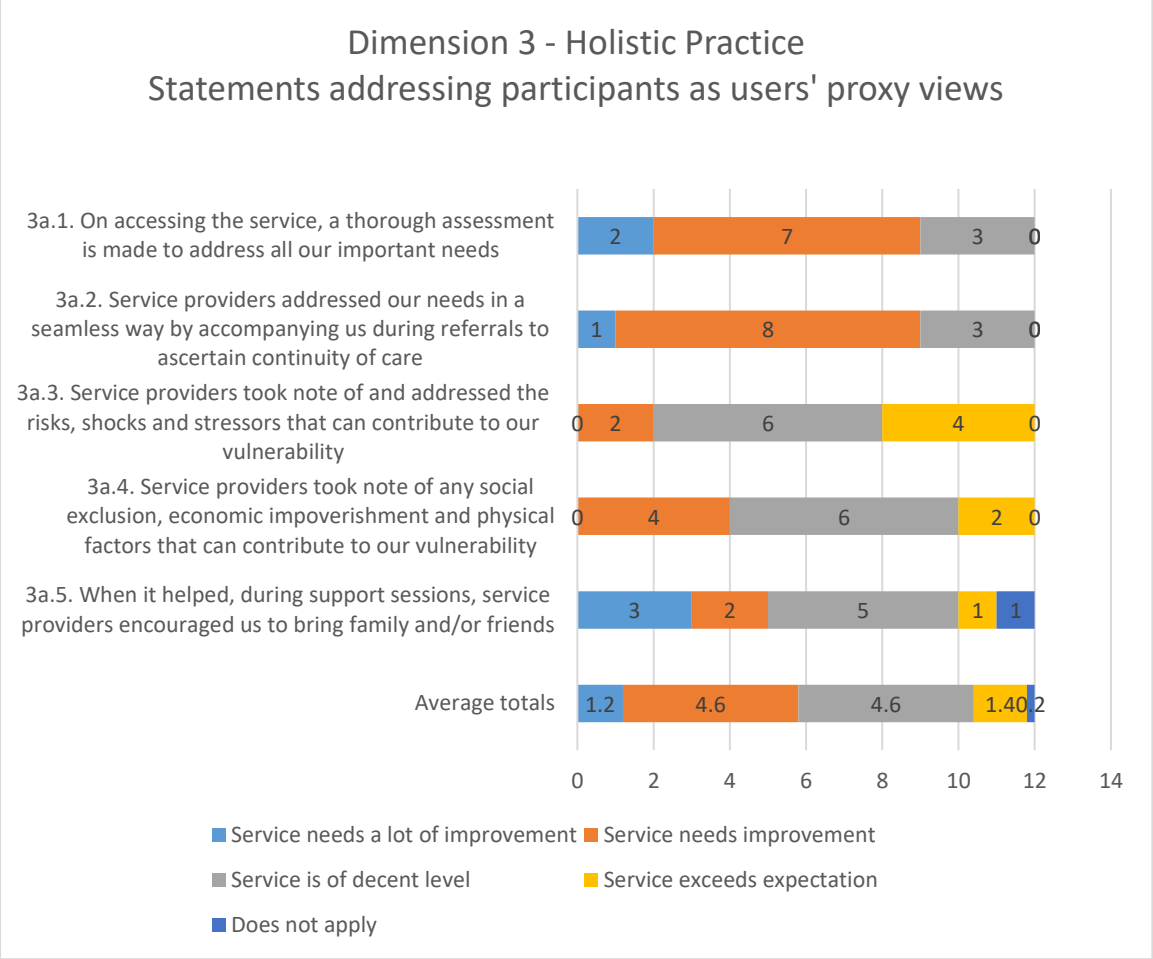

Table 5.8. Holistic Practice: Statements addressing participants as users' proxy views

From users' proxy views, participants (n=4.6 and n=4.6) wanted holistic practices to improve a lot and improve. Seven (n=7) and eight (n=8) participants answered that, respectively, thorough assessments and accompaniment during referrals, needed improvement. As explained in Chapter 3, coordination of referrals and accompaniment are important features of holistic practice, especially when holism cannot be met in one entity and where the expertise of other entities or professionals is needed. As regards taking note of internal and external factors that could lead to vulnerability, six (n=6) participants answered that service is of a decent level. Service is once again of a decent level (n=5) when it comes to the involvement of immigrants' family and/or friends during any support session.

5.4.2. Qualitative Findings – from Open-ended Answers to HELGAS Rating Scale and its Adaptation Questions to Focus/Interview groups

In this subchapter, findings show how despite their limited means, participants are doing their best to keep offering holistic practices, especially with the most vulnerable. They are trying to carry out needs assessments in realities where not all requests can be met because of various limitations. This was also confirmed during focus/interview groups. The idea of migrants' mainstreaming emerged as a strategic direction to enhance holism in service provision. We will also see a number of contextual features and adaptations. Figure 5.3 lists the themes that emerged from thematic analysis.

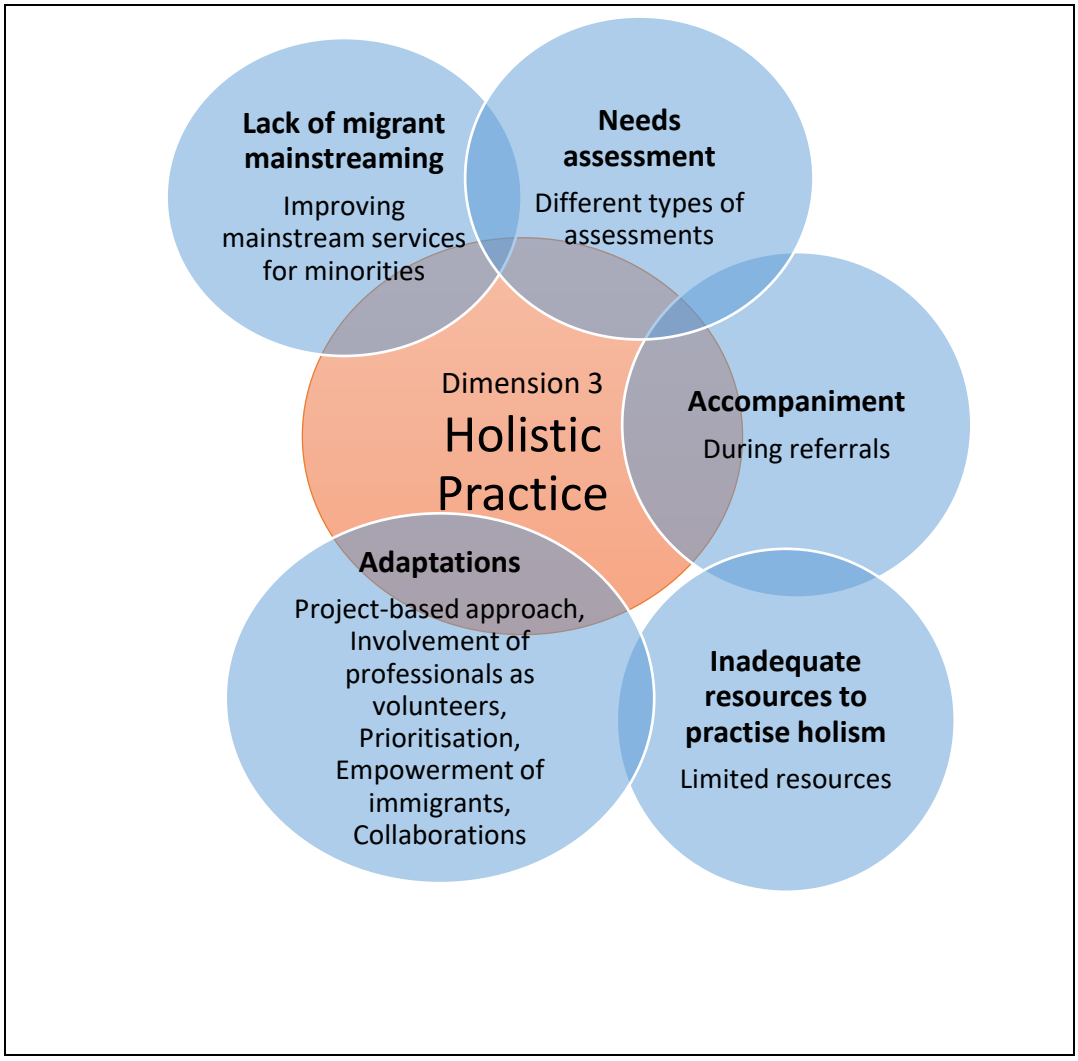

Figure 5.3. Dimension 3 – Emerging themes

5.4.2.1. Lack of migrants' mainstreaming

According to Collett and Petrovic (2014, pp. 1-2) and Global Migration Group (2010), migrants' mainstreaming is about adaptation of policies and services in order to support immigrants' integration at all levels, including immigrants' involvement and recruitment in service provision. Earlier in Dimension 1, we already met lack of migrant mainstreaming in the health and employment legislative frameworks. However, in this section we will discuss how immigrants' inclusion in mainstream services can potentially enhance not only resources but also holism. Five participants argued that the lack of migrants' mainstreaming in Malta is

a particular feature that limits holism and makes the work of stakeholders in the fields of immigrants' social support more difficult.

Participant 1 confirmed:

> Many are not aware...we need to integrate more immigrants in our mainstream services...thus making services more holistic.

Whilst Participant 11 declared:

> Mainstream service providers need to make more efforts with immigrants, lack of mainstreaming makes our work more difficult, thus limiting holism.

Similar to the concept of the Migrant–Friendly Hospitals in Reggio Emilia, mainstream services cannot make the change towards migrants' mainstreaming without the assistance of specialised organisations. Coming from a migrant-specialised NGO, Participant 10 works closely with many mainstream government services, and added:

> We encourage mainstreaming and help immigrants to access mainstream services, rather than creating segregated services....it is good that an immigrant going to state hospital is supported in the same place as Maltese.

5.4.2.2. Inadequate resources to practise holism

Despite aiming for holism, limited resources, mainly human ones, meant that not all requests could be met, but other participants revealed how they are going beyond their remit in providing aid and reaffirmed their commitment towards holism.

Participant 5 commented:

> We believe in this [holism]…we try to aim for holistic practices…immigrants' needs are complex…and sometimes resources are limited…mainly not enough professionals.

Participant 4 said:

> We are going out of our way to support immigrants facing economic impoverishment. Though our service remit is to follow cases up to one month following birth, we still keep on supporting the [immigrant] mother. We do our best to meet all their needs holistically...but sometimes it is difficult because of our resources...We do our best to liaise with other mainstream services to meet as much needs of immigrants as possible.

5.4.2.3. Different needs assessments

The needs assessment process is an important practice of a support service. Apart from being one of the first contacts with users, it is the first step towards help and holism. The author noted different types of needs assessments being carried out by participants. Three participants claimed that they use a standardised needs assessment tool, one participant tried to identify needs during interviews, whereas another two admitted that they did not carry formal needs assessment.

Participants 5, 3 and 6, all social workers, two working in a mainstream service and another in a migrant-specialised IO respectively, said:

> We have a framework for methodical assessment.

> For one of our project a thorough assessment is carried out.

> For needs assessment, we use our standard tool…widely used in our organisation.

Participant 2, a veteran director of a migrant-specialised NGO, commented:

> I don't carry a formal needs assessment but I try to identify needs during the interview...I do my best.

One participant reflectively remarked that a proper needs assessment is important in the development of a support plan for immigrants experiencing vulnerability. The participant also voiced the opinion that all this has to be well-documented. In fact, documentation is an important process for both the professional and the client, to not just plan support but also follow up progress, review, refer and evaluate whether the original objectives were met or not. The author noted that participants coming from the caring professions, like social work and nursing, were more knowledgeable in needs assessment than others who came from a different professional background.

Participant 1, a senior nurse, reiterated:

> Needs assessment is important for a proper support management programme...and proper documentation.

5.4.2.4. Accompaniment

In Chapter 3, we identified accompaniment as a practice that builds relationships with users by means of support, where key professionals are physically there to help to orient immigrants during integration. It is a practice intrinsically intertwined with holism. Immigrants' referral to access mainstream service is a case in point where accompaniment can be useful.

The practice of accompaniment was practised more by specialised NGOs. Participant 9, who came from a migrant-specialised NGO, explained how professionals have to accompany

vulnerable immigrants in order to get used to the system. This helps build good relationships as the professionals are there for them during the initial stages of integration:

> Service providers have to realise this…In addressing immigrants' needs in a holistic way, you have to accompany the person.

Another participant revealed how a nurse accompanies chronically–ill immigrants living in the community to various appointments.

Participant 10, also coming from a migrant-specialised NGO, explained:

> The secondment of a government–employed nurse with our organisation made our services more holistic. She helps immigrants with their appointments.

5.4.2.5. Adaptation of service design to Dimension 3 (Holistic Practice)

Thematic analysis revealed two main contextual features influencing holistic practices: lack of migrants' mainstreaming and limited resources; whilst prioritisation, empowerment, a project-based or one-stop-shop approach, collaborations and volunteering of professionals stood out as adaptations to achieve holistic interventions.

5.4.2.5.1. Prioritisation

As a response to limited resources, participants seem to adapt by means of prioritisation in an attempt to meet the needs of the most vulnerable in a holistic way.

Participant 5 said:

> Sometimes their needs are complex and they ask for more, but not all requests can be met...we prioritise by means of needs assessment.

Even when it comes to accompaniment, prioritisation seems to be an effective adaptation to better address the holistic needs of the most vulnerable immigrants. Participant 13 discussed the difficulty in accompanying users during referrals, resulting in a focus of resources on the most vulnerable:

> It is difficult for us to accompany users, but we do our best with the most vulnerable.

In a rather passionate way, Participant 9 explained how professionals have to accompany vulnerable immigrants several times in order to get used to the system, especially the most vulnerable. It is a notable adaptation that shows the need to remodel service provision in order to focus resources on the most vulnerable:

> In addressing immigrants' needs in a holistic way, especially with the most vulnerable, you have to accompany the person to a service, not once but twice and three times if necessary. Once the person gets used to the system...they will build a relationship...Sometimes I even took them [immigrants] myself with my car...to accompany them for a service...because they need counsel, guidance and a sense of belonging.

Participant 10 explained how a nurse is going out of her way to accompany the most vulnerable and chronically-ill to pick up medicines and ensure their safe storage:

> Our nurse accompanies chronically–ill immigrants to get their medicines from pharmacy [government]...medicines are safely stored within our premises and immigrants helped to take medicines correctly. She also helps them in their activities of daily living.

5.4.2.5.2. Group sessions as an empowerment practice

The author noted how empowerment is being achieved by means of group sessions. Respondents argued that empowerment of immigrants, through group sessions, can be an interesting adaptation, as a response to lack of resources. Some participants focus their time on empowerment to help immigrants believe in themselves and gain as much service literacy and as many life skills as possible in an attempt to achieve integration and autonomous living in the community. Immigrants are helped to understand their new life project, giving attention to relationships and respective structures in the community. Empowering group sessions with immigrants' families by mainstream service providers, in areas with a high immigrant population, are another development or adaptation that facilitates not just holism, but also integration. This strengthens the will of immigrants to be able to take care of themselves without the need of finite services.

Participant 1 explained:

> We try to empower by encouraging and guiding them [immigrants]...Emphasis is made on life skills so that one can take care of him or herself or their family, relationships and live independently in the community.

Participant 8 set up various empowerment projects:

> We try to be vehicles for empowerment...understand their needs. Many of our projects [many include group sessions] empower immigrants to live independently and to be integrated…we place attention on relationships, their knowledge on local communities and access to mainstream services…this is also holism.

5.4.2.5.3. Project-based approach and one-stop-shop

We noticed how some participants responded by tapping EU funds in order to run temporary projects that potentially offer more holistic support. Despite problems in continuity of support following their completion, such a project–based approach is a remarkable adaptation that shows service providers' flexibility, entrepreneurship and creativity to address the needs of users in more holistic ways by means of supranational funds.

Participant 8, a determined director of a migrant-specialised NGO, said:

> Migrants in Malta are not mainstreamed and we lack adequate migrant management. This is more project-based rather than mainstreamed. We have had excellent initiatives, many by means of EU funds that promoted holistic support but then there is no continuity, thus putting more pressure on NGOs.

Another adaptation came from Participant 9. This participant explained his organisation's idea to transform a centre into a one–stop–shop in an attempt to meet and address the specific needs of immigrants in a more holistic way. Though they believed that it could turn the place into an exclusive centre, they would still refer to mainstream services on a case–by–case basis:

> We wanted to transform our centre into a one–stop–shop...we believed that it could turn it into an exclusive centre, as these people [immigrants] have specific needs...so we needed a place to assess needs, provide information and then refer to other mainstream services.

5.4.2.3.4. Collaborations and encouraging professionals to volunteering

New forms of collaboration between NGOs, an IO and government organisations were noted in attempts to make services less piecemeal and more comprehensive and holistic. Another

creative adaptation is the recruitment and involvement of retired professionals as a response to the need to offer more holistic practices and better address immigrants' needs.

The inception of new collaborations is another way to promote holism and an adaptation to lack of resources. A participant explained how two mainstream (government) providers in the Qawra area, where the immigrant population is on the rise, merged so that different professionals could work as a team to help immigrants during the integration process. Pooling of resources was therefore seen as a way of improving holism. This participant explained how these mainstream services did work together to support vulnerable immigrants who ended up destitute, thus requiring shelter, support, work and active participation in their life project. In the same region, there is also a group within an EU-funded project whose professionals, apart from promoting equality and social justice, are active in supporting immigrants to access employment, make their voice heard and live a normal life in the community.

Participant 3 commented:

> Mainstream services in Qawra are really trying to offer holistic services by means of personalised and group sessions…providing information to access services and facilitate integration...Two state organisations are working together to support vulnerable immigrants...sometimes they assist immigrants to be readmitted in open centres, following experiences of serious financial and social problems that lead to destitution...they encourage them to participate...We also work with a group within an EU-funded project who are active in assisting immigrants to integrate and find employment and sound their voice.

Another form of collaboration in an attempt to promote holism was revealed by Participant 6. An IO and two local NGOs teamed up as a group of professionals coming from different caring, legal and spiritual fields. These worked together for the welfare of immigrants and in providing support to live independently in the community. Interestingly, these professionals meet up to assess needs and plan holistic support for the persons most in need:

> Our expertise complement each other, we have professionals coming from the humanitarian and legal fields and others from the caring professions...Sometimes we also meet together, especially when concerns are serious and attention is needed urgently. We work quite well with these two organisations and our services are well-coordinated and integrated.

Participant 2 managed to creatively involve a number of volunteers, mainly retired professionals coming from different fields, to ensure that immigrants' needs are met as holistically as possible. Though not necessarily working within an interdisciplinary approach, such an effort is to be noted and praised. This is an inspiring way to involve professionals and use their expertise and time for the benefit of vulnerable persons:

> We have a lot of volunteers...We ask their help to meet the needs of immigrants...We have two lawyers, medical doctors, a dentist, an ex–government director, an ex–accountant, ex–teachers and nurses, and an ex–refugee commissioner.

5.4.2.6. Focus/Interview groups – Dimension 3

The aim here was to gain insight into immigrants' experiences with practices that could have possibly met their complex needs. Whilst some participants revealed a number of contextual features indicating how services are possibly falling short, there were others that indicated holistic practices.

5.4.2.6.1. Assessing needs and vulnerability

Needs assessment is the foundation for holism. Professionals can achieve holistic services if they adapt to spend time with users like immigrants during their integration process. Getting to know their needs and vulnerabilities and their realities that could lead to social exclusion and economical impoverishment, but also their strengths, is necessary to provide the right support for them to enjoy a good quality of life (Evans, 2000). In this section, we will see service providers who carried out needs assessment. It is true that needs assessment is the first stepping stone to holism, but these have to be adapted and applied appropriately to the realities of undocumented immigrants.

Group Participant 8, a female immigrant, stated how her pregnant immigrant friend felt anxious when, in a hospital, she was questioned not just about her medical history but also about her family life and the support available at home during this particular period:

> Once a neighbour [immigrant] explained to me how hospital staff asked her a lot of questions when she was pregnant...why all these questions? Hospital staff told her that they wanted to know if she has the necessary help during pregnancy...or after delivery.

Female Group Participant 15 discussed how even she felt uncomfortable when persons asked her questions. She felt the same way when she was in hospital giving birth to her son.

> I was not comfortable in hospital...They asked me a lot of questions on my health, the father [of the child] and where I was living...[participant did not speak English – as translated by another focus/interview group participant].

Group Participant 5 explained how before starting at MCAST [tertiary education institution], a teacher was very helpful and asked a lot of questions to get to know his needs:

> Before starting school, I met a teacher who asked me a lot of questions...he told me to talk to him if I need help.

All this could suggest approaches that aim towards holistic practices, since needs assessment require spending time with users. However, they could also imply the need for more sensitivity and cultural mediation, as needs assessments have to be adapted for a more migrant–friendly approach.

Interestingly, Group Participant 13 elaborated how they would have preferred if similar questions were asked to them before leaving the open centre. This participant explained how they left the open centre in an anxious state, without knowing how their needs were going to be met. Remarkably, the immigrant reiterated that no one asked them what they were going to do or where to stay or how to find an accommodation:

> We expect that these questions are asked before leaving the open centre. We left without knowing where we were going and what we were going to do...we felt in danger.

A young Group Participant 13 further elaborated on their wish to know how to deal with landlords, especially how to pay utility bills, as these were charging them at high rates without their knowing about the reading on the utility meter:

> No one told us how to deal with landlords. For example we used to pay electrical and water bills without knowing where are the [electricity and water] meters...these were kept locked....they do not let you see it....We paid very high bills and had no money...Now we changed place and this one [landlord] shows us the [electricity and water] meters...before handing us the bill.

This is an important feature, as taking note of social exclusion, economic impoverishment and physical factors is an important facet of holism and an important step in any attempt to minimise vulnerability.

5.5. Dimension 4: Interagency collaboration

Keeping in mind the complex needs of vulnerable persons like undocumented immigrants, interagency collaboration opens up the door for more welfare opportunities and less duplication of work (Watters, 2007, pp. 166–168). Collaboration is purposefully used instead of cooperation, as the former implies a deeper partnership than the latter. Watters (2007, pp. 166–168) explains three types of collaborations as good practices: formative, reactive and informal. The first type, formative collaboration, is when a service is planned and incepted by means of interagency collaboration and the involvement of a group of service providers who manage the development of the project. The second form – reactive collaboration – is the creation of collaborations that develop due to heavy user demands and needs. Usually these needs cannot be met by one organisation and the formation of reactive collaborations reverses such a situation, offering better solutions to users' needs. When collaboration is informal, the links between service providers are less official and service providers work together at a street level (face–to–face) to meet the needs of their client. Tables 5.9 and 5.10 list the answers of respondents for this dimension. Similar to what happened in the dimension on Participation, even this dimension recorded a dichotomy between the first and second parts of the HELGAS Rating Scale. When answering statements in their capacity as service provider, respondents claimed that general collaborations needed improvements, while they rated it as decent when answering the statements addressing participants as users' proxy views. Once again, in between, there were Adaptation Questions that could have made participants more aware of the comprehensiveness of their collaborations.

5.5.1. Quantitative Findings – from direct answers to HELGAS Rating Scale

5.5.1.1. Statements addressing participants in their capacity of service provider

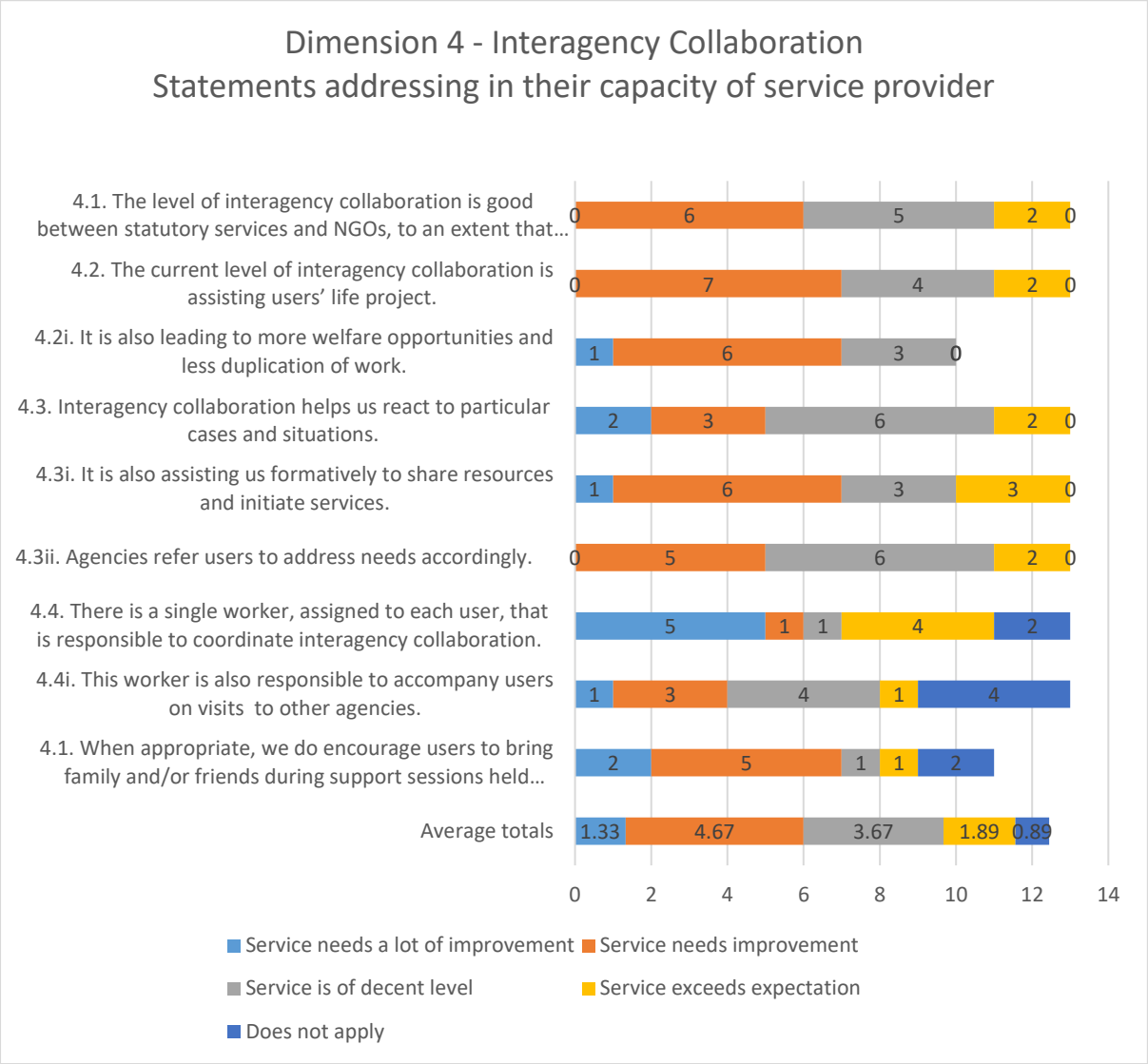

Table 5.9. Interagency collaboration: Statements addressing participants in their capacity as service provider

The average totals show how participants (n=4.67) wanted improvement in the dimension under review. There is ample research concluding that interagency collaboration improves users' life in many ways, such as in addressing needs comprehensively and in promoting access to mainstream services and thus better wellbeing (Hussain & Watters, 2008; Øvretveit,

Hansson, & Brommel, 2010; McDonald & Rosier, 2011; California Department of Education, 2007). Six (n=6) participants responded that the level of interagency collaboration with stakeholders in the fields under review needs improvement. Nevertheless, five (n=5) replied that it was of a decent level whilst two (n=2) agreed that services exceed expectations. Participants (n=7) were aware of this and noted that services need improvement when it came to the current level of interagency collaboration in providing assistance to users' life projects. Seven (n=7) participants acknowledged that services need improvement in order to enhance interagency collaboration thus increasing the welfare opportunities and minimising duplication of work. Six (n=6) participants declared that the level of interagency collaboration is decent to reactively address vulnerable situations, whilst six (n=6) participants said they would like improvement in formative collaboration. The majority (n=6) stated that agencies decently refer users to address needs accordingly. Participants (n=5) agreed that allocation of a focal professional to each user in order to coordinate interagency collaboration for his or her benefit needs a lot of improvement, whilst another four (n=4) agreed that it exceeded expectations. Three participants (n=3) agreed that even accompaniment of users during visits needs improvement, however four (n=4) said that it was of a decent level. When it came to the level of involvement of family and/or friends during support sessions, five participants (n=5) declared that their services need improvement.

5.5.1.2. Statements addressing participants as users' proxy views

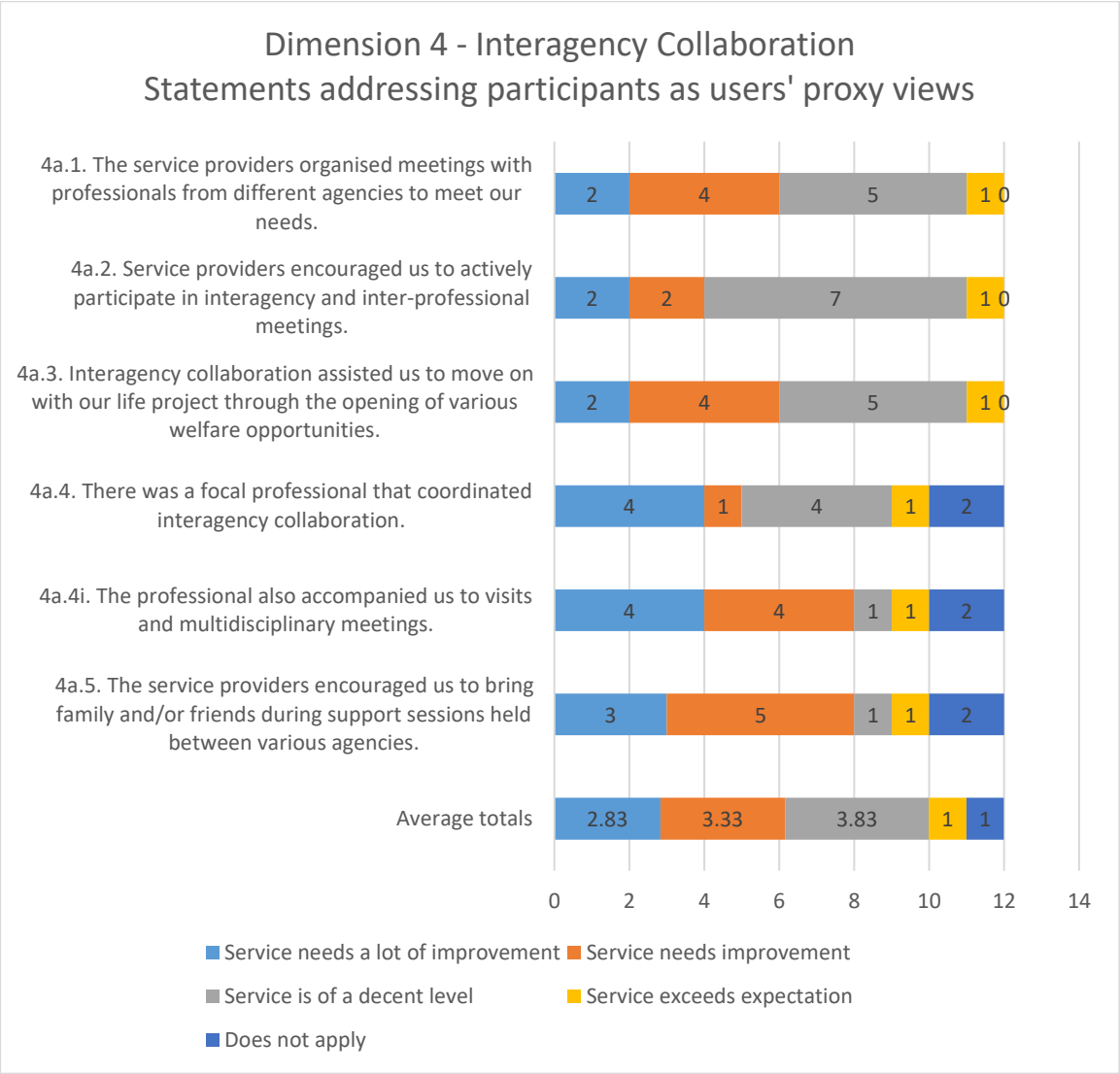

Table 5.10. Interagency collaboration: Statements addressing participants as users' proxy views

Upon entering users' shoes, the average totals reveal how average participants (n=3.83) rate collaboration at a decent level, whilst n=2.83 and n=3.33 wanted it to be improved a lot and improved respectively. Akin to other dimensions, participants viewed users' participation as important. In fact, seven (n=7) participants stated that their level of encouragement to users in order to actively participate in interagency and inter–professional meetings was of a decent level. However, the opening of more welfare opportunities through interagency collaborations needed a lot of improvement (n=2) and improvement (n=4), whilst (n=5) said that it was of a

decent level. The inception of these opportunities are aimed to help users move on in their life project. As regards, the allocation of a focal profession and accompaniment, participants (n=4 & n=4) further reiterated that these need a lot of improvement and improvement respectively. The majority (n=5) wanted the level of involvement of family and/or friends during interagency support sessions to be improved.

5.5.2. Qualitative Findings – from Open-ended Answers to HELGAS Rating Scale and its Adaptation Questions to Focus/Interview groups

Whilst for some, work overload, lack of human resources and time for planning were contextual features that limited interagency collaboration, for others it was a solution or in our case an adaptation. This means that limitations could be 'predisposing' factors that led to all types of collaboration as per Watters' definition – formative, reactive and informal. One can say that interagency collaboration is not only a good practice, but possibly an adaptation that shapes service design to keep on offering services. The two themes emerging from this dimension are the limitations leading to collaborations and the need for more collaborations, revealed in a number of contextual features. In response to these features, there were various examples of service design adaptations, whilst the main theme emerging from the focus/interview groups is the way organisations collaborated during time of crisis. Figure 5.4 groups all these emerging themes in one diagram.

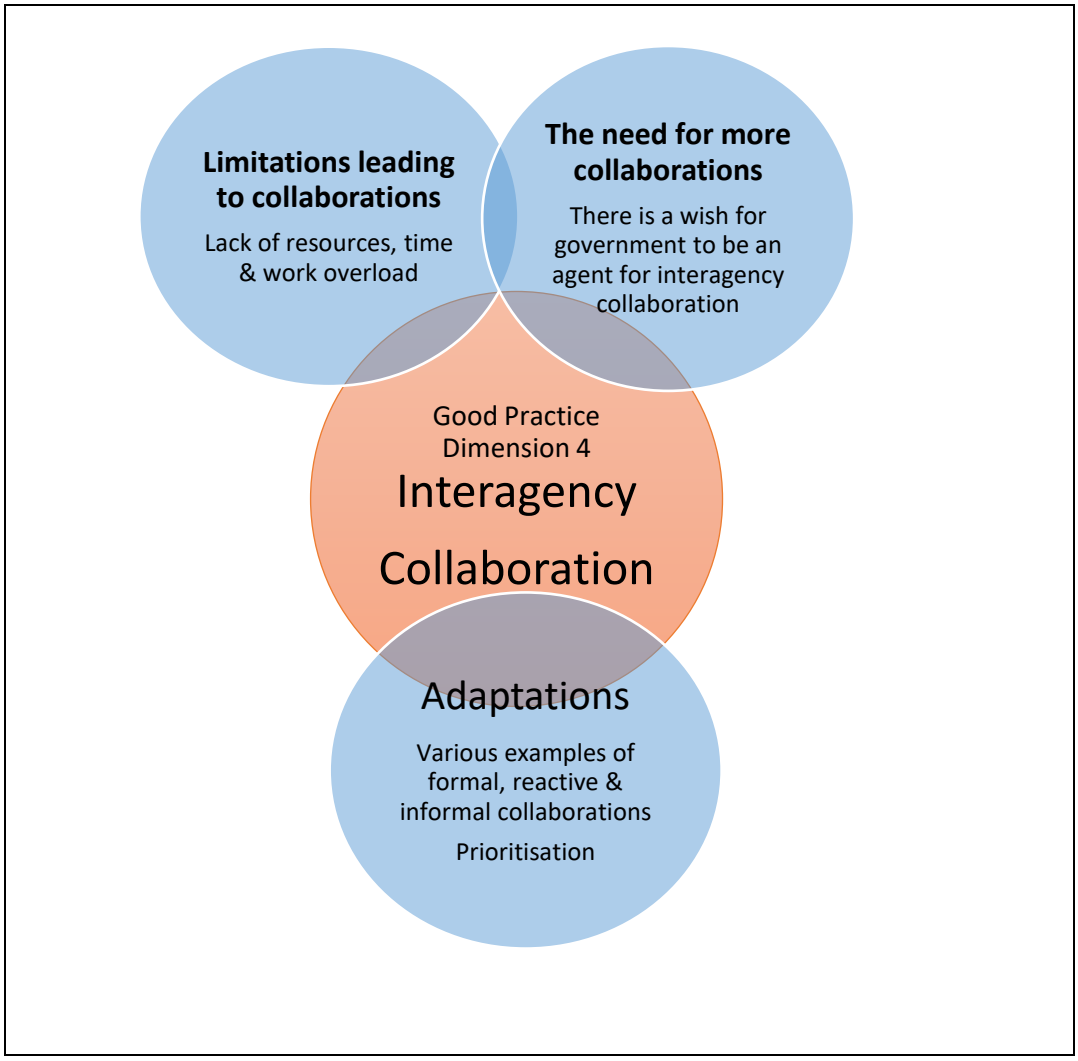

Figure 5.4. Dimension 4 – Emerging themes

5.5.2.1. Limitations leading to collaborations

There were numerous participants who declared a lack of resources as a main limitation to interagency collaboration, whilst for others it was an opportunity. The author synthesised and grouped a number of extracts to highlight this main contextual feature.

Participant 4, a senior social worker, explained how the number of clients (many are immigrants) is affecting their work:

> We like to do more between us [referring to organisations working in the fields under review], as this will definitely assist users' life, but the numbers are too much to deal in a more appropriate way.

While Participant 5, an anthropologist, argued about a lack of time for planning, the participant also mentioned a couple of initiatives that are expected to improve the situation, thus turning a limitation to an opportunity:

> Lack of time for planning amongst stakeholders [referring to organisations working in the fields under review] is hindering better service provision, thus impacting on users' life project…though lately we noted a couple of initiatives that can bring us more together [referring to a group of active NGOs and their decision to unite under one umbrella organisation, thus better aiding immigrants in need of help].

In a frustrating tone, Participant 2 discussed how:

> The number of professionals working in our fields is limited...this is making it difficult to create a sense of collaboration as we are inundated with work...all this is affecting the users' life project as needs are not addressed properly.

In the meantime, Participant 6 enthusiastically revealed two notable examples of collaboration in the organisation of training. The participant explained how their induction training programme improved following collaboration with a European agency. Moreover, the same participant described another collaboration with two NGOs where immigrants are helped during integration:

> We do have planned training and this helps us to deliver better migrant–friendly services...our case workers do induction training and regular sessions are done with a European agency...the latter helped us a lot to improve training.

> We collaboratively work with other [two] NGOs...Together we carry domiciliary visits and assist immigrants during their integration journey.

In the adaptation sub-chapter of this section, we will present further initiatives serving as adaptations to various contextual characteristics.

5.5.2.2. The need for more collaborations

One participant discussed how the state would have been in a better position if collaborative partnerships were created instead of investing in new organisations that have similar mandates to NGOs that have been active in the fields of immigrants' support for many years. The participant explained how despite the formation of these organisations, many immigrants who landed in Malta undocumented are still queuing at an NGO in Valletta, asking for all kinds of social support. This NGO is one of the few organisations that operate an 'open-door-drop-in' service where immigrants can go for support without the need of an appointment.

Participant 8 said:

> It would have been more beneficial if the state collaborated with NGOs, in the form of PPPs [private public partnership - or better - social partnerships in our case] instead of creating new agencies that duplicated resources. Despite these agencies, immigrants still queue up every day at one NGO in Valletta for help as in there they find all sort of support.

Nevertheless, Participant 9 was faced with closed doors after proposing formal collaborations with one NGO and a government organisation in the field of mental health. The reasons given were twofold- a lack of human resources by theses stakeholders and an aversion to having immigrants mix with Maltese clients:

> Collaboration was proposed to an NGO and a government agency to support our clients with mental health problems. We tried but they did not have the human resources and did not want immigrants with Maltese clients.

However, Participant 12, a director of a migrant-specialised NGO actively engaged with various mainstream government departments, added:

> There is room for improvement [referring to the coordination of services]...many are still working on their own. I can say that only a few coordinate their services adequately, because they come from the same field. This is important to promote holism.

5.5.2.3. Adaptation of service design to Dimension 4 (Interagency Collaboration)

In this section, we will see examples of adaptations categorised under Watters' three types of interagency collaboration: formative, reactive and informal. Contrary to the previous subchapter, here collaborations are seen as opportunity. This means that interagency collaboration is possibly an answer to contextual features, thus being an adaptation, since service design is usually remodelled. In line with Watters' definitions, formative collaboration is when a service is planned and managed jointly by a group of service providers. Whilst reactive collaboration is the setup of new collaborations following heavy users' demands and needs, which cannot be met by one organisation, informal collaborations are less official links between service providers at a face–to–face level to meet clients' needs. As we will see, participants reported examples of all types of interagency collaborations: formative (n=7), followed by reactive (n=5) and informal (n=2) (see figure 5.5).

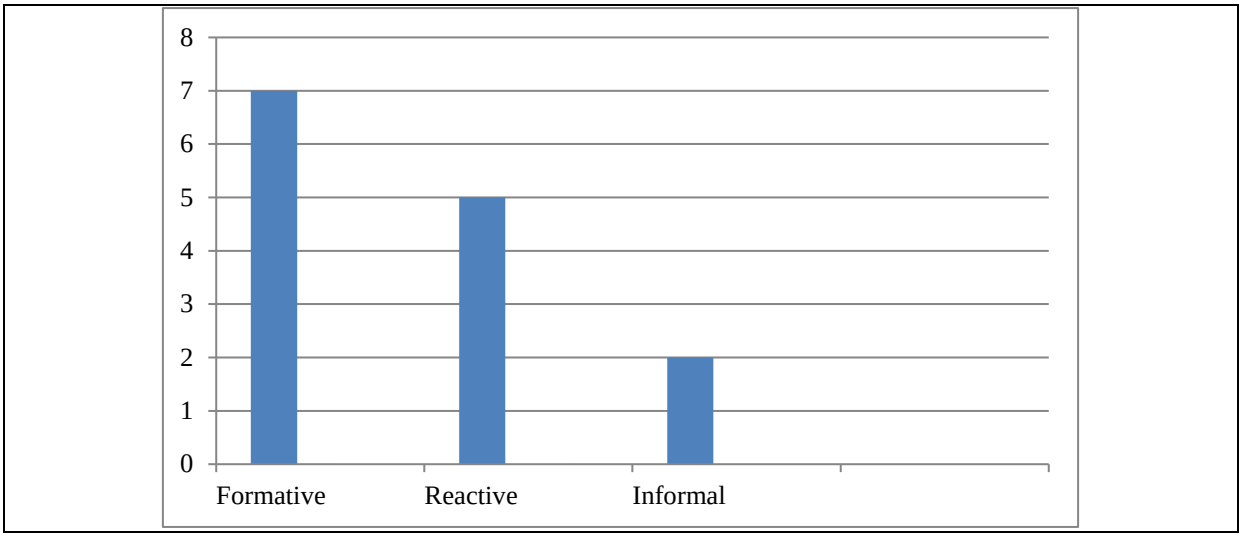

Figure 5.5. Type of interagency collaborations reported by participants

5.5.2.3.1. Formal collaborations

Earlier in this chapter we have already met examples of formal collaborations, like the sharing of administrative data between an IO and an NGO to facilitate access to service in a more coordinated way. Similarly, we also noted an IO is collaborating with a European agency to strengthen induction training.

Participant 8 declared that collaboration with other organisations not only maximises resources, but also avoids duplication of work and stands a better chance of obtaining EU or government funds. The participant explained how her organisation together with another two stakeholders collaborated together on a shared strategy in an attempt to propose Valletta as an intercultural city by 2018. In fact, a booklet entitled *Valletta Living Together: Enriching 450 Years as a Bastion of Diversity* has already been published, giving details of the strategy and a detailed action plan on how to achieve this objective (SOS Malta, 2015). This is not only a clear example of adaptation as cost–sharing but also a sharing of the same vision and projected change.

> We work with other IOs, NGOs and Local Councils to strengthen our resources, avoid duplication of work and together apply for EU or government funds in order to

> implement projects...Currently we are collaborating with Local Council and Valletta 2018 Foundation…We have already published an intercultural city strategy for Valletta.

Participant 10 explained how they have a formal agreement with schools to raise awareness on immigrants, refugees, their journey to Malta and integration. They also organise food and cultural events:

> We also have formal agreement with schools to raise awareness on refugees and their journeys and integration. We even organise food events, cultural events and drama.

Participant 1 further elaborated:

> I collaborate with a government agency, open and detention centres and other centres for families and minors...sometimes we even meet to discuss certain cases and their care plans.

Participants 6 and 4 explained their formal collaboration with two NGOs in the provision of training to immigrants, follow ups and referrals respectively:

> We also collaborate with another two NGOs in the fields of education...I experienced immigrants whose life improved a lot.

> We collaborate with two NGOs, especially when it comes to follow ups and referrals to mainstream services...we do our best to improve their life project.

5.5.2.3.2. Reactive collaborations

Following an increase of immigrants living in the community, Participant 6 described how together with two NGOs, they started conducting more domiciliary visits. They could not cope

with the number of requests from immigrants living in the community, especially during the first years of mass arrivals:

> Since more immigrants were being discharged in the community, we collaboratively started working with other [two] NGOs...Together we carry domiciliary visits and assist immigrants in their integration journey. We work well with these NGOs and our services are well-coordinated and integrated...Sometimes we also meet together, especially when concerns are serious and attention is needed urgently.

Reactivity of service provision is also an answer to users' vulnerability and complex needs, especially when these found themselves unsupported in the community. In fact, Participant 3 said:

> Two government organisations work together to support vulnerable immigrants... sometimes they assist immigrants to be readmitted in open centres, following experiences of serious financial and social problems that lead to destitution. Moreover, we are collaborating with the parish Diakonia members [a faith-based organisation helping the poor]...they supply immigrants with either raw or cooked food, depending on the case...sometimes they [immigrants] don't have the means to cook food.

Participants 2 and 7 explained how with the arrivals of more immigrants, they are collaborating with various IOs to reunite immigrants with their families:

> We collaborate with three IOs to help in family reunification. It depends on the case.

> We do collaborate a lot when it comes to persons affected by the Dublin III treaty...I remember lately we had a child in Malta...whilst his mother was in Italy...various agencies worked together in order to bring them together.

5.5.2.3.3. Informal collaborations

The author could notice two examples of informal collaboration. Though there are no formal agreements, Participant 2 shares information leaflets:

> We share resources, like leaflets that were published by other government agencies and an IO [leaflets are used to inform immigrants about available services].

The second example involves the informal collaboration with a state mental health hospital in view of lack of translators and mediators. The social workers and mediators of this organisation have no official links to this hospital but nonetheless attend ward rounds without any scheduled meetings or advice. Participant 10 explained:

> We go to ward rounds in a state hospital. We know their schedules and many expect our help...we go there with a history [referring to their long expertise in the fields under review]...sometimes we even take a translator with us.

5.5.2.3.4. Allocation of a focal professional and accompaniment

The benefits of interagency collaboration would be greater if supported by a focal professional allocated to each user, as well as by means of accompaniment (Watters, 2007). This means that one focal professional shall be assigned with the user in order to personalise, refer, accompany and coordinate support by different agencies. These professionals are in a prime position to get the full benefits of interagency collaboration to their clients. This can be similar to accompaniment as per our earlier definition in Chapter 3. By accompaniment, the author means providing guidance to vulnerable persons on what to do, following up in effecting referrals to other agencies and being the focal professional for support to the assigned client (Landuzzi & Pieretti, 2007). However, it may also take the more literal meaning of going or being present with the client when a new helper or organisation is referred to and/or first met.

It was evident that participants aspired for services that are more rooted in accompaniment and where a focal professional could be allocated to users. However, due to lack of human resources, such practices were only implemented with the most vulnerable. This is another adaptation of service design, adapting, as is often the case, to low resourcing.

Participant 1 said:

> Though being the sole coordinator of the service I try to coordinate care for those immigrants who are more vulnerable than others…Once I followed an unaccompanied minor who needed psychological help because of trauma.

Similarly, Participant 10 explained:

> We know of a mainstream service provider where excellent case conferences with immigrants are done...sometimes we accompany immigrants to these case conferences as well.

Participant 4 argued that:

> Sometimes we even accompany users to clinics...but this is done with the most vulnerable...but we still need to improve.

Participant 2 said:

> We accompany immigrants to get travelling documents and attend Court, particularly child appeals and marriage separations...but yet there is room for improvement.

Nevertheless, Participant 3 gave an example of how in England, the United Kingdom Border Agency (UKBA) appoints a focal person to accompany immigrants during their whole integration or repatriation itinerary:

> In England, the UKBA appoint a sole worker to accompany the immigrant up till integration or repatriation.

Focal persons can also help in the involvement of family and/or friends. Participant 5 voiced the sentiment of various other participants on the involvement of family and/or friends:

> It is very challenging to involve family and/or relatives...immigrants are not familiar with the Western way of providing services, but they could help you in identifying the needs of the immigrant or his or her family...As I told you earlier, some are patriarchal families and the influence of man is still dominant...so an element of cautiousness is important. A key person can help to build relationships with immigrants and their families and/or friends.

5.5.2.4. Focus/Interview groups – Dimension 4

The author wanted to learn if focus/interview group participants had any meetings with professionals from different agencies, or were perhaps encouraged to actively participate in any interagency and inter–professional meeting, if any. Similar to the previous dimensions, the author further confirmed group participants' low contact with the services under review, thus also limiting their familiarity with service environments. However, there were a few participants who shed some light on what kind of interagency collaboration is being practised. Collaboration, more on the reactive side, seems to be more in place when immigrants experience acute social problems.

5.5.2.4.1. Organisations collaborating to help immigrants experiencing acute social problems

One Group Participant explained how he knew an African family that was on the point of becoming homeless. This family was living independently and without any assistance whatsoever. Their friends informed a government organisation. They were given assistance to relocate to an emergency shelter managed by an NGO. The participant revealed how a person from a government organisation helped them to find work and be supplied food.

Group Participant 1 explained in detail:

> A friend of mine were helping an African family...they had no money, no food, nothing...their neighbours [immigrants from same country of origin and Maltese] informed a government agency...the family was given shelter [referring to an NGO]...Friends and persons from this agency gave food to the family and helped them to find work.

This is in line with what was learnt earlier in the open-ended part of the HELGAS Rating Scale, where service providers channelled their resources to those most in need by means of *prioritisation* or a *case–by–case* approach. This further reaffirms immigrants' autonomy despite lack of information, and that some do indeed ask for help when they experience extreme need. *Vulnerability* and *crisis situations* are contextual features that lead to the shaping of service designs and modes of collaborative practices. Nevertheless, services need to do more so as to not only help in situations of crisis but also give enough support to identify and prevent such situations through more and better collaborations.

Group Participant 9 explained how when he was in hospital, an open centre worker visited him to discuss his recovery and follow–up with hospital staff. One can say that this worker acted as coordinator of care between different agencies:

> When I was in hospital, an open centre worker visited me...he spent time discussing [with staff] my recovery...and how to help me when I return to the open centre [participant did not speak English – as translated by another group participant].

Nevertheless, in the same group, Group Participant 10 described a negative experience that highlights a lack of collaboration. Together with his wife, whilst living in an open centre, he asked staff to learn English. They attended a one-month course, with a schedule of one lesson per week. This was described as far too short to learn English appropriately and in fact the couple were still relying on a friend for translation, thus possibly slowing their integration process. Upon being discharged in the community, they asked a government organisation for help. However, English courses were only organised in October and November. Whilst admiring the active adaptation of these immigrants through their determination to learn English, more interagency collaboration is needed to help immigrants get the necessary skills and competencies that enhance integration and autonomous living in the community.

Group Participant 10 said:

> We asked for English lessons, as we do not speak English...the open centre arranged for a one month course...once every week for four times...this was not enough...now we went to another [government] agency...but courses are organised only in October and November...[participant did not speak English – as translated by another focus group participant].

5.6. Dimension 5: Cultural sensitivity

In Chapter 3, we identified cultural sensitivity as the adaptation of service providers' interpersonal relationships to better address clients' needs, amid sufficient knowledge to

comprehend cultural differences and similarities (Cross et al., 1989, Bennet, 2016). This is in line with Watters' (2007, p. 168) understanding of this penultimate dimension of good practice, where emphasis is made to "understand the world from the point of view of those who are the recipients of programmes". He also refers to a continuous reflexive approach where practitioners carry out "critical scrutiny" of practices and concepts of support (Watters, 2007, p. 169). This is of utmost importance to avoid a blaming-of-the-culture attitude, and to sensitively and non-judgementally address needs adequately whilst being aware of user and provider imbalances that can lead to paternalising approaches. More will be said on these issues in the next chapter. Meanwhile, participants' answers can be found in tables 5.11 and 5.12.

5.6.1. Quantitative Findings – from direct answers to HELGAS Rating Scale

5.6.1.1. Statements addressing participants in their capacity of service provider

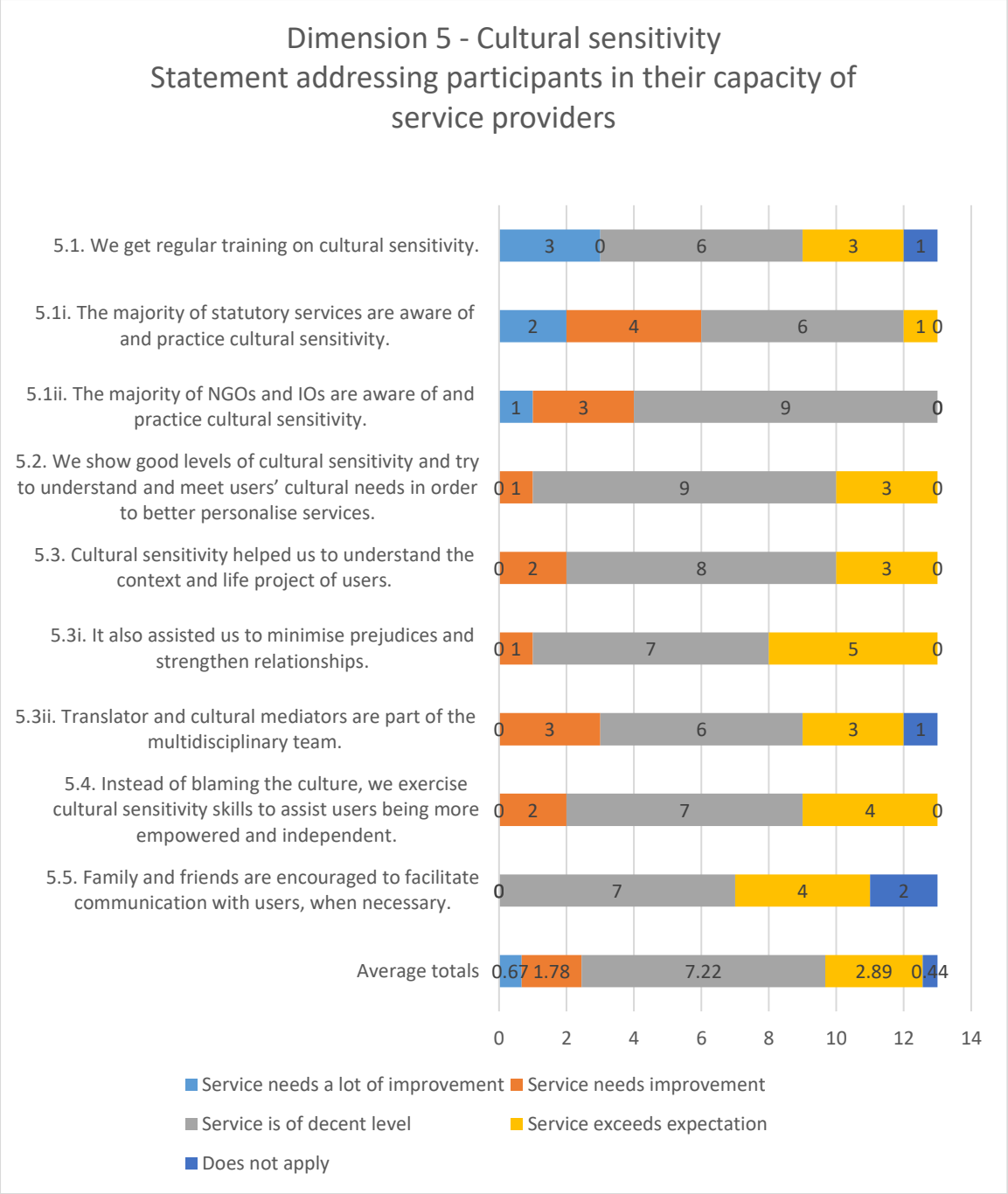

Table 5.11. Cultural sensitivity: Statements addressing participants in their capacity of service provider

The average majority of participants (n=7.22) claimed that levels of cultural sensitivity are of a decent level. The majority of service providers (n=6) decently receive regular training on the subject. Statutory [mainstream/government] services were considered to be slightly less sensitive to users' culture than NGOs and IOs. However, the majority of participants thought

that statutory services (n=6) and NGOs/IOs (n=9) were decently aware of and practised cultural sensitivity to meet users' needs. The author was pleased to note that the majority of participants (n=9) understood the link between cultural sensitivity and personalisation of services. Through cultural sensitivity, service providers are able to understand immigrants' needs, putting the latter in a better position to choose what is best for their lives (Lewis & Glennerster, 1996; Schaefer et al., 1981). For participants (n=8 – service is of decent level), cultural sensitivity is important to understand the context and life project of users. The majority (n=7) declared that instead of blaming the culture, they assisted users to a decent level in culturally sensitive ways, therefore minimising prejudices and empowering users to be more independent. Six (n=6) participants claimed that cultural mediators and/or translators were considered to be part of the multidisciplinary team. Participants (n=7 – service of decent level) claimed that they involved family and/or friends to facilitate communication and understand each other.

5.5.1.2. Statements addressing participants as users' proxy views

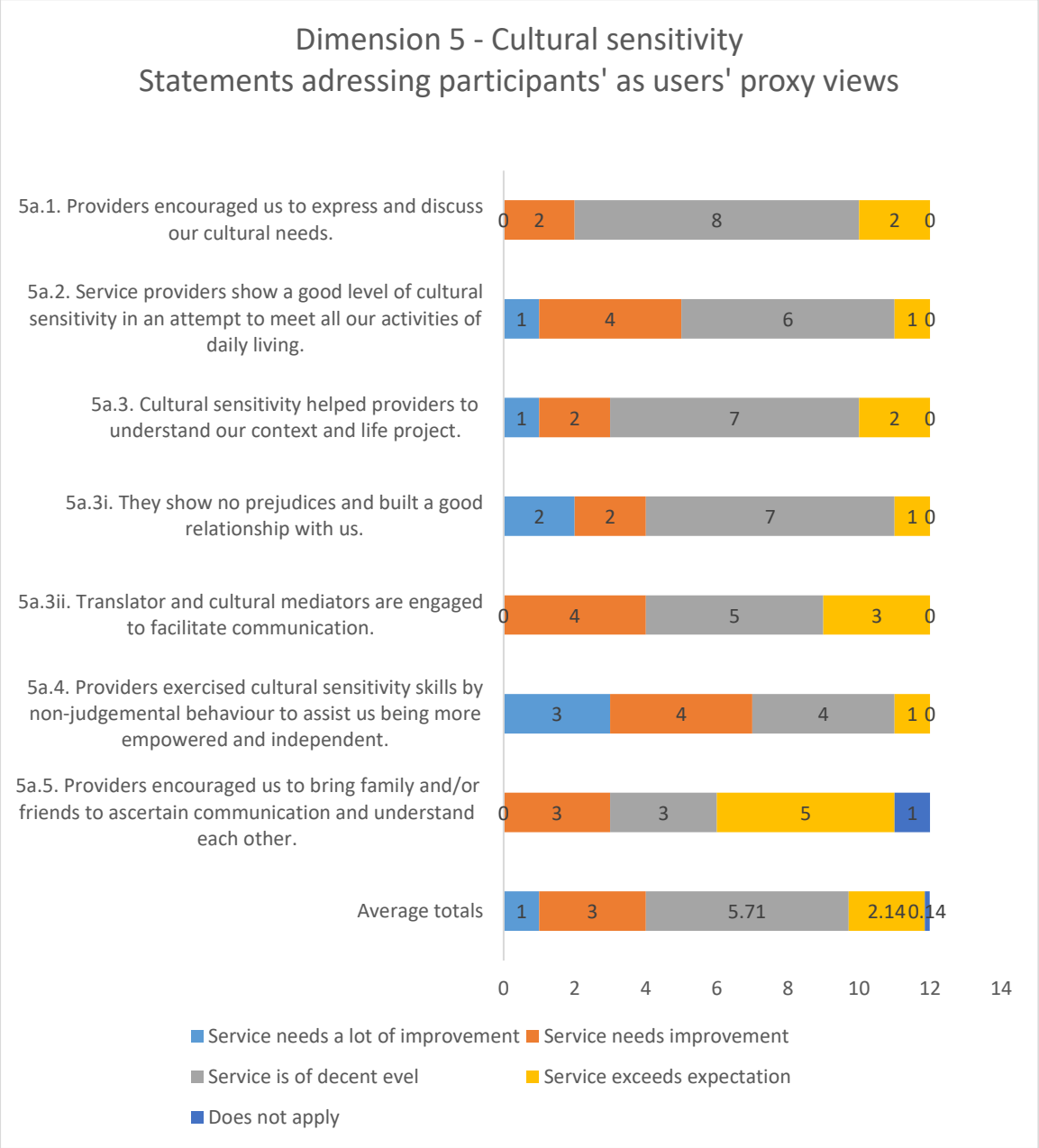

Table 5.12. Cultural sensitivity: Statements addressing participants as users' proxy views

Similar to the previous section, the average majority of participants (n=5.71) considered their levels of cultural sensitivity as decent. The majority of participants (n=6) thought that they decently show good levels of cultural sensitivity in an attempt to meet immigrants' activities of daily living. The majority (n=7) said that they decently understood immigrants' contexts and their life project by means of cultural sensitivity. Eight (n=5 – decently and n=3 – exceeded

expectation) participants claimed that cultural mediators and/or translators were engaged to facilitate communication. Three (n=3) and four (n=4) participants wanted a lot of improvement and improvement respectively, in the ways they exercised cultural sensitivity skills by non–judgemental behaviour to assist immigrants being more empowered and independent. The majority (n=7) answered that they showed no prejudices and built good relationships with immigrants. The involvement of family and/or friends is another aspect of cultural sensitivity. Participants (n=5 – service exceed expectation) claimed that they involved family and/or friends to facilitate communication.

5.6.2. Qualitative Findings – from Open-ended Answers to HELGAS Rating Scale and its Adaptation Questions to Focus/Interview groups

The author wanted to identify good practices in the ways providers considered users as experts of their own needs, particularly those related with their culture, thus assisting them during integration. The author was interested in the service providers' awareness of users' cultural differences and similarities that can decrease stereotyping and a blame–the–culture type of attitude. Cultural sensitivity enhances relationships, and is thus directly linked with social support practices and empowers users by shifting power from the provider to the user as it is up to the latter to decide what is culturally safe or unsafe (Papps & Ramsden, 1996, pp. 491–497). This is an important feature as it helps in the personalisation of service by means of adaptations, where immigrants will be in a better position to choose what is right for them during the integration process (Fleming & Towey, 2001, p. 3).

In general service providers showed decent levels of cultural sensitivity and awareness, and made efforts to put this into practice in order to build relationships and adapt service designs to users' culture and needs. We will see how participants showed cultural sensitivity in their problem solving, knowledge of immigrants' needs and behaviour, empathy, flexibility,

empowerment and motivation. However, we will also note that even for the most experienced professionals, it is very easy to fall into judgemental and prejudiced behaviours. As per figure 5.6, emerging themes include awareness and practice of cultural sensitivity, the availability of training and cultural mediators and/or translators. Other themes include the building of relationships between service providers, Maltese neighbours and immigrants, together with examples of how easy it is to succumb to stereotypical behaviour, and a striking non-blaming-attitude adopted by immigrants towards locals. Adaptations include the remodelling of practices at a face-to-face level, like prioritisation of cultural mediators, increase in accompaniment practices and spending more time with the most vulnerable.

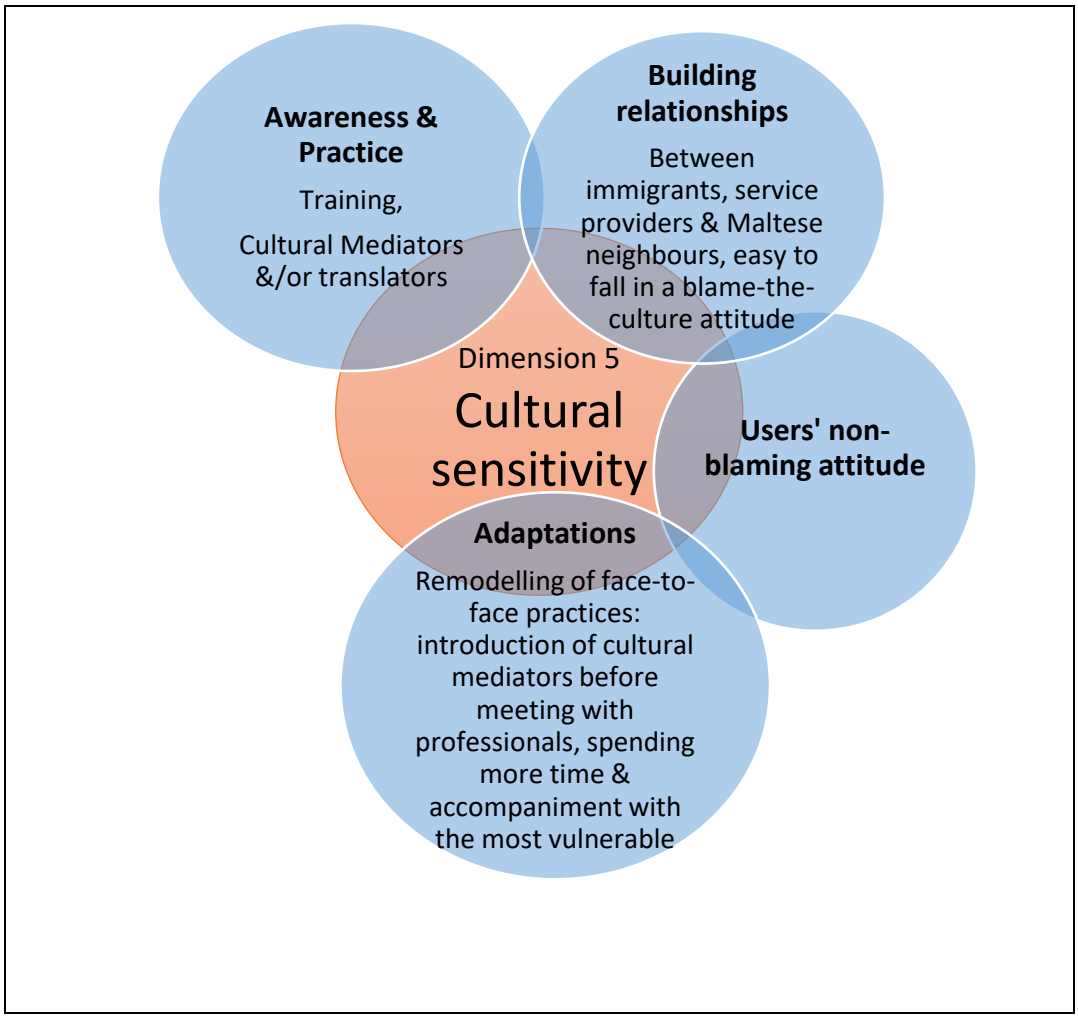

Figure 5.6. Dimension 5 – Emerging themes

5.6.2.1. Awareness and practice

In the previous dimensions, we have already met with examples that revealed participants' levels of awareness and practice in cultural sensitivity. For example, in dimension 1, one could note the allocation of gender–sensitive cultural mediators and/or translators; there are organisations which publish multilingual leaflets; encouraging immigrants to act as cultural mediators and/or translators; whilst formation of groups was noted in dimension 2. In dimension 4 we studied how organisations are collaborating in joint migrant–friendly and cultural sensitivity training programmes. More is to be said on awareness and practice, including the involvement of cultural mediators and training.

It seems that the more organisations specialise in the fields under review, the better the levels of cultural sensitivity. This means that migrant-specialised organisations could be more sensitive to immigrants' needs than mainstream counterparts.

Participants 8 and 2, both directors of specialised NGOs, explained:

> We are more flexible and more culturally sensitive to users' needs than mainstream services [referring to government/statutory services]...it is our expertise.

> Mainstream service providers [referring to government/statutory services] need to be more sensitive to users' culture.

Participant 9, who also came from a migrant-specialised NGO, described how sensitivity helps providers better understand immigrants' needs. Nevertheless, the same participant knew of culturally-sensitive professionals working for public mainstream services.

> We know more the needs and behaviours of immigrants than others working with mainstream services [referring to government/statutory services]...we are more

> culturally sensitive...however there are professionals in government services that are sensitive and are culturally competent.

Similarly, Participant 10 discussed how during visits to state hospitals, they meet health care professionals who are sensitive to users' needs:

> We accompany users to state mental health hospital...sometimes we also go during ward rounds [routine visit to hospitalised patients by medical staff] and out–patients...There are professionals who treat clients brilliantly...who sit near them [immigrants] and explain to them.

Participant 8 described how their efforts were in place to raise awareness on cultural sensitivity amongst Maltese society. This participant also explained a failed cultural sensitivity awareness project with local newspapers:

> We know that local mainstream services lack professionals coming from different cultures...let us take common jobs for example...you do not see black persons in airports, with the police, or a black journalist...That is why we embarked on various projects to sensitise Maltese on cultural sensitivity, how to work with persons coming from different cultures other than their own, awareness and acceptance of cultural differences...We want that migrants are more mainstreamed...our project with Valletta Local Council is enhancing more cultural sensitivity and surely an initiative that could be taken on board by the government...Once we also asked newspapers to publish one of our project on integration but none of them took it over...in this way we felt lack of cultural sensitivity from local newspapers.

The intercultural strategy for Malta's capital city is an initiative in line with Murphy's (as cited in Berry, 2005, p. 703) description of culturally pluralistic societies that are more likely to provide social support at both institutional and community levels.

The involvement of family and/or friends is another aspect of cultural sensitivity. Participant 2 shared a good example of cultural sensitivity while explaining the role of his organisation in organising funerals:

> We involve relatives and friends in the organisation of funerals. Apart from building relationships, their direct involvement is important to understand each other, discuss cultural needs and respect dignity of their loved ones...Trust is important especially for those who come from war–torn countries where services are inexistent or they experienced inadequate or corrupt services during their journey.

5.6.2.1.1. Cultural mediators

Apart from minimising linguistic barriers and promoting better communication – a service feature that was discussed earlier in dimension 1 – cultural mediators and/or translators facilitate the removal of cultural barriers. This is in line with Cavazzuti's (2011) explanation of how cultural mediators and/or translators enhance equality, rights and access to mainstream services. Despite problems in their recruitment and retention, discussed earlier in dimension 1, here we will find more examples describing the role and importance of cultural mediators and/or translators. However, Participant 11 explained how the fact that many do not stay for a long time in Malta makes it difficult for them to form part of a team, whilst Participant 10 described how many professionals do not know how to work with cultural mediators and/or translators:

> The fact that these [cultural mediator and/or translator] do not stay for long time in Malta is making it difficult to form part of the multidisciplinary team.

> Cultural mediators are an integral part of our team. They are involved in team meetings and we ask their opinion...We learnt a lot from them...However a lot of professionals don't know how to work with translators and cultural mediators. They talk to the translator rather than to the client.

Participants 6 and 9 explained how calls for mediators are issued on a regular basis because their help is instrumental, especially during immigrants' case conferences in an attempt to meet their specific needs:

> We issue regular calls for mediators as they give a value added to our services...Their input in problem solving and facilitating communication and support is invaluable. Regularly we ask their help and involvement during [users'] case conferences.

> We wanted a place where the specific needs of immigrants are assessed in a culturally sensitive way...Therefore we recruited more mediators and trained staff to be part of our team and together with other professionals address needs accordingly.

As a cultural mediator, Participant 10 told the author how they serve as a bridge between professionals and users. They encouraged service providers to talk to the user rather than to the professional accompanying the user, thus empowering the user to be participative in promoting his or her wellbeing:

> We serve as a bridge between the client and the service provider. We encourage service providers to talk to immigrants...Last time one of our psychologists remarked to a service provider and said 'Talk to him, talk to him (user)'.

5.6.2.1.2. Training

Training is the key to improving cultural sensitivity and thereby quality of support. This is in line and overlaps with the concept of migrant-friendliness (training) that was discussed in dimension 1.

Other participants revealed their engagement with cultural sensitivity training, such as Participants 8 and 7 respectively:

> Regularly we organise training on cultural sensitivity...It is the key for better services and empowerment to immigrants.

> Our case workers are trained to be sensitive towards the culture of users.

5.6.3.2. Building relationships

Thomas, Chiarelli–Helminiak, Barrettes, and Ferraj (2005) explain how the exchange, appreciation, acceptance and understanding of different cultures and opportunities for cross cultural learning are important for relationship building between immigrants and service providers. We will note how participants repeatedly stressed the importance of cultural sensitivity as a good practice that helps in building relationships with immigrants. For the author this is of particular importance, since building of relationships is an important feature of social support. In Chapter 3 we defined social support as the formal (government services and NGOs) and informal (family and friends) connections or relationships, based on empathy and trust, particularly useful in time of stress, where a vulnerable person interacts to find help by means of information, accompaniment or physical material. Relationships are important to understand immigrants' needs, but to build relationships one has to spend time with the user, even by means of accompaniment.

A dedicated Participant 9 highlighted the above and explained how relationships facilitated access to employment:

> We know how African people behave, they are not 'handicapped'...they are resilient but they just want to be accompanied...to build a relationship and then move faster to live independently...We accompanied them [immigrants] one by one, we knew our users very well so we could encourage them...Sometimes we even met their employer and this worked out perfectly...we knew their culture and this helped both immigrant and the employer to understand each other and build a relationship.

Participant 6 discussed how immigrants wanted professionals who could understand and build relationships with them. They want help instead of half services that blame the culture and refer them constantly from one organisation to another without concrete help:

> Relationship building with immigrants is important. The fact that they see in you a person that wants to help...with a non-judgmental and unprejudiced attitude...yes this is the way to build a relationship...When one spends time with an immigrant and accompany them...you will understand the culture and eventually tailor and personalise help accordingly.

5.6.3.2.1. Easy to fall in a blame-the-culture attitude (Part 1)

Interestingly, whilst the author could observe extensive cultural sensitivity, one could easily fall into judgmental and prejudiced behaviour, thus blaming immigrants' culture. Despite being a senior social worker, whilst talking of a Somali mother after giving birth, Participant 4 said:

> Some immigrants want to be pampered after birth...they just don't want to do anything (in Maltese - dawn ma jridu jagħmlu xejn)...it is their culture.

Whilst the author well understood the participant's professional (westernised) judgement and encouragement so that mothers could resume autonomy after their delivery, the participant was unaware of a period of 40 days called "ummul" where Somali mothers "relax" to be supported by families at home (Deyo, 2013, p.12). Deyo quoted a Somali mother saying:

> Relatives and extended family come over and take care of you, keeping you company, watching your children, and bringing you meals to restore your energy. At the end of the 40–day period there is a celebration – a 'coming out' with the baby. The mother looks beautiful and rested. Many women dearly missed the company and support of their extended family in the postpartum period. In one woman's words, Somalia childbirth was a better experience for me – I had moral support, physical support and emotional support. (2013, p. 12)

Notwithstanding the experience of this professional (in fact, in the adaptation section of this dimension, this participant is to demonstrate high levels of cultural sensitivity), it was still easy for one to fall into judgemental and prejudiced behaviour. This emerged as a contextual factor in itself that predisposed service providers to organise more training, self–awareness and knowledge on different cultures, but also the need to involve of cultural mediators. A similar example will be revealed in the next dimension.

5.6.3. Adaptation of service design to Dimension 5 (Cultural Sensitivity)

It is safe to say that cultural sensitivity and adaptation are central to each other, and the former is a predisposing factor to the latter. The author noted remarkable remodelling of practices at a face-to-face level where users are considered as experts of their cultural needs by means of prioritisation of cultural mediators during first meetings with professionals, spending time with the most vulnerable and adapting group sessions according to needs.

5.6.3.1. Prioritisation of cultural mediators and/or translators

As we have seen, professional cultural mediators in Malta are difficult to retain, so practices have been remodelled in order to reflect such a contextual feature. Prioritisation is key for the effective use of resources. Cultural mediators and/or translators are therefore channelled accordingly. For instance, their presence during the first meeting or encounter is critical, especially in establishing a relationship and understanding each other. Two participants understood this and remodelled their practices in order to involve cultural mediators and/or translators during this critical stage. Participant 4 argued that the role of cultural mediators is of utmost importance as these manage cultural differences between user and provider and aim for understanding between both parties, thus minimising prejudices:

Participant 4 described:

> The mediator meets users prior to the one–to–one session with social worker. This makes both user and ourselves more sensitive to cultural differences and needs...In this way we better understand each other.

Likewise, Participant 5 said:

> Their role, especially during our first meetings with immigrants, is important...sometimes we also engage them during needs assessment. We do not have enough cultural mediators so we allocate accordingly.

5.6.3.2. Spending time and adapting sessions according to immigrants' needs

Spending time with the most vulnerable immigrants can be considered as an adaptation to two main contextual features: limited resources and the need to better understand immigrants' culture and needs. The way providers spent time to understand, discuss and assist vulnerable users to take the right choices was also inspiring. They invested time to understand users'

culture and provide the right information so that users and their relatives could make the right decisions, especially during life–threatening situations. Participant 4, the participant with the previously-noted blame-the-culture-attitude, explained how they spent extensive time with immigrants during critical and vulnerable situations. For example, the participant recalled how a Somali mother was anxious following the birth of her child on a boat and showed aggressive behaviour with doctors when they wanted to insert a cannula (a small tube to administer treatment) into her child's vein at the Paediatric Intensive Therapy Unit. Social workers spent time to provide information and reassurance, to understand her views and to establish a relationship. Participant 4 said:

> I remember a case where an anxious Somali mother gave birth on a boat and then took the baby to the Paediatric Intensive Therapy Unit. The mother was aggressive with doctors especially when they were inserting a cannula on the child for venous access. The social workers spent time to sensitively explain and reassure that all was done to save the baby's life...We kept visiting the mother to understand culture, needs and personalise care.

In another case, Participant 4 revealed how the social worker and cultural mediator spent time with a mother explaining the importance of a caesarean operation, both for the baby and herself. The immigrant believed that normal delivery is the only way to give birth:

> Another woman did not want a caesarean operation...only following the intervention of the social worker and culture mediator that the mother understood that all was being done for their well-being and to save their lives...They spent time with the family explaining the need for such an operation. The immigrants believed that normal delivery is the correct way for giving birth.

Participant 5 explained how service providers require time in order to meet needs adequately. As an example, the same participant explained how once a Nigerian mother requested that her child be taken into care so that she would be able to work. On spending time to know the person, it was discovered that the woman came from a rural region where children were cared for collectively by the extended family. Though inundated with users, service providers could focus their limited and precious time on the most vulnerable.

Participant 5 showed how spending time talking to clients is an important practice in order to learn from immigrants:

> An immigrant mother from Nigeria asked us to take her child in care so that she can go to work…We spent a lot of time talking to her and discovered how in her culture children are cared for collectively by their community.

Participant 9 explained another remarkable example of adaptation, where one can enhance cultural sensitivity through selective recruitment and specialised service provision. The participant's organisation decided to set up a health clinic and recruit a culturally sensitive professional in order to enhance immigrants' access to health care. Such action was felt to be necessary due to the lack of cultural sensitivity by public mainstream services, hindering immigrants' access to health care. Participant 9 shared:

> We had issues with cultural mediators in Health Centres, long queues, backlogs, waiting lists...and many more. Immigrants refused to go [some immigrants perceive long queues as not a good service]...Moreover their focus was to work and not their health status...they sought help only when they were really sick. They used to feel discriminated...mainly to the ways how they [staff] talked to them like 'come on hurry up (ejja ħi ħaffef), or comments like 'how smelly they are'...In order to jump queues,

> some immigrants were playing as if they were dying, but then felt better when they managed to reach a doctor. We know how certain immigrants think negatively about queues...So we decided to set up a clinic that is more sensitive to the immigrants' cultures. We managed to recruit a brilliant retired doctor who showed high standards of cultural sensitivity...he talked to them to identify their needs and respected their culture. It is a known fact that government departments lack such competencies.

Participant 1 explained how in-depth understanding is constructed by establishing relationships and getting to know immigrants. This means more services that adapt to immigrants' needs rather than the other way round:

> I am aware of how some groups of immigrants behave. Such knowledge helps me to organise more focused health literacy sessions and self–help groups...We try to be as sensitive as possible, particularly in the ways we seek balance between their culture and own health…sessions are organised according to their needs, requests and schedule.

5.6.3.3. Tapping EU funds to organise training

Strikingly, one participant described how around 3 million Euros of EU funds were invested in order to organise training in cultural sensitivity. More than 600 persons were trained in the past years.

Participant 9 elaborated:

> In the past years we trained more than 600 people...in the past years 3 million Euros of EU funds were invested in cultural sensitivity training and similar projects.

5.6.4. Focus/Interview groups – Dimension 5

The scope of this part was to analyse if participants were ever encouraged to discuss their cultural needs with service providers, particularly in an attempt to facilitate integration, but then also to see if they ever experienced any prejudices and communication barriers and how cultural sensitivity could strengthen relationships with others. The author was also interested to learn if service providers' behaviour was non–judgemental to an extent that assisted them in empowerment and independency, as well as whether they showed enough levels of cultural sensitivity to learn from immigrants, their family and/or friends, whilst being attentive to never blame their culture.

The author identified three themes that grouped together examples of service providers' cultural sensitivity or the lack of it, immigrants' positive relationships with their neighbours as a sign of cultural sensitivity, and their striking non–blaming behaviour towards providers and locals.

5.6.4.1. Examples of cultural sensitivity or lack of it

Group Participants narrated various examples of cultural sensitivity; some experiences were positive but others shed light on the need for more efforts to increase awareness and adapt services and providers' behaviours. Nevertheless, in the previous dimensions we already met with similar examples, like when the MCAST teacher organised lectures to help an immigrant attend lectures. So let us present more examples, some of which are negative and others are positive.

Though the author did not direct the discussion to open centres, participants referred to open centres very often, especially when giving examples of their experiences with service providers. This reiterates the fact that immigrant participants' main contacts with service

environments were mostly made whilst in open centres rather than in mainstream services. One can say that open centres are often immigrants' longest contact with local service providers once they are out of detention centres. Group Participant 2 explained how he felt good in the open centre, but the practise of signing for the *per diem* allowance on a regular and morning basis limited their time to find work (this is an allowance for unemployed immigrants living in the open centre). This showed a lack of sensitivity – a cultural sensitivity in the sense of contextual sensitivity: the effects on living patterns exerted by the living context:

> They pressured us to sign Monday, Wednesday and Friday in open centre. This was not good. In the morning we were busy trying to find work…this is not sensitivity.

In the same group, Group Participant 4 explained how in the open centres they were given information booklets. These contained information on their rights, access to services, and bus routes. However, the booklets were only available in English versions and were thus not useful to the many immigrants who did not understand the language:

> I was given a booklet [in an open centre] in English, it contained information on our rights, access to services and bus routes, but what about those who do not know English?

Group Participant 5 argued that no one ever cared to explain to them how integration works. This was an opportunity to show cultural sensitivity that was not taken up:

> No services [service provider] cared to explain us things about integration.

Nevertheless, Group Participant 8 recounted a positive experience when in need of hospital care. Though not offered a cultural mediator and despite the pressure of work, they were treated sensitively and adequately:

> Once I accompanied a friend to hospital...the workers were very helpful...the doctor gave us time to explain ourselves, though we were not offered help from cultural mediator...but they were very busy helping out people.

In another instance, Group Participant 2 recalled how an open centre worker used to spend time with them to understand their cultural and spiritual needs:

> One staff at open centre helped me and my friends to understand our situations...we were given information on where to meet other immigrants from our country and find a mosque for prayers.

5.6.4.2. Positive relationships with their neighbours

The author was pleased to be able to group enough extracts to create a theme on positive relationships with immigrants' neighbours. Despite the negative experiences with landlords mentioned earlier in Dimension 3, various Group Participants noted positive experiences with their neighbours, and this showed good levels of cultural sensitivity between locals and immigrants settling in new neighbourhoods. On a general note, we regularly fail to note such positive experiences, and sometimes only the negative ones are brought to the attention of the general public. Moreover, positive relationships with their neighbours are examples of active adaptations by users in order to live normally and integrated in the community.

Participant 1 described how he was surprised (positively) when invited for a party by his neighbours. He described the Maltese neighbours as caring:

> We have very caring Maltese neighbours...once they asked me what kind of food we prefer...they organised a party on a public holiday and we were all invited.

Participant 5 explained how as group of immigrants, they moved from one place to another, and always met neighbours who treated them with respect and in a friendly way. It was reassuring to see other Group Participants smiling and nodding in agreement to these experiences recounted by the latter participants:

> We changed places many times and we always found good neighbours that respected us.

Another immigrant explained the positive relationship with his neighbour, even with the provision of practical help. It is good that immigrants are open to help from neighbours, and this can be classified as another case of active participation. Community support fits well with our description of social support, as informal help given by neighbours that promotes inclusion and social solidarity (Berry, 2005). Female Group Participant 15 said:

> The neighbour helped me and showed directions to shops and bus stops...she told me to ask for her if I ever needed any help...she is a very good neighbour.

5.6.4.3. We do not blame anyone

The sensitivity shown by Group Participants to not blame the Maltese culture for sometimes not respecting their values and cultures was quite surprising and struck the author in many ways. One can say that sensitivity to a person's culture and values should come from both worlds, as sometimes, it is always the provider world under the lens, whilst ignoring that even users have to be sensitive to the culture of service providers. Being sensitive to a hosting country's values and culture is a sign of active adaptation as well.

Group Participant 8 argued how in his country, they are not used to queue and wait to get a service. In fact, they perceive such services as inefficient:

> We are not used to queue and to wait...these are not considered as good services in Somalia...but we understand and accept how things work here in Malta.

Interestingly, Group Participant 7 explained how in order to integrate in Europe one has to learn to say 'sorry and thank you'. Two words that are commonly used within service environments, but unfamiliar with some immigrants' cultures (especially sub-Saharans like Somalis). These examples are types of adaptations whereby immigrants accepted these realities and are living with them:

> A friend told me that two things you need to remember if you want to do ok in Europe: sorry and thank you. Some of us [Somalis] do not have these words in our country.

Group Participant 6 reiterated that they do not blame the government or Maltese people:

> We do not blame the government or Maltese...but we appreciate if these respect more our values and culture.

In fact, Group Participant 5 revealed how they were treated badly by some bus drivers. Yet again, despite such labelling, they do not blame anyone but simply asked for more respect:

> Some bus drivers treat us badly...they think we do not have money and do not want to pay [bus fare]...I do not blame them but more have to be done in education and respect.

Certainly, the last theme paints immigrants as *real agents of adaptations*. Immigrants come from countries with different service provision set–ups and environments, whereby queues, waiting lists and languages are different. Groups participants acknowledged these differences and adapted in a way, in this case passively, to understand the local context to respect local culture and values.

5.7. Dimension 6 – Evaluation

For any social policy practitioner, evaluation has to be a regular good practice in determining if services are meeting the organisation's aim, predetermined objectives and standards (Baldock et al., 1999). Stufflebeam and Shinkfield explain how:

> ...In order to keep their services up to date and ensure that they are effectively and safely meeting their clients' needs, service institutions and programmes should critically obtain pertinent evaluative feedback. This process includes studying the outcome of treatment [in our case support programmes] needs of the clients, evaluating relevant approaches that are being proposed or used elsewhere, evaluating the performance of personnel, closely monitoring and assessing delivery of services, assessing immediate and long–term outcomes and searching for ways to make services more efficient, effective and safe. (2007, pp. 29–30)

This means that apart from reviewing internal operations such as human resources and service designs (see the Migrant-Friendly Quality Questionnaire in Chapter 3), service providers have to actively involve users as the main stakeholders of not just the evaluation process per se but the service provision in general. Their feedback and participation are important to assess whether service outcomes are changing or improving their life or not. This is the main concept behind Watters' last dimension of good practice.

For this last dimension the author was particularly interested to know service providers' familiarity with evaluation and how they adapted their service design to undertake it, the methods used, who was responsible for its implementation, its sensitivity to users' culture, and

the involvement of family and/or friends. Quantitative findings are presented in tables 5.13 and 5.14.

5.7.1. Quantitative Findings – from direct answers to HELGAS Rating Scale

5.7.1.1. Statements addressing participants in their capacity of service provider

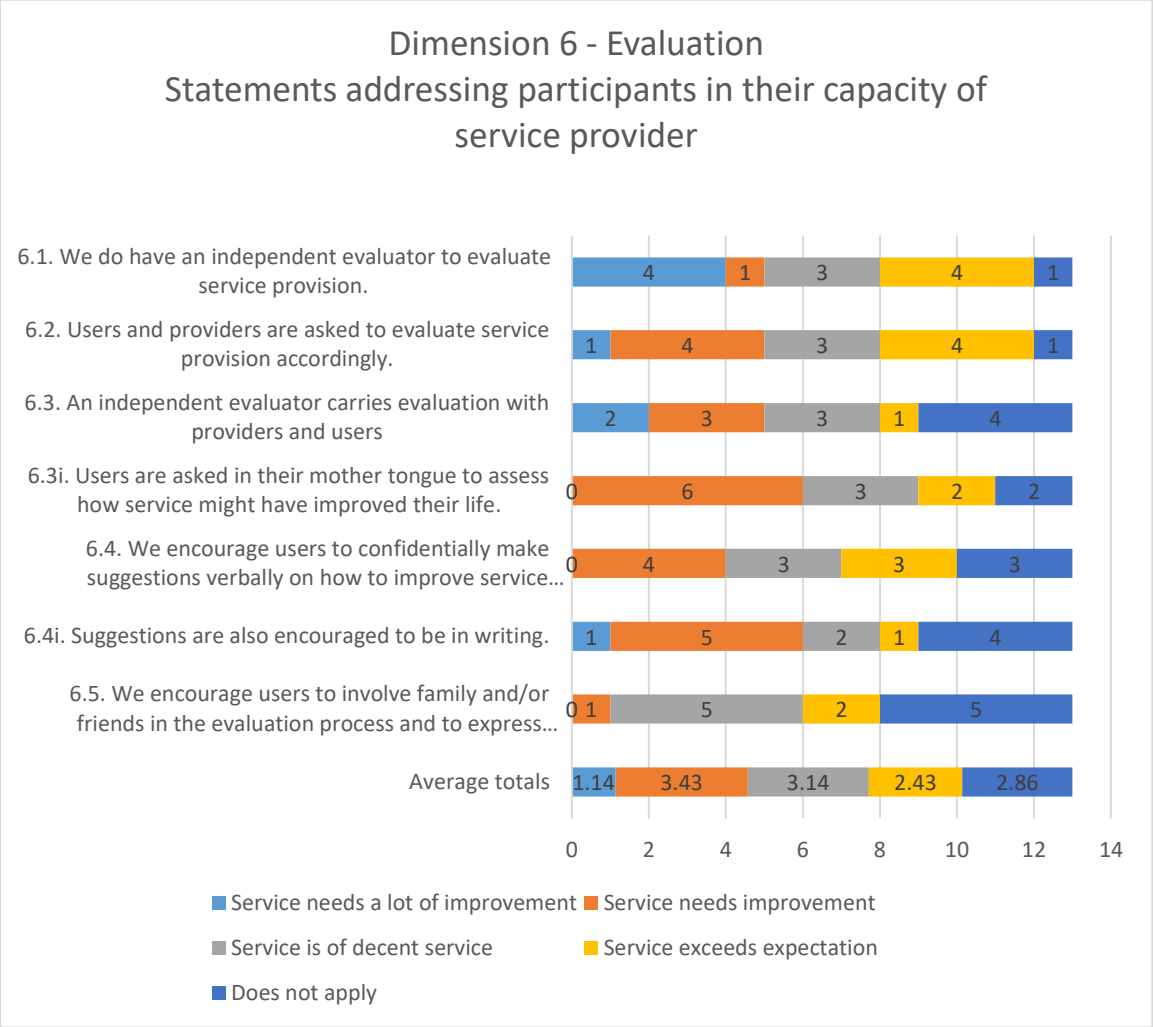

Table 5.13. Evaluation: Statements addressing participants in their capacity of service provider

On average, participants (n=3.43) asked for the improvement of evaluation practices. Four (n=4) participants replied that they exceeded expectations in their engagement of independent evaluators, whilst four (n=4) asked for improvements. Similarly, four (n=4) participants

responded that their service needs improvement and another four (n=4) said it exceeds expectations when it came to the involvement of users and providers during the evaluation process. Four (n=4) answered that it "does not apply" when it came to the engagement of providers and users by an independent evaluator. Improvement was requested by many on how to make evaluation more migrant–friendly. In fact, the majority of participants (n=6) wanted improvement so that their organisations could ask evaluation questions in the immigrants' mother tongue; four (n=4) wanted improvement on how immigrants can confidentially make suggestions verbally, whilst five (n=5) wanted improvements in how immigrants make suggestions in writing. The involvement of family and/or friends in the evaluation process was considered by many participants (n=5) as not applicable.

5.7.1.2. Statements addressing participants as users' proxy views

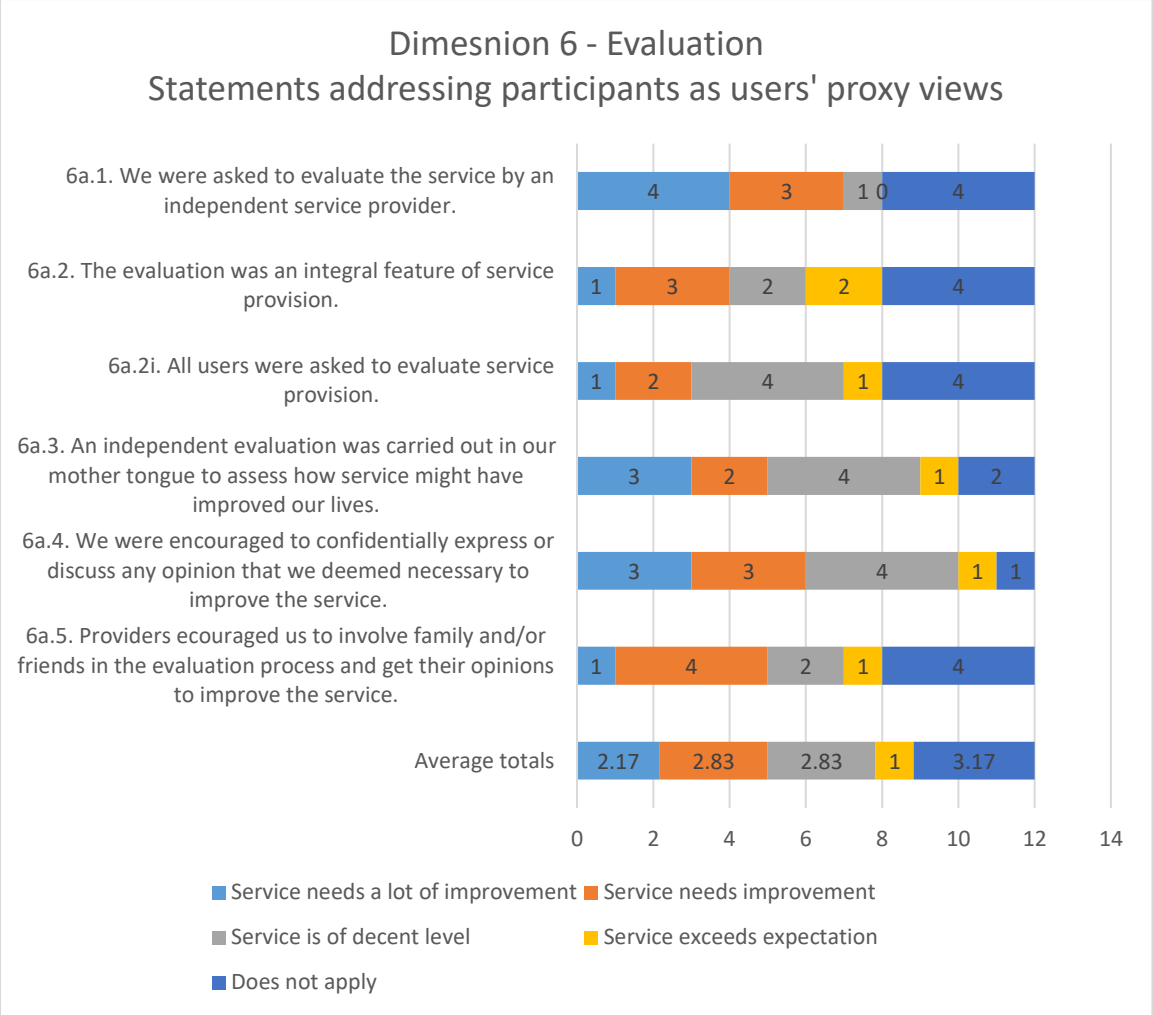

Table 5.14. Evaluation: Statements addressing participants as users' proxy views

As per the previous section, the average majority wanted improvement (n=2.83 – service needs improvement and n=2.17 needs a lot of improvement). Participants (n= 4 – needs a lot of improvement and n=3 – needs improvement) asked for improvement in the evaluation of their services by an independent service provider. Three (n=3) and two (n=2) wanted a lot of improvements and improvements respectively, as they felt that evaluation was not an integral feature of their service provision. Four (n=4) participants said that they decently ask users to evaluate service provision. Another four (n=4) claimed that they carried out independent evaluation in immigrants' mother tongue at a decent level. Nevertheless, three (n=3) and three (n=3) wanted a lot of improvements and improvements in the way they encourage immigrants

to confidentially express or discuss any opinion that they deemed necessary to improve the service. Four (n=4) claimed that they did not conduct such a practice at a decent level. The majority (n=4 – needs a lot of improvement and n=1 – improvement) wanted improvement when it came to the involvement of friends and/or relatives during the evaluation process.

5.7.2. Qualitative Findings – from Open-ended Answers to HELGAS Rating Scale and its Adaptation Questions to Focus/Interview groups

From experience in the fields under review, the author is mindful that sometimes evaluation is praised in theory but often lacks resources. Usually service providers have to adapt and engage in evaluations with minimal resources, such as by adding this responsibility to an already busy employee or office. Even in this endeavour, few organisations engaged in third party and independent evaluators, as despite the benefits of such a practice it is generally considered as an expensive exercise.

As we shall see, results will show how evaluation is mostly done internally, with the exception of EU-funded projects, and with minimal users' involvement. The author's impression was that some participants did not appreciate the importance of users' involvement in evaluation, and one participant blamed immigrants for their lack of evaluative skills. During focus/interview groups, participants understood immigrants' involvement in service provision evaluation, to an extent that some gave their recommendations. Figure 5.7. below features themes emerging from the research instruments.

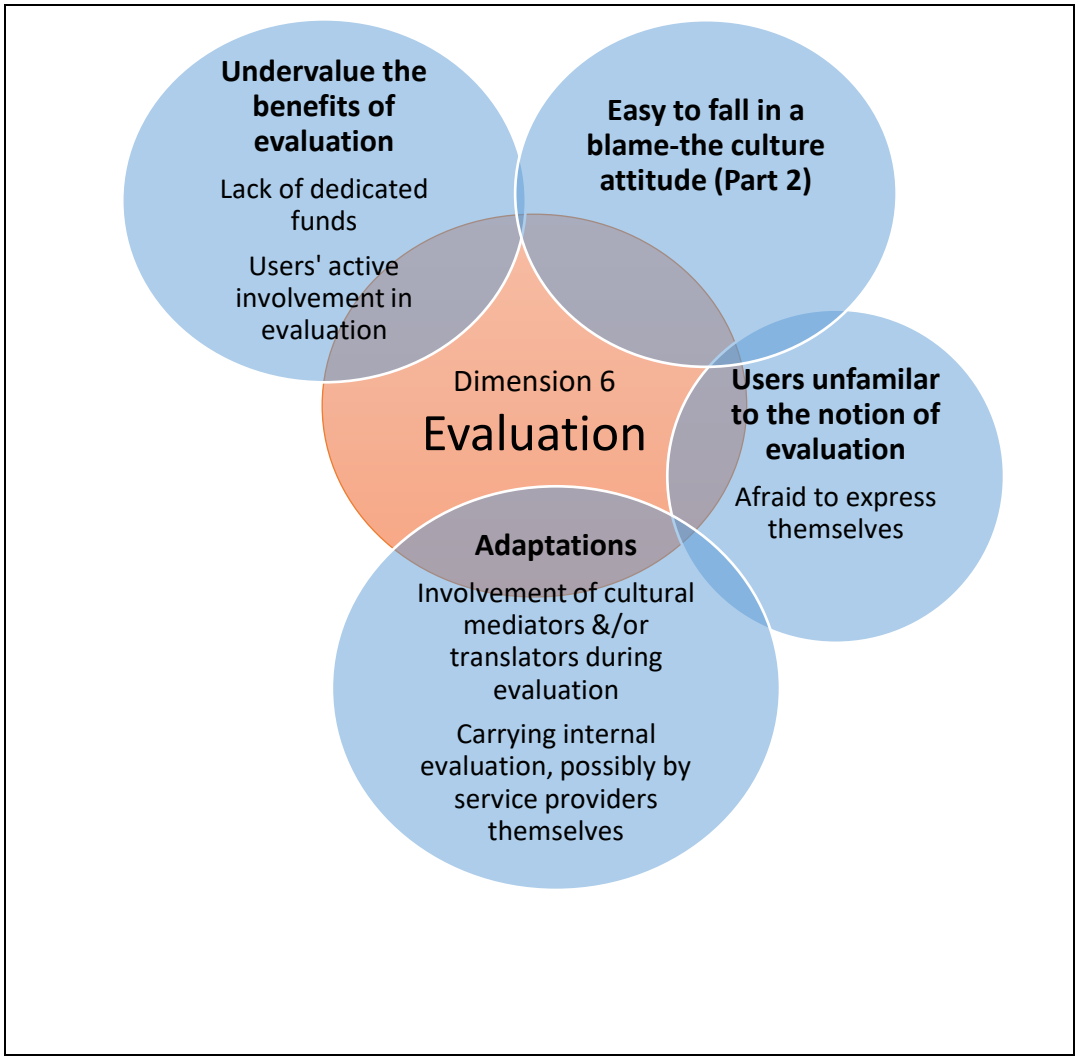

Figure 5.7. Dimension 6 – Emerging themes

5.7.2.1. Undervaluing the benefits of evaluation

Participant 9 explained how evaluation is sometimes undervalued and recommended that it should be mandatory, especially for government services:

> Sometimes organisations do not value the benefits of an evaluation process...thus they do not spend money in independent evaluations...It is time that evaluations are mandatory, especially for mainstream [government] services.

5.7.2.1.1. Lack of dedicated funds

Participants 2 and 1 admitted that cost is the major factor determining the type of evaluation model to adopt. This means that some organisations do not have dedicated and specific funds

to carry out evaluation of service provision by third parties and with the involvement of service users:

> The costs involved in organising evaluation [independent] is beyond our means.

> Independent evaluations cost too much.

Conley–Taylor (2005, pp. 3–11) argues that both internal and external types of evaluations have their strengths and weaknesses and many factors might influence the choice between these models. These range from costs to flexibility and bias control, from knowledge on the subject to organisational commitment towards evaluation and accountability for use of public funds.

5.7.2.1.2. Users' active involvement in evaluation

Lister (1998, p. 228) explains how service users play an important role in improving services, particularly by means of their active involvement in evaluation. However, users can face barriers to evaluation, as explained by Participant 5. This participant revealed two stumbling blocks that if unaddressed could hinder users' active participation in evaluation:

> Sometimes immigrants do not know how to write and many are scared of providing feedback. These hinder their participation in evaluation...they need help from service providers.

Participant 1 claimed that immigrants are unfamiliar with service environments, and thus with the notion of service evaluation:

> Given their [immigrants] low familiarity with services, many do not know what is evaluation...we need to make evaluation more migrant–friendly.

In fact, Participant 11 – being a mediator himself – asked for more involvement of cultural mediators and/or translators during the evaluation process:

> It is important for mediators to explain to immigrants what is the aim of evaluation and benefits.

However, two participants revealed how their organisations organise regular independent evaluations. Participant 3 said:

> Our organisation engages independent auditors to evaluate our services...and this is done on a yearly basis.

Meanwhile, Participant 6 explained:

> Of course, we have an external evaluator that audits all our operations on a regular basis.

5.7.2.2. Easy to fall in a blame-the-culture attitude (Part 2)

As we have seen in the previous dimension, it is easy to fall in a blame-the-culture attitude. In this case Participant 2 described and stereotyped immigrants as persons that *do not know anything*.

> Immigrants need more information to understand evaluation...they do not know anything [ma jafu jagħmlu xejn].

All this reinforces the author's advice to encourage training of employees and dissemination of sensitivity practices that minimise stereotyping, prejudice and judgemental behaviours, but also the serious involvement of cultural mediators.

5.7.3. Adaptation of service design to Dimension 6 (Evaluation)

As a response to costly independent evaluations, the author noted two important service design adaptations.

5.7.3.1. Carrying internal evaluation, possibly by service provider themselves

The first adaptation is the manner in which service providers are carrying out evaluations internally. Conscious of the importance of service provision evaluation, some participants reported how they carried out evaluation over and above their responsibilities, amid pressure on resources. One has to say that if not supported with a methodical approach, internal evaluation could lead to bias.

Participant 8 reported:

> We carry evaluations internally.

Whilst Participants 10 and 5 said:

> Many of us are engaged in regular service evaluation.

> Regularly, managers evaluate work.

5.7.3.2. EU-funded projects

EU-funded projects started to change local evaluation practices and are encouraging service providers to carry out evaluation. For EU projects, evaluation is often mandatory or if included in a project proposal it raises its profile thus making it more eligible for funding.

Participant 8 revealed:

> We manage various EU-funded projects, thus all our programmes are evaluated by an external auditor.

Participant 10 explained:

> Yes, we do evaluations, especially when it is obligatory, particularly for EU projects.

5.7.3.3. Involvement of cultural mediator and/or translator during the evaluation process

Evaluations have to be designed with undocumented immigrants in mind, making them migrant–friendly in an attempt to encourage participation and foster an environment where immigrants and their family and/or friends are helped to open up. More empowerment could be achieved if support is provided to express opinions and suggestions in users' mother tongue, either verbally or in writing, ideally supported by cultural mediators and/or translators.

Participant 10 revealed a remarkable adaptation whereby, following a project in a closed centre, a psychologist asked users to evaluate the project in their mother language. The involvement of cultural mediators and/or translators was essential:

> Once one of our psychologists, following a project in a closed centre, carried out an evaluation with users in their mother language...it was really a brilliant example of cultural sensitivity…the involvement of a cultural mediator was important.

5.7.4. Focus/Interview groups – Dimension 6

The author wanted to see if Group Participants were familiar with evaluation as an integral feature of service provision, how it was done and whether users were asked to evaluate service accordingly or not. Also of interest was the use of their mother language in evaluation,

maintenance of confidentiality in writing down or discussing any opinions to improve service and the involvement of family and/or friends in the evaluation process.

Similar to what we experienced in the participation dimension, the three groups reiterated the newness of such a process. However, at this stage they were better equipped with their reasoning, following discussions on the importance of participation during Dimension 2 and how immigrants can help to improve services. This means that if empowered, immigrants can voice their opinion and concerns, thus being active stakeholders of service provision. Emerging themes are divided into two. First is how participants welcomed this study, especially for the opportunity given to discuss their opinions to improve service provision. The second regards their proposals on how evaluation practices could be ameliorated.

5.7.4.1. Appreciation of being asked their opinion

Five Group Participants, all coming from the same group, thanked the author for the opportunity they were given to express themselves and discuss their opinions on improving service provision in general. Each time a participant expressed such an appreciation, the author could note others who agreed and shared such gratitude by means of non–verbal communication. This left a sense of satisfaction, not just personally, but as an experience whereby both author and participants learnt with and from each other.

Group Participant 4 explained how this was the first time that they were encouraged to express themselves in this way, while Group Participant 3 revealed that the session helped him to understand and to start involving himself:

> This is the first time that we were encouraged to express ourselves on services here in Malta.

> This discussion helped me to understand how things [referring to services] should work out…I will try to find ways to express myself...even if I am asked to do so…especially if I go to a service and this is not good.

Moreover, Group Participant 1 acknowledged that the fact that he can speak English puts him in a better position to express himself. He showed empathy with other immigrants who couldn't speak English, and apart from helping them directly, he hoped that cultural mediators and/or translators will be involved in evaluation processes to facilitate communication:

> I and my friends are lucky that we speak English...we are better than others that speak their language only…I hope that mediators can help them to express themselves if they are asked to evaluate a service.

5.7.4.2. Their proposals for better evaluation

Participants discussed proposals for better evaluation processes. In fact, helping those immigrants who cannot express themselves can be considered as a very valid proposal that should be taken into consideration by service providers, in an attempt to adapt service designs to these contextual features.

In fact, female Group Participant 15 declared that immigrants can be grouped to express themselves and give feedback on the services:

> Immigrants can be grouped together and give feedback on the services.

Group Participant 9 showed concern about the need to introduce mediators:

> I hope that mediators can help them [non–English speaking immigrants] to express themselves if they are asked to evaluate a service.

They asked for help while in open centres, to be better equipped, once they leave, to live autonomously and independently in the community. The need for more information was stressed by two participants. Participants wanted help to express themselves and were looking forward to not being afraid in doing so. Group Participant 8 said:

> We can be informed [referring to open centres]…Many of us are afraid or do not know how to express themselves.

They also asked for more information on the subject in multilingual booklets, and for places where immigrants can voice their concerns. Group Participant 13 argued:

> The booklets given in the camp [open centre] can include information on this [evaluation] and immigrants helped to participate in evaluation...even now we do not know of a place where we can express our opinion.

Yet again, immigrants' lack of familiarity with the service environment was evident, but so was their enthusiasm to learn more. They wanted to know how to express and involve themselves in service provision evaluations with the aim of improving and better meeting immigrants' needs. Their lack of familiarity with the service environment diminished as soon as both the author and participants started to learn with and from each other and as the discussion on the dimensions of good practices unfolded and evolved. Their interest to learn new things can be classified as another active adaptation of immigrants.

5.8. Concluding remarks

The landings of large numbers of undocumented immigrants in Malta is quite a recent phenomenon and the author wanted to explore how service providers active in the social support fields have reacted to all this newness, particularly during immigrants' integration phase.

This research's aim was to investigate the good practices existing in the social support of undocumented immigrants or which could be adapted to the Maltese context. The author wanted to define how these adaptations are being applied and identify the predisposing factors or contextual features. The ARC and Watters' Six Dimensions theoretical frameworks helped the author to determine contextual features and adaptations, coming from both user and provider worlds, particularly at all levels (macro-meso-micro). This investigation and discussion of contexts and adaptations was based on critical realism as a paradigm; a shift from investigating not just events but also mechanisms in an attempt to identify the realities or contextual features that have a causal effect on adaptations to service designs, as well as on service users' themselves (Bhaskar, 1998).

In this chapter we have identified a number of adaptations or good practices in the social support of immigrants. These developed in response to a number of contextual features or mismatches that are making Malta's context a particular one. At this stage, the author learnt that despite no formal integration programme, participants – both service providers and immigrants – can be described as agents of integration in the way they chose to interact with different organisations, resources and socio-cultural structures. The data was collected while applying the HELGAS Rating scale during 13 one-to-one meetings with service providers involved in the social support of immigrants and 3 focus/interview groups engaging 15 participants. The findings were presented under the principles of convergent parallel design, emanating from the mixed method approach.

Tables 5.15 and 5.16 group the average totals as per each dimension, both for statements addressing participants in their capacity as service providers and as users' proxy views. In

general participants rated Access and Entitlement as the dimension which is being best applied, followed by Cultural Sensitivity which was rated as decent. Holistic and Evaluation practices were deemed as in need of improvement. It seems that when answering statements from users' proxy views, thus entering immigrants' shoes, participants sometimes had a change of heart. These dichotomies were noted in the dimensions of Participation and Interagency Collaboration. Whilst for Participation, participants rated its application as exceeding expectation, they changed their version when answering the second set of statements, and asked for a lot of improvement. As regards Interagency Collaboration, participants claimed that services needed improvement, but then said that it was of a decent level. These changes could have resulted from the Adaptations Questions that the author asked during each dimension, thus making participants more aware of the realities of their contexts and respective adaptations.

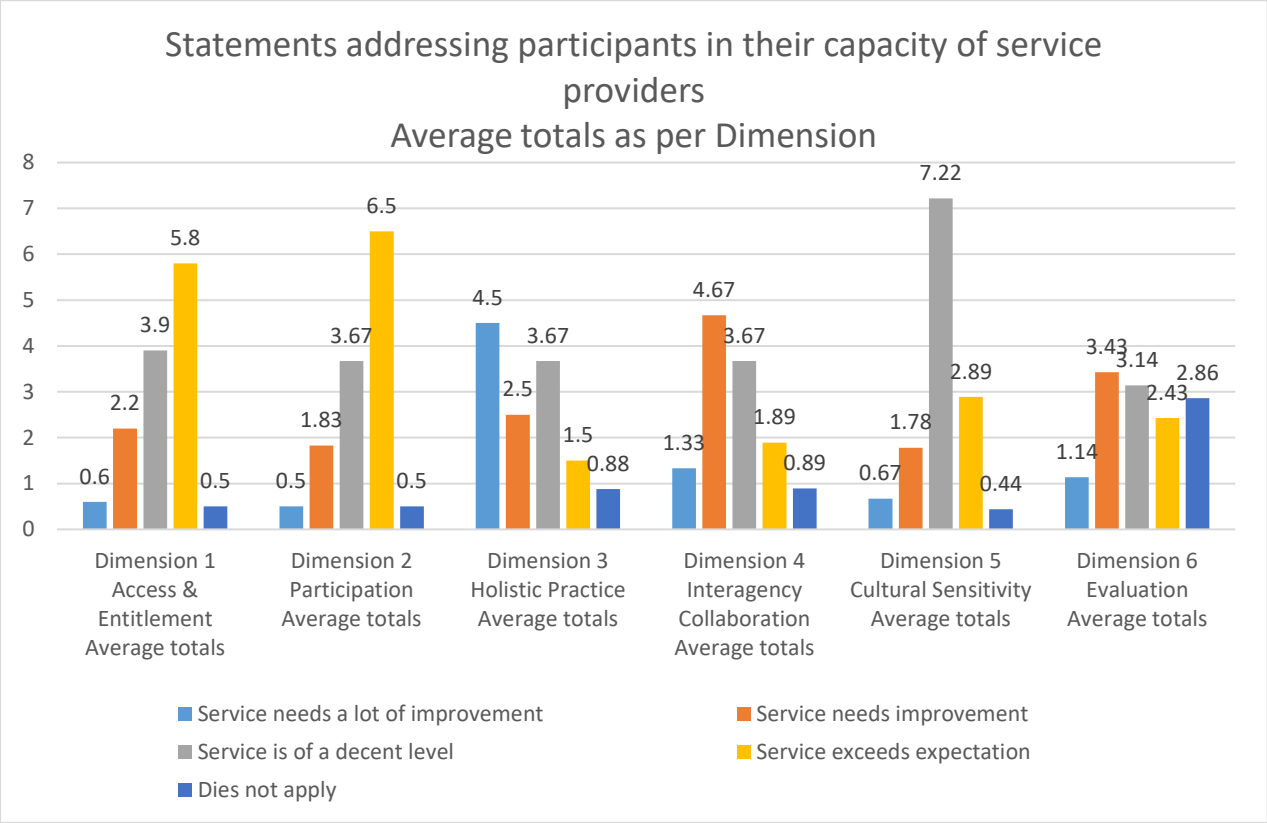

Table 5.15. Average totals as per Dimension – Statements addressing participants in their capacity of service providers

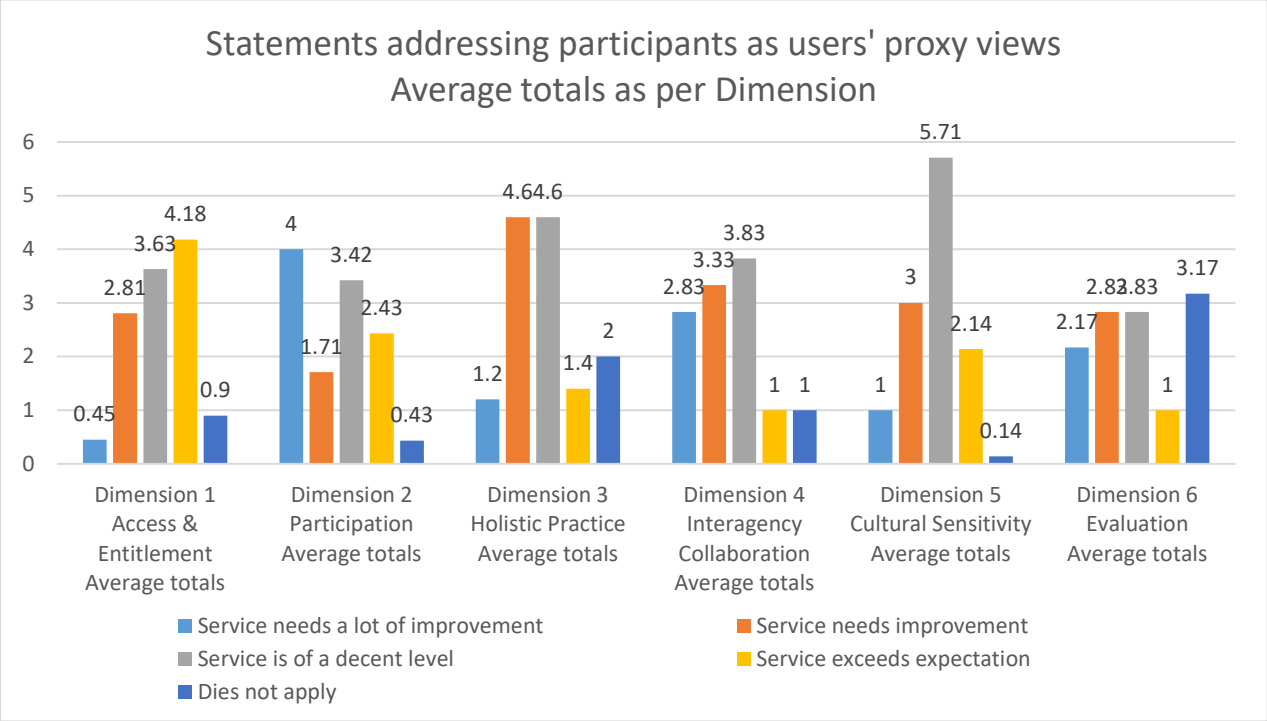

Table 5.16. Average totals as per Dimension – Statements addressing participants as users' proxy views

The positive results in Dimension 1 could be related to the many adaptations applied by service providers. Despite inadequate service design and newness of users' culture, on the one hand public mainstream services were closing an eye and allowing immigrants to access services that they were not entitled to. On the other, at a face-to-face level, migrant-specialised organisations were more flexible and creative. In Dimension 2, quantitative results showed how notwithstanding that service providers are doing their best to encourage immigrants to participate in service provision, services still need a lot of improvement. One of the main contextual features was immigrants' challenging attitude to participation in service provision. Service providers adapted to this reality by encouraging immigrants to volunteer and form groups.

When answering the HELGAS Rating Scale, participants asked for improvement in the way they are applying Holistic Practices (Dimension 3). One of the main contextual features that is limiting such practices is limited resources. Adaptations focused on meeting the needs of the most vulnerable by means of prioritisation of resources or other strategies that attempt to complement resources like encouraging professionals to volunteer and tapping EU funds. Needs assessments, as the first stepping stone to holism, were carried out in realities where not all requests could be met. The idea of migrants' mainstreaming emerged as a strategic direction to enhance holism in service provision, whilst accompaniment practices helped service providers better understand users' needs.

Interagency Collaborations (Dimension 4) were described as adaptations, as these serve as solutions or responses to the context. In our case, contextual features included work overload, a lack of human resources and time for planning, thus pushing service providers to collaborate in various ways. The majority of collaborations were formative ones, followed by reactive and informal collaborations. Moreover, it emerged how the government could possibly be an agent for more collaborations. As for Dimension 5 – Cultural Sensitivity – participants claimed that services have decent levels of cultural sensitivity, amid contextual features limiting its application like a lack of cultural mediators. Many organisations, mostly migrant-specialised, were aware of the importance of sensitive practices. Various adaptations were noted such as prioritisation of cultural mediators' work and accompaniment of the most vulnerable. Through accompaniment, providers spent time to understand immigrants' needs, including their cultural ones, thus helping them during the integration process. However, the author learnt how easy it is to fall into stereotypical behaviours, even for the most senior and experienced professionals, who themselves presented commendable examples of cultural sensitivity practices.

Finally, in Dimension 6 on Evaluation, service providers acknowledged the need for improvement in the way services are carrying evaluation. The majority undervalued the benefits of evaluation and only a few had dedicated funding for independent evaluations, whilst some participants stereotyped immigrants as unable to carry out evaluation. These were the two main contextual characteristics. Service providers adapted by carrying internal evaluations, possibly by service providers themselves, and applying evaluation when benefiting from EU projects, since this is either mandatory or if included at proposal stage makes the project more eligible for funding.

Arguing from a user perspective there were a lot of characteristics that service providers need to take note of, as these lead to adaptations in service designs. One of the main features was immigrants' low contact with service environments. One can say that their only contact with service providers was either in open centres or when facing crisis. However, there were reports of others living in at-risk-of poverty conditions and attending one of the few 'drop-in-open-door' centres on the island, asking for practical help. Immigrants perceived a lack of information on their entitlements and on accessing mainstream services. In fact, they were turning to their social networks to access services. Moreover, their experiences with service providers were mixed.

On the whole, immigrant participants explained how they are feeling well in Malta, though service providers said many immigrants perceive Malta as a transit country and appear to be saving money to return to their families in countries of origin. However, there are others who adapted in many ways to live independently in the community with little to no formal help. In fact, the author noted various types of users' active and passive adaptations that are contributing

towards their integration and autonomous living in the community. All these are interesting instances of users' adaptation that will be extensively discussed in the next chapter.

Many reported how they desire a place where they can find help and be more respected for who they are. Their families are quite patriarchal, and this is affecting the families' decision–making process. However, they value their involvement in service provision. Of particular significance is the disclosure of their unhealthy living patterns, such as working long hours, eating unhealthy food, immigrant women entering in relationships of convenience to get out of detention and the practice of genital mutilation; features that call for more efforts from all of us involved in the social support of immigrants. Some immigrants showed high levels of non–blaming attitudes, despite experiencing prejudices by mainstream service providers and landlords who take advantage of immigrants' vulnerable situations.

Many immigrants expressed their wish to learn more, despite this being the first time that someone had asked for their opinion. There were few immigrants who involved themselves in service provision, like cultural mediation or translation. Some immigrants were afraid to express themselves and did not know how to speak and write in English. The need for more information on integration, particularly before leaving the open centre, was felt strongly during focus/interview groups.

In the next chapter we will find the main overarching contextual features and adaptations, giving particular attention to the four focal social support areas through convergence and comparing sources of data. Moreover, keeping in mind the critical realist approach of this thesis, we also try to make sense of these realities, giving particular attention to structure and agency, in order to dig under the surface and answer the research questions.

CHAPTER SIX – Discussion (Part 1) – Service providers' and immigrants' answers within a challenging context

6.1. Introduction

The aim of this chapter is to discuss and interpret the primary findings in an attempt to answer our research questions. This chapter is to focus on the first two research questions, whilst the third question is to be addressed in the next one. The research questions of this endeavour are:

Q1. What good practices in the social support of undocumented immigrants [with a focus on the four focal social support areas] were adapted to the Maltese context and how were they adapted?

Q2. What contextual features are making Malta's context a particular one, calling for particular adaptations?

Q3. What further adaptations are recommended to fill remaining service gaps or mismatches?

This chapter is divided into five parts, numbered 6.1 to 6.5. First is the present introduction. In the second part we proceed to look into Q2 (see above), that is, the question of 'what were the contextual features that served as "predisposing factors" to the needed and identified adaptations'. In Chapter 5 we had these features presented in different themes under each HELGAS Rating Scale dimension, but now these are grouped under the User and Provider worlds. This will help the reader understand how these features created a particular shape with which the service design or response had to dovetail. It is due to these characteristics that organisations kept on adapting and modifying their service designs to best help immigrants during the integration process. Lower down in this second part, links are made with the contextual features that resulted as being typical of the Maltese immigrant environment at the

end of the largely narrative literature review in Chapter 2. Then we will describe the general adaptations, their type and which organisations were more active in the application of these solutions. We shall see that adaptations were largely applied as a response to three main overarching contextual features.

In the third part of this chapter, section 6.3, the author will try to answer research question Q1, 'What good practices in the social support of undocumented immigrants [with a focus on the four focal social support areas] were adapted to the Maltese context and how were they adapted?', doing this by undertaking two new steps. First, the conceptual features and adaptations will be grouped under the *four focal components of social support*. Meanwhile, while still focusing on each group in turn, the ARC templates will be used to describe how particular adaptations were designed in order to be appropriate responses to particular contextual characteristics. It is in this section that the qualitative and quantitative sources of the data, coming from the fieldwork, are combined to strengthen the discussion. Moreover, it is compared and contrasted to the literature review, conceptual framework and author's two scientific missions. In Chapter 3 we defined social support as the information and connectedness provided by formal (government services and NGOs) and informal (family and friends) networks, through an empathic relationship, particularly during times of stress like integration. The four focal social support areas are:

1. More information on how to access mainstream service;
2. Effecting and coordinating referrals to formal and informal support;
3. Empowering to achieve autonomy; and
4. Supporting users in shaping their own life project.

Though the research questions centre around service providers' adaptations, we will dedicate the fourth part of the body of this chapter, that is, section 6.4, to immigrants' own adaptations to the new context. This section puts an interesting focus on immigrants' agency and initiative, as well as on adaptations of a more passive kind. Section 6.5 will be the chapter's conclusion.

6.2. Compiling and grouping the mentioned contextual features and adaptations

As we have seen in the findings chapter, respondents to the HELGAS Rating Scale identified a good number of contextual features characterising the Maltese environment, as well as adaptations made in response to them in their attempts to implement good practices. Even immigrants who participated in the focus/interview sessions contributed to the identification of these features. Contextual features emanate from both the qualitative and quantitative research findings and are divided in two groups, the provider and the user worlds. The provider world is characterised by features on service designs, such as practices and resources, whilst the user world is merely made of immigrants' culture, like their level of service literacy, living patterns, gender identity and patriarchal family structures. Many organisations acknowledged these features and implemented adaptations to be as congruent as possible with immigrants' needs (Pace, 2002; Watters, 2007), both with the most vulnerable and with the immigrant population in general. The identification of these features is important in our aim of context sensitive adaptations.

This means that in the period when Malta was being criticised for having no formal integration programme, there were service providers who adapted their service design and worked to achieve what we have called earlier in Chapter 2 as *de facto* integration. It is true that at time

of writing, immigrants had no formal integration programme, but conscious of the number of immigrants living autonomously in the community, instead of suspending access to and entitlement for services, service providers showed flexibility and adaptability, such as by closing an eye to allow immigrants access services beyond their statutory entitlement, a phenomenon described by the author as *reverse state of exception*. Meanwhile, equipped with limited resources, organisations, mostly migrant-specialised, helped the most vulnerable to integrate, particularly by moving away from segregated services to mainstream ones as a sign of integration. Immigrants found the support of each other as another way of accessing help during this particular process. It is around these realities that our contextual features and adaptations have evolved.

6.2.1. Contextual features related to service providers

The aim of this section is to develop a compilation of the service providers' contextual features as communicated by the respondents in this study's fieldwork. Thirteen service providers were interviewed, of whom the majority (n=6) worked for migrant-specialised NGOs, three for migrant-specialised sections within mainstream services, three for public mainstream services and one for a migrant-specialised IO. In the table below one can find their type of organisation, role or profession (table 6.1).

Migrant-specialised IO	**Migrant-specialised NGO**	**Migrant-specialised within mainstream services**	**Public mainstream services**
P6. Social worker 3	P2. Director 1 (priest) P12. Director 2 (priest) P8. Director 3 P9. Manager (pastor and lawyer) P10. Social worker 4	P1. Nurse P5. Anthropologist P7. Assistant Director	P3. Social worker 1 P4. Social worker 2 P11. Cultural mediator

	P13. Retired manager		

Table 6.1. Participants (service providers), as per genre of entity, profession and code

The service providers' contextual characteristics were mainly related to service design and policy design. Whilst policy (macro-) characteristics essentially include legislative gaps and lack of migrants' mainstreaming, such as in health care and employment, the characteristics of service design are varied. Service design is how users' needs are met through organisations' structure, practices and resources (usually at meso- and micro- levels) (Edvardsson & Olsson, 1996; Snelders, 2011).

Results in the encounter with respondents showed both positive and negative service design features. Focusing first on the positive, the reality and presence of migrant-specialised organisations, mainly NGOs and IOs, is the first helpful feature to mention. As we have seen in Chapter 5, apart from changing the service environment to a welfare mix type (5.2.2.1.4), these types of organisations complement state resources and fill gaps in service provision (5.2.2.1.6), encourage immigrants' participation (5.3.2.1), and are more sensitive with the most vulnerable (5.6.3.1). This means that they are helping immigrants to move away from segregated to mainstream services, a sign of integration. Nevertheless, the author noted other general features pertaining to many organisations, such as their efforts for more sensitivity and improvement of service provision by promoting positive relationships (5.6.3.2) and evaluation practices (5.7.3.1 & 5.7.3.2), implementation of different needs assessments (5.4.2.3), inception of collaborations to enhance resources (5.5.2.3), training (5.2.2.1.5 & 5.6.2.1.2) and where available, the involvement of cultural mediators in the multidisciplinary team (5.6.2.1.1). Table 6.2 organises these positive features in two main groups. At the end of each characteristic is the code of the Participant or Table, as per Chapter 5's qualitative and quantitative findings.

Contextual characteristics and service responses related to Service Providers

Positive features

A. The reality of migrant-specialised organisations

1. There are many migrant-specialised organisations that are complementing statutory resources and fill in gaps in service provision, in an attempt to help immigrants move away from segregated to mainstream services, a sign of integration. This is enhancing the presence of different actors, hence a welfare mix. (Tables 5.3, 5.7 & P9, P13).

2. Many organisations, mostly migrant-specialised, promote immigrants' participation in service provision, even if merely through the encouragement of group formation (Tables 5.5, 5.6 & P1, P6).

3. The practices of accompaniment and home visits are implemented by various migrant-specialised organisations, especially with the most vulnerable immigrants (Tables 5.3, 5.4 & P2, P5, P6, P9, P10).

4. Cultural sensitivity is widely practised, particularly by migrant-specialised organisations, of which the majority are NGOs (Tables 5.11, 5.12 & P1, P2, P10).

B. Their efforts for more sensitivity and improvement

5. Providers have positive relationships with users, their families and friends (Tables 5.3, 5.4 & P1, P10, P4).

6. Service providers are carrying out different types of needs assessment (Tables 5.7, 5.8 & P3, P5, P6).

7. Collaboration between organisations is quite significant, but there is room for improvement (Tables 5.9, 5.10 & P1, P6, P10).

8. When available, cultural mediators form part of the multidisciplinary team (Table 5.11 & P6, P9 P10).

9. Many organisations give considerable importance to on-going professional development (Tables 5.3, 5.5, 5.11 & P1, P3, P4, P6, P10).

Table 6.2. Positive features - Contextual characteristics and service responses related to Service Providers

However, our findings also disclosed four types of negative features. First are the legislative gaps resulting in unclear laws and lack of required migrant mainstreaming. These are followed by inadequacy of resources. This is an important characteristic which emerged quite

prominently, particularly due to immigrants' needs and a multiplicity of cultures that are sometimes too varied to manage appropriately. The author is mindful of how services not provided within resource-rich institutions or state-of-the-art organisations are less visible to planners and policy makers. This is very much similar to what usually happens in community services, which are very much praised in theory but often left starved of resources (Lewis & Glennerster, 1996). In an ideal world, services that are highly praised in theory should be encouraged at all levels for the benefit of users. As we have seen, these realities could often make service users, like immigrants, more vulnerable, due to fewer opportunities and exclusion from society and mainstream services. In fact, one of the intentions of this dissertation is to make the needs of these persons more visible in the eyes of policy-makers. The effects of inadequacy of resources range from challenges to recruit more specialised professionals like mediators (5.6.2.1.1), to limitations in the implementation of face-to-face practices (5.2.2.1.2 & 5.2.2.1.3) and availability of printed information in different languages (5.2.2.1.2). The third specific feature is the 'blame-the-culture' attitude, where it was easy, even for the most senior professionals, to stereotype immigrants (5.6.3.2.1 & 5.7.2.2). The last feature is on how many participants seemed to undervalue the benefits of evaluation (5.7.2.1.). Table 6.3 lists these features and references as per Chapter 5 findings.

Contextual characteristics and service responses related Service Providers
Negative features **A. Legislative gaps** 1. Service providers are facing unclear laws and guidelines, for example in health care and employment, and are thus unable to provide explicit information to immigrants on how to access certain services (Table 5.3 & P1, P3). 2. A generalised lack of migrants' mainstreaming, particularly adaptation of policies and services in order to support immigrants' integration at all levels (Table 5.7 & P1, P11). **B. Inadequacy of resources**

3. Immigrants' multiple needs and number of cultures often too varied to cater for in optimal manner (Table 5.3 & P3, P4, P2, P7, P6).

4. There is a lack of cultural mediators and/or translators to help immigrants engage with the new context (Tables 5.11, 5.12 & P5, P10).

5. Inadequate financial and human resources to practise holism and referral systems (Tables 5.7, 5.8 & P4, P5).

6. Inadequate resources to make available multilingual information on how immigrants can access mainstream services (Table 5.4 & P5, P7).

C. A blame-the-culture attitude

7. Despite claiming to be culturally sensitive, service providers sometimes fall in a 'blame-the-culture attitude', where they end up being judgemental and prejudiced towards immigrants' culture (Tables 5.9 & 5.10, P1, P2).

D. Some providers give insufficient importance to evaluation

8. Some providers undervalue the benefits of service evaluation and respective involvement of service users (Tables 5.13, 5.14 & P9, P2, P1).

Table 6.3. Negative features - Contextual characteristics and service responses related to Service Providers

6.2.2. Contextual features related to immigrants

Now that we have defined the characteristics of the provider world, we turn our attention on the user world, representing the immigrants as service users. It is the aim of this section to discuss their main contextual characteristics. Twelve male and three female African immigrants of adult age participated in this study. Four hailed from West Africa, while the majority came from other parts of Sub-Saharan Africa. Whilst the majority (n=14) had the status of subsidiary protection and one refused, they were all living independently within local communities.

Immigrants' contextual characteristics can be conveniently divided in two. The first group describes their experiences with service providers, whilst the second is on their life in the community. The first group is characterised by immigrants' limited contact with local service

environments, specifically by *lack of service literacy* (5.2.2.4.1). The author has been inspired by the WHO's definition of health literacy, describing the skill and ability of persons to gain access to, understand and use information to maintain good health (Nutbeam, 2000). Similarly, *service literacy* is the capability of a person to access mainstream services by means of information in order to keep an adequate level of welfare. Interestingly, one can say that interviewed immigrants' main contact with service environments was when they were living in open-centres, revealing the relevance and potential of these centres in their mission of being springboards to integration.

In fact, the meeting with the author was described by research participants as the first time that someone had asked for their opinion on service provision (5.3.2.4.2). Immigrants participating in the focus/interview sessions reported mixed experiences with service providers, and this is the second type of feature (5.2.2.4.4 & 5.6.4.1). The third and fourth features define immigrants' overwhelming sensitivity to service providers through a non-blaming attitude and their enthusiasm to learn more on their integration journey (5.6.4.3 & 5.3.2.4.1). Table 6.4 groups these characteristics whilst referring to the research findings as per Chapter 5.

Contextual characteristics related to service users; their responses to the context
Experiences with service providers **A. Lack of service literacy** 1. Limited knowledge on access and entitlement of mainstream services (Table 5.4 & GP4, GP5, GP8). 2. Their main contacts with service environments were mostly made whilst in open centres (GP1, GP4, GP7, GP13). 3. Many immigrants are unfamiliar with western type of service environment (Table 5.4 & GP6 & P4, P1).

4. This was the first time that someone asked them for their opinion on service provision (GP6, GP13).

B. Mixed experiences

5. Immigrants had mixed experiences with service providers, like when they met sensitive MCAST lecturers or doctors, as well as when they found no mediators and were referred from one health centre to another (GP5, GP6, GP8, GP9).

C. A non-blaming attitude

6. Immigrants are not blaming anyone for sometimes experiencing prejudiced attitudes from service providers (GP5, GP6).

D. They want to learn on their integration itinerary

7. They want to learn more, such as on participative democracy and how to speak English (Table 5.6 & GP 1, GP 4, GP10).

Table 6.4. Experiences with service providers - Contextual characteristics related to service users; their responses to the context.

The second group of characteristics is about their life in the community and includes three main type of characteristics. The first is about their social network and family (5.2.2.4.3). Immigrants are helping each other and have positive relationships with their neighbours (5.6.4.2 & 5.2.2.4.3). Some have a patriarchal family structure (5.2.2.1.6), whilst others are saving money to return to their families (5.2.2.2). The second feature is about the different ways they seek help whilst the last one is on how many are experiencing the realities of poverty and living unhealthy lifestyles, characterised by promiscuity, genital mutilation (5.2.2.1.6) and poor working conditions (5.2.2.3.2). Table 6.5 provides a list of these characteristics, including respective reference sources.

Contextual characteristics related to service users; their responses to the context

Their life in the community

A. Their social network and family

1. Immigrants have close social networks, like living near each other in order to find help or accompany each other to access services (GP3, GP5, GP7, GP8, GP10, GP11, P10).

2. Immigrants have positive relationships with neighbours, but reports of abuse by landlords were noticed (GP1, GP5, GP13, GP15).

3. They are saving money to either return earned money to their families or to continue the journey to Europe (P1, P2).

4. Sometimes immigrants have a patriarchal family structure where decisions are taken by the senior male members of the family (P1, P2).

B. Living autonomously but seeking help in difficult times

5. Many are living an autonomous life and generally ask for help only in time of crisis, as when faced with destitution, whilst many repeatedly attend the few 'drop-in' centres on the island asking for practical help like assistance to pay utility bills (GP8, GP1, P2).

C. Some are living in at-risk-of-poverty conditions and unhealthy lifestyles

6. There are some who are living in at-risk-of-poverty conditions, with unhealthy lifestyles such as working long hours and eating large amounts of sugar and butter (P1, P4).

7. Promiscuity and unstable relationships were noted as a means to move out of detention or travel abroad (P1, P2).

8. There are immigrants who are still practising genital mutilation in Malta (P1).

Table 6.5. Their life in the community - Contextual characteristics related to service users; their responses to the context.

Our answering of Q2 about the 'contextual features that are making Malta's context a particular one, thus calling for particular adaptations', would not be concluded before taking a closer look and discussing all our contextual features with the ones recognised in Chapter 2, describing Malta as atypical and diverse.

6.2.3. How did respondents' views relate to the literature-based view of Malta's 'atypical and diverse' contextual features?

In the conclusion of our literature-based narrative in Chapter 2, we identified seven main contextual characteristics that described Malta as atypical and diverse (Table 6.6). What are

the similarities between these seven contextual features and our research findings as presented above and as emanating from our fieldwork?

Characteristic 1	The numbers of arrivals are far too unmanageable for the size of the island, thus resulting in a tug of war between national security and adequate social support of immigrants.
Characteristic 2	The onset of arrivals was so new and rapid that it took the country by surprise and stretched national resources. This challenged political and public opinion, amid feelings of old racist and xenophobic sentiments.
Characteristic 3	Each time that boat arrivals dwindled, this gave breathing space for planning and integration thinking.
Characteristic 4	The generous response of the third sector and their flexibility to meet immigrants' needs complemented state resources and added value to social support services.
Characteristic 5	Malta has no physical borders and all immigrants are intercepted at sea and assisted ashore. Many are given a protected status, thus remaining stuck in Malta due to the Dublin III treaty, ushering the 'immigrants-are-here-to-stay' reality.
Characteristic 6	Malta gives the impression that it is less favourable to integration, however in reality immigrants enjoy autonomy and more control over their own lives, amid reports of immigrants living in at-risk-of-poverty conditions.
Characteristic 7	Immigrants help each other, in an attempt to counterbalance the wider lack of structured and unengaging support, thus facilitating the integration process.

Table 6.6. Key contextual characteristics of undocumented immigration – atypical and diverse – as encountered in Malta (following our Chapter 2)

The first similarity is how research participants described the number of immigrants, their needs and cultures, as by far too big and varied to cater for in an adequate manner, thus stretching resources. In fact, they are giving particular attention to the most vulnerable, especially those living in at-risk-of-poverty conditions, destitution and unhealthy lifestyles, to maximise use of their resources. In our findings we have seen how despite an inadequacy of resources, organisations, many of which are migrant-specialised, implemented adaptations in their service designs to channel efforts and practices to the most vulnerable. In fact, the reality of migrant-specialised organisations and their important work is the second similarity. We

noted how these organisations, together with a few mainstream ones, in a context of ever-increasing immigrants' populations, are helping the most vulnerable immigrants to move away from segregated services to mainstream ones, part of the process of integration. This can be linked to Chapter 2, where migrant-specialised NGOs and IOs were praised for their generous response during the first years of boat immigrants' arrivals in Malta. Together with mainstream service providers, who apart from other adaptations, are closing an eye to allow immigrants to access services that they are, strictly speaking, unentitled to, they triggered what the author has called *de facto* integration. This is the fourth similarity as, though on paper Malta gives the impression that it is not so favourable to integration, there are many organisations helping immigrants in this endeavour. The fifth similarity is the corroboration of the 'immigrants-are-here-to-stay' reality, as described in Chapter 2. Immigrants seem to have adapted to the new context and many are living autonomously in Malta, though research participants revealed how there are some who still perceive Malta as a transit country. Immigrants are asking for help when facing acute crisis, whilst others are repeatedly visiting the few 'drop-in' centres on the island asking for practical help like assistance in paying utility bills. This reveals the importance of prevention through needs assessments and assistance in planning integration as early as on their arrival, particularly during the adjustment phase in the open centres. The last similarity is the way immigrants compensate for the limitations of formal services by helping each other as a means of informal support. In fact, they tend to live close to each other, acting as mediators or accompanying each other to access mainstream services, thus confirming the importance of informal social support during stressful times like integration. So yes, Malta is not only atypical and diverse in the sense of how its context evolved, but also in how the context's characteristics served as opportunities for adaptations.

6.2.4. An overarching grouping of encountered adaptations

While in the preceding parts of 6.2 the aim was to delineate *contextual features* and see them divided into groups, this section aims to group the *adaptations* that emerged from the qualitative data, mainly the open-ended section of the HELGAS Rating Scale. It is interesting to note that the adaptations can largely be seen as a response to three main overarching characteristics, which stood out importantly in the previous sections. These comprise:

- legislative pitfalls,
- inadequate resources, and
- immigrants' culture.

From our findings one can observe that the majority of organisations participating in this study acknowledged these contextual features. In fact, we shall here see that the majority of adaptations were applied in response to these three overarching characteristics. This is of utmost importance, as one of the most challenging concerns of service design is the response to particular contextual features, providing context-sensitive-solutions.

Migrant-specialised organisations were the most active in the implementation of such adaptations, confirming their role in helping immigrants move from an unintegrated (segregated, marginalised or separated) state to a more integrated one. In fact, migrant-specialised NGOs carried out 21 adaptations, followed by 15 and 4 adaptations by migrant-specialised sectors within mainstream services and migrant-specialised IOs respectively. Public mainstream services were responsible for 4 adaptations. In the next sub-sections, the reader is presented with a brief description of all the adaptations, grouped under the three overarching contextual features. More discussion will follow, as many of these adaptations are

related to our four focal social support areas. Therefore, many will be further evaluated by means of the ARC template.

6.2.4.1. Adapting to legislative weaknesses

Legislative pitfalls in immigrants' access to health care and free employment were a major concern for service providers. Participant 1 revealed a striking adaptation where mainstream service providers are overruling the law in favour of immigrants' support. They are closing an eye to allow immigrants to access services beyond their statutory entitlement, a phenomenon described by the author as *reverse state of exception*.

6.2.4.2. Adaptations to inadequate resources

Service providers showed remarkable levels of adaptations in the face of lack of resources, thus triggering myriad adaptations. For instance, due to finite resources, three migrant-specialised organisations (P7, P8, P10) tapped EU funds to publish multilingual leaflets and carry out service evaluations. Similarly, a director of a migrant-specialised NGO revealed how many organisations applied for external funding to run temporary projects that potentially offer more holistic support, a phenomenon described by the author as a *project-based approach* (P8).

Inadequate resources led many organisations (P1, P4, P5, P6, P9, P13) to prioritise resources following immigrants' needs assessment, in order to channel resources and practices, like allocation of cultural mediators, home visits and accompaniment, to the most vulnerable. Lack of translators and mediators directed two organisations (P2, P10) to informally collaborate and attend ward rounds at the mental health hospital without any scheduled meetings to help immigrants through cultural mediation. Such an informal arrangement was also available for

the sharing of multilingual information. Two migrant-specialised organisations (P6, P11) also acknowledged the lack of mediators, and are encouraging immigrants to volunteer as cultural mediators as well as in the day-to-day running of the organisation dude to shortness of resources and the need to involve immigrants in service provision.

Poor resources are also limiting practical help; therefore, a social worker (P4) working in a mainstream area is encouraging donations to help immigrants living in at-risk-of-poverty conditions. Finite resources forced different organisations (P1, P4, P8, P10) to formally collaborate together, particularly in the organisation of training, more holistic practices, migrant mainstreaming, follow-ups and referrals. Moreover, in light of expensive third-party service evaluations, some organisations (P5, P8, P10) carried out internal evaluations by service providers themselves.

6.2.4.3. Adapting to immigrants' culture

Conscious of the gender imbalance amongst immigrant women and patriarchal family structures, a mainstream service provider (P3) and a migrant-specialised NGO (P2) are making efforts to book gender sensitive cultural mediators, thus helping immigrants to engage more comfortably with the new context, whilst using discretion in involving immigrants' family and/or friends. When faced with challenging situations, like complex family reunification or destitution, different organisations (P2, P3, P6, P7) reactively collaborate together to find the best solutions. In view of their challenging working schedules, family commitments, unhealthy lifestyles and patriarchal family structures, migrant-specialised organisations (P1, P8, P10, P3) are planning group sessions outside normal office hours. In these sessions, immigrants share experiences and information, as a means of empowerment during the integration process. Also challenging is their participation in service evaluation, and a specialised organisation (P10)

therefore implemented a programme evaluation in the immigrants' mother tongue instead of the standard English, to encourage participation.

Similarly, two migrant-specialised organisations (P2, P9) recognised the living patterns of immigrants and their lack of service literacy, and therefore adapted their service design to a 'drop-in-open-door' type of service provision where no booking is necessary. Two migrant-specialised organisations (P6) were concerned about their poor working conditions, making it difficult for users to attend referrals and appointments. They therefore set up a common referral calendar system to encourage attendance. Three service providers (P4, P5, P9) reported that to better understand immigrants' culture and needs, and make the best use of finite resources, service providers are spending time with the most vulnerable immigrants.

6.3. Drawing the threads together: Which adaptations were implemented within each of the four focal social support areas and in response to which contextual features?

Now that we have seen all the contextual features and adaptations which respondents mentioned as having been implemented, it is time to turn our attention to our research question Q1 in an attempt to answer it: What good practices in the social support of undocumented immigrants [with a focus on the four focal social support areas] were adapted to the Maltese context and how were they adapted? The four focal social support areas are:

1. More information on how to access mainstream service;
2. Effecting and coordinating referrals to formal and informal support;
3. Empowering to achieve autonomy; and
4. Supporting users in shaping their own life project.

The aim of this third part of this chapter is to develop an analysis by merging and comparing the qualitative and quantitative findings related to the four focal social support areas. Whilst discussing the specificities of each area's contextual characteristics and adaptations, comparisons will also be sought with the literature review, the conceptual framework and the author's visits to Rome and Reggio Emilia. In line with ARC (Adaptive Remodelling for Congruence), after each analysis, the author will also provide an adaptation table, using the ARC template, comparing exemplary concepts of good practice and Malta's immigration context. In these tables, the author is to systematically analyse the context in a multi-level manner, and check how practices were remodelled or tweaked to fit with the new environment.

It is worth remembering that, in our conceptual framework, we identified an adaptation as a service design or solution that was partly imitated and partly modified from another context, usually another country context, so as to fit with a contextual characteristic of the second or receiving context. It emerged in the present research that none of the respondents, in explaining their efforts to carry out good practices in the Maltese context, explicitly pointed to a different country context which was taken as a model for such policy transfer. However, this did not stop many of them from identifying changes they had to introduce in their attempts to ensure that their practices were, as much as possible, good practices and more or less the best they could do within the characteristics, often the limitations, of their receiving environment.

In other words, though in describing adapted good practices, they cited no other country environment as their model, all of them had in mind a form of model practice, as it would take place in an 'ideal environment', probably implicitly taken as one where resources and know-how were 'not lacking', so that one could put in place services in line with standard good

practice as often encountered in the conventional literature. Adaptation from this ideal or standard practice, on the other hand, was necessary for service model transfer to contexts that were 'untypical and diverse'.

We have been concentrating, since the beginning of Chapter 5, on *adaptations that have happened*. Through the present chapter we are moving from the description of adaptations as they were presented in response to the HELGAS rating scale, to their division under certain groupings, but also to their explanation in terms of the contextual characteristics in response to which they were shaped. In this third part of the chapter, ARC templates will be used to pin-point and explain mentioned adaptations to context. However, as we said, we shall not be seeing the respondents describing an identified 'country of origin' of the good practice transferred, but seeing it as an adaptation of what happens in an environment deemed to be 'ideal' or 'standard'.

6.3.1. Focal Support Area 1: Providing information on how to access mainstream services

Information on how to access services, which comes from both institutions (formal) and community/family and friends (informal), is one of the main objectives of social support (Berry, 2005; Schaefer et al., 1981; Thompson, 1995). This is of utmost importance, since the provision of information contributes to the empowerment of persons (Renn & Schweizer, 2009). In Chapter 3 we learnt how during integration, immigrants are expected to acquire information and knowledge on how to live in a receiving society (European Forum for Migration Studies INTPOL TEAM, 2006, p. 9). In this section we will focus on the respondents' observations on the formal provision of information, particularly on accessing mainstream service. As we have seen in Chapter 2, since the arrival of the first immigrants in

Malta, studies have continued to reveal immigrants' lack of information on how to access mainstream services (Annual Report of 2010-2011; Leone Ganado, 2017; aditus foundation et al., 2015; Camilleri & Zammit, 2012). Even our qualitative and quantitative findings revealed similar results.

The majority of interviewed immigrants explicitly declared that they lacked information on how to access mainstream services (5.2.2.4.1). Not all participants knew how to access help or find professionals like cultural mediators and/or translators who could provide information on services (5.2.2.4.1). During the sessions with immigrants, participants recalled how, whilst in open centres, they were given information booklets in English, mainly on their rights, open centres' regulations, services and bus routes (5.6.4.1). Quantitative results showed that the majority of service providers who answered the HELGAS Rating Scale claimed that the information provided in leaflets and online needed improvement (Table 5.4). Quantitative results also showed that participants believed that more must be done to empower immigrants by means of direct information like how to access mainstream services (Table 5.6).

Communication is essential in providing information to immigrants. This can be linked to Chapter 3, where we emphasised how communication with immigrants was amongst the main objectives of Reggio Emilia's (RE) Migrant-Friendly Hospital (MFH) project, particularly the availability of copious multilingual printed information (Chiarenza et al., 2005). During his visit in RE the author could note the wide availability of multilingual information, like menus, leaflets on medical procedures, consent forms and hospital signs. However, from interviews with research participants in Malta, the lack of multilingual leaflets was evident (Table 5.4,

5.2.2.4.1). The other objectives of the MFH, mainly the role of cultural mediators and migrant-friendly training, are linked to the fourth focal support area.

Another contextual feature that is making the provision of information on mainstream services rather ambiguous are unclear guidelines emanating from legislative pitfalls (5.2.2.1.1). While quantitative results showed how service providers wanted their services to be improved in the way they translate their statutory obligations at a face–to–face level (Table 5.3), the qualitative findings explored this in more depth. Participants identified policy areas such as health care and employment that are in need of clearer directions to facilitate referrals and immigrants' mainstreaming, resulting in better access and entitlement to services (5.2.2.1.1).

Moving on to the users' contextual characteristics that could trigger adaptations, similar to Chapter 2, participants confirmed that immigrants' countries of origin could have different types of service environments (Walraven & Melber, 2007; 5.5.2.3.4 & 5.6.3.2). In fact, we learnt how immigrants are unfamiliar with the western type of service environments and respective discourse and behaviour, like saying 'sorry and thank you' and waiting in a queue (5.6.4.3). Some do not speak or read English and Maltese (5.7.4.1). Moreover, immigrants need time to build a relationship with service providers. This further reiterates the need for clear information on accessing mainstream services.

6.3.1.1. Adaptations related to focal social support area 1, 'more information on how to access mainstream services'

The five main adaptations of our first social support area involved both mainstream and migrant-specialised organisations. Adaptations ranged from complex ones to simple

adaptations. The inclusion of simple adaptations was purposefully included by the author to show how sometimes even the simplest and most inexpensive yet practical and valuable adaptation can improve service design. The adaptations are:

1. Applying a reverse state of exception by overruling the law in favour of immigrants' help;
2. Sharing general information leaflets printed by mainstream services and IOs;
3. Tapping EU funds to print "not just [core] services, but all immigrants' services in Malta";
4. Organising group sessions outside normal office hours to encourage sharing of information on how to access mainstream services; and
5. Changing the service design to a 'drop-in-open-door' type of service provision.

6.3.1.1.1. Applying a reverse state of exception by overruling the law in favour of immigrants' help

Both in Chapter 2 and the Findings Chapter we have seen how, in health care, immigrants do not have the same rights as Maltese (HUMA, 2010, p. 95; 5.2.2.1.1). Additionally, there is confusion over whether immigrants should pay bills for accessing acute health care or not (5.2.2.1.1), thus creating a fear of the unknown, leading to possible barriers to accessing health care services. One has to keep in mind that acute health care encompasses a range of critical clinical services that are needed to rapidly address sudden or unexpected, sometimes serious conditions (Hirshon, Risko, Calvello, Stewart, Narayan, Theodosis & O'Neil, 2013).

Such confusion can be linked to what the author observed during his scientific mission in Rome, where uncertainties from an unapproved law requiring health care professionals to report irregular immigrants to police created barriers to access. This required organisations like

the National Institute for Health, Migration and Poverty (NIHMP) to adapt to this new context, such as by running big prints over each office and clinic to welcome and encourage immigrants accessing services. Similarly, in Malta, we noted another striking adaptation, where despite not being entitled to acute health care, professionals are allowing immigrants to access this type of care without enforcing payment of bills.

Another adaptation, this time in the local employment field, was also noted, whereby a law necessitating immigrants to pass a labour market assessment is being applied loosely. However, this could possibly channel immigrants and their employers to dangerously override the system (5.2.2.1.1), amid a lack of information on where immigrants can go to ask about work conditions (5.2.2.4.1). In a labour market situation where more workers are needed to balance labour demand and supply (National Statistics Office, 2016), it is essential that policy makers and service providers facilitate immigrant workers' welfare, including through the provision of information on working conditions (JRS-Malta, Aditus & Integra Foundation, 2016, p. 26).

One can note that these legislative gaps could be the result of governments fearing a crisis or an 'invasion' situation (in some literature, particularly in France, it is described as the invasion syndrome (Longhi, 2013)) due to large numbers of immigrants that could challenge national health care resources and the local employment scenario. This means that when other countries were suspending access and entitlements due to the large number of immigrants - a phenomenon described by Agamben (as cited in Watters, 2007, p. 181) as a 'state of exception' and referred to earlier in Chapter 3 - in Malta we noted how service providers were reversing this concept. Instead, they are closing an eye to overrule the law in favour of extending help to immigrants. Hence, the adaptations whereby service providers break the rules by being

generous are described by the author as *reversed state of exception*. These adaptations can be linked to Watters' first dimension of good practice on access and entitlements, where service designs and providers should facilitate access to mainstream services. Table 6.7 evaluates the context and our first adaptation within the ARC conceptual framework.

Common Issue/Need /good practice concept	**Provision of service information to inform service users from different cultures.**	
Which context	**Exemplary contexts of good practice**	**Malta immigration context**
Contextual Characteristic/s	Adequate legislation that guarantees same rights between locals and immigrants to allow same access to health care and employment. Clear laws that help service providers to better translate statutory obligations at a face–to–face level by means of direct information and referrals on how to access mainstream services.	Immigrants and number of cultures often too big, thus possibly leading policy makers to fear an 'invasion', thus restricting or prohibiting access to acute healthcare and employment.
Implemented Service/ Policy Solution	Immigrants living in the community should have same rights to access health care and employment as Maltese, thus leaving no room for discretionary practices and more space for direct information on how to access services.	Service providers (public mainstream) are breaking the rules by being too generous. They are closing an eye and overruling the law in favour of immigrants' help by allowing access to acute care without enforcing payments and to work freely by loosely applying a law necessitating immigrants to pass a labour market assessment. This is a phenomenon described by the author as *reversed state of exception.*

Table 6.7. Adaptation 1 - Provision of service information to inform service users from different cultures.

6.3.1.1.2. Sharing general information leaflets

Despite quantitative results showing how the majority of participants asked for improvement in interagency collaboration (Table 5.9), a director of a migrant-specialised NGO was

collaborating with other organisations to share available leaflets (5.5.2.3.3). We could link this to Watters' fourth dimension of interagency collaboration, but also to access and entitlement through the provision of information, as defined in Chapter 3. Despite being an inexpensive adaptation, it is an informal collaboration, as even in the absence of official agreements, there were efforts at a face–to–face level to meet immigrants' needs (Watters, 2007). According to Watters (2007), interagency collaboration, like the one referred to in this example, offers more opportunities and less duplication of work. Not all organisations are able to print multilingual leaflets, as according to Participant 7, publication of leaflets is rather expensive (5.2.2.3.2). According to qualitative results, only a migrant-specialised IO reported no problems in printing multilingual information (5.2.2.1.2). This service provider did not succumb to the reality of lack of resources and, in an inexpensive way, found an adaptation to better meet users' needs. In Adaptation Table 6.8, one can find an evaluation of this simple good practice.

Common Issue/Need /good practice concept	**Provision of service information to inform service users from different cultures.**	
Which context	**Standard and exemplary contexts of good practice**	**Malta immigration context**
Contextual Characteristic/s	High level of resources available, numbers of immigrants or represented cultures more or less manageable.	Limited resources, immigrants and number of cultures often too big and varied to cater for in optimal manner. Inadequate resources to publish multi-lingual leaflets.
Implemented Service/ Policy Solution	Organisation itself produces multilingual leaflets with the help of cultural mediators and/or translators.	A migrant-specialised organisation sharing leaflets published by other organisations.

Table 6.8. Adaptation 2 - Provision of service information to inform service users from different cultures.

6.3.1.1.3. Tapping EU funds to print "not just [core] services, but all immigrants'" services in Malta

In view of the expenses related to publications, a migrant-specialised section within a mainstream organisation is tapping EU funds, like the European Refugee Fund (ERF), to print multilingual information leaflets. In Chapter 2 we noted how one of the European solutions to help Malta deal with the mass arrivals of undocumented immigrants was financial aid. Aware of these funds and conscious of how these can address inadequacy of local resources, Participant 7 applied to get additional funds in order to draft and publish multilingual booklets. This adaptation can also be linked to Watters' interagency collaboration. Interestingly, this organisation had already published booklets on the asylum process in different languages (5.2.2.3.2). However, and this is the most important adaptation, with the publication of these new booklets, the organisation was going out of their way to include not just their core services, but all immigrants' services in Malta, including immigrants' respective entitlements and how to access services (5.2.2.3.2) (see Adaptation 3 in Table 6.9.).

Common Issue/Need /good practice concept	**Provision of service information to inform service users from different cultures**	
Which context	**Standard and exemplary contexts of good practice**	**Malta immigration context**
Contextual Characteristic/s	High level of resources available, numbers of immigrants or represented cultures more or less manageable.	Limited resources, immigrants and number of cultures often too big and varied to cater for in optimal manner. Inadequate resources to publish multilingual leaflets.
Implemented Service/ Policy Solution	Produced material is funded by organisations' and entities' own normal funding.	A migrant-specialised section within a mainstream organisation is tapping EU funds (like European Refugee Fund) to publish multilingual booklets. However, these will not only feature their own core services, but all immigrants' services in Malta and

	respective access and entitlement. Maltese entities often depend on EU funding for the production of information material.

Table 6.9. Adaptation 3 - Provision of service information to inform service users from different cultures.

6.3.1.1.4. Organising group sessions outside normal office hours

In the Findings Chapter we learnt about the challenges of involving immigrants in group sessions, especially Somalis, Eritreans and Ethiopians (5.3.2.2), particularly due to their living patterns, like having unstable and long working hours (5.2.2.3.2). This is similar to the situation noted in Chapter 2.5.1. Immigrant women also face a lot of particular challenges that could hinder their participation in these groups, like familial commitments, lack of awareness and dominant male partners who can interfere in the decision-making process (5.2.2.1.6). Similar findings on gender imbalance were revealed in Chapter 5 by Chiarenza et al. (2005). The above qualitative findings are corroborated with quantitative findings, where the majority of service providers responded that they promoted the formation of groups and councils in practice (Table 5.5). However, when entering immigrants' shoes, it seems that they had second thoughts, and asked for improvement or, at best, claimed that such services are of a decent level (Table 5.6).

A migrant-specialised and a public mainstream organisation adapted their service design for flexibility, and organised group sessions outside normal office hours. The aim of these sessions was to encourage immigrants' participation in sharing experiences and promoting formal and informal channels for the feeding and dissemination of information, thus linking it Watters' first, second, third and fifth dimensions of good practices dealing with access and entitlement, participation, holism and cultural sensitivity respectively.

Participant 1 declared that she organised group sessions according to immigrants' needs, requests and living patterns (5.2.2.3.2). Participant 3 revealed how some mainstream services, working in places where the immigrant population is on the rise, were organising group sessions in a more flexible way, thus encouraging participation (5.4.2.3.4).

Nevertheless, despite these adaptations, during a focus/interview session, an immigrant declared that immigrants are never approached to form groups (5.3.2.4.1). This could show the need to internalise the planning of group sessions as an empowering tool to help immigrants participate more, and to understand how to access mainstream services during the integration process (see Table 6.10).

Common Issue/Need /good practice concept	**Provision of service information to inform service users from different cultures.**	
Which context	**Standard and exemplary contexts of good practice**	**Malta immigration context**
Contextual Characteristic/s	High level of resources available, numbers of immigrants or represented cultures more or less manageable.	Limited resources, immigrants and number of cultures often too big and varied to cater for in optimal manner. Immigrants' long working hours make their participation in sessions during office hours impossible to attend. Poor turnout of women attending sessions. Barriers hindering access to group sessions, such as patriarchal family, familial commitments, lack of awareness on benefits of sessions.

Implemented Service/ Policy Solution	Organisations manage to promote and sustain migrants' groups and councils, that constitute and promote formal and informal channels for the feeding and dissemination of information, often featuring regular scheduled sessions.	Two organisations are planning group sessions at times and settings that fit with the challenging work schedules of immigrants, but also giving particular attention to immigrant women. In these sessions provision of service information is shared to inform immigrants coming from different cultures.

Table 6.10. Adaptation 4 - Provision of service information to inform service users from different cultures.

6.3.1.1.5. Changing the service design to a 'drop-in-open-door' type of service provision

The last adaptation of our first main focal social support area involves two migrant-specialised NGOs. Conscious about the lack of centres where immigrants can access information without booking an appointment, but also where to find practical help, these two organisations changed their service design to a 'drop-in-open-door' type of service provision. The particularity of these centres is that no appointment is needed to access help, and many use these centres to access information (5.2.2.3.3). A link can be made with what the author experienced in Rome's NIHMP. As explained in Chapter 3, this migrant-specialised organisation also changed their service design to a 'drop-in-open-door' one, with the aim of abolishing waiting lists and improving accessibility to the most vulnerable (Vietti et al., 2012, p. 299). Whilst visiting this centre, the author could appreciate the effectiveness of such a service design.

Due to the nature of their work, characterised by unstable and seasonal employment (Caruana, 2016), immigrants find these centres more suitable. As they try to grasp all employment opportunities, it is very challenging for them to keep scheduled appointments. It seems that immigrants therefore prefer to 'drop-in' for help when they have available time and when

needed. This adaptation can be related to Watters' third and fifth dimensions of good practices, in view of its holism and sensitivity, as well as to the access and entitlement dimension.

Whilst replying to the HELGAS Rating Scale open-ended section, Participant 2 declared that there are few centres with such a service design (5.2.2.3.3). One such place mentioned is a place immigrants visit to access different types of practical help, including information on how to access mainstream services (5.2.2.3.3). This is a type of service where no booking is necessary and service providers are there to give support throughout the integration process. This is also in line with the Jesuit Refugee Services project – Malta mentioned earlier in Chapter 2, where 37% of immigrants who used to live in the community and participated in the project asked for a place where they can access information on mainstream services without barriers (Camilleri & Zammit, 2012, p. 24).

Another similar adaptation came from Participant 9. His organisation had an idea to change the service design and open their doors for help with no need for appointment. He declared how they planned a one-stop-shop where information is given to immigrants, while also carrying out needs assessments and referring to mainstream counterparts for further help when necessary (5.4.2.5.3). One can say that these centres or adaptations can serve as a response to immigrants' plea for adequate places "where they can speak to someone for help" as "they do not know where to go" (5.3.2.4.2).

However, it is important to note how further qualitative results showed that one of the two organisations adopting this type of service design fell in a 'blame-the-culture' attitude, possibly due to an incongruence between immigrants' requests and the organisation's resources. The

service provider explained how there were times when immigrants kept on asking for financial help or to pay utility bills, as they wanted to save money for their families abroad or to move away from the island (5.2.2.2). Given that a 'drop-in-open-door' design facilitates access because of its no-booking system, the author got the impression that such a model has to be either adequately resourced, or centres have to well-organised and distributed across the island in order to deal with requests in a structured and orderly manner. Otherwise service providers could be inundated with requests, leading to work overload or a 'blame-the-culture' attitude. Table 6.11 groups adaptation number 5 and its contextual features.

Common Issue/Need /good practice concept	**Provision of service information to inform service users from different cultures.**	
Which context	**Standard and exemplary contexts of good practice**	**Malta immigration context**
Contextual Characteristic/s	High level of resources available, numbers of immigrants or represented cultures more or less manageable.	Limited resources, immigrants and number of cultures often too big and varied to cater for in optimal manner. Immigrants seem to prefer unscheduled appointments due to unstable and seasonal employment that makes scheduled visits problematic.
Implemented Service/ Policy Solution	Organisations that are available to help immigrants coming from different cultures through the dissemination of information.	Two migrant-specialised organisations changed their service design to a 'drop-in' type where no booking is necessary, thus helping immigrants to get information whenever they need.

Table 6.11. Adaptation 5 - Provision of service information to inform service users from different cultures.

6.3.2. Focal Support Area 2: Effecting and coordinating referrals to formal and informal support

The second focal support area is how service providers affect and coordinate referrals to formal and informal support. After defining this focal support area, our aim is to analyse its contextual characteristics and respective adaptations with the help of the ARC template.

In Chapter 3 we discussed how referral and its coordination is an important aspect of social support as it facilitates social connectedness both with formal organisations and informal help (Stewart et al., 2010; Valtonen, 2008). Watters (2007) explains how the identification of a key person responsible for the coordination and accompaniment of these referrals is of utmost importance in order to enhance the benefits of such a practice, especially through its connectedness. For instance, in Chapter 3 we learnt how at Rome's NIHMP, key persons like cultural mediators are responsible to coordinate referrals and accompany users in accessing mainstream services (Morrone et al., 2009). As we have seen in Chapter 3, even Watters and Hossain (2008, p. 36) speak about a key person in charge of coordinating referrals and accompanying users accordingly. By accompaniment, we are referring to the more literal meaning of going or being present with the client when a new helper or organisation is referred to and/or first met. This means that the coordination of referrals and accompaniment are close practices that could help vulnerable immigrants during their integration process, whilst enhancing continuity of support (Landuzzi & Pieretti, 2007). Moreover, Watters (2007) links this to holism, as referrals can help immigrants to meet needs in a more holistic way, thus becoming empowered to decide for themselves, thereby increasing personalisation.

So what were the contextual features that affected our second main focal social support area? In the Findings Chapter, the HELGAS Rating Scale's quantitative data revealed how the

majority of participants confirmed that accompaniment during referrals needed improvement (Table 5.8). Nevertheless, the majority acknowledged how referrals help to better meet immigrants' needs (Table 5.8). Participant 2 explained how work overload negatively impacts how organisations communicate with each other (5.2.2.1.2), to an extent that sometimes no proper documentation was maintained and immigrants personally handed in sensitive information without proper communication between the organisations (5.2.2.1.2). Whilst the latter practice could be another adaptation to inadequate resources, Participant 5 asked for better coordination of referrals to meet immigrants' complex needs (5.2.2.1.2). Once again the issue of immigrants skipping appointments due to work commitments persisted, and this is an important contextual characteristic. Participant 6 understood this and explained how sometimes immigrants need help in the coordination of appointments (2.2.3.3). Nevertheless, Participant 9 reiterated that it takes quite a long time for immigrants to build up a relationship, and therefore one has to accompany immigrants during referrals. He gave an example of how he accompanied immigrants to the employment office with his own car (5.4.2.5.1).

6.3.2.1. Adaptations related to focal social support area 2, 'Effecting and coordinating referrals'

The main adaptations to this second focal social support area are three, and the majority came from migrant-specialised organisations:

1. Collaboration between organisations to better support immigrants' referrals;
2. Setting up of a common referral calendar system to keep track of immigrants' appointments; and
3. Accompany immigrants more than once and prioritise accompaniment with the most vulnerable.

6.3.2.1.1. Collaboration between organisations to better support immigrants' referrals

The current adaptation is another case of interagency collaboration, as per Watters' definition. Participant 6, a specialised social worker working for a migrant-specialised IO, explained how, amongst other things, his organisation is formally collaborating with two other NGOs in the follow ups and referrals of immigrants (5.5.2.3.1). According to Watters (2007), a formal collaboration is when a service is planned and managed by service providers coming from different organisations. Even Participant 10, a migrant-specialised social worker, when answering the open-ended part of the HELGAS Rating Scale, explained how her organisation is collaborating with many public mainstream services, especially to follow up on immigrants after being discharged from an institution to more independent living in the community (5.4.2.1 & 5.2.2.1.2.). The main reason for these adaptations is to establish continuity of support and help immigrants follow their appointments, particularly in view of poor working conditions. These types of arrangements or adaptations are changing the service environment to one more oriented to a welfare mix, where different providers work together for the benefit of their clients (Valtonen & Matinheikki-Kokko, 2008).

Similar adaptations were seen by the author at RE-MFH. In fact, in Chapter 3, Cavazzuti (2011) explains how service providers, particularly cultural mediators of a social cooperative, regularly contacted immigrants by phone to encourage them to attend visits, thus aiming towards continuity of care. Sometimes persons' work-oriented culture could lead to impatience for quick recoveries. All this is grouped in Adaptation Table 6.12.

Common Issue/Need /good practice concept	**The need to facilitate referrals and continuity of support.**

Which context	**Standard and exemplary contexts of good practice**	**Malta immigration context**
Contextual Characteristic/s	Adequate resources to establish the necessary referral systems and procedures between organisations to ascertain continuity of support.	Referral system with limited or minimal collaborations between organisations. Users not adequately assisted because of lack of formal collaborations, amid professionals' work overload. Immigrants skipping appointments because of long working hours.
Implemented Service/ Policy Solution	A welfare mix approach, where mainstream and migrant-specialised organisations work together to coordinate immigrants' referrals and sustain continuity of help.	Four migrant-specialised organisations and a mainstream service provider were found to be collaborating to guarantee good practice in the coordination of referrals.

Table 6.12. Adaptation 6 - The need to facilitate referrals and continuity of support.

6.3.2.2.2. Setting up of a common referral calendar system to keep track of immigrants' appointments

This adaptation is another simple and inexpensive one, where the sharing of a common calendar for immigrants' referrals and appointments is serving as a practical solution in response to inadequate resources (see Table 6.13). Participant 6 explained how their organisation is sharing a common calendar with another two migrant-specialised organisations to monitor referrals and appointments (5.2.2.3.3). Moreover, these organisations are formally collaborating to carry out needs assessments of immigrants living in the community (5.2.2.3.3). Through these modest case studies, the author is encouraging service providers to think about inexpensive adaptations, as although simple, they can ameliorate service designs and thus better meet users' needs. These are adaptations related to Watters's fourth dimension of good practice: interagency collaboration.

Common Issue/Need /good practice concept	**The need to facilitate referrals and continuity of support**	
Which context	**Standard and exemplary contexts of good practice**	**Malta immigration context**
Contextual Characteristic/s	Enough resources to establish collaboration and share administrative data to facilitate referrals.	Referral system with limited or minimal collaborations between organisations. Users not adequately assisted because there is no sharing of data, amid professionals' work overload. Immigrants skipping appointments because of work commitments.
Implemented Service/ Policy Solution	Formal agreements between organisations to share administrative data and encourage continuity of help to immigrants during the integration process.	Three migrant-specialised organisations set up a common referral calendar system to keep track of immigrants' appointments.

Table 6.13. Adaptation 7 - The need to facilitate referrals and continuity of support.

6.3.2.2.3. Accompany immigrants more than once and prioritise accompaniment with the most vulnerable

As we have seen, the practice of accompaniment enhances the benefits of referrals. Participant 9, an immigrant himself and manager of a migrant-specialised NGO, argued how since immigrants take time to build relationships and get used to the system, professionals have to be flexible and accompany vulnerable immigrants several times (5.4.2.4). This is an interesting adaptation, where professionals determinedly keep on accompanying immigrants to graduate from segregated to mainstream services, as a sign of integration, but also holism and sensitivity, and to facilitate access, as per Watters' dimensions. Remarkably, the same participant declared that he used to accompany immigrants with his own car, thus spending more time counselling and building a sense of belonging and relationship (5.4.2.4). Similar determination in

accompaniment was noted in Chapter 3, where the workers of RE's Centre for Immigrant Family used accompaniment as their main service design practice, especially during referrals. We noticed how a community worker and a cultural mediator helped and accompanied a homeless immigrant with serious health problems to enter a shelter, get a health check, access social security benefits and eventually apply for employment (Table 3.1).

The practice of accompaniment during referrals was also mentioned by Participant 10, where a nurse went out of her way to accompany chronically–ill immigrants to access mainstream services, such as picking up medicines from government dispensaries (5.4.2.4). Even in this case, the practice of accompaniment during referrals is usually limited to the most vulnerable because of work overload and inadequacy of resources. The way this nurse was deployed from a government department to an NGO by a process called secondment is per se another adaptation that has to be praised. The Government of Malta has a scheme whereby civil servants can apply to work with non-governmental organisations. These retain their post with the Government of Malta, which also continues to issue their salary, imposing no costs to the benefitting NGO.

Participant 13 also explained how they focus the practice of accompaniment on the most vulnerable because of finite resources (5.4.2.5). Both Participants 10 and 13 came from migrant-specialised organisations. Table 6.14 explains all this.

Common Issue/Need /good practice concept	**The need to facilitate referrals and continuity of support**	
Which context	**Standard and exemplary contexts of good practice**	**Malta immigration context**

Contextual Characteristic/s	Enough resources to accompany all immigrants in need of help to access services, particularly mainstream ones.	Not all immigrants in need of help can be accompanied because of inadequate resources
Implemented Service/ Policy Solution	The accompaniment of immigrants to move out from segregated to mainstream services, as a sign of integration.	Three migrant-specialised organisations are prioritising accompaniment with the most vulnerable immigrants, thus being present with them when a new organisation is referred to or need help accessing a service, until they are able to access services on their own. To encourage stronger relationships, it was reported that sometimes accompaniment is done more than once.

Table 6.14. Adaptation 8 - The need to facilitate referrals and continuity of support.

6.3.3. Focal Support Area 3: 'Empowering to achieve autonomy'

Let us now turn our attention to the third focal support area. Social support is about connectedness to avoid exclusion, thus promoting relationships and empowerment. How did service providers empower immigrants to achieve autonomy, and what were the challenges? What were the adapted practices in a context that is usually perceived as being unfavourable to immigrants' integration?

In Chapter 2 we described how after precariously landing on our island by boats, many undocumented immigrants feel that they are powerless, with poor socio-economic and political control (making decisions) over their life. Nevertheless, once they are out of detention, contrary the situation in other European countries, immigrants in Malta are enjoying an autonomous life with less external control exercised over their lives (Watters and Hussein, 2008). From our qualitative research, we noted how interviewed immigrants had minimal engagement with

formal services, confirming this state of autonomy and agency. This does not mean that everyone is living an adequate quality of life, and in fact there are immigrants who need help. Qualitative findings disclosed reports of immigrants who are living in at-risk-of-poverty conditions and with unhealthy lifestyles (5.2.2.1.6) and others who turn up for help during times of crisis and vulnerability (5.5.2.4.1, 5.2.2.4 & 5.4.2.3.4). Moreover, there are immigrants who are inundating a particular 'drop-in' centre with different requests, to the extent that the participant ended up blaming immigrants' culture (5.2.2.2). This lack of engagement with mainstream services was also confirmed in Chapter 2 by JRS-Malta, aditus foundation & Integra Foundation (2016, p. 31), where immigrants were described as perceiving limited benefits from these services. This could mean that many are finding more help from migrant-specialised NGOs, as these can be more sensitive to their needs.

In fact, sensitivity is an important concept. In our conceptual framework chapter, we stressed the importance of power shifting from the provider to the user by means of sensitivity. Therefore, those service providers who keep immigrants at the centre of service provision are considered to be more sensitive and better equipped to help immigrants decide what is safe or not for them and their family, particularly during the integration process (Papps & Ramsden, 1996, pp. 491–497; Fleming & Towey, 2001, p. 3). The concepts of empowerment, agency and control over own life, where persons are able to understand and choose what is better for their lives, have direct links with personalisation of services (Lewis & Glennerster, 1996; Schaefer et al., 1981).

The HELGAS Rating Scale's quantitative data revealed how the majority of service providers who participated in this study understood the link between cultural sensitivity and

personalisation of services, whilst they claimed to practise decent cultural sensitivity (Table 5.9). However, on answering statements addressing participants as users' proxy views, once again they had a change of heart and asked for improvement in the ways they exercised cultural sensitivity skills through non–judgemental behaviour (Table 5.10). As we have seen above, these are important aspects that professionals need to take into consideration when engaging in empowerment practices with immigrants.

In the previous support areas, we took note of accompaniment and the formation of groups and councils as two practices that empower immigrants. Additionally, the HELGAS Rating Scale pointed out the home visit as a practice similar to accompaniment and the formation of groups, which, if carried out sensitively, can enhance relationships with immigrants and prevent further vulnerabilities through sharing of information and knowledge. Therefore, during integration, immigrants will be able to take the right decisions to achieve adequate levels of autonomy (Forest, 2010; Watters, 2007). However, once again, lack of resources seemed to be a contextual feature that limited these practices. In this section we will look at the adaptations of home visits and formation of groups as practices that enhance empowerment.

In our qualitative results, we noticed how service providers practised home visits and encouraged the formation of groups (5.4.2.5.2 & 5.3.2.3.2). Participant 5 said that inadequate resources hindered professionals from carrying out proper domiciliary visits (5.2.2.1.6). Furthermore, the majority of participants declared that, when appropriate, they meet users' family and friends, and even carry out domiciliary visits (Table 5.3). This means that adaptations evolved around a service design that is short of resources and where efforts are once again focused on the most vulnerable.

6.3.3.1. Adaptations related to focal social support 3, 'Empowering to achieve autonomy'

As a response to the above contextual characteristics, the author noted two main adaptations, coming mainly from migrant-specialised organisations:

1. Prioritisation and cooperation to carry out domiciliary visits; and
2. Applying for international funds to form focus groups.

6.3.1.3.1. Prioritisation and cooperation to carry out domiciliary visits

Participant 5, an anthropologist, explained how instead of organising no domiciliary visits due to inadequate resources, they carried out visits on a "case-by-case basis", giving particular attention to the most vulnerable like minors and single parents (5.2.2.1.6). The same participant declared how at time of this fieldwork (early 2015), they were seeing more minors and single parents. He explained that these are considered as very vulnerable groups deserving of home visits in order to empower them to achieve autonomy. In the second example, a migrant-specialised IO was formally cooperating with another two NGOs to help more immigrants in the community during the integration process (5.2.2.1.6). These adaptations can be linked with Watters' dimensions on collaboration, holism, accessibility and sensitivity. The context and respective adaptations are presented in table 6.15.

Common Issue/Need /good practice concept	**Empowering immigrants, during the integration process, to be in a better position to decide for themselves**	
Which context	**Standard and exemplary contexts of good practice**	**Malta immigration context**
Contextual Characteristic/s	Enough resources to visit and follow immigrants in their own home during the integration process.	Inadequate resources to carry out home visits with all immigrants.
Implemented Service/ Policy Solution	Carrying out home visits in order to build relationships, help and empower immigrants during the integration process, thus preventing vulnerability	One migrant-specialised organisation is prioritising home visits with the most vulnerable, thus limiting

and encouraging a more autonomous life in the community.	practice on a 'case-by-case basis'. Three migrant-specialised organisations collaborate together to carry out more domiciliary visits.

Table 6.15. Adaptation 9 - Empowering immigrants, during the integration process, to be in a better position to decide for themselves

6.3.1.3.2. Applying for international funds to form specific immigrant women groups

In focal support area 1, we have already discussed how some service providers organised group sessions outside normal office hours. This served as an adaptation to immigrants' challenging living patterns, thus encouraging their participation. However, users' living contexts don't seem to be the only feature that is affecting the formation of groups, as a lack of resources is also hindering the application of this practice.

Mindful of the reality of immigrant women's weaknesses, following days spent in detention and open centres, an organisation wished to organise specific immigrant women group sessions, and sought additional resources to realise this. They wanted to organise these "focus groups" (5.3.2.3.2) to address their lack of self-reliance, and help them to open up. Immigrant women may sometimes experience an imbalance of power when opening up in mixed groups; participation in homogenous groups may help in this regard. Given the limited resources, this migrant-specialised organisation applied for international funds to form these focus groups (5.3.2.3.2). The aim was to create a place where these women can share experiences and feel empowered to speak for themselves (5.3.2.3.2). Moreover, by means of the same fund, some immigrant women were accompanied from detention to a more independent life in the community (5.3.2.3.2). This is of utmost importance, especially in light of our qualitative findings revealing female immigrant promiscuity as an attempt to get out of detention more

quickly (5.2.2.1.6.). In Chapter 2.5.3, we noted how this type of accompaniment helps women in their decisions related to reproductive health; truly a case where immigrant women are being helped to move from protection to empowerment, from dependence to independence. But it is also an adaptation, whereby instead of resigning themselves to the reality of limited resources, these organisations are making efforts to fund their projects from alternative sources. One can say that these adaptations overlap with Watters' dimensions of participation, holism, intercultural sensitivity and interagency collaboration. Table 6.16 groups the above context and adaptations.

Common Issue/Need /good practice concept	**Empowering immigrants, during the integration process, to be in a better position to decide for themselves**	
Which context	**Standard and exemplary contexts of good practice**	**Malta immigration context**
Contextual Characteristic/s	Ensure enough resources to sustain and manage specific group sessions with particular groups of immigrants, like immigrant women.	Limited resources that hinder the formation of focus groups. Immigrant women can potentially benefit from these groups as they could suffer from imbalance of power when participating in mixed gender groups, thus not opening up for help.
Service/ Policy Solution	The formation of specific self-help groups where experiences are shared as a means of empowerment. This helps participants to be in a better position to decide for themselves, especially during the integration process.	A migrant-specialised organisation ensured resources by tapping international funds to organise focus groups with immigrant women and accompaniment from detention to the community.

Table 6.16. Adaptation 10 - Empowering immigrants, during the integration process, to be in a better position to decide for themselves

6.3.4. Focal Support Area 4: Shaping own life-project

Immigrants' shaping of their own life-project is another important objective of social support, and is our last focal support area. This centres around what immigrants think about their life-project, giving particular attention to agency within their particular environment (Bertelsen, 2010). Here we will discuss service providers' sensitivity to immigrants needs' in helping them engage to the new context, thereby facilitating agency and integration. At this stage of our inquiry, we have already discussed many adaptations aimed at helping immigrants to engage with the new context. But to better understand this sensitivity or engagement, we have to return to the subject of migrant-friendliness.

In Chapter 3, but also earlier in this subchapter, we explained how the concept of migrant-friendliness, like in the case of RE-MFH, brings together cultural competence and sensitivity through the adaptation of services that are more open, sensitive and able to listen and learn from immigrants' experiences (Chiarenza, 2012, p. 73). These are features that keep immigrants at the centre of service provision, facilitating engagement and integration within the new context (Ben-Ari & Stirer, 2010; Kleinman & Benson, 2006). Apart from the availability of multilingual information, which we addressed earlier in this chapter, another two objectives of a migrant-friendly model are the recruitment and involvement of cultural mediators and training in migrant-friendliness (Chiarenza, 2012). This means that the contextual features and adaptations of this social support area will be presented in two parts.

6.3.4.1. Adaptations related to focal support area 4 (Part 1), 'shaping own life-project' - Recruitment and involvement of cultural mediators

The HELGAS Rating Scale's quantitative findings showed how the majority of participants used the services of cultural mediators and/or translators when available (Table 5.4). Moreover,

they claimed that cultural mediators and/or translators, when available, were considered to be part of the multidisciplinary team (Table 5.11) and engaged to facilitate communication (Table 5.12). However, their availability needs improvement (Table 5.3). Qualitative findings confirmed this, revealing how many cultural mediators do not stay in Malta for a long time, making their recruitment and involvement in the multidisciplinary team problematic (5.6.2.1.1). In Malta, most cultural mediators work on a part-time basis (5.2.2.1.2). Participant 10, a migrant-specialised social worker, claimed that despite cultural mediators being an integral part of their team, many service providers still don't know how to work with them (5.6.2.1.1).

Participant 11 confirmed that as a cultural mediator himself he did his best to engage immigrants to act as mediators (5.6.2.1.1). There were other service providers who were proud of introducing cultural mediators, particularly in public mainstream services. For instance, Participant 1 introduced Somali and Eritrean cultural mediators in a mainstream health centre (5.2.2.1.2), although their scarcity nevertheless forced organisations to prioritise (5.6.3.1.). In Chapter 2.5.3 we noted how, in a study with local immigrants, participants perceived communication problems as barriers to access health care services. In Chapter 3.4, we noted how RE-MFH and Rome's NIHMP invested heavily in the recruitment of cultural mediators. For instance, RE-MFH secured an annual procurement of 300,000 Euros specifically for cultural mediation services at all levels, through an agreement with a social cooperative called Dimora D'Abramo that employs a large number of full-time and part-time cultural mediators.

Keeping in mind the above contextual features, we noticed three main adaptations. It is inspiring to note how the below adaptations originated from research participants working for public mainstream services:

1. The booking of same gender cultural mediators;
2. Immigrants acting as cultural mediators; and
3. Prioritisation of cultural mediators.

6.3.4.1.1. The booking of same gender cultural mediators

It is already difficult to find cultural mediators, let alone booking and matching same gender cultural mediators during sessions with immigrants. This adaptation, which is in line with Watters's definition of cultural sensitivity, was applied by a social worker working for a public mainstream organisation. Keeping in mind some immigrants' patriarchal culture (5.2.2.1.6) and potential gender imbalances, this social worker is aiming for same gender bookings to facilitate an environment where immigrants can open up (5.2.2.3.2). Table 6.17 evaluates this adaptation.

Common Issue/Need /good practice concept	**The recruitment and involvement of cultural mediators to help immigrants engage to the new context, thus facilitating integration.**	
Which context	**Standard and exemplary contexts of good practice**	**Malta immigration context**
Contextual Characteristic/s	Adequate resources to recruit professional cultural mediators in enough numbers to help immigrants or represented cultures, which are more or less manageable.	Cultural mediators working on part-time basis. Many leave the island to find better opportunities.
Implemented Service/ Policy Solution	Ensure financial support to maintain regular recruitment and training of professional cultural mediators, in relation to the number of immigrants and their different cultures.	Despite difficulty in finding cultural mediators, a migrant-specialised organisation is making efforts to match and book same gender cultural

	mediators during sessions with immigrants.

Table 6.17. Adaptation 11 - The recruitment and involvement of cultural mediators to help immigrants engage to the new context, thus facilitating integration

6.3.4.1.2. Immigrants acting as cultural mediators

As a cultural mediator himself, Participant 11 explained how in view of a lack of cultural mediators, immigrants are sometimes allowed to directly participate in service provision by acting as cultural mediators (5.3.2.3.1). This can be linked to Watters' dimensions of participation and cultural sensitivity as explained in Chapter 3. A similar adaptation was noted in that same chapter, where Rome's NIHMP also engaged immigrants as mediators. According to Vietti et al. (2012), users will be more comfortable to open up and speak about their vulnerabilities. However, immigrants' involvement as cultural mediators should not occur in isolation, but supported with adequate training. Table 6.18 explains this context and respective adaptation.

Common Issue/Need /good practice concept	**The recruitment and involvement of cultural mediators to help immigrants engage to the new context, thus facilitating integration.**	
Which context	**Standard and exemplary contexts of good practice**	**Malta immigration context**
Contextual Characteristic/s	Adequate resources to recruit cultural mediators in enough numbers to help immigrants or represented cultures, which are more or less manageable.	Cultural mediators working on part-time basis. Many leave the island to find better opportunities.
Implemented Service/ Policy Solution	Ensure financial support to maintain regular recruitment and training of professional cultural mediators, in relation to number of immigrants and their different cultures.	A cultural mediator explained how some organisations are encouraging immigrants to act as cultural mediators.
Reference: See…		

Table 6.18. Adaptation 12 – The recruitment and involvement of cultural mediators to help immigrants engage to the new context, thus facilitating integration

6.3.4.1.3. Prioritisation of cultural mediators

Vietti et al. (2012) claim that cultural mediators are important to establish relationships between immigrants and service providers. Participants 4 and 5 acknowledged this, and in view of a lack of cultural mediators they prioritised their allocation, particularly during the initial meetings with immigrants (Table 6.13). Participant 4, a social worker working for a mainstream public service, assigned to an area with a high immigrant population, explained how they channel cultural mediators to meet immigrants during the initial one–to–one session with the social worker (5.6.3.1). Similarly, Participant 5, an anthropologist, explained the importance of the cultural mediators' role during the first meetings with immigrants in order to build relationships and facilitate a better needs assessment (5.6.3.1). Adaptation 13 is in line with Watters' definition of intercultural sensitivity. This is represented in table 6.19.

Common Issue/Need /good practice concept	**The recruitment and involvement of cultural mediators to help immigrants engage to the new context, thus facilitating integration.**	
Which context	**Standard and exemplary contexts of good practice**	**Malta immigration context**
Contextual Characteristic/s	Adequate resources to recruit cultural mediators in enough numbers to help immigrants or represented cultures, which are more or less manageable.	Cultural mediators working on part-time basis. Many leave the island to find better opportunities.
Implemented Service/ Policy Solution	Ensure financial support to maintain regular recruitment and training of professional cultural mediators, in relation to number of immigrants and their different cultures.	A mainstream service provider is prioritising the allocation of cultural mediators, particularly during the first sessions with immigrants in an attempt to establish relationships. Given the limitations, a migrant-specialised organisation directs cultural mediators to meet the most vulnerable immigrants.

Table 6.19. Adaptation 13 - The recruitment and involvement of cultural mediators to help immigrants engage to the new context, thus facilitating integration

6.3.4.2. Adaptations related to focal social support area 4 (Part 2), 'shaping own life-project' - Migrant-friendly training

Part 2 of our fourth and last focal social support area is about migrant-friendliness training. This training gives professionals the necessary skills and competencies to better engage immigrants to the new context, thus facilitating integration. Quantitative results showed how half of the participants declared that their engagement in migrant–friendly training needed a lot of improvement, whilst another half claimed that it exceeded expectations (Table 5.3). They also answered that they decently receive regular training on cultural sensitivity and learnt the value of users' participation during training (Tables 5.11 & 5.5).

The HELGAS Rating Scale open-ended results indicated that many migrant-specialised organisations do organise migrant-friendly training, whilst other participants - many coming from mainstream public services - expressed their wish for more training (5.2.2.1.5). Participant 2 also asked for training on the value of users' participation to enhance migrant–friendly services (5.3.2.2). Two social workers working with public mainstream services said that they would like to attend more training but their workload is limiting their time to plan for adequate training (5.2.2.1.5). There were migrant-specialised organisations who organised training for professionals, both within and outside their entity, such as for students in the fields of health and social care (5.2.2.1.5). In Chapter 3, we learnt how migrant-friendliness is not a 'one-size-fits-all' approach. Migrant-friendliness training is to place efforts not on knowledge about immigrants' cultures but on how to enhance the "relationship with the other [immigrant] in order to produce knowledge" (Ingleby et al., 2012, p. 10). Chiarenza (2012) and Ingelby (2012) agree that migrant-friendliness is about an environment that is conducive to positive relationships and providers that understand cultural differences and similarities in order to adapt according to immigrants' needs.

Two main adaptations were noted here:

1. Cooperation to improve training programmes; and
2. Tapping EU funds to organise training.

6.3.4.2.1. Cooperating with other organisations

Conscious about their limited experience in migrant-friendliness training, a migrant-specialised organisation established a formal collaboration with a European agency (5.2.2.1.5). Such a collaboration not only enhanced the quality of training, but also put them in a better position to organise induction and ongoing training. They believe that migrant–friendliness is the key to better services (5.2.2.1.5). This means that this adaptation is a case of Watters' dimensions on intercultural sensitivity and interagency collaboration, and can therefore be considered as a good practice. Table 6.20 explores the adaptation fitting the new context.

Common Issue/Need /good practice concept	**Establishing migrant-friendliness training for professionals, to help immigrants engage to the new context, thus facilitating integration**	
Which context	**Standard and exemplary contexts of good practice**	**Malta immigration context**
Contextual Characteristic/s	High level of resources to sustain regular migrant-friendliness training for professionals.	Inadequate resources to organise migrant-friendliness training. Work overload and lack of time to plan training programmes.
Implemented Service/ Policy Solution	Professionals learning the necessary skills and competencies to place immigrants at the centre of service provision and help to engage them to the new context, thus facilitating integration.	A migrant-specialised organisation established formal cooperation with another specialised organisation who is more prepared to provide migrant-friendliness training, both during induction of new

	professionals and as on-going professional development.

Table 6.20. Adaptation 14 - Establishing migrant-friendliness training for professionals, to help immigrants engage to the new context, thus facilitating integration

6.3.4.1.2. Tapping EU funds to organise training

Tapping of extra funds from other international organisations is a common adaptation to lack of resources. This adaptation is no exception, as tapping of funds was a solution, and a form of interagency collaboration, that helped organisations to set up training for staff throughout the years. Participant 9, a manager of a migrant-specialised organisation, revealed how over the years more than 600 people were trained in migrant-friendliness by means of 3 million Euros coming from EU funds (5.6.3.3). This is a striking adaptation, where instead of giving up in the face of limited resources, the service providers acknowledged immigrants' realities and were proactive to tap EU funds and organise migrant-friendliness training (Table 6.21).

Common Issue/Need /good practice concept	**Establishing migrant-friendliness training for professionals, to help immigrants engage to the new context, thus facilitating integration**	
Which context	**Standard and exemplary contexts of good practice**	**Malta immigration context**
Contextual Characteristic/s	High level of resources to sustain regular migrant-friendliness training for professionals.	Inadequate resources to organise migrant-friendliness training. Work overload and lack of time to plan training programmes.
Implemented Service/ Policy Solution	Professionals learning the necessary skills and competencies to place immigrants at the centre of service provision and help to engage them to the new context, thus facilitating integration.	A migrant-specialised organisation was amongst many other organisations which benefited from EU funding that saw the organisation of migrant-friendliness training for

	professionals working with immigrants.

Table 6.21. Adaptation 15 - Establishing migrant-friendliness training for professionals, to help immigrants engage to the new context, thus facilitating integration

6.4. Immigrants as real agents of adaptations

It should be noted that though our research questions evolve around service providers' adaptations in social support, the research instruments managed to identify other types of adaptations. Many of these adaptations were carried out by immigrants themselves, earning them the title of *real agents of adaptations*. The connection of immigrants with the new context (Bertelsen, 2005), such as formal and informal support, is important for their life-project, particularly during the process of integration. It is time now, in this fourth part of the chapter, to discuss the informal help and self-reliance reported by immigrants themselves.

The task of adapting, adjusting and integrating is there to be done, however much and however little services are there to help. Solutions by immigrants included not only the specific and particular ways in which they responded to the services, but also the way they responded to their own needs and worked for their integration, even when this was independent of services offered. Immigrants' adaptations were both active and passive. *It was active when it involved initiative or reaction from them, a solution that originated from them. It was passive when the response was more of a resigned making do, a drifting along with the current, not really making any change on their part but accepting the change that happens to them.*

6.4.1. Active adaptations

Immigrants found that by living close to each other, they could better help each other by means of practical assistance (5.6.4.2). For instance, when they were faced with high utility bills by

their landlords (5.4.2.6.1), it was through the support of each other that they acknowledged the situation and moved to other places where they could find better conditions (5.4.2.6.1). Landlords' abuse was also reported in a study in Chapter 2.5.4. Moreover, it was thanks to their friends that they knew about mainstream services (5.2.2.4.3). This is similar to the literature we discussed in Chapters 2 and 3, where we learnt how immigrants share information and practical help (Caruana, 2016, p. 11 & Stewart et al., 2010). There were others who accompanied each other to access services, like health care (5.2.2.4.3).

Opening up for help is another example of users' adaptation. We noted, for instance, how immigrants responded positively to neighbours who helped immigrants to orient themselves in the new community, gave directions to find shops, provided information on public transport or invited immigrants to their social activities (5.6.4.2). There were immigrants who were ready to learn English in an attempt to improve their communication skills, thus facilitating integration (5.5.2.4.1). The one-month course provided in the open centres was perceived as too short to learn English appropriately, and many immigrants were still relying on friends to act as translators (5.5.2.4.1). In Chapter 2.5.1, we learnt how lack of language skills can be a barrier to find work. Immigrants asked for more information on integration (5.6.4.1) and on the principles of participative democracy (5.3.2.4.1). Berry (2005) argues how the characteristics of a receiving country, like caring neighbours and availability of language and integration courses, are central to help immigrants' adaptation to a new context.

Other active adaptations included immigrants participating or volunteering in service provision, like in the running of NGOs, or by acting as cultural mediators (5.3.2.4.1 & 5.3.2.3.1). Immigrant participants also showed high levels of sensitivity. When faced with

prejudices and stereotyping, immigrants did not blame Maltese culture. Being sensitive to the host country's values and culture is another sign of active adaptation (5.6.4.3). All active adaptations are grouped in Table 6.22.

Immigrants' active adaptations
1. Immigrants are using social networks to help each other, like through dissemination of information, help in translation and access to services and accompanying each other. 2. Immigrant themselves are showing an openness for help, like by asking neighbours for directions. 3. They are showing sensitivity to host country's values and culture. 4. Immigrants themselves are asking to learn English. 5. Many are willing to learn more on their possible involvement in service provision and about principles of participative democracy. 6. Immigrants are building positive relationships with Maltese neighbours. 7. They are living close to each other for support.

Table 6.22. Immigrants' active adaptations

6.4.2. Passive adaptations

The second type of immigrants' adaptations were passive ones. Immigrants who participated in this research acknowledged the new realities as they are, without making any adaptive response: *a resigned acceptance of the inevitable*. For instance, they explained how sometimes they feel the need to talk to someone for help, but do not know how to go about it (5.3.2.4.2). The fact that they do not know where to find help can be compared to accepting the situation passively.

Similarly, when faced with service environment jargon they are unfamiliar with, such as saying "sorry and thank you" or waiting in a queue, they seem to have accepted these realities as they are and live with them accordingly (5.6.4.3). Some immigrants are unacquainted with queues and waiting lists, whilst some immigrants, like those from Somalia, do not have these words in their native language. These are passive adaptations that made them accept these realties as they are (5.6.4.3) (see Table 6.23).

Passive adaptations
1. Despite coming from countries with low familiarity with local service environments, immigrants themselves are accepting the new realities as they are, without any adaptive response, like waiting in queues, or saying sorry and thank you. 2. Sometimes immigrants want to talk to someone for help, but do not know how to go about it.

Table 6.23. Immigrants' passive adaptations

6.5. Conclusion

Keeping in mind our research questions, particularly the first two, this chapter was all about context and adaptations. It was divided into five parts. After the introduction, in order to answer research question Q2, we grouped the service providers' and immigrants' contextual characteristics. The respondents' contextual features were then compared to the seven contextual characteristics that in Chapter 2 described Malta as atypical and diverse. Then we earmarked and described the three general overarching contextual characteristics, in response to which service designs were adapted and remodelled. A compilation of all adaptations was developed. The adaptations were not identified by respondents as originating in the importation from a named parent country to Malta, but were largely adaptations and remodelling of service design and practices from what is seen or implied to be the usual or standard version to one

that fit the new context. In this chapter we have concentrated on adaptations that are already being implemented. The majority of adaptations came from migrant-specialised organisations, possibly revealing a situation where immigrants, particularly the most vulnerable, are being assisted to move on from a segregated marginalised service to an integrated one. Despite being perceived as unengaging and possibly less sensitive than migrant-specialised organisations, public mainstream services also had their share of adaptations, mainly and most importantly by closing an eye to allow immigrants to access services that they are not entitled to. This means that whilst many were criticising Malta for not having a formal integration programme, others rolled up their sleeves and worked to adapt to the new context in order to respond to immigrants' needs.

In the third part we focused on the four focal social support areas and how these shaped up in response to various service design issues and users' contextual characteristics. To respect the critical realist approach of this thesis, qualitative and quantitative findings that emerged from the HELGAS Rating Scale were merged to strengthen discussion and compared to the literature review, conceptual framework and the author's two scientific missions. These 15 adaptations were analysed by means of the ARC template to clearly identify the misfits, followed by the well-fitting or congruent adaptations in response to Malta's particular contextual characteristics. The application of ARC also confirmed how this framework can be applied to the evaluation of the design of social support services for immigrants. These adaptations were linked with Watters' Six Dimensions of Good Practice, often fitting into more than one dimension, showing the overlapping and complementary nature of the dimensions. In table 6.24, we grouped all these adaptations as good practices in the four focal support areas that were adapted to the Maltese context, thus answering our research question Q1.

More information on how to access mainstream services	- Applying a reverse state of exception by overruling the law in favour of immigrants' help. - Sharing general information leaflets printed by mainstream services and IOs. - Tapping EU funds to print multilingual information leaflets on all mainstream services. - Organising group sessions outside normal office hours to encourage immigrants' participation and sharing of information. - Changing the service design to a drop-in-open-door type of service provision.
Effecting and coordinating referrals	- Collaboration between organisations to better support immigrants' referrals. - Setting up of a common referral calendar system to keep track of immigrants' appointments. - Accompany immigrants more than once and prioritise accompaniment with most vulnerable.
Empowering to achieve autonomy	- Prioritisation and cooperation to carry out domiciliary visits. - Applying for international funds to form specific immigrant women groups.
Shaping own life-project	- The booking of same gender cultural mediators. - Immigrants acting as cultural mediators. - Prioritisation of cultural mediators. - Cooperation to improve training programme. - Tapping EU funds to organise training.

Table 6.24. Good practices in the four focal social support areas of immigrants' help

In the fourth part of this chapter, preceding this conclusion, the author described immigrants' adaptations, as they also came up with solutions in an attempt to adaptively respond to their needs during the integration process. In the next chapter we shall answer our third and last research question by discussing the research participants' adaptations that have been recommended in order to fill remaining service gaps or mismatches. The author shall build on these 'adaptations-waiting-to-happen' to conceptualise his recommendations in light of this thesis' theoretical underpinnings.

CHAPTER SEVEN – Discussion (PART 2) – The recommended migrant-friendly adaptations

7.1. Introduction

The aim of this chapter is to answer the third and last research question of this project, Q3, which is, 'What further adaptations are recommended to fill remaining service gaps or rectify remaining mismatches?' In the Findings Chapter, we noted how research participants recommended adaptations that have not yet happened. In fact, we can say that respondents indicated a number of *adaptation gaps*, *pointing to mismatches and incongruencies between the usual way of shaping practice and what the context allows*. This means that the starting point of this chapter is going to be a number of mismatches or gaps. The identification of mismatches is precisely one of the core features of the ARC framework in the process of adaptation, as it highlights differences between contexts as well as the need for better adaptiveness. Particular attention will be given to the gaps and recommendations identified by respondents who participated in this research, in an attempt to respect the partly bottom-up approach of this thesis. Both service providers and immigrants referred to gaps in the provision of services that need to be adequately addressed by means of further adaptation thinking.

These mismatches or gaps and recommendations can each be grouped into two clusters. The first group refers to the open centre stage, and these are discussed in section 7.2. Though this thesis' main interest was to investigate the adaptations of good social support practices to immigrants living in the community, in the Findings Chapter we could not ignore the plea of many immigrants regarding gaps in these centres' service provision that need to be addressed. The second group of gaps are discussed in 7.3, and points to the mainstream or integration stage, at which stage mainstream services, catering for the whole population, become central. The open centre and mainstream phase were defined in Chapter 2 as part of immigrants'

itinerary from the detention phase (reactive), through the open centre phase (adjustment) and to the mainstream phase (integration). This means that it is in the last two stages that our gaps and recommendations evolve, thus symbolically representing the immigrants' passage from segregation to integration. Table 7.1 presents these gaps that need further adaptation thinking.

One can say that respondents did not provide recommendations to rectify all the perceived adaptation gaps. Therefore, it is here that the author comes in, in section 7.4, in order to further respond to these adaptation gaps and recommend further solutions with the help of this research's conceptual framework, as well as the experiences met in light of the reviewed literature. These solutions basically come from practices noted in the two visits carried out by the author to centres of good practice in Italy. ARC templates are used to conceptualise the importation and adaptation of practices to the context of the adopting country. In the process, these recommendations shall also serve as further responses to the three main overarching contextual characteristics that generate multiple gaps in adaptation, namely: legislative weaknesses, inadequate resources and immigrants' culture. Attention is to be given to the dimensions of holism and evaluation practices, as these two scored lowest in HELGAS Rating scale closed-ended results. In section 7.5 the author lists these recommendations, whilst 7.6 is the conclusion of this chapter.

Adaptation Gaps	
Open Centre Stage	**Mainstream/Community Stage**
Immigrants wanted more help to be better prepared to live in the community (5.4.2.6.1).	Lack of cultural mediators and specialised professionals (5.6.4.1 & 5.6.3.2 & 5.2.2.1.2).
The need for structural assessments before they leave the centres (5.6.4.1).	Western practices that disempower immigrants' identity (5.4.2.6.1).

The need for practical help and orientation (5.2.2.4.1).	A 'blame-the-culture-attitude' (5.6.3.2.1 & 5.7.2.2).
Immigrants asked for multilingual leaflets that include comprehensive information (5.2.2.4.2).	The need for more migrant-friendly training (5.2.2.1.2 & 5.2.2.1.5).
Immigrants wanted more opportunities to learn (5.7.4.2).	The government to be a catalyst for more collaborations (5.5.2.2).
Immigrants wanted service providers that are more sensitive to their living patterns (5.6.4.1).	The need for more migrant mainstreaming (5.4.2.1).
	Immigrants want places where they can find help in the community (5.3.2.4.2).
	The need to encourage immigrants to participate in groups and councils (5.3.2.2).
	Lack of evaluation practices (5.7.2.1).

Table 7.1. Adaptation Gaps – Research participants' recommended adaptations that have not yet happened, thus needing further adaptation thinking

7.2. Gaps in the Application and Adaptation of Good Practice at the Open Centres - The need for more help during adjustment to move to the integration phase

In this section we will see how immigrants themselves asked for more help. They wanted to be better prepared to move from the adjustment to the mainstream phase. The author never directed immigrants to discuss open centres, as he was more interested in the mainstream phase and how services adapted to immigrants' needs once they are living in the community. But immigrants perceived open centres as the first place where they should receive help (5.2.2.4.2).

In the Findings Chapter, immigrants who participated in the focus/interview sessions reported positive feedback on these centres. The author could note good practices such as the provision of information (5.2.2.4.2 & 5.6.4.1), open centre workers who encouraged immigrants to

participate in service provision (5.3.2.4.1) and another worker who visited and followed the progress of a hospitalised immigrant (5.5.2.4.1), and spending time to understand their cultural and spiritual needs (5.6.4.1). However, equally evident was the appeal of others requesting these centres to be more sensitive to immigrants' integration needs.

7.2.1. More help before leaving open centre

Once they are out of detention centres, open centres seem to be immigrants' longest contact with local service providers (5.6.4.1). They want more help to be better prepared to live autonomously and independently in the community once they leave these centres. For instance, the author was struck by a young research participant (Group Participant 13), who instead of looking forward to start a new journey, recalled his state of anxiety upon being discharged from the open centre, mainly because of lack of preparation (5.4.2.6.1):

> We left without knowing where we were going and what we were going to do...we felt in danger.

This means that there is the need for more structured needs assessment. Gray (2012) highlights the need for early interventions in an attempt to prevent social exclusion and poverty whilst promoting trust, dignity, respect and quality of life. In fact, Group Participant 5 confirmed this lack of preparation and explained how no one ever discussed the concept of integration with them (5.6.4.1):

> No services [service provider] cared to explain us things about integration.

An immigrant complained that no one ever told them how to apply for work or how to go to hospital, or about accessing tertiary education or certain benefits (5.2.2.4.1). In view of this lack of formal support, they have had to turn to their family and/or friends for help. Most likely, were it not for the help of their friends, Group Participants 13 and 8 would have found it harder

to see how their needs were going to be met in the community (5.4.2.6.1). This reinforces the importance of informal support, often the help of family and/or friends in the absence of unengaging social support.

But what kind of help did research respondents ask for? *Immigrants who participated in the study asked for practical help, someone who can provide orientation to the new realities, to the new context*. A young female Group Participant 8 wanted to learn how to express herself, as sometimes immigrants feel afraid to open up. She said, "many of us are afraid or do not know how to express themselves" (5.7.4.2). Whilst residing in an open centre, another participant felt confused as sometimes they did not know where to find help. Group Participant 6 claimed that (5.3.2.4.2):

> No one heard me (referring to open centre staff)...If I knew where to go [for help] ...it is quite confusing.

Immigrants wanted to know how to deal with landlords for example. Group Participant 13 reiterated that "no one told us how to deal with landlords". Some landlords were asking immigrants to pay utility bills without any proof of the actual water and electrical consumption. Fortunately, they found other places where they were treated with more dignity (5.4.2.6.1).

Immigrants also asked for *better information, such as leaflets or booklets that explain their access and entitlement to services* rather than only information about regulations on the conditions of the camp. Group Participant 13 argued (5.2.2.4.2):

> At the open centre, we were not given information on how to access services, not even on what are we entitled for...they only told us about the conditions of the camp [open centre].

Moreover, these booklets could provide information on how immigrants can help in the service provision of open centres (5.7.4.2), as they voiced a desire to be involved in the improvement of these centres (5.3.2.4.1).

However, the *publication of these leaflets and booklets raises the question of languages to use*. Group Participant 4 explained how information booklets were only available in English. It seems that immigrants are finding it hard to learn English. A male immigrant explained that whilst he lived in the open centre together with his wife, they attended a one-month course to learn English language (5.5.2.4.1). The course was too short for them to learn the language appropriately, and the couple, with a 6-month-old child, were still relying on a friend for translation, as happened even during the focus/interview group with the author (5.5.2.4.1). When they moved to the community, they sought the help of a migrant-specialised section within a mainstream organisation to check about the availability of English courses. Nevertheless, they were disappointed as courses were only organised in October and November (5.5.2.4.1).

Another case of insensitivity related to these centres was reported by Group Participant 2. *This immigrant revealed how to get the benefit they were entitled to as unemployed persons (per diem allowance – see Appendix C), they were asked to sign in the morning for three times a week.* While it is understood that measures must be in place to ensure equity, this should not be done at the expense of sensitivity to immigrants' integration needs. The morning is the time when they did their utmost to find work (5.6.4.1). One has to keep in mind that for immigrants work is not only a means for integration, but also a way to keep connected with their home country families by returning their earned money as a sign of help (5.2.2.2).

There are times when services look as if they were conceived simply for the organisation to project a positive view of itself, or perhaps just to fulfil statutory obligations. There are services that on paper seem to be offering help and solutions, but in practice fail to show a deep understanding of the users' needs and their contexts. There are service designs that miss the need to build relationships and trust between providers and users and that instead of empowering immigrants, make them feel disempowered, misled and disengaged, thus yielding limited benefits in relation to their actual needs. *Immigrants are asking for services that are adequately planned and that sensitively take note of their context, such as culture and living realities.*

The reasons behind these pitfalls could be multifaceted and complex, many of which were explored in Chapter 2. There we noted how for many years open centres were criticised for inhuman conditions related to overcrowding (ICJ, 2012). Immigrants and cultures were too many and varied for providers to cater to in an optimal manner. Many immigrants that arrived in Malta undocumented and by boat were given subsidiary protection, thus ushering in the phenomenon of the 'immigrants-are-here-to-stay' reality. Many immigrants were 'trapped' on the island because of the Dublin III treaty that does not allow movement of persons with a protection status, amid a lack of assisted voluntary return and resettlement programmes. These temporary centres ended up as permanently temporary solutions.

All this strengthens the important role of open centres, particularly their need to take a more prominent and structured role as a springboard to immigrants' integration, thus serving as specialised centres where service providers can help immigrants to adapt themselves to the local context. In Chapter 2 we noted how the management models of these centres differ from each other, thus possibly responding to immigrants' needs in dissimilar ways (see Appendix

C). The author observed that some open centres, particularly the smaller ones and those managed by migrant-specialised organisations, appeared to be more sensitive to immigrant needs than others managed by the government. Service designs are not standardised across all open centres and vary from one centre to another, and this affects the quality of support. For instance, the open centres that are managed by migrant-specialised NGOs seem to be less resourced but offer better support through self-help groups and integration thinking, especially the ones for unaccompanied minors and families (FSB, 2010, p. 36; Durick, 2011, p. 32; Amaral, 2013). This was confirmed by Mr Laurens Jolles, the UN High Commission for Refugees, in a visit to two open centres: one managed by the government and the other by a migrant-specialised NGO. He described these two open centres as the "night [whilst referring to the one managed by the government] and day [whilst referring to the other managed by a migrant-specialised NGO]" (Calleja, 2010). He acclaimed the latter's staff's dedication to closely support immigrants in their needs, particularly emotional needs and social wellbeing (Calleja, 2010). One can say that the management of these centres could better respond to immigrants' integration needs if these are under the responsibility of migrant-specialised NGOs or where the latter are given a more important role in service provision.

The author cannot close this section without pointing out immigrants' enthusiasm to learn. This psychological disposition to learn is an important predisposing factor for immigrants to integrate in a receiving society (Berry, 2005, p. 698). Our thesis focused on undocumented immigrants, many of whom, at time of writing, hailed from Sub-Saharan countries, like Somalia and Eritrea. Service providers who participated in the study, like Participants 5 and 10, confirmed how in these countries, immigrants could experience oppression or have no place to seek redress or voice their concerns. It therefore takes time for them to trust local institutions and build relationships with service providers (5.3.2.2), and it is all the more rewarding to see

immigrants that want to learn and open up for help. It is then our turn to develop an approach that is based on openness and respect towards immigrants; to share knowledge with them and help to adapt to the new realities by means of sensitive service designs (Harrison & Turner, 2010).

7.3. Gaps in the Application and Adaptation of Good Practice for the Community Stage - Redefining mainstream services' understanding of sensitivity

The second area of gaps points to the community stage and is characterised by the need for public mainstream service providers to redefine their understanding of sensitivity. Our broad adaptation gap here is the lack of migrant-friendliness, a concept defined in Chapter 3 as *an environment that is conducive to positive relationships and where providers understand cultural differences and similarities and adapt service design according to immigrants' needs.*

First we will see how respondents asked for more cultural mediators. In the previous chapters we already identified how in Malta there is a lack of cultural mediators, and many organisations, as a response to this contextual feature, adapted by encouraging immigrants to act as cultural mediators and through the prioritisation of their allocation during initial encounters with users. However, in this section, we will discuss the need to engage more mediators as a clear sign of adaptation to the new realties. The second group of adaptation gaps addresses the need of mainstream services to better understand immigrants' needs during the integration process, whilst avoiding western practice impositions that can disempower their identity.

7.3.1. The need to engage more cultural mediators

An immigrant who participated in the focus/interview groups said that he knew about the presence of cultural mediators at a state health centre (5.2.2.4.1). However, he was unaware of their presence at the main state hospital (5.2.2.4.1). Group Participant 8 also claimed that when she visited the main state hospital, she was not offered any help from cultural mediators (5.6.4.1).

One can say that it was on the initiative of one of our research respondents that the introduction of cultural mediators in one of Malta's largest regional health centres was made possible (5.2.2.1.2). Knowledgeable of how these workers could enhance communication and relationships between users and providers, this research participant, who is a nurse specialised in migrant's health, is also active in the provision of training and awareness amongst professionals and students (5.2.2.1.2 & 5.2.2.1.5).

However, in a disappointed tone, Group Participant 6 recalled how they went to this centre to seek the help of cultural mediators, but they not only did not find their help, but were referred to another health centre (5.2.2.4.4). Even Participant 9, a manager and immigrant himself, revealed how their NGO was forced to engage new professionals as immigrants were reporting difficulties in accessing state health care services due to lack of mediators, long queues and report of insensitivities that made immigrants feel unwelcomed (5.6.3.2). This is similar to what we noted in Chapter 2.5.3. Moreover, Group Participant 1 hoped for the introduction of more mediators, as a sign of empathy with non-English speaking immigrants and to seek their help to better tell their stories, "I hope that mediators can help them [non-English speaking immigrants] to express themselves".

In the Findings Chapter, a migrant-specialised social worker discussed this with the author, and touched on the brain-drain of local cultural mediators in view of a lack of structured approach (5.2.2.1.2). Participant 10 recommended *a more organised approach, similar to the one that the author had seen in his visit to good practice centres in Reggio Emilia. The research participant said that cultural mediators can be grouped in a pool, thus giving them the opportunity to be employed on a full-time basis.* This is a solution that could possibly help their retention in Malta. Moreover, mainstream organisations like general hospitals, social security services and social welfare organisations could book these workers through a centralised booking system (5.2.2.1.2). Service providers who participated in this study perceived mainstream services as being less sensitive than migrant-specialised organisations (Table 5.11), though they are far more resourced than the latter (5.2.2.1.3). *Local authorities have to acknowledge the 'immigrants-are-here-to-stay' phenomenon as a main contextual feature, thus committing funds to engage more mediators as a sign of adaptation to this reality.* This is similar to what happened in Reggio Emilia where in view of more immigrants accessing health care services, the Region's authorities guaranteed specialised funding for the recruitment of more cultural mediators. There can be no adequate formal support at a face-to-face (micro-) level, without the necessary support at the macro- (policy making) and meso- (institutional/organisational) levels (Pace, 2002).

7.3.2. Western practices and immigrants' needs

Now we turn our attention to this section's second type of adaptations, also addressing mainstream services, to better understand immigrants' needs during the integration process. Immigrants themselves wanted a change in practices and service environments that do not disempower their identity. During his fieldwork, the author noted how immigrants disclosed *examples of service providers treating immigrants with western norms*. For instance, two pregnant immigrants felt uncomfortable when faced with questions of what looked like part of

a standard health needs assessment carried out in an antenatal clinic by the hospital's health workers (5.4.2.6.1). On paper this is a praised western practice where service providers ask their clients questions to identify their needs and determine a care plan accordingly (Wright, Williams & Wilkinson, 1998). But, it is clear that if not adapted to take into consideration immigrants' culture, this action will create unnecessary concerns. For some immigrants, disclosure of information can generate anxieties. In a study with immigrant women, Thomas, Aggleton and Anderson (2010) explain how disclosure of information depends on agency and how admission of this information can affect their life. Sometimes, as we have seen in the Findings Chapter with the issue of immigrant women's promiscuity or getting pregnant to get out of detention in a faster way (5.2.2.1.6), immigrants' ability to act can be conditioned by various sociocultural, gender, economic and situational factors, like patriarchal communities, economic impoverishment and lack of freedom. Similarly, in a study with HIV-infected African immigrants, Andersson, Cockcroft, Thabane, Marokoane, Laetsang and Masisi (2013) define this reality as 'choice-disability'. This describes immigrants that are not in a position to make choices, like protecting themselves against HIV infection, despite their knowledge on the subject.

Service providers who participated in the study also agreed on this and encouraged service designs to take a more open approach, where time is spent to learn from immigrants, rather than westernising the person (5.2.2.1.5). Chiarenza (2012, p. 72) is very clear on this, advising service providers to engage in a process of "self-awareness and self-critique", thus creating a relationship where immigrants feel comfortable opening up and where professionals are "humble and flexible…to redress the power imbalances that exist in the dynamics" between users and providers. By taking this approach, immigrants would feel less vulnerable to tell their stories.

Sometimes, due to work overload or absence of adequate training, professionals miss this type of approach (5.2.2.1.2 & 5.2.2.1.5). However, in the previous chapter, we also learnt how there are service providers who are making efforts to spend time with the most vulnerable immigrants in an attempt to learn from them and better meet their needs. The case of a mother who was refusing an important life-saving caesarean operation or another who was trying to place a child into care to go to work feature two exemplary good practices (5.6.3.2). It was merely with the help of the practitioners involved that both parties learnt from each other and the situations had a positive twist. However, when professionals fail to question the power relationship between user and provider, and feel they are the experts in the culture of the immigrant, a sense of demeaning and disempowerment of the individuals' identity can be created. At this stage it is appropriate to recall the two examples of what the author called *a 'blame-the-culture attitude' by two research participants*. In both examples, because of their culture, immigrants were labelled as "just don't want to do anything" and "do not know anything" (5.6.3.2.1 & 5.7.2.2). In one of these cases, an immigrant mother was stereotyped, as the service provider was unaware of her culture's doting on a mother after having a baby. *Professionals should create an environment where there is no denial of immigrants' identity, which should be respected through shared knowledge by listening to them and recognising their cultural realities.*

This very much implies a move from a narrow model of support, where focus is on the knowledge of the *other* or disease or regimented practices, a sort of 'I-know-what-is-best-for-you' approach, to one that is more open and receptive. In a case study in Chapter 2.6, we learnt how service providers should avoid providing services with their "own pre-conceived ideas" (Camilleri & Zammit, 2012, p. 33). This is not just about knowledge on a culture or vulnerabilities, which can lead to paternalistic approaches, but about pursuing adaptations that

keep immigrants at the centre of service provision (Chiarenza, 2012). This is a type of support that avoids pathologising and contributes to a higher level of empowerment and respect for autonomy. Mainstream service providers are to learn from immigrants, even by learning their needs, including their culture, and how all this impacts on the integration process and own living in the community. This conceptual reasoning sets the foundation for new types of service designs that will not only improve immigrants' services, but also the general interest of all users by promoting more friendly and personalised services.

7.4. Reflecting on practice gaps in light of good practice in migrant-friendliness and accompaniment

The aim of this section is to pave the way to setting out the author's recommendations for tackling the adaptation gaps highlighted above, recommendations conceptualised in light of this thesis' theoretical underpinnings. We will be building a response to the *adaptation gaps* pointed out by the research participants, constructed with the help of this research's conceptual framework, the experiences met in the reviewed literature and the author's visits to centres of good practice in Italy. These recommendations will not only be aimed at serving as further responses and adaptations to the three main overarching contextual characterises, that is, legislative weaknesses, inadequate resources and immigrants' culture, but also to meet research participants' clamour for an improvement of holism and evaluation practices. The latter two dimensions of good practices, in fact, fared worse when compared to the others as elicited by the HELGAS Rating scale closed-ended results (Tables 5.13 & 5.14). The present section will consist of a reflection and discussion in preparation for the formulation of recommendations in the next section.

7.4.1. Linking migrant-friendliness and accompaniment to social support

In the adaptation section of Conceptual Framework Chapter 3.4, we identified two strands of thought on adaptations. The first regarded adaptations that follow the concept of migrant-friendliness, aimed at sensitising mainstream service providers to adapt to new realities, especially immigrants living in the community. The second dealt with accompaniment, and particularly refers to adaptations in service designs intended to help immigrants move from segregation to an integrated state. The author believes that by developing and adapting these two broad concepts to a given situation, service providers will be in a better position to offer social support. Interestingly, even our four focal social support services can be conceptualised within these two strands of thought. Migrant-friendliness can be linked to more information and sensitivity on how to access mainstream services, whilst accompaniment can be related with the coordination of referrals, empowering users to achieve autonomy and supporting users in shaping their own life project. But what further adaptation thinking, at all levels, is needed to strengthen these two concepts locally, mainly as a response to the atypical and diverse contextual characteristics of Malta? What lessons learnt from the author's visit to the good practice centres in Italy can be applied?

7.4.2. Adapting good practices from Italy to Malta

As we have seen in the Conceptual Framework Chapter, Pace's (2002) Active Remodelling for Congruence (ARC) can also help researchers and practitioners to conceptualise the importation and adaptation of practices to the context of an adopting country. Whilst in Chapter 6 we used ARC to think about the remodelling of current service designs from the usual versions to ones partly changed in order to fit the new context, in this section it shall help us to seek congruence in the transfer of practice models from the parent to the receiving context, whilst highlighting differences at all levels.

7.4.2.1. Adapting to a legislative framework that is open for migrant mainstreaming

It is proposed that the concept of migrant-friendliness and its experience in the visits to centres of good practice in Reggio Emilia (RE) and Rome, which were discussed in Chapter 3.4, can strongly contribute to answering the above questions related to remaining adaptation gaps in the Maltese migrant environment. In RE, the author noted how the right service environment had been created to embrace the Migrant-Friendly Hospital framework. The region has strong social solidarity values and a legislative framework that facilitates a better fit between the macro-meso-micro systems. Despite Italy's restrictive measures on immigrants' access to services, RE authorities understood the flexible interpretation of laws needed to aim towards migrants mainstreaming. This is about adaptation of policies and services in order to support immigrants' integration at all levels. Nevertheless, the fact that health and social support are coordinated by the same entity, the Local Health Unit, meant that they managed to have service designs that are more integrated, better funded, more flexible and where professionals speak the same language, thus being well-placed to extend help to immigrants in the region. *This legislative framework can be further evaluated to help local authorities adapt to the weaknesses identified by research participants (5.2.2.3.1), such as unclear laws that hinder immigrants' access to mainstream services* (See Table 7.2).

Common Issue/Need /good practice concept	**A legislative framework that is open for migrant mainstreaming**	
Which context	**RE**	**Malta**
Contextual Characteristic/s	Local authorities that understood how a legislative framework can be remodelled to enhance migrant mainstreaming. Integration between health and social support services.	Concept of migrant mainstreaming is still evolving. Health and social support are under two separate ministries.

Implemented Service/ Policy Solution	Interpretation of laws in a more flexible way thus opening up for migrant mainstreaming.	A review of local legislative framework to adapt policies to immigrants' needs. Evaluate how health and social support services can be more integrated and supported to address the realities of immigrants living in the community.

Table 7.2. Main Recommended Adaptation 1 – A legislative framework that is open for migrant mainstreaming

7.4.2.1. The change to migrant-friendly services

After acknowledging the reality of more immigrants needing to integrate in the region, the adaptation towards migrant-friendliness in RE followed a scholarly needs assessment and all efforts were coordinated by a steering committee. *One can say that the inception of a steering committee could be the turning point for Malta's turn to migrant-friendly services*. It is good to point out that, as we have seen in Chapter 2, it was only lately (2017) that local authorities put the 'immigrants-are-here-to-stay' reality once again on the national agenda, paving the way for formal integration solutions.

Generally, research participants revealed that many of the migrant-friendly concepts are actually being implemented in Malta (Tables 5.13 & 5.14), noting that this is done in a rather sporadic and unstructured way. Having an overall steering committee could put all efforts, practices and initiatives together and strive for a more structured and cohesive migrant-friendly framework. In line with a research participant's recommendation (5.4.2.1), in view of its expertise and specialisation, such a committee can help mainstream service providers to adapt their service design to one that is more migrant-friendly.

Like the Migrant-Friendly Evaluation Unit at AUSL-RE's main hospital, *this committee can also be tasked to evaluate the migrant-friendliness of mainstream services.* The Migrant-Friendliness Quality Questionnaire (MFQQ) – an evaluation developed by the Ludwig Boltzmann Institute for Health Promotion Research (LBIHSM) (see Chapter 3) - can be used to achieve this goal. Though this tool was developed for the evaluation of Migrant-Friendly Hospitals, it can be adapted to assess the migrant-friendliness of other mainstream services. But most importantly, it has to incorporate sections where immigrants' voices are heard and acknowledged. *In the closed-ended part of the HELGAS Rating Scale, research respondents asked for improvement in evaluation practices. Therefore, this recommendation can also address this gap in service design* (see Table 7.3).

Common Issue/Need /good practice concept	**The change to migrant-friendly services**	
Which context	**RE**	**Malta**
Contextual Characteristic/s	Acknowledge realities of immigrants living in the community. Local authorities motivated to help immigrants needing to integrate in local communities, thus adapting health services.	Migrant-friendly practices are sporadic and concept is still at an inception stage Lately Malta has put immigrants' integration solutions on national agenda.
Implemented Service/ Policy Solution	Region's main state hospital set up a steering committee to assess immigrants' needs and help service providers to adapt to new realities. Evaluate hospital service for migrant-friendliness by means of MFQQ.	Explore the setup of steering committee to consolidate migrant-friendliness across mainstream services. Offer expertise and help during the adaptation of their service designs. Adapt and use MFQQ to assess the migrant-friendliness of local mainstream services

Table 7.3. Main Recommended Adaptation 2 – The change to migrant-friendly services

7.4.2.2. Developing migrant-friendliness in the community

RE authorities did not limit the application of migrant-friendliness only to hospitals, but extended these adaptations in their community services through the development of the so called Immigrants' Counters. These centres, funded by the Local Government, are like a one-stop-shop where immigrants can drop in for all kinds of help without the need of booking an appointment. Moreover, they serve as centres for intercultural dialogue and promotion of immigrants' groups and councils where experiences are shared. Likewise, in Malta there were also service providers who adapted their service design in a similar way, as a response to the needs of users from different cultures and their living patterns who find scheduled appointments very challenging due to the nature of their work (5.2.2.3.3). However, the director of a local 'drop-in-open-door' centre explained how their resources were inadequate to meet immigrants' requests, thus leading to work overload and a 'blame-the-culture' attitude (5.2.2.3.3). This means that *there is the need for more accessible information centres in Malta. This gap can be filled by an EU-funded project called LEAP* (see Table 7.4). LEAP is a service aimed at mainstream populations, targeting unemployed and other vulnerable people in cooperation with local agencies and NGOs, having the advantage of having a good number of locality-based community outreach centres. In fact, a research participant revealed how LEAP centres are already employing cultural mediators (5.2.2.1.2), and as we have seen in RE, the latter can be key workers in the coordination of these centres.

Common Issue/Need /good practice concept	**Taking migrant-friendliness in the community**	
Which context	**RE**	**Malta**
Contextual Characteristic/s	Local authorities motivated to help immigrants in the community.	Local authorities committed to enhance mainstream community services.

		Only a few drop-in centres for immigrants. These are experiencing work overload.
Implemented Service/ Policy Solution	Adapting the already established Community Information Centres to a one-stop-shop where immigrants can find help without the need of booking an appointment. These places serve as a centre for intercultural dialogue and promotion of immigrants' groups and councils where experiences are shared.	Adapt EU-funded project LEAP. Some of these centres are already employing cultural mediators. Focus can be made on centres situated in areas where immigrants' population is on the rise. Immigrants can be encouraged to conduct group sessions in these centres, thus promoting intercultural dialogue and social support within local communities, particularly informal help.

Table 7.4. Main Recommended Adaptation 3 – Taking migrant-friendliness in the community

7.4.2.3. The government as catalyst for more collaboration with NGOs

RE's long and renowned history in social research yielded policies, a common discourse and practices, like accompaniment and collaboration with NGOs, that through the years have been internalised by mainstream service providers, thus helping and improving the life of vulnerable persons. Similar to our research findings, migrant-specialised NGOs are pioneers in the practices of accompaniment (5.4.2.4). However, in RE, migrant-specialised NGOs engage cultural mediators as key persons to coordinate immigrants' services and orientation provided during the integration process. In RE formal agreements with NGOs or social cooperatives are a common service structure that complements state resources, particularly through the provision of services, like cultural mediation, both in hospitals and information centres in the community. *Even in Malta, research participants revealed how migrant-specialised NGOs are filling gaps in service provision. However, the extent of these collaborations differ from the ones at RE, particularly in funding, role and type of service. The need for similar initiatives*

and agreements are being widely felt. This type of adaptation could be also an important response to inadequate resources, our second overarching contextual characteristic. All this is grouped in Table 7.5.

Common Issue/Need /good practice concept	**The government as catalyst for more collaborations with NGOs**	
Which context	**RE**	**Malta**
Contextual Characteristic/s	Local authorities committed to enter in collaborations with social cooperatives. A long history of collaborations with social cooperatives.	There are NGOs who are complementing mainstream services. There are no agreements with NGOs in the provision of cultural mediation to mainstream services
Implemented Service/ Policy Solution	Migrant-specialised social cooperatives that engage cultural mediators as key persons to coordinate immigrants' services and orientation provided during the integration process.	The government to explore new cooperation strategies to enhance cultural mediation services. These workers can serve as key persons in accompanying immigrants during the integration process.

Table 7.5. Main Recommended Adaptation 4 – The government as catalyst for more collaboration with NGOs

7.4.2.4. Mainstreaming 'adaptation'

Another important feature, also possibly nurtured by the region's contribution in the social fields, was service providers' great readiness for adaptation. The author linked this to a pedagogic approach called the 'Reggio Emilia approach', where students are familiarised with the concepts of social solidarity and a person-centred approach whereby the provider has to adapt to understand the user needs. *In our research, a good number of service providers also featured this sense of adaptiveness, particularly to overcome the three overarching contextual*

features: legislative weaknesses, inadequate resources and immigrants' culture; however, at RE this was more 'mainstreamed' and absorbed, not only from migrant-specialised organisations, but even mainstream service providers. This adaptation is presented in Table 7.6.

Common Issue/Need /good practice concept	**Mainstreaming 'adaptation'**	
Which context	**RE**	**Malta**
Contextual Characteristic/s	A long history of contribution in the social fields through the pedagogic approach called 'Reggio Emilia approach'.	A society that considers itself to be grounded in Christian values, democracy and solidarity. A commitment to help vulnerable persons. Many service providers are adapting to immigrants' needs.
Implemented Service/ Policy Solution	Students are familiarised with the concepts of social solidarity and a person-centred approach, whereby the provider has to adapt to understand the users' needs.	Institutions have to increase their efforts to translate values into practices that keep persons at the centre of service provision and not the other way round, thus making adaptation more mainstream to meet clients' needs.

Table 7.6. Main Recommended Adaptation 5 – Mainstreaming 'adaptation'

7.4.2.5. Enhancing holism through the engagement of more specialised professionals

Results of the closed-ended part of the HELGAS Rating Scale showed how *holistic practices were in need of improvement* (Tables 5.13 & 5.14). Additionally, the open-ended part identified the main contextual characteristics, consisting of lack of immigrants' involvement in service provision and inadequate resources such as specialised human resources that communicate together in an integrated way (5.4.2.1 & 5.4.2.2). In his visit to the second good practice centre, Rome's National Institute for Health Migration and Poverty (NIHMP) (see Chapter 3), the

author noted how this centre adapted in many ways, partly as a response to these two contextual characteristics. The author noted how *the providers secured funds to engage specialised professionals that work together in an interdisciplinary manner and where immigrants themselves are involved in what is called a "welfare-rehabilitation strategy*" (Morrone et al., 2009, p. 50). This is a support plan, carried out by specialised professionals, emanating from a needs assessment that takes note of all types of vulnerabilities. *Professionals include anthropologists, cultural mediators, physicians, nurses, psychologists with specialisations in ethno-psychology and legal representatives* (Morrone et al., 2009, p. 48). Locally, we have seen in our Findings Chapter that specialised professionals are not big in numbers, but there were examples of specialised sub-units within mainstream services (5.2.2.1.4), like the Migrant Health Unit. Specialisation was more associated with migrant-specialised NGOs and IOs.

Participation of users in the decision-making process is encouraged during the whole itinerary, particularly with the help of cultural mediators and anthropologists, thus reducing the power imbalance between the provider and user and helping immigrants feel safe to open-up and narrate their stories. NIHMP adapted from a clinical dermatology hospital to one that provides ample social support and holistic services to vulnerable immigrants. It changed from a clinical and medical institution to an organisation that recognised social support and adapted to a one-stop-shop service design where immigrants can drop in to find help. This means that it moved from mono-disciplinarity to interdisciplinarity, from mere treatment to "welfare-rehabilitation strategies", from legalism to empathy, compassion and positive relationships, where cultural mediators in native costumes and big prints welcome immigrants to access services and find help during their integration journey. Whilst, in general, this thesis' research findings showed similar adaptations where service providers have comparable features and competencies to adopt a migrant-friendly framework, in Rome this framework was found to be more robust,

more present and more supported as a major solution in adapting to immigrants' culture. Table 7.7 features this adaptation on enhancing holism through the engagement of more specialised professionals.

Common Issue/Need /good practice concept	**Enhancing holism through the engagement of more specialised professionals**	
Which context	**NIHMP**	**Malta**
Contextual Characteristic/s	Securing funds to change centre's service design. Motivation to adapt from a clinical to a more holistic centre.	The need to commit funds to engage specialised professionals with mainstream services. There are few specialised sub-units.
Implemented Service/ Policy Solution	Adapting service design to a one-stop-shop engaging anthropologists, cultural mediators, physicians, nurses, psychologists with specialisations in ethno-psychology and legal representatives. Participation of users in the decision-making process. Integration of practices and needs assessments. Finding solutions to welcome immigrants and facilitate access to services and find help during their integration journey.	More funds are needed to engage specialised professionals. Implementing needs assessment that keep immigrants at centre, whilst encouraging their participation within a more integrated approach. Keep a creative and flexible approach to find more ways of helping immigrants access mainstream services.

Table 7.7. Main Recommended Adaptation 6 – Enhancing holism through the engagement of more specialised professionals

7.5 Recommended responses to the highlighted adaptation gaps

By way of concluding this chapter, a number of recommendations can now be made. If one takes the notion of adaptation to the concepts of migrant-friendliness and accompaniment in an attempt to ameliorate social support practices, we can say that local authorities and providers

need to be able to assure a number of adaptations if they are to truly help immigrants during the integration process. These recommendations bring together and summarise the recommendations in 7.4, emanating from the author's experience at centres of high-level practice as indicated below:

1. Sensitise local authorities to legislative frameworks introduced in other countries that aim towards migrant mainstreaming, in order to promote adaptation of policies and services to facilitate immigrants' integration.
2. Set up a steering committee that will not only encourage migrant-friendly services, like the concept of Migrant-Friendly Hospitals, across all mainstream services, but also evaluate their migrant-friendliness by means of the Migrant-Friendly Quality Questionnaire of the Ludwig Boltzmann Institute Health Promotion Research. The questionnaire can be adapted to local realities and include both service providers' and immigrants' voices.
3. Help an EU-sponsored project (LEAP) to adapt and set up accessible multi-lingual information points, particularly in areas where the number of immigrants is on the increase. Engage cultural mediators to be key persons in the orientation of immigrants during their integration journey. These centres are to encourage the formation of, and host, immigrants' groups and councils, and help them to be involved in the decision-making process, whilst promoting intercultural dialogue with local communities and social support, particularly the promotion of informal help.
4. Support robust agreements between government and migrant-specialised NGOs to provide cultural mediation and other direct face-to-face services, thus complementing mainstream services.

5. Collaborate with the University of Malta for students' placements in the fields of immigrants' social support, but also mainstream adaptation studies as a pedagogic approach towards person-centeredness in meeting users' needs and as a structured response to new realities, like immigrants integrating within local communities. Also train cultural mediators in accompaniment practices and offer short management courses for migrant-specialised organisations. Also encourage a common model of support that by time will help to create a common discourse and more coherent policies.
6. Train mainstream service providers in migrant-friendliness and accompaniment, but also in understanding the power imbalance between users and providers, thus avoiding western practices that could demean or diminish the identity and culture of immigrants, allowing the creation of relationships that enable immigrants to narrate their stories.
7. Organise familiarisation visits, for professionals and planners, to other foreign and established migrant-friendly organisations.
8. Encourage mainstream services to employ a wide range of professionals, even on an as-needed basis, like anthropologists and psychologists with specialisations in ethno-psychology, in an attempt to promote holism and comprehensiveness.

7.6. Conclusion

Looking back on this chapter, we saw first how research respondents' *adaptation gaps* pointed out two main areas of incongruence. These are lack of integration thinking and migrant-friendliness at adjustment (open-centre) and integration (community) stages respectively. These structural pitfalls are no easy task to address. However, by acknowledging the 'immigrants-are-here-to-stay' reality, we will better respond to these new contextual

characteristics and adapt our services from the usual way of shaping them to what the context allows and call for.

At the adjustment stage, we need to think of service designs that are more migrant-specialised to help immigrants move from segregated to mainstream services, as a movement to integration. The role of migrant-specialised organisations in open centres is more than ever becoming central. They have the expertise and flexibility to accompany immigrants in the passage from segregation to integration, from adjustment to mainstreaming. Here we are talking of service designs that are built and adapted on a deep understanding of users' needs and their contexts, such as culture and living patterns, whilst keeping in mind the realities of local resources.

Whilst living in the community, immigrants want mainstream services to redefine their understanding of sensitivity. The engagement of cultural mediators requires deep reflections and a strong organisational commitment at all levels. One can say that it is not the funding of these professionals that is challenging, but the structural adaptations that are needed to understand the benefits of these workers. Benefits that centre around positive relationships and trust between users and providers in an attempt to facilitate access to services and for immigrants to feel comfortable to open up for help. This argument brings us to the last type of adaptations, recommended by immigrants themselves. We should move our focus from service designs that are based on knowledge of the other to ones based on empowerment, respect and dignity. Sometimes organisations are too much structured to meet administrative and funding measures, ending up categorising immigrants and vulnerable persons according to culture, ill-health and dependencies. By redefining sensitivity, we call on service providers to adapt and

redress the power imbalances between users and providers. In this way immigrants' identities will not be demeaned and disempowered by western norm impositions. We need to help immigrants to feel comfortable to open up and tell their stories in a context of power imbalances and inequalities.

In the last section the author conceptualised his recommendations to this thesis' theoretical underpinnings, particularly the notion of adaptation to the concepts of migrant-friendliness and accompaniment, in an attempt to ameliorate social support practices. The visits to Reggio Emilia and Rome helped the author formulate and recommend eight practical solutions or adaptations that build on the 'adaptations-waiting-to-happen' identified by research participants. These also serve as a further response to our three overarching contextual characteristics.

Now that we have answered our research questions, it is time to conclude this doctoral research, but not before discussing its applied knowledge, theoretical and epistemological contributions. Chapter 8 is the concluding chapter of this thesis.

CHAPTER EIGHT – Conclusion

8.1. Introduction

The primary aim of this thesis was to investigate what good practices in the four focal areas of social support of undocumented immigrants were or could be adapted to the Maltese context. To answer the aim, the researcher used a mixed method approach within a critical realist paradigm in order to study context and adaptations. In this way we discovered how in the period when Malta had no formal integration programme and was being described as less favourable to immigrants' integration, there were organisations who did their utmost to adapt their service designs to help immigrants during the integration process.

Trafford and Leshem (2009) advise that a doctoral research's conclusion is to be structured in three levels to present its applied knowledge, theoretical and epistemological contributions. These are discussed in section 8.1. Accordingly, in the first section, 8.2.1, we will identify what we learnt about good practice adaptation in Malta, including also the contributions of this research to the understanding of service providers' and users' adaptations in response to the newness that local contexts experienced during the first decade of immigrants' arrivals, particularly the reality of more immigrants integrating within local communities. In the next section, 8.2.2, we will discuss the refinement of the conceptual framework, and the third section, 8.2.3, comprises the author's reflection on this thesis epistemology. The author added three further sections to discuss the research's limitations and possible avenues for further research in section 8.3, followed by brief reflections on the new local integration strategy in 8.4, and how the personal PhD journey unfolded during the past 7 years in section 8.5, featuring times of dilemmas and setbacks that led to the discovery of valuable wisdom and insightful realisations that the author would like to share.

8.2. The contributions of this research

This project had three Research Questions:

Q1. What good practices in the social support of undocumented immigrants were applied and how were they adapted to the Maltese context?

Q2. What contextual features are making Malta's context a particular one, calling for particular adaptations?

Q3. What further adaptations are recommended to fill the remaining service gaps or mismatches?

The main objectives are set out below in a reviewed form. Here they are not presented in detail, but rather so as to represent their nature and essence.

- To provide a detailed narrative based on existent knowledge on Malta's immigrant context and solutions; and the periodisation of undocumented immigrants' social support giving particular attention to their passage from adjustment to mainstreaming.
- To provide a conceptual framework on the theoretical underpinnings, current concepts and understandings relevant to the study, including knowledge gathered from two visits to good practice centres in Italy that were carried out as case studies to further understand the application of these concepts of adaptation and good practice.
- To provide a detailed analysis of the quantitative and qualitative research findings in order to establish what the local contextual features that triggered adaptations of social support practices were, whether these were good practices or not, and how they were applied, including comparisons with the literature review and with the use of the

conceptual framework, together with the recommended adaptations needed to fill in gaps in service provision.

One can say that these objectives have been significantly met through the findings, presented in Chapter 5, and discussed in Chapters 6 and 7, and we can therefore proceed to discuss the contributions under the headings of applied knowledge, theory and epistemology.

8.2.1. Contribution to applied knowledge

The contribution to applied knowledge can be divided in five sections. The first contribution is the fact that the research topic is relatively new, and has been mainly explored by researchers in countries with a long history of immigrant integration (see Chapter 3). Research focusing on service providers' adaptations as such in the practice of immigrants' social support is relatively new, generally as well as in Malta. This study contributes towards filling this gap by focusing on the adaptations made to the new contextual features while evaluating them against good practice criteria. Broadly speaking, this research has shown that service providers, both those coming from public mainstream services and migrant-specialised organisations, changed their service designs to help immigrants during the integration process. It is true that at the time of writing Malta had no formal integration strategy, but by means of these adaptations, big or small, service providers contributed to what this author calls integration policy of the *de facto* kind.

The second contribution is linked with the characteristics of Malta's immigrant context, making it one that is atypical and diverse (see Chapter 6.2.3). Primary findings revealed positive features such as migrant-specialised organisations helping immigrants move from the

adjustment stage to a more mainstream one. On the other hand, negative features included legislative weaknesses that are limiting migrant mainstreaming, but also inadequate resources that directly affect service designs, particularly face-to-face practices like accompaniment, cultural mediation and domiciliary visits. On the other hand, the user world presented realities characterised by immigrants' lack of service literacy, strong social networks and unhealthy living patters. In fact, legislative weaknesses, inadequate resources and immigrants' culture were the three main overarching contextual features to which the most important adaptations were applied, even those falling under the four main areas of social support. Interestingly, these characteristics were not considered 'barriers', but 'opportunities' or springboards for adaptive thinking.

The third contribution is the identification of adaptations as solutions that can be classified as good practice concepts (see Chapter 6.2). Focus was given to adaptations that fall under the definition of social support, particularly the four focal areas (see Chapter 6.3). Results showed how in response to the three main overarching contextual features, mainly legislative weaknesses, inadequate resources and immigrants' culture, service providers adapted their service designs on the provision of service information to better inform service users from different cultures. They also adapted to facilitate referrals and continuity of support, whilst trying to empower immigrants during the integration process to be in a better position to decide for themselves. Other major adaptations included the recruitment and involvement of cultural mediators and establishing migrant-friendliness training for professionals to help immigrants engage to the new context, thus facilitating integration.

Interestingly, these adaptations were not imported from another parent/country context but were largely adaptations and remodelling of service design and practices from the 'usual', standard or 'text-book' version to one partly changed in order to dovetail with the new context. It is important to note that these were all already-implemented-adaptations. These adaptations were linked to many of Watters' good practices. For instance, the adaptation described as a phenomenon of reversed state of exception was related to the first dimension on access and entitlement. This adaptation scored high in the closed-ended part of the HELGAS Rating Scale. Other adaptations were linked with the dimension of interagency collaborations, particularly in view of inadequacy of resources. Resources were deemed insufficient to cater to the number of immigrants and cultures, often too big and varied, in an optimal manner. These included sharing of leaflets, cooperation in carrying out home visits and referrals, tapping of external funds to organise training and specialised group sessions. Despite describing such an extensive list of adaptations, whilst answering HELGAS statements, research participants still felt that there is room for further improvement. However, they had a change of heart when they entered users' shoes and participants then rated this dimension as decent. This might be attributed to the open-ended questions about congruence and adaptations that might have influenced and helped participants realise how extensive and wide-ranging these types of adaptations were.

There were other adaptations linked with the intercultural sensitivity dimension, such as prioritisation of cultural mediators or their booking in a more gender-sensitive way. Other examples of intercultural sensitivity, but also accessibility, included adaptations as a response to immigrants' living patterns, such as changing the service design to a 'drop-in-open-door' model of practice to facilitate openness and availability. Intercultural sensitivity practices were classified as decent in the HELGAS Rating Scale's closed-ended part. The organisation of group sessions outside normal hours and encouraging immigrants to act as volunteers were

linked to the dimension of participation, sensitivity and accessibility. Nevertheless, HELGAS quantitative results showed that services fell short in the dimension of participation and asked for improvement. Even the holism dimension was considered in need of improvement. Adaptations that were classified under this dimension included accompaniment of immigrants more than once, but also many of the others mentioned earlier, showing how many of these dimensions are not mutually exclusive but can overlap and complement each other. Ultimately, evaluation practices were also judged to be in need of improvement. The author could not link adaptations falling under the four support areas to the dimension of evaluation. However, this does not mean that there were no adaptations related to this dimension. In fact, in the Findings Chapter, respondents revealed adaptations such as carrying out internal evaluations instead of costly external ones, and when a psychologist asked immigrants in detention to evaluate a project in their mother language. Conscious about the importance of this dimension, and that many undervalue it, the author gave his recommendations in Chapter 7. This brings us to the penultimate type of contribution.

The fourth contribution of this thesis focused on the research participants' 'adaptation gaps'. These were adaptations that participants recommended in view of incongruencies perceived by research respondents themselves. These included lack of integration thinking at the open centre phase and less than desirable migrant-friendliness at the integration/mainstream phase. Immigrants asked for service designs that are more migrant-specialised, especially to maximise their experience whilst living in open centres. This calls for greater involvement of migrant-specialised organisations in open centres, primarily due to their adaptiveness and deep understanding in accompanying immigrants from segregation to integration, whilst keeping in mind the realities of immigrants' context and resources. Then, once living in the community, both service providers and immigrants wanted mainstream services that have a redefined

understanding of sensitivity, by means of service designs and practices that adapt to the concept of migrant-friendliness. This needs the serious engagement of cultural mediators and specialised professionals that build positive relationships with users and their families or friends. Here we are referring to adaptations that redress the power imbalances between users and providers, hence, practices that empower immigrants to open-up and feel comfortable to narrate their stories, and not feel weakened by western norm imposition.

The fifth input of this thesis centres around the author's recommendations that focused on the notion of adaptation to the concepts of migrant-friendliness and accompaniment as a response to mismatches, thus improving the main areas of social support practices. By keeping in mind research participants' 'adaptation gaps', the author added further remodelling thinking, much of which emanated from his visits to Reggio Emilia and Rome, two centres of good practice. The recommended eight practical adaptations served as additional responses to the three overarching contextual characteristics and included the need for migrant mainstreaming, the setting up of a committee to encourage and evaluate mainstream services' migrant-friendliness, change in the service design of the established EU project LEAP to serve also as immigrants' information centres in the community, stronger agreements with migrant-specialised organisations such as in the provision of cultural mediations, collaboration with the University of Malta to train stakeholders in the fields under review, thus improving organisational and sensitivity skills and competencies, organising visits to foreign migrant-friendly organisations and the employment of more specialised professionals to enhance sensitivity.

8.2.2. Contribution to theory

We started this endeavour with a conceptual framework founded on social support and an explanation of how this can help immigrants during their integration journey. We argued how service providers have to adapt their social support practices in response to changing realities and contextual features. Enlightened by Pace's ARC we learnt that to remodel services and policies, one has to evaluate them in light of the users' and providers' worlds and at all levels, macro-, meso- and micro-. With the help of Watters' Six Dimensions, we identified criteria that help researchers and practitioners to check if these adaptations follow concepts of good practice. Conceptually, adaptations of service designs followed two strands of thought: migrant-friendliness and accompaniment.

Though this thesis' research questions centred around service providers' adaptations, during his research journey the author discovered that adaptations are not only the prerogative of service providers. Remarkably, immigrants proved to be agents of adaptations as well (see Chapter 6.4). We noted active adaptation when it involved a solution that originated from them, like living near each other, opening up for help or wanting to learn English or about participative democracy. Adaptations were passive when they made no change and accepted the reality as it is, like when faced with service environments' jargon that were unfamiliar with, such as saying "sorry and thank you" or waiting in a queue. These solutions included not only the specific ways in which they responded to the services or their inadequacy, thus strengthening our observation on how persons in vulnerable situations turn to informal help when the formal sources are perceived as unengaging, but also to meet their own needs during integration, independently from the services offered. This further strengthened the critical realist approach of this thesis, as something is real when it has a causal effect and makes a difference.

This fine-tuning of the conceptual framework over the development of this thesis, consisting in efforts to make theory a better tool to make sense of reality as encountered and as expressed by respondents, was in line with the critical realist approach of this thesis. It is true that concepts are sometimes constructed on established theoretical underpinnings, but these can evolve and be adjusted to shed more light on the areas under review. One can say that this is the first theoretical contribution of this thesis.

The second theoretical contribution is the amalgamation of Dr Charles Pace's Adaptive Remodelling for Congruence and Prof Charles Watters' Six Dimensions of Good Practices, which brought together a concern for good practice with a curiosity to see how this was adapted in an untypical environment (see Chapter 4.6). This merged with the author's own reflections and resulted in the construction of HELGAS Rating Scale. In order to answer our research questions, HELGAS Rating Scale included questions administered in both a closed-ended and an open-ended manner.

The third contribution is the development of a number of examples to show how the Adaptive Remodelling for Congruence framework can be applied, and applied more particularly to the design, and the evaluation of the design, of services for undocumented immigrants (see Chapter 6.3) and the importation and adaptation of practices to the context of an adopting country (Chapter 7.4.2). Works using ARC that could be used as a model have been limited. Apart from the author, other authors who used ARC were Dr Kathlen Valtonen and Kaija Matinheikki-Kokko in a meeting in Malta organised by the current author. In this seminar, as guests of the Parliamentary Assembly of the Mediterranean (PAM) and on the initiative of the Maltese Parliamentary Delegation within PAM, these researchers presented an evaluation of the social

support of immigrants in Finland (Valtonen & Matinheikki-Kokko, 2008). This means that many a time discussion and reflection was needed to see how to adapt ARC to the new needs and context of this research.

A fourth contribution was in trying out two types of ARC tables. The first, presented in Chapter 3.5, is more synthetic, bringing in many contextual features and many service solutions in one table. In fact, this was sometimes nicknamed by the author as the 'mother of tables'. However, the author opted for tables that are more analytical and focused, as these were anticipated to be clearer to the reader (see Chapters 6.3 and 7.4.2).

The last contribution was the essence of adaptations per se. At first the author expected to find adaptations that were remodelled from a parent to an adopting context. However, many good practices were in fact 'adapted rather than re-adapted': the idea was 'adapted in the first place' or 'applied'. But, since the author was interested in the importation or application of good practice ideas, and since any application must be adapted to the context, 'adaptation with remodelling' was equally interesting.

8.2.3. Reflecting on epistemology as applied

The basic epistemological perspective of this thesis is in its use of critical realism, particularly in social sciences. Critical realism combines a realism that accepts the existence of an objective reality, often associated with quantitative research with closed-ended questions, with a critical approach, in the sense that there is much construction and subjectivity in our conceptualisation of this reality, often related to qualitative research, which thrives on the narrative of the open-ended questions and semi-structured interviews with immigrants. Though it is claimed to be an

approach only associated with British research (Alvesson & Sköldberg 2009, p. 39), the author has contributed to its application in Malta. A critical realism approach helped the author to focus on realities coming from both the users' and providers' worlds. Contextual features were deemed as a reality that had a causal effect on service users' and service providers' behaviours and relationships, thus making a difference. In fact, since critical realism also emphasises the ideal, the author managed to see what certain service designs, falling under the four main areas of social support, could or could not do in terms of their effects.

Moreover, the author experienced how a critical realist perspective can be very comfortable amid the use of mixed method research. This is the second contribution. We have seen how it bridges key aspects of both qualitative and quantitative approaches, thus exploring and understanding the structures and mechanisms of what could be observed and experienced. This helped this research to both, on the one hand, observe contexts and adaptations carrying high degrees of objectivity, and to also share a deep understanding of service users' and service providers' worlds that involved striking measures of subjectivity.

The third contribution relates to the methodology and how qualitative and quantitative methods were combined to achieve improved trustworthiness. The use of both quantitative and qualitative research methods strengthened the understanding of contextual features and adaptations, coming from both the providers' and users' worlds. On the one hand, the quantitative approach provided frequency distribution of responses to show how many instances there were of each value of a variable, like migrant-friendliness. On the other hand, the qualitative data provided in-depth understanding by means of the open-ended questions

about congruence and adaptations. Additionally, the author triangulated the research data, thus increasing validity.

The last contribution is the fact that, in order to paint a more valid and helpful picture of reality, the author had to modify the concepts, as per the previous subchapter. This means that the current author did not follow the positivist expectation that our concept is a passively received, ready-made 'picture' of reality, but rather one that requires us to actively construct the concept and refine it. But still, great care was taken in this thesis to make the 'reality check' clear: the frequent looking at the evidence to check whether the constructed concept matches the evidence. The citing of respondents, indicated through reference numbers in brackets, is based on respect for the evidence. The thesis was therefore critical realist because it is based on an epistemology where constructivism and realism go together.

8.3. Limitations and further research

First, the findings of this research have limitations in the sense that no claims can be made of quantitative generalisability of the numbers to the whole population of similar agencies. Though our research methodology may lead to concerns related with generalisability (Carolan, 2003), akin to Hart (1998), the author is more concerned with understanding the world around us. This means that it offers generalisability from a critical realist perspective. This thesis studied context and adaptation from deeper lying mechanisms, offering readers a better understanding of how adaptations can respond to contextual features such as inadequate resources, legislative weaknesses and immigrants' cultures. Moreover, we learnt how adaptations, whether simple or complex, are no easy task, and need thinking at all ecological levels, both from the provider and user worlds.

Second, while the author tried to follow best practices whilst carrying the research, as is the case with all research projects, there could be issues that need to identified and addressed. During the application of the HELGAS Rating Scale, the closed-ended (quantitative) part was usually conducted before the open-ended (qualitative) part. This decision might have influenced research participants due to the values 'imposed' by the rating scale, emanating from the merger between ARC, the Six Dimensions and the author's own reflections. However, on a positive note, excluding the case of a service provider who refused to enter immigrants' shoes and answer the second part of HELGAS Rating Scale, no service provider or user asked the author to exclude any provided information. This might have been influenced by the fact that the author spent time with research respondents before conducting the fieldwork in order to build a relationship and clearly explain the project, as well as the principles of anonymity and confidentiality.

8.3.1. Further research

This thesis opens new opportunities for research at all levels, in an attempt to address gaps in knowledge. As stated in Chapter 7, in view of the reality that 'immigrants-are-here-to-stay', further research can be done to review the Maltese legislative framework. This research confirmed areas like health care and employment that are in need of review, but further adaptations might be needed to make local policies more migrant-friendly to help immigrants to integrate within local communities.

More research is also needed to establish the resources needed in order to meet immigrants' needs in the optimal manner during their integration process. Research like situational analysis

can be carried out to determine current and appropriate staffing levels, both in mainstream and migrant-specialised organisations. The need for research about the appropriate introduction of more cultural mediators and specialised professionals was widely felt in this endeavour. The third area of research evolves around the evaluation tool entitled Migrant-Friendly Quality Questionnaire. The implementation of this questionnaire was earmarked by the author as one of the tasks of the recommended steering committee, tasked with helping mainstream service providers adapt to the new realities. This questionnaire was originally developed by the Ludwig Boltzmann Institute Health Promotion Research to evaluate the so-called Migrant-Friendly Hospitals. This can be adapted to the local context and to service designs that are not just health-oriented but all services falling under the mainstream umbrella. This means that this assessment tool can be used to evaluate mainstream services' level of migrant-friendliness, thus further addressing gaps and improving sensitivity in service provision in general. Above all, this tool has to include not just service providers, but also the voices of immigrants who experienced these services themselves while finding their feet in new communities.

8.4. Postscript 1: The new integration strategy

This thesis' fieldwork was conducted between January and October 2015, when no formal integration strategy was in place. However, as we briefly mentioned in Chapter 2, after a consultation process in 2017, the first Maltese integration strategy was launched in December of the same year (Ministry for European Affairs and Equality, 2017). In fact, no research participants mentioned Malta's integration plan, as the general perception was a passive one, like a resigned acceptance that such a formal approach to integration could never happen. This because, as we have seen in Chapter 2.5.6, Malta was always referred to, sometimes purposefully, as a transit country and not a place where immigrants can integrate. But yet again, when boat arrivals dwindle, local authorities find the strength to think on integration solutions.

This happened in 2010 when authorities incepted the Organisation for the Integration and Welfare of Asylum Seekers (see Chapter 2.2.3). However, the integration mandate proved to be brief, because as soon as immigrant landings increased again, the integration task was dropped. We hope that this time, local authorities are more resilient and do their utmost to make integration a more permanent solution.

Though still not yet implemented, the current strategy is recommending a framework where immigrants can choose to apply for integration. Applicants are expected to follow a four stage itinerary, coordinated by a newly-set up Integration Unit. The strategy allows for a series of immigrants' courses and tests on local values, language, laws and concept of participative democracy, the set-up of an informative website, the creation of a pool of cultural mediators, encouraging the formation of informal help, networking with NGOs and IOs and permission for immigrants to open a bank account (Ministry for European Affairs and Equality, 2017). It is good to note that many of these initiatives are in line with the concepts and findings of this endeavour. Therefore, one can say that this thesis can shed more light and help local authorities to contextualise these initiatives. It is hoped that our research on adaptations can serve as lessons on exemplary good practices and on how service designs can respond to context and immigrants' realities during the integration process. Our findings on context and adaptations can help the local authorities in charge of immigrants' integration to address the mismatches between what is ideal and what the context allows, especially in our four areas of social support. Particular attention should be given to the three overarching contextual features that predisposed our identified adaptations. It is in this spirit that the author recommends policymakers and practitioners to implement the new integration strategy.

8.5. Postscript 2: Reflections and Lessons from the Experience

At this stage of the PhD, expressing the researcher's feelings to the reader is a quite significant and probably quite appropriate urge. One can say that it can add a personal touch. The making of this project took seven years, and many things happened during its course which have marked the author in many ways. From an academic point of view, it was tough, especially the reconciliation between a busy working schedule, family life and time for studying. Moreover, the feedback of the Board of Examiners placed further challenges and time for reflection; nonetheless it was also through their feedback and this reflexivity that this thesis strengthened its doctorateness.

From a personal point of view, it was at the end of this research journey that my wife and I received the good news that an adoption process was coming to an end, and we would soon be meeting Edka in September of 2017. It was an overwhelming experience, that apart from bringing immense joy, further challenged schedules by adding a 'father' role, testing the author's 'adaptation' skills, particularly during the first months.

Similarly overwhelming was this PhD, where the author tried to be reflexive throughout the whole journey. It is in these moments that the author realised what one can see beyond the surface of things. This thesis dealt with service providers and immigrants that accompanied the author through an itinerary of experiences, sometimes positive and sometimes negative. Research participants meant a lot to the author, as the researcher understood their struggles and barriers, but also their opportunities. He noted service providers that against all odds are doing their best to keep offering services that do not fall short of the ideal. He also met immigrants who are trying their best to integrate in a country that is still evolving towards Berry's and

Murphy's 'culturally pluralistic societies' model (see Chapter 3.2) and adapting to their needs. These realities sent a message of resilience to the author, and to never give up. One has to know their world's realities to adapt and start doing things differently. As we have seen, even the smallest and most inexpensive adaptations can improve people's lives. Also important were the visits to Reggio Emilia and Rome where the author understood the concept of adaptation and saw in practice how services can adapt to the notions of accompaniment and migrant friendliness to better address immigrants' realities.

As a researcher, the current author believes that this journey will never end. The road is still long and there is much work to do, but the resilience learnt from the research participants empowers him to keep on looking for solutions and adaptations that will help to improve people's lives.

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Appendices

Appendix A - Timeline for the periodisation of undocumented immigrants' social support services

D E T E N T I O N	2000	The use of Ta' Kandja and Floriana detention centres after landing of the first groups of immigrants. Visits by the Jesuit Refugee Services (JRS) and Malta Red Cross in detention centres. Emigrants' Commission active in the social support of immigrants in the community. The setting up of KOPIN – an NGO with interests in vulnerable persons, including immigrants.
O P E N C	2001	Saturation of Floriana and Ta' Kandja detention centres. The foundation of SKOP – a national platform for several NGOs active in the fields of humanitarian aid and interests in the social support of immigrants.
	2002	Opening of Ħal-Far Detention Centre. Opening of government-owned Marsa Open Centre and Peace Lab Open Centre; both managed by faith-based organisation, the former entrusted to Fondazzjoni Suret il-Bniedem and the latter owned and managed by faith-based John XXIII Peace Laboratory.

E N T R E S		Setup of the Office of the Refugee Commissioner. First reports on the poor state of detention centres - Jesuit Refugee Services (Malta), Amnesty International Malta and the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) write to Home Affairs Minister on how immigrants are locked up at Ta' Kandja and Floriana detention centres, lacking non-caring personnel, absence of outdoor and recreational activities and no communication with outside world. Controversial forced return of a group of 223 Eritreans, after refusing to apply for asylum, and against International Organisations (IOs) advice, leading to protests from IOs and NGOs because destination was seriously unsafe.
I N T E G R A T I O N	2003	The Foundation for Social Welfare Services (mainstream agency catering for the general population) is officially responsible for the welfare and integration of immigrants in the community. This replaced the previous government providers within the Ministry for the Family and Social Solidarity. Informal fast-track procedure to release unaccompanied immigrants from detention centres initiated. Opening of the first Unaccompanied Minors' Open Centre. First beneficiaries of the European Refugee Funds (ERF). Malta joins International Organisation for Migration (IOM). First European Council Directive guaranteeing minimum standards for the reception of asylum seekers.
	2004	The inception of Integra Foundation – an NGO working with marginalised groups, including sub-Saharan immigrants.

D **E** **F** **A** **C** **T** **O**	2005	Publication of policy document by the Ministries for Justice and Home Affairs, and the Family and Social Solidarity entitled Irregular Immigrants, Refugees and Integration. The setting up of ENAR Malta, a network of local NGOs aiming at minimising racism in Malta. The foundation of the Detention Services. Opening of the United Nation High Commission for Refugees (UNHCR) office in Malta. Formal fast-track procedure to release unaccompanied immigrants from detention centres. TAIEX programme to train Refugee Commission personnel and Refugee Appeals Board. EU Twinning Light project with Greece to enhance asylum system in Malta. Exchange of best practices on Minimum Standards Directive, under the ARGO programme with the Dutch government.
	2006	First schemes of Assisted Voluntary Return Programmes (AVR). Setting up of the Vulnerable Adult Assessment Team to fast track vulnerable immigrants out of detention. Integration projects by SOS Malta.
	2007	The setting up of the Organisation for the Integration and Welfare of Asylum Seekers (OIWAS). Arrangements for systematic medical visits in the Detention Centres.

		The inception of The People for Change Foundation and Third Country National Support Group – NGOs active in immigrants' support. A Board of Visitors for Detained Persons was set up. National Commission for the Promotion of Equality had its responsibility to ensure that no discrimination extended to apply also to grounds of racial and ethnic origin in areas like social protection, access to healthcare, housing and education. OIWAS introduced the first formal caring personnel in detention centres. By means of European funds, the JRS and Red Cross Malta organised training to stakeholders in the fields.
	2008	Arrival of Médecins Sant Frontières in detention centres to carry out medical examinations and services, including referrals for further psychological support. Second cycle of ERF, aimed to improve accommodation, support services in detention centres and integration. Set up of the Migrant Health Unit. Refurbishment of Marsa Open Centre. The 10th European conference on reception of asylum seekers was organised in Malta, with the aim of sharing good practices.
	2009	Médecins Sant Frontières (MSF) withdrew mission in Malta in view of appalling conditions in the detention centres. Refurbishment of controversial Hermes Block, one of the most appalling detention centres that fuelled MSF to leave Malta. More AVR programmes by IOM.

		First cultural mediators within state health services and health education booklet for immigrants. For the first time the University of Malta opened a Masters in Social Policy with Immigration as a specialist subject. However the course was not taken up by sufficient applicants. The foundation of more NGOs working in the field of immigrants' support – such as GetupStandup and the Organisation for Friendship in Diversity. First EU Commissioner visiting the detention and open centres. The General Workers Union (GWU) opens the door for immigrants and appoints ex-Marsa Open Centre manager as specialist on Third Country Nationals. OIWAS dropped the integration mandate from its name and changed from Organisation to an Agency for the Welfare of Asylum Seekers (AWAS).
	2010	The setting up of the Foundation for Shelter and Support to Migrants responsible for the Marsa Open Centre, taking over from Fondazzjoni Suret il-Bniedem. The Office of the Refugee Commissioner introduced booklets on asylum procedure and strengthened its interpreters' services. Cultural events at Marsa Open Centre.
	2011	More EU funded projects aimed at the social support of immigrants in Detention and Open Centres – COPE, SPARKLET, MARE NOSTRUM. Opening of the European Asylum Support Office in Malta. Launch of Aditus Malta, an NGO active in the field of human rights.

		JRS psychosocial project: a one year project with the aim of identifying vulnerable immigrants requiring assistance in detention and throughout their stay in Malta.
	2012	SOS Malta partnered with National Youth Agency and the Public Broadcasting Services to raise awareness on immigrants' integration in Malta. Integra Foundation and Aditus engaged in integration projects funded by United States Embassy in Malta. Konnect Kulturi of Integra Foundation and GWU start offering English and Maltese languages lessons to immigrants. Cultural events at Marsa Open Centre.
	2013	European Home Affairs Commissioner Cecilia Malmström reveals that as from 2007 Malta received €84.96 million from EU to help deal with immigrants' arrivals on the island. Putting Integration into Perspective – a study by the Office of the Refugee Commissioner on local integration efforts and beneficiaries.
F O R M A L I N T E G	2014	In their forward to a publication on refugee integration perspectives in Malta called Nitkellmu (Let us talk), Ministers Marie Louise Coleiro Preca (appointed as President of Malta in 2014) and Helena Dalli explain how "the reality of immigrants and refugees...is here to stay" thus paving the way for more integration thinking.
	2015	A new migration strategy that put to an end to the detention practices. The Ministry for Home Affairs and National Security explained that immigrants now spend 7 days in an "initial reception centre", to then move out in open centres.
	2017	Consultation and launch of the first Maltese formal integration strategy. Immigrants can voluntarily apply for a series of immigrants' courses and tests on local values, language, laws and concept of participative democracy. An informative website and the creation of a pool of cultural mediators are to be set up, together with encouraging the formation of informal help, networking with NGOs and IOs and permission for immigrants to open a bank account.

R **A** **T** **I** **O** **N**		

Timeline for the periodisation of undocumented immigrants' social support services

Appendix B - Narratives from the detention and open centres – Voices of users and providers

The list of factors that affect the quality of life and that contribute to vulnerability is necessarily comprehensive and should make service providers think seriously on how to improve face-to-face services, especially in institutional settings. One can say that immigrants in detention and open centres are sometimes not even meeting the basic human needs or activities of daily living (Roper, Logan & Tierney, 1980) thus disrupting the hierarchy of needs or as Maslow (1943) called deficiency needs, whereas if not met, a person is expected to feel stressed, anxious and tense. Vella (2008) argues that unmet immigrants' needs are of a concern that is affecting their capabilities to work on other life project issues. The Roper, Logan and Tierney (1980) Activities of Daily Living model is a compartmentalised way of providing care, particularly in institutional settings. Surely, social model supporters like the author, do not fancy such a model of support as it lacks consideration for the user's control and choice over when, how and by whom the care and support is to be provided. Thus having users being a passive and dependent recipient of services provision as the latter is being commissioned on their behalf. But since the context is one predominately custodial and institutional, the Roper et al. (1980) activities of daily living could shed light on how needs are not being unmet at local detention centres and open centres. Table 5.2 and 5.6 illustrates the activities of the daily living on one side and direct citations by users and providers from narrative studies' showing unmet needs extracts on the other side in detention and open centres respectively.

Activities of Daily Living	**Detention Centres – Users and providers' extracts from various reports**
Maintaining a safe environment	"The centre is dilapidated" (Catania, 2006, pp. 5-9). "In detention we lived things we had never lived before. It wasn't just the soldiers, it was the environment, the different kind of people, everything! We didn't feel safe. People would come in and we wouldn't be fully dressed. Sometimes men would come into our room without even knocking. We had to sleep with the door open at night, we were not allowed to keep it closed. We used to sleep in our clothes, the children too, in their jeans, because we felt at risk" (Vella, 2008, p. 14).

	"The day they saw me in the harbour and the police took me away, we were thrown into a detention centre in Ħal Far. Definitely not the nicest place in the world. There's barely enough space to move. Everything is under a tent and nothing's clean. A lot of the people there become angry. Because they all want to be free. They all have their dreams and they all want to do something with their lives rather than sit around and wait" (Azzopardi, 2012, p. 26). "These people express a lot of anguish and frustration regarding being held like prisoners, after the hardships they have been through, when they have committed no crime. The physical environment they live in certainly have a lot to be desired, very depressing" (Vella, 2008, p. 7). "Around 42 detainees are present in one room" (Amaral, 2010, p. 40). "There is no safe exit in case of a fire and electrical accident and with the rubbish inside the rooms these can risk getting sick and cannot sleep" (Amaral, 2010, pp. 48-49). "I take medicine now, for sleep. No medicine, I can't sleep…my mind is no good, it is very hard.… I can't, I can't ... this is a hard place. I need a free place. In the same report, an Eritrean described how he felt like an animal in detention … detention is like prison' and an Ethiopian said that detention felt like Guantanamo" (Human Rights Watch, 2011, p. 27).
Communication	"Migrants receive only a €5 telephone card per person every two months" (MSF, 2009, p. 13)
Breathing	"But this room was inside the toilets area, and to get there I had to walk across the floor which was always covered in water. And it was all the time stinky. At the end of October I became very sick, I had a serious infection in my lungs" (MSF, 2009, p. 11) "All the rooms and common areas are in need of thorough cleaning and proper ventilation" (Catania, 2008, p. 56)
Eating and drinking	"Food is distributed three times a day but does not include sufficient vegetables and fruit required for a healthy diet. In addition there is no special food available for children and babies" (MSF, 2009, p. 12).

	"The food is monotonous (rice, potatoes and spaghetti) and of poor quality" (Catania, 2006, p. 6). "The other unbearable thing for me was the food distribution; the soldiers used to put the food on the floor, even the bread. After ten minutes it soaked up all the dirty water" (MSF, 2009, p. 13).
Elimination	"The toilets have no doors and are in a state of total disrepair. There is dirt everywhere" (Catania, 2006, p. 6). "There are only two functioning toilets for more than 100 people" (Catania, 2006, p. 6).
Personal Hygiene	"The showers are broken and there is no hot water" (MSF, 2009, p. 10). 'The floors were wet and although it was winter and cold at night, the six detainees were not provided with sufficient blankets and clothes. No soap or other hygiene items had been distributed' (MSF, 2009, p. 12). "I didn't feel comfortable taking a shower, because it was open" (Vella, 2008, p. 14).
Controlling Temperature	"Many window-panes are missing and there is no heating" (Catania, 2006, pg. 6).
Mobilisation	"Compulsory closing of the doors in B and C Blocks every afternoon at 5 p.m., thereby preventing access to the outdoor yard" (CPT, 2008, p. 60). "Immigration detainees were spending 22 hours a day confined to these two dormitories. The two hours of outdoor exercise were not sufficient to alleviate the very poor living conditions" (CPT, 2008, p. 61).
Working and Playing	"The migrants seemed exhausted by the living conditions in the centre, the length of time they had been detained, boredom and idleness" (Catania, 2006, p. 6). "Only twice a week could we go out and play football. On Mondays and Wednesdays. Each time for 15 minutes only" (MSF, 2009. p. 11).

	Amaral (2010, p. 79) describes how immigrants "lack something to stimulate their mind". Amaral (2013, p. 14) explains how an immigrant declared that "detention ruined my life. It closed my mind. You can't read and write inside here. No opportunity to learn the Maltese language except for some rude words".
Expressing Sexuality	"Plastic bags full of clothes are sometimes thrown by the soldiers inside the living areas, sometimes the clothes are passed through the iron bars in the doors of the detention centres, and people – including women and minors – have to fight among themselves for clothes" (MSF, 2009, p. 13). "They gave us two tiny bars of soap for one month, that's not enough for a lady" (Vella, 2008, p. 40).
Sleeping	"There are no sheets on the beds and the mattresses are broken and dirty" (Catania, 2006, p. 6).
Social and Family	"My baby was kept in detention for the first thirty-seven days of his life. When a social worker told me that my baby and I could leave but that my oldest daughter was not allowed to come with us because she is an adult, at the beginning I refused. But after some days I was obliged to change my mind. In a sense these social workers forced me to choose between my two children. And I chose the one more in need of help and protection" (MSF, 2009, p. 27). "Other detainees describe a set of informal rules that are determined by certain groups of detainees who possess a more powerful social status than the others" (Amaral, 2010, p. 8).
Spirituality	"Many detainees described relying upon their spiritual beliefs as a means of coping with detention" (Amaral, 2010, p. 96).
Death and dying	"33 per cent of MSF patients reported the death of a family member as the most relevant event in their past. Many migrants have witnessed people dying while crossing the desert, or drowning during the sea crossing" (MSF, 2009. p. 19).

Unmet needs in detention – an illustration of the activities of the daily living and direct citations by users and providers from narrative studies

Activities of Daily Living	**Open Centres – Users and providers' extracts from various reports**
Maintaining a safe environment	"If I had a job and the money, I would not be living in these conditions" (FSB, 2010, p. 35) "When you're in detention, you think the open centre is like heaven. But it's the same. The only difference is the closed gate" (FSB, 2010, p. 26)
Communication	"The focus group indicated that participants were mostly taken up with the daily struggles for survival....difficulties in finding employment due to language barriers" (Vella, 2008, p. 37). "Communication between centre management and residents is an area which needs considerable improvement" (FSB, 2010, p. 46). "You cannot make things better without good communication with the manager" (FSB, 2010, p. 47).
Breathing	"And in summer, it's too hot. You cannot breathe" (FSB, 2010, p. 28).
Eating and drinking	"I have a medical certificate certifying I am a diabetic and I take medication three times daily. Due to my low allowance I cannot afford to the right food. This certificate also specifies that I need a special diet" (ANDES, 2010, p. 9).
Elimination	"If they need to use the bathroom they had to cross the compound, which was not adequately lit or monitored" (Vella, 2008, p. 44).
Personal Hygiene	"They also complained of inadequate access to common facilities, as they would always have to wait for the men to finish before them" (Vella, 2008, p. 44).
Controlling Temperature	"I left the tent village after four months and went to live in the Marsa Open Centre because it was cold and I could not stand the conditions at the tent village" (ANDES, 2010, p. 8).

	"At Marsa we have a roof on your head. At the tents, water comes in on your bed. And it's too cold" (FSB, 2010, p. 28).
Mobilisation	"Ħal Far is so far from work. I cannot find work in Ħal Far" (FSB, 2010, p. 32). "The increasing ghettoisation and criminalisation of the migrant population in Malta hinders mobility around the island, making it difficult for migrants to search for employment opportunities and to integrate into Maltese society more generally" (Mainwaring, 2012, p. 4).
Working and Playing	"Here [Marsa] it is easier to try to work. And to go to Valletta and meet some people. Here at the roundabout they come ask you work. It is difficult, but at least I can try" (FSB, 2010, p. 32).
Expressing Sexuality	"The women living in the centre complained that they felt very unsafe, particularly at night. Tents cannot be locked and on more than one occasion they found men inside their tents at night" (Vella, 2008, p. 44). "Once outside [open centre], the problems of trafficked women are far from over, especially if they live in a large open centre, for example, as the Tent Village used to be, with up to 800 people thrown together" (Vella, 2008, p. 21).
Sleeping	"There are people living on the floor between the beds. Others are sharing beds" (FSB, 2010, p. 31).
Social and Family	"From the beginning, since I was in detention, I was suffering from depression. I always told the doctors. But then after all this happened it got worse. I was without a job, without allowance, without a home, my situation got worse" (ANDES, 2010, p. 13). "In the Ħal Far single women centre, for instance, 7 to 9 women have to share the same room. This, as well as the unsanitary situation, creates many tensions between women" (Schmoll et al., 2011, p. 16).
Spirituality	"I do not have friends here. . . I don't have time for friendship. I prefer to pray" (Schmoll et al., 2011, p. 16).

Death and dying	"After a few days in hospital she tried to hang herself. Both the detention centre and the psychiatric hospital reminded her of Libya. She was discharged after spending more than a month in the psychiatric hospital. But since her vulnerability assessment procedure was not yet finished she was sent back to the detention centre. After 20 days in the centre she tried to hang herself again. Two and a half months after her arrival, she was finally recognised as a vulnerable person, released from the detention centre and given accommodation in an open centre" (MSF, 2009, p. 7). "There were 28 persons on the boat, there were big waves. Some people fell into the water and died during her trip. 'It is your luck whether you sink or you cross'. It was June. They were rescued by the army. When she arrived in Malta she went to the closed detention in Ħal Far for 4 months. Then she was given rejection and was sent to the open centre" (Schmoll et al., 2011, p. 12).

Unmet needs in open centres – an illustration of the activities of the daily living and direct citations by users and providers from narrative studies

Appendix C - Open centres management models and immigrants' per diem allowance

Centre	Management model	Number of Residents	Client Groups
Marsa Open Centre	Owned and managed by NGO	658	Single adult males
Ħal Far Tent Village	Owned and managed by government (AWAS)	801	Single adult males, couples without children when needed
Ħal Far Hangar	Owned and managed by government (AWAS)	795	Single males and couples
Ħal Far Open Centre	Owned and managed by government (AWAS)	147	Families
Ħal Far Reception Centre	Owned and managed by government (AWAS)	130	Single women
Dar il-Qawsalla	Owned and managed by government (AWAS)	40	Families
Dar il-Liedna	Owned and managed by government (AWAS)	52	Families and unaccompanied minors
Dar is-Sliem	Owned and managed by government (AWAS)	28	Unaccompnaied minors
Peacelab	Owned and managed by NGO	33	Single males and families
Emigrants Commission: 10 Houses	Owned and managed by NGO	299	Families
Emigrants Commission: Balzan	Owned and managed by NGO		Families

Management models, number of residents and client groups in each open centre: Adapted from FSB (2010, pp. 26-30)

On admission an explanation to immigrants is given of how they are expected to sign three times a week in order to qualify for the per diem allowance, thus automatically securing their bed allocation (AIDA, 2013; FSB, 2010). In this way, management is in a better position to identify the employed immigrants from the unemployed ones therefore stopping abusers from receiving the per diem allowance (AIDA, 2013; FSB, 2010). Those who are working are also expected to sign once every week and contribute 1.16Euros per day. The management of open centres shall terminate the per diem allowances if an immigrant fails to register or pay the contribution for 3 consecutive weeks or if not complying with open centre rules (ANDES, 2010, p. 8). The ANDES report (2010, p. 8) criticises open centres in view of lack of a standardised termination policy and "as sometimes termination of service agreements are not always explicitly stated and at times they (open centres) seem not to take into account a resident's vulnerability".

Status	**Per diem Allowance**
Asylum Seekers (AS)	**€ 4.66**
Persons with Subsidiary/Temporary Humanitarian Protection (THP)	**€ 4.66**
AS and THP whose employment has been terminated	**€ 4.08**
Refugees Entitlement only until the social security payments come into force	**€ 4.08**
Rejected Asylum Seekers	**€ 3.49**
Children	**€ 2.33**

Payable irrespective of the parent's registration and payable only for children in the centre where the parent is residing	
People who return to the system Applied irrespective of the original status of the returnee	**€ 2.91**
Single Parents Applied irrespective of the original status of the returnee	**€ 4.66**

Per diem allowances: Adapted from FSB (2010, p. 34-35)

The way how these allowances are structured resemble the benefits originating from the Maltese Social Security Act, especially those in Part 3. The Social Security Act started to take shape in the 1920s, but crystallised in the mid 1950s on the foundations of a social welfare framework, shaped on a Beveridgian model with modest fixed contributions and benefits, either through the National Insurance or by means of means-tested non-contributory benefits (Pace, 2009). Part 3 of the Social Security Act refers to exclusive benefits and allowances related to persons in vulnerable situations such as sickness and disability (referred in Act as invalidity). This very much implies a medical model of care where focus is on the disease or illness rather than persons' needs, whereby persons are compartmentalised to meet administrative and funding needs rather than the other way round.

Appendix D - Service providers supporting (or potentially) immigrants living in the community: A mixed economy of welfare

Statutory services	International Organisations	NGOs	Trade Unions	Informal Support
Refugee Commissioner FSWS AWAS NCPE Migrant Health Unit Health Centres Mater Dei Hospital Sir Paul Boffa Hospital Mount Carmel Hospital AĊĊESS centres and Social Security Offices ETC State Schools University of Malta Department of Life-long Learning Foundation for Educational Services Housing Authority Department of Industrial Employment Relations	JRS UNHCR IOM EASO Amnesty International Red Cross Malta YMCA	Emigrants Commission Peace Lab GetUp StandUp Organisation for Friendship in Diversity KOPIN ADITUS SKOP Integra ENAR Malta The People for Change Foundation Third Country National Support Group SOS Malta	UHM GWU	Family Friends Neighbours

Aġenzija Żgħażagħ				

Organisations involved in the support of immigrants during the mainstreaming-dominated phase: a mixed economy of welfare

Appendix E - Type of help from family and/or friends in the community (Pace & McKay, 2013)

Type of help	Extract	Page number
Job seeking	"It is possible to find a job only through friends".	p.32
Accommodation	"He is living with friends and not paying rent. He lost his accommodation at the Open Centre because he was not signing regularly in order to work". "He is living with friends without paying rent. He returned from abroad and found himself homeless". "He is living with a family without renting a place". "The majority managed to find a private accommodation only thanks to their friends". "In some cases, when someone cannot afford it, their friends cover the renting cost for sometime".	p.27 p.29
Social security	"Those who said that they had heard about benefits, did so from friends". "Those who are aware of paid sick and vacation leave know it because they were employed legally or because they heard from friends or other work colleagues".	p.30
Safety net	"Most of those who claimed to be without a job and do not receive any benefits said that they are living with friends for free".	p.16
Education	"Most of those who heard about some courses said that they heard about them through friends".	p.34

Type of help by friends: Adapted from Pace & McKay (2013)

Appendix F - Participant information letter – One-to-one interviews (English and Maltese versions)

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Re: PARTICIPANT INFORMATION LETTER – IN-DEPTH (ONE-TO-ONE) INTERVIEWS

Research Title: ***Adaptive transfer of good practices to the social support of Mediterranean immigrants: A social policy approach***

Dear NAME OF PARTICIPANT,
You are cordially invited to participate in the PhD research project described below.

What is the research about?
The aim of the project is to identify and examine good social support practices – in the areas of guidance and counselling of the person on what to do in meeting life's daily needs and the support given while effecting referrals, accessing mainstream services, empowering to achieve autonomy and shaping own life project – exercised during all stages of reception and integration, while exploring how these can be adaptively transferred to the support of undocumented immigrants in Malta.

Who is reading and supervising the project?
The researcher holds a Masters Degree in Health Science, a BA (Hons) in Social Policy and a Diploma in Nursing Studies. All carried out with University of Malta. Even the current Doctorate Degree is being carried out with the Faculty for Social Wellbeing of the University of Malta. The candidate has special interests in the social support of vulnerable persons, particularly service provision that follow a social model of support.

The project is being supervised by Dr. Charles Pace, Senior Lecturer at the University of Malta and Prof Charles Watters, Director of the European Centre for Migration and Social Care, University of Kent.

Are there any risks associated with my participation in the project?
To protect your anonymity and confidentiality, the use of a coding system is to be used thus decreasing the possibility of your identification. Interviews will be audio-recorded for better analysis; however recordings and notes will be destroyed after completion of the study. The researcher promises to exert the maximum discretion whilst conducting one-to-one in-depth interviews.

It is important to note that this not the right venue to reopen past painful experiences but only to mention them briefly if these are relevant to the way on how service providers reacted to particular experiences. In the rather unlikely case that a participant appears to have reopened up past painful experiences, the author would stop the interview and arrangements are made for the person to get professional help.

What will I be asked to do?
You will be invited to take part in an in-depth one-to-one interview with the researcher. If you consent to participate, you will be requested to answer questions pertaining practices – in the areas of counselling of the person on what to do in meeting life's daily needs and support in effecting referrals, accessing mainstream services, empowering to achieve autonomy and shaping own life project – given to undocumented immigrants at all stages of reception and integration. No demographic data will be collected.

How much time will the interview take?
Whilst thanking you for the time spent reading this letter, the in-depth one-to-one interview is expected to take not more than 90 minutes.

What are the benefits of this research?
Your experiences can help the author in his attempt to propose new solutions to practices that have not or have not yet been imported or locally adopted, at least up till now, in the hope of compiling and forming a discourse that can help enlighten future practice. It is hoped that the implementation of these good social support practices will not only ameliorate the quality of life of undocumented immigrants in Malta but also contribute to services that are modelled on a social model of support.

Can a participant withdraw from the study?
Participation is on voluntary basis and participants are free to refuse or withdraw from the study.

Will I be able to find out the results of the project?
Without denying future possibilities of presenting findings in meetings, conferences and peer review journals, the researcher encourages participants to contact him for a more personal explanation of the findings.

The study has been approved by the University of Malta Research Ethics Committee (UREC/FREC Ref: 14-2014/2015), and in case of any difficulties, please feel free to contact the researcher on the contact number and e-mail address provided above.

If you agree to participate, please send your approval via email. The author will then contact you to plan a date for the in-depth interview at a time and place of your choice. The Declaration Form (Appendix 3) is to be signed prior starting the interview. If there is no answer within a week, the author is to send a gentle reminder.

Thanks for your patience
James Carabott – 33978M

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Re: **ITTRA TA' INFORMAZZJONI LILL-PROFESSJONISTI LI SER JAGĦŻLU JIEĦDU SEHEM FL-INTERVISTI WIĊĊ IMB'WIĊĊ**

Titlu tat-teżi – *Adaptive transfer of good practices to the social support of Mediterranean immigrants: A social policy approach*

Għażiż ISEM IL-PARTEĊIPANT,
Ġentilment qed nistiednek sabiex tieħu sehem fir-riċerka għal Dottorat, kif inhu spjegat iktar 'l isfel.

X'inhu l-għan tar-riċerka?
L-għan tal-proġett huwa li jidentifika u jeżamina prattiċi li jintużaw fil-qasam tas-sapport soċjali tal-immigranti, fi stadji differenti tal-akkoljenza u ntegrazzjoni tagħhom. Qed jingħata interess partikulari fuq dak li jsir biex jati gwida u pariri ta' kif il-persuna tista' tilħaq aħjar l-bżonnijiet tal-ħajja ta' kuljum. Jinkludu wkoll dak li jsir waqt li l-klijent jiġi riferut lil xi servizz ieħor. Inkluż ukoll kull sapport maħsub biex ikabbar l-awtonomija tal-persuna ħalli tagħżel għal ħajjitha t-triq li tixtieq hi. Fl-istess ħin ser jiġi studjat kif dawn il-prattiċi jistgħu jiġu adattati għas-sapport tal-immigranti li waslu f'Malta bla dokumenti.

Min hu l-awtur tal-proġett u s-superviżuri tiegħu?
L-awtur għandu lawrja ta' Masters fix-Xjenzi tas-Saħħa u l-Amministrazzjoni tas-Servizzi tas-Saħħa, lawrja ta' Baċellerat fil-Politika Soċjali u Diploma fl-Istudji Infermieristiċi; kollha mal-Università ta' Malta. Ankè dan id-Dottorat qed isir mal-Università ta' Malta, speċifikament mad-Dipartiment tal-Politika Soċjali u Xogħol Soċjali fil-Fakultà għat-Tisħiħ tas-Soċjetà. L-awtur għandu interess partikulari fl-oqsma tas-sapport socjali lill-persuni vulnerabbli, b'mod speċjali dawk is-servizzi ta' sapport li jimxu fuq mudell soċjali. Is-superviżuri ta' dan il-proġett huma Dr. Charles Pace, Senior Lecturer fl-Università ta' Malta u l-Professur Charles Watters, Direttur taċ-Ċentru Ewropew għall-Immigrazzjoni u l-Ħarsien Soċjali fl-Università ta' Kent.

X'inhuma r-riskji assoċjati ma' dan il-proġett?
Sabiex nipproteġi l-anonimità u l-kunfidenzjalità tal-parteċipanti mhux ser ikunu qed jinkitbu la ismijiet u lanqas dettalji personali u minflok ser tintuża sistema ta' numri. L-intervisti ser ikunu awdjo-rekordjati ħalli b'hekk issir analiżi aktar profonda, però r-recordings ser jiġu meqruda wara li jispiċċa l-istudju. Ir-riċerkatur qed iwiegħed li juża l- massima diskrezzjoni huwa hu jagħmel l-intervisti.

Huwa mportanti li wieħed jifhem li dawn l-intervisti mhumiex l-okkażjonijiet adattati fejn wieħed jiftaħ qalbu biex jirrakonta fil-fond xi esperjenzi trawmatiċi u ta' wġiegħ kbir psikoloġiku li għadda minnhom. Dawn għandhom jissemmew BISS jekk huma b'xi mod

relatati ma' kif irreaġixxew xi servizzi ta' sapport soċjali għal każijiet jew eżempji partikolari, u mingħajr ma wieħed jidħol fil-fond fihom. F'każ remot li dan iseħħ, ir-riċerkatur ser iwaqqaf l-intervista u jekk il-parteċipant ikun irid, isirulu l-arranġamenti meħtieġa għall-għajnuna professjonali skont il-bżonn.

X'ser niġi mistoqsi?
Inti ser tiġi ġentilment mitlub tipparteċipa f'intervista li ssir f'laqgħa mar-riċerkatur. Jekk inti tagħti l-permess, ser tiġi mistoqsi fuq prattiċi u servizzi li jintużaw fil-qasam tas-sapport soċjali tal-immigranti, fi stadji differenti tal-akkoljenza u ntegrazzjoni tagħhom, ewlenin fosthom dawk li jagħtu gwida u pariri ta' kif il-persuna tista' tilħaq aħjar l-bżonnijiet tal-ħajja ta' kuljum. Temi ta' diskussjoni oħra jinkludu kif il-klijent jiġi riferut lil xi servizz ieħor, kif titkabbar l-awtonomija tal-persuna, u kif dawn il-prattiċi jistgħu jiġu adattati għas-sapport tal-immigranti li waslu f'Malta bla dokumenti.

Kemm ser iddum l-intervista?
Filwaqt li nirringrazzjak tal-ħin l'inti ħadt biex taqra din l-ittra, l-intervista ser ddum madwar 90 minuta.

X'inhuma l-benefiċċji tar-riċerka?
L-esperjenzi tagħkom jistgħu jgħinu l-awtur huwa u jfittex li jsib u jipproponi soluzzjonijiet ġodda li għadhom ma' ġewx importati jew adattati lokalment, għall-inqas s'issa. Dan bit-tama li tinħoloq diskussjoni li titfa' dawl fuq mudelli ta' sapport ġodda għall-futur. Huwa mixtieq li l-implimentazzjoni ta' dawn il-prattiċi tajbin fis-sapport soċjali tal-immigranti mhux biss tgħin fit-titjib tal-kwalità tal-ħajja tagħhom iżda jikkontribwixxu għal aktar kuxjenza favur il-ħolqien ta' servizzi mibnija fuq mudelli ta' sapport soċjali.

Nista' ma nipparteċipax fl-istudju?
Tieħu sehem jekk tixtieq u l-parteċipant jista' jirrifjuta jew jieqaf milli jieħu sehem fl-istudju.

Jitsa' jkolli r-riżultati ta' dan il-proġett?
Waqt li għandu l-ħsieb li juri r-riżultati ta' din ir-riċerka f'laqgħat ma' esperti oħrajn, konferenzi u ġurnali xjentifiċi, l-awtur iħeġġeġ l-parteċipanti sabiex jikkuntattjawħ għal spjegazzjoni personali tar-riżultati billi jużaw l-email imniżżel aktar 'il fuq.

Dan l-istudju ġie approvat mill-Kumitat għall-Etika fir-Riċerka tal-Università ta' Malta (UREC/FREC Ref: 14-2014/2015), u f'każ ta' diffikultà tista' tagħmel kuntatt mar-riċerkatur permezz tal-kuntatti provduti aktar 'il fuq.

Jekk inti ġentilment taċċetta li tipparteċipa, jekk jogħġbok agħmel kuntatt mal-awtur permezz tal-email. Wara l-awtur ser jerġa jagħmel kuntatt miegħek sabiex issir l-intervista, fil-ħin u l-post li tixtieq inti. Qabel ma tibda l-intervista trid tiġi ffirmata l-Formola ta' Dikjarazzjoni (Appendix 3). Jekk ma tintbagħatx l-ebda forma ta' risposta fi żmien ġimgħa, l-awtur ser jerġa' ġentilment jagħmel kuntatt miegħek.

Grazzi tal-kollaborazzjoni
James Carabott - 33978M

Appendix G - Declaration Form – Participants – One-to-one interviews (English and Maltese versions)

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Declaration Form

I hereby declare that the author contacted me prior initiating the in-depth interview. I was informed about the aim of the study, the researcher's academic background and research interests, consent form and right of voluntary participation, acknowledgment of and safeguarding against any psychological harm, confidentiality and anonymity, the destruction of data post-research publication, what I am expected to do during the study, the amount of time needed to carry the interview, right to withdraw and to know about the results of the study.

I give my permission to the author audio-record and note the session accordingly.

The project is being supervised by Dr. Charles Pace, Senior Lecturer at the University of Malta and Prof Charles Watters, Director of the European Centre for Migration and Social Care, University of Kent. The study has been approved by the University of Malta Research Ethics Committee (UREC/FREC Ref: 14-2014/2015).

Name and surname of Participant	**Identification Number**	**Signature**

Signature of researcher _____

Date _____

James Carabott
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mrjamescarabott@gmail.com
Tel: 79783007

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Formola ta' Dikjarazzjoni

Jiena, iffirmat iktar 'l isfel, niddikjara li l-awtur spjegali r-riċeka qabel l-intervista estiża u wiċċ imb'wiċċ. Jiena ġejt infurmat bil-għan tal-istudju, min hu l-awtur u l-interessi akkademiċi tiegħu, id-dikjarazzjoni tal-kunsens u d-dritt għall-parteċipazzjoni voluntarja, il-protezzjoni minn xi dannu psikoloġiku, il-kunfidenzjalità u l-anonimità, l-intenzjoni li jinqered ir-rekord tal-intervista wara li tintemm ir-riċerka, x'inhu mistenni minni waqt l-istudju, l-ammont ta' ħin li tieħu l-intervista, id-dritt li nieqaf mir-riċerka u li nkun naf ir-riżultati tar-riċerka.

Jiena nagħti permess lill-awtur sabiex jirrekordja u jieħu noti tal-intervista.

Is-superviżuri ta' dan il-proġett huma Dr. Charles Pace, Senior Lecturer fl-Università ta' Malta u l-Professur Charles Watters, Direttur taċ-Ċentru Ewropew għall-Immigrazzjoni u l-Ħarsien Soċjali fl-Università ta' Kent.

Dan l-istudju ġie approvat mill-Kumitat għall-Etika fir-Riċerka tal-Università ta' Malta (UREC/FREC Ref: 14-2014/2015).

Isem u Kunjom il-Parteċipant	Numru ta' Identifikazzjoni	Firma

Firma tar-riċerkatur_____

Data_____

Appendix H - Information letter to organisations that are to kindly assist in the recruitment of members of a focus group with immigrants (English and Maltese versions)

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PhD Social Policy 2009-2016
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Msida, MSD2080

Re: INFORMATION LETTER TO ORGANISATIONS THAT ARE TO KINDLY ASSIST IN THE RECRUITMENT OF MEMBERS OF A FOCUS GROUP WITH IMMIGRANTS

Research Title: ***Adaptive transfer of good practices to the social support of Mediterranean immigrants: A social policy approach***

Dear HEAD OF ENTITY,
You are cordially invited to participate in the PhD research project described below.

What is the research about?
The aim of the project is to identify and examine good social support practices – in the areas of counselling of the person on what to do in meeting life's daily needs and support in effecting referrals, accessing mainstream services, empowering to achieve autonomy and shaping own life project – exercised during all stages of reception and integration, while exploring how these can be adaptively transferred to the support of undocumented immigrants in Malta.

Who is reading and supervising the project?
The researcher holds a Masters Degree in Health Science, BA (Hons) in Social Policy and a Diploma in Nursing Studies; all carried out with University of Malta. The current Doctorate Degree is being read with the Faculty for Social Wellbeing of the University of Malta. The candidate has special interests in the social support of vulnerable persons, particularly services that follow a social model of support.

The project is being supervised by Dr. Charles Pace, Senior Lecturer at the University of Malta and Prof Charles Watters, Director of the European Centre for Migration and Social Care, University of Kent.

What will I be asked to do?
Your organisation has been identified by virtue of its relevancy to the fields under investigation and daily practice in immigrants' social support. The author is kindly seeking the assistance of your entity in organising a focus group with 5-8 African immigrants. The focus groups participants' eligibility criteria are:

7. African immigrants whose arrival in Malta was undocumented;
8. currently living independently in local communities;

9. should have passed through the whole itinerary: meaning from time spent in detention through that in the open centre, to eventually moving on to live a normal life in the community;
10. having different type of protection: refugees, subsidiary protection, temporary subsidiary protection and refused;
11. be of different gender (an effort is to be made to have at least one or two female participants per group – reflecting the ratio between female and male African immigrants in Malta – 1:9 respectively); and
12. be of adult age (18 years and older – as per local Refugee Act).

Conscious of the difficulties in organising focus groups with immigrants due to various cultural, personal and social reasons, the author is gently asking your assistance in the recruitment of participants by means of two sampling techniques. If you consent, the focus group shall have half of the participants recruited by means of purposive sampling and the other through random sampling. The mix of these sampling techniques is to strive for a balance between participants that are selected because of their articulateness and willingness to participate and the rest who are selected by chance, possibly less willing to turn up for the focus group. The details of the recruitment process shall be overtly discussed with you and the author is open for further suggestions.

As soon as potential participants are identified, an information letter, in a user-friendly format, is to be sent to these immigrants (see attached Invitation Letter). This includes an explanation on the aim of the study, the researcher's academic background, research interests and supervisors, consent form and right of voluntary participation, acknowledgment and safeguarding of psychological harm, confidentiality and anonymity, the destruction of data post-research publication, what participants are expected to do during the study, the amount of time needed to carry the interview, withdrawal and right to know about the results of the study. A Declaration Form, in a user-friendly format, is to be signed by participants (see attached Declaration Form).

The author is to discuss and learn from focus groups participants about the areas of counselling of the person on what to do in meeting life's daily needs and support in effecting referrals, accessing mainstream services, empowering to achieve autonomy and shaping own life project (see semi-structured interview guide attached). Whilst not excluding that the focus group discussion could touch on the type of provision of service delivered by your organisation, the questions and statements are aimed to gather information on all social support services, given by State, NGOs and IOs, during all stages of reception and integration.

If possible, the author is also seeking your permission to know whether any of the selected participants suffer from any mental health problems and/or difficult behaviour or not. This is to understand risks and what precautions need to be taken. Also, the author would be interested to know if there are any communication problems with selected participants or not, thus arranging for a translator and cultural mediator to be present during the focus group, depending on the immigrants' country of origin.

The author would be grateful if the focus group is organised inside your entity, in a space or room, provided that is adequate for the session.

Are there any risks associated with my participation in the project?

To protect your organisation's anonymity and confidentiality, the use of a coding system is to be used thus decreasing the possibility of your identification. The focus group session will be tape-recorded for better analysis; however tape recordings and notes will be destroyed after completion of the study. The researcher promises to exert the maximum discretion whilst conducting one-to-one in-depth interviews.

It is important to note that this not the right venue to reopen past painful experiences but only to mention them briefly if these are relevant to the way on how service providers reacted to particular experiences. In the rather unlikely case that a participant appears to have reopened up past painful experiences, the author would stop the interview and arrangements are made for the person to get professional help.

How much time will focus group take?
Whilst thanking you for the time spent reading this letter, the focus group is expected to take not more than 90 minutes.

What are the benefits of this research?
Participants' experiences can help the author in his attempt to propose new solutions to practices that have not or have not yet been imported or locally adopted, at least up till now, in the hope of compiling and forming a discourse that can help enlighten future practice. It is hoped that the implementation of these good social support practices will not only ameliorate the quality of life of undocumented immigrants in Malta but also contribute to services that are modelled on a social model of support.

Can your organisation withdraw from the study?
Participation is on voluntary basis and organisations are free to refuse or withdraw from the study.

Will my organisation be able to find out the results of the project?
Without denying future possibilities of presenting findings in meetings, conferences and peer review journals, the researcher encourages participants to contact him for a more personal explanation of the findings.

The study has been approved by the University of Malta Research Ethics Committee (UREC/FREC Ref: 14-2014/2015), and in case of any difficulties, please feel free to contact the researcher on the contact number and e-mail address provided above.

If your entinity agrees to participate, please send your approval via email. The author will then contact you to personally collect the Declaration Form (Appendix 3) at your convenience. If there is no answer within a week, the author is to send a gentle reminder. The author will contact you again to plan a date for the in-depth interview at a time and place of your choice.

Thanks for your patience
James Carabott – 33978M

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Re: **ITTRA TA' INFORMAZZJONI LILL-ENTITAJIET LI SER ĠENTILMENT JASSISTU FL-GĦAŻLA TA' MEMBRI GĦAL-LAQGĦA TA' RIĊERKA (FOCUS GROUP) MAL-IMMIGRANTI**

Titlu tat-teżi – *Adaptive transfer of good practices to the social support of Mediterranean immigrants: A social policy approach*

Għażiż KAP TAL-ENTITÀ
Ġentilment qed nistiednek sabiex tieħu sehem fir-riċerka għal Dottorat, kif inhu spjegat f'li ġej.

X'inhu l-għan tar-riċerka?
L-għan tal-proġett huwa li jidentifika u jeżamina prattiċi li jintużaw fil-qasam tas-sapport soċjali tal-immigranti, fi stadji differenti tal-akkoljenza u ntegrazzjoni tagħhom. Qed jingħata interess partikulari fuq dak li jsir biex jati gwida u pariri ta' kif il-persuna tista' tilħaq aħjar l-bżonnijiet tal-ħajja ta' kuljum. Jinkludu wkoll dak li jsir waqt li l-klijent jiġi riferut lil xi servizz ieħor. Inkluż ukoll kull sapport maħsub biex ikabbar l-awtonomija tal-persuna ħalli tagħżel għal ħajjitha t-triq li tixtieq hi. Fl-istess ħin ser jiġi studjat kif dawn il-prattiċi jistgħu jiġu adattati għas-sapport tal-immigranti li waslu f'Malta bla dokumenti.

Min hu l-awtur tal-proġett u s-superviżuri tiegħu?
L-awtur għandu lawrija ta' Masters fix-Xjenzi tas-Saħħa u l-Amministrazzjoni tas-Servizzi tas-Saħħa, lawrija ta' Baċellerat fil-Politika Soċjali u Diploma fl-Istudji Infermieristiċi; kollha mal-Università ta' Malta. Ankè dan id-Dottorat qed isir mal-Università ta' Malta, speċifikament mad-Dipartiment tal-Politika Soċjali fil-Fakultà għat-Tisħiħ tas-Soċjetà. L-awtur għandu nteress partikulari fl-oqsma tas-sapport socjali lill-persuni vulnerabbli, b'mod speċjali dawk is-servizzi ta' sapport li jimxu fuq mudell soċjali.

Is-superviżuri ta' dan il-proġett huma Dr. Charles Pace, Senior Lecturer fl-Università ta' Malta u l-Professur Charles Watters, Direttur taċ-Ċentru Ewropew għall-Immigrazzjoni u l-Ħarsien Soċjali fl-Università ta' Kent.

X'inhu mistenni mill-entità li jien nieħu ħsieb?
L-entità tiegħek ġiet magħżula minħabba r-rilevanza fl-oqsma li qed jiġu studjati f'din ir-riċerka u s-servizzi l'intom tagħtu ta' kuljum fis-sapport soċjali tal-immigranti. L-awtur tar-riċerka qed ġentilment jitlob l-għajnuna tal-entità tiegħek sabiex jorganizza laqgħa ta' riċerka ma' 5-8 immigranti Afrikani. Il-parteċipanti għandhom ikollhom dawn il-kriterji sabiex jintażlu għal din il-laqgħa:

1. immigranti Afrikani li waslu Malta bla dokument;
2. qed jgħixu ħajja indipendenti fil-kommunità;

3. għaddew u għixu l-proċess kollu: minn żmien fid-detenzjoni għal dak fiċ-ċentru miftuħ, sabiex eventwallment qed jgħixu ħajja normali fil-kommunità;
4. għandhom livelli differenti ta' protezzjoni: refjuġati, protezzjoni sussidjarja, protezzjoni sussidjarja temporanja u oħrajn li ġew miċħuda l-ażil;
5. ikunu ta' ġeneru differenti (ta' lanqas ikun hemm mara jew tnejn sabiex jirriflettu r-rata ta' nisa u rġiel Afrikani f'Malta – 1:9 rispettivament); u
6. li jkunu adulti (18–il sena 'l fuq – skont l-Att tar-Refjuġati)

Konxju tad-diffikultajiet sabiex jiġu organizzati dawn il-laqgħat mal-immigranti minħabba diversi raġunijiet kulturali, personali u soċjali, l-awtur qed ġentilment jitlob l-għajnuna tagħkom sabiex isir reklutaġġ tal-parteċipanti permezz ta' żewġ sistemi ta' kif jintgħażlu r-rispondenti għar-riċerka. Jekk hu possibbli, għal-laqgħa ta' riċerka ser jintagħżlu żewġ gruppi ta' immigranti, biex b'hekk jinstabu parteċipanti mħallta u bi probabilità li jattendu għal-laqgħa. Nofs il-grupp ser ikunu immigranti magħżula sforz kemm huma interessati u kapaċi jitkellmu. Hu mistenni li dawn ikun hemm ċans qawwi li jattendu meta tasal il-ġurnata. In-nofs l-ieħor ser ikunu parteċipanti magħżula permezz ta' reklutaġġ mhux selettiv, fejn l-immigranti kollha fuq il-lista' tal-entità tiegħek jingħataw l-istess ċ-ċans li jintagħżlu bix-xorti. Jista' jkun li uħud minn dawn ikollhom anqas probabilità li jattendu għal-laqgħa ta' riċerka. Id-dettal prattiku ta' kif isir dan il-proċess ser ikun wieħed trasparenti, u ser jiġi wkoll diskuss magħkom u suġġett għas-suġġerimenti tagħkom.

Malli l-parteċipanti jkunu magħżula, ser tintbagħtilhom ittra ta' informazzjoni, miktuba b'lingwaġġ li jinftiehem u ċar (ara d-dokument mehmuż). Din tinkludi l-għan tal-istudju, min hu l-awtur u l-interessi akkademiċi tiegħu, is-superviżuri, id-dikjarazzjoni tal-kunsens u d-dritt għall-parteċipazzjoni voluntarja, il-protezzjoni minn xi dannu psikoloġiku, il-kunfidenzjalità u l-anonimità, l-intenzjoni li jinqered ir-rekord tal-intervista wara li tintemm ir-riċerka, x'inhu mistenni mill-parteċipant waqt l-istudju, l-ammont ta' ħin li tieħu l-intervista, id-dritt li tieqaf mir-riċerka u li tkun taf ir-riżultati tar-riċerka. Il-parteċipanti ser jiffirmaw Formola ta' Dikjarazzjoni, miktuba b'lingwaġġ li jinftiehem u ċar (ara dokument anness).

L-awtur ser jiddiskuti u jitgħallem mill-parteċipanti fuq prattiċi u servizzi li jintużaw fil-qasam tas-sapport soċjali tal-immigranti, fi stadji differenti tal-akkoljenza u ntegrazzjoni tagħhom, ewlenin fosthom dawk li jagħtu gwida u pariri ta' kif il-persuna tista' tilħaq aħjar l-bżonnijiet tal-ħajja ta' kuljum. Temi ta' diskussjoni oħra jinkludu kif il-klijent jiġi riferut lil xi servizz ieħor, kif titkabbar l-awtonomija tal-persuna, u kif dawn il-prattiċi jistgħu jiġu adattati għas-sapport tal-immigranti li waslu f'Malta bla dokumenti (ara dokument mehmuż fuq it-temi li ser jiġu diskussi). Mingħajr ma jiġi eskluż li ssir xi tip ta' diskussjoni fuq xi servizzi li toffri l-entità tiegħek, il-mistoqsijiet u t-temi huma ndirizzati lejn għan aktar wiesgħa u li jiġbor l-entitajiet kollha tal-iStat, għaqdiet mhux governattivi u għaqdiet internazzjonali.

Jekk huwa possibli, l-awtur qed jitlob permess sabiex ikun jaf jekk xi uħud mill-parteċipanti humiex qed ibatu minn problemi ta' saħħa mentali jew tal-imġieba ħalli b'hekk ikun jaf ir-riskji u xi prewkazzjonijiet jistgħu jittieħdu skont il-każ. Barra minn hekk, l-awtur jixtieq ikun jaf jekk il-parteċipanti għandhomx xi problemi ta' kommunikazzjoni ħalli għal waqt il-laqgħa huwa jaħseb għal traduttur u medjatur kulturali, skont il-pajjiż tal-oriġini tal-immigranti.
L-awtur qed jitlob permess ukoll sabiex jekk huwa possibli juża xi kamra jew spazju fl-entità tiegħek sabiex issir il-laqgħa ta' riċerka, dejjem jekk dan huwa possibli.

X'inhuma r-riskji assoċjati ma' dan il-proġett?

Sabiex nipproteġi l-anonimità u l-kunfidenzjalità tal-entità tiegħek mhux ser ikunu qed jinkitbu la ismijiet u lanqas dettalji personali u minflok ser tintuża sistema ta' numri. Il-laqgħa ta' riċerka ser tkun awdjo-rekordjata ħalli b'hekk issir analiżi aktar profonda, però r-recordings ser jiġu meqruda wara li jispiċċa l-istudju. Ir-riċerkatur qed iwiegħed li juża l- massima diskrezzjoni huwa hu jagħmel il-laqgħa.

Huwa mportanti li wieħed jifhem li din il-laqgħa mhix l-okkażjoni adattata fejn wieħed jiftaħ qalbu biex jirrakonta fil-fond xi esperjenzi trawmatiċi u ta' wġiegħ kbir psikoloġiku li għadda minnhom. Dawn għandhom jissemmew BISS jekk huma b'xi mod relatati ma' kif irreaġixxew xi servizzi ta' sapport soċjali għal każijiet jew eżempji partikolari, u mingħajr ma wieħed jidħol fil-fond fihom. F'każ remot li dan iseħħ, ir-riċerkatur ser iwaqqaf il-laqgħa u jekk il-parteċipant ikun irid, isirulu l-arranġamenti meħtieġa għall-għajnuna professjonali skont il-bżonn.

Kemm ser iddum l-intervista?
Filwaqt li nirringrazzjak tal-ħin l'inti ħadt taqra din l-ittra, il-laqgħa ta' riċerka ser ddum madwar 90 minuta.

X'inhuma l-benefiċċji tar-riċerka?
L-esperjenzi tal-immigranti jistgħu jgħinu l-awtur fl-attentat tiegħu sabiex jipproponi soluzzjonijiet ġodda li għadhom ma' ġewx importati jew adattati lokalment, għal inqas s'issa, bit-tama li tinħoloq diskussjoni li titfa' dawl fuq mudelli ta' sapport ġodda għall-futur. Huwa mixtieq li l-implimentazzjoni ta' dawn il-prattiċi tajbin fis-sapport soċjali tal-immigranti mhux biss tgħin fit-titjib tal-kwalità tal-ħajja tagħhom iżda jikkontribwixxu għal aktar kuxjenza favur il-ħolqien ta' servizzi mibnija fuq mudelli ta' sapport soċjali.

Nista' ma nipparteċipax fl-istudju?
Il-parteċipazzjoni f'dan l-istudju hija waħda voluntarja u l-entità tiegħek tista' tirrifjuta jew tieqaf milli tieħu sehem fl-istudju.

Jitsa' jkolli r-riżultati ta' dan il-proġett?
Mingħajr ma jiċħad l-użu tar-riżultati ta' din ir-riċerka f'laqgħat ma' esperti oħrajn, konferenzi u ġurnali xjentifiċi, l-awtur iħeġġeġ l-entità tiegħek sabiex tagħmel kuntatt għal spjegazzjoni personali tar-riżultati.

Dan l-istudju ġie approvat mill-Kumitat għall-Etika fir-Riċerka tal-Università ta' Malta (UREC/FREC Ref: 14-2014/2015), u f'każ ta' diffikultà tista' tagħmel kuntatt mar-riċerkatur permezz tal-kuntatti provduti aktar 'il fuq.

Jekk inti ġentilment taċċetta li tipparteċipa, jekk jogħġbok agħmel kuntatt mal-awtur permezz tal-indirizz elettroniku. L-awtur ser jagħmel kuntatt miegħek sabiex personalment jiġbor il-Formola ta' Dikjarazzjoni ffirmata, fil-ħin li tixtieq inti. Jekk ma tintbagħatx l-ebda forma ta' risposta fi żmien ġimgħa, l-awtur ser jerġa' ġentilment jagħmel kuntatt miegħek.

Grazzi tal-kollaborazzjoni
James Carabott - 33978M

Appendix I - Declaration Form – Organisations that are kindly accepting to assist in the recruitment of members of a focus group with immigrants (English and Maltese versions)

James Carabott ID33978M
mrjamescarabott@gmail.com
Tel: 79783007
PhD Social Policy 2009-2016 - Faculty for Social Wellbeing
University of Malta
Msida, MSD2080

Declaration Form

I hereby declare that I was informed about the aim of the study, the researcher's academic background and research interests, consent form and right of voluntary participation, acknowledgment of and safeguarding against any psychological harm, confidentiality and anonymity, the destruction of data post-research publication, what I am expected to do during the study, the amount of time needed to carry the focus group, right to withdraw and to know about the results of the study. I give my permission to the author to audio-record and note the session accordingly.

The project is being supervised by Dr. Charles Pace, Senior Lecturer at the University of Malta and Prof Charles Watters, Director of the European Centre for Migration and Social Care, University of Kent. The study has been approved by the University of Malta Research Ethics Committee (UREC/FREC Ref: 14-2014/2015).

I am declaring that my organisation is giving permission to assist the author in (mark X in appropriate box):

Type of assistance (as per information letter)	YES	NO
Recruiting immigrants for the focus group	☐	☐
Organising the focus group within my entity's premises	☐	☐
Giving information (if available) on participants' mental health and behavioural problems to take necessary precautions	☐	☐
Giving information (if available) on participants' need for translator and cultural mediator to facilitate communication	☐	☐

Name and surname of Director/Manager giving authorisation	**Identification Number**	**Name of Entity**	**Role**	**Signature**

Signature of researcher_____
Date_____

James Carabott ID33978M
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PhD Social Policy 2009-2016 - Fakultà għat-Tisħiħ tas-Soċjetà
Università ta' Malta
Msida, MSD2080

Formola ta' Dikjarazzjoni

Jiena, iffirmat iktar 'l isfel, niddikjara li l-awtur spjegali l-għan tal-istudju, min hu l-awtur u l-interessi akkademiċi tiegħu, id-dikjarazzjoni tal-kunsens u d-dritt għall-parteċipazzjoni voluntarja, il-protezzjoni minn xi dannu psikoloġiku, il-kunfidenzjalità u l-anonimità, l-intenzjoni li jinqered ir-rekord tal-intervista wara li tintemm ir-riċerka, x'inhu mistenni mill-entità waqt l-istudju, l-ammont ta' ħin li tieħu l-laqgħa ta' riċerka, id-dritt li nieqfu mir-riċerka u li nkun naf ir-riżultati tar-riċerka. Jiena nagħti permess lill-awtur sabiex jirrekordja u jieħu noti tal-intervista.

Is-superviżuri ta' dan il-proġett huma Dr. Charles Pace, Senior Lecturer fl-Università ta' Malta u l-Professur Charles Watters, Direttur taċ-Ċentru Ewropew għall-Immigrazzjoni u l-Ħarsien Soċjali fl-Università ta' Kent. Dan l-istudju ġie approvat mill-Kumitat għall-Etika fir-Riċerka tal-Università ta' Malta (UREC/FREC Ref: 14-2014/2015).

Qed niddikjara li l-entità tiegħi ser tagħti permess u tgħin lill-awtur sabiex (immarka X fil-kaxxi provduti):

Tip ta' assistenza (kif ġie spjegat fl-ittra ta' informazzjoni)	IVA	LE
Reklutaġġ tal-immigranti għal-laqgħa ta' riċerka	☐	☐
Organizzar tal-laqgħa fi ħdan l-entità tagħna	☐	☐
Nagħtu nformazzjoni (fejn hu possibli) fuq xi problemi ta' saħħa mentali u mġieba tal-immigrati ħalli jittieħdu l-prekawzjonijiet neċessarji	☐	☐
Nagħtu nformazzjoni (fejn hu possibli) fuq il-bżonn ta' traduttur u medjatur kulturali li l-immigranti jistgħu jkollhom bżonn għall- kommunikazzjoni aħjar	☐	☐

Isem u kunjom id-Direttur/Amministratur li qed jawtorizza r-riċerka	**Numru ta' Identifikazzjoni**	**Isem l-Entità**	**Kariga**	**Firma**

Firma tar-Riċerkatur_____

Data_____

Appendix J - Participant information letter – Focus groups (user-friendly version)

James Carabott
ID33978M
mrjamescarabott@gmail.com
Tel: 79783007

PhD Social Policy 2009-2016
Faculty for Social Wellbeing
University of Malta
Msida, MSD2080

Re: PARTICIPANT INFORMATION LETTER (FOCUS GROUPS)

Research Title: ***Adaptive transfer of good practices to the social support of Mediterranean immigrants: A social policy approach***

Dear NAME OF PARTICIPANT,
You are cordially invited to participate in the PhD research project described below.

What is the research about?
The aim of the project is to study how local services can better assist African immigrants to improve their daily life and be more confident to live independently.

Who is reading and supervising the project?
I am James Carabott, a nurse and practitioner in the fields of social care with special interests in persons who need support to live better. The interests in the wellbeing of vulnerable persons led me to read a Doctorate Degree with the Faculty for Social Wellbeing of the University of Malta.

I am assisted by Dr. Charles Pace, a psychiatric social worker and senior lecturer at the University of Malta and Prof Charles Watters, a psychologist and director of the European Centre for Migration and Social Care at the University of Kent.

What will I be asked to do?
You will be invited to take part in a discussion with other 5 to 8 African immigrants. These are called focus groups. If you kindly accept my invitation to participate, together with the other immigrants, we will discuss how local services can better assist you to improve daily life. I am interested to know what you think of the help given to you during your stay in Malta - particularly during detention, open centre and now that you are living in the community.

Are there any risks associated with my participation in the project?
Your personal details will be kept confidential because no names will be written and no details will be given to anyone. Instead of names, numbers are going to be used. To be able to study our discussion at home, I am going to audio-record the discussion. All the recordings will be destroyed after finishing this work. I promise to build a friendly relationship with you, whilst respecting your culture and giving time to express yourself.

Focus groups will be an occasion for us to learn from your experience. These are planned in a way that it should do no harm to you. But in the unlikely case that the discussion brings up the opening up of memories of past painful experiences, please feel free to stop and ask me for help if necessary. If it should be the case, the author is to offer special help. Moreover, if communication will be a problem, I will arrange for a translator or cultural mediator so that we can understand each other and as a sign of friendship.

How much time will the focus group take?
Whilst thanking you for the time spent reading this letter, the discussion is expected to take not more than 90 minutes.

What are the benefits of this research?
Your experiences can help me to propose new solutions to services, in the hope that these will not only improve the quality of life of African immigrants in Malta but also contribute to the advance of similar services.

Can you stop during the discussion?
Participation is on voluntary basis and you are free to refuse or stop during the discussion.

Will I be able to find out the results of the discussion?
The study has all the necessary permits of the University of Malta. It is part of my work to share the results of our discussions with other colleagues. However, please remember that no names will be presented in my writings. I also encourage you to contact me if you need a more personal explanation of the discussions.

If you agree to participate, please contact (HEAD OF ENTITY) to confirm your intention to participate in the research. Prior starting the discussion, it is important to sign the Declaration Form that you are accepting to participate in the research. The discussion is to be held on:

DATE
PLACE TO BE COMMUNICATED

Thanks for your patience

James Carabott
33978M

Appendix K - Declaration Form – Participants – Focus groups (user-friendly version)

James Carabott - ID33978M
mrjamescarabott@gmail.com
Tel: 79783007
PhD Social Policy 2009-2016 - Faculty for Social Wellbeing
University of Malta
Msida, MSD2080

Declaration Form

I hereby declare that the author explained to me:

1. that the project is to study how local services can better assist immigrants to improve their daily life and be more confident to live independently;
2. his academic background and who are his supervisors;
3. the right of consent, voluntary participation and my freedom to refuse or stop during the discussion;
4. that I will form part of a group of 5-8 African immigrants to discuss this project;
5. that the author will avoid writing my name and address, and use a number instead, so that others cannot know who has taken part;
6. that he is to respect our culture and provide a translator and cultural mediator in case of communications problems;
7. that the focus group is to take 90 minutes;
8. that he is to offer special help us in the unlikely case that the discussion brings up the opening up of memories of past painful experiences;
9. that I can contact the researcher for a personal explanation of the results;
10. the benefits of the project; and
11. that the study has all the necessary permissions.

I give my permission to the author to audio-record and note the session accordingly.

The project is being supervised by Dr. Charles Pace, Senior Lecturer at the University of Malta and Prof Charles Watters, Director of the European Centre for Migration and Social Care, University of Kent. The study has been approved by the University of Malta Research Ethics Committee (UREC/FREC Ref: 14-2014/2015).

Name of Participant	**Identification Number**	**Signature**

Signature of researcher_____

Date_____

Appendix L - HELGAS Rating Scale

1. HELGAS RATING SCALE – PROVIDER PARTICIPANTS

1. Dimension of good practice – Access and Entitlement

Entitlement to services that are spelled out from statutory laws, entity's principles and regulations and how these are translated at a face-to-face level, including type of and access to appropriate information that is specific to the target population; how this is offered, what kind of approach, ambience, variety of professionals and respective relationship with users that is friendly and culturally sensitive.

Dimensions' criteria	**Definition of criteria**	***Please tick X where applicable***				
Three level criteria **M**=macro, M=meso, m-micro		Service needs a lot of improvement 1	Service needs Improvement 2	Service is of decent level 3	Service exceeds expectation 4	Does not apply 5
1.1. Translation of statutory obligations and entity's principles at a face-to-face level (**M**)	Our organisation aims to translate statutory obligations and entity's principles at a face-to-face level.	□	□	□	□	□
1.1i. Sensitivity to users' value	Our organisation is sensitive to users' values.	□	□	□	□	□
1.2. Entity's Resources (M)	Despite finite resources, we do our best to meet clients' needs.	□	□	□	□	□
1.3. Migrant-friendliness - communication, intercultural competence & cultural mediation (M)	We try to use interpreters and/or cultural mediators as much as possible.	□	□	□	□	□
1.3i. Migrant-friendly training	We also get training to make service as migrant-friendly as possible.	□	□	□	□	□
1.4. Type of service - Needs-led service (M)	We assess and understand users needs .	□	□	□	□	□
1.4i. Accompanying users	We accompany users ourselves to access mainstream services.	□	□	□	□	□
1.4ii. Referrals	We refer users to other agencies.	□	□	□	□	□
1.5. Family and friends (m)	When appropriate, we also try to meet users' family and/or friends at our offices as these are important stakeholders in meeting users' needs.	□	□	□	□	□
1.5i. Domiciliary visits	Sometimes we even carry out domiciliary visits.	□	□	□	□	□

1A. HELGAS RATING SCALE – USER PARTICIPANTS

1a. Dimension of good practice – Access and Entitlement

Entitlement to services that are spelled out from statutory laws and regulations and how these are translated at a face-to-face level, including type of and access to appropriate information that is specific to the target population; how this is offered, what kind of approach, ambience, variety of professionals and respective relationship with users that is friendly and culturally sensitive.

Dimensions' criteria	**Definition of criteria**	***Please tick X where applicable***				
Three level criteria **M**=macro, M=meso, m-micro		Service needs a lot of improvement 1	Service needs Improvement 2	Service is of decent level 3	Service exceeds expectation 4	Does not apply 5
1a.1. Values and culture (**M**)	The service providers deeply respects our values and culture in a way that challenge biases and accept persons from different cultures.	☐	☐	☐	☐	☐
1a.2. Information about service – Internet (M)	We knew about the service from the internet.	☐	☐	☐	☐	☐
1a.2i. Friends	We knew about the service from friends.	☐	☐	☐	☐	☐
1a.2ii. Information Leaflet	The agency gave us a copy of an information leaflet with information on the service in various languages.	☐	☐	☐	☐	☐
1a.3. Migrant-friendliness – communication (M)	The service providers communicated with us.	☐	☐	☐	☐	☐
1a.3i Intercultural competence & cultural mediation (M)	They knew about our culture and used services of interpreters and/or cultural mediators.	☐	☐	☐	☐	☐
1a.4. Needs-led service (M)	Our needs were generally met.	☐	☐	☐	☐	☐
1a.4i. Personalisation	Service providers did their utmost to personalise their service through referrals.	☐	☐	☐	☐	☐
1a.4ii. Accompanying users	They even accompany us to other agencies.	☐	☐	☐	☐	☐
1a.5. Family and friends (m)	The service providers met our family and/or friends when appropriate.	☐	☐	☐	☐	☐
1a.5i. Domiciliary visits	Sometimes they even carried domiciliary visits as well.	☐	☐	☐	☐	☐

2. HELGAS RATING SCALE – PROVIDER PARTICIPANTS

2. Dimension of good practice – Participation

The level of participation of service users that can be either direct, such as being involved in the planning process or evaluation of service provision, or indirect by means of opportunities where immigrants can voice their concerns, feelings and recommendations.

Dimensions' criteria	**Definition of criteria**	***Please tick X where applicable***				
Three level criteria **M**=macro, M=meso, m-micro		Service needs a lot of improvement 1	Service needs Improvement 2	Service is of decent level 3	Service exceeds expectation 4	Does not apply 5
2.1. The value of user participation (**M**)	We learnt the value of users' participation during training.	□	□	□	□	□
2.1i. Beneficiaries of service	We try to pass these values to our service users since these are not to be considered as passive recipients of service.	□	□	□	□	□
2.2. Willingness to support a certain degree of users participation (M)	Users' participation is promoted and clients informed about benefits of participation.	□	□	□	□	□
2.3. Kind of users' participation (M)	Active participation through groups/councils is promoted in practice.	□	□	□	□	□
2.4. Decisions that affect life's project (M)	We collaborate and discuss with users about decisions that affect their life project.	□	□	□	□	□
2.5. Family and friends (m)	We encourage family and friends, when appropriate, to participate in the decision making process.	□	□	□	□	□

2A. HELGAS RATING SCALE –USER PARTICIPANTS

2a. Dimension of good practice – Participation

The level of participation of service users that can be either direct, such as being involved in the planning process or evaluation of service provision, or indirect by means of opportunities where immigrants can voice their concerns, feelings and recommendations.

Dimensions' criteria	**Definition of criteria**	***Please tick X where applicable***				
Three level criteria **M**=macro, M=meso, m-micro		Service needs a lot of improvement 1	Service needs Improvement 2	Service is of decent level 3	Service exceeds expectation 4	Does not apply 5
2a.1. Participative democracy (**M**)	We are familiar with participative democracy as it implies the direct involvement of persons in the decision-making process.	□	□	□	□	□
2a.2. Involvement in the planning process (M)	They encouraged us to involve ourselves in the planning process.	□	□	□	□	□
2a.2i. Involvement in the evaluation process	They encouraged us to involve ourselves in the evaluation process.	□	□	□	□	□
2a.3. Express oneself to voice concerns, feelings and recommendations (M)	Service providers encouraged us to form groups in which to better express ourselves.	□	□	□	□	□
2a.4. Method of participation (M)	We were encouraged to form groups.	□	□	□	□	□
2a.4i. Implementation of opinions	Our opinions were being formally recorded, negotiated and implemented.	□	□	□	□	□
2a.5. Family and friends (m)	The service providers encouraged us to bring family and friends, when appropriate, to participate in decision-making process.	□	□	□	□	□

3. HELGAS RATING SCALE – PROVIDER PARTICIPANTS

3. Dimension of good practice –Holistic Practice

Holistic practices that meet users' social, spiritual, financial, legal, emotional and psychological needs through good planning of coordinated and integrated services, including healthcare, and that take note of all internal and external factors that contribute to the problem of vulnerability.

Dimensions' criteria	**Definition of criteria**	***Please tick X where applicable***				
Three level criteria **M**=macro, M=meso, m-micro		Service needs a lot of improvement 1	Service needs Improvement 2	Service is of decent level 3	Service exceeds expectation 4	Does not apply 5
3.1. Familiarity with holistic practices (**M**)	National mainstream social support services are holistic to the extent that services identify the multiplicity of users' needs.	□	□	□	□	□
3.2. Coordinated and integrated services (M)	Service providers address needs in a seamless way and when this helps, accompany users during referrals to ascertain continuity of support.	□	□	□	□	□
3.3. Methodical assessments (M)	All service users are methodically assessed for the internal and external factors contributing to vulnerability or need for help.	□	□	□	□	□
3.3i. Involvement	Users take part in the discussion of how their needs can be addressed.	□	□	□	□	□
3.4. Type of holistic support (M)	Service users are helped to receive support, and achieve autonomy and empowerment.	□	□	□	□	□
3.5. Family and friends (m)	We encourage users to bring family and/or friends during support sessions, when appropriate.	□	□	□	□	□

3A. HELGAS RATING SCALE – USER PARTICIPANTS

3a. Dimension of good practice – Holistic Practice

Holistic practices that meet USER social, spiritual, financial, legal, emotional and psychological needs through good planning of coordinated and integrated services, including healthcare, and that take note of all internal and external factors that contribute to the problem of vulnerability.

Dimensions' criteria	**Definition of criteria**	***Please tick X where applicable***				
Three level criteria **M**=macro, M=meso, m-micro		Service needs a lot of improvement 1	Service needs Improvement 2	Service is of decent level 3	Service exceeds expectation 4	Does not apply 5
3a.1. Familiarity with holistic practices (**M**)	On accessing the service, a thorough assessment is made to address all our important needs.	□	□	□	□	□
3a.2. Coordinated and integrated services (M)	Service providers addressed our needs in a seamless way by accompanying us during referrals to ascertain continuity of care.	□	□	□	□	□
3a.3. Taking note of the external factors that contribute to vulnerability (M)	Service providers took note of and addressed the risks, shocks and stressors that can contribute to our vulnerability.	□	□	□	□	□
3a.4. Taking note of the internal factors that contribute to vulnerability (M)	Service providers took note of any social exclusion, economical impoverishment and physical factors to address them together and minimise vulnerability.	□	□	□	□	□
3a.5. Family and friends (m)	When it helped, during support sessions, service providers encouraged us to bring family and/or friends.	□	□	□	□	□

4. HELGAS RATING SCALE – PROVIDER PARTICIPANTS

4. Dimension of good practice – Interagency collaboration

This type of collaboration opens more welfare opportunities and less duplication of work, and can be formative, reactive or informal, where usually case management is also recommended through one focal professional that meet users' needs in a personalised and coordinated way through the collaboration of different agencies.

Dimensions' criteria	**Definition of criteria**	***Please tick X where applicable***				
Three level criteria **M**=macro, M=meso, m-micro		Service needs a lot of improvement 1	Service needs Improvement 2	Service is of decent level 3	Service exceeds expectation 4	Does not apply 5
4.1. Familiarity with interagency collaboration (**M**)	The level of interagency collaboration is good between statutory services and NGOs, to an extent that we meet and communicate regularly to discuss users' needs.	☐	☐	☐	☐	☐
4.2. Awareness on benefits of interagency collaboration (M) 4.2i. More opportunities	The current level of interagency collaboration is assisting users' life project. It is also leading to more welfare opportunities and less duplication of work.	☐	☐	☐	☐	☐
4.3. Kind of interagency collaboration (M) 4.3i. Referrals between agencies 4.3ii. Referrals	Interagency collaboration helps us reactively to particular cases and situations. It is also assisting us formatively to share resources and initiate services. Agencies refer users to address needs accordingly.	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
4.4. Case management (M) 4.4i. Accompanying of users	There is a single worker, assigned to each user, that is responsible to coordinate interagency collaboration. This worker is also responsible to accompany users on visits to other agencies	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
4.5. Family and friends (m)	When appropriate, we do encourage users to bring family and/or friends during support sessions held between various agencies	☐	☐	☐	☐	☐

4A. HELGAS RATING SCALE – USER PARTICIPANTS

4a. Dimension of good practice – Interagency collaboration

This type of collaboration opens more welfare opportunities and less duplication of work, and can be formative, reactive or informal, where usually case management is also recommended through one focal professional that meet users' needs in a personalised and coordinated way through the collaboration of different agencies.

Dimensions' criteria	**Definition of criteria**	***Please tick X where applicable***				
Three level criteria **M**=macro, M=meso, m-micro		Service needs a lot of improvement 1	Service needs Improvement 2	Service is of decent level 3	Service exceeds expectation 4	Does not apply 5
4a.1. Familiarity with interagency collaboration (**M**)	The service providers organised meetings with professionals from different agencies to meet our needs.	□	□	□	□	□
4a.2. Participation during meetings (M)	Service providers encouraged us to actively participate in interagency and inter-professional meetings.	□	□	□	□	□
4a.3. Opening of welfare opportunities (M)	Interagency collaboration assisted us to move on with our life project through the opening of various welfare opportunities.	□	□	□	□	□
4a.4. Case management (M)	There was a focal professional that coordinated interagency collaboration.	□	□	□	□	□
4a.4i. Accompanying of users	The professional also accompanied us to visits and multidisciplinary meetings.	□	□	□	□	□
4a.5. Family and friends (m)	The service providers encouraged us to bring family and/or friends during support sessions held between various agencies.	□	□	□	□	□

5. HELGAS RATING SCALE – PROVIDER PARTICIPANTS

5. Dimension of good practice – Cultural Sensitivity

Cultural sensitivity is the awareness of users' cultural differences and similarities that frees from stereotyping and 'blaming the culture' prejudices, and where users are experts of their cultural needs, thus assisting providers in shaping more personalised services.

Dimensions' criteria	**Definition of criteria**	***Please tick X where applicable***				
Three level criteria **M**=macro, M=meso, m-micro		Service needs a lot of improvement 1	Service needs Improvement 2	Service is of decent level 3	Service exceeds expectation 4	Does not apply 5
5.1. Familiarity with cultural sensitivity (**M**)	We get regular training on cultural sensitivity.	□	□	□	□	□
5.1i. Familiarity with cultural sensitivity – Statutory (**M)**	The majority of statutory services are aware of and practice cultural sensitivity.	□	□	□	□	□
5.1ii. Familiarity with cultural sensitivity – NGOs/IOs (**M)**	The majority of NGOs and IOs are aware of and practice cultural sensitivity.	□	□	□	□	□
5.2. Awareness on benefits of cultural sensitivity (M)	We show good levels of cultural sensitivity and try to understand and meet users' cultural needs in order to better personalise services.	□	□	□	□	□
5.3. Kind of cultural sensitivity (M)	Cultural sensitivity helped us to understand the context and life project of users.	□	□	□	□	□
5.3i. Minimisation of prejudices	It also assisted us to minimise prejudices and strengthen relationships.	□	□	□	□	□
5.3ii. Translator and Culture Mediator	Translator and cultural mediators are part of the multidisciplinary team.	□	□	□	□	□
5.4. Blaming the culture (M)	Instead of blaming the culture, we exercise cultural sensitivity skills to assist users being more empowered and independent.	□	□	□	□	□
5.5. Family and friends (m)	Family and friends are encouraged to facilitate communication with users, when necessary.	□	□	□	□	□

5A. HELGAS RATING SCALE – USER PARTICIPANTS

5a. Dimension of good practice – Cultural Sensitivity

Cultural sensitivity is the awareness of user cultural differences and similarities that frees from stereotyping and 'blaming the culture' prejudices, and where users are experts of their cultural needs, thus assisting providers in shaping more personalised services.

Dimensions' criteria	**Definition of criteria**	***Please tick X where applicable***				
Three level criteria **M**=macro, M=meso, m-micro		Service needs a lot of improvement 1	Service needs Improvement 2	Service is of decent level 3	Service exceeds expectation 4	Does not apply 5
5a.1. Familiarity with cultural sensitivity (**M**)	Providers encouraged us to express and discuss our cultural needs.	□	□	□	□	□
5a.2. Awareness on benefits of cultural sensitivity (M)	Service providers show a good level of cultural sensitivity in an attempt to meet all our activities of daily living.	□	□	□	□	□
5a.3. Kind of cultural sensitivity (M)	Cultural sensitivity helped providers to understand our context and life project.	□	□	□	□	□
5a.3i. Minimisation of prejudices	They show no prejudices and built a good relationship with us.	□	□	□	□	□
5a.3ii. Translator and Culture Mediator	Translator and cultural mediators are engaged to facilitate communication.	□	□	□	□	□
5a.4. Blaming the culture (M)	Providers exercised cultural sensitivity skills by non-judgemental behaviour to assist us being more empowered and independent.	□	□	□	□	□
5a.5. Family and friends (m)	Providers encouraged us to bring family and/or friends to ascertain communication and understand each other.	□	□	□	□	□

6. HELGAS RATING SCALE – PROVIDER PARTICIPANTS

6. Dimension of good practice – Evaluation

Evaluation is expected to gauge the outcome of practices against the aim of service and standard goals, as well as to measure how users and their quality of life improved and whether the service experience has been a factor in causing change or not.

Dimensions' criteria	**Definition of criteria**	***Please tick X where applicable***				
Three level criteria **M**=macro, M=meso, m-micro		Service needs a lot of improvement 1	Service needs Improvement 2	Service is of decent level 3	Service exceeds expectation 4	Does not apply 5
6.1. Familiarity to evaluation (**M**)	We do have an independent evaluator to evaluate service provision.	□	□	□	□	□
6.2. Evaluation as an integral feature of service provision (M)	Users and providers are asked to evaluate service provision accordingly.	□	□	□	□	□
6.3. Method of evaluation (M)	An independent evaluator carries evaluation with providers and users.	□	□	□	□	□
6.3i. Sensitivity	Users are asked in their mother tongue to assess how service might have improved their life.	□	□	□	□	□
6.4. Express oneself – Verbally (m)	We encourage users to confidentially make suggestions verbally on how to improve service provision.	□	□	□	□	□
6.4i. In writing	Suggestions are also encouraged to be in writing.	□	□	□	□	□
6.5. Family and friends (m)	We encourage users to involve family and/or friends in the evaluation process and to express themselves to improve service provision.	□	□	□	□	□

6A. HELGAS RATING SCALE – USER PARTICIPANTS

6a. Dimension of good practice – Evaluation

Evaluation is expected to gauge the outcome of practices against the aim of service and standard goals, as well as to measure how users and their quality of life improved and whether the service experience has been a factor in causing change or not.

Dimensions' criteria	**Definition of criteria**	***Please tick X where applicable***				
Three level criteria **M**=macro, M=meso, m-micro		Service needs a lot of improvement 1	Service needs Improvement 2	Service is of decent level 3	Service exceeds expectation 4	Does not apply 5
6a.1. Familiarity to evaluation (**M**)	We were asked to evaluate the service by an independent service provider.	□	□	□	□	□
6a.2. Evaluation as an integral feature of service provision (M)	The evaluation was an integral feature of service provision.	□	□	□	□	□
6a.2i. Involvement of users	All users were asked to evaluate service provision.	□	□	□	□	□
6a.3. Method of evaluation (M)	An independent evaluation was carried out in our mother tongue to assess how service might have improved our lives.	□	□	□	□	□
6a.4. Express oneself (m)	We were encouraged to confidentially express or discuss any opinion that we deemed necessary to improve the service.	□	□	□	□	□
6a.5. Family and friends (m)	Providers encouraged us to involve family and/or friends in the evaluation process and get their opinions to improve the service.	□	□	□	□	□

NB: AT EVERY STAGE OF THE INTERVIEW, INTERVIEWEES WILL BE ASKED:

- WHAT CONTEXTUAL FACTORS LED TO THE PARTICULAR SHAPE THAT ANY ASPECT OF THE SERVCE DESIGN AND MODE OF PRACTICE WAS GIVEN?
- TO WHAT EXTENT THE SERVICE OR PRACTICE WAS IDEAL OR FELL SHORT OF THE IDEAL?
- WHAT PROPOSALS, IF ANY, WOULD THE INTERVIEWEE MAKE AS WAYS TO IMPROVE SERVICE OR PRACTICE?

Appendix M - Semi-structured interview guide

Access and Entitlement
Service providers' sensitivity to users' values and culture.
Information on service entitlement and how to access it.
Use of culture mediators and/or interpreters to facilitate communication.
Meeting basic needs, personalisation of service, referrals and accompaniment to other agencies.
Meeting family and/or friends; and sometimes even carried domiciliary visits to meet them as well.

Participation
Familiarity with participative democracy.
The formation of groups and involvement in the planning or evaluation processes.
Service providers' encouragement to express ourselves.
Encouragement to form groups in a formal way.
Encouragement to bring family and/or friends and participate in decision-making process.

Holistic Practice
Needs assessment on first encounter.
Addressing needs in a seamless way through accompaniment to mainstream services and continuity of care.
Assessing factors leading to vulnerability.
Taking note of social exclusion, economical impoverishment and physical factors to minimise vulnerability.
Encouragement to bring family and/or friends during support meetings.

Interagency collaboration
Meetings with professionals from different agencies to meet users' needs.
Encouragement to actively participate in all interagency and inter-professional meetings.
Opening of various welfare opportunities through interagency collaboration.
A focal professional that coordinated interagency collaboration and accompanied users for visits and multidisciplinary meetings.
Encouragement to bring family and/or friends during support sessions held between various agencies.

Cultural Sensitivity
Encouragement of providers to discuss cultural needs.
The level of cultural sensitivity in an attempt to meet activities of daily living.
Minimisation of prejudices, overcoming of communication barriers and strengthening of relationships.
Service provider behaviour that does not blame the culture, non-judgemental and assist empowerment and independency.
Encouragement of users to learn from family and/or friends, whilst being attentive to never blame their culture.

Evaluation
Type of evaluation, possibly by independent service provider.
Evaluation as an integral feature of service provision where all users are asked to evaluate service provision.
Use of mother language in evaluation.
Maintenance of confidentially in writing down or discuss any opinions to improve service provision.
Involvement of family and/or friends in the evaluation process.