



L-Università ta' Malta
Faculty for Social Wellbeing

Systematic Review

Legislation, Policies, Strategies & Guidelines Relating to Disability in Malta

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Table of Contents

Acronyms	6
Forward	7
Acknowledgements	8
1. INTRODUCTION	9
Methodology	9
Identification and Selection of Documents	9
Review Outline	9
Limitations	10
2.1 REVIEW: Disability-Specific Documents	11
1. General	12
1.1 Equal Opportunities (Persons with Disability) Act	12
1.2 Civil Code and Code of Organization and Civil Procedure	13
1.3 National Policy on the Rights of Persons with Disability	13
1.4 The Malta National Disability Strategy (Consultation Document)	15
1.5 Social Security Act	19
1.6 Mental Health Act	19
1.7 A Mental Health Strategy for Malta 2020-2030	21
1.8 Persons within the Autism Spectrum (Empowerment) Act	22
1.9 Maltese Sign Language Recognition Act	22
2 Guardianship and Protection	23
2.1 An Act to amend the Code of Organization and Civil Procedure and the Civil Code for the purpose of providing for Guardianship	24
2.2 Bill: Protection of Vulnerable Older Persons & Adult Persons with Disability Act	25
2.3 Trust and Trustees (Protected Disability Trusts) Regulations	25
3 Education	27
3.1 The University of Malta Access Arrangements	28
3.2 The University of Malta Guidelines to MATSEC Examinations Access Arrangements	29
4 Employment	31
4.1 Persons with Disability (Employment) Act	32
5 Residential and Respite Services	33
5.1 Social Care Standards Authority Act	34
5.2 National Standards Residential Services for Persons with Disability	34
5.3 Guidelines: Social Regulatory Standards – Respite Services	35
6 Transport and Infrastructural Accessibility	36
6.1 Accessibility Standards For All In A Built Environment Regulations	40
6.2 Parking Concessions for Persons with Disability Act	40
7 UNCRPD	41
7.1 Bill: United Nations Convention on the Rights of Persons with Disabilities Act	42
7.2 OPM Circular: General Obligations of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)	42
7.3 REVIEW: Mainstream Documents	45
8 General	46
8.1 Malta National Reform Programme 2019	46

9 Poverty Reduction	49
9.1 National Strategic Policy for Poverty Reduction & For Social Inclusion 2014-2024	50
10 Equality	51
10.1 Bill: Equality Act	52
10.2 Bill: Human Rights and Equality Commission Act	52
11 Education	53
11.1 A National Curriculum Framework for All	54
11.2 Framework for the Education Strategy for Malta 2014-2024	55
11.3 A National Inclusive Education Framework	55
11.4 A Policy on Inclusive Education in Schools: Route to Quality Inclusion	56
11.5 A National Literacy Strategy for All in Malta and Gozo 2014-2019	57
11.6 A Language Policy for the Early Years in Malta and Gozo	59
11.7 Respect for All Framework	59
11.8 Managing Behaviour in Schools Policy	60
11.9 Addressing Bullying Behaviour in Schools Policy	61
11.10 Addressing Attendance in Schools Policy	62
11.11 Guidelines on Sexuality and Relationships Education in Maltese Schools	62
11.12 A Whole School Approach to a Healthy Lifestyle	63
11.13 MCAST Strategic Plan 2019-2021	64
12 Employment	65
12.1 National Employment Policy	66
12.2 Equality Policy for the Public Service	69
13 Health	71
13.1 A National Health Systems Strategy for Malta 2014-2020	72
13.2 Communicable Disease Control Strategy for Malta	73
13.3 Food and Nutrition Policy and Action Plan for Malta 2015-2020	73
13.4 A Healthy Weight for Life: A National Strategy for Malta 2012-2020	74
14 Sport	75
14.1 A National Policy for Sport in Malta and Gozo 2017-2027	76
15 Children	77
15.1 National Children's Policy	78
16 Youth	79
16.1 National Youth Policy Towards 2020	80
17 Active Ageing	83
17.1 National Strategic Policy for Active Ageing: Malta 2014-2020	84
17.2 A National Strategy for Dementia in the Maltese Islands 2015-2023	85
18 Migration	87
18.1 Integration – Belonging: Migrant Integration Strategy & Action Plan	88
19 Housing	89
19.1 Renting as a Housing Alternative – White Paper (Rental Market)	90
20 Transport	91
20.1 National Transport Strategy 2050	92
20.2 Transport Master Plan 2025	93
3. CONCLUSION	95
List of Documents	97

Acronyms

ADHD	Attention Deficit Hyperactivity Disorder
ADSC	ACCESS – Disability Support Committee
ADSU	ACCESS – Disability Support Unit
AIDS	Acquired Immunodeficiency Syndrome
ANED	Academic Network of European Disability Experts
AROEPE	At risk of poverty and social exclusion
CRPD	Commission for the Rights of Persons with Disability (Malta)
DPO	Disabled People's Organisation
DSWS	Department for Social Welfare Standards
EEA	Examination Access Arrangement
ETR	Easy-to-Read
EU	European Union
EOA	Equal Opportunities (Persons with Disability) Act
FITA	Foundation for Information Technology Accessibility
FRA	(EU) Fundamental Rights Agency
HIV	Human Immunodeficiency Virus
HR	Human Resources
IEP	Individual Education Planning
INCO	Inclusion Coordinator
ISDA	Increased Severe Disability Allowance
LSE	Learning Support Educator
MATSEC	Matriculation and Secondary Education Certificate Examinations
MCAST	Malta College of Arts, Science and Technology
MCH	Mount Carmel Hospital
MEDE	Ministry for Education and Employment
NCF	National Curriculum Framework
NCPD	National Commission Persons with Disability
NGO	Non-Governmental Organisation
NHSS	National Health Systems Strategy
NRP	National Reform Programme
NTS	National Transport Strategy
OPM	Office of the Prime Minister
PE	Physical Education
SCSA	Social Care Standards Authority S
EBD	Social, Emotional and Behavioural Difficulties
SEC	Secondary Education Certificate
SEN	Special Educational Needs
SMS	Short Message Service
UM	University of Malta UN United Nations
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities

Disability Policy Review

This *Disability Systemic* Review is another building block that provides us with a clearer picture of the data. In this repository we are seeking to further our knowledge in this field of study. 'Disability' is a very complex issue and these last 20 years has received a great deal of attention. The development and expansion of services needs to be commensurate with the knowledge base that we need to develop so that we can be in a better position to offer social policy recommendations. As a Faculty in collaboration with CRPD we are walking the talk and finding ways how to democratise our knowledge. Taking our data back to the community so that it serves as a way of resolving issues is what academic and our *alma mater* is about. The commitment of our academics, administrators and research support officers in this endeavour is second to none. We manage to produce so much data because we are not shy to work together and navigate around each other's differences to produce high quality knowledge.

Prof. Andrew Azzopardi
Dean
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1. Introduction

This systematic review identifies and looks at national legislation, strategies, policies (including consultation documents) and guidelines in order to explore to what extent disability is included in mainstream policies, as well as how disability inclusion is facilitated through documents specifically targeting disability.

The aim of this review is to provide a clearer picture of how disabled persons in Malta are served by existing legal, policy and other official documents which have the aim of protecting and promoting disability rights and a quality of life which is comparable to that which non-disabled people enjoy. Thus, this document identifies disability-related official documents, gives an overview of what aspects are covered by these documents, and points out those aspects which are not covered. The ultimate objective of the review is to lay down the ground for the amelioration of future national policies, legislation and strategies in order to ensure the protection of disability rights.

Methodology

Identification and Selection of Documents

As stated above, the documents identified for this review include national legislation, guidelines, policies and strategies (including consultation documents) which are deemed of particular significance for people with disabilities. However, the review also integrates the content and feedback emerging from research carried out locally, related national official reports (such as those by service providers and relevant government and private entities) and reports by regional and international bodies (such as by the EU Fundamental Rights Agency, the Academic Network of European Disability Experts (ANED), and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)¹ Committee). These were identified from previous research conducted by the author, from colleagues at the Department of Disability Studies at the University of Malta (UM) and the Commission for the Rights of Persons with Disability (CRPD), and through desk research.

The review looks at 54 documents published from January 2012 until October 2019, 2012 being the year in which Malta ratified the UNCRPD. It is important to note that the selection includes legislation which was issued from 2012 onwards, and not that which was issued before and amended from 2012 onwards. However, it also includes those Acts and other legal documents which are deemed of significance for people with disabilities that were published in 2012 before the actual ratification of the UNCRPD.

REVIEW OUTLINE

Following this introductory chapter, the review in the subsequent chapter is divided along 2 main aspects. The first one (comprising sections 1-7) explores documents targeted at disability along the following themes: general, guardianship and protection, education, employment, residential and respite services, transport and infrastructural accessibility and the UNCRPD. The second one (comprising sections 8-20) looks at mainstream policies and other legal

¹ United Nations. 2006. Convention on the Rights of Persons with Disabilities. Available at: <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>



documents and is divided along 13 themes: general, poverty reduction, equality, education, employment, health, sport, children, youth, active ageing, migration, housing and transport. Each section is divided into a number of sub-sections, according to the number of related documents identified. Each sub-section, then, gives a brief overview of the contents of the document, followed by a critical appraisal of the extent to which it is inclusive of disability and of persons with different impairments. The critique refers to recent relevant research as well as national, regional and international disability-related reports.

LIMITATIONS

Care was taken to identify all relevant documents, however it is possible that some may have been inadvertently omitted. Furthermore, such documents are constantly being issued and published, while others are in the works during the writing of this review. Regrettably, the latter as well as those which are published after October 2019 are not included.



2.1 REVIEW: Disability-Specific Documents

1. General

1.1 EQUAL OPPORTUNITIES (PERSONS WITH DISABILITY) ACT

The Equal Opportunities (Persons with Disability) Act (EOA) came into effect in 2000 and is at the top of the hierarchy of laws relating to disability in Malta. The aim of this legislation is to prohibit discrimination against persons with disabilities, give remedies when it is found that they occurred, and establish the CRPD to see to its enforcement. Its coverage includes the areas of education, employment, access, the provision of goods, facilities or services, health and accommodation. It also stipulates that harassment and victimisation of persons who qualify as having a disability, under Article 3 of the Act, are crimes. The person who feels that he or she is being discriminated against can refer the matter to the Courts or ask the CRPD to take the necessary action. Should the case end up in Court, the burden of proof falls on the alleged perpetrator rather than the victim. The Act also states that “[w]hen another law is inconsistent with this Act, this Act shall prevail when such inconsistency regards the rights of a person with disability” (p.27).

The EOA has been amended through Act No.II of 2012,² Act No. XXIV of 2012³ (see 2.1) and Act No. XXIV of 2016.⁴ Act No. II of 2012, amending various laws related to disability, amended the EOA in various aspects, in the year that Malta ratified the UNCRPD. The amendments included the definition of “disability” which, through the amendment became defined as “a long-term physical, mental, intellectual or sensory impairment which in interaction with various barriers may hinder one’s full and effective participation in society on an equal basis with others.” This brought the definition of disability in line with the UNCRPD. The Act also amends various definitions, including “accommodation”, which was broadened to include residential or business accommodation and “reasonable accommodation”, which was amended to “alterations not imposing a disproportionate or unjustifiable burden, where needed in a particular case, to ensure to persons with disability the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms”.

Act No. XXIV of 2016, meanwhile, amended the EOA on other aspects, including the changing of the CRPD’s name to Commission for the Rights of Persons with Disability (which was previously the National Commission Persons with Disability). It also established a bill of rights for disabled persons and states that the “rights of persons with disability” include to those rights referred to in the UNCRPD and its Optional Protocol,⁵ together with the reservations that Malta made to the same Convention.⁶

2 Laws of Malta: Act No.II of 2012. An Act to amend various laws related to Disability. Available at: <http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lp&itemid=23032&l=1>

3 Laws of Malta: Act No. XXIV of 2012. An Act to amend the Code of Organization and Civil Procedure and the Civil Code for the purpose of providing for Guardianship. Available at: <http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lp&itemid=24286&l=1>

4 Laws of Malta: Act No. XXIV of 2016. An Act to amend the Equal Opportunities (Persons with Disability) Act, Cap. 413, and to provide for matters ancillary or consequential thereto. Available at: <http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lp&itemid=27685&l=1>

5 <https://www.ohchr.org/EN/HRBodies/CRPD/Pages/OptionalProtocolRightsPersonsWithDisabilities.aspx>

6 https://treaties.un.org/pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-15&chapter=4#EndDec

1.2 CIVIL CODE AND CODE OF ORGANIZATION AND CIVIL PROCEDURE

Act No.II of 2012 mentioned in sub-section 1.1 also amended the Civil Code and the Code of Organization and Civil Procedure to ensure that the terminology regarding persons with mental health problems is not discriminatory. Examples of such terminology are: “infirm of mind”, which was substituted for “has a mental disorder or other condition”; “habitual idiots, insane frenzied or prodigal”, which was changed to “have a mental disorder or other condition”; “idiocy or other mental infirmity”, substituted to read “mental disorder or to the condition, which renders a person incapable of managing his own affairs”. However, terms such as “dumb” and “imġienen” (crazy) are still considered offensive and thus more suitable terminology should be used in these codes. Further amendments were made to these Codes to introduce guardianship in Maltese legislation (see 2.1).

1.3 NATIONAL POLICY ON THE RIGHTS OF PERSONS WITH DISABILITY

In 2014, the then Parliamentary Secretariat for Rights of Persons with Disability and Active Ageing⁷, in collaboration with the then National Commission Persons with Disability (NCPD)⁸ and the Kumitat Azzjoni Lejn Soċjeta' Ġusta, published a national policy aimed at promoting and safeguarding the rights of persons with disabilities in Malta and Gozo. The aim of this policy is “to address various themes with the ultimate goal, not only of improving the quality of life of persons with disability and their families, but also of ensuring that they are treated at par with non-disabled people” (p.8). A positive aspect of the development of this policy was the involvement of the Kumitat Azzjoni Lejn Soċjeta' Ġusta⁹ (Committee Action Towards a Just Society), which was made up of a majority of disabled people, with the rest being parents of disabled people, activists and academics.

The document is divided into 15 sections, with each section divided into 2 parts: Principles and Measures. The sections are:

- Right to a Dignified Life
- Accessibility
- Education
- Employment
- Access to Information
- Health
- Independent Living
- Residential Homes, Community & Rehabilitation Centres
- Research
- Legislation & Access to Justice
- Culture, Sports, Art & Leisure
- Sexuality & Parenthood

7 The Secretariat has now become the Parliamentary Secretariat for Persons with Disability and Active Ageing.

8 The NCPD has now become the Commission for the Rights of Persons with Disability (CRPD).

9 <https://activeageing.gov.mt/en/News/Pages/Jitwaqqaf-il-Kumitat-Azzjoni-Lejn-So%C4%8Bjeta'-%C4%A0usta.aspx>

- Family of Persons with Disability
- Disability Activism
- Other Minority Issues

This policy, while rather comprehensive and addressing areas which are not always given importance, such as disability activism and other minority issues (see below), fails to address other important aspects of disabled people's lives, including disability pensions and guardianship (although guardianship is briefly mentioned in such areas as health).

A year after this document was published, the Secretariat, drawing on this policy, published the national disability strategy consultation document (see 1.4) which is divided into more or less the same sections as the policy, barring the last 2 sections, Disability Activism and Other Minority Issues. Under Disability Activism, the policy proposes the following measures:

- Schemes to support disability groups to provide disability awareness training;
- Support for outreach schemes for disability activists to provide training and peer support;
- Logistical support to NGOs involved in disability rights activism; and
- State supported media campaigns on disability rights.

Such measures are significant in light of the fact that, despite the work that many NGOs working on disability rights and disabled people's organisations (DPOs) in Malta carry out, the country lacks a vocal unified movement.¹⁰ Thus, support to these organisations is needed both to reinforce the disability movement as well as to educate the public on disability rights in order to combat the still-prevailing charity outlook of disability in Malta.

Under Other Minority Issues, the policy proposes 8 measures:

- Setting up a Minority Groups Rights Commission;
- Harmonising legislation and policies to ensure that minority groups are fully protected;
- Harmonising procedures, guidelines and codes of practice to ensure equality of treatment to all minority groups;
- Making detention centres and homes for asylum seekers and refugees fully accessible;
- Making shelters and other facilities for those affected by domestic violence accessible;
- Rendering policies, guidelines and codes of practice in education comprehensive and integral to prevent exclusion of persons with multiple minority group affiliations;
- Abolishing discriminating guidelines on grounds of sexual orientation or membership of another group; and
- Engaging in cognisant and mindful effort to eliminate double discrimination.

A number of these measures, such as accessibility of detention centres, are included in the strategy consultation document and thus discussed in the next sub-section. It is worthwhile

¹⁰ For more information on this topic, see: Cardona, G.C. 2007. Just like Anybody Else?: An investigation into the outlook of young empowered disabled people living in Malta on how they view themselves, society and how they may interpret disability (Dissertation submitted for the degree of M.A. Disability Studies, at the University of Leeds); and: Azzopardi, A. 2000. Understanding Disability Politics in Malta: New Directions Explored (Dissertation submitted for the degree of M.Ed. Inclusive Education at the University of Sheffield).

noting however, that the Minority Groups Rights Commission has not yet been set up. Furthermore, as the European Union Fundamental Rights Agency (FRA 2017)¹¹ notes, there is no monitoring mechanism in place for the National Policy on the Rights of Persons with Disability. Finally, the involvement of the Kumitat Azzjoni Lejn Soċjetà Ġusta in the development of this policy is a commendable example of the government's commitment to involve disabled people at higher levels. However, as the UN Committee on the Rights of Persons with Disabilities notes, in its concluding observations of 2018, there needs to be greater involvement of disabled people in public and political life.¹²

1.4 THE MALTA NATIONAL DISABILITY STRATEGY (CONSULTATION DOCUMENT)

In 2015, the then Parliamentary Secretariat for Rights of Persons with Disability and Active Ageing, in collaboration with the then NCPD, issued a consultation document: the Malta National Disability Strategy. While the National Policy on the Rights of Persons with Disability (see 1.3) is aimed at providing direction, the strategy intends to address the aspirations laid out in the policy and to outline a national plan resulting in the improvement of the quality of life of persons with disabilities and their families. To date, however, this consultation document has not materialised into an actual strategy.

The document consists of 75 Strategy Initiatives grouped under 13 different objectives, namely those detailed in the above-mentioned policy (see 1.3). Together, physical accessibility as well as access to information make up one third of these strategy initiatives, indicating the importance given to these aspects of accessibility by this strategy. These 2 objectives include:

- that all national policies have to undergo a disability impact assessment;
- the drawing up of audit reports by government entities including local councils;
- better physical access to cultural venues and beaches;
- more access to public transport airport terminals, road signage, emergency and safety procedures;
- better media representation of persons with disability (especially during charitable events); and
- that discussions are to be held to ensure that all religious venues and services are accessible to all.

Furthermore, Strategy Initiative 29 holds proposals to draw up a report on the accessibility of units for asylum seekers, detention and open centres, prisons, shelters and residences. Unfortunately, this strategy initiative seems to limit itself to physical accessibility, omitting the needs of persons with sensorial and / or intellectual disabilities to access information. Moreover, such proposals would also need to take into account government offices such as

11 European Union Agency for Fundamental Rights. 2017. From institutions to community living. Part I: Commitments and structures. Luxembourg: Publications Office of the European Union. Available at: <https://fra.europa.eu/en/publication/2017/independent-living-structures>

12 United Nations Committee on the Rights of Persons with Disabilities. 2018. Convention on the Rights of Persons with Disabilities: Concluding observations on the initial report of Malta. Available at: <https://www.ohchr.org/en/countries/enacaregion/pages/mtindex.aspx>

the premises of the Office of the Refugee Commissioner,¹³ which is not physically accessible, thus making it difficult for refugees and asylum seekers with mobility difficulties to access the office.

Under the Objectives 'Right to live a dignified life' and 'Legislation and Access to Justice', the strategy recommends various initiatives related to the UNCRPD, the EOA, the Electoral Law¹⁴ and other relevant legislation. One of the proposals states that all government boards should have a disability representative and that all government departments should have a disability officer. With regards to the former, legislation has since been passed ensuring that persons with disability are represented on a number of government boards.¹⁵ However, other initiatives such as submitting a groundbreaking UNCRPD Act to Parliament, are still pending: while the related Bill (see 7.1) has been presented in Parliament, it still has not been enacted. Other proposals include the drawing up of a report on a leisure strategy for persons with disability, in the sense of discussing the current national accessibility of leisure activities and proposing a much needed strategy; drafting an Accessible Information Policy; and drafting legislation of professional secrecy. The latter, however, needs to be treated with caution in the sense that it should not impede the sharing of information between entities (such as the CRPD, Jobsplus¹⁶ and the Social Security Department¹⁷) which can collaborate together in order to provide the best services for persons with disabilities. Furthermore, a Professional Secrecy Act¹⁸ is already in existence and thus, rather than enacting a separate legislation regarding professional secrecy and persons with disabilities, amendments could be made to the already existing Act with regards to disability where necessary.

A number of recommended initiatives are related to education, the most important of which is that all students (not only those with a disability) have an individual education planning (IEP) and a transition programme starting from Form 4. With regards to the latter, the strategy (in Strategy Initiative 32) specifies that in the case of students with disabilities (especially those with intellectual disabilities), such a programme should consider their individual psychological needs. This is especially important when considering that students with disabilities as well as their parents experience fear, worry and helplessness during the transition period from secondary school to post-secondary lives, and thus transition programmes need to help the student develop the necessary skills for self-determination and self-advocacy, and should include training in daily living and social skills¹⁹

13 <https://homeaffairs.gov.mt/en/mhas-departments/the%20office%20of%20the%20refugee%20commissioner/Pages/Refugee.aspx>

14 Laws of Malta: Chapter 354. 1991. General Elections Act. Available at: <http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=8824&l=1>

15 Laws of Malta: Act No. VII of 2015. 2015. An Act to amend various laws to allow the representation of Persons with Disability to various Authorities and Boards. Available at: <https://parlament.mt/media/37392/act-vii-various-laws-personswith-disability-membership-in-various-entities-act-2015.pdf>

16 <https://jobsplus.gov.mt>

17 <https://socialsecurity.gov.mt>

18 Laws of Malta: Chapter 377. 1994. Professional Secrecy Act. Available at: <http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=8844&l=1>

19 Mula Falzon, C. 2012. Developing Individual Transition Plans – A Trainee INCO's Experience. Available at: <https://www.um.edu.mt/library/oar//handle/123456789/7801>

It is worth noting that, in her dissertation, Mula Falzon (2012) recommends the development of a comprehensive booklet containing information on available services in this area (including post-secondary courses and training schemes) in order to facilitate more accessible information and thus more informed choices. Cooperation between the different professionals involved – inclusion coordinators (INCOs), guidance teachers, college career advisors, teachers and learning support educators (LSEs) – is also emphasised. On a national level, the author calls for a national policy on the development of transition planning practices, thus empowering students and their families to own the transition process.²⁰ With regards to education, the strategy also proposes the formulation of an audit of each college in terms of the resources needed for physical accessibility, where representatives of the Ministry for Education and Employment (MEDE) and each college have ongoing meetings in order to organise a system where all colleges, be they government, private or church managed, report a detailed accessibility (both physical and informational) assessment of their buildings. The strategy also proposes the introduction of loop systems for hearing impaired students,²¹ and the development of dyslexia guidelines for educators. Furthermore, Strategy Initiative 35 states that Aġenzija Żgħażaġh²² and Youth Inc. (an inclusive education programme managed by the same agency) should promote more programmes designed with the abilities and skills of students in mind in order to facilitate the inclusion of students with a disability.

Under the employment objective (Objective 4), measures include disability awareness training for employers (the need for which is discussed in 11.1), the publication of a disability employment strategy, more flexible working hours (both in the public and private sector), incentives for social enterprise programs, and the introduction of specialised career and vocational guidance training to persons with disability.

With regards to health (Objective 6), the strategy proposes developing further the concept of specialised clinics. One such clinic, the Adult Down Syndrome Clinic²³, has been operating since 2012, in collaboration with the Down Syndrome Association.²⁴ Another initiative proposes that basic sign language is taught to all medical professionals working directly with persons with disability. However, this proposal needs to be treated with caution as delicate and effective communication cannot be held through 'basic language'. It is important that delicate situations are dealt with by trained interpreters.

Under Objective 7 (Independent Living), there are proposals to develop 4 centres for independent living; a report on the accessibility of services in each locality in Malta and Gozo; and the development of a strategic plan to ensure the implementation of a strategic programme on the accessibility of services, goods and other facilities. It also proposes the introduction of a comprehensive strategy on alternative models of rehabilitation; the introduction of a code of ethics / standards of practice for staff working with disabled people in residential settings; and strengthening Personal Assistance Schemes. Since the publication of the strategy, the National Standards Residential Services for Persons with Disability were published in 2015

²⁰ Ibid.

²¹ Loop systems (hearing loops) are a special type of sound systems for persons using hearing aids. They provide a magnetic, wireless signal that is picked up by the hearing aid.

²² <http://www.agenzijażgħażaġh.gov.mt>

²³ <https://deputyprimeminister.gov.mt/en/phc/Pages/Clinics/Adult-DownSyndrome-Clinic/Adult-DownSyndrome-Clinic.aspx>

²⁴ <http://www.dsa.org.mt>

(see 5.2) and the Guidelines: Social Regulatory Standards – Respite Services for Persons with Disability in 2018 (see 5.3). However, the issue of personal assistance needs to be looked into. As the UN Committee on the Rights of Persons with Disabilities recommends, the government needs to ensure that financial and other measures which allow disabled people to be provided with personal assistance are in place, as well as that personnel supporting disabled people are appropriately trained.²⁵

With regards to families of persons with disabilities, the strategy proposes the setting up of a Family Support Services Unit by Agenzija Support²⁶ which would support the families of service users; and the development of a family centre that will converge all support services. These are vital proposals in view of the need for parents of persons with disabilities to be better informed and supported.²⁷ The strategy also proposes the introduction of schemes to encourage the formation of cultural, sports, arts and leisure groups; and that all customer care charters address the needs of persons with disability. Furthermore, one of the objectives of the strategy is dedicated to research and proposes that, together with the then Disability Studies Unit²⁸ at the University of Malta, research areas which are essential in the disability sector are identified. It further proposes that the Unit seeks to widen the database catchment available to ensure that students and researchers have better access to disability data; and to develop a system where better promotion of disability research is envisaged.

Regrettably, this strategy fails to address some vital issues, such as the right to equal recognition before the law as envisaged in Article 12 of the UNCRPD. The Act to amend the Code of Organization and Civil Procedure and the Civil Code for the purpose of providing for guardianship is based on substitute decision-making and thus there is the need for the proposed Personal Autonomy Act, which would enable supported decision making (see 2.1). Furthermore, nothing has been included with regards to the day centres that provide services for people with intellectual disability which need greater investment to improve their physical environment as well as their resources (human and otherwise) which need to be increased and improved to provide better services. Furthermore, the model for day service provision also needs to shift to a community-based one where service-users do not spend the whole day in a specific centre but are supported to make use of community-based resources as part of an individualised service package.

Finally, although several years have passed since the issuing of this consultation document, it has not yet been finalised and very little has been done to implement most of the strategic initiatives it contains. In order for the strategy to be effective, it would also need to have timeframes and deadlines to implement these initiatives, and a clear indication of which entity is responsible for implementation.

25 United Nations Committee on the Rights of Persons with Disabilities. 2018. Convention on the Rights of Persons with Disabilities: Concluding observations on the initial report of Malta. Available at: <https://www.ohchr.org/en/countries/enacaregion/pages/mtindex.aspx>

26 <https://support.gov.mt>

27 Mifsud, S. 2017. Beyond Diagnosis of Hearing Impairment: Parent Support and Information in Malta. Available at: <https://www.um.edu.mt/library/oar/handle/123456789/26393>

28 Since the publication of the strategy, the Disability Studies Unit has become the Department of Disability Studies: <https://www.um.edu.mt/socialwellbeing/disabilitystudies>

1.5 SOCIAL SECURITY ACT

The Social Security Act, enacted in 1987, has been amended multiple times since. The disability pension was reformed, mainly to support persons who, because of their disability, cannot be gainfully employed and supplement their pension with income from employment. Thus these persons are now entitled to the highest rate of allowance. Legal Notice 6 of 2018²⁹ increased the four disability non-contributory pensions: the Increased Severe Disability Allowance (ISDA), the Severe Disability Assistance, the Disability Assistance, and the Assistance for the Visually Impaired. It also increased the Carer's Allowance and Increased Carer's Allowance. In the Budget for 2019³⁰, the Minister for Finance announced another phase of Disability Assistance reforms and increased the weekly assistance payment (applicable as from January 2020). Furthermore, an Impairment Rating Evaluation will be used (besides the Barthel Index, which is used for persons with mobility problems) in order to widen the eligibility parameters to other forms of severe disability. The same Budget document also announced an increase in the Disabled Child Allowance. It is to be hoped that such reforms will help mitigate lacunae such as the fact that persons with severe disabilities tend to be excluded from the Disability Assistance and the fact that the Barthel Index, which is used for the ISDA, focuses solely on the physical aspect, and tends to exclude persons with psychosocial, intellectual and sensorial impairments (see 8.1).

1.6 MENTAL HEALTH ACT

The Mental Health Act of 2012, which replaces the outdated 1952 Mental Health Act, is intended "to regulate the provision of mental health services, care and rehabilitation whilst promoting and upholding the rights of people suffering from mental health disorders" (p.2). Apart from the rights of persons with mental health problems and their carers, as well as mental health patients involved in criminal proceedings, the Act covers the establishment of the Commissioner for the Promotion of Rights of Persons with Mental Disorders.³¹ The main function of the Commissioner is the supervision of the implementation of this Act.

Other areas regulated by this Act include:

- The procedure, whether voluntary or involuntary, of admission to a licensed facility and the treatment undertaken in the community.

With regards to the practices to be followed when there is a need for a compulsory stay in a mental health hospital, the Act states that a person with severe mental health problems may be detained: if a person, because of their disorder, is a threat to themselves or to others, and failure to do so would be to his or her detriment; or if the required medical treatment cannot be provided within his or her community. On the subject of involuntary admissions, the Office of the Commissioner for Mental Health reports that the length of stay of those who are admitted to residences for people with mental health problems involuntarily (63%

29 Laws of Malta: Legal Notice 6 of 2018, 2018. Social Security Act (Cap. 318). Increase in the Rates of Benefits (Amendment of Schedules) Order, 2018. Available at: <http://justiceservices.gov.mt/DownloadDocument.aspx?app=lp&itemid=28870&l=1>

30 Minister for Finance. 2019. Budget Speech 2019. Available at: <https://mfin.gov.mt/en/The-Budget/Pages/The-Budget-2019-G5J3D1.aspx>

31 <https://deputyprimeminister.gov.mt/en/CommMentalHealth/Pages/Commissioner-For-Mental-Health.aspx>

of acute involuntary admissions are younger than 45 years old) has greatly diminished.³² Nonetheless, in her dissertation, Ellul (2015)³³ argues that while such provisions as those regarding community based services, voluntary admission to a mental health facility and the setting up of the Office of the Commissioner for Mental Health are all measures which help to safeguard the human rights and dignity of people with mental health problems, it should be made explicitly clear, throughout the provisions of the Act, that with regards to admissions to mental health licenced facilities, voluntary admissions are the preferred alternatives to involuntary ones.

- **Mental Capacity.** The Act also covers mental capacity and the appointment of curators to persons with mental health problems who are unable to take care of themselves completely.

It states “that a person suffering from a mental disorder shall be deemed able and competent to make decisions unless certified by a specialist as lacking mental capacity to do so” (p.15). While a person can be incapacitated or interdicted by court, the Commissioner can ask 3 specialists to review the person’s mental health and possibly revoke the court’s decree. A person who lacks mental capacity will have a curator assigned to him or her to take care of him/her and his/her estate. The Commissioner has the duty to monitor these curators and ensure that they are performing their duties well (see 2.1 on guardianship and the upcoming Personal Autonomy Act).

- **The care of minors with mental health problems.**

The Act provides that “psychosurgery, sterilisation, implantation of hormonal or other invasive devices to modify sexual and, or emotional and, or behavioural changes arising from mental illness” (p.18-9) cannot be carried out on minors.

- **The provisions to be adopted when conducting special treatments, restrictive care, clinical trials or other medical / scientific research.**

The Act states that no major / surgical procedure will be carried out on a person with mental health problems unless the person gives written informed consent. However, if, “in the opinion of the responsible specialist” the person “lacks mental capacity to give consent” (p.19), consent can be given by the person’s carer.

- **Mental health licensed facilities.**

The Act states that a mental health facility has to be licensed in order to provide health services as envisaged in this Act. Mount Carmel Hospital (MCH), one of such licensed facilities, has been reviewed by the National Audit Office³⁴ which states that parts of the building are not safe, security arrangements are not adequate, relations between management and staff are generally strained, there exists shortage of staff (especially in the nursing grades), and the building is used for other services not related to a mental health hospital. The report recommends an all-encompassing national strategy on mental health to be drawn at the earliest, with community services as its main contribution. A

32 Office of the Commissioner for Mental Health. 2018. Breaking Silos, Building Bridges. Annual Report 2017. Available at: <https://deputyprimeminister.gov.mt/en/CommMentalHealth/Pages/Annual-Reports.aspx>

33 Ellul, S. 2015. From Exclusion to Inclusion: The Way Forward under the New Mental Health Act. Available at: <https://www.um.edu.mt/library/oar/handle/123456789/9626>

34 National Audit Office. 2018. Performance Audit: A Strategic Overview of Mount Carmel Hospital. Available at: <http://nao.gov.mt/en/press-releases/4/198/performance-audit-a-strategic-overview-of-mt>

mental health strategy (see 1.7) – which will see the upgrading of MCH and the building of a new psychiatric hospital next to Mater Dei Hospital – was published in July 2019.

- **The promotion of social inclusion and addressing society's negative perceptions and attitudes towards persons with mental health problems.**

While steps are being taken towards raising awareness on mental health issues, both by the Mental Health Commissioner³⁵ and NGOs such as Richmond Foundation, there is still much stigma surrounding mental health difficulties. In her dissertation, Galea (2017)³⁶ states that while nowadays people with mental health problems are more accepted in society, their problems are still considered as a taboo and they are often faced with stigma. She suggests that if persons with mental health problems are included more in the workforce, this would help reduce the stigma. Galea also states that the transition of services from MCH to Mater Dei Hospital might be one possibility that might decrease the stigmatising manner in which the public views mental health problems; while the media can also be used to provide awareness and education about mental health issues.

1.7 A MENTAL HEALTH STRATEGY FOR MALTA 2020-2030

This strategy was issued by the Ministry for Health in July 2019, after it was published for online consultation in January 2019, which closed at the end of February of the same year. This was shortly after the National Audit Office issued its critical report³⁷ on the workings of Mount Carmel Hospital, calling for (as mentioned in 2.1), amongst other things, a comprehensive national strategy for mental health in Malta. The central tenet of this strategy is resilience and it envisages a shift from mental health services in institutions to those in the community. The proposed vision is based on promoting mental health and wellbeing, preventing mental disorders among high-risk individuals, and providing quality treatment and care to those with mental health problems. Specific focus is placed on promotion and prevention with children and adolescents, and tackling problems related to substance misuse. The elderly are also mentioned as a vulnerable group in whom mental health difficulties are often undiagnosed and thus untreated.

The strategy envisages the building of a new acute psychiatric hospital next to Mater Dei Hospital; the refurbishment of Mount Carmel Hospital, which will then serve as a psychogeriatric care facility; the integration of physical and mental health services; closer links between primary care and specialist care; and a review and update of medicines available. Measures will also be taken so that persons with mental health problems will be rehabilitated and integrated through intersectoral policies in employment, housing and social benefits. With regards to the latter, for example, the strategy recognises that persons with schizophrenia and other severe mental disorders should be recognised as disabled people in order to enable them to benefit from the disability pension.

35 Carabott, S. 2019. Plea to 'break the silence on suicide'. Early professional support could lead to treatment of certain conditions. Times of Malta, June 2. Available at: https://www.timesofmalta.com/articles/view/20190602/local/plea-to-break-the-silence-on-suicide.711671?fbclid=IwAR385y_ukcVnAbYhQYOXiWqWcyUrLBWcgeopdo5e58fO-pVJlXIIEgmAtgIE#XPPgCMzAlyE.facebook

36 Galea, R. 2017. The lived experiences of people with mental health illness and the impact on their family. Available at: <https://www.um.edu.mt/library/oar/handle/123456789/26343>

37 National Audit Office. 2018. Performance Audit: A Strategic Overview of Mount Carmel Hospital. Available at: <http://nao.gov.mt/en/press-releases/4/198/performance-audit-a-strategic-overview-of-mt>

In order to implement the strategy, there is a need for investment, development and capacity of the mental health workforce, and electronic health records within the mental health sector. The strategy also envisages the continuation of the strengthening of existing relationships with persons with mental disorders, their significant others, civil society and NGOs; as well as offering further opportunities for expert organisations to fill identified gaps in prevention and support. Positively, the strategy document itself takes into account reports by NGOs such as the President's Foundation for the Wellbeing of Society,³⁸ which published the results of a consultation process on the wellbeing of people with mental health difficulties³⁹

The Mental Health Strategy is a quite comprehensive and much needed, one. The most important factor is the swift implementation of the strategy and its translation into definite targets with the necessary (reasonable) time-frames.

1.8 PERSONS WITHIN THE AUTISM SPECTRUM (EMPOWERMENT) ACT

This Act was enacted (and came into effect) in 2016 to “empower persons within the autism spectrum by providing for their health and well-being in society, the betterment of their living conditions, their participation and inclusion in society and to make ancillary and consequential provisions thereto in full adherence to the UN Convention on the Rights of Persons with Disability”. An Autism Advisory Council was established under this legislation whose major aims are to draw an Autism Support State Plan and to see to its implementation. While this Act is a step forward for persons on the autism spectrum, it is doubtful whether enacting laws on particular disabilities is beneficial, since this might potentially create discrimination between persons with different types of disabilities. It might be more worthwhile to enhance the protection of persons with disabilities under umbrella provisions such as the amendment of the Maltese Constitution⁴⁰ so that discrimination on grounds of disability is outlawed.

1.9 MALTESE SIGN LANGUAGE RECOGNITION ACT

The Maltese Sign Language Recognition Act, issued in 2016, recognises Maltese Sign Language as an official language of Malta, and sets up the Maltese Sign Language Council to see to the development, dissemination and promotion of the language.

38 <http://www.pfws.org.mt>

39 The President's Foundation for the Wellbeing of Society. 2017. Mental Health in Malta: Wellbeing Through a Shared Strategy. Available at: <https://deputyprimeminister.gov.mt/en/CommMentalHealth/Documents/2017/Mental%20Health%20in%20Malta%20Publication.pdf>

40 Laws of Malta: Chapter 1. 1964. Constitution of Malta. Available at: <http://justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=8566>

2 Guardianship and Protection

2.1 AN ACT TO AMEND THE CODE OF ORGANIZATION AND CIVIL PROCEDURE AND THE CIVIL CODE FOR THE PURPOSE OF PROVIDING FOR GUARDIANSHIP

Prior to ratifying the UNCRPD, the Maltese Parliament enacted an Act to amend the Code of Organization and Civil Procedure and the Civil Code for the purpose of providing for Guardianship in order to be legally compliant with the Convention in this area. The Act states that persons who cannot exercise their legal capacity to the full will be provided the option of guardianship as a less restrictive option to interdiction and incapacitation which are incompatible with the provisions of the UNCRPD. Nonetheless, the Mental Health Act (see 1.6) still permits interdiction and incapacitation. Guardianship orders can be issued for persons who are deemed as not being fully capable of taking care of their own affairs because of an intellectual disability, mental health problems, age or other conditions. A guardian is appointed by the Guardianship Board (set up by the same law), to support such persons, and has the responsibility to safeguard the general wellbeing, including management of the estate, of the persons under his or her guardianship. The Guardianship Board is composed of a chairperson (a retired/serving) judge or magistrate) and 2 members: one appointed following consultation with the disability sector and one following consultation with the mental health sector. These are appointed by the President of Malta on the advice of the Prime Minister after consulting the Social Affairs Committee of the House of Representatives. The Guardianship Board has the duty to review guardianship orders at least every 2 years. This might need to be revised, in order to curb abuse, and ensure that guardianship orders are reviewed more often and regularly. It is also important that the Guardianship Board is provided with all the necessary resources to be able to carry out its work effectively. The CRPD reports that there are problems in finding guardians, especially for people with mental health problems, psychosocial disabilities and dementia. It recommends that a mechanism to employ professional guardians is set up in order to address this shortage.⁴¹

On the other hand, regulations should be issued to guide the Guardianship Board to ensure that its focus is to support persons with disability to exercise their legal capacity as envisaged in the UNCRPD. For the same reason, the Board, after consultation with the disabled persons themselves, their organisations and their families, should issue guidelines to guardians to help them in fulfilling their responsibilities towards the disabled person they are supporting. Rigorous monitoring of guardians, tutors, curators and trustees is needed in order to curb abuses and/or conflict of interest, and to further protect the disabled person's rights and assets. Hence, there is also the immediate need of enacting the Adult Protection Act (see 2.2) which goes hand in hand with the Personal Autonomy Act (discussed below).

Finally, while the Act is a move in the right direction, it still does not comply with the UNCRPD, which in Article 12 states that people with disabilities have the right to “enjoy legal capacity on an equal basis with others in all aspects of life.” It also states that persons with disabilities should control their own financial affairs and that they “are not arbitrarily deprived of their property.” The same article postulates that state parties should take the necessary measures to provide access to disabled people to any “support they may require in exercising their legal capacity.” Thus, the Personal Autonomy Act which would enable supported decision making (instead of substituted decision making) is of imminent need. This Act, which has been

⁴¹ Commission for the Rights of Persons with Disability. 2018. Submission to the Committee on the Rights of Persons with Disabilities in Advance of its Consideration of Malta's 1st Periodic Report. https://tbinternet.ohchr.org/Treaties/CRPD/Shared%20Documents/MLT/INT_CRPD_ICO_MLT_30550_E.docx

announced,⁴² is yet to be published and enacted. Such an act would need to ensure that the person who is supporting the decision-making acts in line with the rights, will and preference of the disabled person.

2.2 BILL: PROTECTION OF VULNERABLE OLDER PERSONS AND ADULT PERSONS WITH DISABILITY ACT

This bill concerns an act (hereinafter referred to as the Adult Protection Act) issued by the then Parliamentary Secretariat for the Rights of Persons with Disability and Active Ageing in 2017. It is intended to provide for the protection of vulnerable persons – with special reference to older people and adults with a disability – from harm and abusive behaviour. It also aims to provide necessary services to those adults who are at risk of being abused. The act would establish the means to intervene in court proceedings involving these vulnerable adults and to enable Malta to ratify the Convention on the International Protection of Adults (2000) adopted by the Hague Conference on Private International Law.⁴³

The Act also intends to establish a director responsible for the protection of vulnerable older persons and adults with disability who is to:

- act in the best interests of these adults at risk;
- ascertain the views and wishes of these adults;
- collaborate with other stakeholders involved in such protection;
- enquire whether any action taken in relation to these adults is appropriate or not;
- provide guidance for the families of these adults; and
- issue guidelines as necessary with respect to what may constitute harm or risk of significant harm.

This director is to investigate reports that an adult is in need of assistance or protection, provide the necessary assistance to these vulnerable adults who are being abused or neglected, and take legal action to provide protective intervention to these adults, including emergency intervention.

At the time of writing, this bill is currently being revised following a consultation exercise. It is important that this legislation is enacted as soon as possible and that it rigorously regulates both special and general powers of attorney in order to curb abuse. However, care should be taken with regards to the assumption that all persons with disability and older persons are all vulnerable; as well as making sure that there is not too much power is vested in one person to decide who is at risk of abuse and what is in their best interest.

2.3 TRUST AND TRUSTEES (PROTECTED DISABILITY TRUSTS) REGULATIONS

This subsidiary legislation, enacted in 2016, allows a family member to set up a trust with the aim, amongst others, to manage the estate of a disabled person who needs support to do so. At least one of the beneficiaries has to be a disabled person. However, non-disabled persons

42 Ibid.

43 Hague Conference on Private International Law. 2000. 35: Convention on the International Protection of Adults. Available at: <https://www.hcch.net/en/instruments/conventions/full-text/?cid=71>

too can be beneficiaries of such a trust, enabling the possibility for parents of disabled persons to be joint beneficiaries whilst alive, leaving the disabled person the sole beneficiary after their death. Trustees can also be professionals whose fees cannot exceed 400 Euro, and who have to be free from any conflict of interest in managing this trust. The entity responsible for setting up such trusts is the

Malta Financial Services Authority⁴⁴. However, in order to ensure that these trusts are functioning to the best interests of the beneficiaries, they should possibly also be supervised by the Office of the Guardianship Board.⁴⁵

44 <https://www.mfsa.mt>

45 <https://activeageing.gov.mt/guardianship/Pages/default.aspx>



3 Education

3.1 THE UNIVERSITY OF MALTA ACCESS ARRANGEMENTS

This document, published in 2018 by L-Università ta' Malta (the University of Malta, UM) was drawn up by the ACCESS – Disability Support Committee, who, together with its administrative arm, the ACCESS – Disability Support Unit (ADSU), is responsible for work related to access within the UM. These guidelines, which are the revised version of previously published ones, include new access arrangements such as those permitting students with a disability who fall short of the required qualifications at SEC (Secondary Education Certificate) level due to their disability, to enter courses if this does not interfere with their area of study. The guidelines were drawn up in consultation with relevant stakeholders, and the document states that there is a continuous need to review these guidelines and practice “since inclusion is a dynamic and ever evolving process” (p.2). Therefore students, staff and visitors at UM are invited to provide feedback on the guidelines, and there is a form to do so in the appendices, where one can also find the necessary application forms.

These guidelines explain the systems, structures, policies, regulations and support that are in place to provide access arrangements for students, staff and visitors of the University of Malta. The document also outlines the processes of applying for support at Junior College, and signposts the guidelines relating to applying for Matriculation and Secondary Education Certificate Examinations (MATSEC) examination access arrangements (see 3.2). It provides information about the process of identifying support needs and requesting access arrangements in order to ensure that students are independent by obtaining the necessary access arrangements for courses programs and assessments and to participate fully in university life. The guidelines also cover additional sources of support provided by other entities that can be made use of by students with disability. It explains the ways in which the UM provides accessibility in terms of physical access, access to information and communication, and the provision of various support services.

Course arrangements may include: recording of lectures, copies of lecture notes or presentations, priority seating, accessible lecture venues, the use of personal equipment, library arrangements, use of lockers, and, in exceptional cases, waiving of specific entry requirements and granting extensions for program of studies. Arrangements regarding assessments may include: flexibility of deadlines, use of personal equipment, use of word processors, extra time, examinations taken in a room with a few students, rescheduling of exams, large format exam papers, and, in exceptional cases, the use of a scribe. These arrangements can be obtained primarily by approaching the ADSU, although other entities such as Aġenzija Sapport, the Foundation for Information Technology Accessibility (FITA),⁴⁶ the Sonia Tanti Independent Living Centre,⁴⁷ the Malta Guide Dogs Foundation⁴⁸ and the Richmond Foundation can also be tapped. It also explains how students can access support for additional expenses. Physical accessibility to the campus, access to communication and information and the support provided by various UM entities such as the Counselling Unit⁴⁹, the Mental Health Services and the university student council (KSU)⁵⁰ are also detailed. Other access arrangements include

46 <https://fitamalta.eu>

47 <https://crpd.org.mt/services/sonia-tanti-independent-living-center>

48 <http://www.maltaguidedogs.org.mt>

49 <https://www.um.edu.mt/counselling>

50 Kunsill Studenti Universitarji: <https://www.ksu.org.mt>

those supporting students with disability so that they can access lectures, reach the teaching venue, cope with workloads and access oral modes of assessments.

The final chapter provides a guide of possible arrangements to students with different impairments such as attention deficit hyperactivity disorder (ADHD), autism spectrum condition, developmental coordination disorder / dyspraxia, diabetes, epilepsy, hearing impairment, irritable bowel syndrome, mental health difficulties, myalgic encephalopathy / chronic fatigue / post viral fatigue, neurological disorders, physical / mobility impairment, specific learning difficulties, speech impairment, lupus and visual impairment. While the guidelines take a broad conceptualisation of disability and include a range of physical, sensory, cognitive, neurological and medical conditions as well as learning difficulties, the document emphasises that: the conditions listed are by no means exhaustive; the listing is not intended to exclude any student whose disability is not listed; and access arrangements are made on a case-by-case basis.

The guidelines are also broad and comprehensive in the conceptualisation of barriers encountered by disabled persons, recognising that these can arise in multiple domains, in different contexts, environments and interactions, and may present differently and to varying severity at different times during someone's life (or, in this case, their time at university). The document specifically recognises that these barriers may relate to: physical accessibility; access to information and communication; access to services; and performance in assessments, exams and course-related oral and practical tasks. It also refers to the importance of attending to barriers and complexities relating to the intersections with gender, race, ethnicity and other spheres of diversity.

3.2 THE UNIVERSITY OF MALTA GUIDELINES TO MATSEC EXAMINATIONS ACCESS ARRANGEMENTS

These guidelines, published in 2019 by L-Universita' ta' Malta, come into effect in 2020. They are the revised version of previously published guidelines and reflect new developments such as assistive technology. Furthermore, the new guidelines reinforce the fundamental principle of processing requests on a case-by-case-basis. The aim of the guidelines is to inform candidates, parents, school representatives and various professionals about the range of examination access arrangements (EEAs) for candidates with different impairments, medical conditions and learning difficulties, in order to enable them to sit for their MATSEC examinations (Secondary Education Certificate, including vocational subjects and Secondary Education Applied Certificate, and Matriculation Examinations) on an equal basis with others. The guidelines specify that the nature of EEAs depends on the need of the individual candidates and that the types of disabilities identified are not all inclusive: therefore, candidates who have other disabilities (even temporary ones, such as an injury following an accident, or a condition resulting from an acute illness) not mentioned in the guidelines may still apply for EEAs. Applications for EEAs are processed by the ACCESS – Disability Support Committee (ADSC), which is a joint Council and Senate appointed committee. Each application “is considered on its own merits, based on the documentation submitted” (p.17).

The guidelines provide detailed instructions for the application process, including a table with the professionals needed, for each type of impairment, to contribute to the application. The

types of EEAs given vary, and include adaptive equipment, assistive technology, change in examination venues, extra time, modifications to the examination paper, alternative ways of providing responses (instead of writing), simplification of the rubric of the paper by a communicator, extension of deadlines, examination access arrangement support assistants (such as readers, prompters, scribes, personal assistants, practical assistants and sign language interpreters), exemption from part/s of the assessment, physical access to examination venues and examinations, and word processors. The guidelines also provide direct links to the necessary handbooks and forms, rendering easy access to such documents.

The third section of the guidelines helpfully lists the EEAs generally corresponding to particular impairments, although candidates with multiple conditions may qualify for more EEAs than are generally provided for students with a single condition. This section also details the certification and justification needed in the application for each type of impairment, together with the test scores, checklist results and observations that the assessment for each type of impairment should include. The appendices include a series of Frequently Asked Questions, which include definitions of disability and EEAs.



4 Employment

4.1 PERSONS WITH DISABILITY (EMPLOYMENT) ACT

In 1969, the Maltese Parliament legislated what was then entitled the Handicapped (Employment) Act, now the Persons with Disability (Employment) Act. This legislation established a register of disabled persons to be held by Jobsplus and introduced the quota system, which was reinforced through an amendment in 2015.⁵¹ Act No. XXII of 2015 states that an employer failing to implement the 2% quota of persons with disabilities in a workforce of 20 or more employees (introduced in the 1969 Act), will be liable (by 2017) to make an annual contribution of €2,400 for every person with disability that should be in his / her employment, up to a maximum of €10,000. In 2014, the Malta Employers' Association⁵² voiced its concern on the fact that they were not consulted prior to the government's enforcement of this legislation, and that, since in order for the employer to be recognised as adhering to the 2% quota, the disabled person has to be registered with Jobsplus as a disabled person, a number of large companies were encountering problems when requesting their employees to register.⁵³ The reluctance of some disabled people to register themselves as disabled also points to the stigma which is still attached to disability in Malta. However, a Memorandum of Understanding between Jobsplus, the Malta Employers' Association and the Malta Chamber of Commerce, Enterprise and Industry was signed in 2016, setting the parameters on how this legislation can be enforced.⁵⁴ The Jobsplus annual report of 2018⁵⁵ reports that the number of private companies adhering to the 2% quota increased by 12% between December 2016 and December 2017. However, the UN Committee on the Rights of Persons with Disabilities⁵⁶ recommends that the quota system is reviewed and made applicable to those employers with less than 20 employees as well, since the current quota system seems to be ineffective. It also recommends that, apart from adopting further mechanisms and incentives to ensure the implementation of the quota system and other measures targeting the integration of disabled people in the labour market, raising awareness among employers on the rights of people with disabilities to work in the labour market and on the benefits of employing persons with disabilities, is also important, since a high number of employers still do not employ persons with disabilities. Research by Axisa (2018)⁵⁷ shows that employers still have unanswered questions and mixed feelings on the quota system, often lacking detailed knowledge of what it entails.

51 Laws of Malta: Act No. XXII of 2015. An Act to amend the Persons with Disability (Employment) Act. Available at: <http://justiceservices.gov.mt/DownloadDocument.aspx?app=lp&itemid=26998&l=1>

52 <https://www.maltaemployers.com>

53 MaltaToday. 2014. Employers concerned over disability quota. Available at: https://www.maltatoday.com.mt/news/budget_2015/46277/employers_concerned_over_disability_quota#.VjnHECTlyfQ

54 Jobsplus. 2017. Employing Persons with Disability. Available at: <https://jobsplus.gov.mt/employers-mt-MT-en-GB/employing-persons/employing-persons-disability>

55 Jobsplus. 2019. Annual Report 2018. Available at: <https://jobsplus.gov.mt/resources/publication-statistics-mt-mt-en-gb/publications/annual-reports>

56 United Nations Committee on the Rights of Persons with Disabilities. 2018. Convention on the Rights of Persons with Disabilities: Concluding observations on the initial report of Malta. Available at: <https://www.ohchr.org/en/countries/enacaregion/pages/mtindex.aspx>

57 Axisa, T. 2018. The Effectiveness of Disability Quotas when Employing Persons with Disabilities: An Exploratory Study among Maltese Employers. Dissertation submitted for the degree of M.A. Youth and Community Development Studies at De Montfort University

5 Residential and Respite Services

5.1 SOCIAL CARE STANDARDS AUTHORITY ACT

The Social Care Standards Authority Act, published in 2018, sets up the Social Care Standards Authority⁵⁸ and provides “for the regulation of social welfare provided to individuals by public or private entities”. The Subsidiary Legislation Social Regulatory Standards on Respite Services for Persons with Disability Regulations⁵⁹ elevates the Social Regulatory Standards on Respite Services for Persons with Disability (see 5.3) to the status of subsidiary legislation under the Social Care Standards Authority Act. It contains the same information as that included in the standards but without the performance indicators.

5.2 NATIONAL STANDARDS RESIDENTIAL SERVICES FOR PERSONS WITH DISABILITY

In 2015, following public consultation, the then Department for Social Welfare Standards (DSWS),⁶⁰ adopted the National Standards Residential Services for Persons with Disability. These standards detail what each resident can expect from those responsible for residential care for disabled people. They cover all types of accommodation of all sizes. The DSWS is responsible for supervising the implementation of these standards.

There are 19 standards which are divided into 4 standard areas:

- Before moving into the residential service
- As you settle down in the residential service
- Everyday life
- After using the service.

These standards ensure that a residential service for persons with disability must, among others, ensure that every resident:

- has a personal support plan drawn up together with him / her;
- is assigned a key staff member;
- participates in the planning and choice of daily activities after being duly informed on them;
- has communication adapted to his / her personal needs and all documents are presented to him / her in an accessible format;
- is supported to receive health care, including medicine, healthy food and palliative care;
- is not forced to practice any particular religion and is supported in religion of their choice; and
- has the right to leave the facility to go and live somewhere else, if this is in their best interest.

The residential facility also needs to:

- address all concerns and complaints immediately and efficiently;
- set up a consultative committee (unless the residents and their guardians decide otherwise) which includes representatives of the residents;

58 <https://scsa.gov.mt/mt/Pages/Welcome-SCSA.aspx>

59 Laws of Malta: Subsidiary Legislation 582.03. 2019. Social Regulatory Standards on Respite Services for Persons with Disability Regulations. Available at: <http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=12975&l=1>

60 The Department for Social Welfare Standards has now become the Social Care Standards Authority.

- ensure residents' safety; and
- have a policy on sexuality and sexual health and provide an educational program about these issues according to the residents' needs.

The standards also state that new homes within the community should be small ones that are welcoming and promote personalised support. However, there is no indication as to what is meant by 'small': the only indication regarding size refers to rooms which "should not accommodate more than 2 persons unless the persons demand otherwise" (p.16). Another important aspect that is laid down by the standards is that long-term residential facilities should not also provide respite services, since privacy, stability, relationships and other aspects of residents' lives could be disrupted.

Positively, the standards are also published in Easy-to-Read (ETR) versions in both English and Maltese and are targeted directly at the residents themselves (rather than the management of the residences). In this way, they are more accessible to persons with disabilities who make use of residential facilities. These standards are also a welcome development especially in relation to curbing abuse towards disabled people in residential homes. The CRPD recommends that these should also apply for services provided at MCH.⁶¹ This is especially significant in view of the state of this hospital (see 1.6 and 1.7). The CRPD also recommended to the UN Committee on the Rights of Commission for the Rights of Persons with Disability. 2018. Submission to the Committee on the Rights of Persons with Disabilities in Advance of its Consideration of Malta's 1st Periodic Report. Available at: https://tbinternet.ohchr.org/Treaties/CRPD/Shared%20Documents/MLT/INT_CRPD_ICO_MLT_30550_E.docx

Persons with Disabilities to request Malta to provide further information on how these standards are being implemented and enforced.⁶² So far, there is no legal mechanism to ensure that these standards are adhered to. Furthermore, the standards contain no reference to the right of disabled people to choose where, with whom and how to live (as per Article 19.2 of the UNCRPD).

Other important aspects in such settings emerge through local research (Dalli 2017⁶³ and Darmanin 2014⁶⁴), which shows that clients in residential settings (such as for adults with intellectual disabilities and people with dementia) do not always feel listened to or that they are encouraged to participate in the day-to-day running of the homes and administration of their finances. Others feel there is a lack of communication between residents and staff. Furthermore, caution needs to be exercised with regards to communication. The standards lay down that residents can enjoy "the freedom of seeking, receiving and giving information and expressing ideas... [t]hrough all forms of communication of... [their] choice... be it discourse or documentation" (p.8). However, in view of the fact that a great number of carers in residential homes do not speak Maltese, care needs to be taken in ensuring that such freedom of communication is being implemented. For example, Darmanin (2014)⁶⁵ finds that some adults with intellectual disabilities in residential settings find difficulty in communicating with foreign carers. Such challenges might be mitigated by requiring carers to undergo a course in Maltese language.

5.3 GUIDELINES: SOCIAL REGULATORY STANDARDS – RESPIRE SERVICES FOR PERSONS WITH DISABILITY

The Social Care Standards Authority (SCSA) launched these guidelines in 2019. The document is based on principles which include the client's right to privacy, choice and individuality. It

includes 7 Standards, each of which has several quality indicators outlining what the service provider must ensure. The standards cover the following areas: • Residents' Rights

This standard protects the client's right to privacy, intimate relationships, to choose a single room, and to communication in an accessible and non-patronising manner and with the necessary support. • Personal Support Programme The second standard ensures that each client has a holistic personal support programme drawn up with their involvement, that measures are taken to achieve the objectives of these programmes and that these programmes are reviewed as necessary. However, since the clients would only be availing themselves of respite services for a short period of time, it would perhaps be more beneficial for the client if the service provider commits to adhere to his / her personal support programme that is already in existence and contribute to the further development of the same programme, rather than develop a new one. • Participation and Decision Making The third standard states that clients should be supported in making their own decisions and choices (including regarding the food served), and have the necessary information. Service providers are also to deal with complaints and situations causing concerns in a prompt and efficient manner. • Protection and Safeguarding This standard ensures that the service provided is safe and promotes the physical, emotional and mental wellbeing of the clients. Clients are to be protected from harassment, abuse and discrimination whilst respecting their privacy. The service provider is also to assist clients in their medication and health care. • Information on Service Provision The fifth standard deals with the clients' right to information about service provision, including information about alternative services to meet their needs and aspirations. • Service Agreement and Related Documents The sixth standard ensures that the service provider provides the clients with a comprehensive document listing information on the service provision, including the conditions and the financial aspect of these services. It also states that service providers have to provide a comprehensive document about the rights and responsibility of service users. However, there is no obligation that these documents have to be presented in accessible formats for the different needs of persons with various disabilities; nor is it stated that these documents should be explained to the service users. •

SERVICE QUALITY MANAGEMENT

The final standard ensures that service providers strive to better their service delivery and ensure staff development. As noted in section 5.1 regarding standards for long-term residential services, since a good number of staff working in these facilities are non-Maltese speakers, it is imperative that these standards ensure that all personnel working directly with disabled persons have a good command of the Maltese and English languages.

62 Ibid.

63 Dalli, M.G. 2017. The Impact of Admission of a Spouse with Dementia in a Care Home on Spousal Relationships. Available at: <https://www.um.edu.mt/library/oar/handle/123456789/24653>

64 Darmanin, E. 2014. The Narratives of Men and Women Labelled with Intellectual Disability, who Have to Live in Residential Settings in Malta: A Thematic Analysis. Dissertation submitted for the degree of M.Sc. Applied Psychology of Intellectual Disabilities at the Department of Psychology, University of Portsmouth.

65 Ibid.

66 Social Care Standards Authority. 2018. Government response to the consultation on Respite Services for Persons with Disability. Available at: https://meae.gov.mt/en/Public_Consultations/MFSS/Pages/Consultations/SocialRegulatoryStandardsRespiteServicesforPersonswithdisability.aspx

These guidelines were open for public online consultation in 2018.⁶⁶ The consultation outcome document⁶⁷ published by the SCSA⁶⁸ indicates that only 5 replies (including the CRPD, Aġenzija Sapport, the Malta Federation of Organisations Persons with Disability⁶⁹ and respite service providers) were received in the consultation. The Regulation and Standard Office also contacted 2 stakeholders (respite service providers) as part of the process. Feedback included that: • the document does not address the situation of persons with profound intellectual disabilities and some of the clients' inability to make informed decisions; • the document should clarify that parents, carers and curators shall not form part of the management and / or staff of the service provider; and • clients should be provided with support, guidance and understanding when reflecting upon their choices. There were also queries on, among others, staff-to-client ratios, support to clients in continuing their education, accessible transport, intimate relationships, privacy and safety, and the involvement of parents / guardians /

67 Perhaps erroneously, the document is dated 10 December 2018, the date of the start of the consultation.

68 Social Care Standards Authority. 2018. Government response to the consultation on Respite Services for Persons with Disability. Available at: https://meae.gov.mt/en/Public_Consultations/MFSS/Pages/Consultations/SocialRegulatoryStandardsRespiteServicesforPersonswithdisability.aspx

69 <https://maltafederationoforganisationspersonswithdisability.wordpress.com>

carers in their children's respite services and personal programmes. The SCSA's consultation outcome document indicates that some of this feedback was incorporated in the updated document. However, the large part of the feedback does not seem to have been incorporated. The consultation outcome indicates that the standards are one of 3 official documents published (or to be published) as part of the Social Regulatory Standards on the Respite Services for Persons with Disability, with the other 2 being a Subsidiary Legislation which gives enforcement power to the Authority, and an ETR Version for Service Users and the General Public.

6 Transport and Infrastructural Accessibility

6.1 ACCESSIBILITY STANDARDS FOR ALL IN A BUILT ENVIRONMENT REGULATIONS

This subsidiary legislation, enacted in 2019, has the purpose of giving legal force to the already existing standards relating to rendering the built environment accessible to persons with disability and states that these standards shall be used in the interpretation of specific articles of the EOA, such as sub-articles relating to reasonable accommodation, admission to a student with a disability in an educational institution, access in general, and accommodation. The standards are also to be used for the purpose of determining reasonableness within the context of Article 20 of the EOA, which states that in determining the reasonableness of any action to be taken in the fulfilment of the EOA, the CRPD Board should decide whether such action can be undertaken without unjustifiable hardship. The standards are also to be used in determining the size, make and allocation of designated parking spaces according to the Parking Concessions for Persons with Disability Act (see 6.2).

6.2 PARKING CONCESSIONS FOR PERSONS WITH DISABILITY ACT

This act, enacted in 2017, provides for parking concessions for persons with disability. It outlines the Blue Badge scheme⁷⁰ whereby a person with a disability who qualifies for it is given a Blue Badge which allows a vehicle in designated parking spaces. The aim of such a scheme is to facilitate the integration and mobility of disabled persons. The Blue Badge is issued by the CRPD after assessment by a Medical Board composed of a medical doctor, a physiotherapist and an occupational therapist. It is the responsibility of Transport Malta⁷¹ to create designated parking spaces in parking areas and public roads.

⁷⁰ <https://crpd.org.mt/services/blue-badge>

⁷¹ <https://www.transport.gov.mt>



7 UNCRPD

7.1 BILL: UNITED NATIONS CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES ACT

In 2015, the Parliamentary Secretary for Rights of Persons with Disability and Active Ageing presented this Bill in Parliament for an Act to “make provision for the substantive Articles of the United Nations Convention on the Rights of Persons with Disabilities and Optional Protocol to the said Convention, to become, and be, enforceable as part of the Law of Malta” (n.p.). It covers the areas covered by the UNCRPD, including: equality and non-discrimination, women with disabilities, children with disabilities, awareness-raising, accessibility, right to life, equal recognition before the law, access to justice, liberty and security of the person, freedom from torture or cruel, inhuman or degrading treatment, freedom from exploitation, violence and abuse, protecting the integrity of the person, liberty of movement and nationality, living independently and being included in the community, personal mobility, freedom of expression and opinion, access to information, respect for privacy, respect for home and the family, education, health, habilitation and rehabilitation, work and employment, adequate standard of living and social protection, participation in political and public life, participation in cultural life, recreation, leisure and sport, statistics and data collection, international cooperation and national implementation and monitoring. The UN Committee on the Rights of Persons with Disabilities, in September 2018,⁷² recommended that Malta accelerates the process of the UNCRPD Bill in order to ensure that the violations of rights enshrined in the UNCRPD become justiciable. Until this bill is enacted, Malta will only meet its international obligations imposed by this Convention as far as the existing legislation permit it to do so.

7.2 OPM CIRCULAR: GENERAL OBLIGATIONS OF THE UNITED NATIONS CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES (UNCRPD)

One year after Malta ratified the UNCRPD and its protocol (October 2012, coming into effect in November of that same year), the Office of the Prime Minister (OPM) issued a circular on the International Day of Persons with Disabilities (December 3, 2013). The circular is addressed to the permanent secretaries, directors general, directors and heads of public sector organisations, bringing to their attention to the general obligations which Malta assumed on ratifying the UNCRPD. The circular highlights the following obligations:

- all appropriate legislation, policies and practices have to be in line with the UNCRPD;
- research and development should be promoted, including universally designed goods, services and facilities that meet the needs of persons with disabilities;
- human rights training for professionals and staff working with disabled people is to be promoted; and
- economic, social and cultural rights need to be focused to progressively achieve the convention's full realisation.

The circular also reminds permanent secretaries and heads of departments that Articles 4, 5, 6, 8, 9 and 21 (dealing with general obligations, equality and non-discrimination, women with disabilities, awareness raising, accessibility, and freedom of expression) carry obligations which need to be taken into account.

⁷² United Nations Committee on the Rights of Persons with Disabilities. 2018. Convention on the Rights of Persons with Disabilities: Concluding observations on the initial report of Malta. Available at: <https://www.ohchr.org/en/countries/enacaregion/pages/mtindex.aspx>

Finally, the circular makes reference to the Instrument dated May 3, 2013,⁷³ in which the Prime Minister, acting on the recommendation of the Public Service Commission, delegated to the permanent secretaries the power of recruiting persons with disabilities in the public service (in salary scales 16-20) directly from the register of unemployed persons with disabilities kept by Jobsplus.⁷⁴

⁷³ Public Service Commission. 2018. Delegation of Powers – Appointments and Recruitment in the Public Service. Available at: <https://psc.gov.mt/en/Pages/Functions/Delegation-of-Powers.aspx>

⁷⁴ At the time of issuing the instrument, Jobsplus was known as the Employment and Training Corporation.



8 General

8.1 MALTA NATIONAL REFORM PROGRAMME 2019

Every year, the Ministry of Finance publishes the Malta National Reform Programme (NRP) under the Europe 2020 Strategy⁷⁵ (which sets targets for the EU regarding employment, research and development, climate change and energy, education, and poverty and social exclusion). The latest such document at the time of writing is the one published in April 2019, in which the Minister for Finance reports that the number of persons at risk of poverty has continued to fall, following budget measures targeted at, among others, enhancing disability incomes.

The NRP document is divided into the following main sections:

- Macroeconomic Context and Scenario
- Key Policy Response to major Economic Challenges
- Progress towards the Europe 2020 targets
- European Union Funds and Other Reforms
- Institutional Issues and Stakeholder Involvement

Disability is not mentioned in the first 2 sections. Section 2.3 ('Distributional Impact of Selected 2019 Budget Measures'), which details the expected decline, after reforms in pensions, of the at-risk-of-poverty rate for such groups of the population as the elderly, fails to include the issue of disabled persons who depend solely on the disability pension. Although the pension has increased substantially, it is still below the minimum wage and hence might put such persons at risk of poverty and having to depend on their family for a good standard of living. Furthermore, the 2019 European Commission Country Report for Malta⁷⁶ observes that social and labour market outcomes for disabled people are still poor. The same report states that the risk of poverty and social exclusion remains at a high level for people with disabilities: the AROPE⁷⁷ rate gap between people with and without disabilities is well above the EU average. Social protection coverage for disabled people is limited: while social transfers mitigate the risk of poverty in Malta more than in other EU states, they do so less for people with severe impairments. While in 2017, the disability pension for those who cannot work was increased, it excludes persons with certain types of (severe) impairments. For example, the Increased Severe Disability Allowance excludes persons with severe psychosocial, sensorial and intellectual impairments⁷⁸, as well as those with mental health problems. Furthermore, as the UN Committee on the Rights of Persons with Disabilities recommends, Malta needs to review the assessment methods regarding the disability pension and fitness to work, since these are still impairment based.⁷⁹

⁷⁵ European Commission. 2010. Europe 2020: A European strategy for smart, sustainable and inclusive growth. Available at: <http://ec.europa.eu/eu2020/pdf/COMPLETE%20EN%20BARROSO%20%20%2007%20-%20Europe%202020%20-%20EN%20version.pdf>

⁷⁶ European Commission. 2019. Commission Staff Working Document: Country Report Malta 2019 Accompanying the document Communication from the Commission to the European Parliament, the European Council, the Council, the European Central Bank and the Eurogroup. 2019 European Semester: Assessment of progress on structural reforms, prevention and correction of macroeconomic imbalances, and results of in-depth reviews under Regulation (EU) No 1176/2011. Available at: https://ec.europa.eu/info/publications/2019-european-semester-country-reports_en

⁷⁷ At risk of poverty or social exclusion.

⁷⁸ The Academic Network of European Disability Experts. 2019. Country report on disability assessment – Malta. Available at: <https://www.disability-europe.net/country/malta>

⁷⁹ United Nations Committee on the Rights of Persons with Disabilities. 2018. Convention on the Rights of Persons with Disabilities: Concluding observations on the initial report of Malta. Available at: <https://www.ohchr.org/en/countries/enacaregion/pages/mtindex.aspx>

In the section relating to the progress towards the Europe 2020 targets, disability is mentioned under employment, where the NRP states that the government is committed to continue increasing labour market participation for persons with disability (among other groups). However, no specific measure is mentioned regarding disabled people in employment, except for the project REACH (a project implemented by Aġenzija Sapport which aims at “creating a fair and inclusive society that promotes and advocates independent living and employment”⁸⁰). The NRP states that through this project, “vulnerable persons are brought closer to the labour market through support and training offered at the community centre and workshops” (p.42). Cautionary comments, however, have been raised by such entities as the CRPD, who state that community homes should not be concentrated within one area but within different communities.⁸¹ Furthermore, the European Commission⁸² observes that while employment growth in Malta has been strong, the employment rate of disabled people (29%) remains among the lowest in the EU.

The section dealing with education omits disabled people completely, a glaring omission particularly in view of the EU Council recommendations⁸³ on Malta’s 2018 National Reform Programme⁸⁴. In their recommendations, the Council remarks on Malta’s 50% early school leaving rate for disabled people, which is the highest in the EU and double the EU average. It also observes that learning outcomes are strongly influenced by socioeconomic background and disability status, among other factors. The European Commission⁸⁵ observes that unequal access to quality education, which disadvantages children with disabilities and those from lower socio-economic groups, continues to stimulate the high early school leaving rate and low skills attainment, which in turn contribute to the low rate of employment mentioned earlier. The Commission calls the government’s attention to the importance of qualifications, education and specific actions to include disabled people.

Other aspects of the NRP need to take disabled people’s inclusion into account. For example, where the document deals with transport, it fails to mention that such a strategy as the Malta National Transport Strategy 2050 (see 20.1) will ensure that transport is completely accessible to all. This is vital since accessible transport opens doors to other areas of life such as access to services, goods, employment and social life.

80 Aġenzija Sapport. n.d. EU funds for Malta 2014-2020: REACH. Accessed on 13 June 2019. Available at: <https://sapport.gov.mt/en/Pages/REACH.aspx>

81 Commission for the Rights of Persons with Disability. 2018. Submission to the Committee on the Rights of Persons with Disabilities in Advance of its Consideration of Malta’s 1st Periodic Report. Available at: <https://crpd.org.mt/un-convention>

82 European Commission. 2019. Commission Staff Working Document: Country Report Malta 2019 Accompanying the document Communication from the Commission to the European Parliament, the European Council, the Council, the European Central Bank and the Eurogroup. 2019 European Semester: Assessment of progress on structural reforms, prevention and correction of macroeconomic imbalances, and results of in-depth reviews under Regulation (EU) No 1176/2011. Available at: https://ec.europa.eu/info/publications/2019-european-semester-country-reports_en

83 European Commission. 2018. Council Recommendation on the 2018 National Reform Programme of Malta and delivering a Council opinion on the 2018 Stability Programme of Malta. Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1538474984830&uri=CELEX%3A32018H0910%2817%29>

84 Ministry for Finance. 2018. Malta National Reform Programme. Available at: <https://mfin.gov.mt/en/Library/Pages/National-Reform-Programme.aspx>

85 European Commission. 2019. Commission Staff Working Document: Country Report Malta 2019 Accompanying the document Communication from the Commission to the European Parliament, the European Council, the Council, the European Central Bank and the Eurogroup. 2019 European Semester: Assessment of progress on structural reforms, prevention and correction of macroeconomic imbalances, and results of in-depth reviews under Regulation (EU) No 1176/2011. Available at: https://ec.europa.eu/info/publications/2019-european-semester-country-reports_en





9 Poverty Reduction

9.1 NATIONAL STRATEGIC POLICY FOR POVERTY REDUCTION & FOR SOCIAL INCLUSION 2014-2024

This document was published by the then Ministry for the Family and Social Solidarity⁸⁶ in 2015, with the aim of providing “a policy framework that promotes the well-being and improves the quality of life for all, particularly for persons at risk of poverty or social exclusion, based on the values of solidarity, equality, dignity and respect for fundamental human rights and social justice” (p.12). It recognises 3 overarching challenges in this field:

- Increasing national sustainable development
- Promoting empowerment and social solidarity
- Consolidating social services.

The policy identifies children, older persons, unemployed persons and the working poor as the groups that are at greater risk of poverty and social exclusion. It focuses on 6 key dimensions that can mitigate poverty and social exclusion:

- income and social benefits
- employment
- education
- health and environment
- social services
- culture.

It proposes a number of measures including: better social protection systems; social services that are decentralised and integrated within the community; more employment opportunities; facilitating mobility and de-segmentation in the labour market; eliminating educational inequalities; ensuring equal access to quality healthcare; promoting environmental health; enhancing the possibility that cultural activities promote equality and social inclusion; and developing evidence-based policies and practices.

The policy considers physical and / or mental health difficulties as factors that increase the risk of poverty, and also refers to disabled people in sections dealing with income and social benefits, employment and social welfare services. However, it does not identify disabled people as a main target group, despite evidence that they are at high risk of poverty and social exclusion (see 8.1). It includes disabled people with “other vulnerable groups” (p.41) and observes that since the policy cuts across the lifecourse, it also addresses all those who are at risk of poverty and social inclusion, including disabled people. Nonetheless, this does not exclude the fact disability issues need to be mainstreamed in such important policies as this, especially when considering the importance of poverty reduction for this group and such factors as barriers to education and employment and the higher costs involved to have an adequate standard of living. While such aspects are targeted by other policies and strategies such as those discussed in this review, the importance of disability mainstreaming cannot be ignored.

⁸⁶ The Ministry for the Family and Social Solidarity has now become the Ministry for the Family, Children’s Rights and Social Solidarity.



10 Equality

10.1 BILL: EQUALITY ACT

In 2015, the then Ministry for Social Dialogue, Consumer Affairs and Civil Liberties⁸⁷ presented a Bill entitled “An Act to prohibit discrimination in various spheres of life, to promote equality and prevent discrimination” (p.1). The Act states that it is unlawful to engage in direct or indirect, ordinary or intersectional, discrimination on the basis of any of the characteristics (including disability) protected by this Act. Notwithstanding this, “[l]ess favourable treatment on the grounds of age and disability in the Armed Forces of Malta” (p.7) is not deemed to constitute discrimination. This Bill is still being discussed in Parliament.

10.2 BILL: HUMAN RIGHTS AND EQUALITY COMMISSION ACT

The related 2015 Bill entitled “An Act to provide for the establishment of a Human Rights and Equality Commission responsible for the promotion and protection of human rights including the right to equal treatment in Malta” (p.1) proposes an act which would establish the aforementioned commission in accordance with the functions and powers vested in it both by this act and the Equality Act. This new commission would be answerable to Parliament. It would be led by the Commissioner for Human Rights and Equality, and the Commission members would be appointed by the President in accordance with a resolution of the House of Representatives. The CRPD would be a Board Member on this Human Rights Commission. According to the Act, the Human Rights Commission will not investigate complaints which are investigated by the CRPD under the EOA. Among other functions, the Human Rights Commission should consult and cooperate with governmental organisations responsible for the protection of persons with disability. This Bill is still being discussed in Parliament.

⁸⁷ In 2017, the Ministry for Social Dialogue, Consumer Affairs and Civil Liberties became the Ministry for European Affairs and Equality.



11 Education

11.1 A NATIONAL CURRICULUM FRAMEWORK FOR ALL

The National Curriculum Framework for All (NCF), published in 2012 by the then Ministry of Education and Employment,⁸⁸ has 10 aims:

- Encouraging students and teachers to work together and learn from each other.
- Sustaining individual attention so that all children fulfil their capacity.
- Supporting schools to fulfil children's and parents' expectations.
- Providing quality time for social interaction, non-formal learning and peer activity.
- Directing education leaders to rationalise the content of learning programmes to ensure quality.
- Ensuring that young people have a mastery of Maltese, English, Maths, a science subject and digital literacy.
- Helping children to regard social justice and solidarity as key values.
- Empowering parents and young people to work towards the acquisition of a formal qualification in key competences as the foundation for Lifelong Learning.
- Supporting education leaders to implement this framework and monitor its development at classroom level.
- Requesting teachers to regard children as Malta's future workforce and thus ensure positive attitudes towards excellence, commitment, responsibility, flexibility and entrepreneurship form part of the learning process.

This framework was developed following public consultation, the results of which were published in several documents⁸⁹ and incorporated in the new document. The NCF takes into account disability when outlining the “principle of the continuum of achievement” (p.5), where the document states that the learner should be allowed to follow the best education pathway in reaching his / her potential, irrespective of whether the student is disabled; and within the context of diversity, where it states that it includes persons with disabilities.

The NCF also establishes “education for diversity” (p.10) as one of the cross-curricular themes, which includes diversity due to physical, mental or intellectual abilities (notably omitting sensory impairments). Regrettably, when ‘education for diversity’ is expanded on (in the section dealing with learning areas and cross-curricular themes in the NCF), the emphasis is almost completely on cultural diversity and does not mention disability. However, in exploring the diversity of students, the NCF identifies 5 different groups whose needs require addressing, including gifted and talented learners, learners with special educational needs (SEN), learners with severe disabilities, learners from disadvantaged backgrounds and learners from diverse social, cultural and linguistic backgrounds. In the case of learners with SEN, the document states that the curriculum has to be written in a way that allows the teachers to appreciate how every student can access the same curriculum in every learning area and allows for the assessment of a continuum of ability; while in the case of severely disabled students the document states the curriculum should “offer an education based on a continuum of abilities expressed in terms of developmental phases” (p.41).

⁸⁸ The Ministry of Education and Employment has now become the Ministry for Education and Employment.

⁸⁹ Available at: <https://curriculum.gov.mt/en/resources/the-ncf/pages/default.aspx>

The document also emphasises that all learners, irrespective of their their disabilities, are entitled to experience and master all learning areas to the highest degree possible. This can be achieved by “supporting teachers to develop and implement differentiated teaching in their classrooms” and by “making best use of the possibilities inherent in the learning programmes” (p.63). Nonetheless, although the NCF, in principle, is in favour of inclusion, including that of disabled students, it fails to give concrete targets on how this can be achieved. For example, the section relating to “Issues related to the language of instruction” (p.41) fails to mention the issue of sign language vis-à-vis deaf students.

11.2 FRAMEWORK FOR THE EDUCATION STRATEGY FOR MALTA 2014-2024

This document, published by the MEDE in 2014, aligns all sectoral education strategies and policies⁹⁰ and has 4 targets:

- Reducing the gaps in educational outcomes between boys and girls and between students attending different schools; decreasing the number of low achievers and raising the bar in literacy, numeracy, and science and technology competence; and increasing student achievement.
- Supporting the educational achievement of children at-risk-of-poverty and those from low socio-economic status, and reduce the number of early school-leavers.
- Increasing participation in lifelong learning and adult learning.
- Raising levels of student retention and attainment in further, vocational and tertiary education and training.

When outlining the strategy pillars for policy development, the framework document mentions, under the social dimension pillar, “[e]qual opportunities in education” (p.4). However, the document makes no reference to the education of persons with disabilities.

11.3 A NATIONAL INCLUSIVE EDUCATION FRAMEWORK

This framework was published in 2019 along with the Policy on Inclusive Education in Schools (see 11.4) by the MEDE. The document was open for consultation from April to May 2019. It is designed around 10 central themes which comprise: inclusive and strategic leadership; whole school development planning; whole school inclusive environment; collaboration with parents and community engagement; IEP; teaching and learning; learner and staff wellbeing; continuous professional development; positive behaviour management; and support structure and services. These themes are aimed at guiding schools in implementing the policy on inclusive education.⁹¹

The framework includes positive aspects, such as involving people with disabilities in giving training to educators and training educators on identifying ‘invisible’ disabilities. Furthermore, the themes mentioned above include implementing a whole school inclusive environment, which proposes the formation of an inclusive learning-friendly environment through the use of universal design for learning, increased accessibility, and the removal of barriers (whether they are curricular, social or physical) towards inclusion. It also details that the planning,

⁹⁰ Ministry for Education and Employment. 2014. An Educational Strategy for Malta 2014-2024. Available at: <https://education.gov.mt/en/resources/News/Pages/News%20items/EDUCATIONAL-STRATEGY-FOR-MALTA.aspx>

⁹¹ Ministry for Education and Employment. 2019. A Policy on Inclusive Education in Schools: Route to Quality Inclusion – A National Inclusive Education Framework. Closed Consultation. Available at: https://meae.gov.mt/en/Public_Consultations/MEDE/Pages/Consultations/

implementation and evaluation of IEPs for all students who require support should involve all stakeholders who work with the student.

However, as the CRPD points out in their feedback on the document,⁹² this process should also involve the student him/herself. Furthermore, person-centred planning should be emphasised throughout when planning support, since every student is unique and their voices are of the utmost importance. The CRPD also points out that while the themes of the framework include collaboration with parents, no collaboration with the students themselves is mentioned. The CRPD stresses that participation means participating in the decision-making processes that affect them and that “[s]tudents cannot be expected to take responsibility of their own lives and their education the moment they... turn 18, if they haven't been prepared from early on. This is especially relevant for disabled students who may continue to depend on others to accomplish activities of daily needs”. It further points out that with regard to student wellbeing, the framework fails to detail on what basis this will be determined and safeguarded, and that, once again, it does not mention working with each student to determine the meaning of wellbeing for them. Continuous development training also should be a must for educators in order to reach the real meaning of inclusion. The CRPD also points out that in order to reach the targets mentioned in this framework, LSEs need to be trained, be flexible, and truly believe in the concept of inclusion and its aims.

11.4 A POLICY ON INCLUSIVE EDUCATION IN SCHOOLS: ROUTE TO QUALITY INCLUSION

This policy, published in 2019 together with the National Inclusive Education Framework (see 11.3) by the MEDE, is developed within the context of the Framework for the Education Strategy for Malta 2014-2024 (see 11.2), the National Curriculum Framework for all (see 11.1) and the Respect for all Framework (see 11.7). The policy was developed by a number of contributors from the National School Support Services⁹³ with feedback given by various stakeholders, including academics, the CRPD and the European Agency for Special Needs and Inclusive Education.⁹⁴ The overarching vision of the policy is to “ensure that all learners have access to quality instruction, intervention and support to experience success in learning within a high quality Inclusive Education system” (p.13).

The policy is targeted at the inclusion of, among others, learners with disabilities, high ability learners, learners of all sexual orientations and learners from ethnic minorities and different religious backgrounds. However, in Chapter 7, where the policy explores different aspects of 92 Commission for the Rights of Persons with Disability. 2019. Feedback for the Inclusion Education Policy. May 2. Unpublished Letter.

diversity, it fails to mention learners who speak sign language or other languages (see 11.6) in the second aspect (multiculturalism and language diversity). The policy also outlines the principles that all educators and professionals supporting schools should embed in their practice. Principle 2 states that schools should eliminate discrimination, racism and exclusionary practices. Disablism, however, should also be mentioned as an exclusionary practice and form of discrimination.

93 <https://education.gov.mt/en/education/student-services/Pages/default.aspx>

94 <https://www.european-agency.org>

The policy delineates 4 benchmarks:

- All learners have access to opportunities for participation in educational systems and structures.
- All educators employ effective teaching approaches that are more representative of and responsive to diversity that foster a Universal Design for Learning Environment.
- All schools are supported through well organised support structures that embrace shared cultures and ethos of diversity.
- All educators have access to flexible education and training that supports their work in delivering quality inclusive education.

Positively – and in relation to feedback given by the CRPD⁹⁵ both on this policy and on the national inclusive education framework (see 11.3) – Benchmark 2 mentions cooperative teaching and learning where teachers work together with students and, together with other educators, parents and multidisciplinary professionals, support each other through peer tutoring. The involvement of the students is of utmost importance in order for their lived experiences to take priority. Nevertheless, as the CRPD, in their feedback on the policy, point out in relation to Benchmark 1.1 – which states that school communities are “to regard inclusion for a wider range of learners than those with disabilities” – the same communities should also understand that inclusion means being inclusive for students with all kinds of disabilities. The CRPD also comments on Benchmark 1.2, which proposes specialised centres and educators to support learners with more challenges and at risk of exclusion. Although the policy document states that these centres are ideally situated within mainstream schools, the CRPD rightly points out that while these are necessary, it is vital to avoid having such centres becoming special schools in all but name. Benchmark 4, meanwhile, includes Disability Equality Training as part of support to be given to teachers, which, as the CRPD points out, should include input from disabled children to enable 95 Commission for the Rights of Persons with Disability. 2019. Feedback for the Inclusion Education Policy. May 2. Unpublished Letter. trainees to appreciate the value of engaging with the children’s perspectives. The CRPD points out that prospective teachers should also have hands-on training and ongoing support.

Commendably, this policy and the national inclusive education framework are accompanied by a parents’ guide to these documents.⁹⁶ The guide portrays the meaning of inclusion in schools and its benefits, how parents can help, the different aspects of diversity, the MEDE’s vision for inclusive education, and how schools are going to make inclusion happen. Despite the CRPD’s cautionary feedback regarding the continued use of ‘special needs’ rather than ‘individual educational needs’, however, the guide still uses the former. The CRPD also points out that a simplified / ETR version guide should also be developed for the students themselves.

11.5 A NATIONAL LITERACY STRATEGY FOR ALL IN MALTA AND GOZO 2014-2019

This document, issued by the Ministry for Education and Employment in June 2014, is based on proposals made by extensive feedback from various stakeholders and 8 expert consultative working groups, one of which was the Children with Learning Difficulties and Disabilities working group. The purpose of this strategy is to “promote and enhance lifelong and lifewide, high quality literacy practices among children, youths, adults, third country nationals and persons with learning difficulties” (p.8). It also aims at improving literacy outcomes, resulting in practices that are inclusive, higher educational qualifications and better job prospects. The

strategy seeks to:

- Promote concrete measures to ensure social inclusion;
- Promote a literate community and participatory democracy;
- Promote bilingualism and biliteracy in Maltese and English;
- Ensure that parents and teachers have a primary role in children's literacy development;
- Consolidate and integrate existing initiatives and programmes related to literacy; and
- Promote balanced literacy teaching and learning.

With regard to children with learning difficulties and disabilities, to which a whole chapter is dedicated, the strategy identifies 8 objectives:

- Reinforce the 3-tiered referral system, involving the class teacher, school-based and external professionals;
- Promote continuous professional development for educators in this area;
- Cover a broader spectrum of learning difficulties;
- Promote multisensory teaching in different subjects;
- Provide intensive literacy courses to students with severe literacy difficulties;
- Provide support to students who struggle with literacy by classroom assistants with basic training in literacy;
- Provide training courses to parents and caregivers to be able to support their children's literacy development; and
- Implement family-friendly measures to enable families to be included in the support of children with learning and literacy difficulties.

These objectives and their implementation are important ones in disabled children's development, although the distinction between students with learning difficulties and disabled children seems unnecessary, since the former are also part of the latter.

The strategy misses opportunities to include disability in some of the chapters. For instance, it does not take into account the needs of disabled students in the chapter dealing with third country nationals, despite the fact that disabled third country nationals often face double discrimination. Nor are disabled students mentioned in the youth section, despite disabled youth having fewer educational opportunities than non-disabled ones. The chapter dealing with digital literacy also fails to mention disability issues. Digital technology is very often of great support to persons with disability, and hence literacy in this area is crucial in the sense that it opens new opportunities to mitigate the disadvantages associated with their impairment. For example, SMSes and videophones are a source of communication and information to persons with a severe hearing impairment. Finally, literacy for sensory impaired students is not tackled in any depth by this strategy. It is extremely important that deaf people are literate in order to be able to communicate and receive information (through, for example, sign language interpreting, SMSes, emails and sub-titles). The use of Braille with blind children and its benefits are also not mentioned. While it is significant to have a specific section on students with disability, it is also important that the whole document discusses the barriers faced by these students, thus mainstreaming these issues.

96 Ministry for Education and Employment. 2019. A Policy on Inclusive Education in Schools: Route to Quality Inclusion – A National Inclusive Education Framework. Closed Consultation. Available at: https://meae.gov.mt/en/Public_Consultations/MEDE/Pages/Consultations/

11.6 A LANGUAGE POLICY FOR THE EARLY YEARS IN MALTA AND GOZO

The aim of this policy (of which there is also a Maltese version) launched by the MEDE in 2016, is to promote “the bilingual development, in Maltese and English, of young children (0-7years) in Malta and Gozo” and “to provide national guidelines for bilingual education” (p.3). The policy builds on the National Literacy Strategy (see 11.5) and aims to provide learners with opportunities to “have positive attitudes towards Maltese, English and other languages” (p.3). It offers direction in the promotion of bilingual education to parents and caregivers, early years educators, managers of early years education settings and early years teacher educators.

There is no mention of Maltese Sign Language (an official language since 2016⁹⁷) and its role in the education of deaf children. Moreover, a number of disabled children with communication difficulties benefit by being introduced to manual modes of communication such as Makaton⁹⁸ or picture flashcards. However, there is no reference to alternative languages in this policy.

11.7 RESPECT FOR ALL FRAMEWORK

The Respect for all Framework, published by the MEDE in 2014, aims at providing a way in which “schools are to develop an environment that ensures that all students have the opportunity to obtain the necessary skills, attitudes and values to be active citizens and to succeed at work and in society” (p.7). This is aligned with the Framework for the Education Strategy for Malta 2014-2024 (see 11.2).

The document explicitly mentions disability only once, whilst defining the word diversity: “Diversity is any dimension that can be used to differentiate groups and people from one another. It means respect for and appreciation of differences in ethnicity, gender, age, national origin, disability, sexual orientation, education, and religion” (p.12). In this sense the document also shows awareness of the importance of intersecting factors such as gender, age and ethnicity, as well as the importance and value of diversity, which is highlighted throughout. In the third chapter, the document also emphasises the importance of 4 principles (equity, social justice, diversity and inclusivity) and insists on the importance of inclusive climates and community attitudes, explicitly stating that a school climate and culture should be: “physically, emotionally, intellectually safe for all school community members” (p.10), as well as emphasising the importance of a “supportive learning environment that is free from harassment, bullying and discrimination” (p.4).

A commendable quality of the document is the use of language that is accessible to both educators and learners. For example, it gives clear definitions of complex terms such as respect, responsibility and tolerance, and these are particularly useful as the framework explains these values in such a way that educators and learners may be able to envisage and operationalise them in their own lives, practices and contexts.

97 Laws of Malta. 2016. Chapter 556: Maltese Sign Language Recognition Act. Available at: <http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=12478&l=1>

98 <https://www.makaton.org>

11.8 MANAGING BEHAVIOUR IN SCHOOLS POLICY

This policy, published by the MEDE in 2015, is grounded in the Respect for All Framework (see 11.7) and the Framework for the Education Strategy 2014-2024 (see 11.2). It has the following aims:

- Promoting human dignity through a safe, secure, positive and caring school community that encourages learning, positive peer and teacher relationships, self-motivation, self-esteem and self-discipline.
- Encouraging and developing in students a strong sense of personal responsibility and responsibility towards others, and a clear understanding of the consequences of their decisions and actions.
- Helping parents understand the link between good behaviour in schools and student attainment.
- Encouraging parents to help their children support and show respect towards the school's authority and others.

The document makes reference to the Equal Opportunities (Persons with Disability) Act and the fact that this Act states that all environments (including schools, which should make reasonable adjustments) should be free of discrimination against people with disabilities. However, this policy does not explore in depth the issues that it covers, such as the causes of misbehaviour. Thus there is a missed opportunity to elaborate on the causes of misbehaviour with regard to disabled students, which can be caused by various factors including breakdown in communication, not ensuring reasonable accommodation for students with disabilities, and lack of awareness and knowledge of disability issues by teachers and other school staff. For example, research (Camilleri 2015;⁹⁹ Camilleri 2012;¹⁰⁰ Cefai 2009¹⁰¹) shows that the role of teachers with students with social, emotional and behavioural difficulties (SEBD) and ADHD is vital, so much so that teachers' attitudes can be a factor in inducing misbehaviour. Students with SEBD often feel that teachers prejudge them without first getting to know them, and both teachers and students feel that teachers lack the knowledge, confidence and motivation to deal effectively with these students. There is therefore a need to adequately train teachers and student-teachers on issues relating to SEBD, ADHD and other impairments. There is also the need for the implementation of reasonable accommodation, such as more flexible classroom management, the use of nurture groups – temporary transitional settings that prepare students with SEBD to cope between with the demands of mainstream schooling (Fenech 2012;¹⁰² Cutajar 2009¹⁰³) – and learning support zones (Zahra Lehtonen 2012¹⁰⁴).

11.9 Addressing Bullying Behaviour in Schools Policy

99 Camilleri, M. 2015. Must I Sit Down? A Study of the Experiences of Secondary School Male ADHD Students with regards to their Inclusion within the Inclusive Education System in Malta. Available at: <https://www.um.edu.mt/library/oar/handle/123456789/6502>

100 Camilleri, R. 2012. Bridging the Gap: Skills to Enhance Positive Relationships between Teachers and Students with Challenging Behaviour. Available at: <https://www.um.edu.mt/library/oar/handle/123456789/9958>

101 Cefai, B. 2009. Factors Leading to Socio-Emotional and Behavioural Problems within the First Year in the Primary Classroom. University of Malta: Melitensia Special Collection (Dissertations).

102 Fenech, L. 2012. Nurture Groups for Pupils with SEBD: Inclusion or Exclusion? Available at: <https://www.um.edu.mt/library/oar/handle/123456789/7728>

103 Cutajar, T. 2009. Breaking the Link Between a Poor Start in Life and a Dismal Future - Helping Children with SEBD in Malta through Nurture Groups: An Action Research Study. University of Malta: Melitensia Special Collection (Dissertations).

104 Zahra Lehtonen, K. 2012. Back to Mainstream: Reintegrating students from Learning Support Zones into the mainstream system. Available at: <https://www.um.edu.mt/library/oar/handle/123456789/7788>

This document, published in 2014 by the MEDE under the Respect for All Framework (see 11.7), states the following objectives: to develop child-friendly services, curb violence against and amongst children, ensure the protection of children's rights, encourage child participation, and increase student attainment.

In its opening pages, where key terminology is defined, the policy does not define disability or disablism (while it defines such terms as racism, homophobia, sexual orientation and gender identity). However, disability and students with disabilities are listed, along with others, under minority groups and vulnerable groups. Once again, when defining different types of bullying in Chapter 4, the document identifies different types of bullying (including racial and religious discrimination and sexual bullying, but not bullying on the grounds of disability). It is only in Chapter 5, which deals with vulnerable students, that students with learning difficulties and SEBD (along with students from ethnic minorities, migrant groups, minority religious faiths and LGBTI students) are identified as being more susceptible to bullying.

The document details how students with SEBD and / or learning difficulties are often victims of bullying since they do not understand social cues and have difficulty communicating. It fails, however, to mention, that bullying also results from peers' lack of understanding of SEBD issues. The nurture groups discussed in sub-section 10.8 have been found to result in rendering the whole school where they are implemented a more nurturing place for its students (Fenech 2012¹⁰⁵), which might mitigate bullying. However none of these issues or initiatives are mentioned in the policy. Furthermore, the policy, while acknowledging that physical attributes such as hair colour or weight can be cause for bullying, fails to mention that students with physical and mental impairments, impaired speech, wearing hearing aids, and other characteristics (such as facial disfigurements) can also be prone to bullying.

11.10 ADDRESSING ATTENDANCE IN SCHOOLS POLICY

This policy, published within the Respect for All Framework (see 11.7) in 2014 by the MEDE, aims to:

- Maximise school completion for all students;
- Raise student achievement and close gaps in student performance;
- Identify attendance patterns in order to design attendance improvement efforts;
- Verify that individual students are complying with education legislation relating to compulsory attendance; and
- Promote the value of education.

These aims are of particular relevance to students with disabilities, who, as discussed in sub-section 7.1, are disadvantaged with regards to accessing quality education, which then stimulates early school leaving rates which are higher for students with disabilities than for those (already high rates) of the rest of the population¹⁰⁶. The policy identifies students with

¹⁰⁵ Fenech, L. 2012. Nurture Groups for Pupils with SEBD: Inclusion or Exclusion? Available at: <https://www.um.edu.mt/library/oar//handle/123456789/7728>

¹⁰⁶ European Commission. 2019. Commission Staff Working Document: Country Report Malta 2019. Accompanying the document: Communication from the Commission to the European Parliament, the European Council, the Council, the European Central Bank and the Eurogroup. 2019 European Semester: Assessment of progress on structural reforms,

physical and mental health problems, learning difficulties and disabilities, and SEBD, as among those who are chronically absent from school. It also identifies students in whose families there are physical and mental health problems as well as over-protection. Over-protectiveness is significant in relation to persons with disabilities in Malta, especially those with intellectual disabilities¹⁰⁷ and learning disabilities.¹⁰⁸

The policy identifies different types of absenteeism: unauthorised non-attendance with parental knowledge; school refusal / phobia; truancy; school transience; and authorised non-attendance. However, it does not detail how chronic absenteeism will be dealt with, besides mentioning that a whole school approach will be taken and that the responsibility for absenteeism will be shared by all stakeholders involved, including all teaching and administrative school staff and support services.

11.11 GUIDELINES ON SEXUALITY AND RELATIONSHIPS EDUCATION IN MALTESE SCHOOLS

These guidelines, published in 2013 by the Directorate for Quality and Standards in Education (within the MEDE) have 4 main objectives:

- Helping teachers have a clearer direction when interpreting the curriculum;
- Offering a good framework for the development and delivery of an effective and comprehensive sexuality and relationships education;
- Guiding teachers with regard to how to deal with issues that arise in class when delivering related lessons; and
- Guiding teachers in using their professional judgement on when and how to use different materials in class for effective education in this area.

The document makes a specific reference to students with “special needs”, stating that their inclusion “poses new challenges for teachers, since these students are more vulnerable than others” (p.7). While it is commendable that the guidelines refer to the needs of disabled students, this statement puts all students with a disability on the same plane, treating them as a homogeneous prevention and correction of macroeconomic imbalances, and results of in-depth reviews under Regulation (EU) No 1176/2011. Available at: https://ec.europa.eu/info/publications/2019-european-semester-country-reports_en group and disregarding the fact that not all students with disabilities need particular support from teachers. On the positive side, the document goes on to recommend that, when delivering sexuality and relationships education, the teacher should “be well informed on the type of disability of the student in the class and should liaison [sic.] with the INCOs and the Learning Support Assistants¹⁰⁹ to ensure that certain information related with very specific topics for example: abstinence, abuse, contraception (to name a few) are delivered in an appropriate and inclusive way” (p.7). This relates to the significance of teacher training mentioned in sub-sections 10.3 and

107 Callus, A-M. and Bonello, I. 2017. Over-protection in the lives of people with an intellectual disability in Malta: research findings. Available at: <https://www.um.edu.mt/socialwellbeing/disabilitystudies/projects/inclusiveresearchproject>

108 Galea, F. 2015. Getting us Ready: The transition from school to competitive employment for persons with learning disabilities: parents', students' and educators' perspectives. Dissertation submitted for the degree of M.Sc. Applied Psychology of Intellectual Disabilities at the University of Portsmouth.

10.4, and also brings to the fore the important role played by LSEs, with whom students with ADHD, for example tend to have better and closer relationships than with other school staff (Camilleri 2015¹¹⁰). Moreover, such guidelines are important in light of the fact that adults with disabilities encounter obstacles with regard to intimate relationships and sexuality, due to social stigma, stereotypes and internalised ideas regarding disability and sexuality, especially when it comes to people with intellectual disability. In their dissertations, Zammit (2017)¹¹¹ and Debattista (2015)¹¹² cite cultural and religious beliefs, the tragedy model of disability, as well as inaccessible / lack of information and sexual education and lack of preparation from parents and caregivers, as barriers in these areas. Thus, accessible education on sexuality and relationships is crucial for disabled students.

11.12 A WHOLE SCHOOL APPROACH TO A HEALTHY LIFESTYLE: HEALTHY EATING AND PHYSICAL ACTIVITY POLICY

This policy, published within the Respect for All Framework (see 11.7) in 2015 by the MEDE, is also in line with other policies including the Healthy Weight for Life Policy (see 13.4) and the Food and Nutrition Policy and Action Plan for Malta (see 13.3). It observes that the prevalence of overweight and obese Maltese schoolchildren has increased over the years (see also 13.4) and that children's and adolescents' dietary and physical activity behaviours are determined by various sectors of society such as families, communities, schools, health-care providers, government entities, the media, the food and beverage industries and the entertainment industry. The policy states that schools should establish a safe and supportive environment with policies and practices that support healthy behaviours, and provide opportunities to learn about, as well as practise, healthy eating and physical activity behaviours.

The document emphasises a whole school approach which aims to:

- Give priority to healthy eating and physical activity through holistic education;
- Strengthen the necessary framework, and support an enabling school environment to help the school community adopt healthier patterns of living;
- Empower children to achieve the required physical and health literacy, adopt a healthy lifestyle and make informed choices about their lifestyles;
- Make provision for a flexible curriculum which highlights health and nutrition (among others), and promotes physical activity; and
- Ensure that clear and consistent messages about food, drink and physical activity are delivered across the school day to reinforce health messages which are consistent with those promoted by the Health Authorities.

109 Learning Support Assistants are now called Learning Support Educators (LSEs).

110 Camilleri, M. 2015. Must I Sit Down? A Study of the Experiences of Secondary School Male ADHD Students with regards to their Inclusion within the Inclusive Education System in Malta. Available at: <https://www.um.edu.mt/library/oar//handle/123456789/6502>

111 Zammit, E. 2017. What are the agents that contribute to the missing aspect of sexuality in young people with mild to moderate intellectual disability in Malta? Dissertation submitted for the degree of M.A. Family Studies at the University of Malta.

112 Debattista, M. 2015. Persons with Disability and Intimate Relationships: Realities in the Maltese Context. Available at: <https://www.um.edu.mt/library/oar//handle/123456789/6504>

The policy mentions students with disability once, where it states that “All students, regardless of sex, race/ethnicity, health status, physical or cognitive ability or disability, should have access to physical education and other physical activity programmes” (p.11). It does not elaborate on how this access will be ensured; nor does it detail how, for example, the messages to be delivered to the students (as per the aims listed above) will be rendered accessible to all.

11.13 MALTA COLLEGE OF ARTS, SCIENCE AND TECHNOLOGY (MCAST) STRATEGIC PLAN 2019-2021

MCAST’s strategic plan for the years 2019-2021 states that part of its vision is inclusion and “providing an environment in which any individual or group can be and feel welcomed, respected, supported, and valued to fully participate”; as well as of equity and “creating an educational institution where personal and social circumstances do not create an obstacle to achieving educational potential” (p.5). The plan also states that its mission is to provide vocational and professional education and training that is universally accessible. It also mentions that MCAST offers various initiatives and opportunities supporting learners with learning difficulties and disabilities. However, it does not specify what these are.

Persons with disabilities feature little throughout the plan. Under Strategic Direction 2 (Strengthening Quality and Relevance to enhance the students’ learning experience), one of the initiatives is targeted at providing students with a richer experience that enables all students to reach their full potential. The measures to be implemented in order to achieve this include ensuring that there are services aimed at creating an environment which favours disabled students’ quality learning. However, the other Strategic Directions fail to mainstream disability. For example, Strategic Direction 1 (investing in modern infrastructure), would need to ensure that all infrastructure will be developed according to universal design principles and thus be accessible to all. The same can be said for reinforcing MCAST’s communication structures (in Strategic Direction 4). Strategic Direction 3, meanwhile, which deals with work-based learning, is extremely important in the case of disabled students, especially when considering that persons with disability are represented much less than non-disabled ones in the labour market¹¹³. Relatedly, vocational education and training for disabled students needs to be emphasised and developed further. Disability awareness training for students at MCAST and support for students with intellectual disability to assist them into transitioning to mainstream courses at MCAST¹¹⁴ are also aspects which could be integrated in such a strategy in order to be more inclusive.

113 European Commission. 2019. Commission Staff Working Document: Country Report Malta 2019. Accompanying the document: Communication from the Commission to the European Parliament, the European Council, the Council, the European Central Bank and the Eurogroup. 2019. European Semester: Assessment of progress on structural reforms, prevention and correction of macroeconomic imbalances, and results of in-depth reviews under Regulation (EU) No 1176/2011. Available at: https://ec.europa.eu/info/publications/2019-european-semester-country-reports_en

114 Pleven, L. 2015. The Outcomes of Mainstream Post-Secondary for People with Intellectual Disability. Available at: <https://www.um.edu.mt/library/oar/handle/123456789/6520>



12 Employment

12.1 NATIONAL EMPLOYMENT POLICY

This policy was issued by the MEDE in 2014. It aims to shed light on labour market frictions which hinder the potential of labour market functioning. Taking into account both the economic and social aspects of employment, the policy lays out a “set of initiatives and measures that will enhance the concept of making work pay” (p.10). The document reports that while in recent years there has been an increase in the employment ratio for the cohort aged 20-64, mainly due to greater female participation in the labour market, there is still a deficit in the skill base. Therefore, the policy proposes a number of initiatives with the aim of increasing this base, and with the final aim of improving the standard of living of Malta. Labour market initiatives including both the demand and the supply side are intended to make work pay, increase female participation, engage youths, increase the number of working years, develop the Gozo labour market, and increase the participation of persons with disability.

One of the 12 chapters of the policy is dedicated specifically to persons with disability. This chapter starts with an overview of the persons with disability registering for work by type of disability and mentions the downward trend of disabled people in employment between 2004 and 2012, with more than half of the jobseekers with disability as at 2012 being people with physical disabilities,¹¹⁵ while around one third were people with intellectual disabilities. It recognises the heterogeneity of disabled people and the fact that different measures need to be put in place in order to include people with different impairments in the labour market. The chapter also goes over past schemes aimed at the integration of disabled people in the labour market, such as the Supported Employment Scheme, the Employment in the Social Economy Programme, the Employment Aid Programme, the Employment Support for Persons with Disability, the Community Inclusive Employment Scheme and the project Me2. Current schemes include the Supported Employment scheme and Bridging the Gap run by the Inclusive Employment Services¹¹⁶ at Jobsplus.

Earlier, the document also describes the Access to Employment Scheme through which employers receive wage subsidies when employing persons with disabilities and other¹¹⁵ The document refers to such jobseekers as ones who “suffered from a physical disability” (p.96). disadvantaged groups. Other measures include transport services to facilitate the access of disabled people to employment, technical aids provided at the place of work, tax deductions and exemptions incentivising the employment of people with disabilities, practical and physical assistance, flexible incapacity benefits and disability pensions, and the quota system.¹¹⁷ With regards to the latter, the policy document acknowledges that this law was not successful in increasing the number of disabled people in increasing the number of people with disabilities in the workforce, due to the difficulty in implementing and supervising the quota system (see 4.1).

The employment policy proposes 4 main measures targeting the employment of disabled people, with the first one targeted at people with ‘lighter’ impairments requiring lower intervention. The requirement for intervention and ‘severity’ of impairment increases the further down the list one goes:

¹¹⁶ At the time the policy was published, the unit was known as the Supported Employment Unit.

¹¹⁷ Since then, other measures and initiatives have been introduced, both by Jobsplus and other agencies.

- **Open market employment**

Open market initiatives include education for employers and employees on supporting and integrating disabled people in the work environment and nurturing a change in employers' attitudes with regards to the capabilities of disabled people (which includes disabled people being involved with employers and co-workers in discussing and implementing best practices). Such initiatives aimed at bringing about changes in employers' perspectives of disabled people are welcome: research by Bonello (2015)¹¹⁸ shows that disabled job seekers face stigma, discrimination and negative attitudes by employers and lack of disability awareness by recruiters. The policy also proposes that the government compensates employers according to the percentage of disability of the person, which might result in the person being less productive than a person without disability. It is doubtful as to how the 'percentage of disability' would be measured (such a measure would further the medical model of disability) and whether it would be beneficial in enabling the person with disability to integrate in the labour market and decrease the stigma around disability.

- **Social cooperatives**

The policy proposes preferential treatment to be given to social cooperatives of disabled workers when it comes to public procurement projects. Job coaching services will also be provided by Jobsplus in order "to align the skills of employees with a disability with the requirements of social cooperatives" (p.99). To date, no such cooperatives seem to have been set up and benefited from these initiatives.

- **Supported employment**

This involves support services for disabled persons to enable them to have a secure paid employment in the open market. Such services comprise a 5-stage process: client engagement, vocational profile, job finding, employer engagement and on/off the job support. Since then, in 2015, Jobsplus and Empower set up the Lino Spiteri Foundation¹¹⁹ to support disabled people in employment.

These initiatives, however, fail to propose ones which go beyond job-coaching, such as providing better interpretive services for deaf workers, personal assistants to severely physically disabled workers and other initiatives which can support disabled people in employment (including open employment).

- **Sheltered employment**

While acknowledging that sheltered employment is not endorsed across the board in Europe, the policy states that sheltered employment "provides a safe and supportive environment where individuals are exposed to work experience, socialisation with peers and on the job training amongst other opportunities" (p.100). It thus proposes that such workshops are set up to cater for people with severe disabilities. The policy also states

¹¹⁸ Bonello, A.M. 2015. The Human Rights of Persons with Disability to Non-Discrimination in the Maltese Employment Sector: A Legal Perspective. Available at: <https://www.um.edu.mt/library/oar/handle/123456789/17497>; Zammit, I.M. 2017. Experiencing the job interview process: Different perceptions by persons with physical disability and HR managers. Available at: <https://www.um.edu.mt/library/oar/handle/123456789/26386>

¹¹⁹ <http://linospiterifoundation.org>

that the government is committed to enter into agreements with the private sector and provide support to employers and employees to integrate workers with disabilities within the workforce. Sheltered workshops, however, are incompatible with Article 27 of the UNCRPD: the Committee on the Rights of Persons with Disabilities notes this and recommends measures to support persons with disabilities to work in the open labour market.¹²⁰ Local organisations have also criticised such measures: the Malta Federation of Organisations Persons with Disability suggests that sheltered workshops should be the last option, since they do not prepare disabled people for the labour market.¹²¹

Finally, while it is commendable that the employment policy includes an entire chapter dedicated to measures targeted at the inclusion of disabled people in the labour market, care needs to be taken on 2 vital aspects. First is the attention that needs to be given to people with different types of impairments, which the chapter fails to do, treating disabled people more or less as a homogeneous group. Second is the need to mainstream such initiatives as those proposed in Chapter 11 (the one dedicated to persons with disability). For example, in Chapter 4 of the policy, which deals with investing in human capital, education-oriented initiatives do not refer to the needs of disabled people. When considering the disadvantages disabled people encounter with regards to education (such as poor educational outcomes and high early school leaving rates¹²²), sections such as 'Prevention of Early School Leavers' and 'Skills-oriented Initiatives' need to address the specific needs of disabled people in order to ensure their inclusion. Other sections, such as the 'Apprenticeship and Traineeships', could outline measures to encourage employers to take on disabled apprentices and trainees, as well as to encourage disabled people to apply for such schemes. Similarly, Chapter 6 of the policy (which deals with making work pay initiatives) needs to consider the factors playing a role in putting disabled people at risk of poverty such as the fact that (also due to lower levels of education) many persons with disabilities have lower-level jobs, thus earning less. Others need to work reduced hours to accommodate their impairment-related needs. Some of the issues relating to making work pay for disabled people have been since resolved by such measures as those enabling disabled people to work and receive a disability pension simultaneously. However, other factors need to be addressed in such chapters even if they are dealt with in the chapter relating to disabled people. These include addressing double discrimination (on the grounds of disability and gender) in Chapter 8 (on initiatives to promote female employment) and issues relating to disabled youths, disabled old persons and disabled Gozitans in the respective chapters dealing with youths (Chapter 9), the ageing population (Chapter 10) and the Gozitan labour market (Chapter 12).

120 United Nations Committee on the Rights of Persons with Disabilities. 2018. Convention on the Rights of Persons with Disabilities: Concluding observations on the initial report of Malta. Available at: <https://www.ohchr.org/en/countries/enacaregion/pages/mtindex.aspx>

121 Time of Malta. 2014. Sheltered work 'not a big help to disabled': Schemes risk overly protecting them from real job world. Available at: <https://timesofmalta.com/articles/view/Sheltered-work-not-a-big-help-to-disabled-.519556>

122 European Commission. 2019. Commission Staff Working Document: Country Report Malta 2019. Accompanying the document: Communication from the Commission to the European Parliament, the European Council, the Council, the European Central Bank and the Eurogroup. 2019 European Semester: Assessment of progress on structural reforms, prevention and correction of macroeconomic imbalances, and results of in-depth reviews under Regulation (EU) No 1176/2011. Available at: https://ec.europa.eu/info/publications/2019-european-semester-country-reports_en

12.2 EQUALITY POLICY FOR THE PUBLIC SERVICE

This document, published by the Public Administration HR Office of the Office of the Prime Minister in 2013, is a tool to support the administration in ensuring that the public service upholds “the principle of non-discrimination (either directly or indirectly) on the grounds of sex, age, race/ethnic origin, marital status, pregnancy or potential pregnancy, disability, sexual orientation, religious or other beliefs” (p.6).

The policy states that all employees who have access to email will be furnished with an electronic copy of all the circulars issued, while those who do not have such access will be furnished with a hard copy. There is no obligation on management to ensure different formats of circulars, such as ETR, audio, Braille and sign language so that employees with disabilities who have difficulty accessing them would not be discriminated against. However, in section 2.3 ‘Persons with disability’, the policy states the government’s commitment to inclusivity at the place of work and that the public service “is committed to doing all that is reasonably possible to put in action the principles contained in the Equal Opportunities (Persons with a Disability) Act” (p.18). Here it also states that employees with a disability may contact the Foundation for Information Technology Accessibility¹²³ to benefit from its services.

The policy incorporates one specific measure related to disabled persons: the special arrangements for the recruitment of persons with disability. Through this measure, registered persons with disability can apply for a post / position with the public service even if they do not satisfy all the eligibility requirements, provided that they can carry out, in essence, the duties attached to that post or position. It also sets out the procedure to be used in order to make use of this provision. Moreover, it is the government’s policy that its departments and entities make every effort to fill vacancies in scales 16-20 from the Jobsplus register of unemployed people with disabilities (see 7.2). Finally, when examinations are held for entry into a particular post or position with the public service, special arrangements as established in the University of Malta Guidelines to MATSEC Examinations Access Arrangements (see 3.2) are made. It is important that such measures are publicised throughout the public service and beyond in order to ensure that all persons with disabilities are aware of such measures and can benefit from them.

Other opportunities to mainstream disability in this policy are missed. For instance, while it talks extensively of sexual harassment,

¹²³ <https://fitamalta.eu>





13 Health

13.1 A NATIONAL HEALTH SYSTEMS STRATEGY FOR MALTA 2014-2020

The National Health Systems Strategy (NHSS) is strategy, published by the Parliamentary Secretariat for Health in 2014, aims “to ensure that an accessible and fair health service is maintained and continuously improved” (p.3). The need for this strategy arose from the necessity to have a horizontal overarching strategy which ensures consistency and a response and action which are coherent and encompass the challenges that are being encountered, as well as the strategies addressing specific sectors of the health services (including the Healthy Weight for Life Strategy (see 13.4); the Communicable Disease Control Strategy (see 13.2); the Food and Nutrition Policy and Action Plan (see 13.3); the National Policy on the Rights of Persons with Disability (see 1.3); the National Strategic Policy for Poverty Reduction & for Social Inclusion¹²⁴ (see 9.1); the National Children’s Policy (see 15.1); the National Strategic Policy for Active Ageing (see 17.1); and the National Strategy for Dementia (see 17.2)). The NHSS was launched for consultation (which comprised 3 events and an electronic consultation process) between February and March 2014. It takes a people-centred approach which involves 4 major groups of stakeholders: individuals, families and communities; health practitioners; health care organisations; and health authorities.

The strategy comprises 4 objectives and 7 strategic directions, with the objectives being:

- Respond to increasing demands and challenges posed by the demographic and epidemiological trends and changes;
- Increase equitable access, availability and timeliness of health and social services, medicines and health technologies;
- Improve the quality of care; and
- Ensure the sustainability of health systems.

Under the first objective, the strategy identifies people with physical and intellectual disabilities and people with mental health problems as 2 of the vulnerable groups that necessitate special attention in most health-related strategies. This is important in order to ensure that the needs of disabled people are targeted in the documents that govern Malta’s health system. However, such needs should also be taken into consideration in the other measures, such as sensitising the public on the responsible use and consumption of health care services, medicines and medical devices; and providing information about the patient’s condition and care and the patient’s right to choice and involvement in clinical decisions. These are all aspects where accessible information and sensitisation needs to be ensured.

Other measures such as supporting families to be involved in the management of their own health and the health of dependents is also important with regards to persons with disabilities and living in the community; however they are not mentioned in such measures. They are, however, taken into account with regard to educating and supporting health practitioners in becoming more proficient in providing assistance and information to people caring for people with disabilities; with regard to promoting a multi-disciplinary approach to patient care and enhancing the role of health practitioners working in the community, including in the care of patients with disability and community psychiatric care; and in carrying out a needs assessment for groups (including people with disabilities) needing long-term care and specialised community care. The strategy also specifies that a new programme that will deliver medicines

¹²⁴ At the time of the development of the NHSS, the National Strategic Policy for Poverty Reduction & for Social Inclusion was not yet published: it was still a Green Paper: A Framework for Poverty Reduction and for Social Inclusion.

to the residences of persons with severe mobility problems and persons with disability will be planned. However, persons with disabilities and their needs are not mentioned at all in the second strategic direction (engagement and empowerment to promote health) of the first objective, and in the second, third and fourth objectives.

Nonetheless, certain measures – such as using new means of communication to remind patients of upcoming appointments – which have been introduced through this strategy, have, whether intentionally or unintentionally, targeted the needs of some persons with disabilities such as deaf persons who now receive, along with the rest of the community, reminders for appointments via SMS and email. Having said that, disabled people's needs should be taken into account in most of the measures taken / to be taken to achieve the objectives, notably in the dissemination of information; in educating and informing the public on different aspects of the health system; in supporting health practitioners in dealing with the needs of the population; in creating a new Rehabilitation Centre; in empowering patients; in supporting informal carers; in re-designing and implementing a new customer care setup; and in revising the community services and long-term care entitlement process and criteria to focus them more towards those most in need.

13.2 COMMUNICABLE DISEASE CONTROL STRATEGY FOR MALTA

This strategy, published in 2013 by the Ministry for Health, describes the scope and nature of the threat posed by infectious diseases (such as HIV / AIDS, Hepatitis A, B and C, influenza, meningococcal disease, sexually transmitted diseases and vaccine preventable diseases) to the population. It also establishes the priorities in the actions to be taken to combat both present threats as well as future ones. The strategy emphasises the need for:

- co-ordination of national surveillance for the planning and prioritisation of interventions;
- the optimal use of laboratory science in communicable disease management; and
- the availability of an effective response capacity for outbreaks of national significance.

The strategy makes various recommendations, including “organising effective programmes to prevent the transmission of infectious diseases” (p.72). No description of how these programmes are to be effective is made; however it is of utmost importance that to ensure their effectiveness, they are accessible to all segments of the population, including disabled persons. Thus, such programmes need to be delivered and be available in various formats, including audio versions, subtitled, with sign language and ETR; and that any premises used for the delivery of such programmes are physically accessible.

13.3 FOOD AND NUTRITION POLICY AND ACTION PLAN FOR MALTA 2015-2020

This document, published in 2014 by the Parliamentary Secretariat for Health, identifies the priority action areas in addressing the main public health challenges facing the Maltese population with regards to nutrition and food security. The main noncommunicable diseases that this policy identifies are cardiovascular disease, neoplasia (tumor) and diabetes, with the main causes of noncommunicable diseases being poor diets and sedentary lifestyles which lead to obesity. This policy and action plan complements other strategies discussed in this section and adopts a life-course approach. It recognises the fact that social inequities have a significant impact on this public health challenge, and thus the policy aims at enhancing health and wellbeing and reducing Malta's burden of disease in an equitable manner.

One of the goals of this policy is to “be responsive to the links with the social determinants of health and health inequalities and focus on the most vulnerable groups” (p.46). The document does not elaborate on who these vulnerable groups are, and thus it is assumed that people with disabilities are included within these groups. However, the policy does not state how disabled people are targeted by its measures. For example, its 5 priority actions include increasing information about the food and nutrition action plan to all stakeholders, where one of the aims is to “develop and implement a comprehensive plan for information and communication in the area of nutrition” (p.52). In order to be comprehensive, such a plan needs to take into consideration the different needs to access information of disabled people, with special reference to deaf, blind and intellectually impaired persons.

13.4 A HEALTHY WEIGHT FOR LIFE: A NATIONAL STRATEGY FOR MALTA 2012-2020

This strategy, published in 2012 by the Superintendence of Public Health at the then Ministry for Health, the Elderly and Community Care,¹²⁵ aims at stopping rising overweight and obesity rates, and decreasing the number of people having these conditions. Persons with disabilities are targeted specifically in one of the areas for action under the section “Current barriers to performing involuntary and voluntary physical activity”, which aims at working “with stakeholders to ensure the inclusion of persons living with disability in physical activity opportunities” (p.48). Nonetheless, it is equally important that persons with disabilities are targeted specifically under other measures, such as working with stakeholders on consumer education on healthy eating.

Once again, it is important that such education reaches all sections of the population, including persons with disabilities. This would include the provision and delivery of information in formats accessible to people with different types of impairments, as well as ensuring that people who have limited access to information can also access this information. Similarly, rendering healthy choices “easy and accessible to all” would need to include persons with disabilities and to specify how these choices are to be made accessible to all segments of the population. For example, in setting up community initiatives such as cookery clubs and community gardens, focusing on lower socio-economic groups among others, it is necessary to ensure the physical accessibility to these venues. Cookery clubs should also take into consideration the different communication needs of a number of disabled people such as the blind, deaf and intellectually impaired. Relatedly, in supporting local councils in “providing better walkways built to proper standards, parks, more pedestrianised areas” (p.49), it is important that the principles of Universal Design are adhered to, in order to ensure that disabled people and people with reduced mobility can make use of open spaces and benefit from such measures as increased walkability in built-up areas proposed in the strategy.

125 The Ministry for Health, the Elderly and Community Care has now become the Ministry for Health.



14 Sport

14.1 A NATIONAL POLICY FOR SPORT IN MALTA AND GOZO 2017-2027 (DISCUSSION DOCUMENT)

This discussion document, published in 2016 by The Parliamentary Secretariat for Research, Innovation, Youth and Sport (within the MEDE), was opened for consultation in 2017. However, to date, the policy has not yet been finalised. The policy is based on 3 pillars:

- Sports and Education
- Sports Participation
- Sports as a Means of Economic Growth.

The document dedicates a specific section to Paralympics and Special Olympics (Chapter 3 – Sports Participation), where it states that the main objective is to increase opportunities for the participation of persons with disabilities in sport through Special Olympics and Paralympics. In order to achieve this, it proposes 8 initiatives that could be implemented:

- Putting the Paralympic Movement on a sound footing;
- Promoting inclusion of disabled people in mainstream sport programmes with the support of the Special Olympics movement and the Paralympics movement;
- Raising the profile of sport for disabled people;
- Promoting the positive impact of Special Olympics;
- Initiating a programme of unified sport and/or fostering other opportunities where disabled and non-disabled persons participate together; and promoting the importance of unified sports;
- Building a Young Special Athletes programme in every region;
- Considering ways to reach out and support parents and the disabled person's entourage; and
- Providing special funding for Special Olympics and Paralympic athletes.

In order to achieve the second initiative (promoting the inclusion of disabled people in mainstream sport), it is important that the policy takes into consideration the different needs of persons with disabilities. For example:

- The Local Leisure Facilities (p.12) to be developed need to be fully accessible to all athletes, spectators and visitors.
- The proposed Regional Sports Coordinators (p.13) should have awareness training in disability issues.
- The Active Summer Months recommendation (p.13-14) on exploiting opportunities on the coast needs to take into consideration the necessary extra resources needed to include disabled students.
- Sports for All Programmes (p.16) should be truly open to all, including disabled participants. Therefore, the advertising of these programmes, the facilities utilised and the transport to sport activities need to be accessible. Furthermore, the personnel running such programmes should be trained in disability issues in order to be aware of the different needs of disabled participants, and have at their disposal the necessary resources to meet these needs.

Regrettably, none of these issues are mentioned in the discussion document. Besides the section on Paralympics and Special Olympics, the proposed policy fails to mainstream disability issues and generally does not make reference to disabled persons. The only mention of persons with disabilities in the rest of the document can be found in Chapter 2 (Sport and Education), where it is stated that PE (physical education) should be accessible to all children and include children with disabilities and special education needs. It also states that “differentiated teaching should aim to cater for all” (p.7).

The background features a vertical gradient from purple at the top to blue at the bottom. A pattern of small, dark purple squares and dots is arranged in a grid that curves from the left side towards the center, creating a sense of depth and movement.

15 Children

15.1 NATIONAL CHILDREN'S POLICY

This policy, which was drafted in consultation with children aged between 4 and 17 years, is the first national children's policy to be published (in 2017). It was also published in a child-friendly version. It outlines the way forward in safeguarding and promoting the rights and wellbeing of children. The policy emphasises the uniqueness of each child in their development and thus aims to address this heterogeneity in acknowledging that “children with more complex and specialised needs may require more complex and specialised services and attention” (p.15). Indeed, under the section dealing with the home environment, the policy mentions that in those households where there are persons (including children) with disability and mental health issues, the wellbeing of the child needs increased focus and support. However, it does not detail what type of support or how this will be implemented.

Children with disabilities are also taken into consideration in the section dealing with Social Wellbeing, where the policy emphasises the importance of inclusive structures for children and families in the areas of health care, education and social benefits. It states that universal services “need to be complemented by more targeted and specialised approaches which specifically address the needs of those who are vulnerable or need additional support” (p.49), including children with physical and mental disabilities, learning difficulties and psychosocial difficulties. While such emphasis is commendable, it is unclear why children with learning difficulties and psychosocial difficulties are not included under the umbrella of children with disabilities. It is also important to take into consideration disabled children's needs in the other areas covered by the section dealing with social wellbeing, including the parts on Early Investment in Children; Eradication of Poverty and Social Exclusion (especially when taking into account the fact that risk of poverty and social exclusion remains high for people with disabilities in Malta¹²⁶); and Awareness Raising (which would need to take into account the accessibility of information to disabled parents as well as the involvement of disabled children). On the positive side, the document does, later on, state the need to promote access to all services and programmes for children with disability in line with the National Policy on the Rights of Persons with Disability (see 1.3) and the UNCRPD.

In the section relating to Health and Environment, the policy states that every child, including those with disabilities, has the right to best quality healthcare; however it does not tackle other health aspects of children with disabilities. For example, in the part dealing with Healthy Relationships there is a missed opportunity of noting that adolescents with disabilities may lack adequate knowledge and awareness of sex and sexual health education (see 11.11). On the other hand, the section relating to Education and Employment acknowledges that disabled children are at risk of educational exclusion. It states that professionals who work with children (including those working in childcare centres) should be trained on how they can interact with all children, including those with disabilities, and that such training should be accompanied by educational policies, operating guidelines and codes of practice. However, while there are sub-sections dedicated to gender equity, there is no sub-section dedicated to disability, which would have been useful in focusing on how the initiatives suggested in the policy will be rendered accessible to children with all kinds of disabilities, to educate the policy user on children with disabilities, as well as to briefly explore the intersectionality between disability and other grounds of discrimination. Finally, it would have also been useful to publish an ETR version of the policy in order for it to be accessible to children with intellectual disabilities.

¹²⁶ European Commission. 2019. Commission Staff Working Document: Country Report Malta 2019.

Accompanying the document: Communication from the Commission to the European Parliament, the European Council, the Council, the European Central Bank and the Eurogroup. 2019 European Semester: Assessment of progress on structural reforms, prevention and correction of macroeconomic imbalances, and results of in-depth reviews under Regulation (EU) No 1176/2011. Available at: https://ec.europa.eu/info/publications/2019-european-semester-country-reports_en



16 Youth

16.1 NATIONAL YOUTH POLICY TOWARDS 2020

This policy, published in 2015 by the Parliamentary Secretariat for Research, Innovation, Youth and Sport, covers the years 2015-2020, and aims at supporting young people aged between 13 and 30 in fulfilling their potential and aspirations, addressing their needs and concerns, and supporting them as “active and responsible citizens who fully participate in and contribute to the social, economic and cultural life of the nation and Europe” (p.13). It is based on 3 pillars:

- The reality of the lives of young people in Malta today.
- The development of youth policy over the past 20 years at European and national levels.
- The government’s policy for greater democratic participation, equitable economic and social progress for all, and inclusive change.

The document emphasises that the policy must be inclusive. Among the various initiatives it proposes, there are 3 that are directly related to disabled people:

- “Young people with disabilities will be supported to participate fully in youth and work activities” (p.17).

While this is a commendable initiative, especially in view of disabled people’s low participation in the labour market¹²⁷, this initiative is listed under the Action Plan for Health and Wellbeing. The reason for this is not clear: all the other initiatives listed under the same action plan are solely related to health and wellbeing. Such occurrences point to the possibility that, with regards to disability, the policy is still partially influenced by the medical model and has thus listed the initiative related to persons with disabilities under a health-related action plan, rather than the Action Plan for Employment and Entrepreneurship. Having said that, under the latter action plan there is a specific initiative aimed at youth with disabilities, which aims at:

- “supporting the integration of young people with disabilities into the labour market” (p.18).

The third initiative aimed specifically at disabled people, under the Action Plan for Social Inclusion, states that:

- “Young people with disabilities will be encouraged and supported to integrate and fully participate in social and community life” (p.19).

However, disabled youth are not mentioned in the action plans related to sport and recreational activities, arts and culture, and education and training. In the latter, the absence is especially glaring, given that disabled persons encounter multiple barriers in education and training¹²⁸. In the former 2 action plans, it is imperative that actions targeting disabled people do not only cover employment, health and education, but target disabled people’s lives in

127 European Commission. 2019. Commission Staff Working Document: Country Report Malta 2019. Accompanying the document: Communication from the Commission to the European Parliament, the European Council, the Council, the European Central Bank and the Eurogroup. 2019 European Semester: Assessment of progress on structural reforms, prevention and correction of macroeconomic imbalances, and results of in-depth reviews under Regulation (EU) No 1176/2011. Available at: https://ec.europa.eu/info/publications/2019-european-semester-country-reports_en

128 Ibid.

their entirety, including leisure. Thus, the youth policy fails to mainstream disability across all the areas covered. For example:

- In the Action Plan for New Spaces at Local Community Level, it is vital that the physical infrastructure, Youth Village and Youth Cafes proposed are fully accessible to all persons with disabilities, including those who use self-propelled wheelchairs.
- The Youth Information One-Stop-Shop¹²⁹ under the same action plan, as well as the Youth Information web portal under the Action Plan for Awareness Raising, Listening to and Supporting the Voice of Young People, information needs to be made available in alternative formats to meet the diverse communication needs of disabled persons, including deaf, blind and intellectually impaired persons.
- The projects proposed in order to increase the political awareness and the democratic participation of young people need to take into account the inaccessibility of electoral processes (including electoral campaigns, voting and standing for elections) for many disabled people, including persons with severe and multiple impairments.

¹²⁹ In the document, this is written as “One-Stop-Stop” (p.15).





17 Active Ageing

17.1 NATIONAL STRATEGIC POLICY FOR ACTIVE AGEING: MALTA 2014-2020

This strategic policy, published in 2014 by the then Parliamentary Secretariat for Rights of Persons with Disability and Active Ageing, states that population projections in Malta indicate a continuously ageing population, and lists challenges that older people encounter with regards to income security, age discrimination, citizenship, community care and healthcare (in the latter acknowledging that the longer the life expectancy, the higher the risk of acquiring disabilities in later life). The policy is thus embedded in the concept of active ageing, which refers to older people continuing to participate in the formal labour market as well as in unpaid productive activities, while living healthily, independently and securely.

The policy is premised on 3 major themes:

- **Active participation in the labour market**

Here, the policy discusses the interrelation between employment and social security systems, including the reduction of incentives for early retirement and options for continued employment beyond retirement age. It also explores continuing vocational education and training. However, while disability is mentioned in some parts of the policy (such as a ground of discrimination), the document fails to take into account the true needs and challenges encountered by disabled older persons. For example, with regards to vocational education and training, it is imperative to note that if younger disabled persons already face barriers in such areas, older disabled persons might face even more challenges. Thus, omitting disability when mentioning that there are variances amongst older men and women, removes the opportunity to address the needs of older disabled workers. For instance, when proposing good and effective practices in continuous vocational education and training, it is necessary to ensure that this is accessible by disabled persons. Furthermore, when discussing ageism and age discrimination, it is important to also acknowledge the fact that older disabled persons might be doubly discriminated on the basis of both age and disability.

- **Participation in society**

This section states that the concept of active ageing comprises older persons being active in social, economic, cultural and civic affairs and that it is essential to provide “older persons with enough financial resources to sustain an optimal quality of life and also, in some cases, to alleviate poverty” (p.44). Once again, however, there is no reference to the fact that disabled persons are at more risk of poverty and material deprivation,¹³⁰ as well as social exclusion, and that thus older disabled persons are even more at risk; nor, therefore, is there any discussion on how these risks can be mitigated.

- **Independent living**

This section deals with different aspects of independent living, including mental health and wellbeing. The policy calls for the continued integration of mental health services within the general health services and emphasises the urgent need of a community outreach mental health service to meet the needs of the elderly in the community in order

129 In the document, this is written as “One-Stop-Stop” (p.15).

130 European Commission. 2019. Commission Staff Working Document: Country Report Malta 2019. Accompanying the document: Communication from the Commission to the European Parliament, the European Council, the Council, the European Central Bank and the Eurogroup. 2019 European Semester: Assessment of progress on structural reforms, prevention and correction of macroeconomic imbalances, and results of in-depth reviews under Regulation (EU) No 1176/2011. Available at: https://ec.europa.eu/info/publications/2019-european-semester-country-reports_en

to prevent unnecessary hospitalisation and placement in residential care. It also discusses community care services and dementia-friendly communities and services (see 17.2). However, it does not look at the the specific needs of disabled older persons (such as older persons with physical, sensory and intellectual impairments) with regards to independent living, who, as in other areas, might face more barriers in living independently than older persons without disabilities.

17.2 A NATIONAL STRATEGY FOR DEMENTIA IN THE MALTESE ISLANDS 2015-2023

This strategy, launched in 2015 by the then Parliamentary Secretariat for Rights of Persons with Disability and Active Ageing, is also accompanied by a dementia-friendly version in print form. The strategy states that approximately 1.5% of the Maltese population have dementia, and that as the population ages, this figure will significantly increase in future years. The strategy thus aims at “[e]nhancing the quality of life for individuals with dementia, their caregivers and family members” (p.10).

The strategy refers to research by the World Health Organisation and others which finds that individuals with dementia may also develop anxiety and depression, among other symptoms. Furthermore, dementia contributes to around 11% of years lived with disability in people aged 60 years and over, and has a disproportionate impact on independent living in the older population.

However, dementia may also affect young people, and here, those who are at risk of developing dementia include persons with Down Syndrome and other intellectual disabilities. Importantly, the document dedicates a section to the perspective of the individual with dementia and the caregiver, stating that a “diagnosis of dementia has a significant social, psychological and financial impact on the individual” (p.28).

The strategy also states that most of the care for individuals with dementia takes place at home, with the major burden of support usually falling on the spouse. Usually, caregivers are women, and they experience a high level of caregiver stress. In fact, a study by Muscat (2016) shows that the majority of caregivers of people with dementia living in the community (the majority of whom are female, married and unemployed, with around half being the spouses and a fourth being the daughters of persons with dementia) have mental health problems. While more than half have moderate to severe anxiety, a fourth of the participants in this study have moderate to severe depression, with the prevailing cause of stress being the ongoing burden. The study emphasises the importance for community professionals and care providers to be aware of the adversities experienced by both the caregiver and the care-recipient in order to support them and facilitate accessibility to services that aid in easing psychological distress. It recommends that caregivers should be partners in care planning and be entitled for an assessment of their needs; that caregivers are provided with more information, training, support from employers, better financial support and caregiver support groups; and that there are more respite services for people with dementia.¹³¹ The strategy recognises the importance of prolonging, as much as possible, the time during which persons with dementia remain active in the community and thus the importance of community care, including assistive technology, respite services and caregiver support.

¹³¹ Muscat, M. 2016. Depression, Anxiety and Quality of Life of Caregivers of Individuals with Dementia Living in the Community in Malta. Available at: <https://www.um.edu.mt/library/oar//handle/123456789/14047>

The strategy addresses various aspects of dementia, including the need for awareness raising and knowledge in order to decrease the fear and stigma associated with it, both among the public and healthcare professionals. It also covers the importance of timely diagnosis and intervention; and of the development of the workforce working with persons with dementia, which is essential in accomplishing the aims of the strategy. Within this, training of caregivers (which is also covered by the strategy) is also important, as confirmed by research (Dalli 2017) which shows that spouses, who often do not choose to admit their spouse with dementia to a care home (this decision is rather taken by professionals) experience stress while caring for their spouse but also encounter challenges when their spouse is admitted to the care home, including lack of communication with staff (see also 5.2). In her dissertation, Dalli recommends more emotional support and counselling for informal caregivers and person-centred and relational-centred care for the elderly.¹³²

¹³² Dalli, M.G. 2017. The Impact of Admission of a Spouse with Dementia in a Care Home on Spousal Relationships. Available at: <https://www.um.edu.mt/library/oar/handle/123456789/24653>



18 Migration

18.1 INTEGRATION – BELONGING: MIGRANT INTEGRATION STRATEGY & ACTION PLAN, VISION 2020

In 2017, the Ministry for European Affairs and Equality launched Malta's first migrant integration strategy, which “creates a framework for understanding successful integration through the level of the migrants' own sense of belonging to Maltese society and the space Maltese society allows for such integration in its different sectors and strata” (p.1).

The strategy does not mention disabled migrants at any point. It does point to the need of raising awareness on the needs and attributes of different migrant groups, especially vulnerable migrants, and it also includes a measure (Measure 15) which recommends that research and related action “focusing on the specific integration needs of vulnerable groups” (p.18) is carried out. However, even assuming that disabled migrants are included in ‘vulnerable groups’, the strategy ignores the specific and pressing needs of disabled migrants. Research on migrants in Malta shows how disabled people are more likely to remain in open centres¹³³ Furthermore, mental health concerns among migrants are higher than those of the general population in Malta. Refugees and asylum seekers with mental health problems in Malta face lack of appropriate services, lack of identification of their mental health problems due to absence of formal identification processes / specialists in the Initial Reception Centres and Open Centres, and lack of specialised services for victims of torture and trauma.¹³⁴ Thus taking into consideration the needs of migrants with disabilities is of utmost importance for the integration of migrants in Malta.

133 Pisani, M. and Grech, S. 2015. Disability and Forced Migration: Critical Intersectionalities. *Disability and the Global South Journal*, vol. 2, no. 1, p. 421-441. Available at: <https://dgsjournal.org/volume-2-number-1/>

134 Mig HealthCare: Minimize health inequalities and improve the integration of vulnerable migrants and refugees into local communities. 2019. Mig-HealthCare Database. Country Profiles: Malta – Priority Health Conditions. Available at: <https://www.mighealthcare.eu/mig-healthcare-database>



19 Housing

19.1 RENTING AS A HOUSING ALTERNATIVE – WHITE PAPER (RENTAL MARKET)

This white paper, issued by the Parliamentary Secretariat for Social Accommodation within the Ministry for the Family, Children's Rights and Social Solidarity, was opened for consultation from October to November 2018. At the time of writing, the outcome of the public consultation had not yet been published. The paper's aim is that of "improving the experience of those who participate in the sector, whether landlords or tenants" through "a solid regulatory framework aimed at guaranteeing security, transparency and predictability in the longer term" (p.6). Whilst acknowledging that rents should reflect market values, the paper also emphasises the necessity that the state has a degree of management in this area.

The document puts forward various recommendations in Chapter 4. The one related to Notice of Termination or Renewal by Landlord, whereby "notice of termination must be given to the tenant by not later than 3 months prior to the expiry of the agreement" (p.33), needs to take into account that tenants with a disability might need more time to find adequate alternative accommodation (which is often difficult due to the lack of physical accessibility of many housing units in Malta). Hence the 3 months' period should be extended in such instances.

Other aspects need to be considered in order for the housing sector to be inclusive. For example, regarding the Optimisation of the Rent Subsidy (Chapter 5), it is to be noted that when trying to rent housing units that are physically accessible to persons with disability, there is a tendency that the rent is higher: persons using wheelchairs, for example, need to have a lift and larger space in which to manoeuvre inside the home (increasing the rent of the property). Hence the subsidy in such instances should be higher as well. Regarding the Affordable Housing Foundations/Public-Private Partnerships proposed in Chapter 6 (dealing with measures aimed at more affordable housing) it is important that the entities building on public land are held to obligations to build fully accessible housing units. This would help mitigate the present lack of availability of accessible housing. Making housing affordable also needs to take into account expenses incurred by, for example, parents of children with autism, who need to make adjustments to their homes in order to accommodate the needs of their child. Another instance where physical accessibility needs to be earnestly considered is when establishing the Minimum Habitability Standards and Regulation of Houses in Multiple Occupation outlined in Chapter 7. None of these issues are mentioned in the white paper, which does not take disability into account in any of the proposed measures.



20 Transport

20.1 NATIONAL TRANSPORT STRATEGY 2050

The National Transport Strategy (NTS), together with the Transport Master Plan (see 20.2) were open for consultation before being finalised. They lay out Malta's vision for its transport system together with the strategic goals and direction needed in order to achieve the same vision. They also include the indicators that will measure the progress of the implementation of the strategy.

The NTS states that the national vision is to “provide a sustainable transport system which is efficient, inclusive, safe, integrated and reliable” (p.13). The document is divided into 5 main chapters:

- The Strategic Context and Planning Framework
- Malta's Transport Needs
- Vision and Strategic Goals
- Strategic Direction: Eight Guiding Principles
- Targets Monitoring.

One of the aims of the strategy is to provide a transport system which is inclusive, which is essential to ensure that persons with disabilities have full access to the transport system. Nonetheless, discussing Malta's transport needs in Chapter 2, the document makes no mention of the needs experienced by a number of persons with disabilities. Chapter 3, however, does take into consideration the needs of “persons with reduced mobility or reduced abilities”, not only with regard to the physical infrastructure design but also regarding the “operational aspects, information or user-facing telematic applications” (p.139). Furthermore, it states that:

The NTS recognises the important role which the transportation system plays in creating an inclusive society by ensuring that it provides for all user groups. The aim is therefore to: improve the quality in the planning and design of transport infrastructure with regard to accessibility for persons with reduced mobility; ensure that the needs of wider user groups are addressed such as social or mental impairment... etc.; carry out further studies so as to improve the understanding and create more awareness on how to ensure an inclusive transportation system (p.139).

However, disabled persons with high dependency needs would still depend on individualised transport systems, and these need to be included in such a strategy and the related master plans. Furthermore, the NTS' strategic goal indicator related to social development and inclusion states that by 2030, only 3% of the population are situated more than 15 minutes on foot from the nearest bus stop. The strategy and master plans would need to take into account that a number of persons with disability would still find difficulty in reaching the bus stops, either because a 15-minute walk is too long or else because they experience physical barriers to reach them. Hence such a target on its own will not ensure that all disabled people will have access to transport service, as acknowledged in the Transport Master Plan (see 20.2). Such aspects and more need to be considered, as also noted by various stakeholders in the consultation feedback,¹³⁵ in order to ensure that the NTS and the Master Plan incorporate “transport equity” which “helps to address issues for socially disadvantaged groups (amongst which... disabled... people) and ensures that all sectors of the population benefit from transport developments” (p.183). In fact, the Institute of Climate Change and Sustainable

Development¹³⁶ at the University of Malta suggests drawing up Transport Equity Guidelines to support the existing documents, since, while transport equity is partly addressed through reference to accessibility, equity is a much broader concept.

20.2 TRANSPORT MASTER PLAN 2025

The Transport Master Plan has a time horizon of 2025. With regards to disabled people, it states that part of the obligations of the transport operator is to provide concessionary fares for different groups including persons with reduced mobility. These concessions are aimed at facilitating mobility among economically disadvantaged groups. For these concessions (and other obligations), the operator is paid public service compensation.

The document also notes that despite significant investment in rendering buses and infrastructure (such as bus termini, park and ride, etc.) accessible in recent years, access to many bus infrastructure remains challenging for several user groups, including persons with reduced mobility and impaired vision. The Master Plan states that since public transport waiting facilities need to be accessible on foot, “footpath quality, continuity and width, as well as safe pedestrian crossing facilities” need to be considered. Other aspects to be taken into consideration is illegal parking at bus stops which might inhibit boarding and alighting on buses. The Master Plan acknowledges that bus waiting infrastructure is not accessible and prevents the proper docking of buses at bus bays.

The proposed measure will ensure adherence to the technical requirements for bus stop infrastructure by local government entities. Furthermore, the Master Plan suggests that training sessions on designing for universal access could be provided to raise awareness within the industry. However, no concrete plans are laid out for this initiative.

¹³⁵ Transport Malta. 2016. Development of a National Transport Model Supporting Strategy Development in Malta. Transport Master Plan 2025 Supporting Document 2. Consultation Feedback. Available at: <https://www.transport.gov.mt/Strategies/Strategies-Policies-Actions/Development-of-National-Transport-Strategy-1344>

¹³⁶ <https://www.um.edu.mt/iccsd>



3. CONCLUSION

Since Malta's ratification of the UNCRPD in 2012, great strides have been made in terms of legislation and policies / strategies protecting and promoting the rights of persons with disabilities, building on the work that had been carried out in the previous decades. As seen from this review, these include new legislation and other legal documents, as well as amendments to older legislation in order to bring them up to date and in conformity with the UNCRPD. Various aspects of persons with disabilities' lives are covered both in disability-specific documents as well as in mainstream ones.

Nonetheless, the road to achieving equality for disabled persons is still fraught with obstacles, both in practice and in terms of texts which promote a quality of life for persons with disabilities which is comparable to that of others. In perusing such texts, it is evident that mainstream documents often tend to consider disability in principle but do not specify how measures proposed in strategies and national plans aim to achieve disability inclusion. Furthermore, there is often a lack of consideration of different types of disabilities which, in terms of areas such as accessibility and communication, need to be tackled through different means in order to truly include disabled persons. Thus, although it is commendable that various texts in such areas as those of education, employment and health refer to disability, there is a need to look beyond rhetoric and include disabled people themselves in the formulation of such texts. Legal documents in other areas such as housing and migration, meanwhile, are farther down the line in terms of disability inclusion, in the sense of failing to consider disability at any level.

Meanwhile, disability-specific legal documents have also increased in number, including both texts targeted at specific disabilities such as mental health difficulties and autism, as well as a national strategy targeted specifically at disability. Unfortunately, the strategy remains a consultation document, and, while some of its proposals are being put into practice, it remains without concrete deadlines and timeframes and thus unmonitorable. It is imperative that such an important strategy is finalised and implemented in the immediate future. It is also important, as noted in the review above, that both the strategy and other legislation such as that pertaining to guardianship is brought up to date with the UNCRPD in order to respect disabled people's rights.

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