L-Università ta' Malta
Faculty for Social Wellbeing

Disability Service Provision and Persons with Disability

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Let's bring about change

Disability is probably one of my preferred areas of scholarship. There is still a lot of work to do but I believe that one of the challenges we have in this sector is that of providing more empirical data to help us react to the needs in this sector through evidence based research. What we need to see is a mix of activism and research that will lead to policy transformations. This report is another loop in providing data but at the same time lending a hand to policy. It is commendable for CRPD to review disability related services - it is indeed the way to go. Kudos to Dr Claire Azzopardi Lane who acted as principal supervisor and Matthew Vassallo and Annabel Cuff the two Research Support Officers involved in this project.

Prof. Andrew Azzopardi
Dean
Faculty for Social Wellbeing

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INTRODUCTION

Nationally and internationally, there have been major changes in the provision of services for persons with disability (McConkey, Kelly, Craig, & Keogh, 2019), most of which were advocated by the Convention on the Rights of Persons with Disabilities (United Nations, 2006). In spite of this, the concern about the lack of appropriate services which meet the needs of persons with disability still persists (WHO, 2021). This report highlights the ways through which current disability service provision can be amended to better meet the needs and expectations of persons with disability and their family members/guardians by attaining a better understanding of their experiences while accessing current available services.

LITERATURE REVIEW

Being a person with disability, particularly the more severe forms of disability is often characterized by a variety of needs including cognitive, physical, psychiatric, communicative and social (Taua & Farrow, 2009). In order to live a more independent life and overcome the limitations hindering participation in society due to their underlying impairment, persons with disability often require making use of several services (Hyassat, Akhayat, & Alzyoud, 2015). However, persons with disability and their families experience a number of barriers while accessing disability services including financial struggles, lack of transport, poor attitude of service providers, and long waiting times (Munthali, et al., 2019; Mkabile & Swartz, 2020). These barriers are often the result of a number of organizational shortcomings including lack of funding and staff shortages (Jesus, Landry, Dussault, & Fronteira, 2017; Berggren, Emilsson, & Bergman, 2021). This highlights the need for evaluation of services, particularly monitoring supply requirements to meet the demand and service structure (Jesus, Landry, Dussault, & Fronteira, 2017).

METHODOLOGY

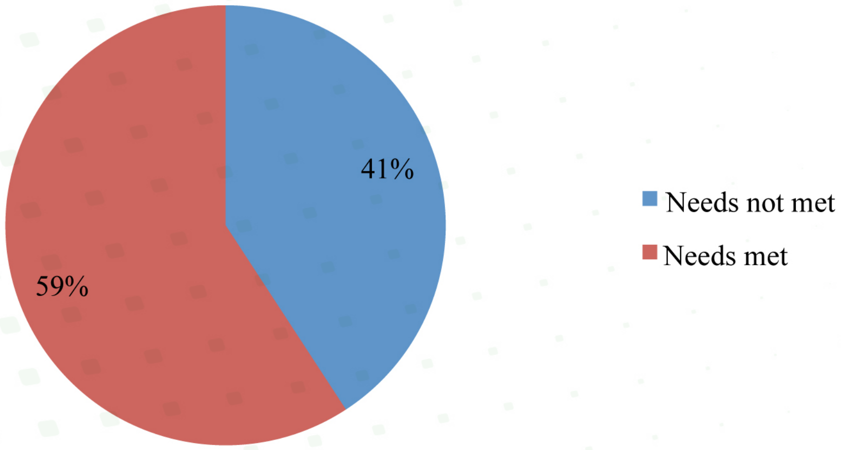
The scope of this research was to begin to explore how service delivery is responding to the disability sector. This project attempted to answer the following research aims:

- To identify the needs and expectations of persons with disability, their parents and/or their guardians
- To determine whether current service provision is meeting these needs and expectations
- To propose how service provision can be tailored to better meet the needs and expectations of persons with disability, their families and/or guardians

Data was based on a purposive sample. Online and telephone questionnaires were answered by persons with disability and their family members/guardians. Semi-structured interviews were carried out with representatives from six (6) NGOs/DPOs representing different impairment groups. An additional (1) semi-structured interview was carried out with two (2) staff members representing the Investigations Unit at the Commission for the Rights of Persons with Disability (CRPD). A further three (3) semi-structured interviews were carried out with a representative from Aġenzija Sapport, Jobsplus and Social Care Standards Authority (SCSA).

RESULTS

Various improvements and financial investments in recent years have led service providers to state that current available services offered by their agencies are meeting the needs of a lot of people. 180 individuals answered the questionnaires, out of which only 22% had requested the use of services investigated by this study. 41% of participants who responded to the questionnaires stated that they have needs and expectations which are not being met by current service provision. In addition to the needs and expectations not being met by services included in this study, these requirements also included needs which should be met by services which were beyond the remit of this study, or services which are not currently offered locally.



Current service provision and the needs of persons with disability: NGOs expressed that there is still a long way to go before services can adequately meet the needs of persons with disability and their families. There was particular concern in the lack of apparent effort to move away from institutionalisation of persons with disability and adopt community based services to improve independence and integration of persons with disability.

Barriers to service provision: One of the most common barriers to service delivery was the long waiting lists to receive particular disability services. The main reason for this wait was due to the lack of human resources in the sector. The latter is causing disruption in the quality of services offered as the frequency is not keeping up with the demand. There is also a lack of continuity in services provided. As a result, service users and their families have to resort to making use of alternative services from the private sector in an attempt to retain and build on any progress made.

The involvement of service users in decision making: Persons with disability and their representative NGOs are not always involved in decision making. When they are approached, their involvement often consists of one-off consultations. Most often, they learn about decisions and policies after they are taken or formulated.

The evaluation of disability services: Thorough and continuous evaluation of services is required to assess what is working and what isn't within each service. Evaluations should be of internal and external nature and should include the opinion of service users and their families. Ancillary issues: The most common issues for persons with disability remain physical accessibility and the lack of awareness about disability issues. These two issues are often interlinked and are apparent at a national and at community level, resulting in negative impacts on the lives of persons with disability and their families.

RECOMMENDATIONS

1. Targeting deficit in human resources.
2. Binding professionals working within the public sector by a contract.
3. Increase family friendly measures for professions working in the disability public sector.
4. Create a relieving pool of staff providing services to persons with disability.
5. A voucher system as a temporary solution to meet the need of an increase in frequency of particular services.
6. Ensure continuity in service provision.
7. Increase financial aid for services which are not currently provided by the public sector.
8. Centralisation of services.
9. Re-assessment and strengthening of childhood services.
10. Increase in family friendly measures for service users.
11. Free transportation for service users and their family members/guardians.
12. Strengthening of community based services.
13. Review and remove unnecessary bureaucratic processes.
14. Enforcement of client-centred services.
15. Scheduled monitoring and assessment of needs by a multidisciplinary team.
16. Revision of undergraduate courses offered by the University of Malta.
17. Continuous Professional Development (CPD) for employees within the disability sector
18. Education about disability issues at community level.
19. Increase in promotion about available services.
20. Standardization between services offered in Malta and Gozo.
21. Increased support by services during summer months.
22. Enforcement of deinstitutionalization.
23. Representation of persons with disability and NGOs across services.
24. Investment in services which are not currently offered.
25. Investment if more advanced technology.
26. Better alignment and variety of job placements
27. More support to employers of persons with disability.
28. Thorough continuous assessments by service providers on improving the quality of their services and overcoming barriers to service delivery.
29. Involvement of the Social Care Standards Authority in auditing.
30. A longitudinal study focusing on outcomes and progress of service users on each individual service.

CONCLUSION

It cannot be denied that services in the disability sector have made great improvement in recent years. Nevertheless, the barriers to service delivery still persist and there is a lot more to be done so that the needs of persons with disability are adequately met. The greatest barrier to service delivery remains the lack of human resources. Ancillary issues resulting from the collected data were predominantly conquered by issues relating to the lack of accessibility and the need for increased awareness at all levels about disability issues.

Chapter 1 – Introduction

Data published by the World health Organisation (WHO) shows that 15% of the global population are persons with disability, making them the largest of all minority groups (WHO, 2021). In order to protect the right for persons with disability to have equal opportunities, the Constitution of Malta states that access to services for persons with disability is their fundamental right.

> *"So however that the state has the duty to provide information and an early and comprehensive intervention as well as services and help to children with disability and to their families"*
> *(Equal Opportunities (Persons with Disability) Act, Cap.413, Par II (2))*

As stated by the Laws of Malta, these services offered by the state should assist persons with disability to meet their needs effectively throughout their life by offering a variety of different services.

> *"A person with disability shall have access to a range of tools of support, community services and facilities including, but not limited to, personal assistants, technological equipment and mobility aid, to ensure an effective inclusion" (Cap.413, Part III, para 12).*

Nationally and internationally, there have been major changes in the provision of services for persons with disabilities (McConkey, Kelly, Craig, & Keogh, 2019), most of which were advocated by the Convention on the Rights of Persons with Disabilities (United Nations, 2006). In spite of this, the concern about the lack of appropriate services which meet the needs of persons with disability still persists (WHO, 2021). In order to improve these services an action plan must be developed through the evaluation of their effectiveness otherwise known as evidence-based practice (Campbell, McConachie, Price, & Wood, 2000).

This report by the Faculty for Social Wellbeing was commissioned by the Commission for the Rights for Persons with Disability and outlines how adult persons with disability and their family members / guardians are being impacted by current disability service provision. The report focuses on five (5) major services currently offered to adult persons with disability; employment services, residential services, respite services, community services and disability assessment and intervention services. The study sought to establish whether the needs of persons with disability using these services are being met, if any, to identify the needs which are not being met and how the latter can be targeted by amending current service provision. Recommendations for policy, practice and future research are suggested.

Chapter 2 – Literature Review

2.1 INTRODUCTION

This literature review will give a better insight to what current literature says about service provision in the disability sector. Literature focusing on the needs of persons with disability will be presented first. It is particularly important to know the needs that persons with disability might have so that services can then be tailored around these needs. A summary of the five (5) services targeted by this research will then be presented, followed by the barriers to service delivery and the evaluation of services intended for persons with disability.

2.2 THE NEEDS OF PERSONS WITH DISABILITY

Being a person with disability, particularly the more severe forms of disability is often characterized by a variety of needs including cognitive, physical, psychiatric, psychological, communicative and social needs (Taua & Farrow, 2009). In order to live a more independent life and overcome the limitations hindering participation in society, persons with disability require making use of several services. These services often include healthcare, assessment and intervention, education, rehabilitation, accommodation, physiotherapy, occupational therapy, speech language pathology, physical therapy, transportation, and transportation amongst others (Hyassat, Akhayat, & Alzyoud, 2015).

As worldwide practices show, it has become fundamental to personalise services and support around the needs and aspirations of the service users. (Robertson, et al., 2007). A systematic review clearly revealed that there is a relationship between the implementation of patient-centred care (PCC) and better service user and organizational outcomes (Rathert, Wyrwich, & Boren, 2013). To adequately assess these needs so that services can be personalised, Article 26 of the United Nations Convention on the Rights of Persons with Disabilities (UNCPRD) states that there should be a “multidisciplinary assessment of individual needs” (United Nations, 2006).

2.3 SERVICES FOR PERSONS WITH DISABILITY

2.3.1 Employment Services

The UNCRPD clearly states that it is a fundamental right for persons with disability to be in gainful employment at par with that of non-disabled people according to their capabilities (United Nations, 2006). This facilitates the achievement of other rights such as financial independence and an adequate standard of living. Looking beyond these rights, the employment of persons with disability has also been associated with other far reaching benefits such as improved general health and well-being, socioeconomic status and significant participation at community and political levels (Milner, LaMontagne, Aitken, Bentley, & Kavanagh, 2014; Devine, Vaughan, & Kavanagh, 2020). On a national level, improving access to employment for persons with disability is also associated with significant benefits for the economy. In spite of the many benefits of engaing persons with disability in gainful employment, they are still underepresented in the workforce (Deloitte Access Economics, 2011). During the Government Budget speech of 2015, Malta committed the enforcement of the 2% quota, whereby companies who employ more than twenty employees must have at least 2% of the workforce representing persons with disability (Jobsplus, 2021).

Locally, employment support for persons with disability is provided through the government agency for employment Jobsplus, and a public social partnership, The Lino Spiteri Foundation (LSF). The two entities have a range of support services for persons with disability including employment guidance, job coaching, on the job training or sheltered employment. (Bezzina, 2018).

2.3.2 Residential Services

Residential services provide shelter and support to persons with disability who cannot reside in their own home environment either because it not available, it can no longer adequately cater for their needs or other family crisis's (Shrier, 2021). Although a number of Western countries began the deinstitutionalization movement and the transition to Community Living over 40 years ago, the development of residential institutions still persists in other European countries (Rapegno & Ravaud, 2017).

In Malta, charitable organisations, mostly headed by the Catholic Church are responsible for the majority of long-term residential care. These institutions are largely funded by fund-raising marathons, donations, resident pensions and other beneficiaries; however, most of the services provided in their homes are funded by the government (Bezzina, 2018). A greater effort needs to be made, to move away from institutionalized care and invest more in services such as Personal Assistance which allows persons with disability to participate more in independently and actively society as advocated by Article 19 of the UNCRPD.

2.3.3 Respite Services

The World Health Organisation (2007) highlighted the development and implementation of respite services as a priority in supporting families caring for persons with disability. The availability of such services is essential in supporting non-institutional, community based care in which persons with disability, continue to live with their families (Nicholson, Guerin, Keogh, & Dodd, 2019). During the opening of one of the local respite centres, then Parliamentary Secretary Anthony Agius Decelis said that “Even the best designed engines need to stop and be serviced every once in a while, and parents of disabled children need to know that,” (Azzopardi, 2018). Consequently, respite services are one of the main support offered to persons with disabilities and their families internationally (Chan, Merriman, Parmenter, & Stancliffe, 2012).

Investments have been made in developing local respite services through a public private partnership (Azzopardi, 2018). Earlier this year, it was announced in a press release that €320,000 were being invested in a new respite centre for children with autism between the ages of 5 and 14 years (DOI, 2021). Respite services are also offered through a non-profit NGO, this service is highly subsidised by the government (Bezzina, 2018).

2.3.4 Community Services

Community-based care has been advocated and has become an increasingly important mode of service provision in many societies, as it allows for the prevention of institutionalization (Gu, Li, & Li, 2020). Community services are offered locally through Aġenzija Sapport. These services aim to adopt a holistic approach, these services aim to empower persons with disability and their families to improve their quality of life and thus promote other rights such as learning, skill development and integration within the community. Community programmes are offered for personal assistance, socialisation, community access or intervention (Aġenzija Sapport, 2021).

2.3.5 Disability assessment and intervention services

Disability assessments are fundamental in gathering the necessary information to provide effective interventions to service-users and monitor progress (Brady, et al., 2016). Disability Assessment and Intervention services are provided by a multidisciplinary team at Aġenzija Sapport which includes Social Workers, Physiotherapists, Occupational Therapists and

Speech Language Pathologists. These therapists work with persons with disability and their families to provide support in relation to their presenting concerns in a holistic and effective way. The objectives are reached through short-term and/or long-term interventions as deemed necessary (Aġenzija Sapport, 2021).

2.4 BARRIERS TO DISABILITY SERVICES

Persons with disability experience a number of barriers while accessing disability services including financial struggles, lack of transport, poor attitude of service providers, and long waiting times to receive the required services (Munthali, et al., 2019; Mkabile & Swartz, 2020). These barriers are often the result of a number of underlying organizational shortcomings including the lack of funds and human resources (Jesus, Landry, Dussault, & Fronteira, 2017; Berggren, Emilsson, & Bergman, 2021).

One of the most common attributes influencing staff shortages in the disability sector is low remuneration and work flexibility offered by the public sector (Gallego, et al., 2015) when compared to working in the private sector. These organizational barriers are leading to a lack of availablity and adequacy of services (Weiss & Lunsky, 2010), resulting in a greater degree of privatisation of services (Mizrahi & Cohen, 2012). The evidence shows that adequate staffing levels lead to improved service user outcomes (Walker, 2019). This highlights the need for evaluation of services, particularly monitoring supply requirements to meet the demand and service structure (Jesus, Landry, Dussault, & Fronteira, 2017).

2.5 EVALUATION OF AVAILABLE SERVICES

Evaluation of services is vital in assessing whether available services are meeting the needs and expectations of persons with disability and their families (Hyassat, Akhayat, & Alzyoud, 2015). The introduction of regulatory standards for service providers in the disability sector was necessary, and it might begin to help with the evaluation of these services and their improvement. However, solely abiding to quality standards does not necessarily translate into the adequacy of a service (Walker, 2019).

Two key guiding principles which are essential in the evaluation of disability services are to evaluate and develop the services based on the outcomes experienced by service-users (Hall, Parkes, Samuels, & Hassiotis, 2006) and their families satisfaction (Hyassat, Akhayat, & Alzyoud, 2015). Service user satisfaction is increasingly being acknowledged to contribute to the enhancement of services (Jinnah & Walters, 2008) and to increase the value of such services which might potentially lead stakeholders and policy makers to increase funding for these services (Summers, Hoffman, Marquis, Turnbull, & Poston, 2005). Lack of funding is known to being one of the detriments to service quality and efficiency (Berggren, Emilsson, & Bergman, 2021).

2.6 CONCLUSION

This chapter summarised the literature concerning the needs of persons with disability and the five (5) main services offered to adult persons with disability that are targeted by this study. The chapter also delved into the barriers and evaluation of disability services. The following chapter will provide the methods adopted in this study as informed by the literature and experts from the field.

Chapter 3 – Methodology

3.1 INTRODUCTION

The literature presented in the previous section highlights the importance of providing services to persons with disability which efficiently meet their needs throughout their life. In order to do so, this study aimed to start attaining a better understanding of the experiences of persons with disability and their parents and/or their guardians while accessing current available services in Malta.

This section presents the research design and methods used throughout the project. These will include: the rationale behind this research, recruitment, data collection methods, analysis, ethical considerations and limitations of this research.

3.2 RATIONALE

The scope of this research was to begin to explore how service delivery is responding to the disability sector. This is not simply about adding on layers of service provision, but about finding ways of how our current services can be better tailored around the needs and expectations of persons with disability, their parents and/or guardians. Furthermore, the study aimed to develop policy recommendations to address the changes highlighted.
This project attempted to answer the following research aims:

- To identify the needs and expectations of persons with disability, their parents and/or their guardians
- To determine whether current service provision is meeting these needs and expectations
- To propose how service provision can be tailored to better meet the needs and expectations of persons with disability, their families and/or guardians

3.3 RESEARCH DESIGN

The research question dealt with the experiences of persons with disability and their parents and/or their guardians while accessing and making use of current available services. While there might be similarities between experiences, each experience is unique. As a result of this, a qualitative approach was adopted as a better insight of these experiences can be obtained (Bryman, 2008).

In order to be able to address the research questions, data was obtained from different sources and using different tools, which allowed for participant triangulation. Apart from obtaining a more comprehensive understanding of the current situation with regards to service provision and persons with disability, data triangulation increased the reliability and validity of the collected data (Bryman, 2008).

3.4 DATA COLLECTION

Data from persons with disability and their parents and/or their guardians was collected using a cross-sectional questionnaire. The reason for using such a data collection tool was that it allowed for a larger sample of experiences to be gathered in a shorter period of time (Breakwell, Hammond, & Fife-schaw, 2000). The questionnaire was used to collect responses in two ways: online and via telephone. The questions asked were informed by the literature, the aims of the research, and the expertise of professionals from the area of disability. The first section of the questionnaire collected participant demographical data, the second section collected information related to specific services including: employment, residential, respite, community and disability assessment and intervention services. The last section allowed participants to give further comments about the needs which are not currently being met and how service provision can better address these needs. The questionnaire was made available in both Maltese and English. Questionnaire data was collected over duration of 4 weeks during the month on June 2021. The full versions of both questionnaires can be found in the appendices.

Data from NGOs, DPOs, CRPD, Service Providers and Social Care Standards Authority were collected using semi-structured interviews. This method of data collection was used as it allowed for a more in-depth understanding of the current situation with regards to service provision as expressed by different entities within the disability sector. The interview guides were informed by the aims of the study and through the literature. This data was collected between June and July 2021. The full versions of the different semi-structured interview schedules can be found in the appendices.

3.5 SAMPLING AND RECRUITMENT OF PARTICIPANTS

Data was collected through a purposive sample. CRPD posed as Gatekeeper for the recruitment of participants answering both the online and telephone questionnaire. Recruitment for the online questionnaire was done via email. An email containing the information letter of the study and the link to the online questionnaire was sent to all active members on the CRPD mailing list database. The information letter was sent in Maltese, English and an easy-to-read version. Interested individuals were asked to follow the link which directed them to the online questionnaire webpage. In order to be able to get representation from different impairment groups, CRPD provided a list of 25 anonymised telephone numbers. When contacting potential telephone respondents, the information sheet was read out; the consent statements were only read to interested individuals prior to commencing with the questionnaire.

In order to attain a better understanding of the current situation with regards to service provision in the disability sector, semi-structured interviews were carried with representatives from six (6) NGOs/DPOs representing different impairment groups. An additional (1) semi-structured interview was carried out with two (2) staff members representing the Investigations Unit at the Commission for the Rights of Persons with Disability (CRPD). A further three (3) semi-structured interviews were carried out with a representative from Aġenzija Sapport, Jobsplus and Social Care Standards Authority (SCSA).

3.6 DATA ANALYSIS

The data collected from both the online and telephone questionnaires was analysed together manually at a descriptive level. The demographical data and likert scale questions were counted and the responses were grouped accordingly. The open-ended questions were analysed using content analysis. Additionally, the data collected was analysed further with the use of SPSS. The data collected from the interviews was analysed using thematic analysis as presented by Braun and Clarke (2006). Common themes were grouped together making it possible to highlight differences and similarities in responses from each respective area.

3.7 ETHICAL CONSIDERATIONS

This research is in conformity with the University of Malta’s Research Code of Practice and Research Ethics Review Procedures. Furthermore, the research team abided by the Ethical Guideline for Carrying Out Research with Disabled People. The information letter was presented in an easy-to-read version. Furthermore, it was also assured that all versions of the information letters and the online questionnaire were compatible with the potential use of assistive aids, such as screen readers.

It was also considered that the study may cause participants possible distress due to possible negative experiences while accessing services for persons with disability. In a bid to support participants should the need arise, the contact details of psychological support services including Richmond Foundation free helpline 1770 and details relating to disability services through Aġenzija Sapport were communicated during the information/consent stage of the study.

Participation in the study was on a voluntary basis and participants could refrain from answering any questions or stop answering the questions entirely. Anonymity was ensured to individuals answering both online and telephone questionnaires, in view of this, participants were also informed that their responses would not be able to be rectified or erased once submitted.

Due to the ongoing pandemic, all semi-structured interviews were conducted online via Zoom. Participants were asked to give their consent so that the interview could be video recorded. The Zoom function 'Require encryption for 3rd party endpoints (SIP/H.323)' was used. Participants also consented to the data collected during the interview to be transcribed. These representatives were also asked to give their explicit consent to be identifiable to participate in the study. In view of the nature of the study they agreed that their identity or the identity of the organisation that they represent might potentially be revealed in publications, reports or presentations arising from this research, and responses they provided may be quoted directly or indirectly.

3.8 LIMITATIONS

While online questionnaires allowed for a larger sample of data to be collected, responses in open-ended questions could not be clarified. Furthermore, these types of questions were often left out, answered irrelevantly, or given short annotations. This limitation was overcome with telephone questionnaires, as the person conducting the telephone questionnaires was able to explain questions if they were misunderstood and could ask for further clarification of responses and experiences.

Different impairment groups have different needs. The study focused specifically on five (5) types of services which might not necessarily be required by all impairment groups. Since CRPD was used as Gatekeeper for telephone and online questionnaires, individuals participating in the questionnaires might not have required any of the investigated services. In view of this, the number of participants might not necessarily result in an equivalent number of experiences. This limitation could have been overcome had service providers offering the studied services been used as Gatekeepers for the recruitment of participants.
The amount of responses gathered from this study might not be representative of the entire population and thus these findings must be interpreted with caution. Nevertheless, triangulation in both the type of respondents and the data collection tools provided a stronger reliance of the conclusions of the study.

3.9 CONCLUSION

The entire methodological process was discussed in this chapter. In the following chapter the analysis of the results from the questionnaires and semi-structured interviews will be presented.

Chapter 4 – Results

4.1 INTRODUCTION

This chapter describes the results obtained from the online questionnaires answered by persons with disability and their parents and/or their guardians who are members of CRPD. These individuals followed the link sent via the CRPD emailing list. Furthermore, the same questions were asked via telephone to a group of persons with disability with different impairment and their parents and/or their guardians whose telephone numbers were provided in an anonymised format by CRPD as Gatekeepers of the study. This section also includes data obtained from interviews with NGOs and DPOs from the disability sector, CRPD Investigations Unit and interviews with service providers (Aġenzija Sapport and Jobsplus) and the Social Care Standards Authority.

The data collected from both the online and telephone questionnaires was analysed together manually at a descriptive level. The demographical data and likert scale questions were counted and the responses were grouped accordingly. The open-ended questions were analysed using content analysis. Bar-charts, pie charts and tables were used to ensure clarity. Additionally the data collected was analysed further with the use of SPSS. The data collected from the interviews was analysed using thematic analysis as presented by Braun and Clarke (2006).

4.2 DATA FROM THE QUESTIONNAIRES ANSWERED BY PERSONS WITH DISABILITY AND THEIR FAMILY MEMBERS AND/OR THEIR GUARDIANS

4.2.1 Demographical data of the questionnaire participants

A total number of 180 participants answered the questionnaire. 164 participants answered the online version of the questionnaire. 16 participants out of a potential 25 accepted to answer the telephone questionnaire. 5 potential participants from the latter refused to participate in the study, while the remaining 4 did not answer the call. Furthermore, participants could opt to stop answering the questionnaire or to refrain from answering particular questions. An average of 65.2% participants completed the entire questionnaire. Participants could choose to answer the questionnaire in either Maltese or English. 38% (n= 69) of participants opted to answer in Maltese while 62% (n= 111) opted to answer in English (see table 1).

Table 1: Participants choice of Language

Language	Percentage of participants
Maltese	38.30%
English	61.70%

Questionnaire participants were asked to specify their gender, with 40.8% (n=71) identifying as male, 59.2% (n=103) as female. No participants identified as 'other' (see table 2).

Table 2. Participants gender identity

Gender	Percentage of participants
Male	40.80%
Female	59.20%
Other	0%

Participants were asked whether they were persons with disability or family members and/or guardians of persons with disability. A total of 62% (n=106) identified as persons with disability while 38% (n=66) identified as family members and/or guardians of persons with disability (see figure 1).

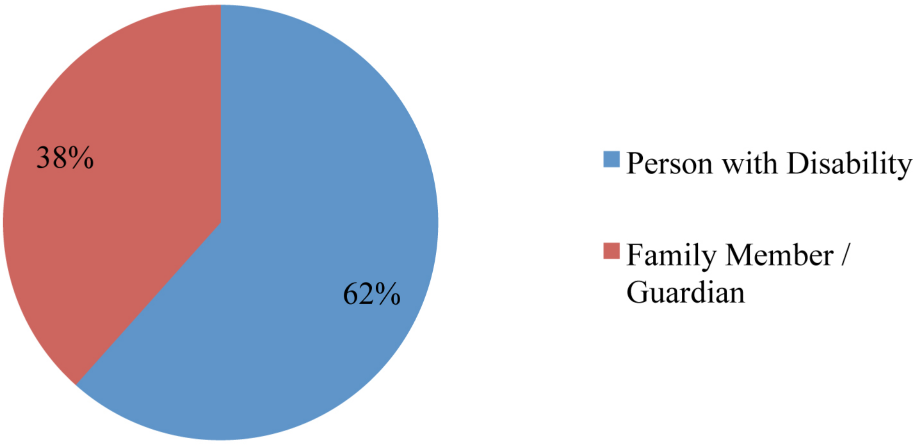


Figure 1: Classification of participants

The age ranges of all participants were as follows; 5.7% (n=10) were aged between 18 to 30 years old, 14.4% (n=25) were aged between 31 to 40 years old, 24% (n=42) were aged between 41 to 50 years old, 28.2% (n=49) were aged between 51 to 65 years, and 27.7% were aged 65 years and over 27.7% (see figure 2).

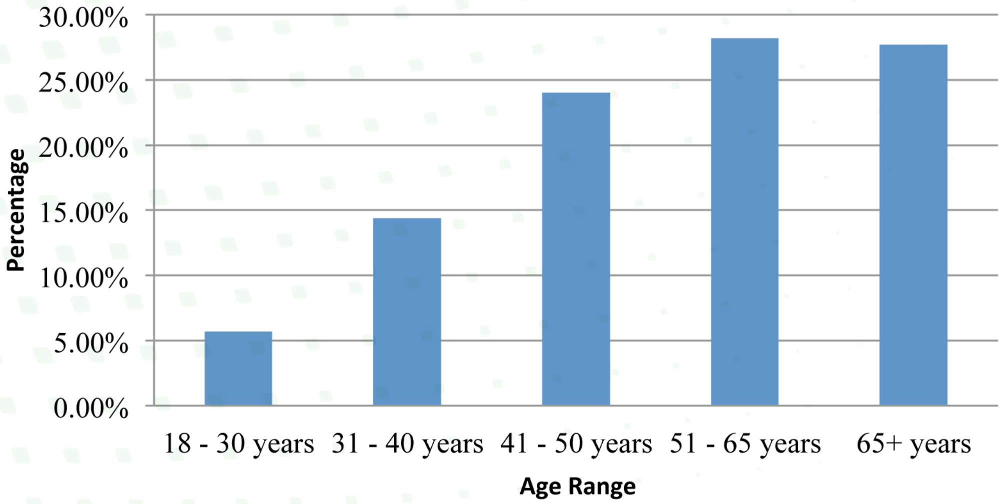


Figure 2: Age range of all participants

Figure 3 shows participants' age range broken down according to classification. Participants who identified as persons with disability were aged as follows; 4.7% (n=5) were aged between 18 to 30 years old, 13.2% (n=14) were aged between 31 to 40 years old, 15.1% (n=16) were aged between 41 to 50 years old, 30.2% (n=32) were aged between 51 to 65 years old, and 36.8% (n=39) were 65 years and older. Family member and/or guardian participants were then aged 7.4% (n=5) between 18 to 30 years old, 16.2% (n=11) were aged between 31 to 40 years old, 38.2% (n=26) were aged between 41 to 50 years old, 25% (n=17) were between 51 to 65 years old and 13.2% (n= 9) were aged 65 years and over.

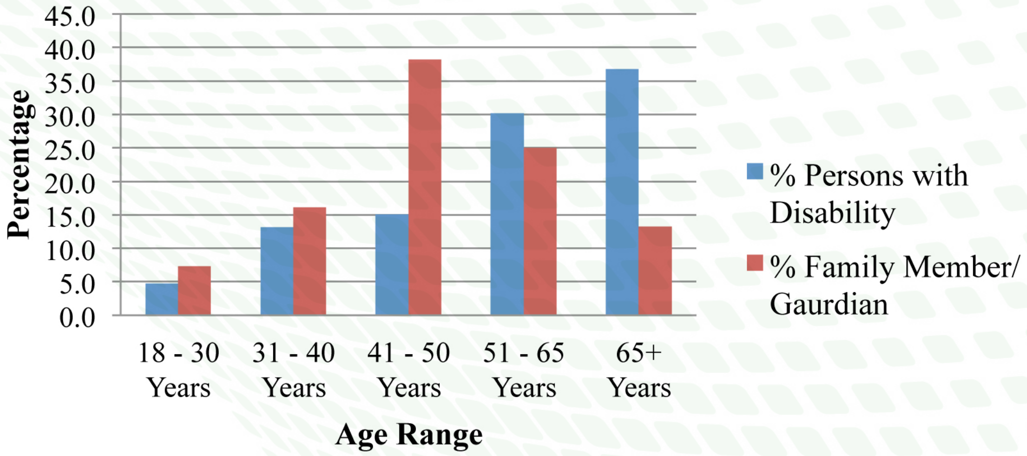


Figure 3. Participant age range according to classification

The level of education of participants who identified as persons with disability were 1.9% (n=2) at primary education, 38.8% (n=40) at secondary education, 22.3% (n=23) at post-secondary education, 16.5% (n=17) studied at an undergraduate level and 20.4% (n=21) studied at post-graduate level. The level of qualification of participants who identified as family members and/or guardians of persons with disability were 23.4% (n=15) secondary education, 25% (n=16) post-secondary education, 15.6% (n=10) studied at an undergraduate level and 35.9% (n=23) studied at post-graduate level. No family members and/or guardians of persons with disability stop their education at primary level. Figure 4 shows participants' level of education broken down according to classification.

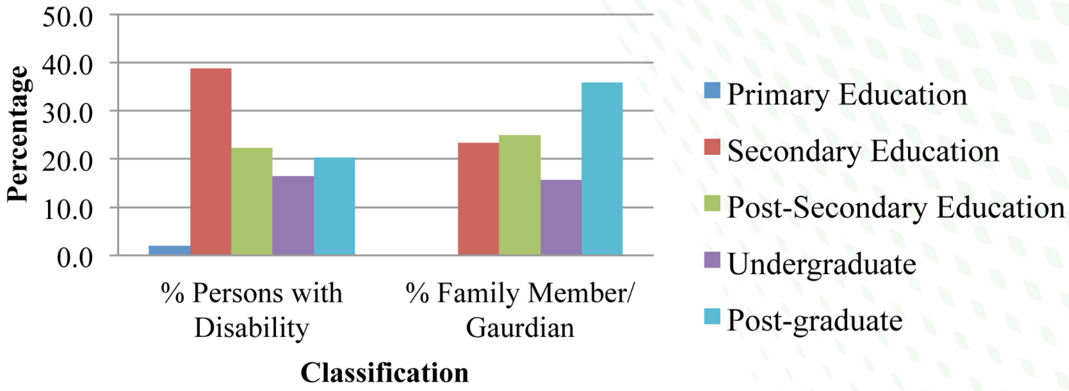


Figure 4. Participants' level of education according to classification

Participants were asked how long they or their family member/ward had been making use of services for persons with disability. 64.8% (n=107) had been making use of services for under 10 years, 25.4% (n=42) had been making use of services between 11 to 20 years, 3.6% (n=6) had been making use of services between 21 to 30 years, 4.8% (n=8) had been making use of services between 31 to 40 years and 1.4% (n=2) had been making use of services for 40 years and over (see figure 5).

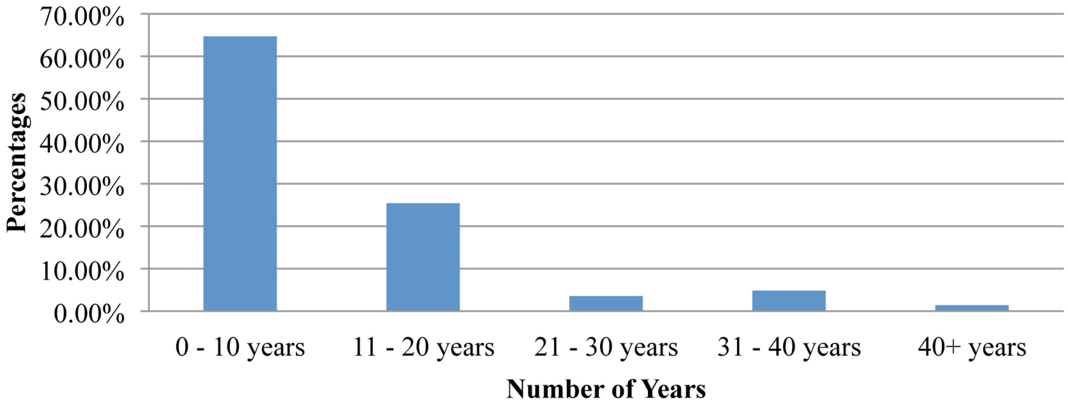


Figure 5. Number of years making use of disability services

Participants were asked to specify which part of the Maltese islands they lived in. 21% (n=35) lived in the North, 30% (n=51) lived in the South, 42% (n=71) lived in the Centre, and 7% (n=11) lived in Gozo (see figure 6).

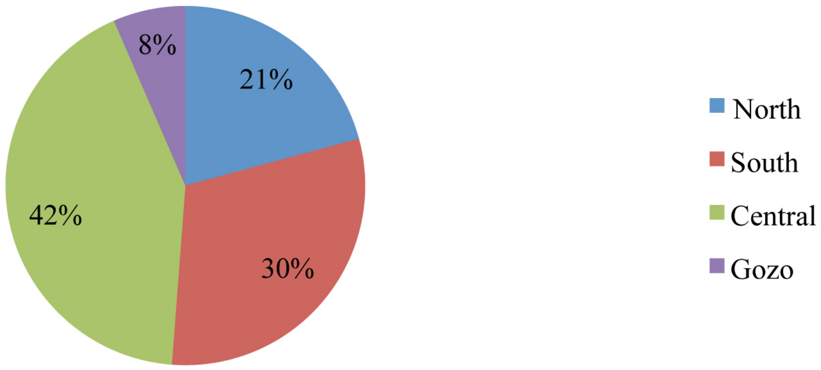


Figure 6. Participants by region

After further analysis the overall average of participants who required any of the services investigated by this study was 22%, with the remaining 78% stating that they are not currently accessing any of these services (see figure 7).

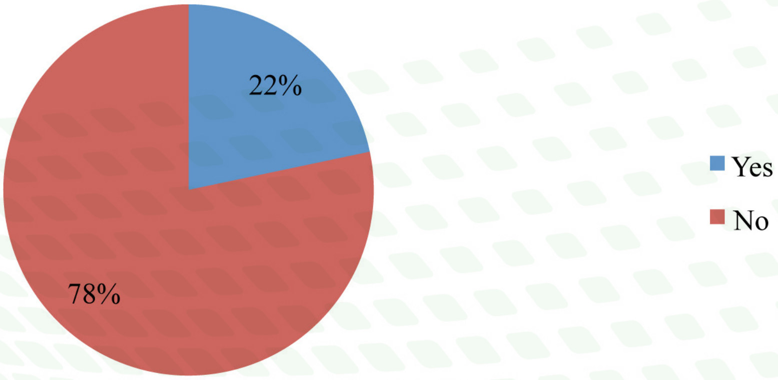


Figure 7. Average of participants currently accessing disability services investigated by this study

4.2.2 Questionnaire data relating to employment services

In the first section of this question participants were asked whether they or their family member/ward had made use of employment services for persons with disability. 20.7% (n=34) had made use of employment services while 79.3% (n=130) had not made use of employment services (see table 3).

Table 3. Participants use of employment services

Made use of employment services	*Percentage*
Yes	20.70%
No	79.30%

Table 4 shows the percentage of participants who made use or did not make use of employment services by region. In the North 14.7% (n=5) made use of employment services while 85.3% (n=29) did not. In the South 24% (n=12) made use of employment services while 76% (n=38) did not. In the Centre 15.9% (n=11) made use of employment services while 84.1% (n=58) did not. In Gozo 54.6% (n=6) made use of employment services while 45.4% (n=5) did not.

Table 4. Participants' use of employment services by region

Region	*Made use of employment services*	*Did not make use of employment services*
North	14.7%	85.3%
South	24%	76%
Central	15.9%	84.1%
Gozo	54.6%	45.4%

Participants who had made use of employment services were then asked to state whether the employment service had managed to find them or their family member/ward a job placement. From these 42% (n=14) stated that the employment service had managed to find them a job placement while 58% (n=19) stated that the employment service had not managed to find them a job placement (see figure 8).

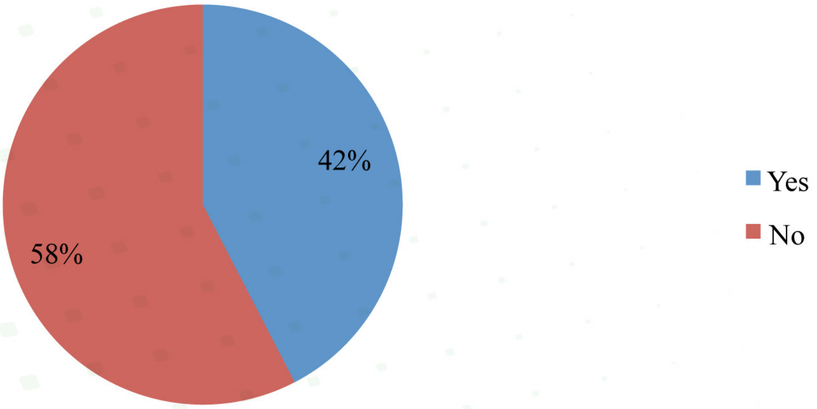


Figure 8. Employment services was able to find a job placement for participants

Participants for whom the employment service was able to find a job placement were then asked how long the employment service took to find them this placement. 18.2% (n=2) said that it took the employment service up to 3 months to find them a placement, 18.2% (n=2) said that it took the employment service between 3 to 6 months to find them a placement, 18.2% (n=2) said that it took the employment service between 6 to 9 months to find them a placement, 18.2% (n=2) said that it took the employment service between 9 to 12 months to find them a placement, and 27.2% (n=3) said that it took the employment service more than 1 year to find them a placement (see figure 9).

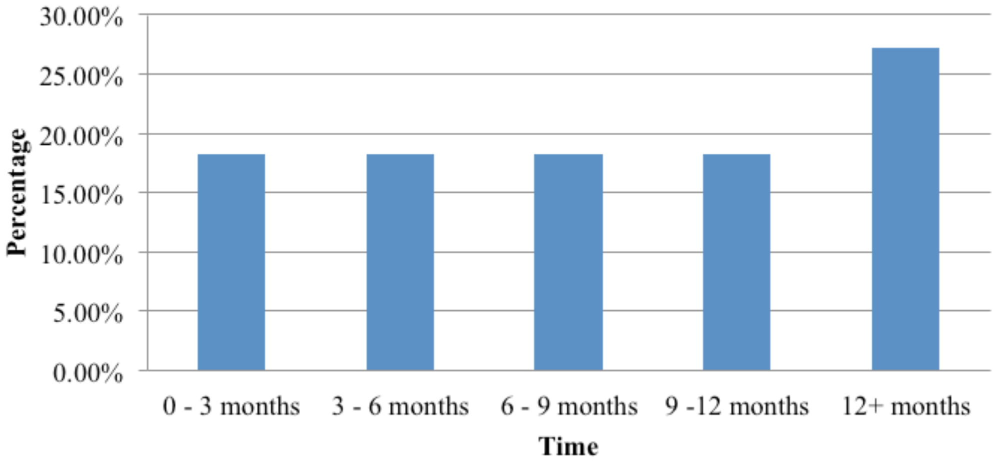


Figure 9. Duration for the employment service to find a job placement for participants

Participants were then asked how well aligned the placement was to their or their family member/ward's abilities. 33.3% (n=3) said that the placement was very well aligned to their abilities, 11.1% (n=1) said that the placement was well aligned to their abilities and 55.6% (n=5) said that the placement was averagely aligned to their abilities. No participants reported that the alignment of the placement to their abilities was poor or very poor (see figure 10).

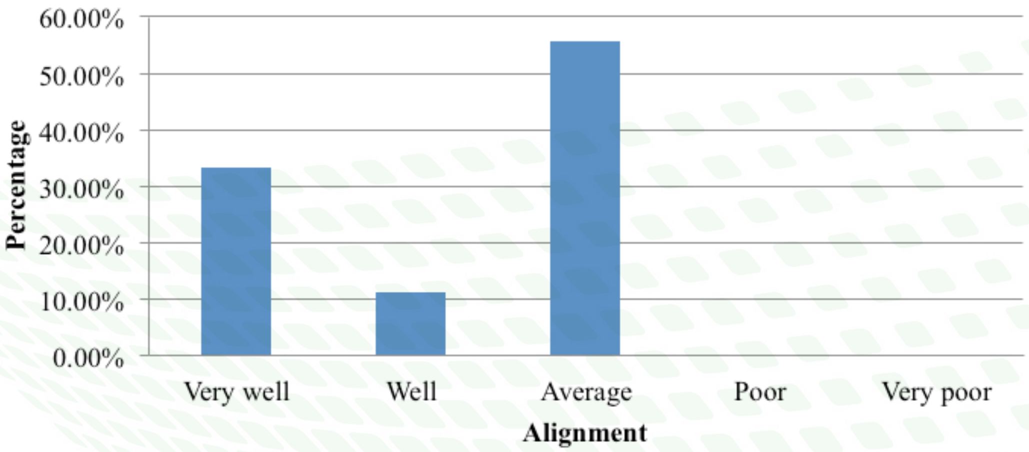


Figure 10. How well the placement was aligned to service user abilities

The following question asked participants whether the employment service worked with the service user to identify what support was required for them to find and retain work. 40% (n=4) said that the employment service worked with the service user to identify the support required to find and retain work, while 60% (n=6) said that it did not (see figure 11).

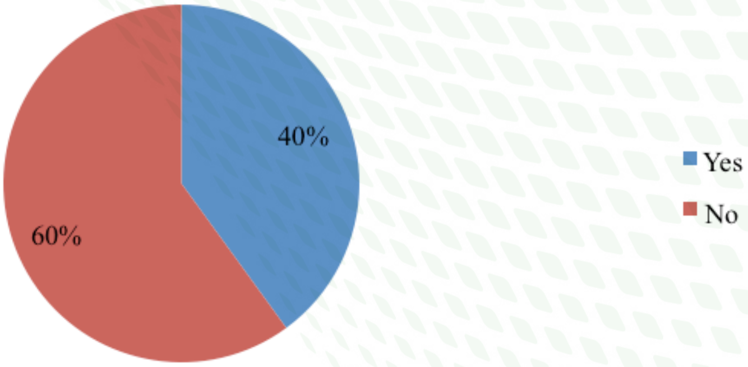


Figure 11. Employment service identified support need to find and retain work

Articipants were asked whether the employment service had managed to find them a secure job which the service user was able to retain. 70% (=7) stated that the employment service had managed to find them a secure job which they were able to retain, while 30% (n=3) said that the employment service was not able to find them a secure job which they were able to retain (see figure 12).

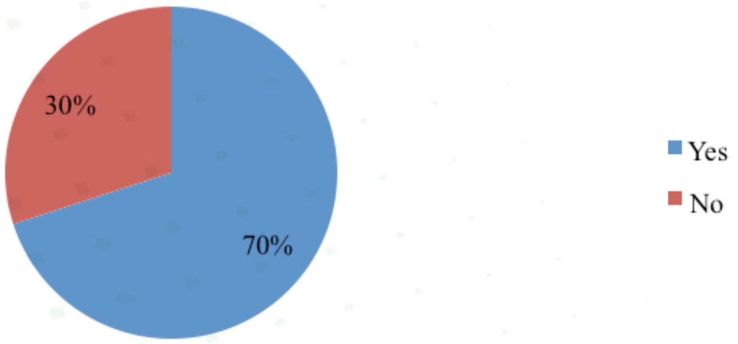


Figure 12. Employment service was able to find service user a secure job which they were able to retain

Participants were then asked the duration for which the service user was able to retain work until the time of the questionnaire. 30% (n=3) had been in employment between 3 to 6 months, 10% (n=1) was in employment between 6 to 9 months, 20% (n=2) were in employment between 9 to 12 months and 40% (n=4) had been in employment for more than 1 year (see figure 13).

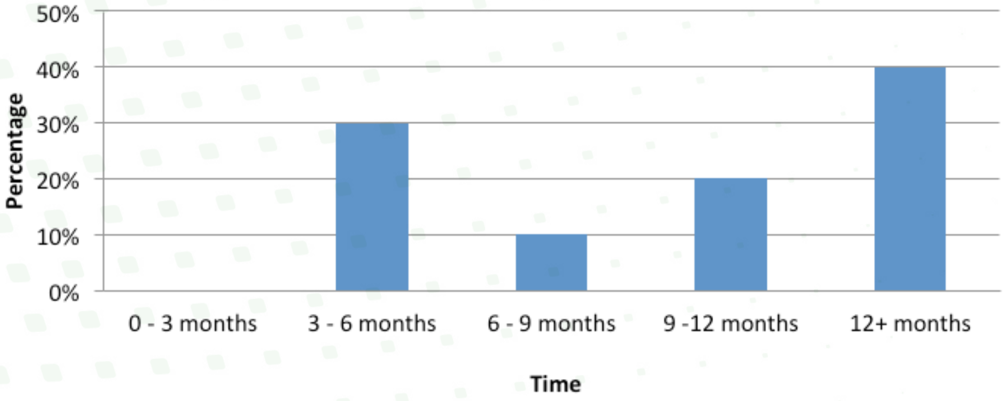


Figure 13. Duration the service user has been in employment

Participants were asked how well support the service user was by the job coach. 22.2% (n=2) said they were very well supported by the job coach, 22.2% (n=2) said they were well supported by the job coach and 55.6% (n=5) said that they were averagely supported by the job coach. No participants responded that they were poorly or very poorly supported by the job coach (see figure 14).

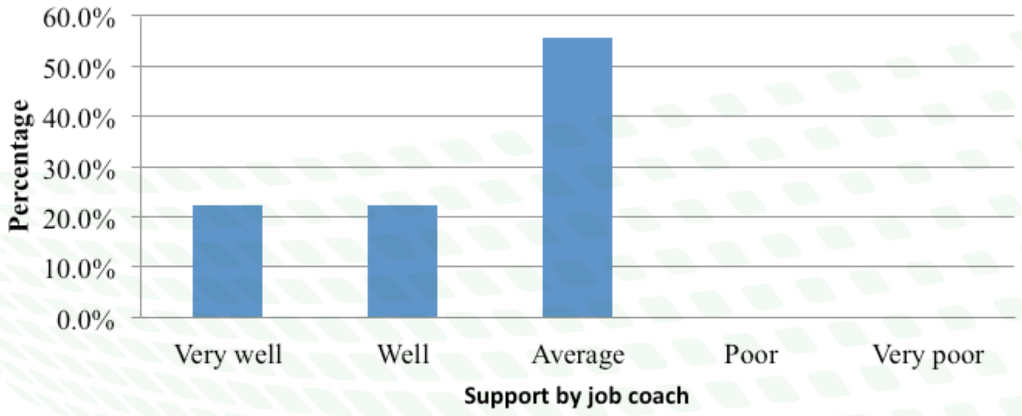


Figure 14. How well service users felt supported by the job coach

The last question of this section was an open-ended question in which participants were able to state how the employment service could better meet the needs of its service users. The responses were analysed using content analysis, 6 themes were derived as shown in table 5.

Table 5. Themes about how the employment services can better meet service user needs

How employment services can better meet the needs of its service users	***Number of Participants***
Placement better aligned to service user abilities	6
Accessibility issues	2
Job placements with better/ equal pay	4
Impact of Covid-19	1
More support by employers	2
Better communication by service provider	2

The most common theme derived from the open-ended question was that job placements need to be better aligned with the abilities of the service users. A total of 6 participants mentioned that jobs given to service users were not matched with their abilities or qualifications.

"I have a degree and I am being offered work stuffing envelopes...It is my body that lets me down not my brain" (Service user)

Another 2 participants commented about accessibility issues.

> *"A visit to Jobsplus only had chairs with armrests. They should make chairs accessible to all" (Service user)*

Participants also commented that the job placements offered to persons with disability are either low paying jobs or else the pay is not equal to that of persons without disability.

> *"They found a placement for my daughter working in an office, she was paid in peanuts" (Parent)*

The impact of covid-19 on disability services was also present in the employment sector.

> *"My son worked in an office making photocopies. He has an intellectual disability. He is very loving and goes around hugging everyone. Because of this his employer said it wasn't safe for him to go to work. He hasn't worked since March last year" (Parent)*

Another theme which was mentioned by 2 participants was that employers should show more support towards employees who have a disability.

> *"Employers need to be more understanding of disability issues and show more support" (Service user)*

The final theme dealt with better communication between the service provider and the family of the service user.

> *"They need to communicate better with the family so that we know what is going on" (Family member/Guardian)*

4.2.3 Questionnaire data relating to residential services

In the first section of this question participants were asked whether they or their family member/ward had made a request for a residential placement. 12.1% (n=19) had made a request for a residential placement and 87.9% (n=138) had not made a request for a residential placement.

Table 6. Percentage of participants who made a request for a residential placement

Made a request for a residential placement	***Percentage***
Yes	12.1%
No	87.9%

Table 7 shows the percentage of participants who made a request for a residential placement by region. In the North 12.5% (n=4) made a request for a residential placement while 87.5% (n=28) did not. In the South 10.6% (n=5) made a request for a residential placement while 89.4% (n=42) did not. In the Centre 13% (n=9) made a request for a residential placement while 87% (n=60) did not. In Gozo 11.1% (n=1) made a request for a residential placement while 88.9% (n=8) did not.

Table 7. Percentage of participants who made a request for a residential placement by region

Region	***Made a request for a residential placement***	***Did not make a request for a residential placement***
North	12.5%	87.5%
South	10.6%	89.4%
Central	13%	87%
Gozo	11.1%	88.9%

Respondents who made a request for a residential placement were then asked whether the placement request was for an immediate placement or for late on in life. 55% (n=11) made an immediate request for a residential placement while 45% (n=9) made a request for later on in life (see figure 15).

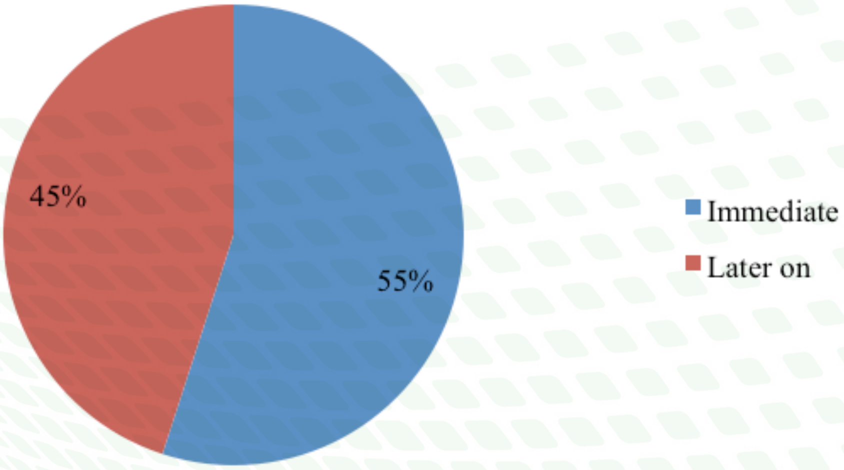


Figure 15. Type of residential placement request

Participants who made a request for an immediate residential placement were asked whether the placement had been given a residential placement or not. 55% (n=6) said that they had been given a residential placement while 45% (n=5) were still waiting for their residential placement (see figure 16).

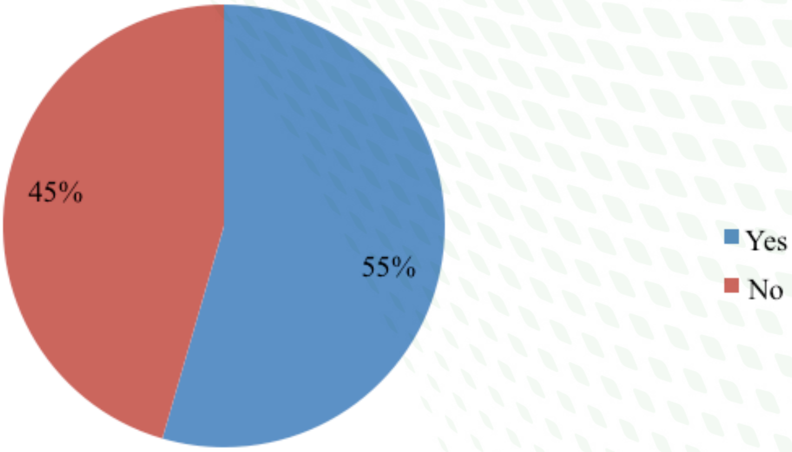


Figure 16. Percentage of participants whose residential placement was given

Participants who requested an immediate residential placement which was given were asked how long they waited for the residential placement to be given. 66.6% (n=4) waited under 3 months, 16.7% (n=1) waited between 3 to 6 months and 16.7% (n=1) waited between 9 to 12 months (see figure 17).

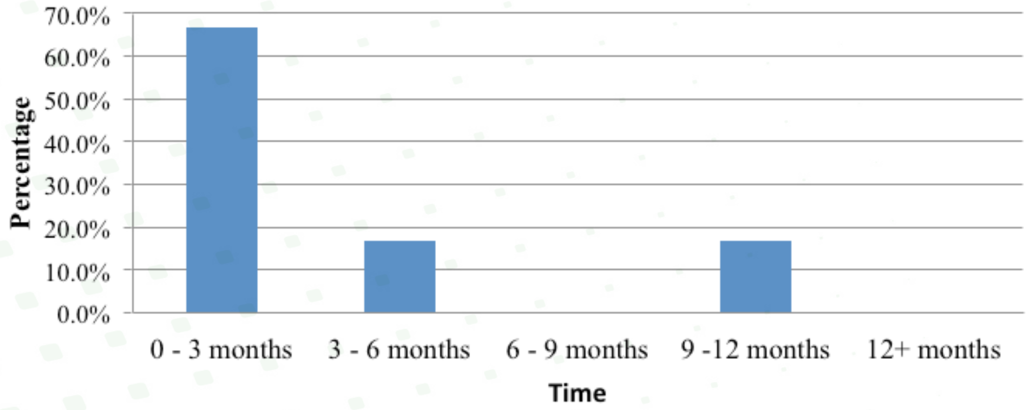


Figure 17. Participant waiting time until the residential placement was given

Participants who made a request for an immediate residential placement which was not given were asked how long they had been waiting for the residential placement. 33.3% (n=1) had been waiting for the residential placement between 3 to 6 months, 33.3% (n=1) had been waiting for the residential placement between 6 to 9 months and 33.3% (n=1) had been waiting for the residential placement between 9 to 12 months (see figure 18).

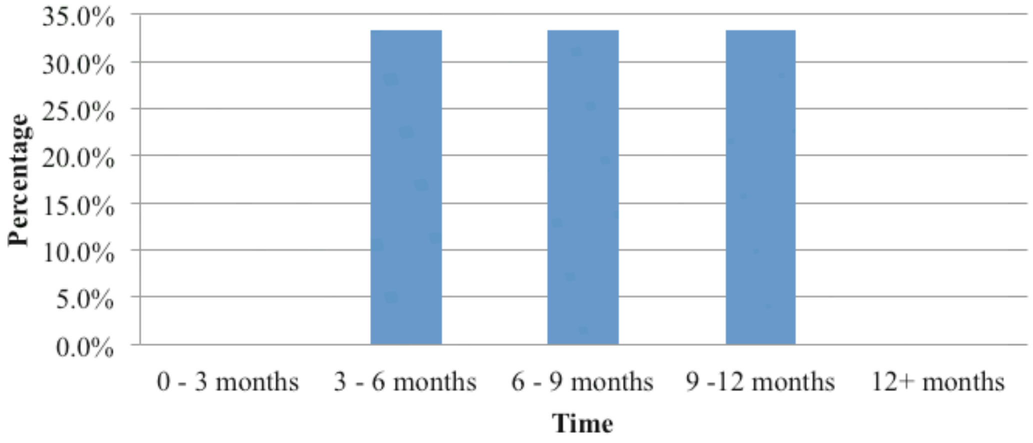


Figure 18. Participants still waiting for a residential placement

Participants who were given a residential placement were asked whether the residential placement environment was adapted to the service users' level of abilities. 86% (n=6) said that the residential placement environment was adapted to the service users' level of abilities, while 14% (n=1) said that it was not (see figure 19).

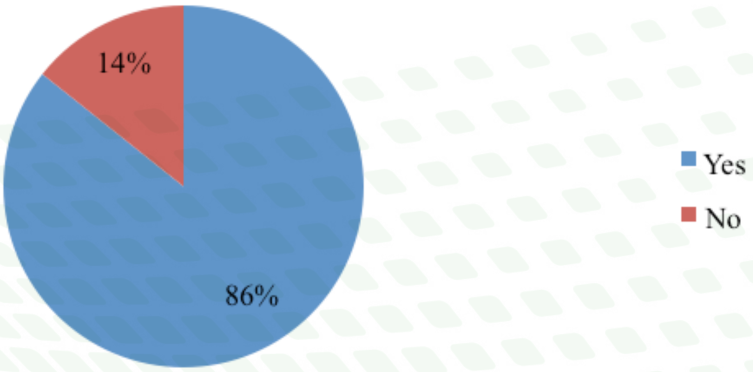


Figure 19. Residential placement environment adapted to service users' abilities

Participants who were given a residential placement were asked whether the service user liked the residential placement environment. 71% (n=5) said that the service user liked the residential placement and 29% (n=6) did not like the residential placement environment (see figure 20).

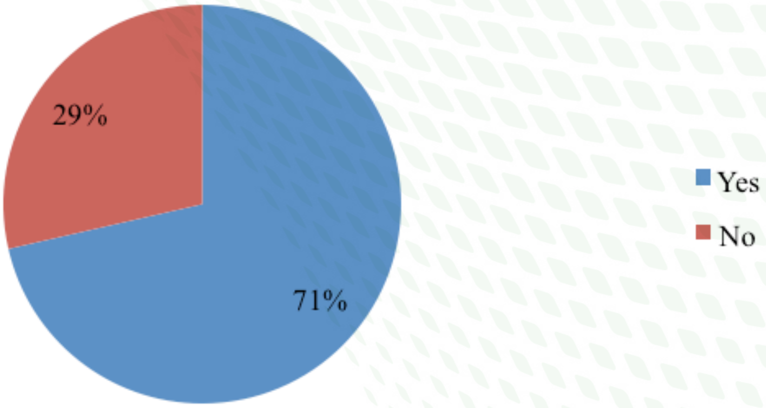


Figure 20. Service user likes the residential placement environment

The next question asked participants how well supported the service user is by the residential placement staff. 14.3% (n=1) said that the service user is very well supported, 42.8% (n=3) said that the service user is well supported, 28.6% (n=2) said that the service user is averagely supported and 14.3% (n=1) sad that the service user is poorly supported. None of the participants responded that the service user is poorly supported by the residential placement staff (see figure 21).

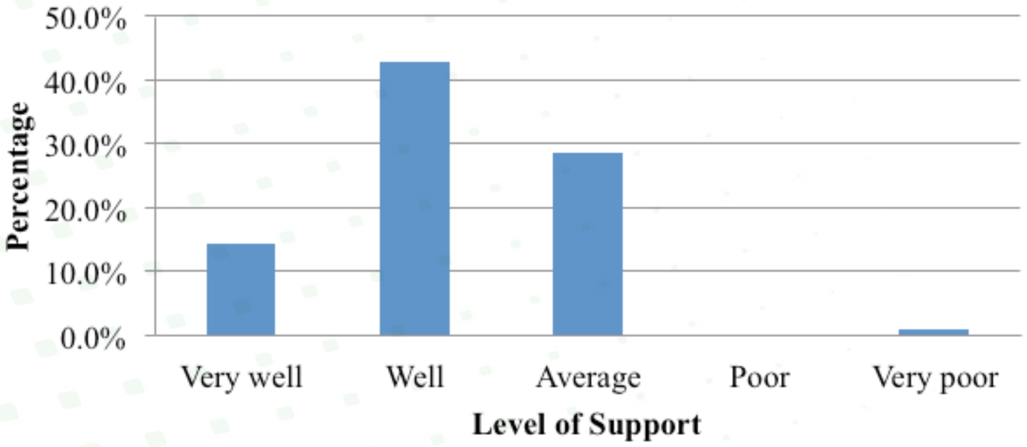


Figure 21. Level of support to service user by residential placement staff

Furthermore, participants were asked how much autonomy the service user had at the residential placement. 14.3% (n=1) said that the service user had a lot of control, 28.6% (n=2) said that the service user had good control, 42.8% (n=3) said that the service user had some control and 14.3% (n=1) said that the service user had no control (see figure 22).

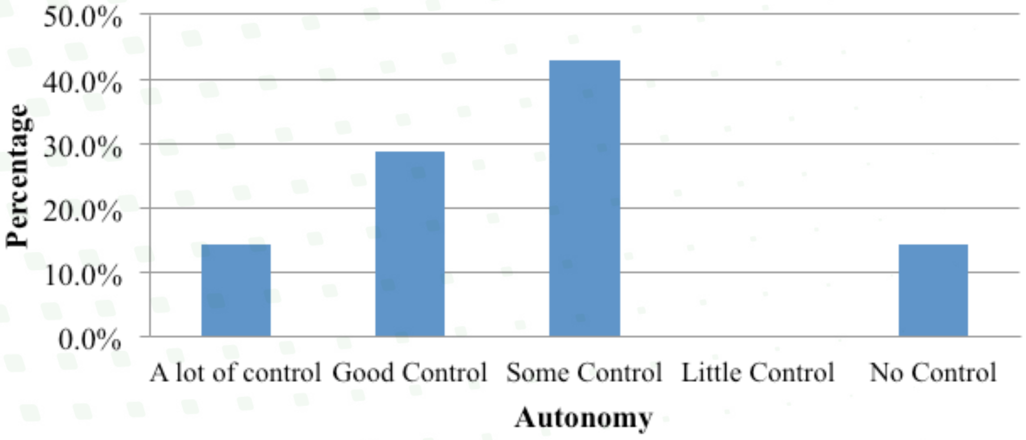


Figure 22. Service user autonomy at the residential placement

The last question of this section was an open-ended question in which participants were able to state how the residential service could better meet the needs of its service users. The responses were analysed using content analysis, 4 themes were derived as shown in table 8.

Table 8. Themes about how the residential service can better meet service user needs

How the residential services can better meet the needs of its service users	*Number of Respondents*
More support from staff	1
Offering of transport to families	1
Better communication with family/guardian	1
Less waiting time	1

One participant said that residential placement staff should be more supportive towards their service users.

> *"Most staff are very supportive, but some staff need to be more empathic towards service users" (Family member/guardian)*

Another participant would like to see free transport offered to families without transport. One participant would like the residential placement to give the family more information about the condition of the service user. The remaining participant commented about the waiting time to be given a residential placement.

4.2.4 Questionnaire data relating to respite services

In the first section of this question participants were asked whether they or their family member/ward had made use of respite services. 14.9% (n=23) said that they or their family member/ward had made use of respite services while 85.1% (n=131) (see table 9).

Table 9. Percentage of participants who made use of respite services

Made use of respite services	*Percentage*
Yes	14.9%
No	85.1%

Table 10 shows the percentage of participants who made use of respite services by region. In the North 21.9% (n=7) made use of respite services while 78.1% (n=25) did not. In the South 15.6% (n=7) made use of respite services while 84.4% (n=38) did not. In the Centre 11.7% (n=8) made use of respite services while 88.3% (n=60) did not. In Gozo 11.1% (n=1) made use of respite services while 88.9% (n=8) did not.

Table 10. Usage of respite services by region

Region	*Made use of respite services*	*Did not make use of respite services*
North	21.9%	78.1%
South	15.6%	84.4%
Central	11.7%	88.3%
Gozo	11.1%	88.9%

The next question asked participants who made use of respite services to state where they got the information about respite services. The most common response was Aġenzja Sapport (n=6). However, other responses included; online (n=2), brochures (n=1), NGOs (n=1) friends (n=1), helpline (n=1), Mater Dei (n=1), Facebook (n=1) and the media (n=1).

Participants were then asked how often they made a request for the use of respite services. 47.3% (n=9) requested respite services between once every week to once every month, 5.3% (n=1) requested respite services once every 3 to 6 months, 10.6% (n=2) requested respite services once every 6 to 9 months, 5.3% (n=1) requested respite services once every 9 to 12 months and 31.5% (n=6) requested respite once every 12 months or more (see figure 23).

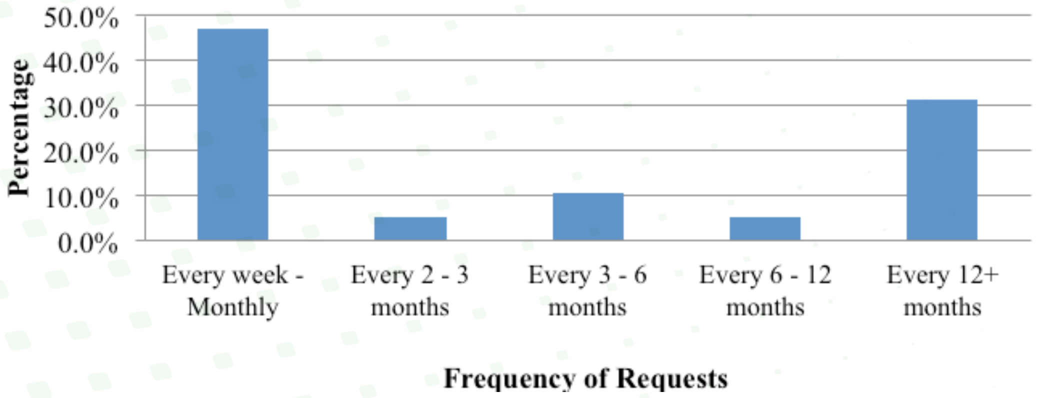


Figure 23. Frequency of request to make use of respite services

Participants who made use of respite services were asked whether the respite service was available when their family requested it. 85.7% (n=18) said that the respite service was available for the requested dates while 14.3% (n=2) said that the respite service was not available. (See figure 24).

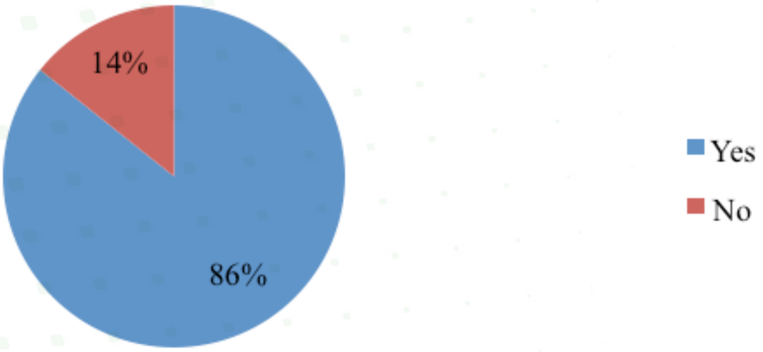


Figure 24. Availability of respite service when requested

The following question asked participants how well the respite service staff supported service users. 35% (n=7) said that service users were very well support by the respite service staff, 45% (n=9) felt that service users were well supported by the respite service staff and 20% (n=4) said that service users were averagely supported by the respite service staff. None of the participants felt that service users were poorly or very poorly supported by the respite service staff (see figure 25).

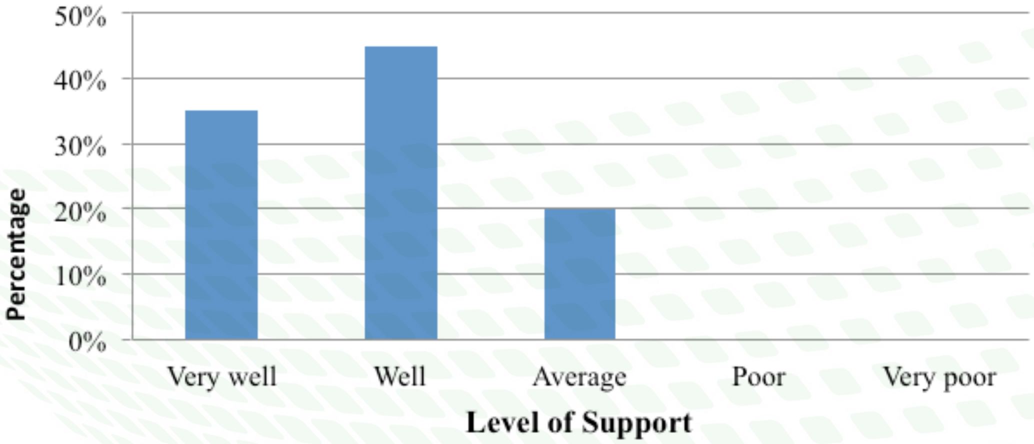


Figure 25. Level of support by respite service staff to service users

The last question of this section was an open-ended question in which participants were able to suggest how the respite service could better meet the needs of its service users. The responses were analysed using content analysis, 5 themes were derived as shown in table 11.

Table 11. How respite services can better meet the needs of its service users

How respite services can better meet the needs of its service users	***Number of Respondents***
More Availability and Flexibility	5
Quality of Activities	1
More respite service options	2
Transport for Service users	1
More Support from respite service Staff	2

The most common theme derived from the open-ended question was that respite services needed to be more readily available and have more flexibility when families request the service. It is also hinted that availability during the summer periods is more problematic.

> *"You have to book far ahead; otherwise the service is not available, especially during summer" (Family member/Guardian)*
>
> *"For the service to be available when we need it" (Family member/Guardian)*

Another participant commented that the quality of activities at the respite centres could be better.

> *"Activities can be more engaging than they currently are" (Family member/Guardian)*

Two participants said that there should be more respite service option. One participant said that this will increase the availability of these services. The other participant noted that if there were more respite service options there could be the possibility to group different impairment groups and age groups together.

> *"More respite centres with services for different disabilities and age groups" (Family member/ Guardian)*

Transportation issues seem to be recurrent across all services with one participant saying that respite services could be enhanced is transportation is offered to and from the respite centre.

Another two participants mentioned that the staff could be more supportive by giving more attention and care to service users.

> *"More care and attention by staff" (Family member/ Guardian)*

4.2.5 Questionnaire data relating to community services

In the first section of this question participants were asked whether they or their family member/ward had made use of community services. 26.7% (n=39) said that they or their family member/ward had made use of community services while 73.83% (n=110) (see table 12).

Table 12. Percentage of participants who made use of respite services

Made use of community services	*Percentage*
Yes	26.17%
No	73.83%

Table 13 shows the percentage of participants who made use of community services by region. In the North 22.6% (n=7) made use of community services while 77.4% (n=24) did not. In the South 29.5% (n=13) made use of community services while 70.5% (n=31) did not. In the Centre 27.7% (n=18) made use of community services while 72.3% (n=47) did not. In Gozo 11.1% (n=1) made use of community services while 88.9% (n=8) did not.

Table 13. Made use of community services by region

Region	*Made use of community services*	*Did not make use of community services*
North	22.6%	77.4%
South	29.5%	70.5%
Central	27.7%	72.3%
Gozo	11.1%	88.9%

Participants who made use of community services were asked how many hours of community services they requested per week. 83.2% (n=30) requested between 1 to 13 hours of community services, 8.4% (n=3 requested between 14 to 30 hours of community services, and 8.4% (n=3) requested more than 30 hours of community services per week (see figure 26).

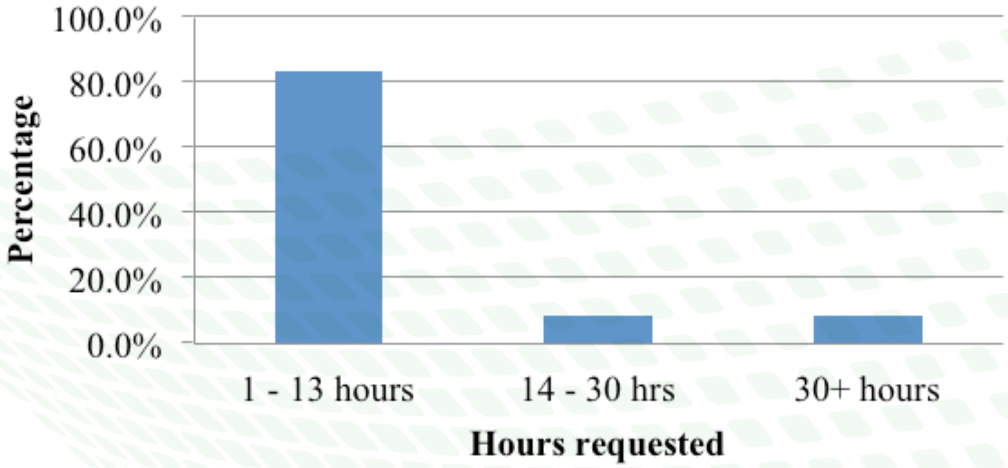


Figure 26. Hours of community services requested per week

These participants were then asked how many hours of community services were actually allocated. 20% (n=6) said that they had not been allocated any hours of community services at the time of data collection, 66.6% (n=20) were allocated between 1 to 13 hours of community services, 6.7% (n=2) were allocated between 14 to 30 hours of community services and 6.7% (n=2) were allocated more than 30 hours of community services (see figure 27).

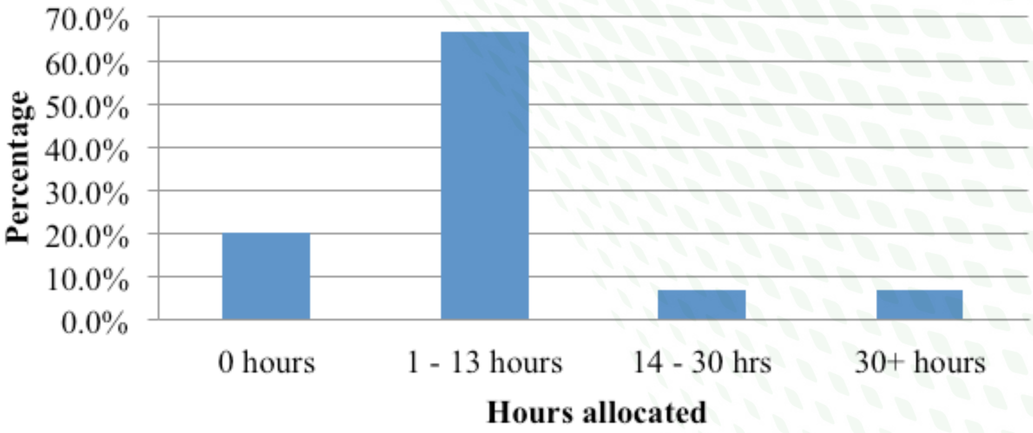


Figure 27. Hours of community services allocated per week

Participants were asked which community service scheme they are making use of. 60% (n=15) said that they were making use of Aġenzija Sapport community services, 24% (n=6) said that they were making use of Direct payment community services, 4% (n=1) said that they were making use of the Independent community living services (SAC) and 12% (n=3) said that they were making use of the Personal assistant fund community services (PAF) (see figure 28).

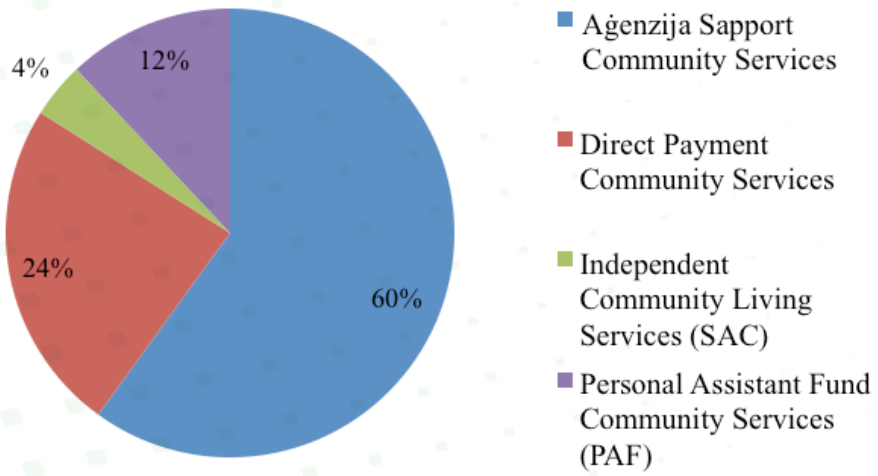


Figure 28. Community services scheme used

The next question investigated whether the service allocated to participants who requested community services was the service that they requested. 75% (n=21) said that the service allocated was the service that they requested, while 25% (n=7) said that it was not (see figure 29).

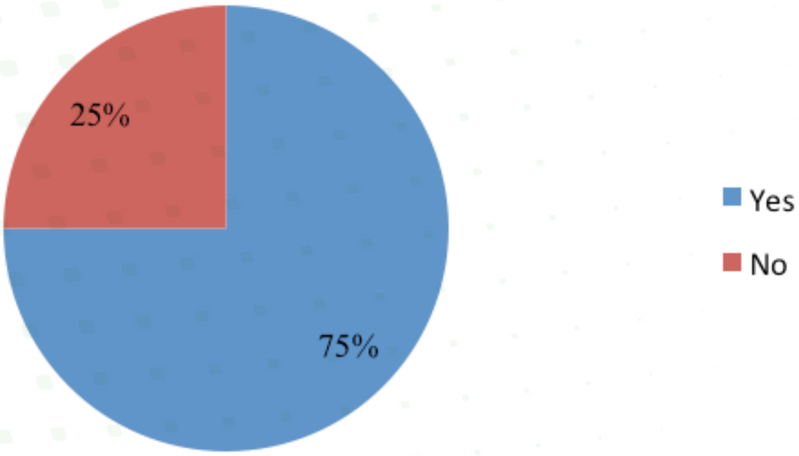


Figure 29. Community service allocated was the community service requested

Participants were then asked how well supported they felt by the community service staff giving them the service. 40.7% (n=11) said that they felt very well supported by the allocated community service staff, 37% (n=10) said that they felt well supported by the allocated community service staff, 18.5% (n=5) said that they felt averagely supported by the allocated community service staff and 3.8% (n=1) said that they felt very poorly supported by the allocated community service staff. None of the participants said that they felt poorly supported by the allocated community service staff (see figure 30).

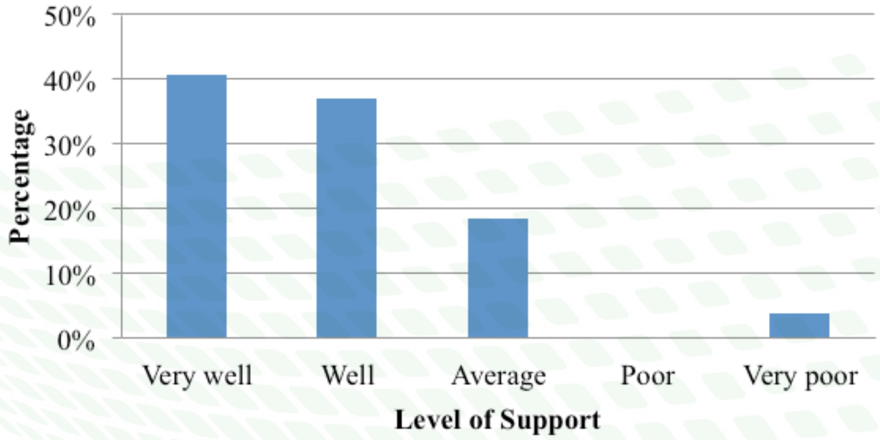


Figure 30. Level of support by allocated community service staff

The final question was an open-ended question where participants could suggest how community services can better meet service users' needs. The responses were analysed using content analysis and 8 themes were derived (see table 14).

Table 14. How community services can better meet the needs of its service users

How community services can better meet the needs of its service users	***Number of Respondents***
Flexibility/ Availability	7
Service based on frequent assessments	2
Financial burden	2
Impact of Covid-19	1
Use of other services	1
Staff more understanding of needs	1
Human resources issues	2
Less waiting time	2

The most common suggestion of how community services can better meet the needs of its service users were circled around availability and flexibility. Issues in this theme varied; three other participants wanted more flexibility and mentioned having the service provided in the evenings. Two participants wanted to be allocated more community service hours than they are currently receiving. Another two participants mentioned that they would like the service to be available when they need it not when the community service provider can give it.

> *"We have often noticed that the service is designed around the needs of the staff not the client" (Family member/Guardian)*
>
> *"The service should be available when I need it" (Service user)*

Another theme which arose was the need for more frequent assessments to assess whether the current service is adequate for the service user.

> *"By visiting the clients regularly to see if needs are being satisfied, I did have phone calls, but when they are out of the blue, you forget what was on your mind" (Service user)*

> *"At present does not make sense. I have been allocated 6 hours per week from a helper. People I spoke to seem to believe that they are doing me a personal favour; I should do more to help myself; all this without even bothering to check my file" (Service user)*

Like with other services, community service users commented about the financial burden that these services create of the families and on persons with disability. The financial burden is often created because either the frequency of current services are going to meet service user needs, or the service required is not currently available for free.

> *"As a mother of 3 with special needs I am paying so much" (Parent)*
>
> *"Sapport should be able to provide the services with their workers and not leave the families to fend off for themselves and seek the assistance from private agencies who in turn are requesting ridiculous fees" (Family member/Guardian)*

One participant mentioned how due to the fear of the pandemic her father has stopped using community services since March 2020, instead she is trying to doing everything herself to avoid getting 'strangers' into their home.

Another participant mentioned that due to lack of availability of current community services, he had to resort to using alternative community services which are not intended for persons with disability.

> *"I make use of services which are called services for the elderly, although I am not old" (Service user)*

A participant commented on how staff working within the community needs to be more understanding of the various needs of persons with disability. In relation to staffing issues another participant commented that fewer clients should be allocated to support workers per day so that they could carry out their tasks with more attention. Another participant suggested that more support workers should be of Maltese nationality.

The last theme was that the waiting time prior to receiving community services was too long.

4.2.6 Questionnaire data relating to disability assessment and intervention services

In the first section of this question participants were asked whether they or their family member/ward had made use of disability assessment and intervention services. 36% (n=50) said that they or their family member/ward had made use of disability assessment and intervention services while 64% (n=89) (see table 15).

Table 15. Percentage of participants who made use of disability assessment and intervention services

Made use of disability assessment and intervention services	***Percentage***
Yes	36%
No	64%

Table 16 shows the percentage of participants who made use of disability assessment and intervention services by region. In the North 30% (n=9) made use of disability assessment and intervention services while 70% (n=21) did not. In the South 34.1% (n=14) made use of disability assessment and intervention services while 65.9% (n=27) did not. In the Centre 42.4% (n=25) made use of disability assessment and intervention services while 57.6% (n=34) did not. In Gozo 22.2% (n=2) made use of disability assessment and intervention services while 77.8% (n=7) did not.

Table 16. Made use of disability assessment and intervention services

Region	*Made use of community services*	*Did not make use of community services*
North	30%	70%
South	34.1%	65.9%
Central	42.4%	57.6%
Gozo	22.2%	77.8%

The following question asked participants who had made use of disability assessment and intervention services where they found information about the service. 18% (n=7) found information from their family doctor, 16% (n=6) found information at Mater Dei, 16% (n=6) found information from their social worker, 24% (n=9) found information online, 13% (n=5) found information at school, 13% (n=5) found information from other sources. Other sources included CDAU (n=2), friends (n=1), psychologist (n=1) and the median (n=1) (see figure 31).

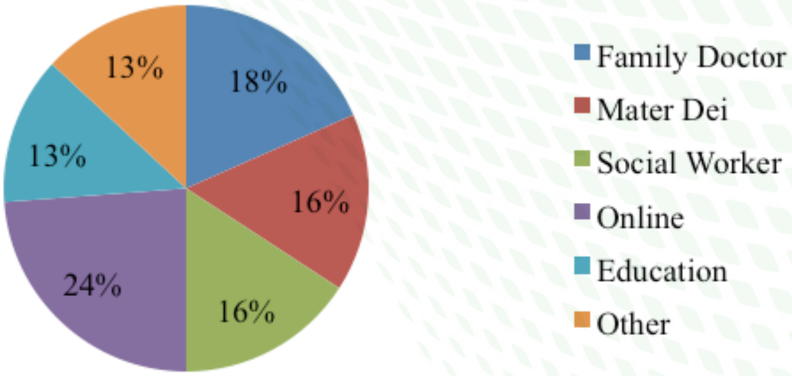


Figure 31. Source of information about disability assessment and intervention services

Participants were asked how they first made contact with the disability assessment and intervention service. 50% (n=19) said that they made contact through their helpline, 21% (n=8) said that they made contact via email, 13% (n=5) said that they made contact through the agencies website, and 16% (n=6) made contact through other methods. Other methods included; through their doctor (n=1), sent an application form (n=3), contacted through CDAU (n=1), went there in person (n=1) (see figure 32).

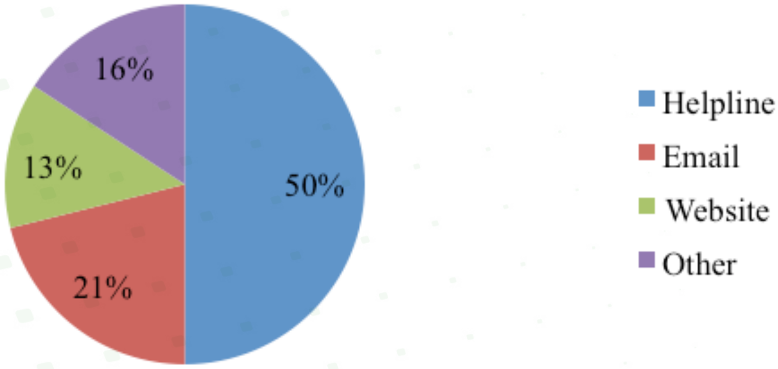


Figure 32. First contact with disability assessment and intervention services

The following question asked participants how long they had to wait for their disability assessment. 71.3% (n=25) said that they had their disability assessment within 3 months of their application, 20% (n=7) said that they waited between 3 to 6 months for their disability assessment, 2.9% (n=1) waited between 6 to 9 months for the disability assessment and 5.8% (n=2) waited between 9 to 12 months for the disability assessment. None of the participants waited for more than 1 year for their initial disability assessment (see figure 33).

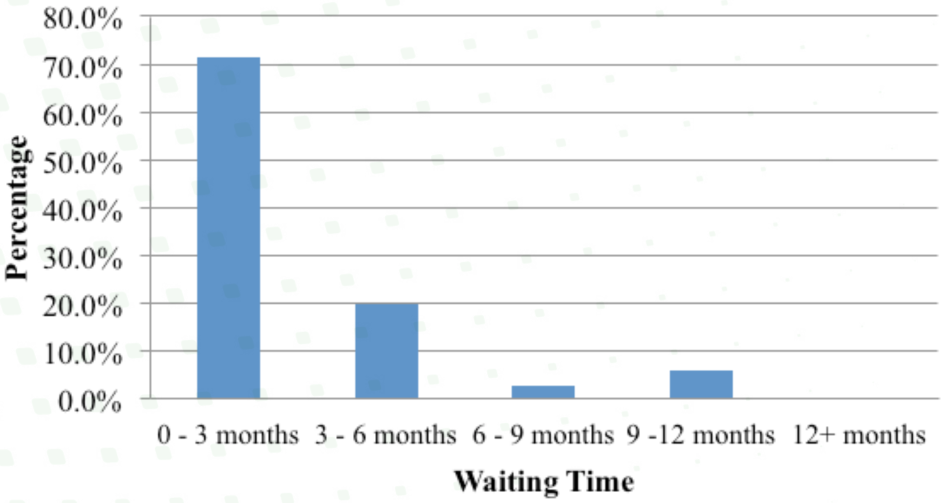


Figure 33. Waiting time for initial disability assessment

Participants were then asked how long they had to wait after the initial disability assessment to receive the service they required. 59.8% (n=21) received the service within the first 3 months after the initial disability assessment, 28.6% received the service between 3 to 6 months after the initial disability assessment, 5.8% (n=2) received the service between 6 to 9 months after the initial disability assessment, and 5.8% (n=2) received the service between 9 to 12 months after the initial disability assessment. None of the participants waited more than a year to receive the required service after the initial disability assessment (see figure 34).

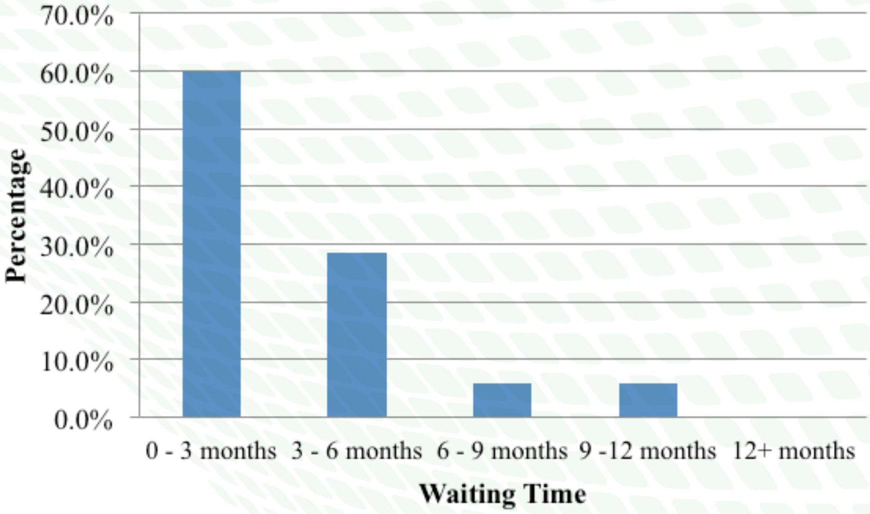


Figure 34. Waiting time for required service after initial disability assessment was carried out

The following question asked participants to state which services they were accessing at the time of data collection. They could select more than one answer to this question. 10 individuals were using social work services, 6 individuals were using occupational therapist services, 9 individuals were using physiotherapy services, 10 individuals were using speech language pathology services, 1 individual was using sign language interpreter services, 5 individuals were using access to communication and technology unit (ACTU) and 16 individuals were using 'other' services which were not listed. Participants making use of other services were asked to state which other services they were accessing. From the 'other' services mentioned, not all services were offered by the disability assessment and interventions unit. However, the services mentioned will still be listed; 2 individuals were using early intervention unit, 3 individuals were using the blue badge, 1 individual was using telecare, 1 individual was accessing the Lino Spiteri Foundation, 1 individual was using home help, 1 individual was accessing the driving assessment service, 2 individuals were accessing ABA therapy and 5 individuals stated that they were not using any services at present (see figure 35).

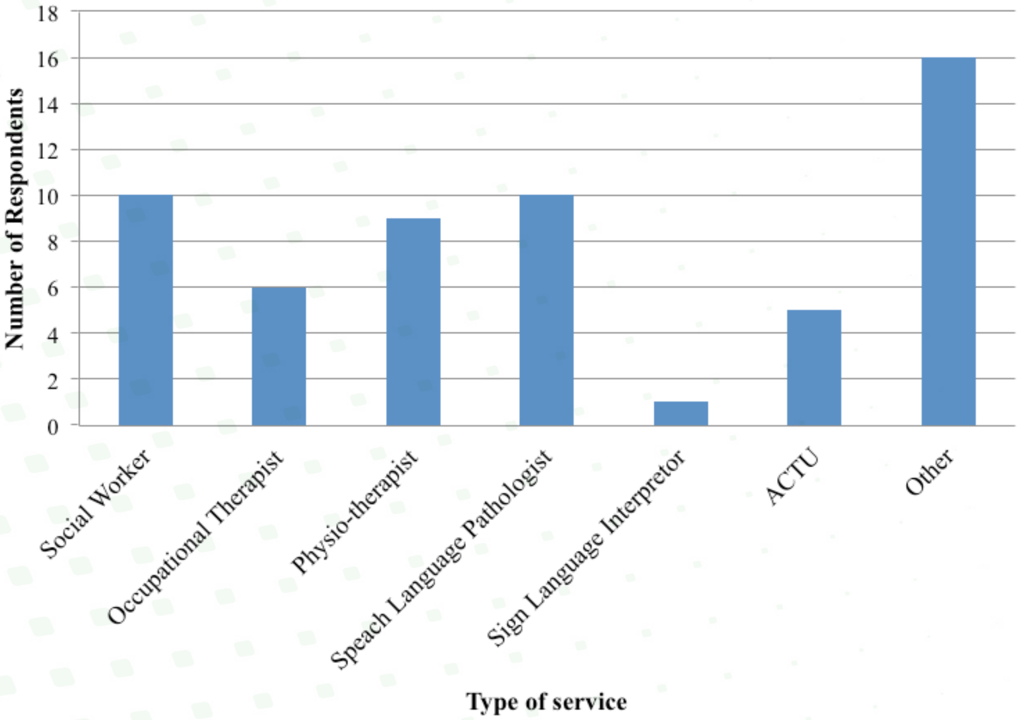


Figure 35. Type of services participants were currently accessing

Participants were also asked whether the frequency of the services they are currently accessing through the disability assessment and intervention unit was enough to meet their needs. 57% (n=20) state that the frequency of services offered by the disability assessment and intervention service was meeting their needs and 43% (n=15) said that it was not (see figure 36).

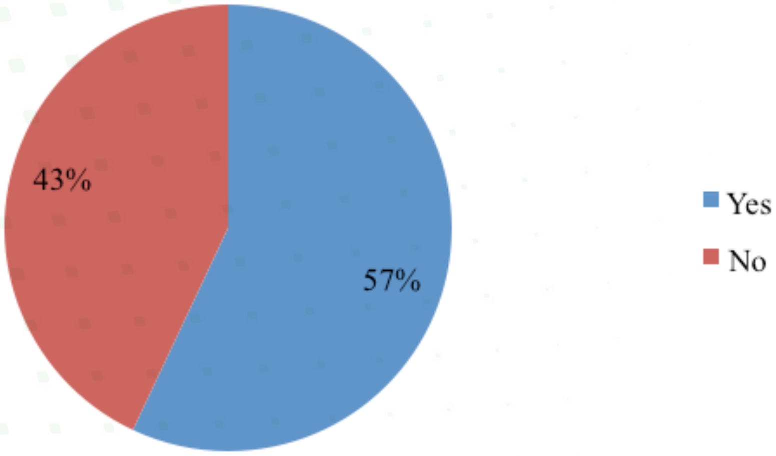


Figure 36. Frequency of services accessed through the disability assessment and intervention service meeting service user needs

The following question asked participants how supported they felt by the professionals providing the service through the disability assessment and intervention service. 34.3% (n=12) said that they felt very well supported by the professionals providing the service, 37.1% (n=13) said that they felt well supported by the professionals providing the service, 20% (n=7) said that they felt averagely supported by the professionals providing the service, 5.8% (n=2) said that they felt poorly supported by the professionals providing the service, and 2.8% (n=1) said that they felt very poorly supported by the professionals providing the service (see figure 37).

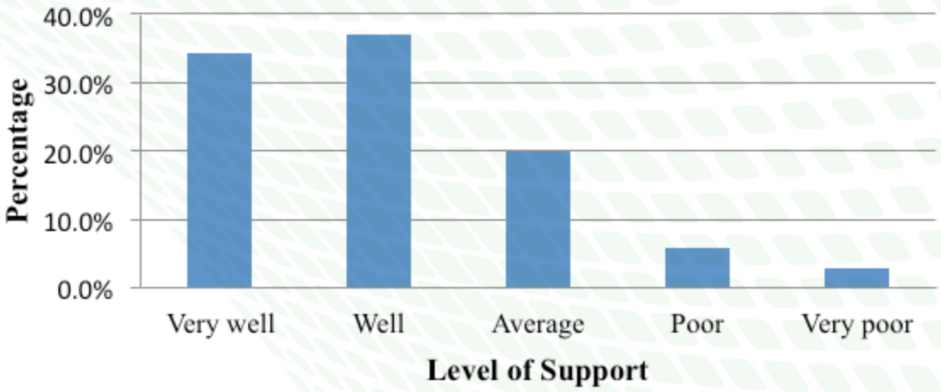


Figure 37. Level of support by the professional providing the service

The last question in this section was an open ended question in which participants could state how the disability assessment and intervention service could better meet the needs of its service users. The responses were analysed using content analysis, 11 themes were derived as shown in table 17.

Table 17. How disability assessment and intervention services can better meet service users' needs

How disability assessment and intervention service can better meet the needs of its service users	***Number of Respondents***
Service adequate as is	2
Higher frequency of services offered	7
Sensitivity to the needs of service users	2
More advanced equipment made available	1
Professional specialized therapy according to impairment type	2
More free therapy by the state	4
Services offered in the evening	2
Financial burdens	3
Continuity within the same services	2
More community awareness	2
More communication by professionals	1

From a total of 24 responses, 2 participants stated that the service is adequate as it is in the present and not further changes need to be made. However, 7 participants that the frequency of current services is not enough to meet with service user needs, as a result families have to resort to making use of alternative services, which are most of from within the private sector.

> *"The frequencies of the services are not so frequent and parents tend to have no other option but look for private services" (Family member/ parent)*

Participants also commented that for the service to be improved, the employees of the disability and assessment unit should be more empathic towards the needs of service users.

> *"When someone makes a request for a service they shouldn't say you are still young, like they do not believe you that you have a disability because it is not visible. I was very hurt by their comments. I suffer from many conditions and I went through a lot of hassle to access a service. Now the issue has been resolved" (Service User)*

Another participant said that the needs of service users can be better met with investments in more modern and advanced equipment which professionals can use during their sessions to provide better therapy.

> *"T he equipment the therapists have are not adequate for all disabilities and an upgrade in equipment is definitely needed" (Family member/Guardian)*

The issue of having personalised therapy which is not a "one size fits all" was also said to improve the disability assessment and intervention service. A participant further added that professionals should be specialized in disability and if possible specialised according to the different types of impairment.

> *"More specialized interventions and knowledge about specific conditions" (Family member/Guardian)*

Four participants mentioned that the disability assessment and intervention service can better meet the needs if more types of services are offered. Participants particularly mentioned services related to autism including ABA therapy which is currently not offered free to a wide range of individuals with autism resulting in families having to pay these therapies out of their own pockets. This is linked to the theme of financial burden suffered by families of persons with disability who have to pay for private services either because the service does not exist for free of because the frequency of the service is not enough to meet their needs.

> *"ABA costs us €1000 a month. We are really struggling. Some form of financial help would be appreciated. I applied for disability allowance but it has not been approved yet" (Family member/Guardian)*

The disability assessment and interventions service can better meet the needs of service users by providing services in the evening. Participants mentioned that in order to attend appointments during the day, they often have to take time off from work and sometimes these hours have to be unpaid due to the frequency of appointments during working hours. This further worsens the financial burden of these families, offering extended hours of these services in the evening can better accommodate service users and their families who work during the day.

More continuity within the services provided is another way by which this service can be improved. Participants expressed that service users are often seen by different professionals which decreases the effectiveness of the service as it oven results in overlapping. This overlapping impedes the service user progress.

> *"It would be better if cases are followed up by the same profession, every time the therapist changes it feels like we are starting all over again" (Family member/Guardian)*

Although increasing awareness in the community about disability issues and services might not necessarily directly improve the service, it will surely improve the quality of life for persons with disability. Persons with disability are often left feeling frustrated when encountering lack of basic knowledge in their day to day lives.

> *"One of the things which frustrates me the most if when I got to the bank or to the outpatients department and the security are not aware of the benefits of having a yellow disability card. It would be better if people were informed about things like this" (Service user)*

Finally, one participant commented about the lack of communication by professionals with the service users and their families, often leaving them in the dark about their progress or about other services which they might be entitled to. Having more information might help service users and their families lead an easier life.

4.2.7 Questionnaire data relating to unmet needs and expectations by current services

In the last section of the questionnaire participants were asked to indicate whether they had any needs or expectations which were not currently being met by current service provision. To this question, 41% (n=49) said that they have needs or expectations which are not currently being met by services available at present while 59% (n=71) said that all their needs and expectations are being met (see figure 38).

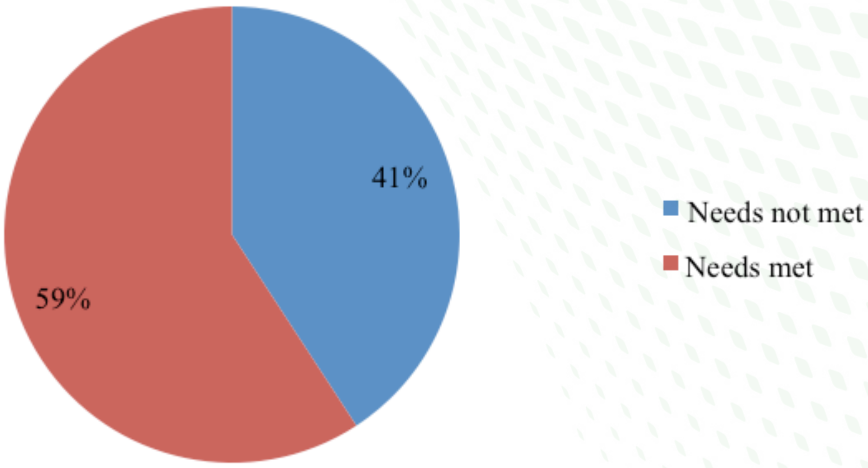


Figure 38. Service user needs or expectations met or not met by the current services

Table 18 shows the percentage of participants whose needs or expectations are met or are not being met by current service provision by region. In the North 36% (n=9) have needs or expectations which are not being met by current services while 64% (n=16) did not. In the South 44% (n=16) have needs or expectations which are not being met by current services while 56% (n=20) did not. In the Centre 42% (n=21) have needs or expectations which are not being met by current services while 58% (n=29) did not. In Gozo 33% (n=3) have needs or expectations which are not being met by current services while 67% (n=7) did not.

Table 18. Made use of disability assessment and intervention services by region

Region	***All needs and expectations met by current services***	***Have needs or expectations which are not being met by current services***
North	64%	36%
South	56%	44%
Central	58%	42%
Gozo	67%	33%

Participants who had any needs or expectations which were not being met by current available services were then asked to specify these needs or expectations in an open-ended question. Table 19 shows these needs and expectations.

Table 19. Needs and Expectations not currently being met by current service provision

Needs and expectations not currently being met by current service provision	***Number of Respondents***
Frequency not meeting needs	4
Investment in more advanced technology	3
More free transportation options	4
Reduce waiting time for services	4
More enforcement of patient-centered care	1
Investment in therapies for Autism	1
Financial support	2
Therapies available in Malta and Gozo equally	2
Help with grocery shopping	1
More community awareness	1
Accessibility issues	2
Application designed to show location of disabled parking spaces	2
Extended service hours during summer	4
Additional items on POYC and home delivery of medications	2
Enforcement of subtitles across all media platforms	1
Reassessment of unnecessary bureaucratic procedures	1
More communication by professionals	1

The majority of the responses coincided with the themes that resulted from the open-ended questions at the end of each section about individual services. Additional needs and expectations emerging from the answers to this question mainly revolved around services beyond the remit of the present study and other ancillary issues.

4.3 THEMES FROM THE INTERVIEWS WITH NGOS, CRPD, SERVICE PROVIDERS AND STANDARDS AUTHORITY

4.3.1 Current service provision and the needs of persons with disability

Service providers agreed that current available services offered by their agencies are meeting the needs of a lot of people (Jobsplus, Aġenzija Sapport). However, over 40% of service users participating in the questionnaire expressed that they have needs and expectations which are still not being met by current service provision. Although services have improved, there is still a long way to go for the services to be delivered as they should be (National parents' society of persons with disability, Malta Federation of organisations persons with disability).

> *"I think when I look at it holistically; the services are reaching a lot of people...and when I see that we are always developing and evolving, I say that yes, we are meeting many of the needs of persons with disability" (Aġenzija Sapport)*
>
> *"The services at the moment are there mainly to cater for the system rather than the system catering for the needs of the families" (National parents' society of persons with disability).*

In relation to residential services, a constant reference was made to the implementation of deinstitutionalisation of persons with disability and moving towards community based care as advocated by the UNCRPD. Long-term residential facilities still exist, and even worse, the fact that new ones are opening might indicate that service provision has not yet improved enough for persons with disability to fully integrate in the community. It was further highlighted that one of the recommendations of the UNCRPD given to Malta was to start closing down long-term residential homes for persons with disability. In order to achieve this, there is the need for larger and more committed investments in professional personal assistance services (Malta Federation of organisations persons with disability).

> *"There isn't a professional personal assistance service. If you tell me there is a service but it is being given to only five (5) persons, then there isn't a service. If there is a service, it needs to be given to all those who require it" (Malta Federation of organisations persons with disability)*
>
> *"In actual fact personal assistants do not exist to date, on the paper there is written that there are personal assistants, but then when you come to try and apply for them you are asked to find them yourself, or else you are not given the amount of hours you want" (Down syndrome association Malta).*

Having said this, in spite of the advocacy by the UNCRPD about the deinstitutionalisation of persons with disability, the most common concern of their parents remains the uncertainty of who will take care of their children when they are no longer able to do so themselves. Some parents still feel that the best solution to making sure that their child is being taken care of is by being given a residential placement (Aġenzija Sapport).

> *"We do not believe in institutionalisation, persons with disability should continue to live in the community, but people cannot understand this. For those who are living it, that is not the solution...I make personal appointments with people, and I give them all the options, but they tell me that when they are in a residential home with someone else, and we also put our mind to rest that the person with disability can socialise and is living with someone else" (Aġenzija Sapport).*

The employment service provider expressed that today they are meeting most of the needs of persons with disability thanks to a number of services that have been created, and which were not available prior to 2014. The enforcement of the 2% quota by the government in 2015 was the main reason for initiating such a change (Jobsplus).

> *"Services that supported employment were always available over the years, but obviously when the government enforced the law, it was necessary to create more in dept services to support employers who are going to employ" (Jobsplus).*
>
> *Thirteen (13) million Euros were invested to develop a project which created a pathway through which persons with any form of disability can gain the motivation and progression needed to engage in gainful employment (Jobsplus).*
>
> *"I remember way back, when a person with severe disability came in front of you and you did not have the support structure to help you, and help them to enter the workforce and retain their employment" (Jobsplus).*

Nevertheless, the way funds are being managed and spent by employment services were questioned; the reason for this being that expenditure by these entities is not reflecting the amount of persons with disability who are gainfully employed (Malta Federation of organisations persons with disability). The data from the questionnaires also revealed that service users feel that employment services can better meet their needs. Furthermore, 58% of questionnaire participants who made use of employment services for persons with disability, had not yet been given a job placement until the time of data collection.

> *"With the amount of money being spent, there shouldn't be a single person with a disability who is not working…What are we using money on? Are we using money on sheltered employment when they are capable of working in open employment?" (Malta Federation of organisations persons with disability).*

However, caution needs to be taken as finding gainful employment is also influenced by other factors, including the type of disability. Certain disabilities such as intellectual disabilities are more challenging; these individuals might take longer than others to reach employment age (Jobsplus).

> *"When you have a person with an intellectual disability, the intellectual age does not match the chronological age…a person with an intellectual disability might reach employment age not at sixteen (16), but at twenty four (24) or twenty eight (28) years old. That makes a difference for us and for them" (Jobsplus)*

4.3.2 Barriers to service provision

The long waiting time to receive a service was one of the mentioned barriers to service provision, and the main reason for such long waiting times was often attributed to the lack of human resources (Malta Federation of organisations persons with disability, Down syndrome association Malta, Autism parents association, ADHD Malta). The issue of waiting lists was also evident in the data retrieved from the questionnaires.

> *"I know that the agency needs more personnel, because you need people for a service to work…I know someone who has been waiting for a year to receive the social work service" (Malta Federation of organisations persons with disability)*

> *"One of the most common complaints is not about the service offered, but more about the waiting time to receive the service" (CRPD).*

The lack of human resources in the disability sector is owed to two main issues; firstly that individuals working in the disability sector have to love the sector. Secondly, government salaries are not attracting professionals resulting in the latter being snatched by the private sector (Aġenzija Sapport). Measures must be taken to encourage professionals to work in the public disability sector (Down syndrome association Malta).

> *"We don't find social workers for example, to fill a call it takes a long time. They have to love disability to work here. What's different to other entities is that if you don't like domestic violence you transfer to adoption, if you don't like adoption you transfer to fostering. Here you only have disability" (Aġenzija Sapport)*

> *"I issued a call for an IT manager, three individuals refused. Why? Because we have to stick to the government scales…I was even contacted by recruitment agencies and they tell me that I am not going to find anybody with that pay. I cannot increase the pay" (Aġenzija Sapport).*

Waiting lists are in turn inhibiting the smoothness of the transition between childhood services and adult services. Furthermore, the effectiveness of childhood services was emphasized as it serves as a base to build up on when accessing adult services (Malta Federation of organisations persons with disability). For certain impairment groups such as autism, the situation is even worse as the services are practically non-existent (Autism parents association).

> *"It will not affect everyone in the same way, but let us say a person has an intellectual disability, if you stop for a month, two (2) months, three (3) months, a year, it means that now you need to start from scratch" (Malta Federation of organisations persons with disability).*

> *"Unfortunately there aren't a lot of services for adults that's the problem, so there is no continuation" (Autism parents association)*

There is also a lack in services effectively supporting persons with disability throughout their lifespan (Autism parents association). This lacuna is inhibiting persons with disability from achieving optimum progress and independence.

> *"From secondary school age to adulthood there was no therapy, there was no preparation. So how can I expect this person to stay in employment if I didn't prepare him?" (Autism parents association).*

One of the measures taken by service providers to tackle the issue of waiting lists is by creating a triage system which prioritizes applications for different services according to their deemed level of urgency. However, at times, current services are still not able to cope with providing services to those considered more urgent (Aġenzija Sapport).

> *"We sieve through. We say which are the most urgent? Alright so from 250 applications, I have 60 urgent. I still cannot offer the service to those 60, but I provide other services"*

> *(Aġenzija Sapport).*

Another barrier is the frequency and availability of services (Malta Federation of organisations persons with disability, Down syndrome association Malta, Autism parents association). This corresponds well with the findings from the questionnaires where service users and their families expressed that because the frequency of services was not meeting their needs, they had to resort to using services from the private sector (if they exist).

> *"You receive the service, but you receive the service once every six (6) months" (Malta Federation of organisations persons with disability)"*

> *"Sometimes finding an interpreter can be difficult" (Deaf people association)*

> *"We are spending a lot of money on therapy which the state offers…if they cannot give us the services they should give us vouchers" (Down syndrome association Malta).*
> *Apart from the backlog of waiting lists, the lack of professionals working in the disability sector is having a negative impact on individuals who are already accessing the services. Due to the turnover of staff working in the public sector there is a lack of continuity within the services provided (Down syndrome association Malta). This theme also coincides with the findings from the questionnaires.*

> *"And the amount of changes you have, I mean, today you see one therapist, next month you see another one because that therapist has gone away" (Down syndrome association Malta).*

Another barrier to service provision is that services are most often a 'one size fits all' type of service where irrespective of the type and severity of your impairment, the service is the same for everybody (Deaf people association). The importance of a client-centred approach also emerged from the questionnaire data.

> *"The service does not cater for individual needs. It doesn't matter if you are totally deaf or not. That is the service that is available" (Deaf people association).*

> *Lack of available services was another barrier; most of these services were often specific to an impairment group. The service was either not available locally (Deaf people association), or is only offered in the private sector at hefty prices (Autism parents association).*
> *"I wish to see services like speech-to-text because not everyone who is deaf knows sign language" (Deaf people association)*

> *"ADHD specific services there aren't all that many" (ADHD Malta).*

Services need to have a better family friendly approach towards their service users. The time of day during which most of the services by the state are offered are the same times that parents and persons with disability themselves are also at work. As a result, they have to take time off to attend to these appointments, and sometimes even avail of unpaid leave. The latter further increases their financial struggle (Down syndrome association Malta, Autism parents association).

> *"For working parents it's really difficult, most of the services are in the morning, where are parents going to find a job that pays well and deal with all of this?" (Autism parents association).*
>
> *The impact of the ongoing pandemic also distorted service delivery, particularly earlier one in the pandemic when certain services were offered online, or stopped all together (CRPD).*
> *"During covid-19 therapy was done online, and many persons with disability felt that they weren't receiving the appropriate service online" (CRPD).*

4.3.3 The involvement of service users in decision making

To some extent, the involvement of service users and their representative NGOs in decision making was acknowledged (Autism parents association,). However, most often, NGOs find out about decisions after they are taken (Deaf people association). The importance of constant involvement throughout the decision making process was emphasized as most often, involved consisted of a one-off consultation about different topics (Malta Federation of organisations persons with disability).

> *"They do invite us is some fields. Health, not so much" (Autism parents association)*

> *"There are instances when they asked us to be involved in certain proposals, but most of the time we find out after" (Deaf people association).*

In terms of regulatory standards, standards in decision making by service users are lacking. This is particularly evident in residential settings, where most of the decisions are taken by the management of the residential home, and service users are rarely consulted (SCSA). This indicates that persons with disability living in residential settings might have a lack of autonomy.

> *"If a person has a certain level of ability, that person should be allowed to make certain decisions for him/herself" (SCSA).*

4.3.4 The evaluation of disability services

The need for thorough evaluation to decipher which of the available services are working and which services aren't is needed to improve services. This evaluation needs to be carried out prior to developing any new services (Malta Federation of organisations persons with disability).

> *"There needs to be an evaluation of what there is in the present, and the evaluation needs to be carried out by those directly involved…they are the ones who know how many people they have on their waiting lists…it needs to be done before developing and implementing new services" (Malta Federation of organisations persons with disability).*

The main role of SCSA in relation to disability services until present has been mainly consumed by the implementation of standards which came into play in 2019. This process is understood to be a lengthy one, and it is still premature to assess whether the implementation of these standards in services which fall under this authority is fully there (SCSA).

> *"You cannot forget that certain standards bring about change, so people need to adapt to that change. Furthermore, the understanding of those standards, meaning that there is room for interpretation, I understand something one way, and you read the same sentence and understand it differently" (SCSA).*

Service users have an important role in the evaluation of services as they are the ones who are experiencing first hand whether the service is working or not. The authority needs to reach out more to service users and focus on what they are experiencing to get a better picture of what is actually happening (SCSA).

> *"During an inspection you are seeing the here and now, but you are not there twenty four (24) hours. The service user can tell you more whether the service is in line with the standards" (SCSA).*

4.3.5 Ancillary issues

One of the most common issues raised in the interviews was accessibility in its wide definition (CRPD, Deaf people association). In fact, it is the most common complaint received by CRPD, followed by complaints about issuing of the blue badge. Lack of accessibility also emerged in the data gathered from the questionnaires.

> *"If I had to rank the complaints, I would say that accessibility, particularly physical accessibility is the most common...We also receive a large number of complaints about the issuing of the blue badge" (CRPD).*

Issues relating to lack of awareness about disability issues were also mentioned. This lack of sensitivity towards disability issues was also evident in the restrictive measures brought into place during the ongoing pandemic (CRPD). At times, lack of awareness resulted in lack of accessibility (Deaf people association).

> *"One of the complaints that we received for example was that during covid-19 due to restrictions there was a limit on the number of people who could enter the bank, and persons with disability were made to wait outside. Obviously, people with certain disabilities cannot wait outside" (CRPD).*

4.4 CONCLUSION

This section highlighted the findings of the present study. It is clear that in spite of the improvements that have been made in service provision in the disability sector; there are needs and expectations which are not currently being met. The recommendations derived following the analysis of these findings will be presented in the following section.

Chapter 5 – Recommendations

1. TARGETING OF DEFICIT IN HUMAN RESOURCES.

The most common emerging theme throughout was that the demand of services is not keeping up with the needs due to a lack of professionals working within the public sector. This lack of human resources is affecting the quality and frequency of services given to persons with disability. Re-assessment of pay packages and allowances offered to professionals working within the disability sector. This is essential to make working for the public sector more attractive than working in the private sector.

2. BINDING PROFESSIONALS WORKING WITHIN THE PUBLIC SECTOR BY A CONTRACT.

Offering a better pay alone is not enough. Once a more attractive pay package is offered to professionals working within the disability public sector, a contract should stipulate a minimum number of years of service that these professionals should give to the sector. Release from such a contract prior to the minimum number of years of service will be at a penalty. This will ensure that service providers have a fixed number of professionals employed with the entity, at least for the duration of the binding contract.

3. INCREASE FAMILY FRIENDLY MEASURES FOR PROFESSIONS WORKING IN THE DISABILITY PUBLIC SECTOR.

Professionals working within the caring professions are commonly females who are of child bearing age. As a result of this, it is their lawful right to work on reduced hours to be able to take care of their children. An increase in family friendly measures such as an onsite child-care facility might instigate these professionals to work a larger number of hours per week at reduced hours. Working more hours will result in providing more service to persons with disability.

4. CREATE A RELIEVING POOL OF STAFF PROVIDING SERVICES TO PERSONS WITH DISABILITY.

A substantial and diverse relieving pool made up of all staff providing services to persons with disability. This pool will ensure more seamless service delivery as it will be able to deal with temporary staff shortages such as replacements for vacation leave, sick leave, maternity leave and making up from the missing hours of staff working on reduced hours.

5. A VOUCHER SYSTEM AS A TEMPORARY SOLUTION TO MEET THE NEED OF AN INCREASE IN FREQUENCY OF PARTICULAR SERVICES.

In the interim period while staffing levels and structure is assessed and replenished, a voucher system should be introduced as a temporary solution to increase the frequency of services which the system is not currently keeping up with. An agreement between the public sector and selected professionals from the private sector is made to provide therapy to persons with disability requiring a higher frequency of services. This will decrease the financial burden of persons with disability and their families. It will also be able to increase frequency of services to persons with disability who require a higher frequency of particular service, but do not have the funds to resort to private therapy.

6. ENSURE CONTINUITY IN SERVICE PROVISION.

There is the need for continuity in current services particularly in the transition from accessing childhood services to adulthood services. Participants commented that the waiting time while changing from childhood services to adulthood services meant that any progress made could potentially be lost. Another issue of continuity was mentioned while accessing the same service. Follow-up sessions are done by different professionals and this sometimes led to overlapping. Continuity would ensure that this overlapping is avoid and thus building up progress from one session to another.

7. INCREASE FINANCIAL AID FOR SERVICES WHICH ARE NOT CURRENTLY PROVIDED BY THE PUBLIC SECTOR.

The demand for services which are not currently offered by the public sector remains high, especially within particular impairment groups. Financial aid to persons with disability who require services not currently offered by the state but are offered by the private sector should be given financial aid to cover these costs. This will ensure that all persons with disability requiring these services have an equal opportunity to access these services.

8. CENTRALISATION OF SERVICES.

Current service provision is highly fragmented; this is mainly due to the fact that services offered fall under different ministries. This fragmentation is causing persons with disability great inconvenience especially when they have to visit multiple offices in multiple locations to access these services. Centralisation of all services and their administration in one main location would create a more convenient and smooth delivery of services to persons with disability.

9. RE-ASSESSMENT AND STRENGTHENING OF CHILDHOOD SERVICES.

Although this study dealt with adulthood services, the issue of assessing and reinforcing childhood services was raised. Reinforcing childhood services will build a stronger base for persons with disability which will enable them to better flourish through adulthood services.

10. INCREASE IN FAMILY FRIENDLY MEASURES FOR SERVICE USERS.

A recurrent theme was that most services for persons with disability in the public sector are offered in the daytime during school and working hours. This often meant that both services users and family members/guardians who needed to assist persons with disability to attend these services have to use up vacation leave or miss schooling. Furthermore, due to the number of different services and therapies which these individuals access, they often use up their vacation leave entitlement and have to take unpaid leave to attend these appointments. This further increases the financial struggle. Offering services to employed individuals would alleviate this problem.

11. FREE TRANSPORTATION FOR SERVICE USERS AND THEIR FAMILY MEMBERS/ GUARDIANS.

The costs of transportation incurred by service users and their family members/guardians further increases the financial burdens on these individuals, particularly for those who are wheelchair bound. Offering free and varied transportation options will decrease this burden. This service should not be limited solely to attend appointments, but also to any instances which require the use of transport.

12. STRENGTHENING OF COMMUNITY BASED SERVICES.

Although some services are already offered in the community, further strengthening of community based services is required. Furthermore, the inclusion of services including therapies which can be done at home and are not currently offered in the community. This will make life easier for service users with accessibility issues who bend over backwards to attend therapy at a centre.

13. REVIEW AND REMOVE UNNECESSARY BUREAUCRATIC PROCESSES.

Participants raised the issue of various bureaucratic processes which inhibit a seamless service delivery and increase frustration and anxiety in those trying to access these services. These processes need to be reviewed including lengthy application processes and unnecessary reviews by boards, particularly in cases where the disability is evidently permanent.

14. ENFORCEMENT OF CLIENT-CENTRED SERVICES.

A greater effort is needed to move away from services which are a 'one-size fits all'. Service users or their family members/guardians should be involved in decision, goals and outcomes of their own care through collaboration with the therapist.

15. SCHEDULED MONITORING AND ASSESSMENT OF NEEDS BY A MULTIDISCIPLINARY TEAM.

The abilities of any individual are constantly changing throughout the natural course of life. Monitoring and assessing these needs by a multidisciplinary team is required to assert that the needs are in line with the services accessed and their frequency. Service users might require either additional services or removal of present services.

16. CONTINUOUS PROFESSIONAL DEVELOPMENT (CPD) FOR EMPLOYEES WITHIN THE DISABILITY SECTOR.

The majority of individuals working within the disability sector followed courses which were general in nature. Thus there is the need for further courses and education to be able to better cater for persons with disability. This can be done through the enforcement of a variety of CPD courses which might also lead these individuals to specialize in disability, and possibly in a specific impairment group. Furthermore, courses dealing with attitudes and empathy towards services users and their family members/guardians.

17. REVISION OF UNDERGRADUATE COURSES OFFERED BY THE UNIVERSITY OF MALTA.

In continuity with point 16, University undergraduate courses need to dedicate a larger number of credits in courses which might lead individuals to work in the disability sector. Furthermore, there should be the possibility of courses specifically designed for professionals wishing to specialize in disability.

18. EDUCATION ABOUT DISABILITY ISSUES AT COMMUNITY LEVEL.

There is the need for more education about disability issues at community level. Increasing awareness might increase sensitivity, leading to a positive change in attitudes towards persons with disabilities. Examples of simple awareness include the benefits of enforcement of accessibility for persons with disability in new construction, the proper use of disabled parking spaces, and the importance of subtitles and sign language interpreters in local media.

19. INCREASE IN PROMOTION ABOUT AVAILABLE SERVICES.

A number of individuals commented that it took them years to find out about services which might have increased their quality of life much sooner had they been aware of them. Thus, there needs to be more promotion about the current available service across all possible platforms.

20. STANDARDIZATION BETWEEN SERVICES OFFERED IN MALTA AND GOZO.

Services delivery should be standardized between Malta and Gozo. This includes type, frequency and quality. A number of participants raised the issue that particular services which are available in Malta are not available in Gozo and thus, Gozitans need to travel in order to access these services.

21. INCREASED SUPPORT BY SERVICES DURING SUMMER MONTHS.

While a number of workers enjoy half-days and summer holidays, most family members supporting persons with disability are still working their normal 40 hour week. However, some services are also offering reduced support during the summer period. Furthermore, services such as respite are much harder to avail of at this time. Thus, services such as day centres, summer schools and respite services should be amended to meet the demands of its service users even during the months of summer.

22. ENFORCEMENT OF DEINSTITUTIONALIZATION.

One of the main pillars of the UNCRPD is to integrate persons with disability into society. In order to achieve this, greater financial investments need to be made into providing personal assistance in a bid to move away from segregating persons with disability in institutions. Personal assistance gives the necessary help that these individuals need to remain living within the community.

23. REPRESENTATION OF PERSONS WITH DISABILITY AND NGOS ACROSS SERVICES.

Persons with disability and NGOs should be involved in ongoing consultations with service providers and policy makers in order to ensure that the services offered are being tailored around their needs. These consultations should not be a onetime occurrence; furthermore, these consultations should be made both regarding services specifically for persons with disability and mainstream services.

24. INVESTMENT IN SERVICES WHICH ARE NOT CURRENTLY OFFERED.

There are a number of services which are not currently available and which would definitely provide equal opportunities to persons with disability. An example of this is a speech to text service. Not all persons who are deaf can understand sign language, thus such a service would be able to improve the quality of life for these individuals.

25. INVESTMENT IF MORE ADVANCED TECHNOLOGY.

Technology is constantly changing and advancing. More financial investments need to be made to provide persons with disability the best technology, these is not only limited to assistive devices, but also to the type of equipment used during certain therapies. Additionally, the process by which this items are procured need to be facilitated in order to better meet the needs of individuals who require these devices.

26. BETTER ALIGNMENT AND VARIETY OF JOB PLACEMENTS.

Employment services need to make a greater effort to better align job placement to service users abilities and qualifications. Participants raised the issue that they were unhappy with their current employment because their job does not match their mental ability. Furthermore, the variety of job placements also needs to be improved.

27. MORE SUPPORT TO EMPLOYERS OF PERSONS WITH DISABILITY.

Supporting persons with disability in employment is important for their well-being and beneficial to the economy. However, employers also need their own support to be able to assist persons with disability. Employment services need increase their commitment to provide education and support to employers and co-workers of persons with disability. This is will allow persons with disability to be better supported by their employers and their peers, and ultimately retain their employment.

28. THOROUGH CONTINUOUS ASSESSMENTS BY SERVICE PROVIDERS ON IMPROVING THE QUALITY OF THEIR SERVICES AND OVERCOMING BARRIERS TO SERVICE DELIVERY.

Internal continuous assessments by services providers aimed at improving the quality of their services. Through these assessments they can understand the ever-changing barriers to service delivery and develop and put in motion an action plan through which these barriers can be realistically overcome.

29. INVOLVEMENT OF THE SOCIAL CARE STANDARDS AUTHORITY IN AUDITING.

The Social Care and Standards Authority (SCSA) should take it within their stride to carry out external audits and spot-checks of the services which fall within their remit. These audits should include the acquiring of testimonials from service users and their families/guardians. The external audits will further solidify the action plan for a seamless delivery of services.

30. A LONGITUDINAL STUDY FOCUSING ON OUTCOMES AND PROGRESS OF SERVICE USERS ON EACH INDIVIDUAL SERVICE.

Longitudinal studies should be carried out for each service individually. These studies will explore to what extent the aims and outcomes set of the service have been met through the progress and satisfaction of the service-users and their families/guardians. Validated outcome measures should be used.

Chapter 6 – Conclusion

It cannot be denied that services in the disability sector have made great improvements in recent years. Nevertheless, the barriers to service delivery still persist and there is a lot more to be done so that the needs of persons with disability are adequately met. Consequently, over 40% of the individuals who participated in the questionnaires aspect of this research stated that they had needs and expectations which were not being met by current service delivery. Although it should be interpreted with caution, such a finding is worrying and cannot be overlooked.

The greatest barrier to service delivery remains the lack of human resources. An action plan to recruit and retain professionals in the area of disability needs to be devised and put into motion. The financial gain to be made from the private sector continues to attract professionals, leaving the public sector in a constant battle to retain its employees. Undoubtedly such a plan will require robust financial backup which might not be easy to attain, in a time where the economy is struggling and on the verge of a financial crisis due to disruption brought about by the ongoing pandemic. As seen in other countries, the disability sector is often one of the first to suffer when austerity measures are implemented (Berggren, Emilsson, & Bergman, 2021).

This report would not be complete without looking into the ancillary issues which resulted from the data collected. These issues were predominantly conquered by issues relating to the lack of accessibility and the need for more designated parking spaces for persons with disability. The need for a national educational campaign to raise awareness about disability was also raised. Disability seldom features in policymaking decisions which are intended for the entire population and not just persons with disability. An increase in knowledge might lead to an increase in consideration of disability issues at policy and political decision making as well as at community level.

A number of recommendations were drawn up from the findings of this study with the hope of bringing a positive change in service provision in the disability sector. Strengthening these services will solidify the right of persons with disability to fully participate in society and which the state has a lawful obligation to do.

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Appendices

Questionnaire disseminated via an online based survey platform or via telephone Service Provision and Persons with Disability

I give my consent to take part in the study conducted by the Faculty for Social Wellbeing. The purpose of these statements is to specify the terms of my participation in this research study.

- I have been given written/verbal information about the purpose of the study and all questions have been answered.
- I understand that I have been invited to participate in this questionnaire, in which the researcher will ask questions on my experience as a person with disability or a family member/guardian of a person with disability in relation to service provision.
- I also understand that I am free to accept, refuse or stop participation at any time without giving any reason. This will have no negative repercussions.
- I am aware that the questionnaire will take approximately 25 minutes to complete. I understand that the questionnaire is anonymous and no personal information revealing my identity will be requested of me. In view of this, I am aware that once I submit the questionnaire I will not be able to rectify or erase my responses.
- I am aware that the researcher and academic team are the only persons who have access to this anonymised data.
- I am aware that because the data collected is anonymised my identity will not be revealed in the research outputs.
- I also understand that my participation will contribute to potential enhanced accessibility to service provision for persons with a disability.
- I understand that there are no foreseeable risks involved in participating in this questionnaire.
- I am aware that I may contact Richmond Foundation on their free helpline 1770 for psychological support, or Aġenzija Sapport on sapport@gov.mt or 22568000 for disability related support services.
- I also understand that once the study is completed and results are published, personal data collected from myself will be retained for a maximum of one year.
- I understand that by agreeing to participate in this study, I am confirming that I am over 18 years of age.
- I have read and understood the points and statements. I have had all the questions answered to my satisfaction, and I agree to participate in this study.

I agree to participate in this research:
Yes ☐
No ☐

Please follow the instructions at the beginning of each section of the questionnaire. These will help you complete this questionnaire in the best way possible. Please answer all questions. There is no right or wrong answer. Your honest reply is very important!

Section A: Demographical Data
Instructions: Please tick the most suitable answer.

1. Are you?

Person with a disability ☐

Family member or guardian of a person with a disability ☐

2. Are you?

Male ☐

Female ☐

Other ☐

3. In what age range are you?

18-30 years ☐

31-40 years ☐

41-50 years ☐

51-65 years ☐

65 years + ☐

4. How long have you been making use of any service(s) available to persons with a disability?

0-10 years ☐

11-20 years ☐

21-30 years ☐

31-40 years ☐

40 years + ☐

5. Please specify your level of qualification:

Primary Education ☐

Secondary Education ☐

Post-secondary Education ☐

Undergraduate ☐

Postgraduate ☐

Other types of Education ☐

Please specify ______________________

6. Which part of the Maltese islands do you live in?

North ☐

South ☐

Central ☐

Gozo ☐

The following questions relate to employment services
Section B:

1. Have you/ your family member made use of employment services for persons with a disability? (e.g Lino Spiteri Foundation, Jobsplus)

Yes ☐

No ☐

2. Has the employment service managed to find you/ your family member a job placement?

Yes ☐

No ☐

3. How long did it take for the employment service to find you/ your family member a job placement?

0-3 months ☐

3-6 months ☐

6-9 months ☐

9-12 months ☐

12 months + ☐

4. How well was the placement aligned with your/ your family member's abilities?

Very well ☐

Well ☐

Average ☐

Poor ☐

Very Poor ☐

5. Does the employment service work with you/ your family member to identify what support you/ your family member need to find and retain work?

Yes ☐

No ☐

6. Has the employment service managed to find you/ your family member a secure job which you/ your family member were able to retain?

Yes ☐

No ☐

7. How long have you/ your family member been able to retain your work?

0-3 months ☐
3-6 months ☐
6-9 months ☐
9-12 months ☐
12 months + ☐

8. How well were you/ your family member supported by the job coach?

Very well ☐
Well ☐
Average ☐
Poor ☐
Very Poor ☐

9. Does the employment service meet your/ your family member's needs and expectations?

Yes ☐
No ☐

10. How can the employment service better meet your/your family member's needs?

____
____
____
____

The following questions relate to Residential Services

11. Have you / your family member made a request for a residential placement?

Yes ☐
No ☐

12. Was the request made for an immediate residential placement or for later on in life?

Immediate ☐
Later on ☐

13. If the request for an immediate residential placement has the residential placement been given?

Yes ☐
No ☐

14. If yes, how long did you/ your family member wait before the residential placement was given?

0 - 3 months ☐
3 - 6 months ☐
6 - 9 months ☐
9 - 12 months ☐
12 months + ☐

15. If no, how long have you/ your family member been waiting for a residential placement?

0 - 3 months ☐
3 - 6 months ☐
6 - 9 months ☐
9 - 12 months ☐
12 months + ☐

16. Is the residential placement environment adapted to your/ your family member's level of abilities?

Yes ☐
No ☐

17. Do you/ your family member like the residential environment?

Yes ☐
No ☐

18. How well supported are you/ your member by the residential placement staff?

Very well ☐
Well ☐
Average ☐
Poor ☐
Very Poor ☐

19. How much control on life (autonomy) does the residential service allow you/ your family member to have?

A lot of control ☐
Good control ☐
Some control ☐
Little control ☐
No control ☐

20. How can the residential service better meet your/your family member's needs?

____

____

____

____

The following questions relate to Respite Services

21. Have you / your family member ever needed to make use of respite services?

Yes ☐

No ☐

22. Where did you get information about respite services?

____

23. How often does your family make a request for respite services?

Every Week - monthly ☐

Every 2 – 3 months ☐

Every 3 – 6 months ☐

Every 6 – 12 months ☐

More than 12 months ☐

24. Was the service available when your family needed it?

Yes ☐

No ☐

25. How well did the respite service staff effectively support you/ your family member?

Very well ☐

Well ☐

Average ☐

Poor ☐

Very Poor ☐

26. Did the respite service meet your/ your family member's needs?

Yes ☐

No ☐

27. How can respite services better meet your/your family member's needs?

____

____

____

____

The following questions relate to community services

28. Have you/ your family member ever needed to make use of community services?

Yes ☐

No ☐

29. How many hours of community services did you/ your family member require?

1 – 13 hours ☐

14 – 30 hours ☐

30 hours + ☐

30. How many hours were actually allocated?

0 hours ☐

1 – 13 hours ☐

14 – 30 hours ☐

30 hours + ☐

31. Which scheme did you make use of?

Aġenzija Sapport community services ☐

Direct payment community services ☐

Independent community living services (SAC) ☐

Personal assistant fund community services (PAF) ☐

32. Was the service allocated the service you/ your family member requested?

Yes ☐

No ☐

33. How well do you feel supported by the support staff allocated?

Very well ☐

Well ☐

Average ☐

Poor ☐

Very Poor ☐

34. How can community services better meet your/ your family member’s needs?

____

____

____

____

The following questions relate to disability assessment and intervention Services

35. Have you / your family member made use of disability assessment and intervention services?

Yes ☐

No ☐

36. From where did you/ your family member get information about disability assessment and intervention services?

Family Doctor ☐

Mater Dei ☐

Social worker ☐

Online ☐

Education ☐

Other ☐

37. How did you/ your family member contact disability assessment and intervention services?

Helpline ☐

Email ☐

Website ☐

Other ☐

38. How long did you/ your family member wait for your disability assessment?

0 - 3 months ☐

3 - 6 months ☐

6 - 9 months ☐

9 - 12 months ☐

12 months + ☐

39. How long did you/ your family member wait for the services needed?

1 - 3 months ☐

3 - 6 months ☐

6 - 9 months ☐

1 - 2 years ☐

2 years + ☐

40. Which services are you/ your family member currently accessing?

Social worker ☐

Occupational Therapist ☐

Physiotherapist ☐

Speech Language Pathologist ☐

Sign Language interpreter ☐

Access to communications and technology unit (ACTU) ☐

Other ☐

41. Is the frequency of the services you are accessing meeting your/ your family member's needs?

Yes ☐

No ☐

42. How well supported do you/ your family member feel by the professionals providing the services?

Very well ☐

Well ☐

Average ☐

Poor ☐

Very Poor ☐

43.How can the disability assessment and interventions services better meet your/ your family member's needs?

____
____
____
____

SECTION C:

1. Do you/ your family member have any needs or expectations which are not currently being met by available services?

Yes ☐ No ☐

If yes, please specify your needs or expectations:

____
____
____
____

2. Do you have any additional comments or suggestions?

____
____
____
____

Questionnaire disseminated via an online based survey platform or via telephone in Maltese

Il-Provvista tas-Servizzi u Persuni b'Diżabilità

Jiena nagħti l-kunsens tiegħi biex nipparteċipa f'dan l-istudju tal-Fakultà għat-Tisħiħ tas-Soċjetà fl-Università ta' Malta. L-għan ta' dan il-kunsens hu li jispeċifika it-termini tal-parteċipazzjoni tiegħi f'dan l-istudju.

- Jiena ġejt provdut b'informazzjoni miktuba u/jew verbali fuq l-iskop ta' dan l-istudju w kelli l-opportunità li nistaqsi mistoqsijiet li ġew imwieġba għas-sodisfazzjon tiegħi.
- Nifhem li ġejt mistieden biex nwieġeb dan il-kwestjonarju fejn ir-riċerkatur jagħmel mistoqsijiet dwar l-esperjenza tiegħi bħala persuna b'diżabilità jew l-esperjenza ta' persuna b'diżabilità taħt il-gwardja tiegħi b'rabta mal-provvista tas-servizzi.
- Jiena nifhem ukoll li għandi l-libertà li naċċetta, nirrifjuta jew nwaqqaf il-parteċipazzjoni tiegħi mingħajr ma nagħti raġuni u mingħajr l-ebda riperkussjoni.
- Jiena konxju li l-kwestjonarju jieħu madwar 25 minuta. Nifhem ukoll li dan il-kwestjonarju huwa anonimu u li mhux se nintalab informazzjoni personali li turi l-identità tiegħi. Għalhekk, jiena nifhem li la darba nissottometti l-kwestjonarju, mhux se nkun nistà nbiddel jew nħassar it-tweġibiet tiegħi.
- Jien nifhem li r-riċerkatur u t-tim akkademiku biss għandhom aċċess għal din l-informazzjoni anonima.
- Jien nifhem li dan il-kwestjonarju huwa meqjus bħala kunfidenzjali u li mhux se tinkixef l-identità tiegħi.
- Jien nifhem ukoll li l-parteċipazzjoni tiegħi tistà tikkontribwixxi għal titjib fl-aċċessibilità għal provvista tas-servizzi għal persuni b'diżabilità u dawk li jieħdu ħsiebhom.
- Jiena nifhem li l-parteċipazzjoni tiegħi ma tinvolvi l-ebda riskji anteċipati.
- Jiena konxju li nistà nagħmel kuntatt mar-Richmond Foundation fuq il-helpline mingħajr ħlas 1770 għal sapport psikoloġiku, jew Aġenzija Sapport fuq sapport@gov.mt jew 22568000 għal mistoqsijiet dwar servizzi għal persuni b'diżabilità.
- Jiena konxju li d-data kollha mgħotija minni tiġi mħassra fi żmien sena mit-tlestija ta' dan l-istudju w publikazzjonijiet tas-sejbiet tar-riċerka.

- Jiena konxju li permezz tal-kunsens tiegħi biex nipparteċipa f'dan l-istudju nikkonferma li għandi 18 –il sena jew iżjed.
- Jiena qrajt u fhimt l-informazzjoni miktuba hawn fuq u naqbel li nwieġeb il-kwestjonarju.

Jiena naqbel li nwieġeb il-kwestjonarju:

Iva ☐

Le ☐

Jekk jogħġbok sewgi l-linji gwida fil-bidu ta' kull taqsima ta' dan il-kwestjonarju biex twieġeb bl-aħjar mod possibli. Jekk jogħġbok agħti it-tweġiba tiegħek għal mistoqsijiet kollha. L-ebda risposta ma hi klassifikata bħala tajba jew ħażina. L-onestà tiegħek hija important.

TAQSIMA A: MISTOQISJIET DEMOGRAFIĊI

Instruzzjonijiet: Jekk jogħġbok agħżel l-aħjar tweġiba.

1. Inti?

Persuna b'diżabilità ☐

Membru familjari jew persuna li nieħu ħsieb b'persuna b'diżabilità ☐

2. Inti?

Raġel ☐

Mara ☐

Oħrajn ☐

3. Età?

Taħt it-18 –il sena ☐

Bejn 18-30 -il sena ☐

Bejn 31-40 –il sena ☐

Bejn 41-50 –il sena ☐

Bejn 51-65 –il sena ☐

65 –il sena + ☐

4. Kemm ilek tagħmel użu mill-provvista tas-servizzi offruti lil persuni b'diżabilità u dawk li jieħdu ħsiebhom?

0-10 snin ☐

11-20 sena ☐

21-30 sena ☐

31-40 sena ☐

5. Jekk jogħġbok agħżel il-livell tal-edukazzjoni tiegħek:

Edukazzjoni Primarja ☐

Edukazzjoni Sekondarja ☐

Edukazzjoni Post-Sekondarja ☐

Edukazzjoni Terzjarja ☐

Edukazzjoni Post-Terzjarja ☐

Oħrajn ☐

Jekk jogħġbok speċifika: ______________________

6. F'liema parti tal-gzejjer Maltin tgħix?

Tramuntana ☐

Nofsinhar ☐

Ċentru ☐

Għawdex ☐

Dawn il-mistoqsijiet huma relatati ma' Servizzi tal-Impjieg

1. Int jew il-membru tal-familja tiegħek għamiltu użu minn servizzi tal-Impjieg offruti lil persuni b'diżabilità?

Iva ☐

Le ☐

2. Is-servizz tal-impjieg irnexxielu jsib impjieg għalik jew għall-membru tal-familja tiegħek?

Iva ☐

Le ☐

3. Kemm dam is-servizz tal-impjieg biex sab impjieg għalik jew għall-membru tal-familja tiegħek?

0-3 xhur ☐

3-6 xhur ☐

6-9 xhur ☐

9-12 –il xhar ☐

12-il xhar + ☐

4. L-impjieg kemm kien abbinat tajjeb mal-kapaċitajiet tiegħek jew tal-membru tal-famija tiegħek?

Tajjeb ħafna ☐

Tajjeb ☐

Tan-nofs ☐

Ftit ☐

Ftit ħafna ☐

5. Is-servizz tal-impjieg jaħdem miegħek/ mal-membru tal-famija tiegħek biex jidentifika liema għajnuna għandek bżonn int jew il-membru tal-famija tiegħek biex issib u żżomm impjieg?

Iva ☐

Le ☐

6. Is-servizz tal-impjieg irnexxielu jsib impjieg sigur għalik jew għall-membru tal-familja tiegħek li stajt/seta' iżżomm?

Iva ☐

Le ☐

7. Għal kemm tul ta' żmien int jew il-membru tal-familja tiegħek irnexxielek/ irnexxielu żżomm l-impjieg?

0-3 xhur ☐

3-6 xhur ☐

6-9 xhur ☐

9-12 –il xhar ☐

12-il xhar + ☐

8. Kemm kont appoġġjat int jew il-membru tal-familja tiegħek mill-kowċ tal-impjieg?

Tajjeb ħafna ☐

Tajjeb ☐

Tan-nofs ☐

Ftit ☐

Ftit ħafna ☐

9. Is-servizz tal-impjieg jilħaq il-bżonnijiet u l-aspettattivi tiegħek jew tal-membru tal-familja tiegħek?

Iva ☐

Le ☐

10. Kif jista' s-servizz tal-impjieg jilħaq aħjar il-bżonnijiet tiegħek jew tal-membru tal-familja tiegħek?

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____

____

Dawn il-mistoqsijiet huma relatati ma' Servizzi Residenzajali

11. Int jew il-membru tal-familja tiegħek għamiltu talba għal servizz residenzjali?

Iva ☐

Le ☐

12. It-talba ghal servizz residenzjali saret għal placement immedjat jew għall-futur?

Immedjat ☐

Għall-futur ☐

13. Jekk it-talba saret għal placement immedjat, ingħata l-placement?

Iva ☐

Le ☐

14. Jekk iva, kemm domt tistenna għal dan il-placement?

0-3 xhur ☐

3-6 xhur ☐

6-9 xhur ☐

9-12 –il xhar ☐

12-il xhar + ☐

15. Jekk le, kemm ilek tistenna għal dan il-placement?

0-3 xhur ☐

3-6 xhur ☐

6-9 xhur ☐

9-12 –il xhar ☐

12-il xhar + ☐

16. L-ambjent tal-placement huwa adattat għal-livell ta' abbiltajiet tiegħek jew tal-membru tal-familja tiegħek?

Iva ☐

Le ☐

17. Int jew il-membru tal-familja tiegħek jogħġobkom l-ambjent tal-placement residenzjali?

Iva ☐

Le ☐

18. Kemm tħossok appoġġjat int jew il-membru tal-familja tiegħek mill-impjegati tal-placement residenzjali?

Tajjeb ħafna	☐
Tajjeb	☐
Tan-nofs	☐
Ftit	☐
Ftit ħafna	☐

19. Kemm għandek kontroll fuq il-ħajja (awtonomija) int jew il-membru tal-familja tiegħek fil-placement residenzjali?

Tajjeb ħafna	☐
Tajjeb	☐
Tan-nofs	☐
Ftit	☐
Ftit ħafna	☐

20. Kif jista' s-servizzi residenzjali jilħqu aħjar il-bżonnijiet tiegħek jew tal-membru tal-familja tiegħek?

____
____
____
____

Dawn il-mistoqsijiet huma relatati ma' Servizzi ta' respite

21. Int jew il-membru tal-familja tiegħek għamiltu talba għal servizz ta' respite?

Iva	☐
Le	☐

22. Minn fejn ġibt l-informazzjoni dwar is-servizzi tar-respite?

____

23. Kemm –il darba tagħmel talba għas-servizz tar-respite il-familja tiegħek?

Bejn kull Ġimgħa u xahar	☐
Kull 2 – 3 xhur	☐
Kull 3 – 6 xhur	☐
Kull 6 – 12 –il xahar	☐
Aktar minn kull 12-il xahar	☐

24. Is-servizz tar-respite kien disponibbli meta l-familja tiegħek kellha bżonnu?

Iva ☐
Le ☐

25. Kemm tħossok appoġġjat int jew il-membru tal-familja tiegħek mill-impjegati tas-servizz tar-respite?

Tajjeb ħafna ☐
Tajjeb ☐
Tan-nofs ☐
Ftit ☐
Ftit ħafna ☐

26. Is-servizz tar-respite laħaq il-bżonnijiet tiegħek jew tal-membru tal-familja tiegħek?

Iva ☐
Le ☐

27. Kif jista' s-servizz tar-respite jilħaq aħjar il-bżonnijiet tiegħek jew tal-membru tal-familja tiegħek?

____
____
____
____

Dawn il-mistoqsijiet huma relatati ma' servizzi tal-komunità

28. Int jew il-membru tal-familja tiegħek għamiltu talba għal servizzi tal-komunità?

Iva ☐
Le ☐

29. Kemm –il siegħa ta' servizzi tal-komunità teħtieġ int jew il-membru tal- familja tiegħek?

1-13 –il siegħa ☐
14-30 –il siegħa ☐
30 siegħa + ☐

30. Kemm –il siegħa ta' servizzi tal-komunità fil-fatt kienu allokati?

Xejn ☐
1-13 –il siegħa ☐
14-30 –il siegħa ☐
30 siegħa + ☐

31. Liema skema ta' servizzi tal-komunità użajt?

Aġenzija Sapport community services ☐

Direct payment community services ☐

Independent community living services (SAC) ☐

Personal assistant fund community services (PAF) ☐

32. Is-servizz li ġie allokat kien is-servizz li int jew il-membru tal-familja tiegħek talab?

Iva ☐

Le ☐

33. Kemm tħossok appoġġjat mis-sapport workers allokati?

Tajjeb ħafna ☐

Tajjeb ☐

Tan-nofs ☐

Ftit ☐

Ftit ħafna ☐

34. Kif jista' s-servizz tal-komunità jilħaq aħjar il-bżonnijiet tiegħek jew tal-membru tal-familja tiegħek?

____

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____

____

Dawn il-mistoqsijiet huma relatati mad-disability assessment and intervention services

35. Int jew il-membru tal-familja tiegħek għamiltu talba għad-disability and intervention services?

Iva ☐

Le ☐

36. Minn fejn ġibt l-informazzjoni dwar id-disability assessment and intervention services?

Tabib tal-familja ☐

Mater Dei ☐

Ħaddiema soċjali (Social worker) ☐

Onlajn ☐

Skola ☐

Oħrajn ☐

37. Kif sar l-ewwel kuntatt mad-disability assessment and intervention services?

Telefown/helpline ☐
Email ☐
Websajt/onljan ☐
Oħrajn ☐

38. Kemm domt tistenna int jew il-membru tal-familja tiegħek biex sar l-assessment għad-disability and intervention services?

0-3 xhur ☐
3-6 xhur ☐
6-9 xhur ☐
9-12 –il xhar ☐
12-il xhar + ☐

39. Kemm domt tistenna int jew il-membru tal-familja tiegħek għas-servizzi tad-disability assessment and intervention services?

0-3 xhur ☐
3-6 xhur ☐
6-9 xhur ☐
9-12 –il xhar ☐
12-il xhar + ☐

40. Liema servizzi qed taċċessa bħalissa?

Social worker ☐
Occupational Therapist ☐
Physiotherapist ☐
Speech Language Pathologist ☐
Sign Language interpreter ☐
Access to communications and technology unit (ACTU) ☐
Other ☐

41. Il-frekwenza tas-servizzi li qed taċċessa bħalissa huwa biżejjed għall-bżonnijiet tiegħek jew il-membru tal-familja tiegħek?

Iva ☐
Le ☐

42. Kemm tħossok appoġġjat int jew il-membru tal-familja tiegħek mill-professjonisti li jipprovdu dawn s-servizzi?

Tajjeb ħafna ☐

Tajjeb ☐

Tan-nofs ☐

Ftit ☐

Ftit ħafna ☐

43. Kif jistgħu jilħqu l-bżonnijiet tiegħek jew tal-membru tal-familja tiegħek id- disability assessment and intervention services?

____
____
____
____

TAQSIMA Ċ:

1. Għandek xi bżonnijiet int jew il-membru tal-familja tiegħek li mhux qed jintlaħqu mis-servizzi attwali?

Iva ☐ Le ☐

Jekk iva, jekk jogħġbok spjega dawn il-bżonnijiet

____
____
____
____

2. Kif jistgħu s-servizzi attwali jilħqu aħjar il-bżonnijiet tiegħek jew tal-familja tiegħek?

____
____
____
____

NGOs and CRPD interview guide

1. To what extent are the current services meeting the needs and expectations of persons with disability?
2. Which services do you feel have improved in the last years?
3. Which services do you feel still have room for improvement?
4. What are the greatest challenges that persons with disability encounter when engaging with disability services?
5. Do you feel that services offered to persons with disability are adequately supporting them across their life span?
6. Are there any gaps in service provision which you think need to be imminently dealt with?
7. Would you describe service provision as being fragamented or inter-linked? Why?
8. Do you have any further recommendations in relation to service provision?

Service providers Interview Guide

1. To what extent are the current services meeting the needs and expectations of persons with disability?
2. What are the organizational barriers that your services are currently experiencing?
3. How are these barrier affecting service delivery to your clients?
4. How do you think these barriers can be overcome?
5. How involved are service users at a decision making level in relation to the service they are receiving?
6. Does your organization have any new services in the pipeline?
7. Are there any services which you would like to offer in the future, but do not currently have the resources to do so?
8. How do you think future policies can improve service provision for persons with disability?
9. Any additional comments?

Interview Guide – SCSA

1. What are the criteria for regulating services within the disability sector?
2. Are the disability services that you regulate adequately meeting the standard requirements set?
3. Do you feel that the current services are meeting the needs and expectations of persons with disability?
4. Which services do you feel have improved in the last years?
5. Which services do you feel still have room for improvement?
6. Do you feel that services offered to persons with disability are adequately supporting them across their life span?
7. Are there any gaps in service provision which you think need to be imminently dealt with?
8. Do you have any further recommendations in relation to service provision?