



GOVERNMENT OF MALTA

Government response to the consultation on ‘The Social Regulatory Standards for Office-Based Services offered to Persons with Drug, Alcohol and Gambling related problems’

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Published by the Ministry for the Family, Children's Rights and Social Solidarity

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Executive Summary

Introduction and overview

1. A brief introduction about the subject.

The two sets of Social Regulatory Standards for Office-based services for persons with Drug, Alcohol and Gambling related problems are aimed at establishing the level of service expected to be delivered by service providers in the field. These guide decision making practices in various aspects of service provision mainly the needs of the service, workforce competence and the management of the service. These social regulatory standards are based on the basic principles of dignity, privacy, right for choice, safety, realising potential, equality, individuality and diversity.

2. The public consultation date.

Include the objective and purpose of the public consultation.

On the 27th of June 2019, the Government launched two sets of Social Regulatory Standards for Public Consultation. The purpose of this public consultation was to receive feedback from the general public on Residential and Office-Based Services offered to Persons with Drug, Alcohol and Gambling related problems. The Social Care Standards Authority aims at having a comprehensive and extensive public consultation that reaches different professionals, staff working in settings offering services in the field, persons with drug, alcohol and gambling problems as well as relatives of these persons and other persons who are interested in the subject matter.

3. This consultation sought views on:

Guidelines for Office-Based Services offered to Persons with Drug, Alcohol and Gambling related problems. Six standards were identified addressing needs and support interventions, rights, safety and security, safekeeping of documentation and dissemination of information, external relations and service quality management.

Responses to the consultation and process used to seek stakeholder views

This document is the Government Response to this consultation and sets out the Government's decisions on these matters.

4. The closing date of the public consultation. Which methods were used to receive the feedback. The total amount of responses. From whom you received the feedback.

The consultation closed on the 30th of July 2019. The consultation documents were available online and responses were accepted electronically, on paper and by phone. In total, there were circa 28

comments on different aspects of the standards. These were received from the Office of the Commissioner for Mental Health, Malta Association for Social Workers, service providers (Sedqa and Caritas).

5. Include (if any) meetings with stakeholders and list who the stakeholders were.

During the collaborative platform launched for the sector of Addictions, feedback was gathered from representatives of the three service providers in the field, namely, OASI, Caritas and Sedqa. Also, feedback was derived during one-to-one meetings held distinctively with each service provider during the period of consultation.

Summary of responses and decisions

The following is a summary of the consultation responses received. We would like to thank all those who took the time to respond to the consultation and participate in stakeholder meetings around the consultation exercise.

6. Statistics.

- **Total feedback received: 4**
- **Total feedback received by individuals: 0**
- **Total feedback received by organisations: 4**

Sedqa/ FSWS

Management at Caritas

Malta Association for Social Workers

Commissioner for Mental Health

- **Total feedback received through email: 4**
- **Total feedback received through online form: 0**
- **Total feedback received by post: 0**

7. Summary of feedback received.

There were circa 28 comments directly related to the Office-based standards. Feedback was also given on both Maltese and English versions of the standards.

Some respondents commented about the title of the standards which might need to be more inclusive so as to incorporate other addictions. Also, using the term office-based might be misleading as much of the services are not actually delivered in an office and are more community based.

Some of the comments were directly related to sentence structure, use of proper grammar and

punctuation and also suggestions on terminology.

There were suggestions to omit the word 'preferences' of individuals as this can be misinterpreted that service users can decide how they want the service to change for their needs. It is believed that their preferences need to be acknowledged and respected, but it needs to be made clear that the service can not always be in line with their specific preferences.

Other comments were related to accessibility of the premises, complaints procedure, sharing of confidential information on individuals and related consent sought by the latter and language to be used by staff which must avoid discriminatory jargon.

Also, significant amendments are to be made to the standard pertaining to service quality management. These include staff knowing from whom and when to get help when in a situation they cannot cope in, job descriptions and other duties they are expected to perform and volunteers and staff being free from 'addiction problems'.

Much of the feedback gathered referred to aspects of the standards which the guidelines already makes reference to.

Amendments to the document as per the feedback gathered and internal decisions are to be carried out as proposed in the next section below.

8. Your assessment and the Government's decision (list the Government's decisions).

These are the proposed amendments after analyzing the feedback gathered during the public consultation period:

- Amendment to the title: Tentative title to include outreach and community based services and omit office-based.
- Amendment to the section pertaining to 'principles': A statement reading that 'these principles should however be realized in line with the rules and the therapeutic philosophy of the service and the care needs of the individuals' should be added.
- Amendment to the section pertaining to 'principles': individuals are able to complain responsibly without being intimidated, to add 'and/or discriminated'.
- Standard 2 – Standard Statement: To omit the term 'preferences' as this can be misinterpreted that services users can decide how they want the programme to change for their needs. In the programme 'needs and wants' as well as help requested and help required are differentiated. The individuals' preferences shall still be recorded and acknowledged in the personal support plan and shall be addressed in line with the rules of the therapeutic programme.
- Standard 2, Quality Indicator 1, Performance Indicator 1.1: The individuals' talents and aspirations are acknowledged and respected. To remove the term 'preferences' – same reason as above.
- In Standard 3 Quality Indicator 4: The service provider deals effectively and in a timely manner whenever the individuals, express concern or submit a complaint to add 'or their representative'.
- In Standard 5, Quality Indicator 2, Performance Indicator 2.2: When establishing links with external resources and services 'the consent of the individuals availing of the service shall be

sought, unless otherwise required due to legal conditions', shall be added.

- Important amendments were noted also for the Standard pertaining to Service Quality Management (Standard 6). Some respondents pointed out that it might be impossible to include all duties required within the job description, furthermore some duties may vary from time to time depending on the exigencies of the time and circumstances. It was agreed that the performance indicator should read: Staff members and volunteers follow their job description and they do not carry out any tasks which are not within their competencies. Other duties shall only be performed if properly guided or trained and given that these fall within the limits of their sphere of work.
- Also, as far as staff is concerned, another performance indicator was included to address instances when staff feels unable to cope with a given situation.
- When it comes to recruitment and selection of staff, it was deemed important to add 'verification of a POMA certificate'. Also, it was felt that newly recruited staff shall undertake tests to establish drug and alcohol levels because it is difficult to determine whether newly recruited staff and volunteers have had any problems with substance use or other dependencies in the past one or two years by just relying on what they say.
- Another important amendment was made to the clause on First Aid. We believe that there should be adequate number of staff having at least basic First Aid. As per the feedback, it was noted that the clause shall be amended to reflect that the required number of staff trained in first aid shall be present as per national standard, which does not entail that all employees have a First Aid certificate. A reference to Legal notice 348 of 2011 on Workplace (First Aid) Regulations was made. A performance indicator was thus included to read that there should be a qualified first aider and an equipped first aid box at all time.
- Other additions made to the guidelines:

The Manual of Policies and Procedures was included within such guidelines omitting policies and procedures that are exclusive for residential settings.

Implementation

9. When you intend to implement the decisions

In the coming weeks, the legal notices are expected to be approved by Cabinet and the SCSA will also be launching the final draft.

Contact Details

If you have any questions regarding this response, please contact: [\[Please insert your Ministry's appropriate/generic email address here\]](#)

Detailed overview of responses and the Government's response

The following section provide a brief summary of the initial proposals and the responses received, before setting out the final decision that has been made. *(Standard text)*

Question 1 : *insert the question (only if your Ministry decided to list a set of questions for the public to leave their feedback)*

Eg:

Question 1 : Do you agree?

Consultation Proposal

1.1 We said in our consultation document that.....

Q1 Responses	
Agreed	7
Disagreed	12
Indeterminate	16
No comment	30

1.2 A significant majority of respondents (71%) either did not answer this question or were unable to express a clear opinion either way, mainly because they had insufficient knowledge on the subject to make a definitive judgement.

1.3 Among the respondents who agreed with our projections, it was commonly cited that..... Others, while disagreeing with our proposal, accepted that

Post-consultation analysis / Final decision

1.4 Having considered the challenges to our projections, our assessment remains that....

1.5 We have considered very carefully the arguments presented on both sides of the question. We acknowledge that

Annex A: List of respondents (*optional*)