



GOVERNMENT OF MALTA

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

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# Executive Summary

## Introduction and overview

### 1. A brief introduction about the subject.

The Social Regulatory Standards for Residential services for persons with Drug, Alcohol and Gambling related problems is 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 Residential Services offered to Persons with Drug, Alcohol and Gambling related problems. Seven standards were identified addressing the personal support plan, rights, safety and security, effective service procedures, 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 400 comments on different aspects of the standards. These were received from the Office of the

Commissioner for Mental Health, a consultant psychiatrist, the National Coordinating Unit for Drugs and Alcohol, service providers in the field (Oasi, Sedqa/FSWS and Caritas), Malta Association for Social Workers, service users and staff members from Caritas and individuals from the general public.

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: 8**
- **Total feedback received by individuals: 2**
  - 1 Consultant Psychiatrist
  - 1 Individual
- **Total feedback received by organisations: 6**
  - Sedqa/ FSWS

Oasi

Management at Caritas, Staff at the Prison Inmates Programme (Caritas)  
Staff at Dar Charles Miceli (Caritas), Family Unit (Caritas), Prison Inmates Programme  
Residents of Caritas, Et Iris Female Therapeutic Programme Residents of Caritas, Male  
Shelter Residents of Caritas, Dar Charles Miceli Residents of Caritas

Malta Association for Social Workers

Commissioner for Mental Health

National Focal Point for Addictions

- **Total feedback received through email: 8**
- **Total feedback received through online form: 0**
- **Total feedback received by post: 0**

7. Summary of feedback received.

Almost half of the comments (circa 200 comments) being submitted were either general comments about the standards or feedback attributed directly to the title of the guidelines, the glossary, the principles and the terminology being used. With regards to general comments, respondents mentioned aspects that are related to any of the standards however not to a particular quality or performance indicator. These included aspects such as staff ratios, work shifts and training of staff, lifestyle including social life of individuals, therapeutic aspects of the service, policies and procedures and safety. A number of respondents submitted very positive feedback on the standards in general.

Almost 200 comments were submitted on the Standards for Residential Services. These were distributed as follows:

Standard 1 – 22 comments (Holistic Person Centred Plan)

Standard 2 – 42 comments (Rights in a therapeutic environment)

Standard 3 – 54 comments (Safety and Security)

Standard 4 – 32 comments (Effective and respectful procedures)

Standard 5 – 7 comments (Safekeeping of documentation and information dissemination)

Standard 6 – 9 comments (External Relations)

Standard 7 – 26 comments (Service Quality Management)

Annex 1 – Information about the service – 8 comments

Annex 2 – Personal Support Plan – 2 comments

Annex 3 - Manual of Policies and Procedures – 7 comments

The feedback received was classified under 4 main categories. The following list shows how comments were grouped:

1. General comments about the standards which however had no implications to amend the guidelines
2. Comments about the standards which were used to make the necessary amendments to the guidelines
3. Comments about service provision per se rather than the standards
4. Comments about the standards which were already addressed by the guidelines

1. Amongst the general comments submitted, there was a very positive outlook on the standards with respondents mentioning that these will cover not only the individuals availing of the service but also the staff. Many of the respondents agreed that the standards are required to ensure continuous quality improvement however, the standards shall be adhered to in line with the rules and culture of the service as well as the distinct needs of the individuals. Respondents also expressed positive views on the standards being comprehensive and person- centred and aimed toward respecting the dignity of the individuals availing of the services. Ultimately, respondents also commented about the need to treat each case distinctively according to the plan devised. Individuals that happened to be undertaking the programme at the time of public consultation also expressed their gratitude of having the chance to share their opinions.

With regards to the principles of the service, some respondents expressed their concern that due to the therapeutic care being offered through a rather structured programme, it might not be possible for the individuals to have for example their choices and privacy respected up to the level preferred by the individuals. The authority believes in such principles however it acknowledges the limitations and boundaries provided by the nature of the service and the needs of the individuals.

2. An account of the comments deemed valid as to amend the guidelines is given in section 8 below.

3. There were a number of comments (circa 20 comments) which were directly related with how the service in existing residential facilities is being provided vis-a-vis the standards. These included the need for the providers to address issues such as staff ratios especially where there is lack of staff and training of staff with specific reference to Mental Health training, individuals' health issues and motivational interviewing techniques. Also some individuals availing of the services commented about not always having a plan let alone a copy of it or information about it.

The need for the service provider to have more communication with agency Appogg where children are concerned was also mentioned. Individuals should also have more information on contact with their families. Other suggestions brought forward were more related to the premises with some expressing the need to have air conditioners and more accessibility. Ultimately it was also derived that the individuals availing of the service shall be aware of policies and procedures guiding the services and that such guidelines should reach the staff members working in facilities. Another point that has emerged related to the need that there should be more secrecy whenever the court is involved. Some respondents commented about the therapeutic and psychological wellbeing aspects of the programme and also about group and individual sessions claiming that there is lack of reference to these in the guidelines. As a response to this, it should be noted that the content of the programme is not within the remit of the authority to establish. We respect the distinct approaches adopted by each service provision and encourage self-evaluation of the same programmes.

4. The standards should be adhered to as per the legal obligations that they are bound with however the authority still respects that every provider has its own policies and procedures, established by the same service, that make them who they are. These standards by no means aim at stifling the rules and operations of the services. It is the responsibility of the service providers to make sure that staff members and individuals are both aware of both the standards and rules of the services which should be adhered to simultaneously. This largely makes sense when referring to the principles of the service where the elements of choice and privacy are somewhat realized up to a certain extent given the discipline factor exercised by such services.

Much of the feedback being given made reference to for example complaints, smoking policy, medication and issues related to confidentiality. The respondents asked for a better explanation of what the authority is expecting when situations related to these arise. As already mentioned, the guidelines shall not establish the actual procedure to be followed. The authority, however, provides a template of what should the service provider include within its manual.

Some of the respondents also expressed the importance of being provided with the necessary information throughout their stay. Annex 1 of the guidelines offers a guide as to what information shall be given.

Some respondents expressed their concern about how certain Performance Indicators will be measured. Such indicators mostly relate to respect, dignity and acknowledgement of individuals' aspirations and talents. The authority will establish quality tools and the manager/service provider replying to the quality tool signs the same tool. The quality tools aim at gathering as much information as possible on how the service is being delivered to ensure that services are being reached by those who need them and are adequately



delivered up to the required standard. These will be further checked through research exercises to be carried out with service users and relatives. Client satisfaction questionnaires are a means of gathering such information.

#### 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 of standards to avoid using the term 'drugs and alcohol' and use 'substance abuse' instead and to not only restrict to gambling but rather encompass other addictions that might be eventually catered for. The term 'other dependencies' would replace this. Any other similar connotations within the text itself would be amended accordingly. This should apply to terms in the glossary as well.
- 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'.
- Amendments to the glossary: 'Treatment card' to add for how long the medication is to be taken.
- Standard 1 – 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 1, Quality Indicator 2, Performance Indicator 2.6: If individuals availing of the service have persons who are dependent on them, the needs of these persons are also acknowledged, to add 'and addressed as agreed upon admission'.
- Standard 1, Quality Indicator 3, Performance Indicator 3.3: Together with the key worker, individuals are able to discuss who should be invited to attend review meetings. The key worker informs the individuals about persons that are legally required to be present during such meetings, to add 'and those who cannot attend due to legal conditions in force'.
- Standard 1, Quality Indicator 3, Performance Indicator 3.7: This Performance Indicator has been added to read as follows: The key worker encourages the participation of individuals in decision making processes.
- Standard 1, Quality Indicator 3, Performance Indicator 3.8: Amended to read as follows: The key worker justifies and explains decisions taken at the care review meetings and help individuals understand how these will impact their personal support plan.
- Standard 2, Quality Indicator 1: The service provider and all staff respect the dignity and individuality of all including safeguarding the right to lead the preferred social, cultural and religious lifestyle. To replace the term 'preferred' with 'endorsed' and add 'in conformity

with the rules of the service’.

- 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.
- Standard 2, Quality Indicator 1, Performance Indicator 1.2: Staff members always address individuals in a way as desired by the latter, to add ‘as agreed upon signing the service agreement’.
- Standard 2, Quality Indicator 1, Performance Indicator 1.7: When individuals inform the management of leaving the service, they are given back any saved money and/or any personal belongings being securely kept in the office, in accordance with the prior agreement stipulated by the service, to add ‘personal belongings’ together with the saved money.
- Standard 2, Quality Indicator 1, Performance Indicator 1.10: Individuals are given the required opportunity and support to practice their beliefs but they can opt not to practice anything at all, to add ‘if these do not go against the service’s rules and do not interfere with the lifestyle of other individuals’
- Standard 2, Quality Indicator 1, Performance Indicator 1.12: Any routine, preferences and cultural needs that individuals’ may have in relation to their personal care are respected, to amend as follows: Any religious, cultural and sexual orientation needs that individuals’ may have in relation to their personal care are respected.
- Standard 2, Quality Indicator 2, Performance Indicator 2.2: Individuals have reasonable time to consider their choices and prepare for important events (such as assessments and hospital appointments) and are given time to express their feelings, views and decisions, to replace the term ‘important’ with ‘that they need to attend to’. There is a fine line between what is important and what is needed but as agreed, the term ‘needed’ would be more appropriate to use.
- In Standard 2 Quality Indicator 4, Performance Indicator 4.6 reference was made to the Public Health requirements, where food and nutrition are concerned.
- In Standard 3 Quality Indicator 2: As far as challenging behaviour is concerned, every incident shall be clearly documented, reported to management and investigated accordingly.
- 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 4, prior to their admission, individuals may be given a chance to visit the premises but not to meet residents. To add: If a visit is not possible, individuals should be provided with sufficient information including photos of the residential facility.
- As a general rule, persons to accompany individuals during visits or meetings should do so if it is deemed appropriate given that the wellbeing of the individuals is not put at risk.
- Clauses within the service agreement have been amended to include that consent shall be sought by the individuals when their information needs to be shared and also when they participate in activities organized by the service provider. However, consent shall only be sought unless there are legal conditions that specify otherwise.
- It has also been added that the service agreement shall be terminated or extended according to the needs of the individuals.
- Important amendments were noted also for the Standard pertaining to Service Quality Management (Standard 7). 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 feel 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:
  - Annex 1 – include **who** conducts searches and **what action** shall be taken in case of challenging behaviour
  - Manual Of Policies: To include 'Involuntary Admissions', 'The Service Agreement', 'Aftercare' and 'Suspensions', 'Sexual harassment' and 'Transgender Persons' in the Operational policies and procedures.
  - To include 'Medication Errors' and 'Adverse Reactions' in Health and Safety procedures.
  - To include 'Mental Health First Aid', 'Access to a defibrillator' and 'Fire drills' in Emergency Procedures.
  - To include 'Family, children and other persons including professionals' as part of house procedures on visitors.
  - To include 'lifestyle and leisure', 'free time', 'social and cultural background' and 'religious and other beliefs of individuals' in House procedures.

## 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*)