



GOVERNMENT OF MALTA

Government response to the consultation on ‘The Social Regulatory Standards for Outreach and Community-Based Services

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Executive Summary

Introduction and overview

1. A brief introduction about the subject.

The Social Regulatory Standards for Outreach and Community-based services are aimed at establishing the level of service expected to be delivered by service providers in the field. This guide decision making practices in various aspects of service provision mainly the needs of the service, workforce competence and the management. 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 16th of December 2019, the Government launched a set of Social Regulatory Standards for Public Consultation. The purpose of this public consultation was to receive feedback from the general public on Outreach and Community-based Services. 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, individuals, families and groups within the community.

3. This consultation sought views on:
 - Guidelines for Outreach and Community-based Services. Six standards were identified addressing person-centred 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 17th of January 2020. The consultation documents were available online and responses were accepted electronically, on paper, by phone or one-to-one meetings upon request. In total, there were circa 234 comments on different aspects of the standards. These were received from Paulo Freire Institute, St Jeanne Antide Foundation, Fondazzjoni Sebh, Karl Vella

Foundation, the Foundation for Social Welfare Services, service users identified by the Agency for Therapeutic and Community Services (FSWS) and the Office of the Commissioner for Mental Health.

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

Feedback was gathered from service providers in the field, namely, Paulo Freire Institute, St Jeanne Antide, Karl Vella Foundation, Fondazzjoni Sebh and FSWS both during orientation visits held with each provider and also during a collaborative platform that has been launched for this sector and that would be held on a quarterly basis.

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: 7**
- **Total feedback received by individuals:**
- **Total feedback received by organisations: 7**

St Jeanne Antide Foundation

Paulo Freire Institute

Fondazzjoni Sebh

Karl Vella Foundation

FSWS

Office of the Commissioner for Mental Health

Service users identified by the Agency for Therapeutic and Community Services at the FSWS

- **Total feedback received through email: 6**
- **Total feedback received through online form: 0**
- **Total feedback received by post: 0**
- **Total feedback receives through a one-to-one meeting: 1**

7. Summary of feedback received.

Twenty four percent of the comments (57 comments) submitted were either general comments about the standards or feedback attributed directly to the glossary, the principles and any use of grammar. Overall respondents were grateful and satisfied with the drafting of such standards which

gives a regulatory framework to the field and agreed with the comprehensiveness of the document. Some respondents highlighted the need for a service agreement and a personal support plan to be in place, the involvement of community members in service planning and training and CPD for staff working in community-based services. Also, respondents mentioned the need to increase awareness on such services and to increase the catchment areas which is required for persons to be able to access help in an easier manner within their own community.

Amongst the general comments respondents mentioned aspects such as that the community-based services shall be guided by principles that include participatory practices, communication and anti-discrimination. Also there was an emphasis on the importance of the concept of Community Development and values that underly this such as social justice, equality, community empowerment, collective action, building networks and working for the common good. All such values and principles were referred to in specific parts of the standards.

There were also recommendations with regards to the easy read version of the document mainly that it should be concise and easy to follow with illustrations that will help in understanding better the document.

A number of feedback was also directed to the glossary where significant changes were done with the entry of new terms and the modifications of existing ones. It was suggested that for example the terms outreach and community-based services are split into two distinct terms hence having different meanings. Amendments were made to the terms 'community development', 'community members', 'community-based centre', 'staff' and 'key/support worker'. Also, the term 'volunteers' was introduced to the glossary.

Most of the feedback was attributed to the content of the standards (and the annexes) with a total of 177 comments. These were distributed as follows:

Standard 1 – 49 comments (Person-Centered Support Interventions)

Standard 2 – 28 comments (Rights and Empowerment)

Standard 3 – 30 comments (Safety and Security)

Standard 4 – 10 comments (Data Handling and Information Dissemination)

Standard 5 – 26 comments (Interagency Collaboration and External Relations)

Standard 6 – 29 comments (Service Quality Management)

Annex 1 – 0 comments

Annex 2 – 1 comment

Annex 3 – 3 comments

Annex 4 – 0 comments

Annex 5 – 1 comment

As one can notice from the above numbers, the highest number of comments was attributed to Standard 1 pertaining to Person-Centred Support Interventions. Feedback consisted of comments related to intake of individuals in services, the need to identify potential strategies for intervention apart from outreach, the consent to be given by individuals on provisions of the service agreement and termination and extension of service. Also, comments were submitted on the personal support plan and the right to access such plan and to be provided with a copy upon request. The need to involve individuals when developing and updating the plan was mentioned as well.

There seemed to be a general agreement on provisions listed in Standard 4 which had the least amount of feedback. This pertains to Data Handling and Information Dissemination where all respondents have agreed that anything that relates to information requests, sharing and storing shall be in line with Data Protection Regulation.

The other standards had roughly the same amount of feedback and for the Annexes, the number of comments being submitted was very low.

Respondents have submitted a number of comments which were valid in the context of the standards however no amendments to the guidelines were required as per such feedback. This was decided following internal discussions. These comments included the following:

- Some respondents felt that some provisions in the standards do not apply for community –based services but may be mostly appropriate for day or residential services. These mostly pertained to aspects related to health and nutrition. To justify these comments, it is important to note the wide range of community-based services available. It is known that there are services in the community where individuals spend considerable time in which they perhaps would require to take up medicine or medication. Also, there are services where food is served and so it is important that this is prepared and served as per food hygiene principles. Thus, persons who are responsible for handling of food shall be certified in food handling to ensure hygiene and food safety.
- Some respondents suggested procedures that can be adopted by the service provider in aspects such as feedback gathering. However, it should be noted that this is largely a procedure which should be part of the service’s manual of policies and procedures not necessarily a standard that fits all service providers. Policies and procedures shall be developed distinctively by all service providers according to the type and nature of services provided.
- There was also a remark with regards to the need to define and explain the roles of different professionals and service providers working in the field for example social workers. As a response for such matter, it is believed that the roles and job descriptions of professional staff and any other staff that works within an organization shall be established by the service provider upon recruitment. Thus, it is not the remit of the authority to establish these. Also anything that relates to staff recruitment, intake procedures and others shall be clearly defined in the service’s manual of policies and procedures. Also one respondent asked on whether a service provider shall inform prospective service providers in case a community member is required to stop availing of the service due to misbehaviour such as aggressiveness, theft or causing anything that is in breach of the rules of the services. This shall not be determined by the SCSA but the service provider shall be responsible on what information shall be shared according to the procedures of the service and that which is required by prospective providers.
- Also some respondents commented about various issues that they feel should be present when regulating services however it was noticed that much of what they have commented about have been referred to in specific parts of the guidelines. It is important that the guidelines are followed from start to finish therefore taking into account the glossary that specifies what certain terms refer to and also the annexes which are very useful since they present ‘template like’ lists that the service provider shall endorse whilst providing the service namely when providing information, when devising a service agreement, when developing a personal support plan and when developing a manual for them to operate effectively. These templates can be altered and modified as required by the service provider.

- There was also a remark with regards to what happens when individuals accessing services are not able to assume their right to control their lives. The respondent in question asked how these persons would be safeguarded. It should be noted that these persons would not be able to assume such right for a variety of reasons for example in case of minors or persons with intellectual disability. It should be noted that in such cases, amongst others, a guardian shall be appointed by legal proceedings or else a representative that would mean a person who is independent from any aspect of the service and from any agency involved in the provision of service, working in the name of the person availing of the service or in his/her interest. The representative carries out such work after having been formally appointed to do so by the community member in whose name the representative is acting or (if the community member is not in a position to do so) as stipulated by law such as in the case of guardianship.
- There was a common confession by most of the respondents that the standards should not stipulate a definite time frame as to when review meetings of the individuals' personal plan and general staff meetings shall be held as this is greatly affected by the exigencies of individual cases. Whilst this holds true, this office approves that reviews shall be carried out through any type of intervention not necessarily a monthly meeting.

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. More than half of the amendments made to the guidelines revolve mostly around terminology and the correct use of terms.

- The title shall be amended from Social Regulatory Standards for Outreach and Community-Based services to Social Regulatory Standards for Community-Based and Outreach Services as Community-Based Services is the overarching term and so it would be appropriately put first.
- Considerable amendments were made to the glossary as follows:

The term 'community-based centre' was amended to include 'volunteers' with staff members and also adding that work within a community-based centre shall be carried out 'in line with the principles of community development'.

Outreach and Community-Based services would now be defined separately.

For the **Outreach services** this definition was given: Services which are developed with the aim of reaching out to citizens in a community to encourage them to identify needs, potential and any limitations and to ultimately provide resources for community members to access services and to widen available support networks. Outreach services help fill gaps by providing services to marginalised groups, families and individuals in the community. Ultimately, the most appropriate support interventions are delivered through a number of generic and specialised services.

For **Community-based services** this definition was given: A range of support services provided to individuals, families and groups in the community who might be facing life challenges, difficulties

or situations that require generic and/or specialised support interventions from community care service providers.

The term **'community development'** shall read as follows: the collective effort of community members to actively influence decision making and where possible take decisions in order to promote their integral development through participative democracy. The process involves working with rather than working for community members to identify their strengths and needs and support them to build networks and share experiences and expertise in a spirit of respect towards other members and groups. This shall be sustained by organising, educating, empowering and mobilizing individuals within communities with the aim of promoting sustainable development, economic opportunities, rights, equality and social justice.

The term **'community members'** shall read as follows: A group of people who either share a particular geographical space or else share common characteristics, interests, experiences or situations. The latter type is mostly referred to as 'communities of interest'. Community members can either be individuals who access community-based services such as social work services or other specific services offered by a centre and who are seeking to improve their quality of life in aspects they feel they need to be assisted in or individuals who participate in community projects, initiatives or activities. Community members can avail of community services, be active participants in community events and can also be providers of services. Their ability to lead a more independent life shall be enhanced where possible. The term 'individuals', within the text, is used interchangeably with the term 'community members'.

After an internal discussion, it was agreed that the term community members/individuals shall be retained as service provision is extremely wide and does not cover only those people who access social services but also people who actively participate in community events and activities as community members. So, the definition of community members was modified to incorporate all these people.

The term **'independent representative'** shall be amended to include that the representative can be the guardian.

The term **'key/ support worker'** shall be amended to read 'key worker' only as in reality it is the key worker who is responsible for co-ordinating the individuals' action plan and the support worker who implements the plan. For the purpose of this definition the term key worker is the appropriate term to use.

The term **'multi-disciplinary'** shall be replaced by **'interdisciplinary'** and shall read as follows: a team made up of a number of professionals from a range of disciplines working collaboratively to deliver comprehensive care that addresses the needs of individuals availing of the service. The team works for a common purpose, shares common goals and responsibilities and mobilizes resources to fulfil its role.

The term **'Personal Support Plan'** shall have the following statement added to it: If services are required by a family as a unit, the support plan will be compiled to reflect the situation and the exigencies of all individuals within the family.

The term **'specialised support services'** shall be amended to read as follows: Services that are usually required by individuals or groups who present complex needs and who might be at risk themselves or may be of risk to others. Specialised services are usually referred to when generic services or mainstream interventions prove insufficient to cater for the identified needs.

The term **'Staff'** shall be amended to read as follows: means a person engaged by the service provider wherein one of the person's responsibilities is to provide individual and group support and care. Staff members can also assume administrative duties simultaneously with their caring duties.

Other staff members may only have administrative duties which oversee the planning and implementation of organizational plans and the enforcement of rules and procedures.

The term '**Volunteers**' shall be added to the glossary and the definition shall read as follows: means persons who engage in a range of activities to support other people without financial gains. The contribution of volunteers is increasingly significant in community support services as it aims towards improving the quality of life of individuals and families in the community. Volunteering offers volunteers an opportunity to build meaningful networks, access opportunities, improve their quality of life and to be recognized amongst others. Mutual benefits shall exist in the relationship between the volunteer and the organization in which he/she is volunteering.

Amendments to Standards 1:

There have been a number of changes with regards to terminology for example:

Client-centred support shall be replaced by **person-centred support**, equitable shall be replaced by **fair**, catchment area and spatial requirements shall be replaced by **geographical area/requirements**, selecting cases shall be replaced by **allocating cases**, multidisciplinary team shall be replaced by **inter-disciplinary team**. Instead of using the word 'disability' when commenting about that assessments shall be sensitively carried out in light of an individual's attributes such as disability, the term disability shall be replaced by **physical, mental, intellectual, sensory or social abilities**.

There were also a number of Performance Indicators that have been newly introduced to this standard, others have been moved from another standard to this one and some others have been modified as proposed:

Potential strategies for interventions to ensure that the most vulnerable are being reached should be continuously explored.

The environment from where the services are offered shall be inclusive, informal and non-clinical where non-bureaucratic and person-oriented systems are adopted and accessible to everyone.

During the intake process, the necessary checks are undertaken to identify whether the individuals are currently availing or have in the past availed of other services, be them therapeutic, residential or community in nature, so as to better tailor service provision and offer the necessary assistance.

If community members have changing needs that cannot be met by the service, then, with their consent or that of their representative, they shall be referred to other professionals, persons or entities who can give the level and type of care that they need.

Community members, or their representative, shall be provided with a dated copy of this written service agreement in a format that they can understand including providing support to explain its provisions in a way that is understandable.

Community members, or their representative, as well as the service provider all sign this agreement.

Community members shall give their consent to a number of provisions as established in the service agreement.

The service agreement shall be reviewed when decisions taken on the personal support plan may entail changes in the provisions of this agreement or if there is a request from behalf of the community members or their representative.

The service shall be terminated or extended in partnership with community members bearing in mind their needs and expectations. The wellbeing of the community members in question, their families or significant others, the staff, management and other individuals availing of the service shall be ensured at all times when deciding on termination and extension.

Community members or their representatives shall understand the plan, which should be accessible to them whenever they need it and are given a copy of this document upon request. The individuals shall sign both the original copy and subsequent amendments to the plan.

With the assistance and coordinated effort of an interdisciplinary team, when necessary, the established plan shall be used to determine whether needs are being met, whether there are any gaps in service provision and if any gaps are identified what action is required to tackle the gaps.

Staff members working in community-based services or outreach programmes shall adopt proactive approaches that allow for monitoring of individual cases so as to sustain the impact of the interventions applied. Individuals shall commit themselves to work on the agreed plan and the staff shall help them to do so.

Amendments to Standard 2:

Standard Statement: Community members shall be ensured a holistic, respectful and dignified approach to care with the aim of safeguarding social justice and fundamental human rights, to add: **and promoting resilience and wellbeing.**

Quality Indicator 1 amended to read: The service provider shall ensure that any information is delivered in a timely, complete, and suitable manner for community members to understand **without the need for them to feel obliged to give something in return for the exchange of such information.**

Quality Indicator 5 amended to read: The service provider shall ensure that minors are provided with suitable and **age-appropriate** services and are consulted to ensure that the best support is delivered.

Following is a list of performance indicators that have had important changes to them:

*Individuals **may request a change in their key worker** and they shall be supported to discuss with authorised persons the possibility **for such change** to take place. Support is given to understand any limiting factors related to this choice.*

*Community members shall be given the opportunity to avail from advocacy services, **if they request so and they have financial means to do so**, and to appoint an independent advocate that would support them to access their rights, acquire any information they request and support them to voice their opinion.*

*Community members shall be viewed as potential contributors in community development and so efforts **shall be sustained** to acknowledge their expertise, **strengths** and advice so as to engage **actively** in public activity.*

With regards to **minors**:

The relevant consent forms, both those included with the service agreement and others required during service provision shall be duly signed by parents or the legal guardian.

Minors shall be encouraged to contribute in the planning and organization of activities, that are age-appropriate, and actively participate in activities organised at the local community level. Also they are encouraged to engage in volunteering that is appropriate for the age and abilities of minors and that does not cause any potential risks to them.

Amendments to Standard 3:

Amendment to terminology: Community members shall not be discriminated against on the basis of sex, sexual orientation, age, race/ethnic origin, religion/belief, gender identity, gender expression, sex characteristics, language, family responsibilities, **mental health status or physical, intellectual, sensory or social abilities** (instead of disability). Allegations of discrimination shall be fully investigated according to established procedures.

Following is a list of performance indicators that have had important changes to them:

Quality Indicator 4: The service provider shall ensure that the community members' health condition and needs are well known by the management and staff **if this might have an effect on service provision in any way.**

Relatives, representatives or other persons are informed of incidents or accidents with the consent of the community members involved or if this is legally required.

If the community members' behaviour challenges the principles of the service, they shall be provided with professional support after being properly assessed **in line with the procedures and rules of the service as established in the manual of policies and procedures.**

The community members or representatives shall provide adequate information of any health and/or medical condition, allergies and medicine and/or medication if this is required to be known amongst staff and management to ensure that their wellbeing is safeguarded at all times.

The service shall have clear policies and procedures with regards to the preparation, administration and management of medicine and medication **if medicine and/ or medication needs to be administered during provision of service.**

Amendments to Standard 4:

Community members shall be informed from the outset why their personal information is required and how it is intended to be used. This is explained in simple terms and in an open way **in the service agreement where there is also reference to relevant consent forms.**

Any personal information pertaining to community members shall be processed **according to the Data Protection Act.**

To ensure protection of data against unauthorised access, loss, damage and inappropriate handling, a competent person, **usually a data protection officer**, shall be appointed to give proper instructions to all staff on data protection issues including **regulations** and consequences of any breach.

Amendments to Standard 5:

The Standard Statement has been amended to read: The service provider shall encourage community members to maintain significant community involvement in activities and initiatives and sustain meaningful relationships if this does not imply any harm to the individuals whilst ensuring collaboration with external entities to ensure effective and cohesive partnerships.

Quality Indicator 1: The service provider shall communicate with significant persons close to the

community members availing of such services and retains such contact if this does not harm the same individuals.

Quality Indicator 2: The service provider shall collaborate with third parties, including professionals and support bodies, so as to enhance the care and wellbeing of the individuals and families availing of the service and also improving the quality of community life.

There were also a number of Performance Indicators that have been newly introduced to this standard, others have been moved from another standard to this one and some others have been modified as proposed:

Staff and management shall be able to demonstrate their understanding on the relationship that exist between community members and their families or significant others so as to determine the ability of the latter **to contribute to informal and/or formal support for community members.**

Families and persons significant to community members are supported to establish useful partnerships with professionals and relevant services so that they work for the benefit of the community members.

Community social work and family therapy, if offered as part of the service, shall provide the necessary guidance for families to develop skills to better manage their life to reduce the risk of poverty, social exclusion and crisis and cope with different situations.

If legally permitted **and if necessary**, families and significant others **including any identified support networks and other useful contacts** shall be engaged in shared decision making through interaction and collaboration with different persons or entities that could provide care.

Initiatives that facilitate the coming together of different groups of people in the community, especially the most vulnerable and marginalised, to act in a collective manner to voice concerns and aspirations, to set up common goals and to organize activities that help sustain a better quality of life for all shall be effectively planned and executed.

Partnerships with other providers shall be established with the aim of raising one's profile so that people can refer to specific services when needed, improving resource mobilisation, sharing best practices and raising awareness and sensitivity towards social needs of individuals and introducing innovative technologies and approaches that may improve service delivery.

Amendments to Standard 6:

Quality Indicator 2 shall not incorporate recruitment and training together but another Quality Indicator has been added to differentiate the two, therefore Quality Indicator 2 shall read: The service provider shall implement transparent recruitment and selection strategies.

Quality Indicator 3 shall read: The service provider shall plan for the training and continuous development of its staff and improvement of service provision.

The most significant change to this standard must be the inclusion of the term 'volunteers' as with staff.

Other minor changes have been made to the following Performance Indicators:

The role of volunteers in community services shall be appreciated and recognised thus more persons, **including individuals availing of the service**, should be reached and encouraged to engage in as volunteers and **given the appropriate support and training.**

Staff and **volunteers** shall know when and from whom they should seek help when they feel unable to cope with a particular situation **or when they feel that an issue does not fall within their competence.**

The role of volunteers in community services shall be appreciated and recognised thus more persons, including individuals availing of the service, should be reached and encouraged to engage in as volunteers and given the appropriate support and training.

Volunteers shall have the right qualities, values and attitudes to work with community members just as any other paid staff.

Responsibilities shall be assigned to volunteers without taking advantage of these persons who carry out work without being remunerated.

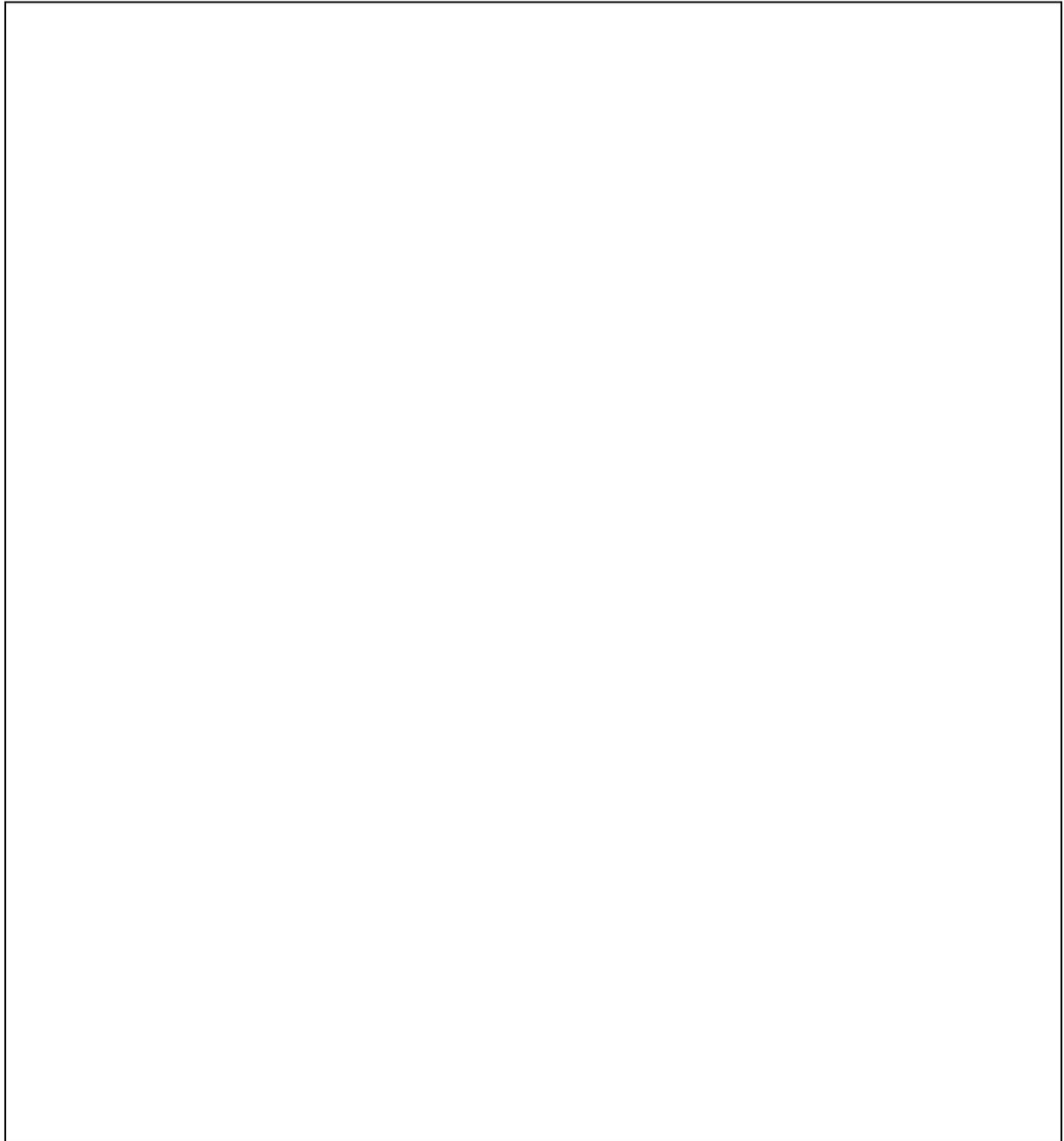
The service shall have a procedure for the continuous professional development and ongoing training of all staff and volunteers. This training should ensure that: **Staff is more aware of and is non-judgemental towards community members in aspects related to religion, culture, gender and sexual orientation.**

Staff supervision and performance appraisals shall be carried out **on a regular basis by a person appointed by the provider from within or outside the service** to identify any training needs required by staff as well as to ensure optimal quality in service delivery.

Also with regards to terminology, it was suggested that the term POMA is written in full therefore, **Protection of Minors Act.**

Amendments to the Annexes:

There have been two amendments, one pertains to the manual of policies and procedures where the procedure with regards to 'Retention of personal data and file destruction' has been introduced and the other pertains to the Annex on Useful Reference Material where the Mental Health Act was included.



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: regulations.scsa@gov.mt

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*)

NA

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*)