

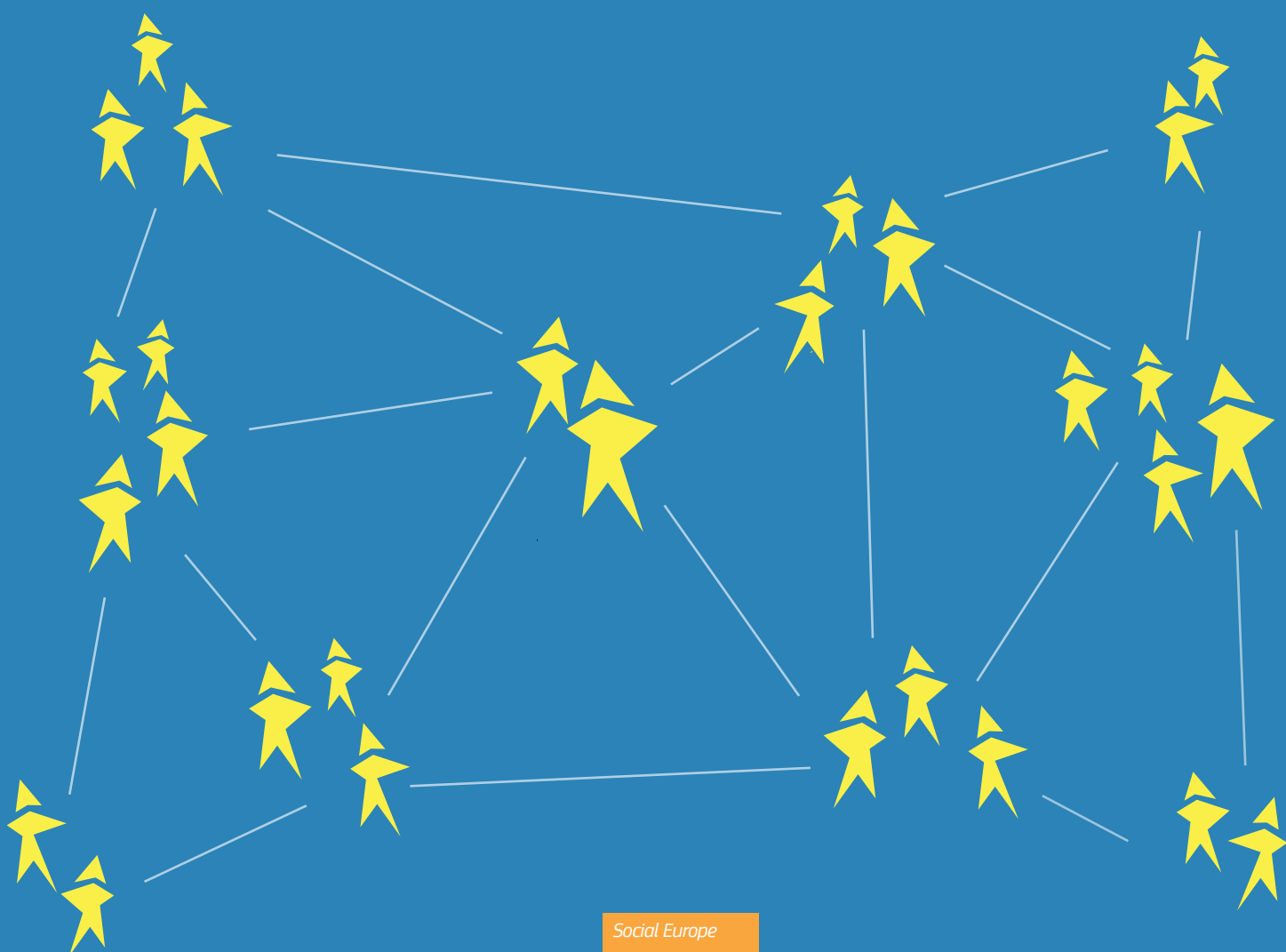


EUROPEAN SOCIAL POLICY NETWORK (ESPN)

Social protection for people with disabilities

Malta

Sue Vella



Social Europe

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Directorate-General for Employment, Social Affairs and Inclusion
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ESPN Thematic Report on Social protection for people with disabilities

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Sue Vella

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Summary

This report analyses some important cash and in-kind social protection provisions available to adults with disabilities (i.e. aged 18 or above). There are other important provisions available to them in other areas not covered in this report. In line with Article 1 of the UN Convention on the Rights of Persons with Disabilities, “people with disabilities” should be understood as “those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”.

The employment rate of people with disabilities is over 30 percentage points below that of people without disabilities, and they are more reliant upon social protection. Disability-specific income support consists of non-contributory assistance and a contributory invalidity pension. Non-contributory benefit levels have been raised since 2017 and are not means-tested. However, one third of those with severe activity limitation are at risk of poverty or social exclusion, which is twice the rate of those without disabilities. The contributory scheme, known as the *Pensjoni għal Invalidità* (invalidity pension), has higher benefit levels, yet the maximum rate depends upon having made sufficient contributions; that said, the contributory requirement is waived where disability is assessed above 90%. In both instances, assessment is largely based on a medical diagnosis and the degree of disability. The take-up of the *Assistenza għal Diżabbiltà* (disability assistance) appears to be low compared with the prevalence of activity limitations according to Eurostat data. While it is unclear to what extent this is affected by the nature of assessment, the issue of non-take-up merits further study.

In respect of healthcare, people with disabilities have access to universal primary and hospital care, though long waiting lists result in a relatively high rate of unmet healthcare needs among this group. They are also entitled to free medical aids (including medicines and prosthetics) which are normally means-tested, though this requirement is waived for most levels of disability assistance.

In respect of housing, people with disabilities have access to a scheme run by the Housing Authority that includes technical advice and grants of up to €6,000 for adaptation works and between €5,000 and €20,000 for stair- and platform-lifts (depending on residence type). The grant is paid on a reimbursement basis, which may prove difficult for people without their own resources. Furthermore, the maximum adaptation grant of €6,000 is very low and would require significant out-of-pocket payments at today’s prices in the construction and trades sectors. People with disabilities may also apply for a non-contributory means-tested rent allowance, and benefit from a higher income ceiling than people without disability. That said, prevailing rental rates make it unlikely that people with disabilities on anything less than a modest income plus disability assistance could live independently.

There are no specific old-age pensions for people with disabilities, or any specific unemployment benefits. People with disabilities willing and able to work enrol on a special unemployment register with less stringent activation requirements and with dedicated support to find, take up and retain work.

Grants for assistive technology are relatively modest, and people without their own resources often need to apply to the Malta Community Chest Fund (a semi-charitable entity), and undergo another means test, in order to supplement these grants. Personal assistance, which is not means-tested, comes in three tiers depending on the hours of support needed each week; there is currently a waiting list for such assistance.

As contemplated in the national strategy for 2020-2030 on the rights of disabled people, reforms to disability assessment and eligibility are set to take place within nine years – including a strengthening of personal assistance schemes, and further investment in assistive technology research. It is recommended that a unified approach to assessment be undertaken in the shortest time possible; and that benefit adequacy receives close attention, with due consideration to the extra costs of disability and rises in the cost of goods and services. The alleviation of poverty among people with disabilities merits explicit attention in any action plans pursuant to the recently launched national strategy.

1 Access to disability-specific income support

1.1 Disability-specific benefits/pensions available to working-age people

The social security system in Malta provides two major schemes: a non-contributory tax-financed scheme, and a contributory one. In respect of people with disabilities, Section 1.1.1 presents the *disability assistance* non-contributory scheme, and Section 1.1.2 presents the *invalidity pension* contributory scheme.

1.1.1 *Assistenza għal Diżabilità* (Disability assistance)

This scheme provides financial support to people with disability who have not made sufficient social security contributions to entitle them to a contributory benefit. There are four sub-schemes with different levels of payment depending upon the severity of disability: *Assistenza għal Diżabilità* (disability assistance – DA); severe disability assistance – SDA; increased severe disability assistance – ISDA; and assistance for the visually impaired – VI. The conditions are the same, and are therefore presented as one scheme, with differences pointed out where these exist.

a) Eligibility conditions

Disability-related qualifying criteria are as follows.

- For DA: Able to work but having: total paralysis; permanent total severe malfunction; permanent total disability through the amputation or otherwise of one of the upper or lower limbs; hearing impairment; or speech impairment.
- For SDA: Able to work but having: severe intellectual disability; permanent disability arising from total deaf-mutism; one of a wide range of diseases defined in the Social Security Act; permanent total paralysis or permanent total severe malfunction or permanent total disease, whether through amputation or otherwise, of both upper or lower limbs; epilepsy with more than four attacks per month; congenital indifference to pain; or cerebral palsy.
- For VI: Able to work, but with visual impairment.
- For ISDA: Absolutely unable to work due to physical and/or intellectual disability, and with disability scores between zero to nine on the Barthel index or a score exceeding 13 on the impairment tables.

Age: 16-60.

Nationality and/or residency: This benefit is payable to citizens of Malta who normally reside in Malta. It is also payable to recognised refugees, who are entitled to benefits on the same basis as Maltese citizens¹, and who are subject to the same eligibility requirements. As with other non-contributory benefits, disability assistance is not available to other EU and third-country nationals.

Waiting period: None. Eligibility starts from the month in which a positive assessment is made.

Contributory history: None; it is a non-contributory benefit.

Level of financial resources: None (i.e. neither capital nor income is taken into account for any of the four types of disability assistance).

¹ <https://legislation.mt/eli/sl/318.16/eng/pdf>

Other: In all cases, the onset of disability must have occurred before the age of 60. People with DA and SDA and VI can work without affecting their entitlement.

Gaps/obstacles: There do not appear to be any gaps or obstacles in relation to Maltese citizens' access to the non-contributory DA, and the disregarding of income makes the benefit more accessible.

b) Disability assessment framework

Type of assessment: Medical assessment in all cases, including a multi-disciplinary assessment in the case of ISDA.

Responsible authorities: Minister responsible for social security (appoints a panel of medical doctors); the director of social security (considers and allows/disallows the claim after consulting medical panel).

Method: In the case of DA, the applicant must fill in an online form. In the case of SDA and VI, the applicant needs to append a severe disability specialist report following a prescribed template. In the case of ISDA, the applicant needs to append a physical and/or intellectual disability report following prescribed templates.

Supporting evidence: Self-assessment for DA; medical reports for SDA, ISDA and VI.

Assessor: In all cases, claimants are assessed by a medical panel. In the case of ISDA, a multidisciplinary assessment is also conducted, by a team composed of: a psychiatrist or a geriatrician; a psychologist; an occupational therapist; and a social worker.

Decision-maker: The director of social security, following medical advice. Appeals against the decisions of the director may be made to an umpire².

Critical analysis: Traditionally, the assessment of disability has closely followed the medical model, focusing on medical diagnosis and impairment/disability rather than functional abilities and the adaptations required for integration at the workplace or the ability to live independently. This has also been pointed out in the UN initial report on Malta's implementation of the Convention on the Rights of Persons with Disabilities (CRPD) (UNCRPD, 2018). The medical-model Barthel index has been supplemented by impairment tables which widen access to benefits. However, there are still too many different assessment methods employed by different entities, which makes it burdensome for applicants. As the UN points out, assessments of suitability to work (among those who can) should be replaced with an assessment of the reasonable accommodations required for those who can work to do so. That said, in its report to the Council of Europe on Article 15 of the European Social Charter, the government has stated that a working group has been set up to map "the different and, at times, divergent assessment systems" used by different entities, with the intention to "agree on a unified system for a single gateway assessment based on functional and social criteria" (Government of Malta, 2020a, p. 66).

It is unclear what impact the nature of assessment has on coverage and take-up. However, when one takes into account beneficiary data issued by the National Statistics Office (2021), take-up of disability-related assistance appears rather low, amounting in 2020 to 137 beneficiaries of DA; 3,238 of SDA; 538 of ISDA; and 361 of VI. These figures are far off the estimated number of people with disabilities in Malta; according to Eurostat data for 2014, 19.5% of those aged 15 and over have moderate physical and sensory functional activity limitations, while 7.3% have severe limitations. To put this in context, 7.3% of the 2014 population aged 15 and over would be 26,856 (National Statistics Office, 2014). A study into the take-up of benefits by people with severe limitations may help shed light on gaps in coverage.

² An applicant who feels aggrieved by a decision of the Department of Social Security may appeal to the Office of the Umpire: <https://socialsecurity.gov.mt/en/office-of-the-umpire/>.

c) Benefit entitlements

Level of benefit: Table 1 below demonstrates the maximum weekly rate payable in respect of each form of assistance.

Table 1: Weekly levels of disability assistance in Malta, 2022, €

Form of assistance	Maximum weekly rate €
Disability assistance	83.99
Severe disability assistance	109.52
Visual impairment	109.52
Increased severe disability assistance	164.90

Source: <https://mysocialsecurity.gov.mt/BenefitPaymentRates.aspx>.

Duration of benefit: Until pensionable age, though subject to periodic reconfirmation through medical panel reviews.

Interactions with other income or income-related benefits: All forms of disability assistance are subject to neither capital nor income tests. They are all subject to the “duplicate rights” proviso: that is, recipients of any social security benefit cannot receive two or more benefits concurrently, but only the most advantageous one. That said, ISDA beneficiaries are eligible for free medical aid without needing to satisfy the means test generally required for the latter. The income of SDA beneficiaries who are in gainful employment is not taken into account for the free medical aid means test.

Challenges: The adequacy of these benefits has repeatedly been called into question by disability activists, as they are insufficient for people with disabilities to make an independent life for themselves in the absence of family support (Camilleri Zahra, 2019). The Council of Europe factsheet on Malta notes that the level of *Għajjnuna Soċjali* (social assistance) paid to a single person without resources is not adequate, and nor are the minimum levels of sickness, unemployment and invalidity benefits (Council of Europe, 2021a); a similar argument may be made about disability benefits, especially when one also takes into account the extra costs of disability. An international systematic review of additional costs in 2017 suggested widely varying figures depending not only on severity of disability, and short- versus long-term perspectives, but also the country’s level of development (Mitra *et al.*, 2017); country studies range from, for instance, a minimum of 9.1% of household income in Turkey (İpek, 2020), and around 30% in 15 European countries (Morris and Zaidi, 2020), to an average of 63% in the long run in Australia (Binh *et al.*, 2020). In any case, and as Caritas Malta pointed out in their calculation of a minimum essential budget for decent living, the additional costs of disability in Malta merit a study of their own (Caritas, 2020).

The AROPE³ rate among people with no activity limitation was 16.5% in 2020; the figure was significantly higher among those with some (29.4%) or severe (32.5%) activity limitation⁴ (see Table A1 in Annex).

The risk is considerably higher among working-age⁵ women with severe limitations, and is also relatively high among women of pensionable age with some limitation. The

³ At risk of poverty or social exclusion.

⁴ Eurostat (2022). People at risk of poverty or social exclusion by level of activity limitation, sex and age [Online data code HLTH_DPE010]. Accessed 27 April 2022.

⁵ The working age in Malta starts after compulsory secondary education – that is, at 16. Pensionable age depends on year of birth, following the 2006 staggered pension reform. Thus, people born before 1955 retire at 62; between 1956 and 1958, at 63; between 1959 and 1961, at 64; and in or after 1962, at 65. After reaching pensionable age, people can continue in gainful employment. If they have met the necessary contributory requirements, people can also retire on a pension at 61 but cannot resume gainful employment until reaching their applicable pensionable age.

latter may be a cohort effect, in that the majority of women in this age group did not accrue a contributory pension in their own right due to their low and/or interrupted work history.

Social protection clearly has an impact on reducing the risk of poverty among people with disabilities. Before social transfers, two thirds of people with some or severe activity limitations face the risk of poverty; this reduces to a quarter after transfers. Indeed, the risk is reduced considerably more among this group than among the broader population. The disregard of earnings in the case of SDA and VI is a very positive move in reducing disincentives to work and reducing poverty risk. However, the capacity of Malta's social transfer system to reduce poverty is still below that of the EU27 (see Table A2 in Annex).

Despite increased benefit levels in recent years, per capita expenditure on social protection for people with disabilities (in purchasing power standards) remains low, at €185.52 in 2018 compared with the EU28 average of €614.67 (see Figure A1 in Annex). The proportion of social expenditure allocated to disability has remained largely static over the years, although a lag until the impact of recent amendments to benefit levels starts to show is inevitable. Regrettably, the reduction of poverty amongst people with disabilities in Malta does not feature as one of the many objectives of the recently published national strategy (*Freedom to Live*) for people with disabilities for 2020-2030, and requires dedicated attention.

1.1.2 Pensjoni għal Invalidità (Invalidity pension)

The *Pensjoni għal Invalidità* (invalidity pension) is a contributory benefit payable to people whose work capacity is not compatible with suitable full-time or regular part-time employment or self-employment. Entitlement is based on a given level of contributions having been paid, as outlined below.

a) Eligibility conditions

Disability-related qualifying criteria: People whose work capacity is not compatible with suitable full-time or regular part-time employment or self-employment, due to a serious disease or bodily or mental disability lasting not less than six months immediately before the claim. Impairments are deemed to be either permanent (likely to last for at least 12 months after diagnosis and treatment) or temporary (likely to prevent the person from undertaking full-time or regular part-time employment or self-employment for not less than one year from the date of claim). The assessment results in the determination of a percentage of reduced work capacity; entitlement to the invalidity pension requires a minimum level of reduced work capacity of 20%.

Age: Between 21 and pensionable age. The fact that it requires the prior payment of at least 250 contributions (just under five years), effectively means that – assuming they started to work at age 16 – a claimant would have to be at least 21 to receive an invalidity pension.

Nationality and/or residency: The invalidity pension is tied to contribution history and not to nationality or residence; indeed, the pension is portable worldwide. People with refugee status who meet the contributory requirements are entitled to the invalidity pension on the same basis as Maltese nationals. It should be noted that, unlike in the case of EU nationals and refugees, unemployment periods for third-country nationals are not accredited.

Waiting period: The website of the Department of Social Security states that there is a 54-day period from the date of application to first payment of claim. Eligibility starts from the month in which a positive assessment is made.

Contributory history: On the date the claim is made, the applicant must have (a) paid at least 250 social security contributions, and (b) paid (or had accredited to them) an average of at least 50 social security contributions per year from age 19 until the date

of the claim (or from age 18 for those born before 1965). However, where disability is assessed at 90% or more by the medical panel, the contributory requirement is waived.

Level of financial resources: None; contributory benefits are independent of wealth and income.

Other: Before applying, the applicant must have been in continuous full-time or regular part-time employment or self-employment for not less than 12 months, or on the unemployment register for not less than 12 months.

Gaps/obstacles: The contributory requirements for the invalidity pension (where an applicant's impairment is assessed to be below 90%) mean that people with disabilities whose employment record is intermittent may not be eligible. Another obstacle is faced by third-country nationals who may not have accumulated sufficient contributions to benefit from the invalidity pension and who cannot draw upon their contributory record in another EU Member State (unlike EU nationals). There have been a number of serious accidents involving third-country nationals performing construction work in Malta, and the victims were not subsequently entitled to the invalidity pension, on grounds of inadequate contributions.

b) Disability assessment framework

Type of assessment: The assessment covers both the medical perspective and functional abilities, and is based on impairment tables set out in law⁶.

Responsible authorities: The director of social security, and the umpire in case of appeal.

Method: The applicant must provide documentary evidence for their claim, although the medical panel considering the case may request further medical information directly from the clinic or hospital where the applicant is normally treated.

Supporting evidence: Medical certification of invalidity and a hospital case summary if applicable. The applicant may be asked to provide an employment history record showing their last date of employment, and income tax forms for the year preceding the application.

Assessor: The director of social security consults a medical panel on the medical aspects of the claim. If the applicant's work capacity cannot be conclusively determined, the minister appoints a multi-disciplinary panel to advise the director on the psycho-social aspects of the case. The multi-disciplinary panel is made up of: a psychiatrist or a geriatrician; a psychologist; an occupational therapist; and a social worker. Assessment is also functional, based on the extent to which the applicant is able – after the condition has been treated – to work and to conduct everyday tasks.

Decision-maker: The final decision regarding the award of this benefit is taken by the director of social security. The applicant has the option to appeal to the umpire of the Department of Social Security.

Critical analysis: At present, applicants are seen by different boards, which causes undue stress to applicants. As explained in a later section, assessment is being streamlined to ensure a single assessment.

c) Benefit entitlements

Level of the benefit: For the first six months, the claimant is paid sickness benefit at a rate of €21.64 per day (single parent or married person with spouse not in gainful employment) or €14.01 (any other person). Subsequently, there are different benefit levels depending on the severity of the disability and the meeting of contributory

⁶ <https://legislation.mt/eli/sl/318.21/20100722/eng>

requirements. The ranges are shown in Table 2 below. The married pension rate is paid even where the spouse is employed.

Table 2: Weekly invalidity pension rates, Malta 2022, €

	Married rates € per week		Single rates € per week	
	Maximum	Minimum	Maximum	Minimum
National minimum invalidity pension	162.40	124.94	142.60	119.01
Invalidity pension	118.06	97.91	104.91	91.47
Increased invalidity pension	152.33	114.71	129.04	103.30
Severe invalidity pension	n/a	n/a	171.40	132.66

Source: <https://mysocialsecurity.gov.mt/BenefitPaymentRates.aspx>, accessed 14 February 2022.

Duration of the benefit: The invalidity pension is payable for a period as granted by the medical panel (not beyond the statutory retirement age). The pension can be granted for a minimum of one year and a maximum of three years if the condition is expected to improve. The person undergoes a medical review at the end of the period granted by the panel, and the pension can be extended if their condition requires it. On reaching pensionable age, recipients may choose to switch to a retirement pension if the latter is more favourable than the invalidity pension.

Interactions with other income or income-related benefits: In line with Article 90 of the Social Security Act, a person cannot receive the invalidity pension and disability assistance at the same time, but may opt for the more advantageous one. Otherwise, entitlement to other benefits is not affected.

Challenges: In its 2017 Conclusions relating to 2015⁷, the Council of Europe deemed the invalidity pension to be inadequate, as amounts were lower than 40% of the national median equivalised income. The budget for 2020 increased the invalidity pension for those certified as having the highest level of impairment according to the Social Security Act⁸. The pension was thus brought up to the net national minimum wage for both married and single people who have a full contributory record; those who do not, receive pro-rated payments. An adequacy challenge remains for people with disabilities who did not manage to accumulate the necessary contributions for a pension that meets at least 40% of the national median equivalised income.

1.2 Disability-specific old-age pension schemes

In Malta, there are no disability-specific old-age pension schemes. Disability assistance recipients may switch to the non-contributory *Pensjoni ta' l-età* (old-age pension), and recipients of the invalidity pension to the *Pensjoni Kontributorja tal-irtirar* (contributory retirement pension) if more favourable.

⁷ <https://hudoc.esc.coe.int/eng?i=2017/def/MLT/12/1/EN>

⁸ https://finance.gov.mt/en/The-Budget/Documents/Budget_Speech_English_2020.pdf

1.3 Income support aimed at covering disability-related healthcare and housing expenses

1.3.1 Healthcare

Primary healthcare and hospital care in Malta are free of charge to service-users. However, there exists a higher rate of unmet healthcare needs in Malta among people with disabilities than among their European counterparts, due largely to long waiting lists. People whose needs must be met have to resort to private sector care and incur out-of-pocket expenses if they are able to meet them. People with moderate and severe activity limitations were over twice as likely as those without to report unmet need due to waiting lists (see Table A3 in Annex).

Other than healthcare, the most significant benefit under this heading is free medical aid, as described below.

1.3.1.1 *Għajnuna Medika b'Xejn* (Free medical aid)

Brief description

Għajnuna Medika b'Xejn (free medical aid) is established by Article 23 of the Social Security Act and has two main provisions. Sub-article 1 covers means-tested aids (such as spectacles, dentures, prosthetic aids and certain medicines) for people in receipt of non-contributory benefits, but the means test is waived for (among others) people receiving ISDA, while income from employment is disregarded in the case of employed people receiving SDA. This aid is colloquially known as *Karta r-Roża* (pink form). Sub-article 2 provides for certain free medicines (as determined by the chief government medical officer) for people with chronic diseases as laid down in the legislation, and this is colloquially known as *Karta s-Safra* (yellow form); these medicines are not means-tested, and details of the medicines and how to access them are in the public domain. Entitlement to free medical aid is renewable every four months, except in the case of SDA and ISDA beneficiaries and people aged over 60, in which case the period has been extended to one year.

Main gaps/obstacles

In terms of access, and in the context of an investigation by the commissioner for health in the Office of the Ombudsman, the ministry responsible for health "*emphasise[d] that entitlement under one of the above schedules does not preclude entitlement under the other scheme should a person having a chronic disease have limited means*" (Ombudsman, Commissioner for Health, 2015, p. 39). Thus, if one has a chronic condition, access to medicines on the "medicine formulary" is available without a means test. There do not appear to be any obstacles or service gaps for those with moderate and severe disability. The waiving of the means test in the case of ISDA, and the employment income disregard in the case of SDA, have increased access to free medical aid for people with disabilities.

Main adequacy challenges

Although the list of free medicines is quite extensive⁹ and regularly expanded, it is not exhaustive. This presents a special challenge for people with disabilities whose conditions are not covered by the formulary and who would therefore have to incur the full cost of the medicines themselves.

⁹ <https://deputyprimeminister.gov.mt/en/pharmaceutical/Pages/formulary/formulary.aspx>

1.3.2 Housing

1.3.2.1 *Skema ghal persuni b'diżabilità [Awtorità tad-Djar] (Scheme for people with disabilities [Housing Authority])*¹⁰

Brief description

This scheme is run by the Housing Authority, a statutory agency, and is intended to help people with disabilities make their home adequate for their needs, or to convert part of existing premises to allow the person with a disability to live in proximity to their family while maintaining a degree of independence.

The Housing Authority provides technical advice on the adaptation works. Applicants must be EU nationals and must have resided in Malta for at least 12 months prior to applying. The scheme is means-tested: applicants cannot possess capital assets exceeding €150,000 or an annual income (after national insurance and disability allowances are deducted) above €50,182.

The maximum grant is €26,000 and the amount awarded depends on income earned in the year prior to application:

- earnings of €0-€25,182 – 100% of the grant;
- earnings of €25,182.01-€35,182 – 75%; and
- earnings of €35,182.01-€50,182 – 50%.

Grants are payable in respect of the following works:

- adaptations relating to access, bathrooms, kitchens, water/electricity, building conversions – a maximum grant of €6,000; and
- stair- and platform-lifts, maximum €5,000; lifts in private blocks, maximum €7,000 (applicant's share only); and lifts in private houses, maximum €20,000.

Works need to be completed within one year of an agreement being signed with the Housing Authority, and are reimbursed against fiscal receipts. The determination of eligibility falls to a committee set up by the authority, including a representative of the Commission for the Rights of People with Disabilities, an occupational therapist and a medical doctor. The adapted residence cannot be vacated by the applicant, or transferred to another party, within 10 years of the completion of works. If it is, the grant must be repaid in full (although the Housing Authority will consider waiving the 10-year requirement in exceptional cases). Where the grant covered lifts, the grant must be repaid in full if the applicant moves before 10 years; after that the refund is subject to a sliding scale, from 90% in year 11 down to 10% in year 15 and in every year thereafter.

Main gaps/obstacles

The capital assets threshold is set at €150,000, excluding furniture and cars and including immovables or shares in immovables, and including assets held by under-age children. The scheme does not stipulate that the applicant's residence is disregarded for the capital asset calculation. The steady increase in property prices in recent years means that if an applicant's residence were taken into account, hardly anyone would qualify for this scheme.

Main adequacy challenges

Where substantial works are required, the maximum grant of €6,000 for adaptation works is very low and would require significant co-financing by applicants at today's prices. The fact that they are reimbursed also poses challenges to those people without funds of their own to undertake the works.

¹⁰ <https://housingauthority.gov.mt/en/Pages/Schemes/Scheme-for-Persons-with-Disability.aspx>

This scheme is clearly very important for people who acquire a disability or who wish to live independently yet need modifications. Although the statistic is now quite outdated, in 2012 85.8% of people with some/severe disabilities in Malta had a high or very high level of satisfaction with their accommodation, higher in fact than people without a disability¹¹. That said, the Commission for the Rights of People with Disabilities notes that it receives complaints about accommodation, especially about the lack of accessibility in the common parts of apartment blocks¹². Furthermore, there are more people with some or severe activity limitations than those without who live in residences with poor housing conditions such as higher rates of leaks, damp and rot, and an inability to keep the home warm (see Table A4 in Annex). People with disabilities also have access to other schemes (not disability-specific) operated by the Housing Authority to improve their home, such as a subsidy on adaptation works. However, given the poorer housing conditions referred to, the general adaptation schemes may be inadequate or difficult to access or co-finance by people with disabilities, and there appears to be the need for a targeted study of, and outreach to, this cohort.

2 Access to some key general social protection cash benefits

2.1 Old-age benefits)

2.1.1 *Pensjoni ta' l-età* (Old-age pension)

a) Eligibility conditions

This is a non-contributory means-tested pension, available to applicants who are at least 60, citizens of Malta and normally resident in Malta. People in receipt of SDA or VI may transfer to the old-age pension on reaching 60. For all old-age pension beneficiaries, amounts received by way of medical assistance, supplementary allowance, children's allowance, care allowance, disabled child allowance or maternity benefit are not taken into account when considering household means. Furthermore, if old-age pension beneficiaries have a spouse in receipt of any form of disability assistance, this is disregarded when calculating household income.

b) Additional amount/compensation

There is no additional amount or compensation for people with disabilities.

c) Gaps/obstacles

Even if both spouses have a disability and the spouse is not entitled to a contributory pension in their own right, they can only receive one old-age pension (at the married rate of €161.63 per week). While this amount marginally exceeds 50% of the national equivalised median income, it may raise adequacy issues when it comes to covering the living costs, and additional disability costs, of two older adults.

2.1.2 *Pensjoni Kontributorja tal-irtirar* (Contributory retirement pension)

This is a contributory pension, open to employees, self-employed people, and single inactive people. The amount received is based on the average number of weekly contributions (paid or credited) per year¹³.

¹¹ Eurostat (2021). Overall satisfaction with the dwelling by level of activity limitation, sex and age [online data code HLTH_DHC020]. Accessed 27 April 2022.

¹² Commission for the Rights of People with Disabilities (2018). Submission to the Committee on the Rights of People with Disabilities in advance of its consideration of Malta's first periodic report: <https://www.crpdp.org/mt/wp-content/uploads/2020/10/CRPD-UNCRPD-Shadow-Report.pdf>.

¹³ See MISSOC database for overview of pension system: <https://www.missoc.org/missoc-database/comparative-tables/results/>.

a) Eligibility conditions

There are no specific eligibility conditions for people with disabilities.

b) Additional amount/compensation

None.

c) Gaps/obstacles

The evident obstacle for people with disabilities to amass the right to a contributory pension is their insecure and interrupted work history. People with disabilities in Malta have among the lowest employment rates in Europe; in 2018, the employment rate in Malta for people without disabilities was 74.8%, but was only 44.5% for those with moderate disabilities and 34.2% for those with severe disabilities. Furthermore, there is a considerable gender gap between the employment rate of men with disabilities (53.7%) and women with disabilities (31.3%) (Grammanos, 2020). Data on job duration and job churning are not available by activity limitation.

2.2 Unemployment benefits

2.2.1 *Benefiċċju għal Diżimpjieg* (Unemployment benefit)

Benefiċċju għal Diżimpjieg (unemployment benefit) is a contributory benefit for people who are below pensionable age, have paid the requisite contributions, and have registered for employment under part 1 of the unemployment register kept by JobsPlus, Malta's public employment service.

a) Eligibility conditions

People with disabilities are not entered on part 1 (and hence have less stringent activation requirements), but are entered on a different unemployment register, as long as they have a reasonable prospect of obtaining and maintaining employment. People apply to the Lino Spiteri Foundation (a public-social partnership) for inclusion on the register; their application is considered by a placement medical officer and an occupational therapist. A personalised action plan is then drawn up to support the registrant to find work.

b) Additional amount/compensation

No additional financial benefits are granted to people with disabilities. However, in-kind support is provided in the form of a job coach, made available by the Lino Spiteri Foundation where necessary, to support applicants both when they are at work, and outside working hours.

c) Gaps/obstacles

The obstacle to accessing unemployment benefit lies in the contributory conditions, which may be difficult for people with disabilities in unstable or discontinuous employment. Another gap lies in the awareness among people with disabilities of the support and schemes available to them; in a study by the Commission for the Rights of People with Disabilities, only 20% were aware that the public employment service had a scheme to assist them, and fewer than 10% were aware of the Lino Spiteri Foundation (Commission for the Rights of People with Disabilities, 2021).

2.2.2 *Assistenza għal Diżimpjieg* (Unemployment assistance)

Assistenza għal Diżimpjieg (unemployment assistance) is a non-contributory benefit payable to a head of household who is registered for work on part 1 of the unemployment register maintained by Jobsplus, and who does not qualify for the unemployment benefit. It is identical to social assistance, described in Section 2.3.1 below.

2.3 Guaranteed minimum income schemes and other social assistance benefits

2.3.1 *Għajnuna Soċjali (Social assistance)*

This is a non-contributory means-tested benefit payable to a head of household aged 16-60 who is registered for work on part 1 of the unemployment register maintained by Jobsplus, and who is a Maltese national or permanent legal resident of Malta. However, people who are deemed to be unable to work due to a serious disease or impairment/disability, certified by Jobsplus to be unemployable, or over pension age, are exempt from the need to register.

a) Eligibility conditions

There are no specific conditions for people with disabilities.

b) Additional amount/compensation

There are no social assistance supplements for specific groups. However, if the beneficiary lives in a rented property, they are paid an additional €1.16 per week by way of rent allowance. Social assistance beneficiaries receive the full cost of living increase every year.

c) Gaps/obstacles

People with disabilities who are not in employment, or not on the employment register, would be far more likely to apply for a SDA or ISDA than for social assistance.

2.3.2 *Skema ta' Benefiċċju fuq il-Kera f'Residenzi Privati (Private rent housing benefit scheme)*

The *Skema ta' Benefiċċju fuq il-Kera f'Residenzi Privati* (private rent housing benefit scheme) is a non-contributory means-tested rent allowance operated by the Housing Authority in respect of applicants' ordinary residence. The income of all applicants is taken into account, including income from capital assets. Income ceilings exist (above which one is not eligible to apply) and income is inversely related to the level of benefits payable, as indicated in Table 3 below.

Table 3: Rent benefit scheme, maximum income and benefit levels by household, Malta 2022 in €

Category	Households	Maximum annual income	Maximum housing benefit
1	Single person	19,182.00	3,600
2	Single parent with 1 child	19,413.48	4,800
3	Single parent with 2 children and more	23,763.48	5,000
4	Two adults without children	19,363.48	3,600
5	Couple with 1 child	24,163.48	4,800
6	Couple with 2 children and more	32,182.00	5,000
7	3 or more adults living together	28,263.48	5,000

Source: <https://housingauthority.gov.mt/en/Documents/Schemes/HBS%20Conditions%20-%20English%202022.pdf>.

a) Eligibility conditions

The annual income ceiling rises to €30,000 in the case of an applicant with disability, or a household with a person with disability (pegged between the threshold for a couple with one child, and a couple with two or more children, thereby effectively recognising the added costs of disability).

b) Additional amount/compensation

A further €125 a year is paid to families who have a member with disability. Furthermore, the age limit of 18 (for household members to be considered as children) does not apply to children with disability, effectively allowing for a higher benefit level.

c) Gaps/obstacles

In respect of adequacy, it should be noted that only 3.1% of people with some/severe disability have a housing cost overburden in Malta. However, for people with disabilities entering the housing market now, these benefits are unlikely to make it possible for people on benefits or at the lower end of the wage spectrum to rent in the private sector. Monthly rents are reported to range from €710 for a studio flat to €986 and €1,272 for a one- and two-bedroomed apartment respectively¹⁴. In addition to the rent subsidy scheme, people with disabilities are also able to apply for social housing (provided by the government) which is awarded on a points basis; however, there are considerable waiting lists, and details of the points system are not in the public domain (and could not be provided on request). That said, in its most recent report to the Council of Europe on the implementation of the European Social Charter, the government has stated that "[A]ny units which become available for social housing and are not hindered with mobility issues are earmarked almost exclusively for elderly and disabled people." (Government of Malta, 2020b, p. 31).

3 Provision of assistive technology and personal assistance

3.1 Assistive technology

Aġenzija SAPPOR was set up in 2001 as part of the public Foundation for Social Welfare Services within the ministry responsible for social policy, to support people with disabilities and to enable them to live independently. It became an autonomous agency (though still publicly funded) in 2016. The agency operates the *people assistance scheme*, which is an umbrella term for the following.

- The *empowerment scheme*, which provides guidance and financial assistance in respect of equipment needed for independent living. In 2020, there were 643 applications approved, for a total value of €201,338. Applications are assessed by an independent board (*Aġenzija SAPPOR*, 2021).
- Applicants eligible under the empowerment scheme may also benefit from another scheme operated by the Ministry of Finance, entitled *grant on the purchase of special equipment*, and are assisted by *Aġenzija SAPPOR* to apply for it. Applicants for the latter, who are registered with the Commission for the Rights of People with Disabilities and who therefore have a special identity card, may present original invoices and fiscal receipts for refund. The scheme is not means-tested. Over a timespan of five years from when the applicant first benefits from this grant, applicants receive a total maximum refund of €1,000, which must be no more than 4.5% or 17.5% of the purchase price plus VAT, depending on the type of equipment

¹⁴ <https://www.propertymarket.com.mt/index/>

in respect of which the application is made. The types are set out in the first and second parts of schedule B of the relevant scheme¹⁵.

Aġenzija SAPPOR also assists (through occupational therapist assessments) the Ministry of Finance in its operation of a scheme for exemptions/reductions/grants on the registration tax and annual circulation licence on motor vehicles for people with disabilities; eligible people may also receive a grant equivalent to the VAT and import duty payable on vehicles. Both provisions are capped according to the type of vehicle and the severity of disability. The amounts for this scheme were raised in 2022¹⁶. Applicants must be registered with the Commission for the Rights of People with Disabilities. Applications are reviewed by a board¹⁷.

Gaps/obstacles: It should be noted that these grants are relatively small when compared with the cost of assistive devices and adaptations. Should people with disabilities not possess the means to meet the remaining cost, they may apply to the Malta Community Chest Fund (MCCF), a foundation under the patronage of the President of Malta: the foundation is heavily reliant on fundraising, and tends to be associated with the charity model rather than a rights-based approach to benefits. In the case of disability, the MCCF assists with *“financing specialised equipment and other facilities; funding the cost of specialised therapy programmes for children with disabilities, and whose parents have financial constraints”*¹⁸. The consideration of applications is based on yet another assessment of means, as gauged through an application for assistance¹⁹ of which section C provides (among others) for medical equipment. Applicants must possess a special identity card from the Commission for the Rights of People with Disabilities.

In 2020, the Housing Authority launched a new scheme entitled *Sensability*²⁰, offering a grant of up to €6,000 against the purchase of sensory equipment in cases of autism. The grant is means-tested (maximum assets €15,000, and maximum annual income €50,000); however, the means test is waived for applicants on various forms of social assistance. The grant depends upon a needs assessment by an occupational therapist and is reimbursed on presentation of fiscal receipts and once the authority has ascertained that all conditions have been met.

The Foundation for Information Technology Accessibility²¹, a publicly financed entity designed to promote equal opportunities in and through ICT, purchases (through sponsorship) a number of assistive technology tools which can be lent for up to three months to people with disabilities for them to benefit from education and training opportunities and to determine whether the tools are worth buying for themselves.

Following an action research project undertaken by the University of Malta and several government departments (Vassallo, 1994), action was taken to mainstream students with disabilities at all levels in the educational system. One of the measures in this strategy involves the university providing students with disabilities with special services and any IT or other equipment required to facilitate their studies.

¹⁵ https://finance.gov.mt/en/Services/Grants/Documents/Government-Notice_Grant_Purchase_of-Special_Equipment-Disability_2020.pdf

¹⁶ <https://finance.gov.mt/en/Services/Grants/Documents/2022/Scheme%20for%20Exemptions-Reductions-Grants%20related%20to%20Motor%20Vehicles%20for%20Persons%20with%20Disability/Scheme%20for%20Exemptions%20Reductions%20Grants%20Related%20to%20Motor%20Vehicles%20for%20Persons%20with%20Disability.pdf>

¹⁷

<https://www.gov.mt/en/Government/Government%20of%20Malta/Ministries%20and%20Entities/Officially%20Appointed%20Bodies/Pages/Boards/Review-Board-for-Registration-Tax-Exemption-in-Favour-of-Persons-with-Special-Needs.aspx>

¹⁸ <https://www.mccff.org.mt/en/services/assistance-persons-disability/>

¹⁹ <https://www.mccff.org.mt/wp-content/uploads/2018/08/MCCFF-Application-EN.pdf>

²⁰ <https://housingauthority.gov.mt/en/Pages/Schemes/Sensability-Scheme.aspx>

²¹ <https://fitamalta.eu/news-page-2/about-fita/>

3.2 Personal assistance

Aġenzija SAPPOR operates a three-tier independent living community scheme²² with financial grants depending on the hours of assistance required. (1) People needing less than 13 hours of assistance a week benefit from direct payments; these subsidise payments to personal carers who “provide a service based on conditions and tasks agreed upon between the end service user and Aġenzija SAPPOR”. (2) People needing 13-30 hours of assistance a week benefit under the *independent community living scheme* for similar purposes to those for direct payments. (3) People whose needs exceed 30 hours a week and who have live-in carers may benefit from a personal assistance fund, and receive a monthly or yearly amount that subsidises the costs of the carer. Eligibility is based on a needs assessment, and payments are made on a monthly basis. In 2020, there were 95, 116 and 71 beneficiaries of the three schemes respectively. There is currently a waiting list, which the agency is seeking to address²³.

To access this support, an applicant’s situation is initially reviewed by social workers within the agency’s assessment and intervention team, who conduct a needs assessment and refer the applicant to the board of the scheme they deem most appropriate for consideration and approval. The scheme is not means-tested, although in the budget speech of 2017, and with reference to personal assistance for people with disabilities, the government stated that “the cost of service provision [would be] shared between Government and those who make use of it” (Ministry of Finance, 2016, p. 143). Once approved by the relevant board, payments are made monthly by the agency. In cases where a social work assessment is not deemed necessary, an individual support plan is drawn up instead, which serves as the basis for monthly payments²⁴.

A research study on disability services²⁵ in 2021 among 180 people with disabilities, contracted by the Commission for the Rights for People with Disabilities to the University of Malta, found the following in respect of available support for community living. 26.17% of respondents had requested community services (for themselves, or their wards). 83.2% requested 1-13 hours of support per week; 8.4% 14-30 hours, and 8.4% more than 30 hours. When it came to allocation, 66.6% were allocated 1-13 hours, 6.7% 14-30 hours, 6.7% more than 30 hours, and 20% had not been allocated any hours at all at the point the study was conducted. 75% agreed that they had been allocated the service they requested, while 25% had not. 77.7% felt very well, or well, supported by the service, 18.5% gave an average response, while 3.8% said they felt very poorly supported. An open-ended question highlighted a number of issues, including the need for a more flexible scheme, greater availability, more regular needs assessment and shorter waiting times.

4 National debates, reforms and recommendations

4.1 National debates

Although disability activists publish occasional articles in the printed media on the obstacles to equality faced by people with disabilities in Malta²⁶ and the issue of income adequacy and low employment rates feature prominently in such articles, access to social protection among people with disabilities is rarely discussed in the public domain. A review of

²² <https://Sapport.gov.mt/en/Services/Pages/Community-Services-Direct-Payment.aspx>

²³

<https://Sapport.gov.mt/en/Downloads/Documents/AGENZIIJA%20SAPPOR%20ANNUAL%20REPORT%202020.pdf>

²⁴ <https://sapport.gov.mt/en/Services/Pages/ICLM---How-to-access-the-service.aspx>

²⁵ <https://www.crpdc.org.mt/wp-content/uploads/2021/10/Service-Provision-and-Persons-with-Disability-Report-Final-draft-1.pdf>

²⁶ <https://timesofmalta.com/articles/view/towards-a-better-standard-of-living-for-people-with-a-disability.710311>

parliamentary questions suggests that the issue surfaces when amendments to disability pensions are tabled. The public television broadcaster, occasionally and briefly, reports changes in poverty rates among people with disabilities²⁷. The third and very small political party, *Alternattiva Demokratika*, in 2016 featured a radio commentary in Maltese on the Church's radio station entitled "Poverty, Minimum Wage, Pensions and Disability"²⁸, raising issues already covered in this report. In the run-up to the March 2020 national elections, people with disabilities featured in the electoral manifesto of the two main political parties, the Labour Party and the Nationalist Party.

The Labour Party, which was re-elected, has pledged among other things to grant a pension increase to people who move from SDA onto a contributory pension on retirement. This increase will be not less than 10% of the SDA, and in any case will bring their pension up to the national minimum wage. The same measure will also be introduced for people whose disabilities are a result of a work injury and who subsequently retire on a contributory pension. In respect of the invalidity pension, the current distinction between married and single beneficiaries will be removed in the case of severe invalidity, with beneficiaries being paid the higher rate. The manifesto promises to introduce the concept of partial invalidity, where people who cannot do certain work can do other work while receiving a reduced rate of invalidity pension. Other measures included sustained efforts to increase employment rates and to improve investment in personal assistance and in vehicle schemes²⁹.

The disability-specific measures in the manifesto of the Nationalist Party largely pertained to strengthening institutional structures. More broadly, though, the manifesto refers to a measure where for the first 12 months following their job loss, all people (not only those with disabilities) receiving unemployment benefits will receive a benefit equivalent to the minimum wage to encourage them to train and find well paid work; increased benefits were also promised for those needing extended sick leave. This manifesto promised to raise the national minimum pension to match the national minimum wage, and to allow those who do not accumulate sufficient contributions by retirement age to pay them after age 65 or to make up missing contributions; both measures may have a bearing on people with disabilities³⁰.

4.2 Recent reforms and reforms currently in the pipeline

4.2.1 Recent reforms

In the area of social security, there have been reforms to assessment, eligibility and grant levels for people with disabilities. In relation to assessment, in 2019 the government announced that an impairment rating evaluation would be introduced alongside the Barthel index, significantly increasing eligibility for ISDA. In relation to eligibility, since January 2022 the test of weekly means for access to all forms of disability assistance is no longer required. In relation to grant levels, ISDA has been increased, over a period of three years, to reach the net minimum wage in 2022.

In the area of health, in 2017 there were reforms to the calculation of eligibility for free medical aid. For such aid, any benefits and pensions received by those in receipt of ISDA will now be disregarded; and any income from employment received by those in receipt of SDA will also be disregarded. Furthermore, the duration of free medical aid was extended from three months to one year in the case of those in receipt of both these benefits.

²⁷ <https://tvmnews.mt/en/news/number-of-persons-with-disabilities-at-risk-of-poverty-drops-by-3-4/>

²⁸ <https://www.alternattiva.org.mt/faqar-paga-minima-pensjonijiet-u-dizabilita-arnold-cassola/>

²⁹ PL Manifesto (not available in English): <https://robertabela.mt/wp-content/uploads/2022/03/MALTA-FLIMKIEN-MANIFEST-ELETTORALI-2022.pdf>.

³⁰ PN Manifesto (not available in English).

https://assets.nationbuilder.com/pn/pages/3115/attachments/original/1645723497/Partit_Nazzjonalista_Viz%C4%87ioni_G%C4%A7al_Malta_2030.pdf?1645723497

In the area of housing, the Housing Authority's scheme for people with disabilities was revised in February 2020³¹ in two main ways. First, eligibility was extended: (i) the clause that previously rendered ineligible those applicants with property worth more than €250,000 was removed; (ii) the capital assets cap was raised from €30,000 to €150,000; and (iii) the maximum annual income below which an applicant is eligible for a 100% grant was raised from €15,000 to €25,000. Second, the value of grants was raised: on lifts in private blocks, from €5,000 to €7,000; and on lifts in private houses, from €15,000 to €20,000.

Also related to housing, from 2018 people with disabilities who sell their home to buy another residence (and who do not own other property) benefit from a stamp duty refund of up to €5,000.

Another innovation related to housing was the *new hope guarantee*, launched in 2021, which is detailed in Section 4.3 below as a good practice.

In the area of equipment, in 2020 the cap of €600 set on VAT refunds to assist people with disabilities to buy special equipment necessary for daily living was raised to €1,000.

The budget for 2017³² made provision for the setting up of a €1m fund for a personal assistance scheme, the details of which have been referred to in Section 3 above.

These reforms, together with those in the pipeline as described in Section 4.2.2 below, serve to implement three of the six UN recommendations in its 2018 *Concluding observations on the initial report of Malta* (UNCRPD, 2018) in respect of the implementation of the CRPD³³. That is: (i) work is underway to broaden assessment beyond the medical model, and to synergise the assessment process; (ii) in 2021, Act LIX was promulgated to provide for the enforceability of the CRPD³⁴; and (iii) in the same year, the Ministry for Inclusion and Social Wellbeing published Malta's 2021-2030 national strategy on the rights of people with disabilities³⁵.

4.2.2 Reforms in the pipeline

The *Freedom to Live* strategy document sets up a national co-ordination mechanism within the Directorate for Disability Issues (DDI), to drive forward and oversee major strategic steps to be pursued over the coming years, including the following.

- Disability assessment and programme eligibility reform (within nine years), whereby "*Current divergent systems of disability assessment and programme eligibility would be reformed into a unified, holistic system based on functional and social, instead of medical criteria, in the interests of simplification, sustainability, and dignity of people with disabilities who have to use these systems*" (Ministry for Inclusion and Social Wellbeing, 2021, p. 43). This measure will include the creation of a national disability register administered by the National Statistics Office.
- Strengthening personal assistance and community living schemes (within five years): following a period of consultation that the DDI and *Aġenzija Sapport* will hold with people with disabilities, providers and other stakeholders, a gap analysis will be conducted to determine the accessibility of these schemes to people with disabilities, resulting in recommendations by the DDI "*concerning enhancing and widening of such services in a sustainable manner, including through ensuring appropriate reform of disability assessment and programme eligibility procedures, as well as issues such as regulation, and eventual promotion and community outreach by Local Councils, and presented in the form a Strategic Plan addressing*

³¹ <https://www.crpd.org.mt/test-post-8/>

³² <https://finance.gov.mt/en/The-Budget/Pages/The-Budget-2017.aspx>

³³ https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/TBSearch.aspx?Lang=en&TreatyID=4

³⁴ <https://www.parlament.mt/media/113406/2-act-lix-online.pdf>

³⁵ <https://inclusion.gov.mt/wp-content/uploads/2021/09/Disability-Doc-ENG-SEP-21.pdf>

Independent Living and Personal Assistance" (Ministry for Inclusion and Social Wellbeing, 2021, p. 126).

- Collaborative research on innovative assistive technologies for people with disabilities (within five years), including research on augmentative and alternative communication methods, designs/prototypes of specialised equipment for people with disabilities; guide and service animals; and technologies to increase accessibility, such as SMART homes. Because of this research, the DDI will propose new areas for assistive technology investment to the government (Ministry for Inclusion and Social Wellbeing, 2021).

4.3 Good practice and recommendations on how to tackle gaps and obstacles

The *new hope guarantee scheme*³⁶ is an example of good practice which should increase the chances of people with disabilities purchasing their own home. In September 2021, the government announced it would offer a guarantee on a maximum loan of €250,000 for people with disabilities (or medical issues) who wish to buy their primary residence but who have not been granted a life insurance policy. Eligible applicants must be 18 or over, and must have been refused by two local life insurance providers, had their insurance application deferred for 12 months, or have been quoted insurance premia equal to or exceeding 250% the average premium for their age group.

The following recommendations are proposed. Data-collection mechanisms must be strengthened, to ensure that comprehensive, reliable and disaggregated data on disability and people with disabilities are collected, in line with Article 31 (statistics and data collection) of the UN CRPD. The introduction of a unified assessment method based on a social model of disability will reduce the burden upon applicants and help to refocus attention on the reasonable accommodations that must be made to promote the social integration of people with disabilities. Research on the additional costs of disability in Malta will help to inform benefit adequacy levels. It is also recommended that poverty prevention and alleviation among people with disabilities are given explicit attention in national strategies on poverty and on disability alike. A research study into the take-up of benefits to which people with disabilities are entitled is warranted. Waiting lists for personal assistance need to be shortened, and the level of grants available for home adaptations and assistive technology needs to be revised in line with prevailing market prices. More broadly, achieving an improved standard of living will also require sustained effort to strengthen educational access and outcomes for children with disabilities to improve their future labour market prospects, and to continue to encourage employers to recruit people with disabilities and to make the accommodations necessary for them to enter and retain work. Particular attention must be paid to the intersection of gender and disability when considering how to reduce the additional disadvantages women with disabilities face in managing to accumulate a contributory record that entitles them to an adequate pension.

³⁶ <https://housingauthority.gov.mt/en/Documents/Schemes/Scheme%20-%20Impaired%20Lives%20Guarantee%20Fund%20-%20English.pdf>

References

- Aġenzija SAPPORT. (2021). *Annual Report 2020*: <https://Sapport.gov.mt/en/Downloads/Documents/AGENZIJA%20SAPPORT%20ANNUAL%20REPORT%202020.pdf>.
- Binh, V., Rasheda, K., Maisha, R. and Son, N. (2020). The costs of disability in Australia: a hybrid panel-data examination. *Health Economics Review* 10(1), 1-11.
- Camilleri Zahra, A. (2019, May 19). Towards a better standard of living for people with a disability. *Times of Malta*: <https://timesofmalta.com/articles/view/towards-a-better-standard-of-living-for-people-with-a-disability.710311>.
- Caritas Malta. (2020). *A minimum essential budget for a decent living*: <https://www.caritasmalta.org/wp-content/uploads/2021/02/Caritas-MEBDL.pdf>.
- Commission for the Rights of People with Disabilities. (2021). *Research into the current situation of people with disabilities and employment in Malta*: <https://www.crpdp.org.mt/wp-content/uploads/2021/02/CRPD-SYNOPSIS-REPORT-ENG.pdf>.
- Council of Europe. (2021a). *Malta and the European Social Charter*: <https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=09000016805ac11c>.
- Council of Europe. (2021b). *European Committee of Social Rights Conclusions 2020: Malta*: <https://rm.coe.int/rapport-mlt-en/1680a1c7ce>.
- European Disability Expertise. (2021). *European Semester 2020-2021 country fiche on disability equality: Malta*. European Commission: <https://op.europa.eu/en/publication-detail/-/publication/d01dba38-a70b-11eb-9585-01aa75ed71a1/language-en/format-PDF/source-242402146>.
- Government of Malta. (2020a). *13th National Report on the implementation of the European Social Charter submitted by the Government of Malta on Articles 1, 9, 10, 15, 18, 20, 24 and 25*: <https://rm.coe.int/rap-cha-mlt-13-2019/16809c3ba2>.
- Government of Malta. (2020b). *14th National Report on the implementation of the European Social Charter submitted by the Government of Malta on Articles 3, 11, 12, 13, 14, 23 and 30*: <https://rm.coe.int/rap-cha-mlt-14-2020/1680a110ba>.
- Grammanos, S. (2020). *Master tables concerning EU 2020: year 2018*. European Disability Expertise: <https://www.disability-europe.net/downloads/1046-edc-task-2-1-statistical-indicators-tables-eu-silc-2018>.
- İpek, E. (2020). The costs of disability in Turkey. *Journal of Family and Economic Issues* 41(2), 229-237.
- Ministry for Inclusion and Social Wellbeing. (2021). *Freedom to live: Malta's 2021-2030 National Strategy on the Rights of Disabled People*: <https://inclusion.gov.mt/wp-content/uploads/2021/09/Disability-Doc-ENG-SEP-21.pdf>.
- Ministry of Finance. (2016). *Budget speech 2017*: https://finance.gov.mt/en/The-Budget/Documents/The_Budget_2017/Budget_Speech_2017_English.pdf.
- Mitra, S., Palmer, M., Hoolda, K., Mont, D. and Groce, N. (2017). Extra costs of living with a disability: A review and agenda for research. *Disability and Health Journal* 10(4), 475-484.
- Morris, Z. and Zaidi, A. (2020). Estimating the extra costs of disability in European countries: Implications for poverty measurement and disability-related decommmodification. *Journal of European Social Policy* 30(3), 339-354.

- National Statistics Office. (2014). *Demographic Review 2014*:
https://nso.gov.mt/en/publicatons/Publications_by_Unit/Documents/C5_Population%20and%20Migration%20Statistics/Demographic_Review_2014.pdf.
- National Statistics Office. (2021). *Government Expenditure on Social Security Benefits: January-December 2020*:
https://nso.gov.mt/en/News_Releases/Documents/2021/04/News2021_060.pdf.
- Ombudsman, Commissioner for Health. (2015). *Entitlement to the Free Supply of Medicinals under the Social Security Act: Final Opinion by the Commissioner for Health*: <https://www.ombudsman.org.mt/wp-content/uploads/2015/08/Entitlement-to-the-Free-Supply-of-Medicines-under-the-Social-Security-Act.pdf>.
- Social Security Act of 1987: <https://legislation.mt/eli/cap/318/20220208/eng>.
- UNCRPD (United Nations Committee on the Rights of Persons with Disability). (2018). *Concluding observations on the initial report of Malta*:
https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD/C/MLT/CO/1&Lang=En.
- Vassallo, M., Azzopardi-Lane, C. and Azzopardi, A. (2021). *Service provision and persons with disability*. CRPD: <https://www.crpd.org.mt/wp-content/uploads/2021/10/Service-Provision-and-Persons-with-Disability-Report-Final-draft-1.pdf>.
- Vassallo, M., Farrugia Sant'Angelo, V. and Sciriha, L. (1994). *Too late for too many*. Malta, Media Centre.

Annex

Table A1: AROPE by activity limitation, % of population, Malta 2020

	Aged 16 and over %			Aged 16 to 64 %			Aged 65 and over %		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
No limitation	16.5	15.5	17.6	14.5	13.8	15.3	26.9	25.1	28.7
Some limitation	29.4	27.9	30.6	27.8	28.4	27.3	31.0	27.2	33.7
Severe limitation	32.5	30.6	34.0	33.2	28.5	37.7	31.9	32.3	31.6

Source: Eurostat data set HLTH_DPE010

Table A2: % Risk of poverty before and after social transfers by limitation, age 16+, Malta and EU27 2020

	No activity limitation			Some/severe activity limitation		
	Total %	Men %	Women %	Total %	Men %	Women %
Before transfers	31.8	30.0	33.7	64.3	61.2	66.8
After transfers	14.6	13.7	15.6	26.1	24.8	27.1
Reduction (MT)	17.2	16.3	18.1	38.2	36.4	39.7
Reduction (EU27) ^a	23.6	22.2	25.0	47.5	47.3	47.6

Notes: MT = Malta; a = all data for EU27 are estimates.

Source: Eurostat datasets hlth_dpe020 and hlth_dpe030, last updated 3 March 2022.

Table A3: Self-reported unmet healthcare needs by % of those with activity limitation, Malta 2014

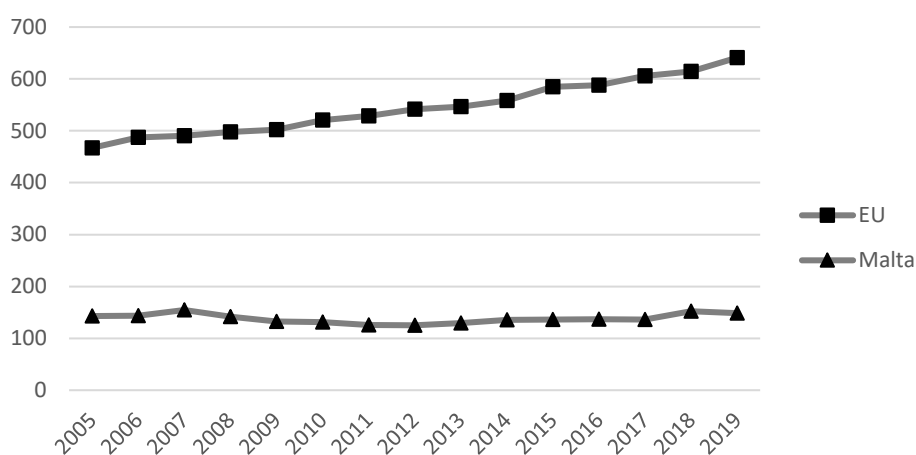
Reasons for unmet need	No limitation %	Moderate limitation %	Severe limitation %
Financial	5.5	12.8	14.1
Distance/transport	1.6	5.4	8.4
Waiting lists	22.5	37.8	42.3
All three above	18.7	39.1	42.7

Source: Eurostat database HLTH_EHIS_UN1D. Last updated 8 February 2021.

Table A4: Housing conditions of people with activity limitations, Malta 2020, %

	Total %	No limitations %	Some/severe limitations %
Pollution, grime or other environmental problems	32.1	31.2	37.7
Noise from neighbours or street	31.0	30.4	34.7
Crime, violence or vandalism	11.4	10.9	14.5
Inability to keep home adequately warm	7.5	6.7	12.3
Leaking roof, damp walls, floors or foundation, or rot in window frames or floor	6.3	5.5	11.5
Dwelling too dark	9.4	9.2	10.8
No bath or shower	0.0	0.0	0.1
No indoor flushing toilet for the sole use of their household	0.1	0.1	0.0

Source: Eurostat datasets HLTH_DHC070; HLTH_DHC080; HLTH_DHC090; HLTH_DHC100; HLTH_DHC110; HLTH_DHC120; HLTH_DHC130; HLTH_DHC140. Last updated 3 February 2022.

Figure A1: Social protection expenditure on disability, € per capita, Malta and EU, 2005-2019

Notes:

EU data includes Croatia after 2013; excludes UK in 2019.

EU data for years 2016 and beyond are still provisional

Eurostat dataset: Social protection expenditure – Tables by functions, aggregated benefits and grouped schemes – in PPS per head (SPR_EXP_PPSH). Last updated 23 February 2022.

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