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An Overview of State Services

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I would like to thank the National Commission For The Handicapped and the Parents' Society for Handicapped Children for this National Seminar. Like us, they too are looking ahead towards the future. What are the principles, the policies which we should follow so that the social group of handicapped and their families may integrate themselves in society in a more natural and normal way? I do not recollect any seminars of this type - and we have been following this social field for a number of years now - I do not think that this type of initiative has ever been taken, so many people from different walks of life and various disciplines, meeting to discuss and focus on this particular subject.

Dr. Rizzo Naudi was explaining how work in this field must essentially consist of teamwork, and I think you might have noticed that, even on the political level where these decisions are taken, everything is done through teamwork. Nothing is happening accidentally. When I was asked to talk about what State Services are available at present, I wanted to project them in a wide spectrum, because I think that it is always important that one should not look at the work one is doing as something which is isolated, but rather as a team, like the Action Research Project For and On The Handicapped of the Institute of Health Care. Sometimes one is inclined to look at a thing all by itself, as if it had materialised all by itself, detached from everything else. But this should not be: it has come about collectively, in a co-ordinated manner, both in schematic and strategic terms.

First of all, our point of departure has been this: we have regarded man - and this is a reflection made by everyone - as created in the image of God. And what does this much used word -Dignity of Man - mean? We read about it and use it very often, and sometimes it resembles a tennis ball darting from one point to the other, but when you come down to brass tacks you ask yourself: "What does it mean in actual terms?"

We understand it to mean that all men are equal, they are of the same image, and they all have equal rights in living and enjoying life. However we did not solely mean that in this way we should treat everybody equally - and there were currents of thought that reached this conclusion, this realisation that all men are equal. But later on these same currents proposed strategies which tried to define equality by treating all persons alike. But men are definitely not all alike. We have just heard Professor J. Rizzo Naudi, for example, speaking about these different handicaps and how many different variations you find in any one specific handicap. From here we concluded that all men are not alike, but they are equal.

How are we going to formulate a strategy which leads us to achieve this main objective of social policy: Equality?

These last few years we have decided that the instrument which should be used is: "Social services with a personal touch," because it is in this sector that one can succeed in outlining a system of equal opportunities, where everybody is placed on an equal footing at the start of the "race". But are we in this way fulfilling our duties? We must spot the differences in individuals and cater for the specific need of each particular person. We are aware that this is an ambitious aim, an ideal objective, but undoubtedly, something which can be achieved if society understands this concept and strives to work towards its implementation.

Here, in the field of the handicapped, this even holds more, this need for personalised services in the handicapped sector, a sector wherein you have these people - who after all have as much natural rights as everybody else, but who are burdened with some handicap - who should be assisted in order to enjoy equality in life, and it is here that the dire need for social services with a personal touch is largely felt.

Today all this is influenced by the way the concept of 'health' is regarded. In the field of health, in discussions we had in the past, we purposely chose not to regard health as the treatment and cure of diseases. We can say that today we are still laying all the emphasis on this aspect. To date we are still putting our biggest investment in the treatment and curing of diseases. But it is crystal clear that this is not the best way to preserve a healthy society. The best way would be for us to realise that the best doctors are the people themselves. And that is why we are insisting that "your health is in your hands". We must keep enlarging the possibilities of being as much as possible our own masters, in every level or environment, so as to eliminate or lessen the dependency on the "quacks" mentioned earlier by Alfred Bezzina. This was also the cause which determined the strategy which we are currently following, and which has been evidenced, so to speak, by the setting up of a new Ministry: the Ministry for Social Policy, therefore the evolvement of services with a personal touch.

There must be an ever increasing amount of co-ordination between various units, agencies and government departments which provide services. It is imagined that more often than not they think they are providing services to different people but in fact these services are being concentrated, they converge, on the same individual. So the need was felt for a new Ministry which catered for all social requirements except Education, a Ministry which composed various sectors of social services, like Labour, Health, and all the basic requirements needed for the complete co-ordination between these social sectors.

Another measure, following the setting up of this Ministry, which we think was of paramount importance in the specific programme for the handicapped was to translate this co-ordination into a feasible structure. For this reason the National Commission for the Handicapped was set up, with representatives from the voluntary societies for the handicapped, the parents' societies as well as representatives from those Departments which fall under the respective responsibilities of George, John, Ugo and myself, namely the Department of Health, Welfare, Social Security, Labour, Housing and Education. And I think that in the span of a year and a half during which the Commission has been functioning, it has generated a certain amount of action in the handicapped sector, which I feel is steadily gaining strength.

I believe that this sector, and the Commission itself, have the total backing of the Government and the ministries responsible for them. The fact that on today's occasion there are present the highest authorities of State - the President of Malta, Ministers, Dr. L. Gonzi who at the time of being appointed chairman of the Commission was as yet not holding the post of Speaker of the House of Representatives and it is significant that besides adhering to his Constitutional calling Lawrence (Dr. Gonzi) took upon himself the responsibility of maintaining the Chairmanship of the National Commission for the Handicapped.

I think that these are clear signs which should spell out unequivocally the message to society in general, that on this subject of the handicapped we should all be united.

It seems to me that it is a sign of the new environment which should pervade the field of the handicapped, and this also is something which we should reflect upon, how in a seminar of this kind the attendance and participation - especially of those directly involved - is not more accentuated. I think that it is very important that more parents and handicapped, more representatives of associations/societies, on such an occasion as is provided during this weekend, should participate more actively where possible. Therefore, besides offering this direction, this new evaluation of this sector - a re-orientation - besides creating these structures so as to put ideas into practice. I think also, that in a relatively short space of time, we have taken a considerable number of measures which bear witness to our determination, that in this field we do not want

to pay lip service only, but that we want to act in a tangible way - in other words "we mean business".

Mention should be made of the steps we took to ratify the I.L.O. Convention, the Convention on Vocational Rehabilitation and Employment of Disabled Persons. We also ratified the European Social Charter in order to be further motivated so as to create the legislative structure which would give to the handicapped the necessary rights enabling them to enjoy as near a normal life as possible. We also undertook a series of practical measures in the field of Housing. We did our best to update and reform the relevant schemes: this was also the result of the work undertaken by the National Commission for the Handicapped. With this new co-ordination there are hardly any decisions which, before being implemented, are not carefully scrutinized by the Commission so that they may advise on how a specific measure proposed by this or that Department is going to effect the handicapped sector. With regard to Housing we have registered some progress. But there is more to be done.

In the Labour field we have utilised the Auxiliary Workers Training Scheme to facilitate access to employment for the handicapped. We are again working on setting up the Disablement Unit which existed in the Labour Office. There is also a proposal which intends to extend to the handicapped, who so wish, the chance to make use of the incentive scheme meant for the self-employed. Even in that part of the law which deals with the incentives to industries there is, so to speak, the trademark of the Commission, which is proposing a package of incentives to those industries which offer certain advantages to handicapped persons.

We have also seen to it that even in the Social Security sector assistance is not lacking. We expanded the list of beneficiaries of social assistance by including certain categories of handicapped which previously did not qualify. Now in the various complexities of the Law which we are discussing presently we are making, in my opinion an important step forward, prompted by the suggestion made by the National Commission for the Handicapped; a giant leap forward in the sense that in future the Handicapped Pension will not be axed when a handicapped person is earning an income or inherits a certain amount of financial assets. We are saying to the handicapped: "You can do a part-time job, you can work as self-employed, your parents can make you the beneficiary of a sizeable amount of financial income, provided - at this stage - that the overall total of this income, plus that of your pension, does not exceed the minimum wage." In future, of course, the position could be reconsidered. When we speak of the minimum wage we are automatically saying that if this increases, the income of the handicapped may increase as well, without disqualifying that person from receiving the handicapped pension. This is definitely an important step, not in as much as it is giving the handicapped substantial financial benefits, as it is creating a new mentality by which we may be able to help the

handicapped to integrate themselves in society and to lead as much a normal life as possible.

Another measure in the pipeline and which will surely benefit the handicapped, is the major reform which we intend to make in the Health sector. We hope that by next year we will be able to avail ourselves of the new system of choosing our own family doctor, for whose services, Government will be footing the bill. It is evident that in putting this scheme in practice, one has to give special considerations to the families of the handicapped. As soon as this system begins to function it will go a long way to help the handicapped in concrete terms, along with all the other measures in the Health Department already mentioned by John Rizzo Naudi and by Ugo Mifsud Bonnici in the handicapped field.

We are also considering certain proposals on how the services of specialists and consultants can be bettered, how these can be provided in a more ethical way, in such a manner as not to allow financial considerations to determine most values. Young doctors are seeing the medical profession being described by certain other fellow-doctors as a quick means of becoming rich. On this, in order to reach an agreement, proposals for a solution should not be of a "half measure" type. In my opinion there must be radical solutions, society must agree and accept that it has to pay a price in order to reach consensus. First of all the medical profession in its entirety must understand the need for this change. While leaving the profession to enjoy full freedom and society the benefit of a free choice, the State must, however, ensure that the medical profession - part of it - is adequately compensated in such a way for it to be ready to dedicate all its attention and energy - and expertise - solely in the interest of the public in general.

Finally I would like to conclude by referring to what we were saying on the subject of State services and the road ahead:- Services with a personal touch. You cannot have this without personnel. The value of any service may be calculated by the personnel working in that particular area. And unfortunately we have a dearth of personnel in every service: lack of nurses, lack of physiotherapists, lack of workers in all the areas mentioned by Dr.Rizzo Naudi.

We are doing our utmost, although we cannot also not keep in mind what is actually happening in Malta: unfortunately - or fortunately - young people of today have a far wider choice of careers than they had in the past, so consequently it is harder to attract people to jobs which require a considerable amount of dedication. It is for this reason that we have the "Pre-vocational Health Care School", and the "Institute of Health Care" which was set up to raise the level of this kind of work to a professional status. We are also besides planning to have the proper machinery to produce the required number of personnel, striving to conclude our work on setting up a structure in which all social workers are to return. This is the reform which I am now on the verge of

announcing in all its details. There will then be a period of a month and a half, or two months of discussion before Government can finally put it into practice. This is the reform of what is known as the Welfare Department, where we shall depart once more from the centralisation which exists today. However we do not intend to go back again to the fragmentation of the past, where each Department had its own Welfare Section. We are going to see to it that there will be the various particular sections with their own social workers, who will be located in the vicinity of the area which falls under their responsibility, covering the youth, education, health, family and handicapped sectors.

We must reach the stage where each department will be able to function in its particular, specialised section. But on the other hand we want to have co-ordination. Thus, the ultimate aim of the reform is the progressive development of specialised service, while leaving room for autonomy where this is needed, and co-ordination on a national scale in order for society to be better informed and better organised so that it may be able to provide an adequate service which is required to help all mankind to attain the desired scope in life.