



COVID-19 and people with disabilities

Assessing the impact of the crisis and informing disability-inclusive next steps

Malta

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1 Executive summary

Disability inclusivity of disaster and recovery planning

In its 2016 Peer Review Risk Assessment report, Malta recommended that ‘vulnerable people’ are to be involved in any future plans for disaster/emergency management. The first cases of COVID-19 in Malta were diagnosed in March 2020. In April 2020, the Commission for the Rights of Persons with Disability (CRPD)¹ set up a COVID-19 Disability Task Force in order to monitor the impact of the pandemic on the disability sector and to inform/advise the government on related matters. Although a number of recommendations were taken on board, research carried out during 2020 by the Faculty for Social Wellbeing, University of Malta, showed that as the pandemic progressed, people with disabilities and their families felt they had been forgotten. (See sections 2 and 7.2).

Impact of the virus on mortality among people with disabilities

The Commissioner for the Rights of Persons with Disability informed us that they do not have these statistics, since the Health Authorities did not keep records of COVID-19-related mortality rates of people with disability (Pace Gasan, 2021).² The Department of Health was contacted to confirm this, and we were told that, “The mortality records do not record the presence or absence of disability. That said, if there is a disability register and you may wish to link between our mortality records and such a register, we would be willing to look into it.” (Calleja, 2021).³ Discussions are currently underway between CRPD and the Department of Health to see what can be done in this regard. (See section 3.1).

Outline of key concerns about a disproportionately negative impact of the COVID-19 crisis on people with disabilities

1. Termination of services – The majority of disability-related and therapeutic services were abruptly discontinued in March 2020 and although most of them offered some form of online support, people with disabilities and their families experienced high levels of disappointment and frustration. (See sections 4.4, 5.1, 7.1, 7.2, 9.2, 10.1, 10.2, 12.2).
2. Impact on families – Families of persons with disabilities were impacted on multiple fronts. Due to the majority of services/systems (e.g. education, therapy) converting to online platforms, families (mostly parents) found themselves having to juggle between supporting their children to follow lessons/therapy sessions, and continuing with their own work/jobs (also online). Apart from this, some families did not have access to adequate internet, if at all. Parents who lost their jobs because of the pandemic were further disadvantaged because of financial difficulties. Other families, especially where their family member has challenging behaviour, struggled enormously with the restrictive measures of the lockdown,

¹ For the purpose of this report, the abbreviation CRPD will be used when referring to the national Commission for the Rights of Persons with Disability and the abbreviation UN CRPD will be used when referring to the United Nations Convention on the Rights of Persons with Disability (2006).

² Pace Gasan, S. (2021). Personal Communication. Commissioner, National Commission for the Rights of Persons with Disability, Malta.

³ Calleja, N. (2021). Personal Communication. Director, Health Information and Research, Department of Health, Malta.

especially when the homes were small. Another negative impact of the restrictive measures on families occurred when the family member had to be hospitalised or lived away from the family home – the inability to visit caused many persons with disabilities and their families grave suffering. (See sections 5.2, 7.2, 9.2, 10.2, 13.2).

3. Isolation – Due to the restrictive measures and the inability to go to school/work/day centres, many people with disabilities suffered from fear, frustration and isolation. For many people with disabilities, these places were the only ones where they could socialise, and therefore the isolation was even more acute. Apart from Deaf and blind people, disabled persons with intellectual or communication impairments were the ones who suffered the most, because the benefits they could have acquired via the online sessions were further limited when compared to people with other impairments. (See sections 6.2, 10.2, 13.2).

Examples of good practice

1. In April 2020, a Disability Task Force was set up by CRPD to monitor the impact of the COVID-19 pandemic on the disability sector and put forward recommendations to government on related matters.
2. The Ministry for Education and Employment (MEDE) set up a helpline – related to the educational sector – open for students with special educational needs, disadvantaged backgrounds and in need of psychological counselling; provided online lessons / activities for some students with disabilities with support from their parents, with; some teachers / Learning Support Educators (LSEs) sent adapted work to the parents. Together with the National School Support Services (NSSS), the MEDE sent resources to Heads of Department (Inclusion) so that they can share LSEs. The NSSS also sent resources (mainly related to socio-emotional literacy) to Nurture Classes / Learning Support Zone teams; and online support was provided for parents of children with autism and other disability. Resource centres communicated with parents on strategies to continue working with their children.
3. Social Security: the government introduced financial social support (including employment benefits to persons with disability who could not work) to persons with disabilities, and benefits to parents of children with disabilities who had to stay at home from work to take care of their children.

Recommendations and opportunities for change

1. Provide psychological and emotional support for persons with disability, their family members; and frontliners and their families. This should be accompanied by training for family members of persons with disability who struggle/d with dealing with challenging behaviour during the pandemic. This is because the psychological impact of the past year on people with disabilities, their families and their service providers is expected to be long-term.
2. Implement systematic operational analyses to reduce unnecessary bureaucracy and see what can be shifted online (including the logistical and technical setups required); and ensure adequate logistical provision of IT equipment/internet and training to ensure quality service provision (educational and other) to people with disabilities and their families.

3. Review policies in the light of COVID-19 exigencies to ensure that they are nuanced enough to capture the particular needs of persons with disabilities during times of emergency/disaster/pandemics. This should be carried out with the involvement of/consultation with people with disabilities and their families.

2 Disability-inclusive disaster and recovery planning

[Article 11 – Situations of risk and humanitarian emergencies & Article 4\(3\) – involvement of persons with disabilities](#)

2.1 Commitments to disability in disaster management and recovery strategies

The following are the relevant documents that cover disaster management and recovery strategies in Malta:

- Emergency Powers Act (1963)⁴
- Civil Protection Act (1999 amended 2017). ACT No. XIX of 2017⁵
- Risk Management Procedures Manual — Integrating Risk Management in day-to-day operations and decisions (IAID) (2015)⁶

It is to be noted, however, that, in none of the above documents, there is a direct reference to people with disabilities.

Furthermore, in 2016, Malta published its Peer Review Risk Assessment report.⁷ The only reference to ‘vulnerable people’ is made in the following paragraph: “It is possible that the impact of floods in Malta will increase in severity in the future due to climate change, industrial and building developments and population increase. For this reason, all stakeholders and vulnerable people will need to be integrated in the planning process” (p. 46). It is commendable that this report is recommending that ‘vulnerable people’ are to be involved in any future plans for disaster/emergency management. It does not, however, define who these ‘vulnerable people’ are. It can only be assumed that they include people with disabilities who, in situations of emergency, may face barriers that hinder their safety.

A study commissioned by the national (Malta) Commission on the Rights of Persons with Disability to the Faculty for Social Wellbeing at the University of Malta entitled, ‘The Impact of COVID-19 on Persons with Disability’,⁸ found that there is a dearth of research regarding the impact of medical epidemics and other emergency situations, such as natural disasters, on persons with disability. This lack also seems to apply to the availability of specific guidelines related to people with disabilities in case of a pandemic (Campbell et al., 2009).⁹ In Malta, however, “In April 2020 a Disability Task Force was set up to monitor the impact of the COVID-19 pandemic on the disability sector. The Task Force is made up of different individuals, entities and organisations that are directly involved within the disability sector to ensure a holistic approach. Furthermore, in an effort to remain focused and productive the said Task Force is made

⁴ <https://legislation.mt/eli/cap/178/eng/pdf>.

⁵ <https://parlament.mt/media/91335/act-xix-civil-protection-act.pdf>.

⁶ <https://iaid.gov.mt/en/Documents/Legislation/OPM-Circular-1-2016-Risk%20Management-Procedures-Manual.pdf>.

⁷ https://ec.europa.eu/echo/sites/echo-site/files/malta_peer_review_report_-_en.pdf.

⁸ Pace-Gasan, S., Camilleri, A., Azzopardi Lane, C., Callus, A. M., & Azzopardi, A. (2020). *The impact of COVID-19 on Persons with Disability*. Available from <https://www.crpdp.org.mt/wp-content/uploads/2020/10/FSW-and-CRPD-The-Impact-of-COVID-19-on-Persons-with-Disability-Report-Final-1.pdf>.

⁹ Campbell, V., Gilyard, J., Sinclair, L., Sternberg, T., & Kailes, J. (2009). Preparing for and responding to pandemic influenza: Implications for people with disabilities. *American Journal of Public Health*, 99(S2), S294-S300.

up of different sub-committees according to the participating members' area of expertise. The sub-committees include a Disability Task Force Main Group, Research Committee, Consultative Committee as well as a number of ad hoc members that are consulted according to need.¹⁰

2.2 Involvement of people with disabilities in disaster management and recovery strategies

At the beginning of the pandemic, with the immediate establishment of the COVID-19 Disability Task Force, it seemed that people with disabilities would be directly involved in decisions regarding them during the pandemic. Among other recommendations, the COVID-19 Disability Task Force proposed that the government:

'10. Carry out a complete IT overhaul of systems and operations audit. 11. Ensure adequate logistical provision of IT equipment. 7 12. Provide training opportunities for persons with disabilities and their families to use IT communication platforms. 13. Provide training opportunities to staff and service providers on how new technologies can be incorporated into service provision. 14. Provide training to management on AGILE decision making. 15. Review and remove unnecessary bureaucratic processes. 16. Review policies in light of COVID-19 exigencies. 17. Enforce recommendations 10 -16 by creating a set of standards and operating procedures that service providers must orient towards during any form of restrictive measures arising from emergency situations.'¹¹

The Task Force also recommended that 'Standards and operating procedures for emergency situations within mainstream services should also cater for persons with disability. Planning ahead would safeguard the rights of persons with disability and a smooth transition in such emergencies.'¹²

As the numbers of infected people increased, however, people with disabilities were once again left in the margins (see section 7.2 below).

2.3 Disability impact assessments and research to inform disaster management and recovery planning

The first COVID-19 cases in Malta were identified in March 2020. CRPD commissioned the Faculty for Social Wellbeing at the University of Malta to carry out research about the impact that the COVID-19 pandemic was having on people with disabilities and their families in Malta. The findings of this study were published in September 2020. The objectives of the study were "to identify the key aspects in the lives of persons with disability which have been impacted by the COVID-19 pandemic, either in a positive or negative manner; and to develop practical and policy recommendations to address needs arising from the COVID-19 pandemic. Data collection was based on a purposive sample. Semi-structured interviews were conducted with five (5) persons with disability, three (3) informal carers, one (1) individual representing a nongovernmental

¹⁰ <https://www.crpdpd.org/mt/resources/COVID-19/>.

¹¹ Pace-Gasan, S., Camilleri, A., Azzopardi Lane, C., Callus, A. M., & Azzopardi, A. (2020). *The impact of COVID-19 on Persons with Disability*. Available from <https://www.crpdpd.org/mt/wp-content/uploads/2020/10/FSW-and-CRPD-The-Impact-of-COVID-19-on-Persons-with-Disability-Report-Final-1.pdf>.

¹² Pace-Gasan, S., Camilleri, A., Azzopardi Lane, C., Callus, A. M., & Azzopardi, A. (2020).

organisation (NGO) and three (3) entities in the disability sector. In order to be able to document the different experiences of persons with different disabilities, participants engaged in the study represented a diversity of disabilities, including cerebral palsy, autism, visual impairment, intellectual disability and mental health challenges. Caregivers involved were all parents of persons with disability, two (2) of which had children with autism, and another one (1) with delayed development. Furthermore, entities involved in this phase included: the CRPD; Aġenzija Sapport; and the Social Care Standards Authority (SCSA). Thematic analysis was used, hence common themes arising from the interviews were brought together to better understand similarities and differences highlighted by participants in that respective area.”¹³

2.4 Use of disaster management and recovery planning funds

In July 2020, Malta was allocated EUR 2.25 billion for the financial period of 2021-2027. This package included EUR 1 923 billion from the EU's budget and EUR 327 million from the newly established recovery package known as Next Generation EU.¹⁴ Communication was made with the relevant authorities to enquire how much of this budget was dedicated to the disability sector. This is the reply we received: “with regard to the social dimension, particular investments are envisaged under Cohesion Funds, such as the European Social Fund (ESF+).”¹⁵

In Malta, to safeguard redundancies of those persons with disability employed in the private sector, who were advised to work from home due to medical reasons but whose job did not allow the possibility of teleworking, people with disabilities became eligible for the “COVID -19 - Person with Disability Benefit”¹⁶ (Government of Malta, 2021). Between March and June 2020, a total of 2,058 persons benefitted from the medical and disability benefit schemes that were launched specifically because of the pandemic, incurring a cost of EUR 3.3 million (Ministry of Finance, 2020).¹⁷

¹³ Pace-Gasan, S., Camilleri, A., Azzopardi Lane, C., Callus, A. M., & Azzopardi, A. (2020).

¹⁴

https://www.maltatoday.com.mt/news/europe/103690/eu_budget_malta_billion_coronavirus_financial_framework#.YCLDJuhKjD5.

¹⁵ Cachia, D. (2021). Personal Communication, 22 February 2021.

¹⁶ Government of Malta. (2021). COVID -19 – Person with Disability Benefit. Available from <https://gemma.gov.mt/COVID-19-person-with-disability-benefit/>.

¹⁷ Ministry of Finance. 2020. Pre-budget document 2021. Available from: https://mfin.gov.mt/en/The-Budget/Documents/The_Budget_2021/PRE_BUDGET_DIGITAL_2021_01.pdf.

3 Mortality connected to COVID-19 among people with disabilities

[Article 10 – The right to life](#)

3.1 Are official statistics available concerning the overall mortality rate of people with disabilities?

No, these statistics are not available.

The Commissioner for the Rights of Persons with Disability informed us that they do not have these statistics, since the Health Authorities did not keep record of COVID-19-related mortality rates of people with disability (Pace Gasan, 2021, personal communication). The Department of Health was contacted to confirm this, and we were told that, “The mortality records do not record the presence or absence of disability. That said, if there is such a disability register and you may wish to link between our mortality records and such a register, we would be willing to look into it.” (Calleja, 2021, personal communication). Discussions are currently underway between CRPD and the Department of Health in order to implement this statistical exercise.

Directors of Agencies/Homes for Disabled People were also contacted and asked whether they could pass on these statistics (if available). Agenzija Sapport, the main state disability service provider, informed us that, “*Between March 2020 and January 2021, Agenzija Sapport has had 10 residents who were infected with COVID-19 but have since recovered.*”¹⁸ They also confirmed that they had no mortalities among the residents in their Homes. To date, however, we have not received any reply from other Foundations/Homes. We do not know whether this is because they did not keep any statistics, they would not like to share this information or whether there were no people with disabilities in these Homes who passed away because of COVID-19 or its consequences. However, on the 25 February 2021, id-Dar tal-Providenza published an article announcing that one of their residents, a 30 year old woman, had passed away due to COVID-19.¹⁹ This is the only person with disability that has been officially identified as having passed away due to the pandemic in Malta.

Figures are not available concerning the mortality rate of people with disabilities during COVID-19 been proportionately higher, lower or the same as the mortality rate for the general population. See section 3.1 above.

3.2 Are official statistics available concerning the mortality rate of people with disabilities who have died from complications connected to COVID-19?

No data is available concerning how many people with disabilities have died from complications connected to COVID-19 during the period of the pandemic.

No data is available of all people who died from complications connected to COVID-19 during the period of the pandemic, what proportion were people with disabilities.

No data is available concerning the place of death of people with disabilities with a confirmed diagnosis of COVID-19.

¹⁸ Caruana, B.A. (2021). Personal Communication, 22 February 2021.

¹⁹ <https://www.dartalprovidenza.org/dar-tal-providenza-resident-dies-after-testing-positive-for-COVID-19/>.

No data is available concerning the place of residence of people with disabilities that have died with a confirmed diagnosis of COVID-19.

4 Access to health

[Article 25 – Health](#)

4.1 Emergency measures

Malta identified its first COVID-19 case on the 7 March 2020.²⁰ However, the country had started preparing for a possible spread of the COVID-19 virus in January 2020. Since the first identified case in March 2020, a progressive increase in cases has been observed. During the first wave of the pandemic, the number of daily cases was reported through a daily media brief by the Superintendent of Public Health. The country was able to exhibit a successful containment during the first wave. However, with the easing of restrictions in July 2020, including the lifting of the state of “Public Health Emergency”, the reopening of the airport and the lifting of restrictions on the number of people in organised and spontaneous mass gatherings, Malta started experiencing another wave of cases.²¹ To date we are still experiencing a daily average of around 130 cases daily.²²

There is no research which states that Malta, to date, has experienced a situation whereby disability status or age status were specifically adopted as criteria to prioritise entitlement to healthcare in relation to receiving treatment for COVID-19. Although the majority of patients diagnosed with COVID-19 recover at home, those patients who for a variety of reasons are deemed as vulnerable or may develop complications from COVID-19 are hospitalised. According to the COVID-19 Long-Term Care Situation in the islands of Malta and Gozo²³ report, the COVID-19 Response Team and the Superintendent of Public Health ensured that by the implementation of effective and timely mitigation measures, including widespread testing, the health care system in Malta continued to be robust enough to meet the needs brought about by the pandemic. However, it must be noted that in November 2020 a long-term healthcare facility by the name of the Good Samaritan Home was set up. The aim of this facility was to treat elderly patients who contracted COVID-19²⁴ but did not need hospital treatment by isolating them in a different facility in order to avoid cross-infection amongst other residents within their permanent long-term residential facility.

The second peak of cases experienced in July 2020 led to the re-introduction of another set of measures, which included the mandatory use of masks in public places, the reduction of hospital visiting hours whereby only one family member was permitted to visit the sick daily for one hour, and visits to the elderly at residential homes could only be done behind Perspex and on a roster basis. However, in the case of hospitalized persons with disability, including those with mental health problems, a

²⁰ Cuschieri, S. (2020). COVID-19 panic, solidarity and equity – the Malta exemplary experience. *Journal of Public Health: From Theory to Practice*.
<https://link.springer.com/article/10.1007%2Fs10389-020-01308-w>.

²¹ Cuschieri, S., Balzan, M., Gauci, C., Agius, S., & Grech, V. (2020). Mass event triggers Malta's second peak after initial successful pandemic suppression. *Journal of Community Health*.
<https://doi.org/10.1007/s10900-020-00925-6>.

²² See <https://www.ecdc.europa.eu/en/cases-2019-ncov-eueea>.

²³ Fenech, M. A., Vella, M., & Calleja, N. (2020). *The COVID-19 Long-Term Care situation in the Islands of Malta and Gozo*. International Long Term Care Policy Network.

²⁴ See <https://www.independent.com.mt/articles/2020-12-14/local-news/Good-Samaritan-hospital-licensed-as-a-long-term-care-facility-Health-Minister-6736229445>.

family member or personal assistant is allowed to stay with them for the whole duration of their stay even if they are receiving treatment for COVID-19.²⁵

There were no legal cases which have been brought to challenge the impact of any of these measures on people with disabilities.

4.2 Access to hospital treatment for COVID-19

At this point none of this data is available. We have been in touch with the Commission for the Rights of Persons with Disability and the Directorate for Health Information and Research with the hope of having this data made available. A meeting is planned for the near future.

4.3 Treatment for COVID-19 in congregate settings

None of this data is available either. We have reached out to the main state agency that offers residential services to persons with disability and a Catholic church run residential facility. Both have said that this data is not available. However, the latter mentioned that all the persons with disability who reside in their residential facilities and who have contracted COVID-19 have been hospitalised.²⁶

Meanwhile, in May 2020, the Ministry for Health²⁷ published guidance for carers in homes for the elderly which detail infection control and hygienic measures that members of staff need to follow.²⁸ There are also some examples of government support for the elderly in such residences during this period: for example on the 10 May 2020, the government announced that 22 000 masks were given free of charge to homes for the elderly and persons with disability by two private companies.²⁹ Furthermore, since March 2020, the SCSA – in collaboration with the Public Health Authorities – have been putting into force the required measures and protocols for residential homes for the elderly, including monitoring visits and inspections, swabbing exercises and containment plans.³⁰

4.4 Public health promotion and testing during the pandemic

From when the first cases of COVID-19 emerged in Malta in March 2020, daily media briefs were organised by the Superintendent of Public Health with the aim of updating the population on the COVID-19 situation. Different telecommunication and social media platforms were used in order to keep the public updated. In addition, the COVID-19 Data Management team and the Ministry of Health also provided infographics and key public health messages online, on the radio and television to increase public health

²⁵ P. Buttigieg, Chief Nurse, Mater Dei Hospital, Malta. Personal communication (11 February 2020).

²⁶ Fr Martin Micallef, Director, Dar tal-Providenza, Malta. Personal communication (8 February 2020).

²⁷ <https://deputyprimeminister.gov.mt/en/Pages/health.aspx>.

²⁸ <https://deputyprimeminister.gov.mt/en/health-promotion/COVID-19/Pages/mitigation-conditions-and-guidances.aspx>.

²⁹ Department of Information (Government of Malta). 2020, May 10. *PR200880. COVID-19 Bulletin – Issue 60*. Available: <https://www.gov.mt/en/Government/DOI/Press%20Releases/Pages/2020/May/10/pr200880.aspx>.

³⁰ Department of Information (Government of Malta). 2020, September 26. *PR201837en – Press Release by the Parliamentary Secretariat for Active Ageing and Persons with Disability. Further strengthening of the contingency plans for residential homes for older persons*. Available at: <https://www.gov.mt/en/Government/DOI/Press%20Releases/Pages/2020/September/26/pr201837en.aspx>.

awareness.³¹ In July 2020, the daily briefings stopped. However, on 7 August 2020 with a resurgence in the number of cases, the briefings by the Superintendent of Public Health were reintroduced, although this time on a weekly basis.³² In addition, a daily infographic with the number of daily cases is published by the Superintendent of Public Health on the Facebook page 'Sahha' ['Health']. The first number of daily media briefs organised by the Superintendent of Public Health were not accessible to people with hearing impairment since they did not include Maltese Sign Language (MSL) interpretation. The Commission for the Rights of Persons with Disability brought the issue to the Superintendent of Public Health's attention and MSL interpretation has been successfully included ever since.³³

In addition, the Commission for the Rights of Persons with Disability collaborated with the Health Authorities to publish a number of documents for different impairment groups with the aim of making information about COVID-19, swab testing and mask use more accessible. These documents include:

'Information on Coronavirus' in an easy-to-read version,
 'Advice to Persons with Visual Impairment on Face Coverings',
 'Q&A Resource for deaf persons and hard-of-hearing persons on the wearing of masks and visors',
 'Deaf people questions on COVID-19 – Emergency department Mater Dei Hospital',
 'Tips for Persons with Intellectual Disability on Matters Related to COVID-19', and
 'Enhancing Accessibility for Persons with Disability during COVID.'³⁴

A number of swabbing hubs were set up across the island for easy accessibility for the whole population. At the moment there are seven swab testing centres in all.³⁵ People were provided with a designated helpline to organise a free swab test. Alternatively, people can also register online for a swab test. Only appointment-based swabs are carried out.³⁶ In addition, Public Health authorities established a contact tracing unit and case management teams with the aim of tracing the contacts of positive cases.³⁷

³¹ Cuschieri, S., Pallari, E., Hatzizianni, A., Sigurvinsdottir, R., Sigfusdottir, I. D., Siguroadottir, A. K. (2020). Dealing with COVID-19 in small European island states: Cyprus, Iceland and Malta. *Early Human Development*. <https://doi.org/10.1016/j.earlhumdev.2020.105261>; <https://www.sciencedirect.com/science/article/pii/S0378378220307659>.

³² Cuschieri, S., Balzan, M., Gauci, C., Agius, S., & Grech, V. (2020). Mass event triggers Malta's second peak after initial successful pandemic suppression. *Journal of Community Health*. <https://doi.org/10.1007/s10900-020-00925-6>.

³³ Disability Task Force. (January 2021). *List of actions taken by the Disability Task Force in collaboration with other organisations according to need*. CRPD: Malta.

³⁴ See <https://www.crpdpd.org/mt/resources/COVID-19/>.

³⁵ See <https://deputyprimeminister.gov.mt/en/health-promotion/COVID-19/Pages/getting-tested.aspx>.

³⁶ Cuschieri, S., Balzan, M., Gauci, C., Agius, S., & Grech, V. (2020). Mass event triggers Malta's second peak after initial successful pandemic suppression. *Journal of Community Health*. <https://doi.org/10.1007/s10900-020-00925-6>.

³⁷ Cuschieri, S., Pallari, E., Hatzizianni, A., Sigurvinsdottir, R., Sigfusdottir, I. D., Siguroadottir, A. K. (2020). Dealing with COVID-19 in small European island states: Cyprus, Iceland and Malta. *Early Human Development*. <https://doi.org/10.1016/j.earlhumdev.2020.105261>; <https://www.sciencedirect.com/science/article/pii/S0378378220307659>.

4.5 Impact of the COVID-19 crisis on access to health services for general or pre-existing physical or mental health conditions

Malta purchased a substantial amount of medical supplies in advance to ensure an adequate supply during the peak of the pandemic. In addition, Malta also made infrastructural changes to its state hospital by adding beds in intensive care units and ventilators in order to accommodate the potential rise in the number of people needing such treatment. However, notwithstanding these changes to Malta's national healthcare services, one of Malta's mitigating measures was to suspend elective surgery between March and May 2020 in order to ensure both an adequate number of available beds for potential COVID-19 patients and an adequate number of healthcare professionals to meet the needs of COVID-19 patients.³⁸ The cancellation of elective surgery during this time could have also impacted persons with disability who were waiting to have surgery, however no specific data on the impact of this measure on persons with disability is available.

In order to mitigate the expected rise in hospital occupancy, a number of non-clinical areas within the hospital building such as lecture rooms and staff canteens underwent infrastructural changes and were converted into temporary wards. Some public areas within the hospital were also equipped with oxygen points.

During the second wave of the pandemic which started around July 2020, the Malta Association of Public Health Medicine (MAPHM) issued a press release stating that unless measures are re-introduced such as mandatory mask wearing in public places and limiting the number of people to the smallest number possible, health services will be disrupted since the national hospital will reach breaking point.³⁹ Restrictions were reintroduced in August 2020 and further restrictions were introduced in October 2020. Another set of restrictions were also introduced in January 2021.⁴⁰

The report published by the Faculty for Social Wellbeing and the Commission for the Rights of Persons with Disability claims that some persons with disability feared staying within hospital premises even if they needed health services. Some of them were concerned about having to go into lockdown or quarantine and thus not being able to leave the hospital. Such concerns led to some persons with disability "shifting their aims from completing their treatments well to completing their treatments quickly" (p. 26). According to this same report this concern led to patients being forced to choose between their therapy and their safety.⁴¹

At this point there is no available research on the impact of COVID-19 on access to mental health services. However, it must be noted that at the beginning of the first wave of the pandemic, the Richmond Foundation⁴² (an NGO working in the mental health field) in collaboration with the health authorities expanded its mental health helpline to

³⁸ Cuschieri, S., Pallari, E., Hatzizianni, A., Sigurvinsdottir, R., Sigfusdottir, I. D., Siguroadottir, A. K. (2020).

³⁹ Cuschieri, S., Balzan, M., Gauci, C., Agius, S., & Grech, V. (2020). Mass event triggers Malta's second peak after initial successful pandemic suppression. *Journal of Community Health*. <https://doi.org/10.1007/s10900-020-00925-6>.

⁴⁰ See <https://timesofmalta.com/articles/view/watch-live-robert-abela-announces-new-COVID-19-measures.847530>.

⁴¹ Pace-Gasan, S., Camilleri, A., Azzopardi Lane, C., Callus, A. M., & Azzopardi, A. (2020). The impact of COVID-19 on Persons with Disability.

⁴² See <https://www.richmond.org.mt>.

a 24-hour service. In addition, it also started offering an online therapy service. Another online support service Kellimni.com ['Talk to me.com'] (offered by another NGO) saw a dramatic rise in chats since the start of the pandemic. Another helpline by the name of 'Hear to Help' also saw a rise in phone calls since the start of the pandemic.⁴³

4.6 Vaccination programmes

Now that the country is in the process of implementing its vaccination programme, age status and medical vulnerability status were adopted as criteria to prioritise entitlement to access to the COVID-19 vaccines. The Deputy Prime Minister and Minister for Health presented the vaccination programme in the 408th parliament sitting of 7 December 2020.⁴⁴ According to this briefing, old people living in residential homes along with people older than 85 years old who still lived at home were the first cohort to receive the vaccine in January (together with medical front liners), this is followed by people aged between 80 and 84, who started receiving the vaccine at the beginning of February. These two cohorts will later be followed by those aged between 70 and 79, and those who are medically vulnerable to COVID-19 due to chronic illnesses. Throughout the past months persons with disability living in long-term care homes such as those diagnosed with ALS⁴⁵ and living at Dar Bjorn ['Bjorn's Home'], and others living at home with personal assistants have advocated for themselves and their personal assistants to be considered for earlier vaccination⁴⁶ in the vaccination programme.

On 9 February 2020, persons with disability and staff members attending day centres run by the state agency Agenzija Sapport started receiving the vaccine.⁴⁷ On 15 February 2020, persons with disability and staff members at Dar tal-Providenza, one of Malta's largest residential settings, have also started receiving the vaccine.⁴⁸ In both these cases vaccines are being delivered to the care settings.

Elderly people (and carers) in care homes received priority in the vaccine rollout programme. However, in January, this was hampered by supply issues and the fact that the Pfizer vaccine has to be constituted on site immediately prior to

⁴³ See <https://timesofmalta.com/articles/view/chatline-service-sees-big-rise-in-requests-for-mental-support.779891>.

⁴⁴ Fearn, C. (2020). Stqarrija Ministerjali magħmula mid-Deputat Prim Ministru u Ministru għas-Saħħa, l-Onor. Chris Fearn, fis-Seduta 408 tas-7 ta' Diċembru 2020 dwar il-vaċċin tal-COVID-19 [Ministerial briefing by the Deputy Prime Minister and Minister for Health, the Hon. Chris Fearn, in the 408th sitting of 7 December 2020 about the COVID-19 vaccine]. <https://parlament.mt/media/109764/s-408-071220-COVID-19-vaccine.pdf>.

⁴⁵ <https://www.independent.com.mt/articles/2021-01-14/local-news/Vulnerable-DAR-Bjorn-residents-should-be-considered-for-priority-vaccination-Bjorn-Formosa-says-6736230141>.

⁴⁶ Disability Task Force (2021). List of actions taken by the Disability Task Force in collaboration with other organisations according to need.

⁴⁷ See <https://www.independent.com.mt/articles/2021-02-09/local-news/Vaccination-begins-at-Agenzija-Sapport-6736230862>.

⁴⁸ See <https://www.independent.com.mt/articles/2021-02-15/local-news/Residents-and-staff-at-Ild-Dar-tal-Providenza-begin-receiving-vaccine-6736231035>.

administration.⁴⁹ By the end of January, elderly and frontliners in residential homes had begun receiving their second dose. Those aged over 85 were given priority.⁵⁰

Health Authorities have set up a helpline specifically for vaccine information.⁵¹

Information on the COVID-19 vaccines can be found on the Ministry of Health website.⁵² However, to date there has been no promotional or advisory material about the vaccination made specifically accessible for persons with disability and with particular impairments.

⁴⁹ Times of Malta. 2021, January 14. *Covid vaccine rollout reaches 300 elderly residents in care homes so far*. Available at: https://www.maltatoday.com.mt/news/national/107049/covid_vaccine_rollout_reaches_300_elderly_residents_in_care_homes_so_far.

⁵⁰ Times of Malta. 2021. *Elderly in care homes begin second dose of COVID-19 vaccine*. Available at: <https://timesofmalta.com/articles/view/elderly-in-care-homes-begin-second-dose-of-COVID-19-vaccine.848055>.

⁵¹ See <https://timesofmalta.com/articles/view/watch-live-health-minister-chris-fearne-gives-COVID-19-update.840398>.

⁵² See <https://deputyprimeminister.gov.mt/en/health-promotion/COVID-19/Pages/vaccines.aspx>.

5 Income and access to food and essential items

Article 28 – Adequate standard of living and social protection

5.1 Emergency measures

The most significant emergency measure taken to curb the spread of the pandemic which had an effect on income and access to food was the closure of non-essential retail outlets and non-essential services on the 23 March 2020.⁵³

The Maltese government did not order a strict lockdown, as happened in many countries. However, since those with underlying health conditions are particularly vulnerable to the COVID-19 virus, restrictions were imposed on the movements of these persons. On the 28 March 2020, another legal notice was issued in which people considered to be vulnerable (including those over 65 years of age and those with chronic illnesses or medical conditions) were to limit the time spent outdoors to the minimum possible and to maintain social distancing.⁵⁴ This measure affected persons with disability of working age who could not go to work. These persons were provided with financial support to substitute lost income.⁵⁵ People in mandatory quarantine also received financial support if they could not continue working.⁵⁶

In tandem with these measures, a helpline was put in place to provide assistance for persons who did not have any family to buy groceries, medicine and other essential items for them. Local wardens within the Local Enforcement System Agency were deployed to help distribute these essential items to these persons.⁵⁷

At the same time, there were restrictions on health and social services except for persons for whom such services were deemed urgent and essential. These services were then continued in June, after the emergency measures related to the pandemic had been lifted.⁵⁸

Similar measures were taken by Aġenzija Sapport, the main state agency that provides services for persons with disability in Malta. Aġenzija Sapport suspended many of its services, except for those deemed essential.⁵⁹

⁵³ Legislation Malta. Legal Notice 95 of 2020. Closure of Non-Essential Retail Outlets and Outlets Providing Non-Essential Services Order. <https://legislation.mt/eli/ln/2020/95/eng/pdf>.

⁵⁴ Legislation Malta. Legal Notice 111 of 2020. Protection of Vulnerable Persons Order. <https://legislation.mt/eli/ln/2020/111/eng/pdf>.

⁵⁵ European Union Agency for Fundamental Rights. Coronavirus pandemic in the EU – Fundamental Rights Implications – Malta. 3 June 2020. https://fra.europa.eu/sites/default/files/fra_uploads/mt_report_on_coronavirus_pandemic_june_2020_.pdf.

⁵⁶ European Union Agency for Fundamental Rights. Coronavirus pandemic in the EU – Fundamental Rights Implications – Malta. 23 March 2020. https://fra.europa.eu/sites/default/files/fra_uploads/malta-report-COVID-19-april-2020_en.pdf.

⁵⁷ Times of Malta. Wardens distributing supplies to elderly and quarantined. 17 April 2020. <https://timesofmalta.com/articles/view/wardens-distributing-supplies-to-elderly-and-quarantined.786209>.

⁵⁸ European Union Agency for Fundamental Rights. June 2020.

⁵⁹ European Social Network. Measures put in place in disability services in Malta. <https://www.esn-eu.org/measures-put-place-disability-services-malta>.

5.2 Impact of the COVID-19 crisis

Research carried out by the Faculty for Social Wellbeing at the University of Malta in collaboration with the Commission for the Rights of Persons with Disability (CRPD) throws some light on how people with disabilities and their families in Malta were affected by the pandemic. One of the relevant issues highlighted in the research report is the situation faced by persons with disability who were not considered vulnerable and who therefore were not provided with assistance to buy groceries and other essentials. One of the persons interviewed, who has visual impairment, said that he could not rely on online shopping and home delivery as much as he did prior to the pandemic because of the sudden rise in demand for these services from the wider population:

In the first month of the restrictive measures it was a ‘nightmare’, as all slots were taken and they were running out of food...Eventually...the manager of a supermarket ... found that the slots opened at midnight, however even then, only a few slots were available. After the first month this issue was mostly resolved.⁶⁰

As a CRPD official, quoted in this report, put it:

At the start of the panic in implementing things, the disability sector was left out of the equation which did not make sense as persons with disability are some of the most vulnerable in society.⁶¹

In fact, while most reports about the impact of the pandemic focus on elderly people and measures taken to protect them, there is very little that focuses on children with disabilities and adults with disabilities of working age. Other information can be gleaned from surveys conducted with the general population. The Richmond Foundation is conducting periodical surveys to assess the impact of the pandemic on the nation’s mental health. The latest report, dated November 2020, presents statistics from the five surveys that had been conducted. This report states that, in April, 33.7 % of the respondents were concerned about getting food and other basic necessities. By November, this figure had decreased to 9.8 %. Likewise, concerns about financial resources decreased from 2.80 to 2.33.⁶² To some extent, these figures can be extrapolated to the population of persons with disability, although there is no indication whether they were impacted to a higher or lower degree.

The Disability Task Force set up by CRPD to monitor the impact of the pandemic on persons with disability, ensured that gaps in providing essential services for persons with disability were addressed and that persons with disability who could not work because of the pandemic received financial assistance.⁶³

⁶⁰ Pace Gasan S., Camilleri, A., Azzopardi-Lane, A., Callus, A.M. & Azzopardi, A. 2020. *The Impact of COVID-19 on Persons with Disability*. Commission for the Rights of Persons with Disability and Faculty for Social Wellbeing, University of Malta. (p. 26).

⁶¹ Pace Gasan et al. (p. 31).

⁶² Richmond Foundation. 2020. COVID-19 & Mental Health. <https://app.powerbi.com/view?r=eyJrIjoiMzg5MjNkMjctOGQ2Yi00YzNmLWE5YTktOWU5YjU4Y2UwZGU0liwidCI6IjczMjdkNTEeLWQ3Y2QtNDZkNy05NDEzLTdkYjkyY2FINGYwOSIsImMiOjIh9.>

⁶³ CRPD. Disability Task Force. <https://www.crpdp.org.mt/resources/COVID-19/>.

6 Access to transportation and the public spaces

Article 9 – Accessibility

6.1 Emergency measures

Public transport in Malta is provided by buses. These continued to operate throughout the pandemic. Restrictions were put into place to avoid crowding on bus stops with not more than three people being allowed, unless they were from the same household.⁶⁴ This restriction was eventually relaxed until a new legal notice came into effect in October restricting the maximum amount to six persons.⁶⁵ In February 2021, Bolt, a private taxi service company, announced that it will be offering EUR 10 000 worth of free trips to vaccination centres for vulnerable people in Malta and Gozo. The project, called 'Destination Vaccination'⁶⁶. It is to be assumed that vulnerable people include people with disabilities. We wrote to Bolt to enquire whether their transport fleet includes wheelchair accessible transport but they informed us that they do not currently have any wheelchair accessible vehicles available (Merlin, 2021, personal communication). Therefore, wheelchair users who cannot transfer into conventional cars are excluded from this initiative. The company was also unable to give us the number of disabled persons who have benefited from the service so far.

When catering establishments and non-essential shops and services resumed business in May 2020, a number of measures were taken to ensure social distancing. These included the obligatory wearing of masks in shops and other public places. The places where masks were to be worn continued to increase and in October 2020 it was extended to wearing the mask in the street. People with disabilities with severe mental, physical or respiratory impairments were exempted from wearing the mask.⁶⁷

The reopening of restaurants, bars and other places that serve food was subject to a number of measures, including serving customers outside as much as possible, and maintaining distances between tables both inside and outside.⁶⁸

The CRPD's Disability Task Force worked on ensuring that press briefings related to the pandemic have sign language interpreting, clarifying which persons with disability were exempt from wearing masks, providing information in accessible formats and ensuring that persons with disability in residential services are safeguarded without being socially isolated.⁶⁹

⁶⁴ Legislation Malta. Legal Notice 112 of 2020. Number of Persons in Public Spaces Order. <https://legislation.mt/eli/ln/2020/112/eng/pdf>.

⁶⁵ Legislation Malta. Legal Notice 408 of 2020. Number of Persons in Public Spaces (Amendment No. 2). <https://legislation.mt/eli/ln/2020/408/eng/pdf>.

⁶⁶ Malta Today. (2021). Thursday, 11 February. Bolt gives EUR 10 000 in free rides to vulnerable people to vaccination centres. Available from: https://www.maltatoday.com.mt/news/national/107630/bolt_gives_10000_in_free_rides_to_vulnerable_people_to_vaccination_centres#.YC6P-uhKhdg.

⁶⁷ Legislation Malta. Legal Notice 402 of 2020. Mandatory Use of Medical or Cloth Masks (Amendment No. 3). Closure of Places Open to the Public Order (Amendment No. 3). <https://legislation.mt/eli/ln/2020/402/eng/pdf>.

⁶⁸ Legislation Malta. Legal Notice 204 of 2020. <https://legislation.mt/eli/ln/2020/204/eng/pdf>.

⁶⁹ CRPD. Disability Task Force. <https://www.crpdpd.org.mt/resources/COVID-19/>.

6.2 Impact of the COVID-19 crisis

One of the issues reported on was that, in order to comply with the regulations, restaurants and other catering establishments were placing dining tables and chairs on pavements. Mr Oliver Scicluna, the then Commissioner for the Rights of Persons with Disability, complained that these measures were blocking wheelchair access and that hard won rights risked getting lost. He also lamented the lack of consultation with the CRPD by the various ministries responsible for putting in place pandemic related measures.⁷⁰

Another issue was raised by persons who are hearing impaired and rely on lip reading for communication. Annabelle Xerri, a prominent Maltese Deaf activist and also the mother of a medically vulnerable daughter, expressed succinctly the double-edged sword that mask wearing presents for persons with disability when she said:

'I do not like the new masked world one tiny bit. It is, by far, too lonely and challenging. But I am not complaining at all because it is safer this way.'⁷¹

Video testimonials by persons with disability and parents of persons with disability, which are available on the CRPD website, also refer to the social isolation felt because of the measures in place. Two parents also speak about the difficulty of explaining to their sons with intellectual disability about the situation.⁷²

The periodical surveys carried out by the Richmond Foundation indicate that, among the general population, feelings of social isolation were highest in April, with 39.9 % reporting such feelings. This figure had decreased to 22.7 % in June, after the most restrictive measures had been lifted, but has been steadily increasing and had reached 28.7 % in November.⁷³ Figures for persons with disability are not available. However, as Commissioner Oliver Scicluna stated: 'Not all people with disabilities are physically vulnerable to the novel coronavirus but many are socially vulnerable, and this is not being taken into account'.⁷⁴

⁷⁰ Calleja, C. 2020a. 'We risk ruining 30 years of work', Disability Sector Warns. *The Times of Malta*, 23 May 2020. <https://timesofmalta.com/articles/view/restaurant-tables-could-keep-wheelchairs-off-pavements.793811>.

⁷¹ Calleja, C. 2020. 'I will not understand you... but please wear a damn mask'. *The Times of Malta*, 21 October 2020b. <https://timesofmalta.com/articles/view/i-will-not-understand-you-but-please-wear-a-damn-mask.825745>.

⁷² CRPD. Coping with the COVID-19 Crisis. CRPD. Disability Task Force. <https://www.crpdc.org.mt/resources/COVID-19/>.

⁷³ Richmond Foundation. 2020. COVID-19 & Mental Health.

⁷⁴ Calleja, C. 2020a.

7 Involuntary detention or treatment

[Article 14 – Liberty and security of person](#)

[Article 15 – Freedom of torture or cruel, inhuman or degrading treatment or punishment](#)

[Article 16 – Freedom from exploitation, violence and abuse](#)

[Article 17 – Protecting the integrity of the person](#)

7.1 Emergency measures

Persons with Disability and the Elderly. On the 13 March 2020, visits to all homes for persons with disabilities and elderly persons – whether run by the state, private sector or the church – were suspended. The same announcement also prohibited visits to prison inmates.⁷⁵ At the time, this had not yet been regulated by law.⁷⁶ Following live-in requests by management and staff of some elderly residences (23 March 2020), residence management were instructed to liaise with the Social Care Standards Authority (SCSA)⁷⁷ for live-in arrangements. Residences took the necessary steps and measures to go in lockdown, including increased expenses where staff opted to live-in. The SCSA also facilitated bulk-buying for residences; and collaborated with the Public Health Authority (PHA) to ensure enough supplies of pharmaceuticals. The SCSA, PHA, Active Ageing and Community Care⁷⁸ and other relevant authorities worked in close collaboration throughout the first wave of the pandemic. Among other measures, the SCSA also provided training on infection control for staff within the facilities.⁷⁹

During the first wave of COVID-19 cases, staff in residential homes were swabbed for COVID-19 before being engaged in a two-week living-in contract.⁸⁰ Residents could only be visited by family members on a roster basis and behind a Perspex screen.

On the 25 May 2020, restrictions on visiting elderly people living in homes were eased and residents could start receiving limited and controlled visits from relatives.⁸¹ However, such restrictions were only specifically eased, at the time, for one state-run elderly residential home, St. Vincent de Paul (the largest home), with the government announcing that visiting restrictions would also be eased at other government and private residential homes for the elderly in the future.⁸² On 10 June, it was announced

⁷⁵ Times of Malta. 2020, 12 March. *Coronavirus: Visits to old people's homes and the prisons stopped. Precautionary measure to prevent the spread of the virus.* Available at:

<https://timesofmalta.com/articles/view/coronavirus-visits-to-old-peoples-homes-stopped.777653>.

⁷⁶ FRANET (The People for Change Foundation). 2020, March 23. *Coronavirus COVID-19 outbreak in the EU: Fundamental Rights Implications – Malta.* Available at:

<https://fra.europa.eu/en/publication/2020/covid19-rights-impact-april-1#TabPubStudies>.

⁷⁷ <https://scsa.gov.mt/mt/Pages/Welcome-SCSA.aspx>.

⁷⁸ <https://activeageing.gov.mt/en/Pages/Welcome-Active-Ageing.aspx>.

⁷⁹ International Long Term Care Policy Network (Fenech, M.A., Vella, M., Calleja, N.). 2020, June 6. *The COVID-19 Long-Term Care situation in the Islands of Malta and Gozo.* Available at:

<https://ltccovid.org/country-reports-on-COVID-19-and-long-term-care>.

⁸⁰ Cuschieri, S. (2020). COVID-19 panic, solidarity and equity – the Malta exemplary experience. *Journal of Public Health: From Theory to Practice.* <https://doi.org/10.1007/s10389-020-01308-w>.

⁸¹ MaltaToday. 2020, May 22. [Watch] COVID-19: Homes for the elderly to allow controlled, limited visits by relatives. Available at:

https://www.maltatoday.com.mt/news/national/102502/watch_covid19_homes_for_the_elderly_to_allow_controlled_limited_visits_by_relatives#.XtDyejozbIV.

⁸² Department of Information (Government of Malta). 2020, May 22. PR200981. *COVID-19 Bulletin – Issue 70.* Available at:

<https://www.gov.mt/en/Government/DOI/Press%20Releases/Pages/2020/May/22/pr200981.aspx>.

that, with immediate effect, activities within the homes could resume and residents could socialise in common areas. From 18 June onwards, relatives could start visiting the elderly in residential homes (all except St Vincent de Paul) and from 1 July 2020, the elderly were allowed to go out from care homes (with the same exception).⁸³

The same 13 March 2020 government bulletin announced that services providing dementia intervention, social work, respite and other such services within residences for the elderly would only be given in urgent and essential cases.⁸⁴ On 1 June 2020, some services for the elderly in residential homes which were suspended in March were resumed.⁸⁵ A protocol drafted by the SCSA and the health and family ministries called on elderly residences to be equipped with the necessary technologies to allow virtual communication between residents and their relatives.⁸⁶ During her weekly briefing on October 9th, the Health Superintendent announced that the number of cases in elderly homes was reducing and on 30 October 2020, she announced that a special unit to treat elderly with COVID-19 had been set up by the health authorities.⁸⁷

Measures published by *Aġenzija Sapport*⁸⁸ on 23 June 2020 announced that all COVID-19 precautionary measures are being implemented within residential settings, and that service users could visit their family and vice-versa.⁸⁹ Prison visits resumed on 5 June 2020.⁹⁰

Migrants and Refugees with Disability. On 24 March 2020, the Times of Malta published an article detailing that – as part of a COVID-19 contingency plan for migrant centres – access to migrant reception centres had been restricted to residents and employees, while isolation units were set up in case of a COVID-19 emergency. However, migrants expressed concern over hygiene conditions at open and detention centres, maintaining that they could not practice social distancing and were not always given updated information on the pandemic.⁹¹ Among other measures, UNHCR Malta

⁸³ Times of Malta. 2020, June 10. *Visits to elderly in homes to resume on June 18, with one exception. Elderly residents to be allowed out of care homes from July 1.* Available: <https://timesofmalta.com/articles/view/visits-to-elderly-in-homes-to-resume-on-june-18-with-one-exception.797628>.

⁸⁴ Department of Information (Government of Malta). 2020, 13 March. *COVID 19 Bulletin – Issue 2.* Available: https://sapport.gov.mt/en/Documents/ISSUE02_ENG.pdf.

⁸⁵ Times of Malta. 2020, 29 May. *Some services for the elderly to resume on Monday. Guidelines for service providers to prevent spread of COVID-19 issued.* Available: <https://timesofmalta.com/articles/view/some-services-for-the-elderly-to-resume-on-monday.795112>.

⁸⁶ Times of Malta. 2020, 17 September. *Homes for the elderly: Quarantine, temperature checks and 'bubbles'. Regulations to deal with COVID-19 beefed up.* Available: <https://timesofmalta.com/articles/view/homes-for-the-elderly-quarantine-temperature-checks-and-bubbles.818671>.

⁸⁷ Times of Malta. 2020, 30 October. *Watch: Special unit set up to treat elderly with COVID-19, Charmaine Gauci says.* Available: <https://timesofmalta.com/articles/view/watch-charmaine-gauci-gives-weekly-COVID-19-update.828346>.

⁸⁸ <https://sapport.gov.mt/>.

⁸⁹ Aġenzija Sapport. 2020, 23 June. *Aġenzija Sapport measures for re-opening of services.* Available: <https://sapport.gov.mt/en/Documents/Reopening%20Measures%20for%20Sapport%20services.pdf>

⁹⁰ Times of Malta. 2020, 2 June. *Prison visits to be restored on Friday. No physical contact between prisoners, visitors.* Available: <https://timesofmalta.com/articles/view/prison-visits-to-be-restored-on-friday.796002>.

⁹¹ Times of Malta. 2020, 24 March. *COVID-19 contingency plan for migrant centres. Isolation units set up in case of virus emergency.* Available: <https://timesofmalta.com/articles/view/COVID-19-contingency-plan-for-migrant-centres.780497>.

produced COVID-19 guidance posters in English and 5 other languages.⁹² No specific information could be found in relation to disabled migrants and refugees in residential centres.⁹³

7.2 Impact of the COVID-19 crisis

Persons with Disability and the Elderly. On the 17 April 2020, elderly people residing in the geriatric wing of the Gozo General Hospital – run by the private corporation Steward Health Care Malta⁹⁴ – were transferred to a hotel in order to allow for further beds to be made available for COVID-19 patients.⁹⁵ According to a press release issued by the Ministry for the Family, Children’s Rights and Social Solidarity (MFCSS),⁹⁶ Steward Health Care was granted an emergency license by the SCSA - in accordance with Legal Notice 74 of 2020 on the granting of an emergency licence in exceptional circumstances.⁹⁷ Steward Health Care requested such a license in order to transfer the patients from Ward Sant’Anna at Gozo General Hospital to Downtown Hotel.⁹⁸ The MFCSS press release details that families of the same elderly patients were “horrified” by the conditions at the hotel, including issues of rooms being too small for two patients, corridors and lifts being too small and lack of certainty on whether wheelchairs can manoeuvre through lifts and rooms. The same press release details that the SCSA’s investigation deemed, among other results, that rooms can accommodate two persons, a wheelchair can manoeuvre in the corridor and rooms, and health care professionals are providing the same level of care they used to give at the hospital ward. The SCSA also confirmed that the contingency plans and necessary procedures were in place, the premises were adequate and in line with the requirements of an emergency license. It also issued a number of recommendations to Steward Health Care.⁹⁹

⁹² UNHCR Malta. 2020, 12 March. *COVID-19 Guidance for Asylum-Seekers & Refugees in Malta. UNHCR shares WHO information in English, Arabic, French, Somali, Tigrinya and Bengali.* Available at: <https://www.unhcr.org/mt/13541-COVID-19-guidance-for-asylum-seekers-refugees-in-malta.html>.

⁹³ NGOs working with organisations and Migrant organisations could not / did not provide any information with regard to this. This is due to various reasons, including: migrants having a psychosocial disability might not be identified as such; limited understanding, among the migrant population, of what constitutes disability; challenges regarding communication between migration and disability sector at governmental level; lack of disability services for migrants not beneficiaries of a refugee status; other barriers such as language ones (Email exchange with Executive Director of NGO working with migrants).

⁹⁴ <https://www.stewardmalta.org>.

⁹⁵ FRANET (The People for Change Foundation). 2020, 4 May. *Coronavirus pandemic in the EU: Fundamental Rights Implications – Malta.* Available at: <https://fra.europa.eu/en/publication/2020/covid19-rights-impact-may-1#TabPubStudies>.

⁹⁶ <https://family.gov.mt/en/Pages/Family%20EN%20homepage.aspx>.

⁹⁷ <https://legislation.mt/eli/ln/2020/74/eng/pdf>.

⁹⁸ Department of Information (Government of Malta). 2020, 26 April. *PR200757en – Press Release by the Ministry for the Family, Children’s Rights and Social Solidarity and by the Parliamentary Secretariat for Active Ageing and Persons with Disability. The Social Care Standards Authority issues the outcome of the Gozo hotel investigation.* Available at: <https://www.gov.mt/en/Government/DOI/Press%20Releases/Pages/2020/April/26/pr200757en.aspx>.

⁹⁹ Department of Information (Government of Malta). 2020, 26 April. *PR200757en – Press Release by the Ministry for the Family, Children’s Rights and Social Solidarity and by the Parliamentary Secretariat for Active Ageing and Persons with Disability. The Social Care Standards Authority issues the outcome of the Gozo hotel investigation.* Available at: <https://www.gov.mt/en/Government/DOI/Press%20Releases/Pages/2020/April/26/pr200757en.aspx>.

Persons with disability staying within hospital premises were also affected, with possible impending lockdown / quarantine changing their aims from completing their treatment well to completing it quickly, prompting disagreements with medical professionals. One person with a physical impairment felt his home was safer than the hospital and felt he was being asked to choose between therapy and safety, a choice exacerbated by the fact that if they left without authorisation and against medical advice, they would be barred from the necessary services. Fortunately, this policy was not strictly enforced during the COVID period.¹⁰⁰

Several cases of COVID-19, including of carers, were found in residential homes for the elderly between September and October 2020. On 23 September 2020, almost half of the elderly residents in one home had tested positive.¹⁰¹ Such residents were quarantined within the residential home, except when hospitalisation was required, where they would be quarantined for 5 days after returning to the home. Several controls and restrictive measures were implemented,¹⁰² but such measures were reported to have a psychological effect on the elderly.¹⁰³ Relatives of residents also complained of lack of information on their elderly relatives as well as the lack of staff which made it difficult for residents' needs to be met with promptly. The SCSA investigated this to establish whether protocols were being followed.¹⁰⁴ According to the latest FRANET bulletin, nursing homes have denied these accusations.¹⁰⁵

Similarly, COVID-19 related restrictive measures had an impact on persons with a disability: for example some disabled persons who were living in a residence ended up regressing and losing the independence skills they had acquired, and thus had to move back to their family's home. For others who stayed in the residences, the fact of not being able to see their families proved to be emotionally challenging. Once restrictive measures were lifted and they were able to receive family visits once again, there were residents who got frightened when they saw their relatives wearing masks. Furthermore, within residences – which normally have a family-like atmosphere and where a sense of community is encouraged – carers were obliged to separate

¹⁰⁰ L-Universita' ta' Malta (Faculty for Social Wellbeing) for the Commission for the Rights of Persons with Disability. 2020, September. *The Impact of COVID-19 on Persons with Disability*. Available: <https://www.crpdc.org.mt/resources/COVID-19>.

¹⁰¹ MaltaToday. 2020, 23 September. *Almost half of St Joseph Home elderly residents test positive for COVID-19*. Available: https://www.maltatoday.com.mt/news/national/104903/almost_half_of_st_joseph_home_elderly_residents_test_positive_for_covid19#.X5KyGi9oahA.

¹⁰² Times of Malta. 2020, 17 September. *Homes for the elderly: Quarantine, temperature checks and 'bubbles'. Regulations to deal with COVID-19 beefed up*. Available: <https://timesofmalta.com/articles/view/homes-for-the-elderly-quarantine-temperature-checks-and-bubbles.818671>.

¹⁰³ FRANET (The People for Change Foundation). 2020, 3 November. *Coronavirus pandemic in the EU: Fundamental Rights Implications – Malta*. Available: <https://fra.europa.eu/en/publication/2020/covid19-rights-impact-november-1#TabPubStudies>.

¹⁰⁴ MaltaToday. 2020, 5 October. *Updated. Investigation into elderly homes over COVID-19 surge to establish whether protocols were followed*. Available: https://www.maltatoday.com.mt/news/national/105107/regulator_investigating_covid19_surge_in_elderly_care_homes_believes_there_were_no_shortcomings_protocols_probed#.X_2niOjdvIV.

¹⁰⁵ FRANET (The People for Change Foundation). 2020, November 3. *Coronavirus pandemic in the EU: Fundamental Rights Implications – Malta*. Available: <https://fra.europa.eu/en/publication/2020/covid19-rights-impact-november-1#TabPubStudies>.

individuals within flats in order to reduce the possibility of infection. Limitations of – and restrictions on – outings were also the basis of disagreements among residents.¹⁰⁶

In spite of the setting up of the Disability Task Force at the start of the pandemic (see section 2.1 above), according to the Commission for the Rights of Persons with Disability (CRPD),¹⁰⁷ COVID-19 related policies were not well thought out: policymakers were not familiar enough with disability issues, did not consult the disability sector and did not cater for the needs of disabled persons: the disability sector was forgotten.¹⁰⁸

¹⁰⁶ L-Universita' ta' Malta (Faculty for Social Wellbeing) for the Commission for the Rights of Persons with Disability. 2020, September. *The Impact of COVID-19 on Persons with Disability*. Available: <https://www.crpd.org.mt/resources/COVID-19>.

¹⁰⁷ <https://www.crpd.org.mt>.

¹⁰⁸ L-Universita' ta' Malta (Faculty for Social Wellbeing) for the Commission for the Rights of Persons with Disability. 2020, September. *The Impact of COVID-19 on Persons with Disability*. Available: <https://www.crpd.org.mt/resources/COVID-19>.

8 Violence, exploitation or abuse

Article 16 – Freedom from violence, exploitation and abuse

8.1 Emergency measures

As previously mentioned, during the first wave of the pandemic, the country went into semi-lockdown. Reports of domestic abuse to the police increased by 15 % in the first six months of 2020: during the months of March-May there were 50 more reports logged in than in the same period of the previous year.¹⁰⁹

8.2 Impact of the COVID-19 crisis

Malta does not collect statistics on violence against women at the intersection of discrimination such as women with disabilities, who are likely to face increased and/or specific obstacles in relation to forms of violence covered by the Istanbul Convention.^{110 111} As a result, no information on persons with disability – with regard to violence, exploitation or abuse – during the pandemic could be found. However, while the effects of COVID-19 on persons with disabilities are still to be fully understood, social problems that existed prior to the onset of the pandemic are likely to have been aggravated, particularly for persons with disability living in situations of abuse.¹¹² It is thus to be assumed that persons with disability previously facing domestic abuse experienced higher rates of abuse during the pandemic.

¹⁰⁹ The Malta Independent (Commissioner on Gender-based and Domestic Violence). 2020, 16 August. *Domestic Violence during the time of COVID-19*. Available: <https://www.independent.com.mt/articles/2020-08-16/newspaper-opinions/Domestic-Violence-during-the-time-of-COVID-19-6736226151>.

¹¹⁰ Council of Europe Convention on preventing and combating violence against women and domestic violence. Available: <https://www.coe.int/en/web/conventions/full-list/-/conventions/rms/090000168008482e>.

¹¹¹ Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO). 2020. *GREVIO's (Baseline) Evaluation Report on legislative and other measures giving effect to the provisions of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention)*. MALTA. Available: <https://www.coe.int/en/web/istanbul-convention/-/grevio-publishes-its-first-baseline-report-on-malta>.

¹¹² L-Universita' ta' Malta (Faculty for Social Wellbeing) for the Commission for the Rights of Persons with Disability. 2020, September. *The Impact of COVID-19 on Persons with Disability*. Available: <https://www.crp.org.mt/resources/COVID-19>.

9 Independent living

[Article 19 – Living independently and being included in the community](#)

9.1 Emergency measures

During the first wave of the pandemic in Malta, which started at the beginning of March 2020, a number of restriction measures were implemented with the aim of reducing COVID-19 transmission. Measures were also implemented in residential homes for persons with disability. The restrictive measures related to independent living included, the closure of day centres, the closure of respite services, the ceasing of visits from family and friends in residential settings, the postponement of appointments except for emergency medical appointments, and the ceasing of community services unless it is an emergency. Social work services were transferred online or via telephone unless there was an emergency. In addition, to ensure that persons with disability had basic access to necessities, food and medicines were delivered to the residences to avoid community contact.¹¹³

During the first wave of COVID-19 cases, staff in residential homes were swabbed for COVID-19 before being engaged in a two-week living-in contract.¹¹⁴ To date, restrictive measures for people who live in residential settings are still in place. Residents can only be visited by family members on a roster basis and behind a Perspex screen. It must also be noted that in order to mitigate some of the negative impact that emerged from the restrictions imposed on persons with disability and their families, Agenzija Sapport – a state funded agency offering disability related services – organized a number of weekly webinars with the aim of keeping in touch with some of its service users. These webinars were attended by between 80-100 people.¹¹⁵

9.2 Impact of the COVID-19 crisis

The study published by the Faculty for Social Wellbeing and the Commission for Persons with Disability reports that persons with disability who had been able to start living alone or had moved to a residential setting prior to the pandemic experienced regression with the effect of losing some of their hard-earned independence. In some cases, this resulted in the persons with disability moving back to their family home.¹¹⁶ For those who lived in residential settings, the separation and the lack of accessibility to have their family and friends visit them was heart-breaking for both parties. The restrictive measures also impacted the atmosphere within the residential settings. The majority of residential settings adopt a family like atmosphere, however this was halted since some individuals had to be isolated and separated from others in order to reduce the risk of cross-infection.

The access to food, groceries and necessities for persons with disability was also impacted. A participant in the study carried out by the Faculty for Social Wellbeing and

¹¹³ European Social Network. (2020). Measures put in place in disability services in Malta. Retrieved on 19 June 2020 from <https://www.esn-eu.org/measures-put-place-disability-services-malta>.

¹¹⁴ Cuschieri, S. (2020). COVID-19 panic, solidarity and equity – the Malta exemplary experience. *Journal of Public Health: From Theory to Practice*. <https://doi.org/10.1007/s10389-020-01308-w>.

¹¹⁵ European Social Network. (2020). Measures put in place in disability services in Malta. Retrieved on 19 June 2020 from <https://www.esn-eu.org/measures-put-place-disability-services-malta>.

¹¹⁶ Pace-Gasan, S., Camilleri, A., Azzopardi Lane, C., Callus, A. M., & Azzopardi, A. (2020). *The impact of COVID-19 on Persons with Disability*.

the Commission for the Rights of Persons with Disability stated that whereas before online shopping was a relatively easy and accessible option for them, it became a 'nightmare' in the first weeks of the pandemic since most supermarkets saw a sharp increase in online shopping.¹¹⁷

The same study also reports that during the first wave of the pandemic, respite services were closed. However, after the first wave of the pandemic respite services started being offered for a longer period of time with the requirement that users undergo a swab test. In the case that a swab test was not possible, checks were made on the family with the aim of decreasing the risk as much as possible.¹¹⁸

¹¹⁷ Pace-Gasan, S., Camilleri, A., Azzopardi Lane, C., Callus, A. M., & Azzopardi, A. (2020).

¹¹⁸ Pace-Gasan, S., Camilleri, A., Azzopardi Lane, C., Callus, A. M., & Azzopardi, A. (2020).

10 Access to habilitation and rehabilitation

[Article 26 – Habilitation and rehabilitation](#)

10.1 Emergency measures

A study carried out by the Faculty for Social Wellbeing at the University of Malta and the Commission for Persons with Disability¹¹⁹ mentions that the restrictive measures^{120 121} implemented in the first months of the pandemic between March and June 2020 included the ceasing of services by allied health professionals such as physiotherapy sessions, speech therapy sessions, occupational therapy sessions, and social work services. In addition, since schools closed between March and June 2020, children with disability who received such services within their school also ceased receiving such services.

Later in the year, when some of the restrictions had started being lifted, the Commission for the Rights of Persons with Disability through the Disability Task Force wrote to the Health Authorities to ensure that essential services considered eligible to continue operating would also include physiotherapy services, occupational therapy services, speech and language therapy services, services offered at the Child Development Assessment Unit (CDAU), services offered at the Child and Young People's Services (CYPS), and services offered at the Fibromyalgia Clinic and the Down Syndrome clinic.¹²² In addition, the Disability Task Force also ensured that communication was sent to the Ministry of Health to check on the situation after a number of allied health professionals were asked to stop their services and instead temporarily join the contact tracing team for COVID-19 positive patients.¹²³

10.2 Impact of COVID-19 and/or emergency measures adopted

There is no quantitative data available, however the Faculty for Social Wellbeing at the University of Malta and the Commission for the Rights of Persons with Disability carried out a qualitative study about the impact of COVID-19 and persons with disability. According to the report,¹²⁴ the restrictive measures implemented in March 2020 mentioned in the section above had an impact on the state and private funded services offered by the allied health professionals to persons with disability. Such services include physiotherapy sessions, speech therapy sessions and occupational therapy sessions, amongst others. The restrictions on these services left persons with disability and their families feeling frustrated and disappointed. In addition, parents of children with disability and adults with disability claimed that such restrictions led to regression of previously achieved progress particularly amongst those individuals with physical impairments and those with psycho-social impairments. Parents of children with

¹¹⁹ Pace-Gasan, S., Camilleri, A., Azzopardi Lane, C., Callus, A. M., & Azzopardi, A. (2020). The impact of COVID-19 on Persons with Disability.

¹²⁰ https://www.ey.com/en_mt/emergency-measures/COVID-19-emergency-measures-211111111.

¹²¹ Cuschieri, S., Pallari, E., Hatziyianni, A., Sigurvinsdottir, R., Sigfusdottir, I. D., Siguroadottir, A. K. (2020). Dealing with COVID-19 in small European island states: Cyprus, Iceland and Malta. *Early Human Development* <https://doi.org/10.1016/j.earlhumdev.2020.105261>; <https://www.sciencedirect.com/science/article/pii/S0378378220307659>.

¹²² Disability Task Force. (January 2021). *List of actions taken by the Disability Task Force in collaboration with other organisations according to need*. CRPD: Malta.

¹²³ Disability Task Force. (January 2021).

¹²⁴ Pace-Gasan, S., Camilleri, A., Azzopardi Lane, C., Callus, A. M., & Azzopardi, A. (2020). The impact of COVID-19 on Persons with Disability.

disability and persons with disability also complained that some services which could have been conducted online took a very long time to transition to an online service leaving a large discrepancy between individuals receiving services from private organisations and those receiving services from state organisations. The restrictive measures also had an impact on persons on the autism spectrum with the effect that some of their hard-acquired social skills had deteriorated due to the increase in self isolation.

According to the above-mentioned report, some parents of children with disability are having to wait even longer than they normally used to for appointments at the Child Development Assessment Unit This was another area of concern and regarded the provision of therapy by allied health professionals. For some children, especially those with severe impairments, such therapies are an important part of their educational programme. The Commissioner for the Rights of Persons with Disability lamented the fact that while some services, for example speech and language therapy, could be provided online, other services, such as physiotherapy, stopped in March with no indication as to when they would resume.¹²⁵

¹²⁵ Pace-Gasan, S., Camilleri, A., Azzopardi Lane, C., Callus, A. M., & Azzopardi, A. (2020).

11 Access to justice

[Article 13 - Access to justice](#)

11.1 Emergency measures

The Courts of Justice (including the Industrial Tribunal and Employment Commission) were ordered to close and suspended proceedings from the 16 March by Legal Notice 65 of 2020¹²⁶ subsequently amended by Legal Notice 97 of 2020.¹²⁷ In addition, the Amendment established the suspension of time-limits for legal, judicial and administrative filings. However, Legal Notice 61 of 2020¹²⁸ allowed any court to open its registry and/or hear cases in urgent cases or where ‘it deems that the public interest in having a case heard should prevail.’ The Court Registry was reopened on the 4 May¹²⁹ while the Courts reopened on the 5 June 2020.¹³⁰

While the Courts were closed, the FRANET Bulletin of May 2020¹³¹ reported that no alternatives for non-urgent court proceedings to continue during the pandemic had as yet been established. However, the July Bulletin¹³² reports that remote hearings and videoconferences within court proceedings were taking place, even after lifting of restrictions.

11.2 Impact of COVID-19 crisis

No published information could be found on the impact of the closure of Courts on persons with disability during the pandemic. However, research¹³³ shows that the experience of going to court – including the (often) long time it takes for a court case to be resolved – has repercussions on persons with psychosocial disabilities such as anxiety disorders, social and emotional difficulties. Closure of courts meant that cases potentially took longer to be resolved, thus having further repercussions for persons with such disabilities.

¹²⁶ <https://legislation.mt/eli/ln/2020/65/eng/pdf>.

¹²⁷ <https://legislation.mt/eli/ln/2020/97/eng/pdf>.

¹²⁸ <https://legislation.mt/eli/ln/2020/61/eng/pdf>.

¹²⁹ Department of Information (Government of Malta). 2020, 4 May. *PR200821 – COVID-19 Bulletin – Issue 54*. Available at:

<https://www.gov.mt/en/Government/DOI/Press%20Releases/Pages/2020/May/04/pr200821.aspx>.

¹³⁰ <https://legislation.mt/eli/ln/2020/230/eng/pdf>.

¹³¹ FRANET (The People for Change Foundation). 2020, 4 May. *Coronavirus pandemic in the EU: Fundamental Rights Implications – Malta*. Available at:

<https://fra.europa.eu/en/publication/2020/covid19-rights-impact-may-1#TabPubStudies>.

¹³² FRANET (The People for Change Foundation). 2020, 2 July. *Coronavirus pandemic in the EU – Fundamental Rights Implications – Malta*. Available at:

<https://fra.europa.eu/en/publication/2020/covid19-rights-impact-july-1#TabPubStudies>.

¹³³ Inspire and Richmond Foundation (Bezzina, L. and Suarez, H.) 2018. *Research Study: Obstacles and Challenges encountered by Persons with Disabilities in Malta*. Available at: <https://know-ur-rights.com/research-study-obstacles-and-challenges-encountered-by-persons-with-disabilities-in-malta/>.

12 Access to education

[Article 24 – Education](#)

12.1 Emergency measures

All schools in Malta were closed on 13 March 2020.¹³⁴ This closure affected all educational institutions, from childcare centres to tertiary institutions. The initial one-week period of closure was extended indefinitely from 21 March.¹³⁵ Teaching was carried out online. Support was also provided to educators and parents in the move to online teaching, with an e-learning portal set up to provide educational material for children from kindergarten to secondary schooling.¹³⁶ The teleskola.mt website, which was launched in May 2020, includes the possibility for parents of children with specific learning difficulties to ask for advice and support.¹³⁷

The then Ministry of Education and Employment also made arrangements for students in need to have free lunches delivered to their homes and to provide free internet access and computers or tablets to students who did not have them, so that they could continue their studies.

Skolasajf, a summer programme provided by the Foundation for Educational Services, opened in summer, with an opportunity for students to be provided with revision classes to make up for the learning they lost out on since March 2020.¹³⁸ The guidelines that were issued only refer to students with disability in terms of nappy changing and feeding.¹³⁹

Plans to reopen educational institutions in October started to be devised in June 2020.¹⁴⁰ Protocols were put in place to maintain safety.¹⁴¹ The Ministry for Health also issued advice and guidelines for the re-opening of primary and secondary schools.¹⁴²

¹³⁴ Legislation Malta. Legal Notice 41 of 2020. Closure of Schools Order <https://legislation.mt/eli/ln/2020/41/eng/pdf>.

¹³⁵ Legislation Malta. Legal Notice 77 of 2020. Closure of Schools (Extension of Period of Closure) Order <https://legislation.mt/eli/ln/2020/77/eng/pdf>.

¹³⁶ European Union Agency for Fundamental Rights. Coronavirus pandemic in the EU – Fundamental Rights Implications – Malta. 4 May 2020 https://fra.europa.eu/sites/default/files/fra_uploads/mt_report_on_coronavirus_pandemic_may_2020.pdf.

¹³⁷ Teleskola.mt. <https://teleskola.mt>.

¹³⁸ Foundation for Educational Services. 2020. Skolasajf 2020 Registration Form <https://fes.gov.mt/en/Documents/Registration%20Forms/Skolasajf%202020%20Application%20-%20English.pdf>.

¹³⁹ Ministry for Education and Employment. 2020. COVID-19 Transitioning Guidelines https://education.gov.mt/en/Documents/Guidelines_COVID19.pdf.

¹⁴⁰ Department of Information. COVID-19 Info Page Issue 64. 14 May 2020 https://www.gov.mt/en/Government/DOI/Press%20Releases/Documents/ISSUE64_ENG_14052020.pdf.

¹⁴¹ Lo Moro, G., Sinigaglia, T., Bert, F., Savatteri, A., Gualano, M. R., & Siliquini, R. (2020). Reopening schools during the COVID-19 pandemic: Overview and rapid systematic review of guidelines and recommendations on preventive measures and the management of cases. *International Journal of Environmental Research and Public Health*, 17(23), 8839.

¹⁴² Ministry for Health. 2020. Advice and guidelines to the educational sector for the re-opening of primary and secondary schools in Malta. Augst 2020 https://deputyprimeminister.gov.mt/en/health-promotion/COVID-19/Documents/mitigation-conditions-and-guidances/Advice-and-guidelines-for-educational-sector_02Sep20.pdf.

This document included guidance regarding feeding and changing of nappies for students who require support in these areas. The initial plans were modified following criticism from various quarters, including unions and doctors.¹⁴³ The controversy regarding whether to reopen schools or teach online resurfaced in January 2021 after the end of the Christmas holidays.¹⁴⁴

The CRPD's Disability Task Force provided feedback to the educational authorities regarding the impact of online schooling for students with disability, regarding exemptions from hygiene protocols for certain students and regarding the impact on children with disability of directives issued by teachers' unions in relation to the authorities' handling of the reopening of schools.¹⁴⁵

12.2 Impact of the COVID-19 crisis

The handling of issues related to students with disability following the closure of schools in February 2020 and their reopening with anti-COVID measures in place in October indicate that, as Commissioner Oliver Scicluna put it, 'Unfortunately, the [disability] sector is still an afterthought'.¹⁴⁶

Adjustments to cater for the impairment-related needs of these students tended to be carried out after the relevant measures for all students were announced and had started to be implemented. The CRPD's Disability Task Force work in this area, reported above, was aimed at ensuring that the necessary adjustments are made. The *teleskola.mt* website refers to support for parents of students with specific learning difficulties, but there is no mention of support or resources for students with other conditions. Problems for children with autism in adjusting to online learning were reported.¹⁴⁷

In the study by Pace Gasan et al., interviews were carried out in July and August 2020. The research therefore throws light on the situation of students with disabilities and their parents in the period when schools were closed.¹⁴⁸ Parents who were interviewed reported a mixture of effects of the school closure on their children. Some of the latter were initially happy not to go to school but eventually became bored. A student with autism is quoted as saying 'I missed school the most. I missed my friends and my teachers' (p. 24). When it came to adapting online schooling to the individual educational needs of students with disability, mixed results were reported. Some parents pointed out that, while teachers made efforts to adjust to an online mode of

¹⁴³ The Malta Independent. Government postpones State schools reopening by a week, sets up staggered return. 25 September 2021 <https://www.independent.com.mt/articles/2020-09-25/local-news/Staggered-return-to-education-for-students-in-state-schools-to-be-completed-by-14-October-6736227239>.

¹⁴⁴ Vella, M. Doctors angered after government removes consultant who recommended caution on school reopening. *The Malta Independent* 11 January 2021 https://www.maltatoday.com.mt/news/national/106941/as_covid19_cases_skyrocket_doctors_unio_n_condemns_removal_of_public_health_consultant#.YBp4FS1Q01I.

¹⁴⁵ CRPD. Disability Task Force. <https://www.crpdp.org.mt/resources/COVID-19/>.

¹⁴⁶ Calleja, C. 2020. 'We risk ruining 30 years of work', Disability Sector Warns. *The Times of Malta*, 23 May 2020 <https://timesofmalta.com/articles/view/restaurant-tables-could-keep-wheelchairs-off-pavements.793811>.

¹⁴⁷ Drakapoulou, E. 2020. Inclusive Education and the Impact of COVID-19 on learners with disabilities http://www.edf-feph.org/content/uploads/2021/01/Inclusive-Education-and-COVID-19_Eleni-Drakopoulou.docx.

¹⁴⁸ Pace Gasan et al. 2020.

teaching the whole class, specific adjustments were not put in place for students who in class are supported by a learning support educator (LSE). One parent said ‘the fact that [child] had a full time LSE, it would have made sense to give her a couple of hours a day of tuition one-to-one’ (p. 24). Inevitably, the situation created additional stress for the parents. The research also reports that three students who are blind did not have access to their Braille machine; users in this period were left unsupported. A representative of a visual disability non-governmental organisation (NGO) is quoted as saying ‘An agreement with government to have them buy their Braille machine fizzled out’ (p. 25). Mixed results are also reported in this research regarding NGOs who provide educational services for students with disability, with some of them faring better in adapting to the situation in a timely manner to continue providing support for the children they were working with. In one case, the parent reported that the online sessions opened up new possibilities for supporting the child. The most significant finding of this study, in relation to education, is that ‘[t]he different responses depended greatly on the support structure the parent and the person with disability had at their disposal’ (p. 24).

Responses also depended on the measures taken by individual schools. Grech and Bartolo (2020) report on measures taken by an independent school when it had to close its doors in March.¹⁴⁹ These measures included counselling for families and LSEs working with all students who needed individual attention.

Another area of concern regarded the provision of therapy by allied health professionals. For some children, especially those with severe impairments, such therapies are an important part of their educational programme. Scicluna lamented the fact that while some services, for example speech and language therapy, could be provided online, other services, such as physiotherapy, stopped in March with no indication as to when they would resume.

Furthermore, the guidelines provided for summer school and for the reopening of schools in October failed to take into account the various impairment related-needs of students with disability. While these documents, cited above, provided advice and guidelines for reopening, the section on ‘Students with disabilities’ only refers to feeding and changing nappies. While this guidance is necessary for educators working with students with profound and multiple disabilities, they are not relevant for most children with disability. The document, unfortunately, gives the impression that this is the only relevant issue for these children, thus putting all children with disability in one category and overlooking the widely varying needs of different children.

The reopening of schools in October presented another problem for inclusive education. Implementing the new protocols entailed having more teaching staff to make up for the shortfall created by having to place children in smaller groups than usual and to provide cover for staff who may be unwell after having contracted the COVID-19 virus. One way in which this shortfall was compensated for was through the deployment of educators working with children with disability as mainstream class teachers. This move was criticised by the CRPD. In a statement, Commissioner Oliver Scicluna stated that ‘COVID-19 measures cannot be provided at the expense of

¹⁴⁹ Grech, V. and Bartolo, S. 2020. Safe school reopening under COVID-19 restrictions – Measures implemented in San Andrea Independent School in Malta. *Early Human Development*. Online.

students with a disability or those requiring specific support'.¹⁵⁰ and The Maltese Association for Parents of State School Students (MAPSSS) echoed these concerns.¹⁵¹ Redeploying teachers providing services that support inclusive education to work in mainstream classrooms sends the message, even if unintentionally, that inclusive education can only be provided if resources permit and that the main focus is on students who do not have individual educational needs.

¹⁵⁰ Commission for the Rights of Persons with Disabilities (2020) COVID-19 measures cannot be provided at the expense of students with a disability or those requiring specific support <https://www.crpd.org.mt/COVID-19-school-measures-cannot-be-at-the-expense-of-students-with-a-disability/>.

¹⁵¹ Calleja, L. 2020. Students with disabilities should not be penalised by COVID-19 measures, parents association says. *Malta Today*. 8 October 2020 https://www.maltatoday.com.mt/news/national/105167/students_with_disabilities_should_not_be_penalised_by_covid19_measures_parents_association_says#.YBvASi1Q01l.

13 Working and employment

[Article 27 – Work and employment](#)

13.1 Emergency measures

The Disability Task Force suggested to the Government ‘to provide financial assistance to persons with disability who work within the private sector and who were not able to work between March and June. This was successfully implemented.’¹⁵² In fact, people with disabilities who work in the private sector and are registered with JobsPlus and chose to stay home during the outbreak because they are more vulnerable to COVID-19 due to their condition, benefitted from EUR 800 monthly¹⁵³. In addition, the employees’ Social Security Contribution was paid, and their future contributory pension rights safeguarded. Furthermore, these employees continued to receive any of the Disability Assistances without deductions (MEA, 2020).¹⁵⁴ This temporary benefit was stopped as from 5 June 2020.¹⁵⁵ A total of 2 058 person benefitted from the medical and disability benefit schemes (which ran from 27 March to 5 June 2020), incurring a cost of EUR 3.3 million (Ministry of Finance, 2020).¹⁵⁶

Furthermore, the recommendations from the CRPD/Faculty for Social Wellbeing research suggest that the government should:

‘27. Engage in talks and negotiations with employer associations and Chamber of Commerce. The impact of COVID-19 on the economy is undeniable, however this cannot be used as an excuse to nullify years of campaigning and advocacy by the disability community to participate in employment. Representatives of the disability community should meet with various sectors and employers to ensure that all redundancy is proportionate, required, justifiable and non-discriminatory. 28. Provide support to persons with disability who are afraid of losing their jobs due to the Covid economy. Support ought to be provided to persons with disability who are currently fearing that they might lose their job. Information about employment rights, help to transition into another job if redundancy is unavoidable as well as emotional support throughout this difficult time should be provided to such persons.’¹⁵⁷

Information acquired from Jobsplus’ Inclusive Employment Services Division for this report stated that there were no specific initiatives specifically for disabled persons who

¹⁵² <https://www.crpdpd.org/mt/resources/COVID-19/>.

¹⁵³ <https://timesofmalta.com/articles/view/government-substantially-raises-its-aid-to-businesses-hit-by-COVID-19.780743>.

¹⁵⁴ Malta Employers Association. 2020. Disability Benefit. Available from: <https://www.maltaemployers.com/en/disability-benefit>.

¹⁵⁵ MFSS. 2020. Press Release: Stqarrija Mill-Ministeru Għall-Familja, Drittijiet Tat-Tfal U Solidarjetà Soċjali. PR201060. 4 June. Available from: <https://www.gov.mt/en/Government/DOI/Press%20Releases/Pages/2020/June/04/pr201060.aspx>.

¹⁵⁶ Ministry of Finance. 2020. Pre-budget document 2021. Available from: https://mfin.gov.mt/en/The-Budget/Documents/The_Budget_2021/PRE_BUDGET_DIGITAL_2021_01.pdf.

¹⁵⁷ Pace Gasan S., Camilleri, A., Azzopardi-Lane, A., Callus, A.M. & Azzopardi, A. 2020. *The Impact of COVID-19 on Persons with Disability*. Commission for the Rights of Persons with Disability and Faculty for Social Wellbeing, University of Malta. Available from: <https://www.crpdpd.org/mt/wp-content/uploads/2020/10/FSW-and-CRPD-The-Impact-of-COVID-19-on-Persons-with-Disability-Report-Final-1.pdf>.

lost their job because of the pandemic, however all employment measures, employment schemes (such as the EU funded Access to Employment Scheme [A2E] that was in place prior to the pandemic) and services including job coaching remained in place to assist people with disabilities who become unemployed. With regard to statistics or information about how the pandemic has impacted people with disabilities in the employment sector, Jobsplus replied that ‘the pandemic impact *vis-a-vis* disabled persons was minimal as disabled people employed with the private sector either received the Government benefit for those disabled workers who decided not to attend work, or have been employed under the A2E whereby wage subsidies are given to their employer for a maximum of 156 weeks. Therefore, the few terminations of employment were effected by the disabled individuals and not by the employers.’¹⁵⁸

In fact, the Lino Spiteri Foundation (LSF)¹⁵⁹ for inclusive employment continued registration, pre-employment support and job coaching services for disabled persons virtually / by phone; provided support to disabled persons who stopped working due to COVID-19; and continued liaising with employers to support them regarding disabled employees and benefits, as well as with potential employers.

13.2 Impact of the COVID-19 crisis

Various participants in the Pace Gasan et al. (2020) study commented on this issue:

‘Another psychological impact that was registered throughout the restrictive measures was fear. Certain disabilities were either not categorized or incorrectly categorized as not being amongst the vulnerable, which meant that persons with disabilities were required to go to work normally, even though they had particular vulnerability (CRPD). One of the participants felt afraid that they would lose their employment and were anxious to be seen that they are performing, ‘In lock down I was afraid of being fired because I was afraid that management does not see me working. I kept on working and did not take a break.’ (Person with a mental illness). While for some persons with disability, the restrictive measures were initially welcomed, because they felt better and more productive because they had no distractions, the feeling of loneliness and isolation would eventually become very strongly felt, particularly when the isolation was experienced due to reduced contact with family or when it was completely stopped (Person with a visual impairment).’¹⁶⁰

¹⁵⁸ Farrugia, O. and Avellino, M. (2021). Personal Communication. Jobsplus. Email, 18 February.

¹⁵⁹ <https://linospiterifoundation.org>.

¹⁶⁰ Pace Gasan S., Camilleri, A., Azzopardi-Lane, A., Callus, A.M. & Azzopardi, A. 2020. *The Impact of COVID-19 on Persons with Disability*. Commission for the Rights of Persons with Disability and Faculty for Social Wellbeing, University of Malta. Available from: <https://www.crpdpd.org/mt/wp-content/uploads/2020/10/FSW-and-CRPD-The-Impact-of-COVID-19-on-Persons-with-Disability-Report-Final-1.pdf>.

14 Good practices and recommendations

14.1 Examples of good practice

A number of good practices in relation to measures taken by different entities and institutions in Malta in order to safeguard the needs of persons with disabilities during the first wave (and semi-lockdown) of the COVID-19 pandemic was compiled by the Commission for the Rights of Persons with Disability and include the following:

1. The SCSA and Health Authorities worked in collaboration to implement various measures and issue various circulars to licensed service providers intended to protect people living in institutions and residential homes (see section 7.1).
2. The Licensing Office within the SCSA issued a number of circulars providing guidance and instructions to licensed service providers on matters relating to COVID-19; and the Inspectorate Office followed up the implementation of such circulars (see section 7.1).
3. Ministry for Health provided the option of teleworking; maintained full access to persons with disability for the services offered in all health centres; extended the Primary HealthCare Client Support Centre's operating hours to 24/7 and set up a Telemedicine Centre on a 24/7 basis to facilitate accessibility, with one of the aims being to offer support to clients with disability, including domiciliary visits when required; the Directorate for the Organ Donor register included a video for persons with hearing disabilities. Health Authorities sent an official letter to vulnerable people to stay at home and only go out if absolutely necessary and for medical appointments.
4. A helpline was created for elderly and vulnerable people (including persons with disabilities – the Deaf community had a specific email dedicated to it) to provide them with support regarding food and medicines to be delivered to their home.
5. Jobsplus¹⁶¹ – the national employment agency – allowed the CRPD special ID card to be used in lieu of Jobsplus disability registration for clients to be able to access related services, since Jobsplus registration had been temporarily suspended; occupational therapy reviews were done online or by phone; sheltered employment training clients and their parents continued being reached out to by job coaches regularly.
6. The Lino Spiteri Foundation (LSF)¹⁶² for inclusive employment continued registration, pre-employment support and job coaching services for disabled persons virtually / by phone; provided support to disabled persons who stopped working due to COVID-19; and continued liaising with employers to support them regarding disabled employees and benefits, as well as with potential employers.
7. Authorities directed employers to assist employees to telework as much as possible, with the government also assisting businesses in costs incurred to make this possible.
8. The Ministry for Education and Employment (MEDE)¹⁶³ set up a helpline – related to the educational sector – open for students with special educational needs, disadvantaged backgrounds and in need of psychological counselling; provided online lessons / activities for some students with disabilities with support from their parents, with; some teachers / Learning Support Educators (LSEs) sent adapted work to the parents. Together with the National School Support Services

¹⁶¹ <https://jobsplus.gov.mt>.

¹⁶² <https://linospiterifoundation.org>.

¹⁶³ <https://education.gov.mt>.

(NSSS), the MEDE sent resources to Heads of Department (Inclusion) so that they can share LSEs. The NSSS also sent resources to (mainly related to socio-emotional literacy) to Nurture Classes / Learning Support Zone teams; and online support was provided for parents of children with autism and other disability. Resource centres¹⁶⁴ communicated with parents on strategies to continue working with their children.

9. Social Security: government introduced financial social support (including employment benefits to persons with disability who could not work) to persons with disabilities, amongst other related benefits.
10. St Vincent de Paul Residence for the Elderly activated a Contingency Plan on 7 March 2020, including measures related to its isolation area, protective wear and equipment, staff, clinical measures, operational measures, and communication and information.

CRPD also liaised with relevant authorities/entities (generally after a person with disability or their families would have reported a difficulty they encountered) in order to suggest / implement various measures, including:

11. The Deaf People Association¹⁶⁵ and the CRPD forwarded a number of suggestions to – and worked with – the health authorities to make health services more accessible to people who are hard of hearing.¹⁶⁶
12. CRPD, the Deaf People Association and *Aġenzija Sapport* Sign Language Interpreters had every COVID-19 press briefing signed through Sign Language.
13. CRPD produced several easy read documents with information on COVID-19 and translated EU surveys on the subject to Maltese.
14. Parents of children with disabilities – working with the private sector – who apply to switch to “no pay” (i.e. stop working and do not get paid, but keep their job) should have their applications accepted in order for them to be able to take care of, and home-school, their children. The same applies for parents of persons with disability over the age of 16 and who receive the Increased Severe Disability Allowance.¹⁶⁷
15. In April 2020, a Disability Task Force was immediately set up by CRPD to monitor the impact of the COVID-19 pandemic on the disability sector.¹⁶⁸

14.2 Recommendations

The research report published by the University of Malta for the Commission for the Rights of Persons with Disability makes a number of recommendations related to COVID-19, including:

- Provide psychological and emotional support for persons with disability, their family members; and frontliners and their families.

¹⁶⁴ https://education.gov.mt/en/education/student-services/Pages/Special_Education/Resource%20Centres/Resource-Centres.aspx.

¹⁶⁵ <http://www.deafmalta.com>.

¹⁶⁶ <https://www.crpdpd.org.mt/resources/COVID-19>.

¹⁶⁷ Commission for the Rights of Persons with Disability. 2020, June. *Measures of Good Practice – Malta*. Compiled for the EU Disability High Level Group (provided to author by CRPD).

¹⁶⁸ Commission for the Rights of Persons with Disability. 2021. *COVID-19*. Available: <https://www.crpdpd.org.mt/resources/COVID-19/>.

- Provide training for family members of persons with disability who struggle with dealing with challenging behaviour.
- Provide training on questioning techniques to frontliners who work with persons with disabilities and their families, in order to ensure that such professionals elicit the needs of the families.
- Enhance disability awareness among decision-makers.
- Ensure fair representation of persons with disability across services.
- Provide tailored online lessons for persons with disabilities of schooling age who are followed by Learning Support Educators.
- Create a system that categorises persons receiving treatments and therapies according to the urgency of the case; and where urgent and serious cases continue to receive treatment.
- Implement systematic operational analyses to reduce unnecessary bureaucracy and see what can be shifted online (including the logistical and technical setups required); and ensure adequate logistical provision of IT equipment to ensure quality service provision.
- Provide training for persons with disabilities and their families to use IT communication platforms; and to staff/service providers on how new technologies can be incorporated into service provision.
- Provide training to management of service providers in project management methodologies to enable speedy and efficient dealing with uncertainty.
- Ensure consistent service provision, including recruiting more resources and personnel to deal with periods of restrictive measures.
- Provide free telephone and internet services particularly to people who are further isolated during restrictive measures, such as persons with a visual disability.
- Review policies in light of COVID-19 exigencies to ensure that policies are nuanced enough to capture the particular needs of persons with disabilities.
- Issue directives specifically dealing with disability issues.
- Engage in talks and negotiations with employer associations and the Chamber of Commerce in order to ensure that all redundancy is proportionate, required, justifiable and non-discriminatory.
- Carry out further research to establish the intersectoral relationship within the welfare system in supporting persons with disability throughout the pandemic.¹⁶⁹

14.3 Other relevant evidence

Not applicable.

¹⁶⁹ L-Universita' ta' Malta (Faculty for Social Wellbeing) for the Commission for the Rights of Persons with Disability. 2020, September. *The Impact of COVID-19 on Persons with Disability*. Available at: <https://www.crpdpd.org.mt/resources/COVID-19>.

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