



**Malta 2007**

# **ACCESS: Cottonera Community Resource Centre**

Minutes



On behalf of  
**European Commission**  
DG Employment, Social Affairs and Equal Opportunities



## ACCESS: Cottonera Community Resource Centre

Malta, 12 – 13 June 2007

*The Peer Review was hosted by the Ministry for the Family and Social Solidarity, Malta. The seminar examined AĊĊESS, a centre providing a “one-stop shop” for social welfare services in Malta’s Cottonera region.*

### Welcome and introduction

Welcoming the participants, **Marisa Scerri** (Director, Policy Development and Programme Implementation, Ministry for the Family and Social Solidarity, Malta) said that AĊĊESS is one of Malta’s key elements in the promotion of social inclusion. The Ministry that she comes from is the lead ministry in this field. Its key partners in this are the Ministry of Health, the Elderly and Community Care and the Ministry of Education, Youth and Employment, as well as a wide network of agencies and organisations which are highly essential for the social inclusion programme’s success. The main groups on which social inclusion efforts focus, although they are not the only ones, are the long-term unemployed, single parents, irregular immigrants (a relatively very new but crucial issue for Malta), people with drug or alcohol dependency, victims of domestic violence, persons with disabilities, persons with mental health difficulties, older persons, children and young persons at risk. This implies the need to address people on an individual level and the importance of helping their families.

The national action plan which revolves around four overarching priorities does not specifically focus on these vulnerable groups, but it was drawn up with these people in mind. The four overarching priorities are:

- **Empowering social cohesion**, by:
  - Enhancing personal development through education
  - Enhancing well-being through adequate housing and effective social welfare services
  - Safeguarding the rights of children and young persons through an enhanced juvenile justice system.
- **Building stronger communities.** AĊĊESS is one of the key tools for achieving this. The aim is to:
  - Strengthen community development initiatives that target various vulnerable groups at regional rather than at national level. Although Malta is a small country, with a total population of some 400,000, some characteristics nonetheless vary from one area to another. AĊĊESS addresses the needs of a particular area, and Malta is moving in the direction of having more such schemes in different parts of the country.
  - Strengthen prevention and early intervention initiatives (education and health programmes that enhance a person’s social inclusion prospects). AĊĊESS is already doing this. Again, the intention is to replicate it in other parts of Malta by focussing on clusters of towns or regions, rather than having a national policy.

- **Strengthening the voluntary sector**, by:
  - Developing legal structures to facilitate active participation of voluntary organisations. This does not in any way imply government intrusion into an organisation's operations. Rather, the aim is to secure better co-ordinated inputs through legal structures.
  - Promoting transparency, accountability, networking and collaboration to enhance the effectiveness and capacity-building of the voluntary sector.
  
- **Networking the social welfare sector**, by:
  - Enhancing collaboration and co-operation among all stakeholders. The Ministry organises at least one conference per year at which all the stakeholders are brought together, so that they can air their views and any grievances and discuss where the programme is heading. In this way, the Ministry can keep in touch with the grassroots and take their opinions into account when formulating policy.
  - Developing formally structured networking mechanisms. The Peer Review is seen as one example. Another is a series of half-day seminars that are being considered for 2008, each on a particular issue – for instance, bringing together the voluntary organisations that focus on children. In addition, a national conference will bring together all the stakeholders.

AÇCESS is effectively implementing all four priorities in the Cottonera area. It aims not for quantity but for quality. For instance, by opening an office within the AÇCESS centre for people who are entitled to draw unemployment benefit, the number of unemployed in the Cottonera area has not been changed, but life has been made easier for them. By tailoring its activities to the needs of the local area, AÇCESS is helping to build a stronger community and support the voluntary sector. It is a point of reference which helps the voluntary agencies to act together. It helps to network the social welfare sector in that region.

AÇCESS covers the three cities of the Cottonera region - Cospicua (1881 households), Senglea (1028) and Vittoriosa (897) – together with Kalkara (957). The area includes the docks, and it was heavily bombed during World War II, leading to the departure of its original population. After the war, it attracted people with certain social problems. There is a concentration of low-cost housing, unemployed people, early school leavers (defined in Malta as children who leave school before the statutory age of 16, regardless of academic achievement). The proportion of households living on social assistance is 28.6% in Cospicua, 22.7% in Senglea, 16.8% in Vittoriosa and 10.8% in Kalkara. These figures are based on heads of household in receipt of social assistance. They partly explain the decision to locate the pilot project in the Cottonera area. The experience drawn from AÇCESS has encouraged its replication in other parts of Malta. Similar regional projects are now being set up in Valletta, Birkirkara and St Paul's Bay, each of which has specific social needs.

On behalf of the Commission, **Peter Lelie** (European Commission, DG Employment, Social Affairs and Equal Opportunities) also welcomed the participants. This was the second Peer Review on social inclusion in the current year's programme, and the series had now been running for four years. Generally, there are about eight Peer Reviews each year. The threefold aim of the programme is to:

- Contribute to a better understanding of social inclusion and social protection policies in Member States, as laid down in the national action plans on social inclusion and in the national reports on strategies for social protection and social inclusion

- Improve the effectiveness and efficiency of Member States' policies on social inclusion and social protection, by learning from other Member States' experiences
- Transfer key components of policies or institutional arrangements that have proved to be effective in their original context and that are relevant to other contexts.

The Commission is continually assessing the instrument that has been developed, to see whether it really contributes to social inclusion and the effectiveness of strategies. On the whole, it has had a positive impact. Nonetheless, the evaluation of the Open Method of Coordination on social inclusion does show up a certain contradiction between participants' own positive impressions and the end results in terms of indicators. For this reason, there should be constant efforts to further improve the instrument. Suggestions on this would be welcome.

In particular, there is a need to build on the results of previous Peer Reviews. He congratulated the thematic expert on doing so in his discussion paper for the present review. There should be more concentration on measuring the results of policies. Perhaps one Peer Review in the next series should focus purely on how to measure results. There is also a need to ensure wide dissemination of the results of the reviews. The participants themselves can assist with this, drawing on the material available on the website ([www.peer-review-social-inclusion.net](http://www.peer-review-social-inclusion.net)). One approach being considered by the Commission is to bring the results of the Peer Reviews before the Social Protection Committee, so that Member States can discuss whether some political conclusions should be drawn from them and some input can be provided for the joint reports on social inclusion. It is also important to achieve synergy between the assessment and Peer Review strands of the social inclusion programme. This entails closer links with the network of independent experts.

Turning to the present Peer Review, he emphasised that ACCESS is about many different things. It is about developing services that respond to the needs of users. It is about community development. It is about integrating services. And there is a special focus on services for children and families. This year, in the Open Method of Coordination on social protection and social inclusion, the focus is on child poverty and child well-being. In 2006, the EU Council asked Member States to make the struggle against child poverty a priority. Looking through the national action plans on social inclusion, many Member States have already responded positively to this. So there is a lot of activity going on. A task force of the Indicators Sub-Group of the Social Protection Committee is looking at different ways to measure child well-being and is comparing monitoring systems. A report is being produced by the independent experts on social inclusion, on child poverty in their countries. A questionnaire to members of the Social Protection Committee seeks more information on the way in which this issue is being tackled. The results of the present Peer Review will also feed into that process. By the end of 2007, it will be possible to see whether, by focussing on one issue within one year, better results can be achieved.

He thanked the Government of Malta, the Ministry for the Family and Social Solidarity and the participants for contributing to what would certainly be a very interesting Peer Review.

## Presentation of ACCESS

It was in the year 2000 that a proposal was made to set up a resource centre in Cottonera, recalled **Gabriella Calleja** (Agenzija APPOĠĠ, Malta). A report was drawn up on the philosophy, aims, client groups, range of services, staffing requirements and cost of the project. It was approved by the Ministry, a site was identified and a manager was appointed to oversee the project. Work on

converting the centre was completed in October 2002. A mission statement, to which all the agencies involved in AÇCESS subscribe, was drawn up in 2006: "To be a catalyst for sustainable community development and long-term social change through a genuinely collaborative, participatory, holistic and empowering approach which improves the quality of life for all residents in Cottonera and Kalkara." The vision of the AÇCESS centre developed after several years' experience of working with the local community, so the targets are seen as achievable. The vision is "to enable the development and well-being of the Cottonera and Kalkara communities by:

- Listening to people and assessing their needs and issues
- Being supportive, inclusive and valuing all service users, volunteers and staff regardless of age, race, religious belief, gender, ability or sexual orientation
- Working in partnership with others and seeking to build alliances of benefit to the community
- Delivering quality in all that we do to achieve the best within our resources
- Striving to remove barriers to participation through ensuring accessibility to services and working with community groups to build their skills, knowledge and capacity, so they can act to address their community needs and issues
- Planning and evaluating practice and enabling staff to work effectively with the community
- Addressing the particular needs of children, listening to them and enabling them to have a voice
- Promoting a culture of service user involvement in the planning, implementation and evaluation of projects and services."

In terms of structure, AÇCESS works under the Ministry for the Family and Social Solidarity (MFSS), and it has a Board of Directors composed of representatives of the agencies and organisations involved.

Cottonera is one of the most densely populated areas in Europe, and the population has been further increasing recently. Absenteeism from school in the area is more than 50% above the national average. Issues identified in the Cottonera area are unemployment, low educational attainment, low income, stigma, sub-standard housing, delinquency and challenging behaviour, mental health problems, family breakdown, debt and usury, and substance misuse. The challenges are the economy, the ageing population, the wide variety of issues within families and the community, an increase in single-parent households, hard-to-reach groups, low aspirations, low motivation, a lack of basic skills, and increased complexity of situations. But the community also has a number of strengths. These include strong social support networks, a sense of community, strong identification with the locality, a waterfront regeneration project which has improved the general environment, a number of community-based services (a health centre, old people's homes, a day centre for people with mental disabilities), and the large number of NGOs working in the region (support for families, after-school activities, youth groups, literacy projects, groups for people with disabilities, support for ex-prisoners).

AÇCESS uses a number of community development techniques:

- Outreach is always planned into its activities, as some groups within the community are more difficult to reach than others.
- It makes contacts and identifies informal and formal networks and structures within the community.
- It helps local people to recognise community needs and common interests. There are some local rivalries to be overcome.

- It builds strategies to work for change (through a clear vision and attainable goals – particularly as this type of community development work is quite new in Malta).
- It works towards changing situations using the resources available. AĊĊESS does as much as it can with what it has.
- It provides the skills necessary for residents to participate in the process. A lot of work is put into motivation and leadership development, and these efforts are showing some success over time.
- It takes action according to the community's needs. Sometimes a need is expressed by the community. Sometimes, AĊĊESS itself identifies a need and suggests community action.
- It evaluates the actions or work done. There has not yet been an overall evaluation of the project. The aim is to have one by the end of 2007. However, individual projects are generally evaluated.
- It enables the residents to take the initiative and to work through projects on their own.

The five basic AĊĊESS principles are participation, social inclusion, partnership, needs-led activity and empowerment. The main entities involved in AĊĊESS are APPOĠĠ (which runs both the Cottonera Community Service and the Smartkids family and childcare centre, mainly catering for children under 3 years of age), the Housing Authority, the Day Centre for Persons with a Disability, the Department of Social Security (regional office) and the Employment and Training Corporation (job centre). Also recently incorporated within AĊĊESS is a Computer Technology Learning Centre subsidised by the Ministry for Information Technology. There is close cooperation with the Foundation for Educational Services and the Cottonera College, which includes all the government-run schools in the area. Cottonera Community Services provides social work support on mental health issues, difficulties associated with ageing, emotional and behavioural difficulties in childhood and adolescence, housing issues, children at risk, and childcare and parenting issues.

With just one youth and community worker, Cottonera Community Services has conducted a wide range of community development projects over the past four years:

- Studies were carried out in Senglea on the needs of persons with a disability and the elderly, commissioned by the mayor.
- An annual summer school is organised for children aged 5-12. It aims both to provide an activity for the children and to train the young volunteers who assist with the scheme.
- Support and training were offered to a group of volunteers from Kalkara interested in working with young people.
- A group of volunteers from the community put on a number of forum theatre events aiming at enhancing awareness of psycho-social issues. Five forum theatres were held in 2006.
- A literacy project was coordinated, with the assistance of senior secondary school students, at three primary schools in Cottonera.
- Work was carried out with various community groups to raise awareness of the importance of education through street theatre and other literacy projects.
- In cooperation with Senglea Local Council, there was a drive to increase parental participation in the primary school. Support was provided for the organisation of fund-raising activities.
- A project was carried out in collaboration with the Foundation for Educational Services to provide recreational and educational activities for a group of children from Cospicua and to initiate significant contacts with their parents.

- A programme for carers of persons with mental health difficulties was organised, with the aim of increasing the ability of these individuals to cope, providing information on existing services, and exploring the possibility of setting up a support group within the community.

Home-start is a relatively recent project. Home-start International is an NGO which started off in the UK and has been active in Malta, with support from APPOĠĠ. The Maltese programme, run in conjunction with AĊCESS, provides care support for families with at least one child aged under 5.

Smartkids is a childcare centre which concentrates on children aged up to 3. It works with families through individualised programmes based on the needs of both parents and children. Attendance can be twice or three times or daily. The children's programme is based on six main elements: emotional and social development, physical development, intellectual development, knowledge of the world around them, communication and language skills, and creativity. Staff and volunteers receive certified childcare training.

The Housing Authority began operating from AĊCESS in February 2003. It was decided that the housing service needed greater outreach, and the Housing Authority agreed to fund 12 hours a week for a community worker, attached to Cottonera Community Services, focussing on housing issues. Care and Repair, a scheme to support housing maintenance was launched as a new initiative in Cottonera in May 2002, and subsequently extended to all localities.

The Day Centre for Persons with a Disability caters for adults over 19 years of age with intellectual disabilities. Currently, it is used by 9 men and 9 women. The activities that it organises include basic education, personal care, integration in the community, educational, cultural and social activities, housework, sensory stimulation, drama and singing, religious functions, crafts and sport. During the European Year for Persons with a Disability, the Day Centre's clients participated in a commemorative programme and erected a monument.

The Department for Social Security regional office offers information on social benefits, assistance in filling in applications, collection of medical certificates, the registration of persons who are entering employment for the first time, and generally anything related to social benefits and pensions.

Through its Job Centre within AĊCESS, the Employment and Training Corporation provides daily vacancies updates on display for job seekers; the promotion of job vacancies; access to a touch-screen machine for easier job searches; open day seminars and recruitment exercises; information about schemes, training, services and other incentives; particular assistance for registered unemployed persons – especially those with literacy problems; data entry registration; completion of engagement and termination forms; work with service users on the drawing up of a Personal Action Plan; paperwork and correspondence related to social cases; and the issuing of confidential information, such as employment and registration history. The unemployment situation has been gradually improving.

Joint projects conducted by several AĊCESS participants include a scheme targeting school students with a history of absenteeism and a Family Fair held in 2004 to raise awareness of AĊCESS within the community. Open Days, with workshops, are held each year for school children. Joint seminars for job-seekers provide information both on social security services and on employment and training opportunities. The Women in Work project identifies difficulties encountered by unemployed women and find ways of supporting them in order to encourage them to take up remunerated employment. Joint visits to workplaces have been organised for disabled clients. AĊCESS also runs joint training and team-building events for its own staff.

## Discussion

**Marie-Anne Paraskevas** (European Commission, DG Employment, Social Affairs and Equal Opportunities) wondered if the AÇCESS facility is also open to migrants. **Gabriella Calleja** replied that it is open to all residents of Cottonera. Up to now, there are no migrants living within that community. Most migrants are concentrated either in the open centres or in the St. Paul's Bay area.

**James Whitley** (Department for Work and Pensions, UK) asked if all the AÇCESS services are free of charge, and what the rate of take-up is by people in the area. **Edward Melhuish** (National Evaluation of SureStart, University of London, UK) wanted to know if the health services, and particularly health visitors, are involved in AÇCESS. **Stephen Barnett** (European Social Network) asked if cooperation between the various services is organised in a structured way. **Helen Faughnan** (Department of Social and Family Affairs, Ireland) asked how any policy differences between the different participating agencies are resolved. Most of the services are free, **Gabriella Calleja** said. The main exception is Smartkids. For about 10% of the services, a subsidised fee is payable. Each of the participating services keeps its own data on take-up. However, the data on overall take-up of AÇCESS services by the Cottonera community are not yet collated. The general evaluation will no doubt bring this information together and identify better ways of collating it. There is some collaboration with the health services by the AÇCESS constituents on various issues. For example, clients with a disability have access to a speech therapist and a psychologist, while Smartkids and the social workers collaborate with various health professionals. AÇCESS also cooperates with the smoking cessation clinics and organises information sessions with nutritionists. But there is also a separate health centre in the Cottonera community. Ways of structuring cooperation between the different AÇCESS services include management meetings twice a month. So far, no need has been felt for formal protocols between the different entities, but they maintain a lot of informal contact. The lay-out of the centre promotes this. The policy to be pursued by AÇCESS is determined mainly at the level of the Board of Directors. There is now also a three-year business plan, laid down by central government. And an annual operational plan sets out the priorities for all the entities involved in AÇCESS. But there have been few problems of policy. The various entities are careful to select the right staff for this collaborative venture.

If a child protection issue arises, what are the procedures followed by AÇCESS, asked **Ana Canhão** (Social worker, Portugal). As there are social workers within AÇCESS, the other entities tend to contact them if they come across child protection cases, replied **Marija Zahra** (Agenzija APPOĠĠ, Malta). The social workers then contact the child protection services, which are part of APPOĠĠ. **Agneta Björklund** (Ministry of Health and Social Affairs, Sweden) asked if AÇCESS itself investigates child protection cases. No, **Marija Zahra** replied, but it does offer support to the families concerned.

**Leif Klingensjö** (Swedish Association of Local Authorities and Regions) wanted to know why AÇCESS has not yet had a full evaluation. The project had been a very new one, and it needed time to develop, **Gabriella Calleja** pointed out. A culture change first had to be allowed to take place, both within the community and in the services offered. So waiting five years before having an evaluation is not altogether a bad thing. Terms of reference for the evaluation have been drawn up. They include the need for concrete data, such as on take-up of the services, awareness of the services, user satisfaction, and any services which the community would like and which are not yet provided. Staff morale and training will also be assessed. An external evaluator will be commissioned to carry out the work, and will obviously be free to use his/her own methodology and tools.

More information on AÇCESS assistance to children with behavioural problems was sought by **Sandra Alves** (Social Security Institute, Portugal). This issue is tackled differently in the cases of children, pre-adolescents and adolescents, **Marija Zahra** replied. For the younger ones, the child guidance clinic is often involved, which is situated at St Luke's Hospital. There, a professional team - a psychiatrist, a social worker and a psychologist – follow these children regularly. The social workers at AÇCESS accompany the parents on these visits, so that they can work together. For adolescents, the Cottonera schools often contact AÇCESS about behavioural problems. So from 2007, funding has been secured to have a youth worker based at AÇCESS for 20 hours a week. AÇCESS also has a consultant psychologist working 10 hours a week, but she currently has a waiting list. She follows the children and maintains contact with the social workers. **Silvia Galea** (Smartkids, Malta) added that, as Smartkids works mainly with children aged 3 or below, it has the luxury, in cases of behavioural problems, of being able to intervene while the family system is still forming. The approach is to avoid labelling the children and to create activities to help them enrich their personalities. There are also efforts to involve the families, in cooperation with social workers and others. Cases of challenging behaviour are certainly encountered at this age, but the problem is often that the parents are in denial.

How are the AÇCESS service users - particularly the children and young people - involved, asked **Marja Valkestijn** (Eurochild). **Mario Vassallo** (Network Expert, University of Malta) expressed concern about the high number of medical certificates issued to workers and job seekers in the Cottonera area. This seems to be a systemic issue which needs to be addressed. **Gabriella Calleja** replied that AÇCESS is exploring ways of increasing service user involvement, including at the management level. Up to now, the greatest involvement has been achieved in the community work projects. These usually begin with outreach and focus groups, so that people can express their needs. In the case of the summer school, meetings are held beforehand with the parents, so that they can talk about their children's needs. From 2007 onwards, a preliminary meeting will be held with the children themselves, so that they can say what activities they would like. **Silvia Galea** added that Smartkids sees the parents as partners. No attempt is ever made to take the responsibility of parenthood away from them. So the parents are always involved. Each day, they receive an account of what has happened around the child. The parents are also invited to a discussion where targets are set for the children. The Smartkids philosophy is based on a "non-expert" approach – i.e. listening to the service users, understanding what they want and adjusting the service to their needs wherever possible. Once that happens, parents are much more willing to get involved. For example, the parents themselves suggested that Smartkids act as a centre to which they could bring children's clothes for redistribution to other children. Smartkids also runs focus groups in which parents can say what is important in the service, and what they want changed. Some mothers also become involved in the childcare work itself. **Marija Zahra** said that, in social work too, care is taken to involve the children. APPOĠĠ also acts as the children's advocate vis-a-vis schools and others, in order to ensure that they receive what they are entitled to. **Marisa Scerri** pointed out that most of these services are concentrated on the 0-3 age group, because from the age of 3, Maltese schools provide kindergartens.

*The participants then visited the AÇCESS centre.*

## Feedback from the site visit

**Edward Melhuish** had been impressed by the clear advantages offered by the collocation and cooperation of several services in the same place. He felt that a child health clinic could usefully be added. Everything needed would then be available on site. **Leif Klingensjö** agreed that the

combined site, joint staff training and shared vision at AĊCESS are major assets. Sweden has been taking a similar approach. **Agneta Björklund** added that Sweden has family centres which group services, but these focus on children and related issues. They combine child health services with maternity services and social services. Politicians of all persuasions in Sweden are interested in promoting family centres and a debate is currently in progress about the best way to organise support for parents. **Richard Hickey** (St. Brigid's Family Resource Centre, Ireland), while impressed by the AĊCESS approach, wondered if it could really translate into the Irish situation. In Ireland, so many state agencies are involved in delivering the services provided by AĊCESS that it would be extremely difficult to get them located together on the same site. The Irish approach is rather to regard family resource centres as empowering their users to access the full range of services provided by different agencies. What had impressed **Stephen Barnett** most during the site visit was the emphasis on responding to the community's expressed needs. In this way, it gives the longer-established service providers a good point of contact with the users, thus leading to greater openness to change. **Gražina Jalinskien** (Ministry of Social Security and Labour) said that, as well as the AĊCESS centre's methods and settings, its objectives were equally impressive – notably its aim of fully involving the parents and children. That is a very important point to be borne in mind by all such centres. **Rasa Zabarauskaitė** (Institute of Labour and Social Research, Lithuania) saw great benefits in combining day care for children with services for parents. Day care centres in Lithuania are not linked to these services, and she felt that bringing them together would help to tackle social disadvantage. **Christina Kontou** (Ministry of Labour and Social Insurance, Cyprus) had also been impressed by seeing so many services on the same site. She asked what care provision is made for 5-to-12-year-olds outside school hours, for example in the afternoon. **Magda Révész** (Fióka Gyermekek – és Ifjúsággjóléti, Hungary) said that Hungary has plans to group public administrative services, and child-related services already cooperate closely. But AĊCESS brings those two categories together, so she had been interested to see this working in practice. Such centres allow clients to choose the services that are appropriate to them, but another approach is to establish smaller service points where clients can get personal advice.

**Mario Vassallo** recalled that, before the Second World War, Cottonera was a prestigious place to live. After the bombing, post-war redevelopment led to the proletarianisation of the area. It thus became a place where resentment of the exploitation of workers was strong. It was also a place with the strongly anchored notion that the State should take care of people from the cradle to the grave. So if you needed to paint your house, it was felt that there was nothing wrong with taking a can of paint from the dockyards. Now, at a national level, such attitudes are changing fast. Also, the low-cost housing has led to an influx of people who are both financially and culturally poor. However, they are certainly not unintelligent, and they know how to work the system. So he believed that it was a very good idea to site AĊCESS in that area. What is needed now is a systemic analysis of what the real problems of the area are. This has not yet been done. There is some evidence that the area is beginning to go upmarket, but the social problems remain, and it is high time that they are properly assessed. At present, he felt, AĊCESS is like a market where you can look at the different stalls, buy something and then move on. But what is needed is a holistic service based on the real needs of the community. There should also be more emphasis on preventive and pro-active work, rather than waiting for referrals and self-referrals. A research programme is needed which can establish specific numerical targets on the basis of scientific data. **Marisa Scerri** fully concurred, but she thought that another approach is also possible. AĊCESS has identified the key needs and priorities, and these should be of great help when it comes to evaluating the broader needs of the area. 60% of the cases seen by AĊCESS social workers since the beginning of 2007 are self-referrals. It is likely that these people had had some contact with AĊCESS before, and the fact that they came back can be seen as positive. This may imply that they feel that they had been served well by the service in the past and that their needs had been met and that is why they have returned. On the analogy drawn by Mario

Vassallo between AÇCESS and a market, she recognised that the approach may have weaknesses as well as strengths, but we have to understand that change takes place slowly. People in the area are used to going to social security offices to draw benefits, but the idea of opening up your heart to a social worker is relatively new. By placing the two services (the traditional and the innovative) close to one another, ACCESS has made people aware of and receptive to social workers' interventions. AÇCESS is also becoming more proactive as it gets to know people in the area. Four years on, it has gained sufficient insight to understand the priorities.

**Sandra Alves** had gained a very positive impression from the site visit. In particular, the systematic approach of Smartkids to family issues is a key element in prevention. It keeps parents involved, and parents are the first line of defence in any preventive effort. **Ana Canhão** appreciated the presence and involvement of parents in the childcare centre. She had also been impressed by the functioning of the Employment and Training Corporation (ETC) job centre, and the linkage with the social security office. **Helen Faughnan** was also impressed with the linkage between ETC and the social security office. Having the social security office and the employment support on the same site is preferable from a customer service perspective. Attempts have been made to do the same in Ireland over the years, but the two services come under two different ministries with sometimes different objectives. The holistic AÇCESS approach certainly promotes social inclusion, and the joint approach to policy-setting, through the management meetings for example, is clearly essential to this. **Marisa Scerri** replied that employment and social security are currently under two separate ministries in Malta, too. However, in the past they were both the responsibility of her ministry, and this might help to explain the good cooperation. Also, the initial registration of job-seekers is the responsibility of the social security department, as it has offices right across the islands. **Mario Vassallo** added that the development of IT and e-Government in Malta is reducing the barriers between different government departments and this could be easily capitalised upon in projects like AÇCESS. **Marja Valkestijn** emphasised the need to start as young as possible in order to prevent the cycle of deprivation. So she had been impressed to see the number of young children reached by the Smartkids programme. The involvement of the parents is also very important, as is the lay-out of the AÇCESS building and the cooperation between the staff of the different entities. **Silvia Galea** saw the work of Smartkids as being mainly in the prevention sector. She agreed that there is a need to set targets, but the experience of AÇCESS provides the basis for this. It had been very important to work hands-on first. While impressed with the integration of the centre, **Agneta Björklund** had some reservations on confidentiality grounds. She wondered, for example, about the privacy of people applying for social security benefits within an open centre of this kind. **Gabriella Calleja** replied that AÇCESS is aware of the problems raised by the organisation of space within the centre as far as the social security office is concerned. Ways of ensuring greater privacy are being examined in that particular case. For the other services, users have not raised any privacy issues.

## Community intervention in the UK: the example of Sure Start

In 1997, **Edward Melhuish** recalled, a new Labour government was elected in the UK. One of the first acts of Gordon Brown (then Chancellor of the Exchequer and about to become the British Prime Minister at the time of the Malta Peer Review) was to get civil servants thinking about how to tackle the cycle of disadvantage which continues from generation to generation. The answer that came back was "You have to start early". This led to the setting up of the Sure Start programmes, which aimed to enhance the functioning of children and families by improving services in deprived areas. Sure Start local programmes were different from other schemes because they were focussed on specific areas, identified as having many problems. So the service was targeted in the sense that it concentrated on a particular area, but within that area, access to the service is universal. One of the main reasons for

this was to avoid any stigma for service users. When the Sure Start programmes were first set up, they did not have a prescribed model of service delivery, although they were expected to deliver certain core services.

Shortly after the services were set up, the government put the evaluation of Sure Start out to tender, and his team's bid was accepted. One of its first findings was that it was taking much longer to set up these services than had been imagined at first. Services were taking three years to become fully functional. Economies of scale were also seen to apply. Smaller programmes spent more per child than larger ones. The impact of the Sure Start programmes was evaluated, in terms of change in the areas over time. This local context analysis showed up a number of points. Generally, more children were being born in the Sure Start areas than there were previously, but there was also a reduction in the proportion of children in workless households. There was some reduction in emergency hospitalisations of 0-3-year-olds for serious injuries or respiratory infections. The incidence of low birth weight babies was reduced for some populations, notably those with links to the Indian subcontinent. Increases above the English average were noted in the proportion of children identified as having special educational needs and the number of 14-to-17-year-olds receiving the Disability Living Allowance. This is probably because the families had greater contact with services and their problems were being recognised earlier. Improvements in school achievement were noted in Sure Start local programme areas. The decrease in some types of crime, such as burglary and vehicle crime, was greater than England as a whole. However, there was an increase in violent crime in the Sure Start areas.

As regards the implementation of the programme, problems were found in adapting to the area-based strategy, as people in the services concerned had previously worked on a more traditional basis. Throughout the projects, there were continuing problems with getting to the hard-to-reach groups, including fathers, teenage parents, families in which there is domestic violence, and some minority ethnic groups. There were also issues with the workforce in the services. Prior to 1997, there were very few services of this kind. So, when there was a sudden explosion of Sure Start programmes, a sufficient trained workforce was not available. This is still a problem today. It was found that the best programmes had good inter-agency collaboration. They shared information and the programme manager was able to integrate people with different disciplines. Engaging with the community (developing trust, ensuring confidentiality, and combining professional expertise with friendliness) was also a key to success.

Another impact study examined whether children and families in the Sure Start local programme areas came to function better. Overall, it found that some Sure Start programmes were functioning well, but many were not. Certain dimensions of proficiency in implementation were characteristic of the better programmes.

Key dimensions of proficiency were:

- effective governance and management/leadership
- an informal but professional ethos
- empowerment of service providers and users.

Key strategies for attaining proficiency were:

- tuning into the local community's views
- early identification and treatment for families needing specialist services
- well thought out recruitment and training of staff

- managing multi-agency teamwork.

Challenges include:

- the need for higher reach (especially overcoming barriers for the “hard to reach”)
- better multi-agency teamwork
- sustainable, shared systems for monitoring services
- more rigour in measuring the impact of treatments
- greater grasp among service providers of the cost-effective deployment of services.

The evaluation found that one type of service, known as “Children’s Centres”, was particularly effective. This led the relevant minister to decide, in 2004, that the existing model of SureStart local programmes was to be abolished. Instead, each programme was to become a Children’s Centre. This was achieved by 2006. The major difference between the old and new models is that Children’s Centres have a much more highly specified range of services. Also, more specific guidance is given for the delivery of those services.

The programmes have improved over the years, and Children’s Centres are a step in the right direction. There are many examples of good practice. However, there are still great variations between the best and the worst. Inter-agency working needs to be improved, particularly in the field of health. In many cases, staff is still inadequately trained for the work to be done. Staff turnover continues to be a big problem and is very disruptive of service delivery. The evaluation reports (20 to date, with another 10 in preparation) are online at [www.ness.bbk.ac.uk](http://www.ness.bbk.ac.uk)

## Tackling child poverty? Debates and developments in Hungary since 2006

Child poverty certainly exists in Hungary, even though measures have been taken to alleviate it, reported **Marta Korintus** (Institute for Social Policy and Labour, Hungary). In 2005, there were 2.2 million dependent children and young adults under 20 years of age. Roughly 19% live under the poverty line, and about one-third have less than the amount of the minimum pension to live on. About 40% live below the poverty line calculated by the Hungarian Central Statistical Office. Overall, 15% live in families where none of the adults is in work. Child poverty is most common among the Roma population, families living in disadvantaged parts of Hungary, lone-parent households, and families raising children with disabilities.

The government recently set out to promote the fight against child poverty through two major measures: the National Strategy (formerly called the National Programme against Child Poverty), and the 2<sup>nd</sup> National Development Plan (2007-2013).

The National Strategy, adopted a few weeks before the Malta Peer Review, covers the period 2007-2032. It has three major goals:

- to substantially decrease the ratio of children and families living in poverty, and thereby to increase the educational opportunities of children
- to radically reduce the extreme forms of exclusion, segregation and poverty among children
- to change the philosophy and thinking behind service provision, in order to support the development and skills of children much better.

The action plan for the implementation of the strategy was under development, and was expected to be adopted in the summer of 2007. In addition to the objectives of the National Strategy, the 2<sup>nd</sup> National Development Plan aims to secure European funding for fighting poverty.

Financial support contributing to the alleviation of child poverty includes family allowances and payments related to parental leave. The family allowance is a fixed sum paid to all families raising children below the age of 18. Parental leave is available, under certain conditions, until the child is 3 years old. Compensation for these three years is payable at various levels, depending on whether the parent was employed before the birth of the child. Parents of twins are entitled to up to 6 years' leave, and parents of children with disabilities can take up to 10 years. A flat-rate payment is made for 3 years to parents who were not in employment. Obviously, this tends to include most of the people living below the poverty threshold. For many families living in disadvantaged areas, the grants and benefits linked to having children are the only source of income. The real value of these benefits has increased over the years.

The main services available for families with young children are the health centres, the childcare centres for children aged under 3, and the kindergartens for children aged 3-6. These are all public centres, providing full-time care and education. The care centres and kindergartens serve four meals per day, including a hot lunch. Parents pay a modest contribution, but those in need can have the meals provided free of charge.

Under legislation dating from 1997, child welfare services have the duty to work together with other services (childcare, health, social and educational) in order to help families with children in difficulties and at risk. It is their duty to organise case conferences, and also to help families by referring them to specialists and other services when needed. The legislation also stipulates the duty to involve parents. Since the implementation of the Act in 1997, other laws (on education and health) have also incorporated the duty for all services and professionals to work together.

In addition, Sure Start programmes have been piloted in several locations in Hungary since 2003. Altogether, eleven settlements participated, covering several hundred children and their families. Overall, an evaluation showed that these programmes were successful. However, it also pinpointed some weaknesses:

- It is difficult to obtain basic operational data because the programmes were delivered by capitalising on the infrastructure of other existing services, and the activities were closely related. With the exception of one village, the professionals from these services were the ones delivering the Sure Start activities.
- The support (especially the financial support) of municipalities is crucial, but at the same time, the participation of non-profit organisations can be vital in those areas where the services are either inflexible (their problem orientation and work habits do not match the programme well enough), or do not exist at all.
- It is necessary to develop minimum criteria both for the operation and the content (professional standards).
- It is logical to offer the Sure Start programme on the basis of integrated childcare and kindergarten services, wherever these exist.
- Participation in the programme needs to be supported by providing food, clothes and transportation to the most disadvantaged families.
- Training and continuous support of those delivering the programme are essential.
- Better coordination among the services from the different sectors is needed, together with the development of a common framework and work routine.

- There was no registration within the programmes. So there is no information about the participating families and no assessments of the results can be made.
- The available documentation is that required by the funders: reports, financial reports, information leaflets for families. Photos and videos were made at some locations.
- The best information can be gained from discussions with the professionals delivering the programme. At the moment, it is not possible to compare and evaluate the programmes on the basis of data because:
  - there are overlaps between the activities of the host service and the Sure Start programme
  - different age-groups of children participated at the different locations
  - there are no data concerning the population of the defined programme area, at those places where the programme does not cover the whole settlement
  - it is not defined what participation in the programme means
  - the number of participating children and families has changed over the 3 years
  - there is no data collection related to each child and family
  - the validity of summarised data referring to local programmes is questionable
- The benefits of the programme are assessed differently by the different stakeholders.

Presently, the debates about the legislative place of Hungarian Sure Start seem to be going in the direction of including it in the Children's Act, as a form of alternative childcare services to be implemented especially in settlements with no other services for children.

The philosophy and principles of the Hungarian system are similar to those of ACCESS. The ACCESS concept is transferable to Hungary. However, there is an essential difference. In Hungary, most, if not all the so-called "basic" services (child welfare, childcare and respite care) are provided directly by local authorities while earmarked funding, covering part of the costs, is ensured by the central government. It is possible to contract non-governmental agencies or organisations for service provision but the number of such cases is very small. This is mainly due to the regulations for financing. Directly provided services make it easier to help those in need. Local authorities ensure free meals in the services for children from those families which have more than 3 children, or which are disadvantaged. Receiving child protection benefit makes families eligible for free or reduced-fee meals.

Developing different indicators for measuring and evaluating success is an ongoing process in Hungary. A comprehensive monitoring system (based on EU-SILC data inter alia) connected to the National Strategy is under development. When this is fully implemented, it will provide a good basis for reliable evaluation. Until then, the data collected by the Central Statistical Office (either survey or administrative data), and research results can be used for such purposes.

Most of the debates and questions in Hungary are also linked to funding. Earmarked funding from the central budget for the services covers less than half of the costs in most cases. With the exception of the cost of the meals, which are paid for by the families, the rest needs to be contributed from the local authorities' budgets. On the one hand, the system has built-in preferences for local authority direct provision and the requirement for all services to work together. On the other hand, non-profit and for-profit providers have difficulties in raising enough funding, although their services might be more flexible. There is also debate about how well the legislation is implemented on the local level. Do all local authorities fulfil their duties?

## NGO statements

### *Eurochild*

Eurochild is an active network of organisations and individuals working in and across Europe to improve the quality of life of children and young people, **Marja Valkestijn** (Eurochild) told the participants. Its work is underpinned by the principles enshrined in the United Nations Convention on the Rights of the Child.

The Barcelona childcare targets (i.e. 90% of children aged 3 up to school age and 33% of under-3s by 2010) are still far from being met across the EU. Only five countries meet the target for the younger age group and ten of 27 countries for the older age group. Children living in poverty, in particular, can benefit from an early start in quality child care, but availability, affordability and the quality of child care are critical. In reality, there is evidence that in some countries, inequalities in the provision and quality of child care are in fact contributing to the reproduction of poverty.

Eurochild recommendations:

- The child's best interests need to be placed at the heart of such Community Services.
- Services need to be free for low-income families, regardless of whether they are working or not.
- There needs to be much greater recognition of the professional role and responsibilities of professionals who work with children under school age (linked to the provision of sufficient training, qualifications and salaries)
- Parental support should be integrated with early years care and education. Parenting support – that is based on empowerment and partnership - needs to be given much greater investment and recognition.
- There need to be better data collection and monitoring and evaluation of the outcomes for children of such services. Member States should have better monitoring systems, such as the "Kid's Count" data set collected in the Netherlands, to help measure children's well-being and to ensure services are best adapted to children's needs and provide the best possible outcomes for children.

Various participants asked for more details about Kid's Count, which she described as follows: Kid's Count is a project of non-profit non-governmental Dutch Child Funds and youth advocacy groups. It is a national and local effort to track the status of children in the Netherlands. By providing policy-makers and citizens with benchmarks of child well-being, Kid's Count seeks to enrich local, regional and national discussions concerning ways to secure better futures for all children. It is inspired by the Kid's Count in the USA.

Eleven themes were selected for implementing the Dutch Kid's Count: 1. Education, 2. Child abuse, 3. Children in poverty, 4. Teenage mothers, 5. Youth unemployment, 6. Public playgrounds, 7. Children's living conditions, 8. Safety/Youth delinquency, 9. Leisure, 10. Health and 11. Youth Participation.

Also, related indicators were selected, on the basis that:

- a. The indicators have to be useful for interest groups
- b. The indicators have to be connected to the indicators of the American Kid's Count

- c. The data must be available and give information about a community area. They must have a change potential.
- d. The indicators have to be connected to the European Convention of the Rights of the Child.

Moving on to the transferability of AÇCESS, she pointed out the huge potential for application of the “Community Resource Centre” model, which could be adapted to other deprived communities across Europe. Its particular strengths are that it recognises the importance of quality early years care services for breaking the inter-generational inheritance of poverty and the importance of providing a holistic service to families. All communities suffering from a high concentration of poverty and deprivation could benefit from such services.

But Malta is a small country. It may not be easy to replicate the model such a comprehensive operation in countries and regions with much higher populations. Malta also has a high population density and short distances, making it easy for families to reach the Centre. This is not the case for dispersed communities, for example in deprived rural areas in the EU. The approach is therefore most suited to inner-city deprived areas.

In terms of the project itself, she felt that it had been given a very limited budget (Lm23,000 in 2005, or approximately €53,575), leaving it unclear how AÇCESS can finance its operations. This may, she suggested, become a serious obstacle to its sustainability and its ability to deliver its services. As the Centre has only been in operation for about 4 years, therefore, it is too early to measure the longer-term impact on the community and individuals.

She noted a number of potential obstacles to the implementation of similar projects:

- *Financial resources:* Implementation of such projects on a wider scale requires considerable financial commitment – usually from the regional or local government.
- *Lack of qualified, motivated staff:* The early years services, in particular, require highly qualified, motivated staff. To date in Europe, professionals working with under school age children tend to be under-valued, poorly paid and have a lower level of qualification than teachers. This fails to recognise the complexity of the work with young children. Rolling out a pioneering project, such as the Community Resource Centre, requires parallel development of training and qualifications for professionals working with young children.
- *A free service:* Families on low incomes must have access to free services whether in work or not. However, services may be open to paying families as well. Services must ensure that they reach out to the poorest families, while avoiding any stigmatisation. To a certain extent, “success” will hinge on the willingness of parents to participate in the centres and the actual resources and capability of the staff to reach out to those most in need and those least aware of the available resources.

### *European Social Network*

The AÇCESS model can be seen as part of a broader Europe-wide movement to coordinate or integrate local public services across various areas, said **Stephen Barnett** (European Social Network, ESN). For instance, social services are being integrated with employment services in the Netherlands and Norway. Similarly, there are moves towards stronger coordination between social and health services in Italy, and between social services and education in the UK.

ESN, he explained, is the independent network for social services in Europe, with members in 24 European countries. A not-for-profit association of directors of local and regional social services, it

acts as a forum for the exchange and development of policy and practice. It is a key European network in the fight against poverty and social exclusion, and contributes to European policy-making in this area.

Local and regional government is, he pointed out, close to people. These levels of government deliver professional services to the most vulnerable, often as a duty laid down in national law. There are various motivations for integrating services, including financial ones. Integrated services may reduce overheads and lead to efficiency savings. Also, better joint working between employment services and benefits agencies may, in the longer term, reduce benefits expenditure. But the primary consideration must, he insisted, be the needs of the community and of the individuals concerned. Marginalised people face a complex set of problems, so services need to act together if they are to respond to these people's needs. Shared challenges face these services, but they often have differing priorities, client relationships, management and financial structures. This makes it important to find ways to bring the different services together, e.g. uniting around common vision - as in ACCESS - and common training of professionals on the new structure, and ensuring that they understand what each partner provider does, so building trust between them. When it comes to one-stop shops, coordinated or integrated services, there is a wealth of experience across Europe including within ESN and across its members.

He noted four main strengths of the ACCESS approach as identified by ESN members:

- The common vision of providers gives "ownership" of the centre.
- An informal, organic "getting to know you" process creates a cooperative spirit.
- The training given to ACCESS staff builds trust and cooperation.
- The centre's community focus and openness helps it to respond to the users' real needs.

Taking a broader view of the different models of co-locating or coordinating services locally, he reported that ESN members had pointed to the following key issues:

- *Participation.* Users should be involved both in the governance of services (through a service users' panel or a community group) and at a personal level (through open discussion between the user and the professional on the user's needs and the service provided).
- *Evaluation.* This should focus both on individual services (on the basis of standards and targets) and on integrated or coordinated services where these exist. Evaluation can be independent and professional, but it can also be performed by service users, through feedback or questionnaires.

He reported on ESN members' experiences of different models which may provide some areas for future development of the ACCESS models in Malta:

- *Partnerships.* These might, for example, involve:
  - Social and health services (Italy, UK): joint working between community health care and community social work teams especially with families with young children (UK), structural integration of social and health services at regional and local level (Italy)
  - Education: recent UK local government reforms establishing children's services departments to bring together education and social work with children
  - The police: help for young people who have become involved in petty crime in the Danish model of joint working: Social services, Schools, Police - SSP
  - Business and social enterprises
  - Voluntary/community initiatives: support for community-building.

- *Services are co-located/coordinated/integrated to different degrees depending on the model.*  
Elements can include:
  - Shared/single financing and management structure
  - Sharing client data (but this may raise issues of confidentiality)
  - Case conferences led by a key worker to ensure that responsibility is taken
  - Single assessment of client need and key worker follow-up.

He suggested some key questions for the seminar: How can service user participation and community engagement be enhanced? In what ways could quality standards and service evaluation be developed? What other services could be part of ACCESS? Where does the ACCESS project go next at a time when other similar projects are being planned in Malta?

There could be some cross-over from the themes of this Peer Review into the wider EU cooperation framework, the Open Method of Coordination. The Commission could, for example, encourage Member States to highlight successful examples of local joint working between services in its reports including the “light reports” on child poverty due this year. The examples provided could be addressed in the Social Protection Committee’s special meeting on child poverty in October, helping to promote a better understanding of local service provision at the European policy level. ESN, meanwhile, would continue to promote ways of working together across services.

## Discussion

Participants from a number of countries felt the need for improvements in staff qualifications, notably in childcare. They linked this to the issue of low pay in the social services sector and argued that pay will have to rise if quality services are to be ensured.

**James Whitley** (Department for Work and Pensions, UK) explained that, as well as seeing child development as a way to break cycles of deprivation and improve the life chances of children, the British government regards childcare as an enabler of parental employment. This is crucial to meeting targets for the reduction of child poverty, and to promoting the policy that work is the best form of welfare. Currently, only about 26% of low-income families in England use formal childcare, as compared with about 40% of high-income households. Policy is aimed towards closing that gap – notably by making sure that parents have the information they need about childcare. That information is also available through job centres. While taking the points made about low pay in childcare, he recalled that salaries make up about 80% of the cost of the care. Whilst recognising the need to increase the quality of the workforce, the issues and tensions around increasing pay levels and driving up costs for parents must also be carefully considered. **Edward Melhuish** added that the very important role of informal childcare in many communities should not be ignored. Care by relatives is still the most commonly used form of childcare for the under-3s. Without it, many women would not be able to take up part-time employment. He suggested that there are some opportunities for European Commission-led rather than country-led initiatives in the social services field. A coordinated set of guidelines for IT systems would be very useful, rather than having each country and authority reinvent the wheel. Also helpful would be an EU-led project to examine how to train sufficient staff to meet the explosion in demand for these services across Europe.

A big issue facing Cyprus now, reported **Spyros Spyrou** (Centre for the Study of Childhood and Adolescence, Cyprus), is how to provide high-quality services to some of the new groups that have arrived in the country over the past ten to fifteen years. A high proportion of domestic workers in Cyprus are migrants from Asia. To some extent, they address the need for day care. As more Cypriot women go out to work, migrant women are coming in and looking after the children. Addressing the

needs of minorities, including the Roma population, is another issue. Single-parent families are another sizable group that is emerging in Cyprus. The State is currently working out how best to address their needs. Many areas around the buffer zone that divides Cyprus are marginalised. Especially in the inner city of Nicosia, there are large migrant groups who have tended to be neglected by the State over the years. As well as monitoring and evaluation of service provision, there is a need for good research which really goes out and discovers what the population want. His centre is currently engaged in a project funded by the European Commission, comparing the situations of single-parent families in Greece, England and Cyprus. For the first time, these people are being given the chance to say what they really need. This informs policy tremendously, because what they say is very different to the State's discourse on this issue. **Christina Kontou** added that a number of different programmes in Cyprus are directed towards children and families. They need to be evaluated, and the people who use them must take part in designing them, to ensure that they really address their problems. The changing demographics of Cyprus, and the move away from traditional structures, make this all the more necessary.

**Magda Révész** reported that in Hungary, while 8% of children under school age go to nurseries, the corresponding figure for those from poor families is less than 1%. The age at which children from poorer families start attending kindergarten is also higher than the national average. There is a big debate in Hungary at the moment about whether day care provision in general should be increased or whether the focus should be on providing more services in deprived areas. **Helen Faughnan** was struck by the similarity between the problems facing the different countries represented. Ireland's main strategy for social inclusion is based on the life cycle approach, covering children, people of working age, older people and people with disabilities. A few years ago, the Office of the Minister for Children was established. This provided a coordinated and integrated approach, at the national and local levels, for all child services, including the juvenile justice system, child protection and childcare. A national children's forum supports children and equips them to comment on various issues that affect them. This approach is now also being applied locally, through Children's Services Committees which are pulling together at the local level all the State, departmental and agency-provided services for children. There is also a network of Family Resource Centres throughout Ireland. The main aim of the Family Resource Centre is to help combat disadvantage by improving the function of the family unit. Piloted in 1994 with ten centres, they were found to be a valuable asset to supporting families at local level and now, through increased Government funding, there are currently a hundred in Ireland. They are community-based organisations which take a proactive and innovative approach to identifying the needs of families and providing support on that basis. They are run by voluntary management committees, made up of people from the local community, but they are backed by regional and specialist support agencies. Their holistic approach, based on local knowledge, is similar to that of ACCESS. The main difference is that ACCESS provides a wider range of services. A lesson that she would be taking back to Ireland would be the ACCESS emphasis on working with very young children and on fully involving the parents. **Rasa Zabarauskaitė** said that, in Lithuania, under-16s are the age group that is statistically the most exposed to poverty. One of the most important ways of fighting poverty would be the development of social services. Unfortunately, the social service network is underdeveloped in Lithuania. Institutional care services predominate. Instead of using preventive measures, the tendency is to take children into care. This is due to a lack of social workers and of day care centres. Now, however, Lithuania has launched a national day care centre programme for children. It aims to provide social and educational services and to enable children at social risk to stay with their families. Social assistance for families and children is also being improved. The priority here is the development of the social and economic environment, by reducing unemployment among parents. Housing and the justice system are among the other fields in which improvements are planned. Also, the intention is to coordinate family allowances with other forms of

assistance. Research into child poverty is now being carried out in Lithuania. It aims to identify the problems facing low-income families and to improve policies on the social inclusion of children.

## Presentation of the discussion paper

**Fred Deven** (Thematic Expert) first emphasised the need to look carefully at context. Inclusion and exclusion are social, so we cannot operate in a social void. We need to consider the circumstance in which ACCESS came into being, the situation in which it is working today, and the way forward. The specifics of Malta – and, as far as transferability is concerned, of all the peer countries – have to be taken into account. The mission of ACCESS was made more explicit after it had been in operation for several years. This is the expression of a dynamic, and it is important to examine the reasons for any shift in aims and targets. Particularly in the Anglo-Saxon world, there is a strong emphasis on setting very specific targets, and then applying indicators and measurements.

Awareness of the various perspectives is another important requirement. When we talk of perspectives, we are talking about stakeholders. Do we know enough about the perspectives of parents, children and the various types of service user who come to ACCESS? Do we know their needs? Have they been asked? If they were asked, in what way? Casually? Informally? More systematically? But the service users are not the only stakeholders. The administrators and the policy-makers are very relevant. They determine the pay and working conditions of the service providers, the professionals. Are there possibilities for career advancement after five or ten years of work? Can ACCESS discuss this aspect, and examine its provisions?

Programmes and services can be examined to see if there are specificities which are unique to ACCESS. He intended to deal with the buzzword “integrated services” in his final discussion paper. Many of the contributions and the country reports mentioned integrated services and the holistic approach, but were they all talking about the same thing? Is there not perhaps a continuum from fragmentation through to integration? Might integration work for some components of ACCESS, rather than for others? Structural integration is about more than joint working. Insufficient public funding is an obvious barrier to substantial integration. Additional, separate funding is needed for this. His understanding was that the ACCESS constituents continue each to be funded by a direct budget line from the agencies or ministries of which they are part, and that a lump sum is provided for trying to coordinate it all. He would request the Maltese authorities and ACCESS to look again at this. To what extent are these settled budget lines helpful to achieving integrated service provision. Might not separate funding be needed for that?

ACCESS is, he felt, a fairly complex system. Suggestions that it should add health services would make it even more complex, by taking in another perspective on service provision – unless, he conceded, Maltese society is different to that in most countries. To achieve integration, how far is one willing to go towards saying that one person or group is the managerial focal point? What conditions are provided for delivering the goods, in terms of taking overall responsibility?

Human resources are a crucial aspect of service provision. What does this imply in terms of the importance of qualifications, budgets and training (both prior to employment and in-house)? Are the provisions in this respect the same for the different components of ACCESS? If there are differences of culture between the various departments and agencies cooperating within ACCESS, what does that imply for integration? Are different standards applied to the different types of personnel?

The emphasis placed by AÇCESS on quality rather than quantity may have implications for monitoring and evaluation. If policy-makers decide that they will not ask for hard figures at the end of each year regarding the number of users, but rather that they have trust in the quality of the service, which they will monitor in a general way, and if they see AÇCESS as a model that is worth expanding to other parts of the country, then it may be that the evaluation exercise planned for the end of 2007 will be taking place at a time when a decision has already been made. This can be seen as a statement of trust and a declaration that good work has indeed been delivered by all or most components of the system. So the type of evaluation to be used, and its implications, could usefully be considered by the experts attending the seminar.

The planning and budget aspects of AÇCESS should also be examined. What is the part played by core funding? Are additional resources made available for specific projects? Is there a public/private financing issue? If so, is this a joined-up exercise? What are the medium- and long-term funding guarantees, both for AÇCESS and for schemes in the peer countries? Is it possible to develop a new type of service provision without having a guarantee of three to five years' funding?

To launch the discussion, he quoted one of Leutz's Laws: "You can integrate some of the services some of the time. You can integrate all of the services some of the time. But you cannot integrate all of the services all of the time."

## Discussion

**Edward Melhuish** suggested that the task of integration might be very different in a small country like Malta than in a large one like Germany. In the UK, a degree of integration had been achieved by bringing together previously separate service agencies under one administrative head. This was done by creating a Minister for Children. In a country the size of the UK, this move was essential to the success of Sure Start. But it might be that in a small, tightly-knit society like Malta, integration can take place at a more informal level. **Marisa Scerri** felt that being a small country has its challenges as well. For one thing, living in a society where most people tend to, varying degrees, know one another can make things a little more difficult in certain circumstances for, as the saying goes, familiarity can breed contempt. In some ways, the Maltese Ministry for the Family structure is already similar to that of a Ministry for Children, as it has within its remit a Commissioner for Children as well as the Foundation for Social Welfare Services, which addresses service provision at different levels, ranging from social worker interventions concerning families and children to preventive services in the field of addictive behaviour to support services for people with a disability. This promotes networking, and she agreed that certain services need to be clustered under the responsibility of one ministry. Malta also tries to maintain bridges between ministries. There is close cooperation, among others, with the education and health ministries. Although it is impossible to have all services under one ministry, effective cooperation can be achieved through a lead ministry in a particular field. **Edward Melhuish** took issue with the idea that it is impossible to group all the services under one industry. Most governments choose not to do it, but it is possible. It has happened in a number of places. **Marisa Scerri** asked if he really meant that health services, social welfare and education can all be clustered within one ministry. **Edward Melhuish** replied that, in the UK, that does happen where the services apply to children. **Marisa Scerri** felt that, in Malta, this clustering takes place more at the local government level, as local government has good contacts with all the relevant ministries. Local government knows its community best. Perhaps the role that can be played by local authorities can be better explored and more positively exploited. **Edward Melhuish** agreed that it is very important that the policy should flow down to the grassroots. **Mario Vassallo** thought that some aspects of the services ought to be integrated. These aspects relate primarily to the assessment of the situation. It

does not matter if delivery of the services is performed by different units, as long as the understanding and the planning of those services is integrated.

Sweden has a minister who is responsible for implementation of the Convention on the Rights of the Child, **Agneta Björklund** said. He is within the Ministry of Health and Social Affairs, but he is not responsible for social services for children. That is a different minister. As to the integration of services, some of Sweden's municipalities, which have very low population densities, need to learn to work together on service provision. **Leif Klingensjö** agreed that, as Swedish local authorities have populations ranging from 5,000 to 500,000, they cannot all provide the same level of access to services. However, social services are a local authority responsibility in Sweden, so this can be a problem. **Helen Faughnan** reported that Ireland has established a separate office of Minister for Children. This has had the effect of creating a clear policy focus on the best interests of the child. Service delivery, on the other hand, does not necessarily have to come under that ministry. For example, the Department of Social & Family Affairs is responsible for paying out a new childcare supplement, although this stems from a policy that originated in the Ministry for Children. Various social aims clearly require inter-departmental cooperation – for example, the current Irish policy of supporting the activation of single parents – but different agencies do not always have the same priorities.

ACCESS is something of a turning point, **Stephen Barnett** believed. So, indeed, is the calling of this Peer Review. It is a way of reflecting on the experience of the past four or five years, at a time when the ministry is thinking about extending the scheme to other parts of Malta. ACCESS is part of a European trend towards coordinating services. Malta can draw on a wealth of experience in peer countries and among stakeholders in deciding where it wants to go in terms of service user involvement, evaluation models, the different possibilities for partnerships and the degree of integration.

On user involvement, **Peter Lelie** suggested that there is a continuum, from simply trying to gain users' perspective by talking to them, to a much more formal approach. He wondered whether some of the peer countries do this in a more formal way, such as conducting surveys or having user organisations participating in management boards. The UK uses all of those methods to differing degrees in its Sure Start programmes, **Edward Melhuish** replied. Many Sure Start programmes have local parents on the management board. Children's centres periodically carry out user satisfaction surveys. Naturally, staff are also encouraged to seek parents' opinions more informally. Case studies have shown that the more successful children's centres have higher levels of user empowerment. **Ana Canhão** said that, in Portugal, there are two different levels of intervention by child protection teams, which have a multidisciplinary (social work, psychology, law, education and health) and an inter-institutional composition (local authority, education department, health authority, police force, social security, and community based organisations such as NGO). The first level of intervention focuses on the promotion of children's rights and in the prevention of child abuse. Although youth organisations are legally required to participate in this first level of intervention, in practice only a small number of child protection teams are actually involving youth organisations in their work. The Hungarian government has recently decided that children's interests have to be taken into account in all legislation and policy, **Magda Révész** stated. She agreed that services to disadvantaged people need to be integrated, but we should also be looking at whether the services promote those people's autonomy – are we giving them a fish or teaching them how to fish? In recent years, Hungary has made progress on consulting stakeholders before adopting policies on social services.

Looking at the ACCESS programme, **Richard Hickey** had felt that very similar work is carried out by his own Family Resource Centre in Ireland, which deals with a range of problems in an area of about

12,000 people. Its approach is somewhat different. It first needed analysis and now, on the basis of that analysis, it is putting together a team of people. This has been a bottom-up approach. Voluntary committees are being put together within the area, to work on four themed activities. The aim is to develop future members of a voluntary board of management. The services will therefore be delivered through a voluntary board of management composed of local people themselves. He saw this as one of the main differences between his centre's approach and the one taken so far in Malta. He suggested that, in its evaluation at the end of 2007, Malta might wish to look at the issue of getting service users involved in service management. More generally, he stated that, if governments in Ireland and elsewhere wish to activate single parents, they will have to accept that much more must be spent on childcare in disadvantaged areas. **Marija Zahra** asked the countries which have users on the management boards to describe how those user representatives are selected. What is their role in the management board? Are they involved in all its decisions? For example, do they have a say on issues arising between team members and management? **Richard Hickey** said that in his Family Resource Centre, the idea of the themed activities was to identify peer leaders over time, and these people could later become full board members. Voluntary board members have exactly the same powers as all other board members, including government or agency representatives. The aim is that, over time, voluntary members will be in a majority on the board.

In Lithuania, **Rasa Zabarauskaitė** stated, the Ministry of Social Security and Labour is responsible for the elimination of child poverty and social exclusion. Also involved in child inclusion policies are the State Child Rights Protection and Adoption Service, local councils, and national and municipal childcare institutions. One of the Ministry's three departments looks after youth and children and is responsible for policies and programmes in this field. It works in cooperation with the Ministry of Education and the Ministry of Health. The other two departments are social support and social services.

**Gabriella Calleja** said that, over the years, AĊCESS has been conscious of the need to move away from simple service provision and to be more problem-oriented. A lot of work has gone into developing initiatives within the community. This, more than the service provision itself, is what makes AĊCESS different in Malta. Most of those projects are based on needs that have been researched. For example, the REACH project on absenteeism came out of research conducted by the Employment and Training Corporation (ETC) about long-term unemployed young people. The research found that early school leavers are more likely to end up in long-term unemployment. So, although the ETC generally works only with people aged 16 or over, it had clearly understood the need for preventive work with those aged below 16. The Women in Work project, too, was based on national and local statistics, so this was another community-based initiative on the basis of research data. This approach, based on specific needs, is certainly transferable. The integration of services might be less so.

## Transferability

*The participants split up into two working groups which discussed transferability aspects of the AĊCESS policy. They then reported back to the plenary.*

**Agneta Björklund** reported back for one of the groups. Portugal had suggested that Malta could draw on Portuguese experience in relation to a questionnaire on client satisfaction with the quality of childcare. This might be useful in the context of the AĊCESS evaluation at the end of 2007. Lithuania and the UK had said they were particularly impressed by the control mechanisms at the ETC, and would be taking that lesson back home from the review. Cyprus had been impressed by the fact that

the services are open to all. This could help to avoid stigma, especially in relation to migrant populations. Ireland had emphasised the importance of grouping services in the same location, on high-quality premises. Because different services are on offer, nobody is stigmatised by entering the building. The UK emphasised the benefits of having children's centres and job centres under the same roof, in order to promote job opportunities for parents. Hungary and Sweden raised the possibility of using the ACCESS model in their smaller municipalities, where cooperation is necessary if services are to be provided at all. In Hungary, the association Fióka Gyermek – es Ifjúsággjóléti has suggested a scheme under which bigger local authorities would assist the smaller ones with service provision. Points drawn by Malta from the Peer Review included trying to include services for children over the age of 3 within the ACCESS cooperation, to work more towards having a child/family centre and also to consider bringing in the health services, as in the UK. Many of the working group participants had spoken in support of this last idea. Protocols between services were also suggested, as a way of passing on experience to newcomers. Without arriving at any solutions, working group participants had discussed how to provide single parents with affordable, good-quality childcare. The Swedish experience with childcare, now incorporated into the education system, had been explained. However, it was important to emphasise that this system had taken thirty years to build up. Another point made was that, in order to avoid stigma, the same level of service needs to be available to all in every neighbourhood. So marginalised neighbourhoods should receive the same quality of service as more affluent ones. Again, the anonymity achieved by providing many different services under one roof was emphasised. On benchmarking, Lithuania had described its scheme for comparing the performance of different local authorities. The Kids Count in the Netherlands was mentioned in the same context. The Swedish government is keen to develop similar comparisons, as well as better statistics and quality indicators. The need for long-term evaluation of each child's development was also emphasised.

For the other group, **Helen Faughnan** emphasised that there are major differences between the participating countries, as regards culture, size, population density, the school starting age and the structural models of how State services are delivered. Also, the countries are at different stages of economic development and of service provision. And cooperation and integration between services have been progressed more in some countries than in others. But despite the differences, all the participating countries are facing similar issues which need to be tackled. These include lone parents, both inward and outward migration and the training of professionals, particularly social workers. The consensus in the group was that the community model is the best one to follow. But then who defines what the community is? The village? The parish? What population numbers does the word "community" represent? Some of the participating countries still have socialist legacies. Some have ringfenced budgets, so they do not have as much flexibility on service provision. Levels of voluntary involvement also vary from one country to another. In terms of replicating ACCESS, it had been pointed out that this might be difficult even within Malta. Different areas have different issues, such as high concentrations of older people or of migrants. So the feeling was that a carbon copy transfer would not work. However, the principle established by ACCESS could be adapted to different situations. The priorities of a particular area need to be identified, and possibly also the boundaries of that community. Local needs must be assessed before a community resource centre is established. Once those needs have been identified, an action plan should be drawn up, including timescales and specifying who will deliver the key services. In terms of implementation, the importance of providing holistic services for parents and their children was stressed. The difficulty of coordinating services in areas with very high or low population densities was identified. At the European level, it is important to remember that different agencies have different targets. Reference was made to the fact that employment is the best route out of poverty. But poverty is not just financial. The need for adult socialisation and social inclusion is just as great. In-work poverty is also a phenomenon that needs to be addressed. Short-term targets should not be allowed to interfere with any long-term goals.

Innovative programmes must be developed to meet the needs of the community, and especially of vulnerable groups, but the communities themselves have to be empowered to do this. Training and stakeholder involvement are particularly important here. One successful model that was referenced during the discussion was Portugal's "key worker" system, under which one worker coordinates with other agencies to meet a customer's needs. This is a type of advocacy service on behalf of the customer. It entails a lot of work and communication, but it is a good customer service model to aspire to. A set-up like that of ACCESS could obviously facilitate the "key worker" approach. Quality childcare is another key objective for all participants. Some countries, such as Sweden, are a long way ahead on this, while others are striving to reach that goal. Quality guidelines for childcare have to be established and licensing systems must be in place. Most importantly, inspections and monitoring must be carried out to ensure that quality levels are reached. Nor should teenagers be forgotten. In particular, they sometimes need help with the transition from school to work. In sum, the focus should be on the best interests of the child. The eventual cost of not investing in young children can be very high. ACCESS provides a very good model of a multidimensional approach to child well-being. The addition of healthcare could make that model complete.

**Fred Deven** said the discussions had provided many important insights. Many specifics in the experience of ACCESS are relevant for other countries, providing that suitable adaptations are made. There is certainly an issue of scale. Is what is feasible in Malta necessarily feasible in other Member States? He had found ACCESS a very stimulating example of social engineering. It has established a paradigm shift by making a different type of service provision. It also leaves scope for development and for experimentation, without knocking the original model down by fixing targets. This may be the counterpart of having no explicit types of evaluation. This can be an asset, but one that is perhaps not evident to policy-makers. However, discussions about spreading the ACCESS model to other areas in Malta suggest that it is successful. In an era of quantification, the baseline message from ACCESS is quality. It cares about people and would like to provide them with a good life and if possible with a better life. The emphasis on a good start for children underlines this. If ACCESS itself is not transferable, a certain spirit within ACCESS may be. That spirit asks whether target-setting can sometimes leave room for social engineering, innovative thinking and the hope of further development. **Richard Hickey** agreed that good-quality childcare is also of financial importance to governments. The first three years of life may determine how people behave for the rest of that life. How do we go about getting governments to understand the vital necessity of investing in childcare at the appropriate level? **Edward Melhuish** supported that view. Investment in pre-school facilities does have a long-term economic pay-off. He had recently edited a book with contributions from ten countries, and one of the most startling insights was provided by China. China has decided that, by 2050, it will be the primary economic power in the world. It has also decided that every child will have high-quality pre-school provision. The Chinese authorities have laid down the quality to be provided, the curriculum, but also the minimum standards of training for the staff in these facilities. The Chinese Politburo has not made this decision because it wants to look after the welfare of all its children, but because it sees such provision as a stepping-stone towards its long-term aim of economic dominance. In the case of Malta, he would suggest that a lot of work needs to be done on the quality of the provision for the 3-5 age group, and on linking it in with the facilities for the 0-3 age group. **Silvia Galea** added that, although things are not completely transferable, inspiration can always be gained from the experience of other countries. That is the important message from discussions emanating for fora such as this Peer Review. On childcare, a paradigm shift is needed. At present, the first years are regarded as a preparation for subsequent education whereas in fact, they are the crucial, formative years. It takes more energy to straighten a crooked tree once it has grown than to provide it with support when it is small. Innovation must not be stifled by bureaucracy.

## Closing remarks

On behalf of the European Commission, **Marie-Anne Paraskevas** thanked the Maltese hosts and all the participants. She praised AĊĊESS as an example of good practice in the field of social inclusion. It also represents a good policy approach to tackling poverty. With the addition of some elements such as healthcare, care after school for children of school age, support for young people – particularly in the transition from school to work, and long-term care for the elderly, it could serve as a model of the holistic approach. The lesson to be learnt from AĊĊESS is that it goes beyond service provision and aims to give tailor-made solutions for the specific needs of the community. The issues of child poverty and community services are interlinked, because social inclusion requires a multidimensional approach and this can be provided through community services. Social work needs to be high-quality and well-paid. To avoid the growing phenomenon of in-work poverty, people need to be supported by a range of social services, including care, education, housing and healthcare. Provision also has to be made for tackling two issues of growing concern within the Member States – financial exclusion and over-indebtedness. The problem-solving approach is another lesson that can be learnt from AĊĊESS. The community level is the best one at which to tackle the specific needs of service users. However, quality standards also need to be set, and their implementation must be monitored. Planning needs to specify who does what, as well as the budgets required. She pointed out that EU structural funds are now committed to supporting work on social inclusion. The AĊĊESS approach reflects a priority that is also found in the EU's social inclusion work, namely breaking the intergenerational transmission of poverty.

**Joseph Ebejer** (Permanent Secretary, Ministry for the Family and Social Solidarity, Malta) was sure that, in the weeks to come, most of the participants would be reporting back in their home countries on some of the issues raised and the experiences shared in Malta. This is one of the key objectives of a Peer Review – sharing views on various initiatives and work practices and then adopting and adapting them in the best way possible to meet the needs of the individuals and communities that we work for and with. The outcome of a Peer Review can therefore have far-reaching implications. It is likely to produce medium- to long-term benefits for our clients. He was confident that the present review will have highlighted basic practices and identified those areas that may warrant further improvement. This will help both to improve current practices within AĊĊESS as it exists now but also to develop the planned resource centres in other regions of the Maltese islands in a more effective manner. This year, AĊĊESS will be celebrating its fifth anniversary. Over the years, it has succeeded in bringing together a number of social welfare services to meet people's various needs and enhance their prospects of a better life within their very own community. The main aim of this initiative was to bring interrelated and easily accessible services to clients in their own locality. It has also given greater insight into the priority needs of people living in a particular catchment area. It has helped different services and providers to have a good working relationship both among themselves and with their clients. The steady increase in self-referrals to such services as Smartkids and social work interventions reflects the clients' positive outlook on the support programmes, which are significantly different from the more conventional services offered by departments and entities dispersed throughout the islands. The rate of self-referrals suggests that AĊĊESS has succeeded in securing the trust of clients. This implies in turn that AĊĊESS has served as a catalyst for change, as people seem to be seeking assistance and support before their situations actually develop into a problem. In a dynamic society, where expectations and needs are likely to change over relatively short time spans, one of the key challenges for service providers is to recognise emerging trends and to adapt their services to cater for them. A regional initiative like AĊĊESS, which serves a particular community, facilitates early identification of such shifts in needs and problems. Such monitoring is one of its key strengths. This does not, however, override the importance of formal research, which can help with the formulation of achievable, realistic goals and the setting of objective indicators. He

thanked the participants for sharing good practice. He was confident that the review could help to further improve Malta's own practice, and possibly facilitate the transfer of the concept behind it to other Member States.