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PEER REVIEW AND ASSESSMENT IN SOCIAL INCLUSION

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Malta 2007

ACCESS Cottonera Community Resource Centre

Synthesis Report

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



Executive Summary

ACCESS is a one-stop shop for social services rooted in Malta's Cottonera and Kalkara region, which are among the most densely populated areas in Europe, and are having more than their share of social problems. There is a high proportion of unemployed people, early school leavers and households living on social benefits.

ACCESS brings together under one roof community services, a family and childcare centre, a housing authority, a day care centre for people with a disability, a social security office, an employment and training centre and a computer technology learning centre.

The Peer Review was held on the 12th and 13th of June 2007 and was hosted by the Maltese Ministry for the Family and Social Solidarity. In addition to the host country, seven peer countries took part: Cyprus, Hungary, Ireland, Lithuania, Portugal, Sweden and the United Kingdom. Stakeholder representatives from Eurochild and the European Social Network also participated, together with representatives of the European Commission's DG Employment, Social Affairs and Equal Opportunities.

The synthesis report first provides more information on the context in which ACCESS operates with its mission statement, "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".

The fight against poverty and social exclusion remains a major challenge for the European Commission and for all EU Member States. The 2007 EC Joint Report on Social Protection and Inclusion emphasises that Member States particularly need to back their commitments to reduce child poverty by taking a multi-dimensional approach, including improving access to quality education and adequate housing, facilitating parent's labour force market participation, and protecting children's rights. Child well-being was also an important issue of the Peer Review in Malta.

The Synthesis Report describes in more detail the five entities within the Cottonera Community Resource Centre. It also provides information on budgets and the main institutional arrangements. Monitoring and evaluation were extensively discussed. The Peer Review also greatly benefited from presentations by Hungary and the United Kingdom having Sure Start programmes in place aimed at supporting children and families by improving services in deprived areas. While the UK gave more information about the results of its national evaluation programme of Sure Start, it became clear that a comprehensive scientific evaluation can produce useful evidence for guiding policy. The desirability of performance benchmarking was also discussed.

The Peer Review especially considered the possibilities of transferring ACCESS or key components of it to other EU countries. A major lesson to be learnt from ACCESS is that it goes beyond service provision and aims to give tailor-made solutions for the specific needs of the community. The Smartkids service within ACCESS provides a very good model of a multidimensional approach to child well-being.

Points drawn by Malta from the Peer Review include to include services for children over the age of 3, to work more towards having a child/family centre and possibly bringing in the health services. Local needs must be thoroughly assessed and identified before a (new) community resource centre is established.

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1. The issue: ACCESS. Cottonera Community Resource Centre

“The concept of ACCESS as a one-stop shop for social welfare services reflects very well the strategy of Government of putting the family and social solidarity at the centre of its national policy. ACCESS is a concrete example of taking the service to the community while making it possible for the community to be involved in its development”. (Minister Dolores Cristina, 2004)

Malta’s total population numbers about 404.000, including work and resident permits holders and foreigners residing in Malta. The total fertility rate is 1.37 with a downward trend in the number of births over the past ten years. The Maltese population enjoys a high life expectancy (81.39 for women; 77.67 for men)¹ and is still young by EU standards but its population is also ageing at a fast rate. The proportion of children under age 15 is expected to decline slowly from 19.7% (2001) to 17% (2015)². During the period 1995-2005, Malta witnessed a quite significant decline (17%) in the total number of children below 15 whereas the 65+ age group continues to increase (+28% from 1995 to 2005).

In Malta, the formal employment rate is 53.9% with a substantial difference between men (73.8%) and women (33.7%). In 2005, the unemployment rate stood at 7.1% and 3.4% of the adult population was registered as long-term unemployed. 8.9% of children up to 17 years old lived in jobless households. To reverse this trend presents major challenges in poverty prevention. Maltese authorities therefore have prioritized for 2006-2008 *“the empowerment of the emancipatory potential of children and young people”*. The proportion of the Maltese population at risk of poverty remains comparatively modest in comparison with many other EU Member States.

The ACCESS Complex is till now the only centre of its kind in Malta and Gozo. It was launched in November 2002 to act as a service platform in the Cottonera region. This includes the localities of Cospicua, Senglea and Vittoriosa as well as Kalkara bringing together five different entities: APPOGG (the Cottonera Community Services and the Smartkids family and childcare centre; the Housing Authority; the Day Centre for Persons with a Disability; the Department of Social Security; the Employment and Training Corporation.

Cottonera and Kalkara, with a population of around 14, 287 (*Appendix*), a decrease of 7.9% in a decade, was in the past known for its shipbuilding industry. This sector experienced a serious decline and the area was hit by high levels of unemployment. The average population density for Malta (1,282 persons per km²) is by far exceeded in the Three Cities with Senglea being the most densely populated (19,293 persons/km²)

Since the three cities have a high rate of registered unemployed, separated persons and families living in rented accommodation as well as an aging population it is reasonable to assume that the percentage of those at risk of poverty is higher than the national average in these localities. One of the main tasks of the services offered by ACCESS is therefore creating equal opportunities for those who come from disadvantaged families in order to reduce the transmission of poverty and social exclusion from generation to generation.

¹ Annex 1.1 - Statistical Overview in: National Report (2006-2008).

² UNDP (2003). Human Development Report 2003. Millennium Development Goals: an impact among countries to end human poverty. New York/Oxford: Oxford University Press (www.un.org/Publications), p.237

In its National Report on Strategies for Social Protection and Social Inclusion 2006-2008, the Maltese Government refers to ACCESS as a project which expanded from the setting up of a community development team. *“The Centre provides a plethora of welfare services to the local community while also acting as a pivotal point for facilitating and empowering community development initiatives anchored on the involvement of community organisations and public consultation”*³

Community based initiatives such as ACCESS focus on promoting civic engagement among residents that can help to address the negative self-image often held by community members who view themselves as ‘failures’ and intervening at different points in the life-course through projects and services to break the cycle that results in the reproduction by subsequent generations of the parents’ position of limited opportunities and social exclusion. ACCESS staff is continually confronted with the dissonance between post-modern values sought by employers and those espoused by working class young people.

The philosophy of ACCESS, from its inception, has been to move away from merely service provision to one of individual and community empowerment. The principles on which it was based included supporting the family as the best environment for personal growth; mobilising resources within the community; building informal and formal support networks; developing the individual potential; participation of residents in order to foster a sense of ownership and creating self-reliance rather than dependency. The initial report drew up a number of aims to be addressed by the project:

- To provide a one-stop shop for the fulfilment of the social and personal needs of families as units and of individual family members themselves;
- To strengthen the fabric of society by a strengthening of families/individuals in this region;
- To assist and facilitate the operations of existing local groups and of new ones which may arise to fulfil some, as yet unmet, social need or common interest;
- To serve as the focal point for the delivery of a wide range of services for families and individuals in Cottonera;
- To assist in the social regeneration of the Cottonera region, in such a way as to complement the physical and architectural regeneration being undertaken or which shall be undertaken in the near future.

In 2006 these were further developed. The mission statement set ACCESS *‘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 for the project encompassed the aims of enabling 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;

³ National Report on Strategies for Social Protection and Social Inclusion (2006-2008) - Malta (September 2006: p.24)

- 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.

While a process of change was necessary, the scope of involvement was to move away from an interventionist approach to one supporting community initiatives. In order to involve the grassroots community, foster a sense of ownership and raise awareness on issues of social justice it was first necessary to get to know the community. Making contacts with community leaders, voluntary organizations, Local Councils, parishes and identifying informal and formal networks and structures was an important step in this process. It was also at times necessary to involve local people in debates and discussions on various aspects of their community in order to elicit their needs and interests and identify the necessary strategies that could bring about change. This involved identifying resources within and external to the community that could be utilized and accessed such as funding sources, skilled members of the community, educational institutions and so on.

The importance of a quality childcare service such as Smartkids to provide the children with a stimulating environment while at the centre is of primary importance. There is also recognition however, that such an environment needs to be continued in the home. Therefore working with parents is a main feature of the coordinator's role. This is done through parenting skills seminars, family workshops and individual consultations organized periodically throughout the year. The Cottonera Community Service supports individuals and families through social work intervention and community based projects. Social workers support families of children at risk in order to prevent such children from being taken into care and also deal with children and adolescents exhibiting emotional and behavioral difficulties. Changing life situations such as becoming a parent, marriage breakdown, unemployment or homelessness can have a debilitating effect on individuals and families and intervention at such times can be necessary for those who lack adequate support systems. Social workers also network with other community groups and organizations that can provide support at such times.

The Peer Review therefore, in the context of providing integrated services and community development, had a particular focus on services for children.

2. The European context

The fight against poverty and social exclusion remains a major challenge for the European Commission and for all EU Member States. Among the seven key policy priorities adopted several are reflected in the aims of ACCESS especially:

- Increasing labour market participation;
- Tackling disadvantages in education and training;
- Eliminating child poverty;
- Improving access to quality services.

Eradicating child poverty remains among the key policy priorities identified in the 2005 Joint Report on social Protection and Social Inclusion. It is said that “*Particular focus is given to early intervention and early education in support of disadvantaged children; and enhancing income support and assistance to families and single parents. Several countries also put increasing emphasis on promoting the rights of the child as a basis for policy development*”.

The 2007 Joint Report on Social Protection and Inclusion highlights that Member States are stepping up their efforts to tackle child poverty, promote ‘active inclusion’ of the most disadvantaged in society and ensure equal access to health and long-term care. The Commission welcomes the progress made but underlines that big challenges remain.

A more thorough examination of the process of poverty and social exclusion among children is a key priority for the EU streamlined Social Protection and Social Inclusion process in 2007. Many EU Member States responded already to the European Council’s appeal (March 2006) for action to counter child poverty.

Various tools and procedures such as the recently established *Task-Force on Child Poverty and Child Well-Being* aim to provide the EU and its Member States a much firmer basis for developing effective policies on the social inclusion and well-being of children. All this work will contribute to the establishment of a baseline on the extent and nature of child poverty and social exclusion in the EU Member States. Indicators and other types of measures can improve the monitoring and assessment of progress made. This can in turn enhance the exchange of learning and good practice between all actors and stakeholders involved.

The 2007 Report also emphasizes that Member States need to back their commitments to reduce child poverty by taking a *multi-dimensional approach*, including improving access to quality education and adequate housing, facilitating parents’ labour market participation, and protecting children’s rights.

Till recently, the EU till hardly operated in the domain of ECEC. It has set the Barcelona targets for childcare only in the context of reaching its objectives for employment and raising the rates of employability. Such targets do encourage a crude and fragmented quantitative approach to service provision for (very) young children. They are all about places to help working parents (e.g. mothers) to enter and to stay on the labour market. But they have still little to say about the overall concept of early childhood service provisions. At

present, however, there is work coming from DG Education and Culture especially focused on pre-primary education (e.g. the EC Communication and Staff Working Paper on “Efficiency and Equity”)⁴.

For EU Member States operating under the logics of different types of welfare states (including different models of care and education) every practice is relevant to consider. There are indeed various ways to develop policies on services for children, parents and families. The choice largely depends on what type of Early Childhood Education and Care system (ECEC) is wanted and what type of rationale is followed. For example, are such services seen as private commodities or public goods? Do public authorities want markets and competition or networks and collaboration? Does a government want to provide for some children (target populations) or provide for all children? ⁵

At this stage, the Maltese government may be at a cross-road to decide under what type of services it wishes to develop for young children and their families. If Malta wants to develop a universal, integrated 0-6 system, in which services are available to all children as a right and providers are either local communities or non-profit organisations, than they can learn most from the politics and practices developed by Sweden or Denmark as examples of a social-democratic welfare state type.

On the other hand, if Malta wants to focus on service provision targeted on the most deprived children then it can certainly learn from the politics and practices developed by the UK government in the previous ten years. It has developed a very extensive planning system to develop such services, but it is based on services for very young children (under 3) being provided mainly by ‘for profit’ providers, within an explicitly market system of a liberal welfare state. Local authorities have responsibilities to ensure there are sufficient childcare ‘places’ through developing an effective market. But places clearly continue to lack in those areas which are non-profitable for private providers.

France provides another model, as it has followed a split system (under 3 in welfare, 3-6 in education). It has used its very extensive family allowance fund (cf. CNAF) as a change driver through a system of contracts with local authorities to stimulate provision. It focuses on services for very young children as it already developed a historical record of the pre-primary school system with almost all children attending it. Belgium shares the latter characteristic with France. As a federal state structure, the linguistic communities are responsible for services for children under 3. These communities contracted this responsibility to an agency that is accountable to, but separate from, government and who stimulates, sets standards and monitors the (universal) spread and the quality of service provision. This led to a considerable expansion of good quality childcare services in the country.

Since November 2002, the Maltese government demonstrates a strong commitment to give the early childhood years the attention and efforts they deserve in the best interest of children and of society as well (e.g. return of investments). In their *National Report on Strategies for Social Protection and Social Inclusion* (2006-2008) Maltese authorities refer to the following number of strengths over the past few years:

- an increased computer literate population with high Internet and mobile telephony penetration. To further foster such growth, a national ICT Strategy 2004-2006 was drawn up and is being implemented;

⁴ <http://ec.europa/education/policies>. See also Eurydice Report “Equity in pre-primary” (forthcoming).

⁵ OECD (2001, 2006). *Starting Strong I - II*. Paris: OECD Education Committee (www.oecd.org/edu)

- an efficient and integrated financial services sector;
- *effective social inclusion policies*; and
- a relative low and stable unemployment rate in the labour market.

The Government also expresses its commitment to *continue to nurture a caring society* where everybody is secured an adequate standard of living and full participation in the social and economic mainstream.

3. The good practice example

3.1. ACCESS in practice

ACCESS was approved by and falls under the Ministry for the Family and Social Solidarity. It is based on a financial project between Appogg, the Employment and Training Corporation (ETC), the Department for the Elderly and Community Services, the Housing Authority and the Ministry for Public Works and Infrastructure.

In 2002, when the centre was established, there were already a number of existing services operating within Cottonera. These included the Department for Social Security Regional Office, the ETC Job Centre and the Community Development Unit all based in Cospicua. The three localities of Cospicua, Senglea and Vittoriosa also had among the highest population density in the southern region with a steadily aging population as most young couples chose not to remain in the locality; the highest levels of unemployment; among the lowest participation rate of women in the workforce, the lowest academic achievement rates and aspirations accompanied by high levels of truancy and absenteeism and one of the highest percentage of residents living in substandard or inadequate housing conditions. It was therefore thought appropriate to pilot the project in this region in an attempt to address complex socio-cultural factors in a community based, holistic, multi-agency, multi-disciplinary and client centred approach. This would hopefully improve accessibility to a number of social services, introduce new and much needed services and develop community initiatives with the aim of empowering those individuals who had the potential to take an active role in bringing about positive change.

As mentioned above, there are five partners within the Cottonera Community Resource Centre

- APPOĠĠ (the Cottonera Community Services and the Smartkids family and childcare centre)
- 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).⁶

Appogg Smartkids Family and Childcare Centre is increasingly recognized as a model of best practice on the island in the care of children aged between 18 months and three years and incorporates the services of a daycare and family support service, catering for the whole family. The Centre is committed to providing quality childcare services in order to support and strengthen the family unit, guided by the underlying

⁶ Also recently incorporated into ACCESS is a Computer Technology Learning Centre subsidised by the Ministry for Information Technology.

principle that the family is the best environment for personal growth. The Centre also provides training programs for parents to enable them to become more empowered individuals as well as better parents. The center offers state of the art child care facilities, drafted to European standards. Fees are assessed according to each family's joint income with around 90% of families falling into the category of non-paying clients, and 10% paying a subsidized fee. Keeping a percentage of fee paying, middle class families also helps to reduce the risk of children attending being stigmatized.

The Centre uses a key-worker system where children are attached to one carer who plans activities and programmes for each child and monitors their progress throughout. The communication works both ways as parents / carers also inform key-workers. Parents / carers also receive support from the Centre coordinator who provides one-to-one consultation sessions when required.

The importance of providing the children with a stimulating environment while at the centre is of primary importance. There is also recognition however, that such an environment needs to be continued in the home. Therefore working with parents to ensure that they understand the importance of the provision of toys and learning materials to the child, stimulation of language, variety of opportunities and stimulation, organization of the physical environment, modeling, and parental responsiveness and acceptance are a main feature of the coordinator's role. This is done through parenting skills seminars, family workshops and individual consultations organized periodically throughout the year.

The Centre welcomes a number of student placements throughout the year, making it possible for the Centre to expand its cohort of children throughout the summer months to include past service users between the ages of 3 and 5 years. The Centre has also worked on developing a language and communication room.

Appogg Cottonera Community Services has been present in Cottonera for over ten years expanding its remit from Cospicua to the Three Cities and Kalkara on joining Access. Its mission is to work closely with the local community in order to facilitate and encourage a process of change within the community through local participation. The life situations of service users present a number of difficulties including substandard housing, unemployment, relationship breakdown, poor health, substance abuse, large family compositions and poor social skills. The nature of cases dealt with vary considerably ranging from adolescents with emotional and behavioral difficulties, children at risk, persons with mental health difficulties, childcare issues, family problems and difficulties associated with ageing. A number of community work projects focus on literacy, employment, leadership skills and informal education among others. The service has also been instrumental in supporting the introduction of Homestart Malta an NGO supporting parents with children under five years of age.

The Employment and Training Corporation Job Centre (ETC) is Malta's Public Employment Service and was set up in 1990. It is one of four regional centres and offers a number of employment services, training and job searching facilities. It comprises a registration area and access to all information required in relation to employment and training opportunities. In addition to these services, available at all Job Centres, the ETC has also been actively engaged in the development of specific projects in partnership with other entities at Access such as the Women in Work project and Project Reach which addresses the issue of school absenteeism. One of the ETC programmes called Job Skills targeting young job seekers was initiated at Access in collaboration with the Appogg Agency Community Worker and later adopted on a national level.

The Department for Social Security Regional Office provides services to the public throughout the whole lifespan and deals with all types of applications for social benefits which an individual might require at some time or other in the life cycle (e.g. Social Assistance, Maternity Benefits, Children's Allowance, the issuing of Social Security numbers, '*Karta Rozz*' for free medicines and requests for subsidies on water and electricity bills). This office also deals with a number of pension schemes including Retirement Pensions, Disability Pensions, Invalidity Pensions, Widow's Pensions as well as foreign pensions. The office has also been involved in the delivery of information sessions to ETC registrants as well as to those participating in the Women in Work project.

The Housing Authority has evolved from one that was office based to one that is more outreach oriented with a community worker being engaged to raise awareness in the community about the various schemes and services offered by the Housing Authority. The Community Worker also assists service users in filling in application forms and supporting individuals and families throughout the process. The Three Cities rank high on the list of localities with sub-standard housing. The majority of houses within the Cottonera Lines are not owned by the residents, often resulting in a lack of maintenance and the need for substantial repairs and alterations.

The Adult Training Centre for Persons with a Disability welcomes around 18 service users with varying intellectual disabilities on a daily basis. The activities offered are designed to encourage and lead service users to manage their lives better. Individual plans therefore play an important role. Social, educational and recreational activities are held regularly throughout each week. Individual and group training is provided on a regular basis increasing each person's independence at home as well as in society. The day care services although remaining secondary also serve as respite and support to the service users' main carers many of them being elderly parents who in their own right necessitate support.

Hereafter, more information is provided on one of the services mentioned above: the Cottonera Community Service. It supports individuals and families on a short term as well as a long term basis through social work intervention as well as through community based projects. Social workers support families of children at risk in order to prevent such children from being taken into care. This could entail working with parents to address issues of neglect, physical or verbal abuse and mental health and referrals to specialized services such as those for addictive behavior or psychiatric services. Social workers also deal with children and adolescents exhibiting emotional and behavioral difficulties. This puts them at an increased risk of unemployment, poverty and social exclusion. Changing life situations such as becoming a parent, marriage breakdown, unemployment or homelessness can have a debilitating effect on individuals and families and intervention at such times can be necessary for those who lack adequate support systems. Social workers also network with other community groups and organizations that can provide support at such times.

ACCESS has developed as well a number of examples for community work:

- '*Progett Taghlim*' aims to increase the academic attainment of children particularly by promoting literacy and numeracy and the value of education. This project utilizes young volunteers between the ages of 16 and 20 who each work with one child once a week, after school hours, assisting with homework.
- *Project Reach* works with those adolescents who are frequently absent from school, therefore more likely to suffer from long term unemployment. By addressing individual, family and school

factors the project hopes to reduce the incidence of absenteeism and to improve the educational and employment prospects of these young people.

- 'Klabb Sajf' (Summer Club) provides a safe environment and informal education activities for children between the ages of 6 and 12. This project provides creative and educational activities for children with the assistance of volunteers from the community on a twice weekly basis. Learning through art and crafts, drama, sport and dance are an integral part of this project which ends with a talent show produced by the children themselves. ABACUS, a group of volunteers from the community put up a number of forum theatre events, held in local primary and secondary schools aiming at enhancing awareness of psycho-social issues such as bullying and relationships among children and parents.

Appogg has worked hard to establish Homestart Malta locally. It recently celebrated its first year of service. The aim is to train volunteers who offer support, friendship and practical assistance to families with at least one child under five years of age under stress in their own homes, helping to prevent family crises and breakdown. Appogg has been instrumental in accessing private funding for this project, setting up the necessary structures, such as a management committee, selecting a coordinator and providing premises for the project.

3.2. Budgets and institutional arrangements

ACCESS falls under the Ministry for the Family and Social Solidarity (MFSS) as do most of the entities which are part of the complex with the exception of the Employment and Training Corporation (the Ministry for Education, Youth and Employment). A Board of Directors, including senior officials from the entities based at ACCESS as well as the Manager, oversees the overall strategy of the complex and its various services and projects and meets every two months. A Management Team comprising the Unit Leaders of the entities at ACCESS meets every two weeks to discuss operations, joint projects, emerging needs, new developments in the community, staff training issues and to update one another on any new initiatives which might be undertaken by each service.

A number of joint projects are organised involving collaboration between two or more different entities at ACCESS as well as other organisations present within the community. The Social Security Regional Office has been most difficult to integrate. It tends to provide only the services delivered in other regional offices around the country and with little involvement in joint projects. This situation improved in recent months with the advent of a new district manager.

Maltese authorities clearly invested into the new programme allocating in 2005 a global budget constituted as follows

(in thousands of Lm) (1Lm = approx. 0.429 €)

APPOGG	Lm 70
Employment and Training Corporation	Lm 20
Housing Authority	Lm 15
Ministry for Public Works and Infrastructure	Lm 45
Dpt. for the Elderly and Community Services	Lm 15
Total	Lm 165

There is no common set of policies and procedures as each entity responds to a parent 'company'. Smartkids, and the Cottonera Community Services which fall under Appogg and the Adult Training Centre for People with a Disability are all agencies within the Foundation for Social Welfare Services and might have policies in common. However, as mentioned above, Access does have a Mission Statement and a Vision which are shared by all entities. With the exception of the Department for Social Security Regional Office, which forms part of the Civil Service, all entities fall under the Public Sector.

Apart from the formal structure of Board of Directors and Management Meetings joint training sessions and team building events serve to facilitate positive working relationships among staff from the various entities. On an informal basis services users are often referred to other services by the service provider which is their first point of contact. This is facilitated by the fact that all entities are based in the same complex. Literature on all services is also available at the reception area for the benefit of staff as well as service users. A number of joint projects are organised involving collaboration between two or more different entities at Access as well as other local or national organisations active within the community. An important aspect of the work of Access is to network with other community groups and this is done through meetings with community leaders such as mayors, parish priests, and NGO representatives where possibilities for co-working are explored. The relationship with Local Councils has improved over the years as trust and respect for each other's work and contribution to the community has developed.

The ACCESS staff varies in skills and qualifications depending on the nature of their work and ranging from low skilled jobs, vocational posts (e.g. gardening, maintenance), administrative posts to professionals (e.g. social workers, youth and community workers). Most staff is either public service or public sector employees. Opportunities for career progression do exist. Most entities offer various training opportunities throughout the year and lifelong learning is encouraged and supported. The contribution of volunteers is valued (often involved in Community Development projects) and training and supervision is generally provided to them. A number of students also carry out placements with Access entities as part of their course requirements.

3.3. Evaluation and monitoring

Monitoring and evaluation of services increasingly becomes a relevant issue for policy makers, management, service providers and users alike. Yet, finding accurate measures and indicators of the effectiveness and efficiency (E&E) of services, not to say of its impact on various actors and stakeholders remains a substantial challenge. It is commonly observed that clear arrangements are mostly lacking for monitoring and assessing the implementation and impact of programmes within EU Member States on an ongoing basis. Overall, it is felt that ACCESS still lacks a comprehensive set of data to thoroughly evaluate *the service delivery of the various entities*.

ACCESS' work programme is outlined in its Operational Plan being drawn up annually. From 2006 on a Business plan covering a 3-year period was also developed. The ACCESS manager is responsible for overseeing its implementation. Till now, two reports on the work carried out at Access were produced: one from the start till December 2003 and one for 2004-2005. Most entities such as Appogg and ETC also produce their own reports which include information on the services based at Access. All these serve to

keep service users informed on the work being carried out and also provide an opportunity for feedback and discussion.

In addition, all services keep various data and statistics that provide information on the uptake of services, keep track of waiting lists and evaluation reports are also drawn up for specific projects (see above). Monthly reports are also submitted by Appogg services which provide information on the uptake of services, waiting lists, case loads, and project implementation among others. Staff appraisals are carried out on an annual basis evaluating performance as well as learning needs and professional development targets for each individual. Staff meetings and supervision help to ensure a high quality output and assist in preventing stress and burnout among employees. Training opportunities for staff also ensure that they continue to upgrade their skills and knowledge and also serve as team building activities which facilitate co-working. Attention is paid to standards of care and these are strictly adhered to in order to ensure quality of service.

A community based initiative such as ACCESS has increased impact and benefit to the localities it services because it has been allowed and often encouraged to be flexible in service planning and delivery wherever possible. A culture of service user involvement is also slowly gaining ground among the Board of Directors and Management Team and while there is some way to go, staff are increasingly conscious of the need to involve service users at various levels of planning, delivery and evaluation of services. Outreach activities are another feature which particularly in community development make it possible for Access projects to target those who are most excluded and who would often not seek help of their own initiative. More human resources are needed in order to reach those most at risk as often these require quite labour intensive methods such as home visits and street work.

Increased efficiency has come about in various ways and in various sectors of operation. The Foundation for Social Welfare Services is responsible for overseeing the Access finances and also provides logistical support in the ordering of stationary and consumables, IT support services, the establishing of maintenance agreements and so on. This has an impact on both cost-effectiveness as well as efficiency as more time is freed up for project management. Housing a number of services under one roof enhances efficiency simply through proximity. It often saves time and resources when referring service users, seeking information or even getting together to plan projects. Being in the community also increases efficiency in that it is easier to identify needs and to be aware of new initiatives or issues that may arise.

It is difficult to gauge the impact that the setting up of Access has had on the local community due to a lack of comprehensive data on all aspects of Access operations. It is, however possible to make some inferences.

It is evident that Smartkids, for example, has made a difference to service users and has a good reputation. Parents often find out about the service by word of mouth. Feedback from parents is very positive and the waiting list also confirms the high demand for the service from both middle class as well as low income families. Attendance for parental skills seminars is also high which is an indicator of the quality of service and its ability to adapt to service users needs as recruiting for such courses is often quite difficult. The involvement of fathers in the service is also an indicator of the impact of the service as traditionally in Malta it is mothers who have tended to take on the caring role. Positive transitions to kindergarten are also an indicator of the positive impact of this service. Smartkids is also acting as a training provider by offering placements to post-secondary students undertaking child-care courses. It has also been involved in the drawing up of quality standards for child care centres. It is still too early to say what difference if any, this

service will have on the educational attainment of the children who attended Smartkids in the future. A tracer study would need to be carried out.

First, we may look into the issue of effectiveness. How to consider ACCESS in being able to bring about the results intended? Needless to say we have to look at the goals and target groups of the policy (sub 1). A number of indicators may be considered

- Outreach activities. Makes it possible (especially in community development) to target the most excluded and who may probably not seek help on their own
- Focused service provision. A regional community project operating within a particular area can better identify the specific characteristics and needs of subgroups of the population for services or other forms of help.
- Community based service provision allows to identify earlier potential needs and service users thus facilitating early intervention or even preventive actions

Second, the issue of efficiency. How to consider ACCESS in being able to perform its tasks and duties in the best possible way? The following indicators may be considered of community based services and service providers

- Facilitate interactions and co-ordination with NGOs as well as with informal support networks;
- Contributes to the development of trust and mutual respect between service providers and their (potential) clients;
- Offering services under one roof saves time and resources;
- As the Foundation for Social Welfare Services oversees the finances and also provide logistic support, IT support services, the establishing of maintenance agreements, this has improved the cost-effectiveness as well as makes more time available for project management.

Finally, the issue of impact is probably the most difficult issue to assess. Again a number of indicators may be considered. The general Manager of ACCESS for example point to the following positive results:

- Feedback from parents is very positive
- a waiting list also confirms the high demand for the service.
- attendance for parental skills seminars is also high
- the involvement of fathers in the service (traditionally Maltese mothers have taken on the caring role)
- Smartkids as a new service offered by ACCESS is also having an impact as a training provider by offering placements to post-secondary students undertaking child-care courses. It has also been involved in the drawing up of quality standards for child care centres. It is still too early to say what difference if any, this service will have on the educational attainment of the children who attended Smartkids in the future. A tracer study would be needed for this.
- It has an impact on children and families. It has implemented a number of projects through community work initiatives targeting literacy and educational attainment. It plays a key role through social work support in reducing the number of children in care as children at risk can be

monitored in the community and intensive work can be carried out with families to change harmful behaviours and improve parenting skills.

- the Reach project has worked with school drop outs and absentees for the past three years and is now showing some success in increased attendance rates and re-integration into school.

Overall, on the basis of the information available at present, the picture seems good. On some issues it may even be considered very good. But about four years of work only allows measuring short-term effects. It remains too early for monitoring medium-term effects and outcomes, not to mention possible 'sleeper' effects. A number of crucial preconditions especially need time to develop (for example, building trust or confidence).

3.4. Future developments

A more focused external evaluation of ACCESS is scheduled for late 2007. Its overall aim is to determine what kind of impact, if any, ACCESS has had on the communities of Cottonera and Kalkara. Such an evaluation will look into the activity rates of the various services, into the extent of service users' involvement and the amount of the users' satisfaction. The evaluation also plans to explore how well the Cottonera community is aware of services offered by ACCESS. Last but not least, such an evaluation will analyse the complementarity of services, the extent of joined up working practices as well as innovative work and projects.

Almost in parallel similar initiatives like ACCESS will be initiated in Valletta, Birkirkara and St Paul's Bay. Those regions have been chosen for their own particular community needs.

From a survey commissioned by the Employment and Training Corporation (ETC), it results that nearly half of the respondents were not aware of what constitutes adequate childcare facilities, while 71% were of the opinion that the general public is not well informed of the benefits of childcare facilities. Minister Cristina (MFSS) made reference to the Smart Kids centre within the ACCESS complex. She explained that the Maltese Government was currently developing a centre built on the Smart Kids model together with the Birkirkara Local Council as the public is genuinely interested in quality childcare and Government, therefore, needs to continue to respond to this interest in an effective manner. "Now that we have found the ground to stand on, we can only move forward. Childcare together with all the measures Government has taken recently in favour of children, from legislation to family-friendly measures announced in the last budget, all go to show that we firmly place our children at the forefront of this country's agenda"⁷

In order for innovations like ACCESS to succeed in other deprived communities in Malta, it is felt worthwhile that authorities and service providers would first consider to what extent three conditions are met simultaneously. For an innovation (ex. new type of service) or a new type of behaviour (ex. using a childcare service) to succeed it is necessary that the citizens are Ready (it must be advantageous to the actors), Willing (it must be culturally legitimate, i.e. ethically or religiously acceptable), and Able (there must be 'technical' means available, i.e. material, legal). The adoption of new behaviours (e.g. the use of a new service, another lifestyle) may imply that the slowest moving condition (of the three) sets the pace of actually observable change. Adopting innovations is often easier for the well-off (cultural and economic elites) and often more difficult for the deprived with few assets or modest amounts of human capital.

⁷ Address held at the Conference on the Quality of Childcare – 27 April 2007

4. Relevance for and transferability to other national contexts

Transferability is thought to be more easy or feasible if policies and programmes have single goals, simple problems, few side-effects, actors with high levels of information and/or outcomes which are easily to predict. As these conditions hardly apply to ACCESS it is consequently considered more difficult to discuss policy transfer. However, as the Maltese government mainly holds a centralised model this represents an interesting experiment of social engineering (i.e. developing appropriate infrastructure, efforts to join up services, the management of various actors and stakeholders) providing worthwhile processes and mechanisms valuable to learn from as well.

ACCESS started operating and was opened to the public in November 2002. It coincided with the Council of Europe Conference “Improving access to Social Rights” where the report⁸ was presented. It was highlighted as an example of good practice in the Maltese NAP/Inclusion 2004-2006 report. ACCESS is the link between the policy and the practical level of combating poverty. By now, the Smart Kids centre within the ACCESS complex is hailed by the Council of Europe as a success story. It can now inspire similar initiatives around Europe.

4.1. Peer countries

Two peer countries – Hungary and the United Kingdom – were foremost requested to share their experiences at the seminar as it was felt that their experiences were particularly relevant to reflect on the work of ACCESS. Both countries had presented their programmes at the Sure Start Peer Review⁹, which was hosted by the United Kingdom in 2006, and the Peer Review meeting in Malta one year later provided an interesting opportunity to get an up-date. While the United Kingdom focused on new developments of the Sure Start programme, Hungary informed the participants of its more recent experience with Children’s Centres (inspired by the Sure Start programmes).

Hungary

Before addressing Sure Start and Children’s Centres, Hungary presented the situation regarding the broader context of child poverty and policies in place to tackle it.

In Hungary, there were 2,2 million dependent children and young adults under 20 years of age in 2005. Roughly 19% live under the poverty line, and about one-third live in households that have less than the amount of the minimum pension to live on. 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.

⁸ Daly, M. (2002), Improving access to social rights. Strasbourg: Council of Europe – See also Munday, B. (2007). Integrated social services in Europe. Strasbourg: Council of Europe Publishing (<http://book.coe.int>).

⁹ see <http://www.peer-review-social-inclusion.net/peer-reviews/2006/sure-start>

The government set out to promote the fight against child poverty through the National Strategy (formerly 'National Programme against Child Poverty') and the 2nd National Development Plan (2007-2013) which 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 has been developed (to be adopted in summer 2007). In addition to the objectives of the National Strategy, the 2nd 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 with compensation, under certain conditions, until the child is 3 years old depending on whether the parent was employed before the birth of the child. Parents of twins are entitled to up to 6 years' leave (children with disabilities 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 public services available for families with young children are the health centres, the childcare centres for children under 3, and the kindergartens for children aged 3-6; the latter providing full-time care and education and four meals per day. Parents pay a modest contribution, but those in need can have the meals provided free of charge. From 1997 on, child welfare services must 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 refer them eventually to specialists and other services. 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 but pinpointed as well some weaknesses. A number of conditions are vital for successfully operating such programmes¹⁰.

Related to evaluation some comments as well can be made. It remains 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. Without registration within the programmes there is no information about the participating families and the results cannot be assessed. Available documentation is often that required by the funders. The best information can be gained from discussions with the professionals

¹⁰ For more details, see *Minutes* of the Peer Review seminar (12-13 June 2007) – Presentation by Marta Korintus

delivering the programme. The benefits of the programme are assessed differently by the different stakeholders. Developing different indicators to measure and evaluate success is an ongoing process in Hungary. A comprehensive monitoring system (based on the SILC data) connected to the National Strategy is currently developed. Meanwhile, data sets from the Central Statistical Office and research results can be used.

As the philosophy and principles of the Hungarian system are similar to those of ACCESS its concept is transferable to Hungary. The essential difference, however, is that most 'basic' services (child welfare, childcare and respite care) in Hungary are provided directly by local authorities while earmarked funding is ensured by the central government. Directly provided services make it easier to help those in need. Local authorities ensure free meals for children from families having more than 3 children, or which are disadvantaged (e.g. receiving child protection benefit).

Most 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. Most of the costs need to be contributed from the local authorities' budgets. The system has built-in preferences for local authority direct provision and the requirement for all services to work together but non-profit and for-profit providers have difficulties in fundraising although they 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?

United Kingdom

The UK presentation was entitled: Community intervention: the example of Sure Start¹¹. In 1997, a new Labour government was elected in the UK. One of the first acts of the Chancellor of the Exchequer 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 in England, which aimed to enhance the functioning of children and families by improving services in deprived areas. Sure Start local programmes (SSLP) were different from other schemes as the service was concentrated on a particular area, but within that area, access to the service is universal mainly 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 evaluation of Sure Start was started. One of the first findings was that it was taking much longer to set up these services (3 years to become fully functional) than had been imagined at first. Economies of scale were 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

¹¹ For more details, see *Minutes* of the Peer Review seminar (12-13 June 2007) – Presentation by Edward Melhuish

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 in 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 and still is not available. The best programmes had good inter-agency collaboration sharing information whereas the programme manager was able to integrate people with different disciplines. Engaging with the community (e.g. 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 SSLP 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 and 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, as well as managing multi-agency teamwork.

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

The evaluation found that one type of service, the "*Children's Centres*", was particularly effective. This led the decision, in 2004, that the existing model of SSLP was to be abolished. Instead, each programme was to become a Children's Centre 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 delivery¹².

Considering the transferability of the ACCESS experiences to the UK, the benefits were emphasised of having children's centres and job centres under the same roof, in order to promote job opportunities for parents. Quality guidelines for childcare have to be established and licensing systems must be in place. ACCESS provides a very good model of a multidimensional approach to child well-being

¹² for the Evaluation Reports of the Sure Start programs, see www.ness.bbk.ac.uk

Cyprus¹³

The primary responsibility for providing social services rests with the Social Welfare services (Ministry of Labor and Social Insurance). Services are offered through the six district offices. Various NGOs and Community Welfare Councils are provided with financial and technical support through the Grants-in-Aid Scheme for the provision at the local level programs and services that are meeting policy objectives.

Rural communities, communities adjacent to the buffer zone and the old city centres of Nicosia and Limassol are areas in Cyprus being particularly marginalized and which could benefit from programs following the model of ACCESS. Because of the multiple social problems experienced by the residents of the latter areas the Ministry of Education and Culture designated them as Educational Priority Zones. The aim is to address inequalities faced by school children through positive discrimination.

In Cyprus, one of the biggest challenges of the welfare system is the lack of systematic monitoring and evaluation procedures to follow up the implementation of policies, the results and the impact of specific policies.

With a notable exception of the implementation of standards on child care by the Social Welfare Services, there is an absence of periodic data collection and clearly defined indicators. In 2006, however, the Social Welfare Services commissioned an evaluation study to analyse the preventive services offered to families.

At present, the most significant debate is how to establish mechanisms for the provision of high quality social services to all vulnerable groups given the many challenges Cyprus is facing today (e.g. immigration, social exclusion and poverty, demographic changes).

From the perspective of Cyprus, some questions related to the work of ACCESS are most relevant. What are successful ways to actively engage the most marginalized and socially excluded citizens? How successful are the parent-to-parent seminars? How to create loyalty to a mission by people working for different agencies with their disparate demands and obligations?

Ireland¹⁴

Under its NAP for Social Inclusion 2007-2016, the Irish Government is committed to a coherent strategy for social inclusion based on the lifecycle approach. A national network of 100 Family Resource Centres (FRC) is a key resource for the progression of a number of themes identified in the Irish NAP inclusion.

The FRC are core funded by the Family Support Agency, operating under the auspices of the Minister for Social and Family Affairs. They work from the principles and practice of community development. The ethos of FRC is a set of beliefs and an approach to strengthening and empowering families and communities so that they can foster the development of children, youth and family members.

The network of FRC has a common electronic reporting tool, giving each FRC the capacity to self-evaluate. As all information is collated into a national programme database, a repository of enormous potential is created to understand the full programme and its impacts.

¹³ See Documents for the Peer Review seminar (12-13 June 2007) – CYPRUS: Spyros Spyrou, pp.43-47

¹⁴ See Documents for the Peer Review seminar (12-13 June 2007) – IRELAND: Richard Hickey, pp.53-59

There are a number of similarities and differences between the ACCESS project and the Irish Family Resource Centres. To focus on a few differences, the latter being:

- less wide ranging in the level and number of services available;
- not brought together in this formal way;
- managed by local voluntary Boards of Management.

The basic 'resource centre' concept has been in place in Ireland for more than a decade. The need for integrated service provision in meeting customer needs is increasingly being focused upon, especially regarding reform of supports to lone parents and low income families. The question of state supports and how they are delivered and perceived in areas of disadvantage is topical. Cohesion of state and voluntary services in such areas is being examined.

From the perspective of Ireland, some questions related to the work of ACCESS are most relevant. As each entity responds to a parent company being an agency in itself, does this raise difficulties if there are different policies and objectives in place in the context of this 'one stop shop' operation? If any, how are these resolved?

What about the speed at which service users can be involved in the management of the project?

Lithuania¹⁵

The Survey on Income and Living Conditions (SILC) showed that in 2005 the at-risk-of-poverty rate was quite high (20.5%). Analyses demonstrated that the youngest age group (under 16) is most of all exposed.

In 2004, the National Programme of Children Day Centres for 2005-2007 was approved. These centres offer training services, preparation for lessons, free-time activities and catering services. Systematic social work is done with parents of the children attending the day centres (e.g. building parental responsibility, assisting in dealing with social problems, training them housekeeping skills) all aimed at eliminating the reasons leading to the need to establish guardianship to their children.

It is felt that the provision of a network of social services for children and families to minimise child poverty and social exclusion is still underdeveloped in Lithuania. Especially preventive measures are not enough implemented in order to keep children within their family.

Lithuania too faces the problem of insufficient statistical information on the services delivered to children and families. This significantly impedes the assessment of the quality and effectiveness of available services and prevents the preconditions for improving the service delivery. It is therefore earmarked as one important task in the Lithuanian NAP for the implementation of the Strategy of the National Policy on the Child Welfare (2005-2012).

¹⁵ See Documents for the Peer Review seminar (12-13 June 2007) – LITHUANIA: Rasa Zabarauskaitė, pp. 61-65

Portugal¹⁶

Initiatives similar to ACCESS are being developed in Portugal.

The Local Social Networks involve partnerships established with citizens, local authorities, de-concentrated public services, social solidarity institutions and other private entities. It is up to these social networks at local level to adjust the national policy measures to local specificities. By 2006, almost all Portuguese municipalities had a Social Network Programme in place at different stages of action planned and involving, on average, 50 to 60 partners.

Local Community Centres, running most of the services and social equipments for children, families and elderly people are run by private solidarity institutions and local development associations and play an important role on the social protection system as well as on the implementation of national social policy measures (e.g. developing local anti-poverty projects). The Ministry for Labour and Social Solidarity sets central standards and funds and monitors the quality of the service provision.

Several obstacles have been identified during the implementation of these territorialized initiatives in Portugal. The development of responses tailored to individual and local needs remains precluded as some professionals and organisations remain reluctant to accept such innovative practices and a culture of information-sharing, or when the implementation of shared information management system remains limited.

Considering the forthcoming external evaluation of ACCESS the interest is to know which development indicators and other monitoring mechanisms will be used to evaluate the effectiveness and efficiency of service provision? Will service users be included in the evaluation process? Who else? How will they be included?

Sweden¹⁷

In Sweden the responsibility for preventing exclusion is very much a matter for the local level. The municipal social welfare committees shall in general prevent exclusion and work actively against the use of alcohol and other addictive substances among children and teenagers. They aim to ensure that children and young people grow up in secure and good conditions. Close co-operation with families is stressed. Sweden has about 100 'one-stop shops' for social welfare services, unemployment issues, social insurance policy and health care.

Comparing the ACCESS project with experiences in Sweden, some similarities are noted such as the close co-operation with parents to ensure children and young people the support and protection they need and new forms of parenting support and training programmes to enable them to become better parents, as well as the 'Family Centres'. The latter are among the most interesting examples of co-operation between municipalities and country councils. They include social services, maternity health care services, child health care services and open preschools 'family centres' mentioned above.

¹⁶ See Documents for the Peer Review seminar (12-13 June 2007) – PORTUGAL: Ana M. Canhao, pp.67-70

¹⁷ See Documents for the Peer Review seminar (12-13 June 2007)– SWEDEN: Leif Klingensjö, pp. 71-74

On the other hand, Sweden has no such clear common policy on the important co-operation between the educational, the social welfare and the labour market system. Sweden is also interested to know how best to provide knowledge and evidence-based work of good quality at municipality level? How can society best prevent the intergenerational transfer of social exclusion?

4.2. European stakeholder organisations

Eurochild¹⁸

The ACCESS project improves the accessibility, especially to the more vulnerable groups, by providing all services in one building. It presents a holistic approach to solving the poverty problem.

Eurochild calls for better monitoring systems to help ensure that services are best adapted to children's needs and provide the best possible outcomes for children. Kids' Count is referred to as a good practice of such data collection. This Dutch research initiative between various national and international children's organisations yearly investigates the situation and well-being of Dutch children and young people.

Eurochild also submits a number of general recommendations:

- The child's best interest needs to be placed at the heart of such Community Services;
- These services need to be free for low-income families, irrespective their employment status;
- Parenting support (based on partnership and empowerment) needs a much greater recognition and investment. It needs to be integrated with early childhood education and care;
- The role and responsibilities of early childhood professionals needs to be much more acknowledged and translated into sufficient levels of training and payment.

Considering the relevance of the ACCESS project some issues are especially emphasised. It is critical that better data collection and good monitoring / evaluation also measure outcomes for children. The training and qualifications as well as career paths for professionals working with under school-age children must receive due attention and investment. Last but not least, Eurochild welcomes the importance given to support parents in their role as principle care givers and educators of their children. This approach risks, however, to focus on perceived deficiencies in parenting and to move towards punitive approaches or making benefits conditional. Eurochild wants policies to focus on empowering and supporting families and first and foremost tackle the root causes of poverty and disadvantage in society.

¹⁸ See Documents for the Peer Review seminar (12-13 June 2007) – EUROCHILD: Karen Del Biondo & Meghaen Anderson, pp.77-87.

European Social Network¹⁹

ESN is the independent network for local and regional social services whose members may also manage health, education, employment and youth services. As a forum for policy and practice exchange and development and for the representation of local and regional social services in Europe, ESN supports the coordination and integration of local services.

The ACCESS model can be seen as part of a broader movement to coordinate or integrate local public services across various areas: to link social with employment services (Netherlands, Norway), social with health services (Italy), social services with education (UK). Working together under one roof should naturally and informally help organisations and service professionals to better understand one another, but it does not guarantee that services will work together effectively and efficiently to help people with multiple problems. Informal feedback from ACCESS users is reported as good on specific services but the participation of service users in the design and delivery of services generally appears to be an area for development.

There also appears to be little formal evaluation of the quality of individual services or accompanying inspection. While the aspiration expressed in the ACCESS vision statement to which all partners signed up is positive, it may be useful to assess to what extent the common vision has been translated into reality. This would help bring out the strengths and weaknesses of the model and help to identify areas for development. Consultation with the in-house service providers, local community and service users would be vital. One potential direction could be to develop single integrated assessments (for people with the most complex needs) of the client as well as for the client to have a case worker (the fewer people the client sees, the easier services are to access).

Given the planned establishment of other similar centres in Malta, there is an opportunity for continuous innovation. The different centres and service managers could be encouraged and supported to establish and maintain contact with each other as a mechanism for professional support. They would then be able to exchange good practice and learnings from projects, discuss shared challenges and potential solutions across the island(s). ACCESS is presently a co-location of services which work together on specific projects. The key question is how the authorities want the ACCESS project to develop further. Here it would be helpful to think about what communities are likely to need in 5-10 years and what services and what types of joint working would be needed to respond to this.

4.3. Peer country discussion of the transferability of ACCESS

The UK had been impressed by the clear advantages offered by the collocation and cooperation of several services in the same place. It is felt that a child health clinic could usefully be added whereas the combined site, joint staff training and shared vision at ACCESS are major assets.

¹⁹ See Documents for the Peer Review seminar (12-13 June 2007) – EUROPEAN SOCIAL NETWORK: Stephen Barnet, pp.89-91

Sweden has been taking a similar approach. It 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.

Ireland, while impressed by the AÇCESS 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 AÇCESS that it would be extremely difficult to get them to agree to be 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 most 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.

For Lithuania, the ACCESS 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. Lithuania also 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 it is felt that bringing them together would help to tackle social disadvantage.

Cyprus had also been impressed by seeing so many services on the same site but wondered what care is provided to 5-to-12-year-olds outside school hours, for example in the afternoon.

Hungary has plans to group public administrative services. Child-related services already cooperate closely. But AÇCESS brings those two categories together, so there is interest 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.

Portugal 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. The presence and involvement of parents in the childcare centre and the functioning of the Employment and Training Corporation (ETC) job centre, like the linkage with the social security office, were also appreciated.

For *Ireland*, having the social security office and the employment support on the same site is the best service that could possibly be given. Attempts have been made to do the same in Ireland over the years, but the two services come under two different ministries with different objectives and often the customer does not seem to be the top priority. 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. Also, the initial registration of job-seekers is the responsibility of the social security department. It was added that the development of IT and eGovernment in Malta is reducing the barriers between different government departments.

Eurochild emphasised the need to start as young as possible in order to prevent the cycle of deprivation. So it 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. It was observed that the work of Smartkids is mainly

in the prevention sector. There is a need to set targets, but the experience of AĊĊESS provides the basis for this. It had been very important to work hands-on first.

Maltese representatives as well drew some points from this peer review exchange. They especially would examine the integration of services for children over the age of 3 within the ACCESS cooperation, to work more towards having a child/family centre as well as to consider bringing in the health services (as in the UK).

What is also needed is a systemic analysis of what the real problems of the area are. It was argued that there should be a research programme which can establish specific numerical targets on the basis of scientific data. But another approach is also possible. AĊĊESS has identified four needs and priorities, and these should be of great help when it comes to evaluating the broader needs of the area. As 60% of the cases seen by AĊĊESS social workers since early 2007 are self-referrals, this can be an indicator that they have been served well and their needs have been met. AĊĊESS is also becoming more proactive as it gets to know people in the area. By now, it has gained sufficient insight to understand the priorities.

5. Conclusions and lessons learnt

Stating the obvious, it is essential to frame the discussion in its proper policy context taking into account the specific economic, historical, political and social characteristics to recognise similarities and differences in each of the participating countries for comparative purposes.

Some features of Maltese society may be especially relevant to keep in mind when trying to understand and review ACCESS: its 'smallness' together with an ethos of centralised welfare service provision, voluntary organisations having a long and valued tradition, the fact that the culture of information sharing is not deep-rooted, and overall a mentality that the political authorities and public services 'must provide' or the more passive attitude to 'receive' as a citizen still prevails in parts of society. All issues cited are challenges that hinder the promotion of effective networking in service delivery.

Major differences between the peer countries as regards size, population density, the school starting age and the structural models of how State services are delivered were pointed at. EU Member States also are at different stages of service provision, including differences in cooperation and integration between services. This issue may be looked at by considering foremost the adequacy, accessibility and affordability. These criteria may apply to a different extent for the various entities and types of services offered by the ACCESS complex. Awareness of the various perspectives of different stakeholders remains essential. Human resources are obviously crucial for good-quality service provision. This triggers various implications in terms of qualifications, training (including in-house) and budgets.

But apart from such differences, most countries face similar issues which need to be tackled. For example, the training of professionals (e.g. social workers) involved in service delivery, both inward and outward migration, or the challenges lone parents face. There was consensus that the community model is the best one to follow. But what population numbers does 'community' represent? For countries having earmarked budgets, they do not have as much flexibility on service provision.

Some peer countries were impressed by the fact that services are open to all avoiding stigma, especially in relation to migrant populations. Providing many different services under one roof also better allows the anonymity of visitors and clients. In this context, participants noted that the organisation of space within the centre does not guarantee the privacy of people applying for social security benefits. The management of ACCESS shares this concern and already examined ways of ensuring greater privacy for these visitors as well.

In terms of replicating ACCESS, the peer country discussion has pointed out that this might be difficult even within Malta. Although it was agreed that a carbon copy transfer would not work, the participants agreed that the main principles established by ACCESS could be adapted to different situations and countries. It is felt most relevant to first identify the priorities of a particular area, and possibly also the boundaries of that local community. Following the assessment of the local needs an action plan should be drawn up, including time scales and making explicit who will deliver the key services in a community resource centre. In terms of implementation, the peer countries also agreed on the importance of providing holistic services for parents and their children.

There is also an issue of scale. ACCESS can be looked at as a stimulating example of social engineering as it established a paradigm shift by developing a different type of service provision. But is what is feasible in Malta necessarily feasible in larger Member States? Hungary and Sweden raised the possibility of using the ACCESS model in their smaller municipalities, where cooperation is barely needed if services are to be provided at all.

Many of the participants stressed the importance of integrated services and the holistic approach of ACCESS. But they were probably not all talking about the same thing. There is a continuum from fragmentation through to integration. Structural integration is about more than joint working. Insufficient public funding is an obvious barrier to a substantial degree of integration. Separate funding might be needed to achieve integrated service provision when the ACCESS constituents are funded by a direct budget line from the agencies or ministries of which they are part.

Most peer countries felt that having the social security office and the employment support on the same site is the best possible service that could be given. Others felt they could take back home the control mechanisms at the ETC. Wherever those two services come under two different ministries with different objectives may impede the implementation of such a good cooperation. It was noted that the development of IT and e Government (in Malta) also helps to reduce the barriers between different government departments.

The need for more emphasis on preventive work rather than waiting for referrals was strongly argued. At the same time, the systematic approach of Smartkids to family issues was noted as a key element in prevention. It allows the involvement of parents and they are the first line of defence in any preventive effort. This brought many participants to stress the importance that good-quality childcare is beneficial for the welfare of children but is also of financial importance to governments. Investment in pre-school facilities does have a long-term economic pay-off.

Research on child development has clearly revealed a multi-layered ecology of influences. Among others, the importance of responsive and stimulating parenting and quality childcare has been confirmed. This also brought to the fore the importance of the multidimensionality of the concept of child well-being. This

supports the plea for taking the perspective of primary prevention by offering a decent minimum of universal support and access to (affordable and good quality) early childhood services combined with appropriate targeted services.

Public authorities therefore also need to set quality guidelines for childcare and licensing systems must be in place. Most importantly, inspections and monitoring must be carried out to ensure that quality levels are reached. ACCESS provides a good model of a multidimensional approach to child-well-being. The addition of (child) health care could make that model complete.

On childcare, it was argued that the Maltese society remains in need of a paradigm shift. At present, the first years are still regarded all too often as a preparation for subsequent education disregarding they are crucial, formative years. Moreover, many EU Member States struggle to solve the problems of lack of staff capacity both in numbers and in adequate training. In the case of Malta, much work remains to be done on the quality of the provision for the 3-5 years old, and on linking it in with the facilities for the 0-3 age group.

The increasing call for evidence-based policies emphasises the need for various types of evaluation. Within the United Kingdom, the National Evaluation of Sure Start programme (NESS) provides a strong example of thorough and extensive evaluation. It documents the importance for public authorities of distinguishing between different aspects of 'success' of new policies or services. The evaluation of the setting up and running of a programme and measuring user-satisfaction provide useful information. But one needs impact evaluation measures to reveal the degree to which the programme produces change that indicates a reduction in social exclusion indices. Finally, cost-benefit evaluation remains very important to appreciate the amount of cost-effectiveness although specific cost data are often not available²⁰.

Nevertheless, in an era of quantification the baseline message of ACCESS is quality. Emphasising a good start for children underlines this aim to provide people with the best possible life. That spirit asks whether rigorous target-setting, monitoring and some types of evaluation can still leave some room for social engineering, innovative thinking and the hope of further development.

The peer reviewers made *a number of suggestions*:

- The establishment of ACCESS was not preceded by a scientific analysis of the needs of the area. As it is functioning at present, it gives more the impression of decentralisation of services but not as one which was specifically designed for the area and of its specific needs. A systematic, regularly updated analysis of the problems of the area could be very useful. On this basis one could consider developing further the preventative work at ACCESS.
- Services can be integrated to a different extent (continuum from fragmentation to full merger or from informal to formal integration). In the case of ACCESS the advantages of further integration could be explored (e.g. a more integrated budget, protocols between services as a way of passing on experience to newcomers, appointing one key person to coordinate services to meet a specific user's needs).
- Having more formal arrangements for involving stakeholders (e.g. client satisfaction questionnaires, involving users in the management board) could be examined.

²⁰ see Comment Paper – United Kingdom (Melhuish, Whitley & Jackson)

- It could be useful to integrate a number of additional services into the centre, e.g. services for children older than 3 and health services (particularly health visitors).
- Although self-reference is in itself a positive outcome, the lack of formal monitoring and evaluation of the project was discussed during the meeting. It was acknowledged that the first full-scale external evaluation of ACCESS is planned by the end of 2007.

Research points to various factors most beneficial for children's development. All personnel (directly) involved with young children could be screened against the following factors and see on which items there remains room for progress.

- Well-trained staff committed to their work with children;
- Facilities that are safe, sanitary and accessible to parents;
- Ratios and group sizes that allow staff to interact appropriately and responsively with children;
- Staff development that ensures continuity, stability and improving quality;
- In-service training beyond formal education;
- Adequate wages so that staff are comfortable in their jobs;
- A developmentally-appropriate curriculum.

Maltese representatives as well drew some points from this peer review exchange. They especially would examine to include services for children over the age of 3 within the ACCESS cooperation, to work more towards having a child/family centre as well as to consider bringing in the health services (as in the UK).

Although we commonly refer to parenting, a major gender bias needs to be acknowledged as the vast majority of care is provided by mothers. In general, it is therefore suggested that the policies, programmes and services also be looked at from a gender perspective apart from class and ethnicity. It can for example be argued that the situation of (poor) single mothers can work as an indicator of the overall situation for women within a certain national context. Which discourses are dominant about the role of fathers? A related issue is the gendered nature of the workforce operating in ACCESS, especially the early childhood services and therefore considering the effects of the feminization of care and education.

Research findings also point to a number of positive principles for programmes of support for parents. It is suggested to reflect on the practices of several entities of ACCESS against each of these principles: a non-judgmental and non-stigmatising orientation, a bottom-up approach, multi-focused and flexible services, inclusive of the experience of minority and ethnic groups.

Historically speaking, parenting programmes have targeted their services for mothers. This was not different for Maltese society. Overall, such programmes for fathers are still in an infancy stage. It therefore remains a tremendous challenge to examine which type of programmes are effective in altering the way fathers approach their parenting roles.

In previous years, a good record of achievement can be looked at. At the same time, much work remains in progress and needs proper time frames enabling all actors to further deliver the goods. Till now, Maltese authorities clearly supported this type of philosophy and practices. As new challenges and aspirations have been added to the (political) agenda it is necessary that medium-term financial sustainability be provided. The obvious need for comprehensive, consistent and continued policies remains. Can the Maltese political and administrative authorities keep up the commitment and investments which have carried the valuable ACCESS initiative till now? Or could efforts even be strengthened at the time of its 5th anniversary?

Appendix

Table 1: Population of Malta, by locality (1931-2005)

	1931	1948	1957	1967	1985	1995	2005
MALTA	241,621	305,991	319,620	314,216	345,418	378,132	404,039
Malta	217,784	278,311	292,019	288,238	319,736	349,106	372,986
Gozo and Comino	23,837	27,680	27,601	25,978	25,682	29,026	31,053
Birgu	6,573	3,816	4,242	4,017	3,572	3,069	2,691
Isla	7,683	2,756	5,065	4,749	4,158	3,528	3,083
Bormla	12,163	4,822	9,095	9,123	7,731	6,085	5,642
Kalkara	1,899	2,068	2,101	1,945	2,086	2,833	2,871
	28,318	13,462	20,503	19,834	17,547	15,515	14,287

Table 2: Population of Malta, by sex and locality (1995-2005)

	1995			2005		
	Males	Females	Total	Males	Females	Total
MALTA	186,836	191,296	378,132	200,715	203,324	404,039
Malta	172,668	176,438	349,106	185,366	187,620	372,986
Gozo and Comino	14,168	1,4858	29,026	15,349	15,704	31,053
Birgu	1,562	1,507	3,069	1,393	1,298	2,691
Isla	1,740	1,788	3,528	1,548	1,535	3,083
Bormla	2,997	3,088	6,085	2,780	2,862	5,642
Kalkara	1,438	1,395	2,833	1,448	1,423	2,871
	7,737	7,778	15,515	7,169	7,118	14,287

Table 3: Population density in Malta (1995-2005)

	1995			2005		Change 1995-005
	Population	Persons per km2	Area (km2)	Population	Persons per km2	
MALTA	378,132	1,200	315.15	404,039	1,282	82
Malta	349,106	1,417	246.49	372,986	1,513	96
Gozo and Comino	29,026	422	68.67	31,053	452	30
Birgu	3,069	5,852	0.52	2,691	5,132	-720
Isla	3,528	22,078	0.16	3,083	19,293	-2,785
Bormla	6,085	7,125	0.91	5,642	6,215	-910
Kalkara	2,833	1,611	1.76	2,871	1,632	21

Table 4: Population in Malta, by age groups and locality (in percentages)
(November 2005)

	0-14	15-24	25-49	50-64	65-79	80+	N= 100% =
MALTA	17.1	14.4	34.5	20.3	10.8	2.9	
Malta	17.0	14.	34.7	20.3	10.7	2.9	100.0
Gozo and Comino	17.4	14.4	32.2	20.0	12.0	4.0	100.0
Birgu	13.0	14.1	29.8	24.2	16.0	2.8	100.0
Isla	14.8	14.0	31.5	22.3	13.7	3.8	100.0
Bormla	17.7	14.7	30.1	20.1	14.0	3.5	100.0
Kalkara	18.3	15.3	35.8	18.6	10.2	1.9	100.0

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