



Follow-up Audits Report 2023

Volume II

Report by the Auditor General
November 2023

Table of Contents

Foreword	5
Guidelines	6
Table of Implementation	7
List of Abbreviations	8
Ministry for Social Policy and Children’s Rights	11
Tackling Child Abuse	12
Ministry for Home Affairs, Security, Reforms and Equality	21
Is LESA suitably geared to perform its traffic enforcement function adequately?	22
Fulfilling obligations in relation to asylum seekers	32
IT Audit - Armed Forces of Malta	47
Ministry for Active Ageing	55
Community Care for Older Persons	56

Foreword

Undoubtedly, the most important aspect of our audit assignments is that ultimately we propose realistic, doable and feasible recommendations which are meant to address any issues or shortcomings identified during our audit work. It is then up to the auditees to take up our recommendations, in as timely a manner as possible, so that government departments and other public entities audited by our teams could provide an enhanced service delivery to our citizens. Moreover, in certain cases, implementation thereof leads to substantial cost savings, this being in line with our primary obligation to provide assurance that taxpayers' monies are utilised in the best manner possible and in line with prevailing rules and regulations.

In this second volume of the NAO Follow-Up Report for this year, our Performance Audit and our IT Audit teams have reviewed and analysed the extent of implementation of our main recommendations as proposed in four and one NAO audit assignments respectively. The original audits have been issued by our Office during the period February 2014 to July 2021.

As usual, the detailed implementation table highlighting the respective rate in respect of each different audit Report selected, is shown immediately after this Foreword.



Charles Deguara
Auditor General

November 2023

GUIDELINES FOR THE CLASSIFICATION OF THE IMPLEMENTATION OF RECOMMENDATIONS FOLLOWED UP BY THE NATIONAL AUDIT OFFICE

RATING	EXPLANATION
Fully Implemented	The action taken met the intent of the recommendation and issues were rectified. Structures and processes were in place to prevent a repetition of shortcomings. Sufficient evidence was provided to demonstrate action taken.
Partly Implemented	<p>This category encompasses one or more of the following considerations:</p> <ul style="list-style-type: none">• Action taken was less extensive than recommended by the National Audit Office. Action either fell short of the intent of the recommendation, or only addressed some of the identified risks and/or issues.• The auditee may have established structures and processes but only within some parts of the organisation, although some achieved results were identified; however, plans exist for the full implementation of the recommendation.• The specific action noted in the recommendation was not complete at the time of the assessment.• The auditee may have commenced action to address a recommendation, but subsequent policy changes may have influenced how it might be implemented.
Significant Progress	The auditee demonstrated that it made all preparations for implementing a recommendation, including a clear path (plan) duly approved at the proper executive level. It also showed that it had a clear timeline for completion and closure of the issue.
Insignificant Progress	<p>This category may include one or more of the following:</p> <ul style="list-style-type: none">• Action to address recommendation was very limited.• No supporting evidence that action has been undertaken.• Albeit unintentional, action taken does not address the recommendation.• Actions such as having meetings, discussions and generating informal plans, should be regarded as insignificant progress.
Not Implemented	<p>No effort was made by the auditee to address the recommendation.</p> <p><i>(This may also include those instances where the auditee did not provide any evidence suggesting efforts to implement the recommendation.)</i></p>
Not Accepted	The auditee did not accept the recommendation in the first instance.

TABLE OF IMPLEMENTATION FOR EACH INDIVIDUAL AUDIT

Title	Developments						Total	Implemented in Full or in Part or Significant Progress
	Fully Implemented	Partly Implemented	Significant Progress	Insignificant Progress	Not Implemented	Not Accepted		
Tackling Child Abuse	2	3	2	2			9	78%
Is LESA suitably geared to perform its traffic enforcement function adequately?	3	2	2	3			10	70%
Fulfilling obligations in relation to asylum seekers	6	4	2	3		1	16	75%
IT Audit- Armed Forces of Malta	8	1		1			10*	90%
Community Care for Older Persons	12	1	6				19	100%
TOTALS	31	11	12	9		1	64	84%

* Excludes No Longer Applicable

List of Abbreviations

A&E	Accident and Emergency
AACC	Active Ageing and Community Care
AED	Automated External Defibrillator
AFM	Armed Forces of Malta
AKL	Assoċjazzjoni Kunsilli Lokali
AMIF	Asylum, Migration and Integration Fund
AMS	Asset Management System
ASD	Asylum Seeker's Document
AWAS	Agency for the Welfare of Asylum Seekers
CBA	Cost-Benefit Analysis
CCF	Corradino Correctional Facility
CCTV	Closed Circuit Television
CH	Children's House
CIS	Communications Information Systems
CMS	Case Management System
CMS	Central Management System
CO	Community Officers
CSS	Child Safety Services
DCPS	Directorate for Child Protection Services
DOC	Department of Contracts
DS	Detention Service
DSA	Detention Service Agency
DSS	Department of Social Security
ESP	Educational Support Practitioner
EU	European Union
EUAA	European Union Agency for Asylum
EUROSUR	European Border Surveillance System
FC	Financial Controller
FITA	Foundation for Information Technology Accessibility
FSWS	Foundation for Social Welfare Services
GDPR	General Data Protection Regulation
GMICT	Government of Malta ICT
GU	Genitourinary
HIRC	Hal Far Initial Reception Centre
ICS	Integrated Communications System
ICT	Information and Communications Technology
IMC	Intra-Ministerial Committee

IMU	Information Management Unit
IOM	International Organisation for Migration
IPA	International Protection Agency
IPAT	International Protection Appeals Tribunal
IT	Information Technology
KPI	Key Performance Indicator
LC	Local Councils
LESA	Local Enforcement System Agency
MAC	Malta Arts Council
MCL	Microwave Carrier Link
MEYR	Ministry for Education, Sport, Youth, Research and Innovation
MHS	Migrant Health Service
MHSR	Ministry for Home Affairs, Security, Reforms and Equality
MITA	Malta Information Technology Agency
MO	Monitoring Officer
MOU	Memorandum of Understanding
NAO	National Audit Office
NASMS	National Asylum Seekers Management
NGO	Non-Governmental Organization
NSSS	National School Support Services
PCRB	Public Contracts Review Board
PDPI	Policy Development and Programme Implementation Directorate
QA	Quality Assurance
RC	Regional Committees
RefCom	Office of the Refugee Commissioner
SLA	Service Level Agreement
SOP	Standard Operating Procedure
SOS	Solidarity Overseas Service
TCNU	Third Country National Unit
TM	Transport Malta
UNHCR	United Nations High Commissioner for Refugees
VTMIS	Vessel Traffic Management and Information System
WAN	Wide Area Network
WSA	Workflow Automated Services

A black and white photograph showing a close-up of a hand holding a child's arm. The hand is positioned on the left, and the child's arm extends towards the right. The background is dark and out of focus. A green rectangular box is overlaid on the left side of the image, containing white text.

Ministry for Social Policy and Children's Rights

Tackling Child Abuse

Tackling Child Abuse

Background

This follow-up audit reports on the progress registered by the Directorate for Child Protection Services (DCPS – previously referred as CPS) and Child Safety Services (CSS) on recommendations made by the National Audit Office (NAO) in its May 2020 Performance Audit: *Tackling Child Abuse*.

The DCPS is a stand-alone entity established under the Foundation for Social Welfare Services (FSWS) and is responsible for investigating reports of child abuse/neglect and taking necessary action to ensure the protection of minors. Since 1st July 2020, DCPS operates under the legal framework of the Minors Protection (Alternative Care) Act, Chapter 602 of the Laws of Malta.

Referrals of child abuse cases are received by the DCPS from various sources, with the CSS, a body within the Ministry for Education, Sport, Youth, Research and Innovation (MEYR), being one of the primary sources of referrals. CSS directly falls under the Education Psycho-Social Services, which in turn falls under the National School Support Services (NSSS). Unlike CPS, CSS does not engage in a forensic process, but rather offers services (including therapeutic ones) catering for the needs of children who are suspected of experiencing abuse. It also CSS liaises with DCPS on suspected cases of child abuse and offers the latter with significant visibility on children attending public schools who may be at risk.

Audit Scope, Objectives and Methodology

The objective of this follow-up review is to determine whether recommendations as set in the 2020 original report were implemented or otherwise by the audited entities and, if in the affirmative, the extent of related implementation. Issues and conclusions presented in this follow-up are based on information received by this Office till end of September 2023. No other issues apart from those reported upon in the 2020 report were considered in this publication.

In order to complete this follow up review, DCPS and CSS were re-forwarded the 2020 recommendations and asked to revert back with feedback on registered progress on each. Following receipt of this feedback and due analysis, semi-structured meetings were held with key officials, intended at providing the audit team with a better understanding of the current situation. Supporting evidence was requested by this Office to substantiate any assertions made by both entities. A site visit to attend a walkthrough of DCPS's information system was also carried out. The recommendations as featured in the 2020 report are reproduced in this publication, accompanied by the developments relating to each issue.

Directorate for Child Protection Services (DCPS)

CPS's and CSS's adherence with the MOU, even if expired, is commended. Drafting and endorsement of new MOU should be expediated.

While NAO once again commends both CPS and CSS on their continued adherence with the MOU even if this is expired, it recommends that the drafting and endorsement of a new MOU is expedited so as to further consolidate this already successful working relationship between these two entities, while also securing the involvement of other stakeholders.

Developments: *Partly Implemented*

While conducting this review NAO observed that, as at time of writing, no new Memorandum Of Understanding (MOU) had been signed between DCPS and CSS since the original report. Notwithstanding, the Directorate highlighted that a broader MOU is being prepared which, together with DCPS and CSS, will also include the Health Department and the Malta Police Force. The Directorate further pointed out that, despite that the drafting of this MOU is not as yet completed, the text which will govern the working relationship between DCPS and CSS is finalised. As a consequence, while this agreement is still to be signed, these two latter entities have already put this agreement into practice, even if informally.

CPS should endeavour to eliminate its human resource shortage entirely after ascertaining that no operational inefficiencies prevail.

Though NAO acknowledges that CPS has been active in mitigating its human resource shortage, it still encourages the Agency to endeavour in eliminating this shortage entirely, particularly in view of the possible contribution it makes to the unit's waiting list. This Office however first suggests that CPS should ensure that no avoidable inefficiencies prevail in its operations and that any opportunities for increased efficiency are taken, therefore ascertaining that the quoted number of vacant positions are actually required. If, following such an exercise, these vacancies are confirmed, NAO encourages CPS to continue its efforts in attracting additional professionals to its ranks,

And

CPS should consider expanding the organisation sustainably if the full implementation of the preceding recommendation proves insufficient.

Should the full implementation of the immediately preceding recommendation still not be sufficient to address the prevailing waiting list, this Office recommends that CPS considers expanding the organisation so that additional social workers and/or supporting grades could be recruited. This Office however emphasises that additional positions should be created sustainably to address demand in the long term and not merely to eliminate the waiting list at any one point in time. This would ensure that engaged resources would not eventually be rendered underutilised, or worst, redundant.

Developments: *Significant Progress*

While reviewing information forwarded by FSWS, the audit team noted that since January 2020, DCPS recruited 35 new employees holding the grade of either Social Worker, Social Support Worker or Student Social Worker. Notwithstanding, during the same period, a total of 29 employees either moved to other services, resigned or retired. In fact, the current DCPS complement amounts to 42, which is identical to that reported in the May 2020 NAO report. In addition, this Office also observed that DCPS vacancies as at time of writing amounted to five, which is two less than that cited in the original report.

During discussions with FSWS, the point emerged that, due to the nature of this profession and the strain it imposes on front liners, the staff turnover in this sector will always be an issue. While NAO acknowledges this challenge, it also positively notes that, in the period between the original report and this follow-up, the Foundation has managed to recruit new personnel in sufficient quantity and in adequate time to replace these leavers.

Notwithstanding, as the number of DCPS vacancies is slightly less than that reported upon in the original audit, rather than more, NAO notes that this contrasts with the fact that, as at beginning of August 2023, the waiting list for referred cases to be assigned to a social worker stood at 357, which is more than double the 138 cited in the original report. After discussing this with FSWS, the audit team was forwarded with information which cited that, even though the number of DCPS employees remained the same, the number of cases being accepted by the Directorate has been on the increase, inferring increased efficiency. Despite this, the increasing number of cases being reported is so significant that this is still inflating DCPS's waiting list. Specifically, FSWS declared that:

- in the year 2021, 749 cases were reported, with 513 being accepted as viable after preliminary assessment;
- in 2022, 889 cases were reported, with 544 being accepted, and;
- in the first half of 2023, 785 cases have been received by the Directorate, with 687 being accepted for follow-up.

DCPS affirmed that it has implemented changes to improve its process efficiency. Amongst others, the Directorate highlighted the initiative of migrating its records unto a digitised system (which will be discussed further in recommendation 2.9.6 below) as well as the adaptation of a new regional system by which cases are more efficiently grouped (by location) and assigned accordingly to respective social workers. These were intended to reduce underutilised time from the ancillary tasks associated with an intervention (such as commuting and administration), therefore allowing employees to be more efficient in their assignments. Despite these streamlining initiatives however, the Directorate nonetheless remarked that the current intake rate is still higher than the closure rate, which situation sustains the prevalence of a waiting list.

FSWS further highlighted that this situation has to be seen in view of the fact that the number of social work graduates per year is very limited. In fact, according to lists published by the University of Malta, only 20 students graduated from the Bachelor of Arts (Hons) in Social Work in 2021, with another 21 students graduating in 2022.

NAO understands that not only is this supply of graduates limited, but that the Foundation needs to compete for their engagement with other entities, both public and private. As a consequence, this Office acknowledges that this situation, coupled with the number of replacements needed to substitute employees who leave the Directorate every year, make it very challenging for the latter to expand to address the increasing number of reported cases as noted above.

The Foundation should persist in its efforts to secure more placements, especially through fostering.

NAO considers of primary importance that there should be sufficient availability of adequate accommodation for children who, for their wellbeing, require a care order. While this Office acknowledges that the sourcing of this resource is a significant challenge, it urges the Foundation to persist in its efforts to acquire more of these placements. Particularly, this Office encourages that this entity leads and expands communication with fostering entities with the aim of achieving more from this placement opportunity. Seeing however that this, though the most favoured option, remains highly up to considerations outside the Foundation's control, NAO urges the latter to weigh all other possibilities to address this issue. These could range from liaising with the Housing Authority to secure any adequate premises which are already available, to considering a capital investment to acquire premises which could be used to accommodate these clients.

Developments: Insignificant Progress

During meetings with DCPS, this Office was informed that the situation with respect to availability of placements for minors who require an alternative place of residence due to severe abuse remains a significant challenge. However, when querying FSWS about the number of minors who, as at time of writing, require alternative residences but are still awaiting placement, the Foundation did not supply NAO with this information, but highlighted that as at June 2023, 506 minors were assigned accordingly. FSWS also pointed out that other legal measures (such as a protection or supervision order) are employed to safeguard, as necessary, minors at risk.

Even though the above situation prevails, the audit team was informed that FSWS is investing in efforts to increase available placements. Specifically, the Foundation highlighted that it has engaged in promotional campaigns to encourage fostering but that these have registered very limited success so far. FSWS also highlighted that the Foundation has acquired a house in which a limited number of minors (generally adolescents) who would be transitioning out of care, can reside semi-independently under the supervision of FSWS carers. Moreover, FSWS also remarked that their main consideration that the family is preserved as much as possible as a unit and this is achieved by working with the family and extended family so as to ensure a safe environment in which the children may grow up. This not only makes financial sense but, above all, it avoids putting the children through the trauma of separation from their family since the lasting, long term negative effects of such a trauma are incalculable.

In order to verify the efforts made by the Foundation to increase placements through these channels, this Office asked for any documentation to substantiate these claims. In reply FSWS sent to NAO a list of promotional initiatives which it took in 2023. While this Office accepts this list as accurate, it must report that only evidence of a "pop-up" advert during the 2023 edition of the Eurovision Song Contest was forwarded by the FSWS.

CPS should fully digitize its records for a more efficient and effective system of retaining its documentation.

While NAO once again positively notes CPS's efforts in retaining clear and complete documentation, it encourages the Agency to expedite the full digitisation of these records for an even more efficient and effective system.

Developments: Fully Implemented

The audit team was informed that, in 2020, DCPS migrated its records fully unto a Central Management System (CMS). Specifically, the Directorate asserted that, over a span of one and a half years, it scanned files pertaining to cases between 2010 and 2020 and uploaded these soft copies unto this system. Thereafter, any new information linked to already existing cases, as well as that related to new case files, is being inputted electronically and directly unto the CMS.

To verify the above assertions, the audit team conducted a visit to DCPS offices and attended a walkthrough of this CMS. A number of case files were observed on this system, with the audit team satisfactorily noting that information was clearly stored, and that records were easily accessible.

Child Safety Services (CSS)

CSS should ensure that it has the necessary resources during the summer period to overcome accessibility challenges their client face.

While NAO once again recognises the somewhat unavoidable difficulties CSS faces during the summer holidays to obtain accessibility to their clients, it still recommends that this entity ensures that it has the necessary human resources deployed to cover this period. Notwithstanding, given the aforementioned challenges in accessibility, CSS is to take care that deployed resources are done so sustainably and that they are not underutilised. This Office however acknowledges that in order for CSS to implement this recommendation, significant HR related challenges would have to be overcome.

Developments: Partly Implemented

During this follow-up's fieldwork CSS informed the audit team that, while guidance teachers already employed with the Department retained the same conditions in their contracts as those seen in the original report (that is, similar to those offered to educators), an Educational Support Practitioner (ESP) was employed on a normal 40-hour schedule in October 2022. Upon further enquiry, CSS highlighted that this officer's role during this past summer mainly consisted in assisting CPS in tracing clients and conducting follow-ups of cases initiated during the previous scholastic year. The audit team was additionally informed that the ESP also intervenes if the need arises at Skola Sajf. CSS further highlighted that a call for applications for the engagement of an additional ESP was issued in August 2023 due to increasing workload. A copy of this call was sent to the audit team for verification purposes.

A revamp of CSS's data-keeping system should be expedited at the earliest opportunity.

NAO strongly urges CSS to revamp its data-keeping system, particularly in terms of connectivity and consistency. This would mitigate prevailing risks of data-loss and inconsistent inputting, while relinquishing guidance teachers from having to physically call at CSS offices to update the central database, thereby possibly increasing the available contact hours with clients.

Developments: *Insignificant Progress*

Through information received by CSS, the audit team observed that the re-vamping of the existing database is to be commissioned to an external party. In this respect, the Department had opted for a negotiated procedure which was however not approved by the Department of Contracts (DOC). The audit team was additionally informed that DOC in turn recommended that this acquisition should be conducted through a call for tenders. When questioned about the progress of this initiative, CSS inferred that the exact amount of funds that would be required for this system had, as at time of writing, not yet been determined and, consequently, this allocation could not be included in the 2024 yearly budget.

CPS should exert the necessary pressure, through appropriate channels, so that any adverse changes expected to materialise through the enactment of Chapter 602 are avoided or mitigated.

NAO considers CPS as the primary stakeholder insofar as tackling child abuse is concerned, and that it is best positioned to form informed opinions on the matter. To this end, it recommends that this entity renews its efforts and, through the appropriate channels, exert the necessary pressure so that what it deems as adverse changes which will be brought about through the enactment of Chapter 602, are avoided or mitigated.

Developments: *Fully Implemented*

During the original report, DCPS had flagged two main perceived challenges which would have to be faced by the Directorate through the enactment of Chapter 602. With respect to the first of these, in 2020 DCPS had expressed concern on the fact that, through the introduction of this new law, a DCPS investigation would have needed to be completed within sixty days, with the Directorate being able to extend this period with an additional thirty days. Chapter 602 as actually enacted however provides for 60 working days (rather than calendar) and provides for a broader extension of another 60 working days rather than 30 calendar days. Specifically, Chapter 602, Article 10, Sub Articles 3 and 4 state:

(3) If the Director (Child Protection) believes that there are sufficient reasons as referred in sub-article (2), he shall proceed to such investigations and evaluations as he considers necessary to determine whether the minor is in need of care and protection, and if he decides that there are no such reasons he shall close the report and provide detailed reasons for his decision.

(4) The Director (Child Protection) shall conclude the investigations and evaluations referred to in sub-article (3) within sixty working days and such period shall start running from the date of the decision of the

Director (Child Protection) that the minor is suffering, or is at risk of suffering, significant harm: Provided that said period may, for good reason and due to the particular circumstances of the case, be extended by the Director, (Child Protection) for an additional period of sixty (60) working days.

DCPS highlighted that, in order to better manage this legal requirement, it has segmented its process into three distinct phases. Specifically, Phase 1 of the process relates to the determination of whether a reported case actually merits DCPS's further attention or otherwise. The audit team therefore notes that this Phase precedes the point in which DCPS decides that the minor is suffering, or is at risk of suffering, significant harm, as cited in sub-article 4 above. Should a case be deemed as requiring further DCPS input, it proceeds to Phase 2, which phase is primarily concerned with investigation and evaluation of the alleged abuse. Referring to Chapter 602, Article 10, Sub Articles 3 and 4 (cited above), the audit team notes that it is this particular phase, in isolation, that is governed by these legal requirements. Phase 3 is then concerned with any subsequent interventions (therapeutic or otherwise) which would be required, on a case-by-case basis, for the benefit of the client.

Apart from confirming the above during discussions with DCPS, the audit team enquired whether this legal requirement is posing material operational challenges on the Directorate. In reply, DCPS confirmed that, generally, the execution of this second phase within the above-mentioned legal parameters is manageable.

The second concern relating to the enactment of Chapter 602 as highlighted in the original report was that, at draft stage, this law proposed that the alleged victim will only be removed from home through a care order after the presiding Magistrate would have heard the arguments of both DCPS's social workers as well as those of the alleged perpetrators. This meant that the Directorate would have had to present its case, and by implication its intention, while the child/ren in question would still be residing at home. This becomes particularly sensitive when it is the parents or guardians themselves who are the suspected source of abuse. However, a review of Chapter 602 as since enacted shows that Article 20 allows for DCPS to move immediately towards the removal of a minor from his/her home without the requirement of any authorisation, should the former be convinced that the concerned individual is either suffering significant harm or when no legal guardian is present to care for the minor. This Article further cites that DCPS is, within forty-eight hours, required to file an application with the duty Magistrate for the provisional validation or revocation of this action. During meetings with the audit team, DCPS stated that this Article has provided a workable solution to the related concern as expressed in the original report.

The implementation of the preceding recommendation needs to be balanced with the need to expedite the enactment of Chapter 602 at the earliest.

While sufficient time should be allowed for the immediately preceding recommendation to be implemented, this has to be balanced with the need to expedite the enactment of Chapter 602. This so that the significant benefits which this new law provides for, not least of which being the legal basis to the Children's House, are reaped at the earliest. Notwithstanding, NAO strongly suggests that CPS ramps up its efforts in leading the necessary negotiations with other involved stakeholders so that any encountered challenges are ironed out before this new law comes into force. This would ensure a smooth transition of operations under a new legal framework to the obvious benefit of CPS's clients.

Developments: Partly Implemented

Note: For clarity's sake, the Children's House as mentioned in this recommendation was, as at time of the original NAO report, the local response to the Barnahus concept, which a 2018 publication by the Council of Europe entitled "Protection of children against sexual exploitation and abuse" defines it as "... a child-friendly, safe environment for children, bringing together relevant services under one roof for the purposes of providing the child a coordinated and effective response and for preventing re-traumatisation during investigation and court proceedings. The central goal is to coordinate the parallel criminal and child welfare investigations. A key role of the service is to help produce valid evidence for judicial proceedings by eliciting the child's disclosure. The child also receives support and assistance, including medical evaluation and treatment and therapeutic evaluation and treatment".

While this Office positively notes that Chapter 602 was enacted in July 2020, that is, shortly after the publication of the original NAO report, it observes that the 2022 legislative changes (specifically Subsidiary Legislation 602.01) provided a more solid legal basis for the Children's House (CH) than the 2020 amendments¹.

When discussing with DCPS about progress on the CH initiative, the latter explained that while negotiations with other involved stakeholders with respect to the CH were not without their challenges, the CH still started operations in 2020. CH has since been used by the Directorate to carry out some core aspects of a child abuse investigation and subsequent proceedings. Amongst others, these premises are being used for forensic interviews (coordinated between the police department and DCPS) as well as a safe and appropriate location from which minors could give their testimonies in judicial proceedings related to the issuance of care orders.

The Directorate however further highlighted that, through the above tasks, the physical premises designated as the CH is being used for the purpose for which it was originally intended only partially. Specifically, the Directorate explained that, since the original NAO report, the approach by which the Barnahus concept is being implemented at a local level has evolved, and rather than limiting its implementation to the physical boundaries of a single premises (CH), this has spilled over to other avenues which are also deemed adequate. DCPS highlighted that the boost of remote virtual communication which came about during the COVID experience, as well as the fact that DCPS offices are also adequately equipped for interventions to be carried out therein, have provided further options (availed of on a case by case basis as practicality and suitability allows) by which the Barnahus concept can be applied in Malta.

Further discussions with DCPS however also showed that, the reduced usage of CH was not all by design, as other factors have affected the way these premises operate. Specifically the Directorate highlighted that interventions by the health department are rarely carried out at CH as, either cases are actually referred to DCPS after significant time had elapsed since the occurrence of alleged incident, rendering a medical intervention no longer required or, in cases in which abuse results in the critical need of a medical intervention, victims would generally first approach the health department and then have their cases referred to DCPS. The audit team was informed that,

¹ The Children's House is intended to provide a child-friendly, safe and calm environment for children victims and, or witnesses of significant harm, as defined in article 9 of Chapter 602, to give their testimony and subsequently receive the necessary support to meet their best interests.

this situation has made it difficult for DCPS to justify the need of on-call medical personnel to physically attend interventions at the CH when needed. Notwithstanding, the Directorate explained that in the eventuality that a medical intervention would still be required, referrals are generally made to the medical doctor who calls at the FSWS's Butterfly Clinic every week. When asked whether this is, in any way inhibiting DCPS's operations, the latter stated that the above explained system has still proved to be a practical and workable solution.

The Directorate also highlighted that while, as already stated, minors testifying in judicial proceedings related to the issuance of care orders are doing so from the CH, witnesses to the related criminal cases are still being asked to testify in the premises of the Courts of Law in Valletta². When asked about whether any reason was provided to DCPS for this practice, the latter replied that it is not aware of any specific reason for this decision. However, DCPS further asserted that it feels that an evident effort is being done by the judiciary presiding over related criminal cases to reduce the need of minors having to physically testify during proceedings. Rather, the Directorate feels that such proceedings are increasingly relying on recordings of forensic interviews (which would have been carried out with DCPS's involvement, possibly at the CH itself).

DCPS further highlighted that some of the resultant excess capacity in the CH is being used for other functions, even if different than those originally planned. Specifically, the Directorate informed the audit team that sessions of the Adoption Board and the Minors Care Review Board are being held at CH, as are the operations relating to DCPS's Courts Services³.

Conclusion

This Office positively notes that four out of the seven recommendations made in the original report have been materially acted upon by DCPS, as is the case with one of the two recommendations put to CSS. While further acknowledging that all recommendations were given due consideration by either entity, NAO still feels that more effort needs to be invested in the implementation of those which implementation has as yet only registered marginal progress. While acknowledging the sensitivity of the issue, this Office is still concerned that FSWS did not provide it with the number of minors currently awaiting placement in alternative residences. This information was pivotal to the audit team to assess the extent of the related problem. The NAO reminds the Foundation of its responsibility to address all requests for information put forth by this Office.

² Minors giving testimony at the Courts of Law in Valletta do not do so in the actual courtroom in close proximity to the alleged perpetrator, but rather virtually while in another room within the building. This practice was observed by the audit team during the fieldwork stage of the original report.

³ The Courts Services falls under DCPS responsibility. In situations deemed appropriate by the Judge of the Family Court, a social worker is appointed to prepare a court report. Following an assessment, the social worker submits recommendations relating to care and custody of minors or on other issues as the Family Court may deem appropriate. In cases of separation, Court Services may be appointed by the Family Court to investigate allegations of abuse of minors.

Ministry for Home Affairs, Security, Reforms and Equality

Is LESA suitably geared to perform its traffic enforcement function adequately?

Fulfilling obligations in relation to asylum seekers

IT Audit - Armed Forces of Malta



Is LESA suitably geared to perform its traffic enforcement function adequately?

Background

The Local Enforcement System Agency (LESA) is an executive agency of the Government of Malta, set up by virtue of L.N. 153 of 2015, under the terms of Section 36 of the Public Administration Act, Cap. 497. The primary role of the Agency is to provide for the enforcement of any law, regulation or by-law, which enforcement function has been delegated to Regional Committees (RC), Local Councils (LC) or to such other local or regional authorities as are designated by the Local Councils Act. Among the most prominent of these regulations are those relating to vehicular traffic, which has an evident and material impact on public order and safety. To this end, in 2021, NAO saw fit to conduct a performance review to determine whether LESA is adequately managed and sufficiently resourced to carry out its mandate. This follow-up audit in turn reports on the progress registered so far by LESA in the implementation of the recommendations put forward in the 2021 NAO report.

Audit Scope, Objectives and Methodology

The objective of this follow-up review is to determine whether recommendations as set in the 2021 original report were implemented or otherwise by the Agency and, if in the affirmative, the extent of related implementation. Issues and conclusions presented in this follow-up are based on information received by this Office till end of July 2023. No other issues apart from those reported upon in the 2021 report were considered in this publication.

In order to complete this follow up review, LESA was re-forwarded the 2021 recommendations and asked to revert back with feedback on registered progress on each. Following receipt of this feedback and due analysis, a semi-structured meeting was held with key LESA officials, intended at providing the audit team with a better understanding of the current situation. Supporting evidence was requested by this Office to substantiate any assertions made by the Agency. The recommendations as featured in the 2021 report are reproduced in this publication, accompanied by the developments relating to each issue.

Implementation of NAO Recommendations

LESA's Financial Considerations.

LESA to petition, through the appropriate channels, for legislation to be amended so that the Agency is allowed to retain a capped contingency fund.

Given the constraints that LESA's financial considerations could pose, this Office is of the opinion that it would only be fair and reasonable that the Agency is allowed to retain a capped contingency fund to finance any major

unexpected expenses, its normal operations during low-revenue periods or significant investment. What could be financed from this fund, should be specifically agreed upon between the Agency and its Ministry and documented accordingly in a memorandum of understanding. NAO does not contend the principle that any remaining surplus could then be re-distributed. To this end, this Office recommends that LESA petitions, through the appropriate channels, for the relevant legislation to be amended accordingly.

Developments: Fully Implemented

During discussions with LESA's management, this Office was informed that this recommendation was implemented through the issue of Legal Notice 184/2023. When reviewing this LN (issued in July 2023), the audit team noted that, among others, this enables the Agency to;

"...establish a fund to be known as the Contingency Fund, with an authorised capital as recommended by the Advisory Board, after taking into account the Agency's commitment and future plans..."

Discussing with LESA whether it feels that this new LN has addressed the Agency's stated concerns about this issue, the latter replied in the affirmative.

LESA to continuously endeavour to clear the uncertainty surrounding some of its financial obligations.

NAO encourages the Agency to continuously endeavour to clear the uncertainty surrounding some of its financial obligations at the earliest. This would allow LESA to finalise the unissued financial statements as well as to address future ones in a timely manner and as required by law. This Office notes that, should LESA be successful in implementing this recommendation together with the one immediately preceding it, the Agency would have no practical reason to withhold funds which it is legally bound to re-distribute.

Developments: Partly Implemented

Apart from the issue outlined in the preceding recommendation, the 2021 NAO report had also observed that, as per LN153/15, the Agency is legally bound to distribute any remaining net surplus between Local Councils (LCs) at the end of every operational year. However, it transpired that the exact process with which the indicated reimbursements towards LCs and Regional Committees¹ (RCs) should be affected was unclear. In addition, it was reported that LESA forwards funds to Assoċjazzjoni Kunsilli Lokali² (AKL) and the Malta Arts Council (MAC), through an agreement dated 29th April 2017. This agreement stated that the Agency was to contribute €1 million per annum in total, with €900,000 being received by the AKL for reinvestment in the development of cultural and artistic projects for the benefits of the community, and the remaining €100,000 paid to MAC for

¹ Regional Committees are responsible for the administration of local tribunal cases for contested contraventions. In addition to the administration and salaries of officials involved in this process, RCs also receive payments (in the name of LESA) for contraventions for which the case has been lost by the alleged offender.

² AKL represents all 68 Local Councils with the aim of protecting and promoting the common interests of said Local Councils as well as offering consultancy services and training on its own initiatives.

the promotion of culture within localities. Having an effective period of three years this agreement expired on the 29th April 2020, which also presented uncertainties in the Agency's financial obligations.

During meetings with the Agency for this follow-up exercise, the audit team was informed that the above issues have since been addressed. Specifically, five MOUs (copies of which were forwarded to NAO for verification purposes) were signed in 2021³, one with each RC, which agreements lay out the process by which the above indicated reimbursements are to be affected. Further forwarded documentation also showed that payments which had been pending due to this issue have since been affected by the Agency in favour of each RC. Furthermore, the Agency also highlighted that an additional agreement was signed (in January 2021) between LESA and the AKL. This new agreement (which has an effective period of three years and renewable upon agreement from both parties) replaced the original one between the Agency, AKL and the MAC, with the MAC no longer benefitting from disbursements in the new agreement.

Notwithstanding the above, NAO noted that between the publication of the original NAO report and time of writing of this follow-up, the pending audited financial statements were still not issued by LESA. When queried on this, the Agency stated that during most of the period between the two NAO reports, it did not have a Financial Controller (FC). LESA however further highlighted that an FC was recently engaged (July 2023) and the intention is that these financial statements will be finalised by mid-2024.

LESA's Enforcement Capacity and Capabilities

LESA to expedite the process of formalising a full set of SOPs for all its operations and comprehensively transmit them to all its officials.

This Office urges LESA to expedite the process of formalising a full set of SOPs for all its operations so that these are better regulated. This Office further points out the importance of these SOPs being adequately and comprehensively transmitted to all LESA officials, particularly its front-liners. Preferably, access to these SOPs should be made available through each CO's hand-held electronic device. In addition, the Agency could consider providing access to both full versions of these documents for full detail, as well as to abridged versions for more practical and immediate reference.

Developments: *Partly Implemented*

NAO positively notes that LESA has invested efforts in drafting and issuing additional SOPs/ policies since the publication of the original report. More specifically, LESA forwarded to NAO 26 official SOPs and three policies during this follow-up exercise. This is a notable increase from the six SOPs (and naught policies) which were forwarded to this Office during the 2021 audit.

³ These MOUs were signed retrospectively and covered the period between 2019-2021. Extensions for each MOU are signed every year to cover the annual disbursements accordingly. NAO is in receipt of copies of the MOU extensions covering the year 2022. Extensions to cover the year 2023 were still not finalised as at time of writing.

Upon reviewing the forwarded SOPs, NAO noted that they are clearly written and sufficiently detailed for the audit team to understand the processes and procedures they governed. However, while these SOPs cover a wide range of LESA's administrative and operational aspects, this Office still observed that certain processes and situations which LESA officials undoubtedly face during their work are not provided for. One such gap relates to the core process in which a CO stops a vehicle to issue a contravention, with no SOP currently in place guiding the respective officer on how to handle an escalating/ed situation. Further gaps noted by the audit team in LESA's SOPs, amongst others include: the use of handheld devices issued by the Agency to its CO's; guidelines determining which situations merit the sounding of LESA vehicle sirens and which do not; correct protocol of collecting and depositing LESA vehicles at the start and end of work shifts respectively; and guiding principles for CO's when conducting patrols. When discussing this issue with the audit team, the Agency highlighted that, while it acknowledges that additional SOPs are needed (even though none were being drafted as at time of writing), the processes and procedures highlighted above are all covered in the COs' induction training course and documented in guidelines which are provided to each officer during this course.

Insofar as access to these SOPs on the ground by COs is concerned, this Office was informed that a summarised version of these was not compiled. LESA officials have access to the full SOPs, but these are not made available on the hand-held devices issued by the Agency due to technical issues. Rather, CO's can access these SOPs (as these are sent by email) and any other relevant communication on their personal mobile devices through data plans paid for by LESA. To verify that such SOPs are indeed sent to COs, LESA forwarded to NAO (by way of a sample) three email trails relating to three individual SOPs which showed their dissemination to concerned officials. The Agency also highlighted that any CO on the ground can communicate instantly with his/her REO in case of any complications he/she might face and ask for guidance. In addition, the audit team was informed that CO's are in contact with, and supported by the Communications Hub within the Agency's control room (which is manned by five officials) during the execution of their duties.

The Agency should substantiate its claims for more COs with a detailed study to determine the optimum number of required COs as well as the most efficient and effective distribution of such officers.

Though NAO does not contend that the Agency may require more COs, it strongly urges the latter to substantiate its claims with a detailed study to determine the optimum number of required COs. In addition, this study could also determine the most efficient and effective distribution of COs across the five regions. This Office feels that, through such an initiative, LESA would be better equipped with the necessary knowledge to mitigate the risk of engaging more personnel than strictly required for it to cover all its areas of responsibilities, thereby preserving value for money.

Developments: Insignificant Progress

LESA informed this Office that it commissioned a study on its staff complement, which study was carried out by a third-party. A report was presented to the Agency once this was completed in October 2021. Upon reviewing a copy of this report however, the audit team observed that the stated objective of this study only partly addresses the related NAO recommendation. Specifically, this study was solely intended to understand the distribution of the Agency's work throughout its regions at that time, and propose the best way to allocate the current complement across the areas concerned⁴. As the NAO recommendation was also concerned with the Agency determining accurately the ideal number of COs it should employ, the audit team enquired with LESA in this respect. In reply the Agency stated that, though HR plans for the recruitment of additional officers are prepared and duly submitted, such a study which accurately determines the ideal CO complement has not as yet been carried out. However, LESA further asserted that the perceived need for additional officers is so great that any further recruitment of a realistic magnitude would surely not exceed it.

LESA to conduct a thorough review to determine what is inhibiting potential new recruits from responding positively to its call for applications and devise a plan on how this situation can be rectified.

Following the preceding recommendation, this Office proposes that the Agency conducts a thorough review to determine what is inhibiting potential new recruits from responding positively to LESA's call for applications. After identifying these issues, LESA is urged to devise a plan of action on how these can be rectified so that the ideal complement of COs is fulfilled in a timely manner.

Developments: Significant Progress

LESA informed the audit team that a new collective agreement was signed with an effective period between January 2021 and end 2025⁵. During meetings with LESA, NAO was informed that, amongst others, this collective agreement was intended to improve COs annual salaries and, by implication, the prospect of generating more interest in any issued calls for applications. A review by the audit team on the financial packages cited in the new collective agreement indeed showed a slight increase in the salaries in question at engagement stage, and prospects for increases after each completed year of service.

Despite this initiative, LESA's Management however asserted that the Agency's attractiveness towards potential recruits was still an issue for certain positions. When querying on what could be causing this, the Agency acknowledged that this is a multi-faceted challenge but that an in-depth study to arrive at dependable conclusions has not been commissioned. LESA however did point out that positions such as those related to traffic management are prone to register much less interest than other, desk-based roles.

⁴ The commissioned study did project an ideal number of CO hours which are required solely for the function of the transport management system. This Office however notes that this projection was a basic one as these hours can be easily determined on the number of requests put forward to the Agency. The proposed number of additional CO hours for this specific function was therefore just a case of applying simple proportion by utilizing the current deployed complement in this area and the number of requests it is managing to address, against the number of actual requests being received.

⁵ This new collective agreement was signed in July 2022, but the salary structure proposed in this agreement was effective as from January 2021. To this end, applicable arrears were paid accordingly.

In order to assess the response of potential recruits to the Agency’s call for applications, the audit team requested data on LESA’s calls for applications from 2021 to time of writing. As Table 1 below shows, calls for full time COs in 2021 and 2022, did generate material interest with 235 applications being received for three separate recruitment drives. However, NAO notes that while this number is positive insofar as expressed interest is concerned, the same cannot be said for the final outcome of these initiatives. Specifically, the audit team noted that, out of the 235 applications received by LESA, only 92 reached the selection stage, with only 38 applicants eventually accepting employment with the Agency. This means that, while interest in the Agency’s call for applications can be considered healthy, only around 16% of applicants were actually engaged as COs. With respect to the recruitment of COs for traffic management duties on a part time basis, registered interest was lower than that for full time COs within the enforcement section, with the Agency receiving only 64 applications for three recruitment drives. Out of these, only 24 proved successful at selection stage, with just 15 applicants accepting employment.

Table 1: Data on calls for applications for COs from 2021 to time of writing

Year	Role/ Position	No. of applicants	No. of ineligible candidates	No. Of withdrawn applicants	No. Of attendees	No. Of absents	No. Of passed candidates	No. Of selected candidates	No. Of selected candidates accepted the role
2021	Community Officers	92	31	6	37	18	31	31	9
2022	Community Officers	77	26	2	45	4	31	31	12
2022	Community Officers	66	20	3	39	4	30	30	17
2022	Community Officers Traffic Management Part time basis	2	0	0	2	0	2	2	0
2022	Community Officers Traffic Management Part time basis	20	4	2	8	6	7	7	4
2023	Community Officers Traffic Management Part time basis	42	24	1	17	0	15	15	11

Is LESA suitably geared to perform its traffic enforcement function adequately?

LESA encouraged to go through with the already planned training programme, and to extend such an initiative to all COs and include new applicable topics where possible.

This Office urges LESA to go through with the already planned training programme, and to extend such an initiative to all COs as well as to include new applicable topics whenever possible. While this Office is convinced that in so doing the Agency would be addressing identified shortcomings in the quality of its staff complement, it also perceives the possibility that some officials will remain unresponsive to this initiative. In such cases, NAO urges LESA to take corrective action as necessary.

Developments: Fully implemented

This Office positively notes that a training programme is in place within LESA, with different courses (including use of AED equipment, first aid, soft skills programme and basic firefighting) being delivered between 2020 and time of writing. This Office has reviewed the attendance for these courses and, in general, these were well attended. Documentation forwarded to this Office also shows that the Agency has a list of training courses planned for its staff up till October 2023.

With respect to resistance to training by COs, LESA stated that some unwillingness will always be registered by a small segment of its workforce. Notwithstanding, the audit team was informed that this situation is being generally managed and it was only on two occasions that the Agency had to resort to disciplinary action for related challenges.

The Agency is advised to invest more effort to comprehensively and systematically monitor its COs' performance.

Complementing the immediately preceding recommendation, NAO also advises the Agency to invest more effort to comprehensively and systematically monitor its COs' performance. NAO noted that this function can be greatly facilitated and enhanced through the use of data within the LES, which would complement a formalised performance monitoring mechanism. It is also suggested that LESA ensures that the necessary skill set required for such analysis is secured.

Developments: Significant Progress

Since the 2021 report, LESA has set up an internal Compliance Unit, in which it deployed a newly recruited Monitoring Officer (MO). During meetings with MO, the audit team was informed that remit of this Unit is to perform checks and draft periodic reports on the performance of COs on the ground through the use of online monitoring tools.

For verification purposes, the audit team attended a walkthrough of these online monitoring tools as operated by the MO. During this session, NAO positively noted that these, amongst others, provide comprehensive live data on the performance and movement of every active CO and LESA vehicle. This data is recorded and retained for immediate access by the MO for 1 month, with older data remaining accessible on request from the system's supplier.

Acknowledging the potential of the vast data that is made available to the Agency through these tools, the audit team enquired on the manner by which this is used by management to monitor CO performance. In reply, LESA asserted that the fact that the Compliance Unit is currently only manned by a single individual, the monitoring of CO performance through these media can neither be done systematically nor on a pro-active basis. Rather, these systems are used to conduct ad hoc checks as deemed necessary.

LESA to commission studies through which it can accurately determine how many CCTV and speed cameras it requires and where should these be deployed.

NAO urges the Agency to commission studies through which it can accurately determine how many CCTV and speed cameras (both fixed and hand-held) it requires, and where should these be deployed, so that it achieves adequate coverage on these fronts. Once this is established, LESA should expedite the process by which these additionally needed cameras are installed and made operational (as discussed in Chapter 4).

Developments: Insignificant Progress

From information forwarded to NAO by LESA, it could be observed that since the publication of the 2021 report, the number of CCTVs in Malta and Gozo increased almost four-fold. Specifically, while in 2021 there were 103 such cameras to monitor for traffic infringements and littering, data provided by the Agency as at time of writing states that there are currently 382 CCTV cameras for the same purpose.

Further review on this however showed that the absolute majority of these cameras are set up in locations in such a manner that their primary intention is to monitor against littering. In fact, 323 of the 382 cameras are intended for this purpose, with only the remaining 59 being utilised for traffic monitoring and related enforcement.

In view of the above, the audit team enquired with LESA on whether its recommendation was followed for a study to be carried out to identify the required number of CCTV cameras as well as the areas in which these are needed to detect traffic related infringements. In reply, the Agency stated that such a study was not carried out as it has taken a decision not to install new CCTVs out of its own initiative, but only to do so following requests, discussions and close collaboration with Local Councils. Specifically, LESA noted that enforcement relating to traffic contraventions needs to be approached through a delicate balance. While on the one hand, the Agency needs to ensure that it remains an effective enforcer, on the other it needs to appreciate the significant challenges posed on motorists by the limitations in the local road infrastructure, especially in view of the population density and the relatively high number of vehicles-per-capita. This balance, LESA asserted, should be particularly sought in areas which feature heavy commercial activity. In view of the above, while the Agency stated that it would be better off installing more CCTVs throughout the country (as these would undoubtedly yield additional revenue through more detection of infringements), it is only deploying such assets after being requested to do so by Local Councils, deeming these as the best positioned to distinguish between areas which are truly problematic and others which can do without such monitoring.

With respect to speed cameras, NAO noted that since its original audit, these have only increased by two, that is from 21 to 23. Enquiring once again whether a study was carried out in this respect, LESA highlighted that it does not carry out such analysis as the locations in need of fixed speed cameras are determined by Transport Malta (TM). It further pointed out that once such a location is determined, TM directs the Agency to proceed with the equipment's instalment and commissioning. During discussions with LESA, the audit team was also informed that the introduction of handheld speed cameras proved a problematic process. More specifically, LESA highlighted that while one speed gun had been procured in 2020, its certification proved challenging, and it is only recently that this has been finalised. Shortly before this report was published, these speed guns have entered service and it is the Agency's intention to procure an additional three of such equipment in the near future.

This Office here also makes reference to the unacceptable situation which it identified in its 2021 report, regarding the complete lack of cameras (CCTV as well as speed cameras) in Gozo. Following up on this identified shortcoming, the audit team observed that, as at time of writing of this follow-up, the situation has remained largely the same. Specifically, information received from LESA shows that no speed cameras are in use in this region, and that only one CCTV has been installed to monitor traffic related infringements⁶.

Securing the provision of CCTV and Speed Camera services

LESA urged to follow through with the scenario recommended in the commissioned CBA in a timely manner.

This Office once again notes that the CBA has concluded that a different scenario to what is currently in place would prove to return better value for money with respect to the provision, maintenance and operation of CCTV and speed cameras. In view of this, NAO urges LESA to follow through with the recommended scenario in a timely manner so that the intended benefits are reaped at the earliest.

Developments: Insignificant Progress

The CBA in question had concluded that the agency should issue a tender for the supply and maintenance of new cameras, but that LESA should operate this equipment itself. During this follow-up review, the Agency explained that, with respect to CCTVS, this recommendation was taken onboard and shortly after the publication of the 2021 NAO report started discussion with a third-party so that the CBA outcome could be materialised. The audit team was however informed that continued relations with this entity did not prove workable, halting further progress.

LESA further highlighted that, following the above, it started negotiations with TM, the Malta Police Force and MHSR to establish an understanding on resource sharing and enhanced cooperation between these entities, which includes the ownership and management of CCTVs. The audit team was however informed that, as at time of writing, these discussions are still underway and as yet no clear way forward has been determined.

⁶ 19 other CCTV cameras were installed in Gozo since the original report for monitoring against littering.

Insofar as speed cameras are concerned, the assertion made in point 4.1.6 of the original report refers, specifically that these were a much more complicated area and, as a consequence, it had been put on hold. During this follow up report it was reconfirmed that the management of these cameras has remained unchanged.

LESA to take note of shortcomings in the current extension contract and ensure that any upcoming agreements would better safeguard Government's interest.

In acting on the preceding recommendations, NAO also urges the Agency to take due note of the identified and presented shortcomings in the extension contract currently in vigore and take corrective action accordingly so that at any upcoming agreements would better safeguard Government's interests.

Developments: Fully Implemented

This office was forwarded a copy of the contract LESA has entered in 2022 for the provision and maintenance of CCTV and speed cameras, which contract superseded the one reviewed in the 2021 report. From a cursory review performed by the audit team on this new contract, it was positively noted that the Agency had once again followed the good practices identified in the previous agreement, and rectified the shortcomings related to the identification of key experts, as well as clauses on variations and transition agreements.

Conclusion

Out of the ten recommendations presented in the 2021 NAO report, the Agency managed to fully implement three and register progress, to varying extents, in another four, with the remaining three proposed recommendations only seeing insignificant progress. In this Office's opinion, while additional work needs to be invested by LESA to fully implement all of these, this follow-up audit showed that the latter's intention towards the material improvement of the Agency is clear and resolute. To this end, NAO urges LESA's management to persist in its efforts in bettering the Agency so that it may become a more efficient and effective enforcer.

Fulfilling obligations in relation to asylum seekers

Background

This follow-up audit aimed to report on the progress registered since July 2021, which marks the publication of the performance audit report: 'Fulfilling obligations in relation to asylum seekers'. Issues and conclusions presented in this follow-up audit reflect the information made available to the National Audit Office (NAO) as at end August 2023.

The asylum process comprises various interdependent stages. Different government entities are responsible for and influence the stay of the asylum seekers and irregular migrants from their arrival in Malta until their integration or their departure from Malta. Delays in one phase of the process invariably, and with immediate effect, impacts the legal, administrative, and operational aspects of the others. This in turn leads to humanitarian and socio-economic effects and places further stress on national resources and the asylum seeker.

The NAO's 2021 report raised the following points:

- The strategic framework in relation to the reception, detention and accommodation of international protection seekers and irregular migrants was not deemed comprehensive and detailed enough to determine resources required.
- The detention period of asylum seekers was rendered more taxing as the detention centre was overcrowded and poorly maintained as well as subject to significant staff shortages, lack of Information Technology (IT) systems and record-keeping weaknesses.
- Open centres run by the Agency for the Welfare of Asylum Seekers (AWAS) were operating at, or close to, capacity. These were generally characterised by over-crowding and required more administrative and professional staff to provide the desired level of service to the asylum seekers.
- 2019 proved to be a difficult year for the Office of the Refugee Commissioner (RefCom) as it had to deal with an abnormal number of applications despite shortage of staff to process applications from 2019 and previous years, resulting in 3,574 applications outstanding at end of 2019.
- Most of the Refugee Appeals Board's members lacked adequate legal background and experience in asylum matters.

The performance audit acknowledged the extensive practical difficulties faced by the entities concerned. In most instances, asylum applicants do not have any personal documentation, which can confirm their identity

or nationality. Issues of public health and security also remain a top priority for these entities. Moreover, matters pertaining to returns are severely hampered through the absence of national diplomatic missions in Third Countries or the non-cooperation of these states – where in cases this stretches to the point that despite the conclusive evidence, they are not willing to repatriate the persons involved. At the same time, this Office acknowledges the recent significant breakthroughs that the national authorities have made in the returns of those irregular migrants whose application for asylum has been rejected.

Audit Scope and Methodology

In view of the findings and conclusions emanating from the 2021 performance audit report, the NAO had proposed a number of recommendations, the implementation of which is the primary focus of this follow-up audit. For the purpose of this follow-up study, the NAO retained the same objectives of the 2021 Report, which sought to determine the degree to which:

- a. the strategies, policies and plans in place are comprehensive and updated in relation to all aspects of the asylum process;
- b. the main processes, such as reception, detention, accommodation at open centres, as well as processes within the remit of the former Commissioner for Refugees and the Refugee Appeals Board were executed without delay, fairly and effectively; and
- c. resources and mechanisms in place enable effective operations and monitoring of the services provided by the entities involved in the asylum process.

The ensuing text also classifies implementation progress in one of the following seven self-explanatory categories, namely: fully implemented, partly implemented, significant progress, insignificant progress, not implemented, not accepted and no longer applicable, in view of the 16 recommendations.

General Processes

The Ministry for Home Affairs, Security, Reforms and Equality is encouraged to establish a working group that oversees the whole asylum process.

The Ministry for Home Affairs, Security, Reforms and Equality (MHSR) is encouraged to establish a working group or committee that oversees the whole asylum process managed by the different entities in order to make the asylum processes as seamless and efficient as possible, minimising unnecessary delays. Towards this aim, periodical review and enhancements of business processes employed towards increased outcomes and output levels should be resorted to by MHSR.

Developments: Insignificant Progress

Meetings between asylum and migration stakeholders within MHSR took place twice, in January 2021 and January 2022 with members from the Returns Unit, the Immigration Police, the Detention Service Agency (DSA), the International Protection Agency (IPA), the Policy Development and Programme Implementation Directorate (PDPI) and the Agency for the Welfare of Asylum Seekers (AWAS). Basing itself on the experiences gained through these two former meetings, the Ministry for Home Affairs, Security, Reforms and Equality (MHSR) is now establishing an Intra-Ministerial Committee (IMC) in a more formal manner to map out the current bottlenecks and shortcomings in the entire migration process and take the necessary remedial action. Implementation of decisions taken by the IMC shall be carried out by the respective entities.

Within MHSR, a Migration Directorate was established in June 2022 with the aim of achieving closer coordination and synergy amongst migration stakeholders as well as enhancement of existing processes. One of the roles of the Migration Directorate is to establish and coordinate the work of this Intra-Ministerial Committee on Migration Matters.

The NAO deems that not sufficient progress was made in view that:

- the Working Group met only twice;
- it is not clear what the outputs and outcomes of the IMC were and whether other IMC will be taking place; and
- the way forward or improvements were not clearly mapped out and there were or are no periodic or business processes reviews.

SOPs and written procedures should guide the operations of each entity.

Each entity should ensure that its operations are governed by clear Standard Operating Procedures (SOPs) and written procedures.

Developments: Fully Implemented

SOPs used by AWAS and IPA have been duly drawn up with assistance and expertise from the European Union Agency for Asylum (EUAA). As part of its effort to increase accountability and consistency in its internal procedures, the Detention Services (DS) has introduced a set of standard operating procedures which regulate a wide range of procedures, such as the admission of detainees, the use of force, visits by third parties, prevention against transmission of communicable diseases and the complaint system.

MHSR contended that SOPs were liable to changes as and when deemed fit.

MHSR is to embark on a robust and efficient monitoring set-up for all services.

MHSR is to embark on a robust monitoring set-up for all services to ensure that delays are kept to a minimum and interventions or services are delivered in a timely and efficient manner. Monitoring is to consider full traceability of interventions or services provided.

Developments: *Partly Implemented*

The Migration Directorate took over a monitoring exercise previously piloted by the Returns Unit since 2021, to monitor the efficiency of the asylum process so as to limit delays. The Ministry keeps track of all migrants who arrive in Malta irregularly by sea and follows all their stages through the asylum system. Through this exercise, the Directorate can flag delays and informs the responsible entities for the necessary remedial action. The monitoring function is at its initial stages and will be periodically reviewed and, if required, adapted, to take on board any developments taking place.

Returns are only possible if all asylum stages are exhausted. Despite the new monitoring exercise, MHSR is not in a position to completely avoid delays and ensure full traceability of interventions or services provided as procedures and returns are dependent on issues beyond the Ministry's control.

MHSR claims that numerous tasks, which were previously either uncoordinated or carried out in isolation, have been monitored closely and improved on, resulting in improved efficiency and less delays as attested by the increased number of returns in 2021, 2022 and 2023 to date, improvement in communication, coordination and collaboration between the different related stakeholders.

The NAO understands that this system is still in initial stages. Consequently, this system will be the subject of a full NAO review in due course to ascertain its efficacy.

The National Asylum Seekers Management System (NASMS) information system should be more comprehensive and efficient.

The National Asylum Seekers Management System (NASMS) information system should be more comprehensive and facilitate tracking of information related to the asylum seekers and irregular migrants' stay in Malta. Any unnecessary steps through the Third Country National Unit (TCNU) should be avoided and onus put on entities to control information from their end.

Developments: *Partly Implemented*

The Migration Directorate has embarked on an exercise to evaluate the efficiency of the NASMS with the aim of securing the best digital solution for the national migration management system.

MHSR have informed NAO that discussions are ongoing between the various stakeholders and the system administrator in order to carry out necessary changes and enhancements they wish to implement. Furthermore,

MHSR are claiming that 607 changes were carried out during the period 2021-2022. Throughout this exercise, MHSR has also considered the feasibility of a new digital system, which would take years to develop and could cost over €1 million.

The exercise to evaluate the efficiency of the NASMS, has been completed and the Directorate is, currently, in the process of presenting its findings to the Ministry's Senior Management including (but not limited to) the Permanent Secretary. A decision has yet to be taken on whether to proceed with the present system or replace it.

MHSR is encouraged to draft and adhere to a revised and comprehensive expanded national strategy.

MHSR is encouraged to draft and adhere to a revised and comprehensive expanded national strategy that is supported by detailed action plans that are updated periodically and according to need.

Developments: Insignificant Progress

A strategy, with an envisaged timeframe for finalisation of Q4 2024, will be drawn up to take on board strategic shifts in asylum management. This is within the context whereby MHSR has, since 2020, embarked on a more comprehensive national migration strategy underpinned by five pillars:

- Prevention of and fight against irregular migration, migrant smuggling, and trafficking in human beings.
- Protection to asylum seekers who are genuinely in need of international protection.
- Returns, readmission, and reintegration.
- Improved Reception Conditions.
- Legal migration and mobility.

The Ministry believes that the efficiency and quality of the asylum process highly affects the rest of the asylum and migration process, including the applicant's eligibility for material or financial reception conditions as well as the prospects for relocation or return.

On an operational level, as part of its commitment towards a robust asylum system, the Ministry for Home Affairs, Security, Reforms and Equality (MHSR) has taken measures to improve the:

- efficiency of the asylum process,
- conditions within closed and open migrants' reception facilities, and
- the relocation and repatriation of asylum seekers.

The Ministry also maintains a contingency plan which involves different actions and tasks which may be required to respond to different crises caused by a sudden influx of irregular migrants.

Relocation and Repatriation

Broaden discussions to ensure that the disproportionate effect of irregular migration on Malta's socio-economic fabric, is better understood by stakeholders.

Recent efforts with European Union (EU) Member States and Third Countries, which led to positive outcomes, are to be continued. To this end, consideration is to be given to further broaden discussions to ensure that Malta's case, as the smallest EU Member State, and the disproportionate effect of irregular migration on its socio-economic fabric, is better understood by stakeholders and contributes to deliberations and action leading to a fair and practical burden-sharing agreement.

Developments: Significant Progress

MHSR continued making a strong case for solidarity with Member States at the external border through a mandatory and predictable relocation mechanism and in supporting the EU's efforts in return and readmission where it is in the national interest.

As an example of action being taken, reference is made to recently organized (4 March 2023) MED5 summit in Malta between five countries which share the same realities and challenges when it comes to migration and asylum: Malta, Greece, Italy, Spain, and Cyprus.

In June 2022, following lengthy discussions on the EU's New Pact on Migration and Asylum, a temporary and voluntary solidarity mechanism was established amongst willing Member States for a period of one year. The mechanism provides for relocation and financial assistance on a voluntary basis to Cyprus, Greece, Italy, Malta and Spain, as the Mediterranean countries situated on the EU's Southern external borders that are mostly impacted by irregular migration towards the Union. It is also the first step towards the establishment of a permanent legislative instrument which provides for relocation among Member States of the EU. Malta will continue to make a strong case for permanent and mandatory solidarity, notably in the form of relocation.

The Maltese authorities managed to relocate 1,143 migrants between 2019 and 2021. Progress on the return of failed asylum seekers has also been registered since January 2021, with a record number of irregular migrants returned in 2021 and 2023 to date. Improvements have been registered as a result of:

- the increased collaboration between the Police Immigration Section and the newly set-up Returns Unit within MHSR, and
- increased outreach to several countries of origin who are considered as priority countries.

In January 2021, a Returns Unit was set up with the aim of stepping up the Government's efforts in the return of failed asylum seekers, both forced and voluntary returns. Indeed, the Returns Unit introduced a system of return counselling, organises return outreach in reception centres and in the community, disseminates informational material on return opportunities, monitors and implements programmes on voluntary return and acts as a national focal point on return issues in relation to relevant stakeholders, including the International Organisation for Migration (IOM).

The Detention Process

Legal and strategic provisions related to the detention process should be acted upon through funding and support from MHSR.

The Detention Services (DS) and the concerned entities involved in the detention process need to ensure that the provisions set within the legislation and the strategic framework are indeed achievable and are acted upon through the required funding and support from MHSR.

Developments: Partly Implemented

In 2020, the Detention Service embarked on a transformation strategy aiming at reaching a balance between security and welfare. Financial support by MHSR has drastically increased with a budget of around €45.9 million secured between 2019 and 2022.

In February 2023, the Detention Service became an Agency with a significant recruitment drive; over hundred Detention Service Officers recruited. New recruits, as well as veteran officers, are being provided with mandatory training on topics such as international protection, cultural barriers, mental health, restraint, and identification of drug or substance abuse among others. MHSR is now supporting the Detention Services Agency (DSA) in the negotiation of its first Collective Agreement.

NAO notes the allocation of budget as well as the finalised and pending recruitment. While MHSR have pointed out that the DSA and concerned entities operate in line with existing provisions and the notable progress has been achieved in terms of security and welfare, the Monitoring Board reports are still raising certain concerns in relation to shortcomings during detention.

These issues remain outstanding since DSA contends that certain recommendations from the monitoring board come with significant security risks and are not governed by legislation. Whilst the DSA strives to continue to improve the living conditions and decrease the carceral environment, it also strives to keep up with the security measures that are in place to safeguard the wellbeing of detainees and staff members alike.

Through better coordination with other involved entities, the Detention Services ensure that the care and services of asylum seekers improves.

DS should not be reactive in their involvement during the stay of the asylum seekers within their care. Hence, this Office recommends better coordination with the other entities involved to ensure that they are actively aware of the history of the asylum seekers within their care and facilitate the services, care and contact with relatives, acquaintances or legal aid required.

Developments: Significant Progress

Despite this level of progress in the provision of services mainly related to healthcare, legal aid and communication, the NAO notes that the situation whereby DS is proactively guiding the detainees towards the care and services they might require is still not evident. To date, a situation where the onus for the procurement of services is totally with the detainees. The main contention of this relates to language and cultural barriers as well as lack of familiarity with services availability and procedures for accessing them. Nonetheless, the NAO notes the following progress since the publication of the original audit report in 2021.

In 2020, DS embarked on a transformation meant to reach a balance between security and welfare. Within the first 24 hours of arrival at a Detention Centre, detainees are assisted in contacting their relatives and informing them about their location. They are provided with a telephone voucher, which they can use to communicate with others, at their own discretion. Furthermore, DS now has a log on the status of each and every person under its responsibility through a database set up in Q1 2023, which is updated as necessary.

In 2022, a service of legal advice by MHSR started with the United Nations High Commissioner for Refugees (UNHCR), legal professionals and other migration agencies conducting regular visits and disseminating information about the asylum process and rights pertaining to migrants. Additionally, a system of return counselling is available on a regular basis with information provided on return opportunities including pre-departure, in transit and post arrival in cash and in-kind assistance.

The Migrant Health Service (MHS) was officially launched in February 2021. The medical services of a doctor are available daily together with a round-the-clock presence of nurses. A welfare officer specialising in mental health and a general practitioner focusing entirely on the Migrant Health Service joined DS in 2020. A Genitourinary (GU) Clinic was set up in DS in 2022 and a weekly psychiatric clinic was similarly opened.

A charge nurse responsible for the welfare and mental health of the clients was employed within the DSA in Q4 2021, as the main liaison between the agency and other entities including AWAS, IPA, Immigration Police, UNHCR and other NGOs. The lead doctor of the MHS is a senior General Practitioner loaned to the DS from the Primary Healthcare Department. This has also provided the opportunity to have access to all health portals and apart from having medical records printed in the physical file, each entry is also inputted in an online database belonging to the Health Department.

In 2021, a screening exercise was carried out for ophthalmic issues between May and September. An ophthalmic specialist set-up a weekly clinic and offered a service to detainees who expressed interest in having their eyes checked. In 2022 there were 13 referrals to the Ophthalmic Outpatients and seven referrals in 2023. All bloodwork is being done by the in-house nursing team, while treatment that is not in the national formulary and is needed by detainees is procured by DS. The same applies to spectacles.

The Migrant Health Service has led to a 90 per cent decrease in referrals to local health and an 80 per cent decrease of referrals to the Accident and Emergency (A&E) Department and Mount Carmel Hospital between 2020 and 2022. This has resulted in a calmer and more trauma-informed environment as the number of arguments between persons from different cultural backgrounds has decreased drastically.

Throughout the years, DS has strived to provide leisure activities including the frequent distribution of board games, books and playing cards. In 2022, a program in collaboration with the Malta Football Association for all Detainees was launched through which all detainees were given the opportunity to train with professional coaches.

The Detention Services should ensure that living quarters and conditions provide the required levels and that deficiencies identified by the Monitoring Board and stakeholders are addressed.

DS should ensure that living quarters and conditions provide the required levels and that deficiencies identified by the Monitoring Board, the Non-Governmental Organisations (NGOs) and by European and international stakeholders are, as far as possible, rectified.

Developments: *Partly Implemented*

In 2021, the Detention Service embarked on a large-scale refurbishment process of all its compounds. Works started in Block B where a total overhaul of the building was completed. Works consisted of the splitting up of a large dormitory into two separate dormitories, construction of new ancillary facilities, installation, and commissioning of a new closed circuit television (CCTV) system, installation of a vandal proof electrical and ventilation system, upgrade to the plumbing system and other upgrading works. With these works, the number of ancillary facilities were doubled. A service corridor was created in the middle of the building to facilitate communication between the staff and detainees. In Hal Far Initial Reception Centre (HIRC), new ancillary facilities were built in Zone A and C to replace the old ones and a meeting room was also created to facilitate visits. These works were coupled with the repainting of the whole zone.

A closed monitoring unit was built to accommodate high risk individuals. This is a smaller setting and the staff to detainee ratio is 1:2. This area is also equipped with a CCTV system and each room has its own ancillary facility.

A new block was built and opened in 2021, Block F, adjacent to Block A. This area is totally new, with new ancillary facilities and open areas. Block C was fully refurbished. It was repainted and restructured to create a larger living space and a place where the clients can watch TV, play games and pray. A CCTV System was also installed in this building.

Works on Block A started in January 2022. The upper floor of the building was emptied to prepare for the refurbishment works. To date, the works on the upper floor zones in Block A is completed and it was opened to host detainees in September 2022. Vandal-proof light fittings were installed, a new plumbing and water heating system was commissioned, and another guard room was built in the upper floor to increase monitoring and improve communication between the staff and their clients. This area is also fully covered with a CCTV system for further accountability and security. The work which was carried out in the upper section is going to be replicated in the lower section, a guardroom between the two zones will also be installed.

The NAO was informed that costs per compound are not kept. The figures below indicate total approximate refurbishment costs at DS:

- Year 2020: € 446,419.
- Year 2021: € 487,591.
- Year 2022: € 192,072.

Some of the recommendations highlighted in the Non-Governmental Organization's (NGOs) and the Monitoring Board Reports have been fully or partially addressed including:

- a designated area with facilities for sports and training, including suitable equipment - Equipment for Football, Cricket and similar sport is now available;
- outside hours for detainees;
- the Board recommended that health and safety training should also be provided to all custodial staff together with evacuation drills in case of fire - evacuation plans are in place and preparations for evacuation drills are in progress; and
- tumble dryers are in the process of being distributed accordingly.

The NAO notes that several recommendations by the Monitoring Board 2022 annual report are still pending completion, specifically the following:

- a. beds with medicine supplies for recovering detainees following hospital release;
- b. the availability of voluntary work schemes similar to Corradino Correctional Facility (CCF) detainees that provide financial, educational, vocational and mental health benefits; and
- c. a list of interpreters and training to custodial staff who may wish to undertake interpreting duties.

The above points remain a source of contention since MHSR contends that:

- a. Persons who are not fit to be discharged from hospital are not discharged and a hospital unit is not needed.
- b. Voluntary work schemes come with significant security risk as the persons are detained at a detention centre for the primary reason due to risk of absconding, no ties to the country and or prospect of deportation.
- c. Interpreters can be available as needed. With regards to training to custodial staff, it can be very difficult to teach persons commonly used languages such as Bengali.

Any provisions for life after detention should be made available through coordination amongst the responsible entities.

The DS is to ascertain that any provisions for life after detention are made available through appropriate educational activities and coordination with AWAS and other entities.

Developments: Insignificant Progress

For each arrival, an informative sheet in English, Bangla, Arabic, French, Tigray and Serbian together with information sessions (through UNHCR), as required, are provided. The DSA is currently updating the format of the informative sheet with the plan, that in the coming months, all persons arriving in a detention centre will have a booklet with all the information on their rights and obligations, asylum information, return information and other information related to NGOs who work closely with migrants.

With regards to educational activities such as literacy courses of Maltese and English, one needs to point out that the majority of persons residing in detention facilities are persons waiting to be repatriated back to their country of origin. Therefore, the MHSR does not consider the need to organize courses in Maltese and English critical. Nevertheless, English classes are currently being planned.

The Detention Service also provides meeting rooms where detainees can meet their families or legal representatives. Soon, the Detention Service shall increase the meeting rooms to further increase the availability of space to be used by the detainees and visitors such as UNHCR, legal professionals, migration agents, return counsellors. During legal visits, no staff members are present in the room. Detainees have daily access to outdoor areas, telephone services (in and out) and family visits. Television is available as well as access to You Tube in all compounds. During Ramadan, religious customs are being respected through the change in eating schedule and welcoming of prayers by the Imam. The outdoor areas are also being refurbished.

The NAO believes that the measures mentioned by the MHSR do not cater for life after detention in terms of settlement or integration in Malta. The arguments put forward by the MHSR that detention is temporary should not be used as a justification for not fulfilling recommendations pointed out by the Monitoring Board such as the

facilitation of communication between staff and detainees through interpreters, all the more so when detention may eventually turn out to not be as short a time as predicted.

However, MHRS contends that most migrants in detention are either asylum seekers with a very low recognition rate, and hence likely to have their application rejected by the IPA, or are pending return to their country of origin. Therefore, there is no need to have a comprehensive plan for initiatives of life after detention. NAO notes that the MHRS position does not fully take cognisance of the fact that repatriation of failed asylum applicants is a complex and lengthy process where in reality many people remain in Malta for a significant period.

Agency for the Welfare of Asylum Seekers (AWAS)

MHSR should continue supporting recruitment at AWAS.

MHSR is encouraged to, as far as possible, continue supporting AWAS with its human resources (HR) requirements.

Developments: Fully Implemented

As at March 2023, the number of employees at AWAS have increased to 235, an increase of 15 per cent from 2020. Currently, vacancies are discussed and to be approved internally. MHSR is supporting AWAS to renegotiate the collective agreement which is about to be finalised. MHSR is also planning the revision of remuneration packages of AWAS top management officials.

Complementary to the above, during the 2014-2020 Asylum, Migration and Integration Fund (AMIF) programming period, the AWAS implemented a number of projects, which covered its HR requirements. In particular, project MT/2017/AMIF/10.01 (Provision of Material Aid and Support Services to Assist Asylum Seekers) covered the salaries of social workers and support workers. Similarly, project MT/2018/AMIF/13.01 (Psychosocial Intervention Services for Beneficiaries of International Protection and Asylum Seekers) covered the salaries of a senior psychology officer, two (transcultural) counsellors, one senior psychologist, seven assistant psychology officers and four interpreters/cultural mediators. Similar project applications will be submitted once calls for the 2021-2027 programming period will be launched by the Responsible Authority for the AMIF. In addition, a project on Youth Mentoring Programme – Transition from Child to Adulthood, will be embarked on.

Mental health, psycho-social needs and integration measures are to be coordinated with all concerned entities.

Measures related to mental health and psycho-social needs as well as integration are to be coordinated with all other concerned entities.

Developments: Fully Implemented

All persons who lodge an asylum application undergo vulnerability assessments by AWAS. The support provided by AWAS is not limited to accommodation in open centres; the Agency offers psychosocial services, information provision, financial assistance, support to enhance one's employability and other services which are meant to

help asylum seekers lead an independent life. AWAS runs a community outreach programme, whereby it makes its services also available to asylum seekers who do not necessarily reside in one of the centres run by AWAS.

AWAS collaborates with various entities and organizations to provide support and assistance to vulnerable people, including those in the closed and open centres. The work AWAS does with Detention Services to assess and refer vulnerable individuals is crucial in ensuring their well-being and access to necessary services. AWAS also collaborates daily with the medical team at Safi.

The ongoing communication with hospitals like Mount Carmel Hospital and medical professionals like psychiatrists demonstrate a holistic approach to supporting beneficiaries in different settings, be it closed centres, open centres, or the community. Collaboration with Appoġġ regarding beneficiaries in the community is ongoing since psychosocial support is also given to those residing in the community. Collaboration with international organizations like UNHCR and IOM further enhances the reach and impact of AWAS's services, especially for clients in the community. AWAS Services teams communicate regularly with UNHCR and IOM regarding various information sessions for the beneficiaries and about Assisted Voluntary Return for those who would like to travel back to their country of origin.

During these last three years, AWAS had embarked on the afore-mentioned EU funded project- 'Psychosocial Intervention Services for Beneficiaries of International Protection and Asylum Seekers'. The professionals within this team are very needed in the Agency since many asylum seekers and beneficiaries of international protection would have experienced trauma and suffering in their home countries or during their journey. With these professionals, AWAS has been able to provide psychosocial support services to beneficiaries of international protection and asylum seekers. The psychosocial services strengthened the services which are currently being offered by AWAS, with the aim of offering a comprehensive support service to the target group. In view of this, these professionals are working with various other relevant agencies, entities, and non-governmental organizations, to ensure a holistic provision of services which are helping asylum seekers and beneficiaries of international protection integrate successfully in society.

The Memorandum of Understanding (MOU) between IPA and AWAS regarding medical referrals for applicants with female genital mutilation-based claims is a significant step towards addressing this specific issue and ensuring appropriate medical attention for those in need. The automatic referral mechanism, coupled with the applicant's consent, demonstrates a commitment to respect individuals' rights and autonomy. The close communication between AWAS and IPA regarding the Fast-Tracking procedure is essential to identify vulnerable applicants and ensure they receive the necessary support throughout the application process.

International Protection Agency (IPA)

MHSR is to consider expediting the reengineering process envisaged through the changeover from RefCom to IPA.

As far as possible, MHSR is to consider expediting the reengineering process envisaged through the changeover from RefCom to IPA, such as better working conditions and more attractive salary packages which could attract the required quantity and quality of human resources.

Developments: Fully Implemented

The progress made within the IPA is manifested in the reduction in the pending applications. Notwithstanding the high number of applications received in 2019 and 2020, the IPA managed to reduce the backlog of applications from 3,574 in December 2019 to 1,758 in December 2022 and 979 in September 2023. The backlog of applicants awaiting to submit their application has been addressed completely and asylum seekers are being issued with an Asylum Seeker's Document (ASD) immediately before they leave the Initial Reception Centre.

In March 2021, the IPA moved to new premises. This had a positive impact on day-to-day operations and on staff morale. The new premises provided much needed space and flexibility and for overall better working conditions. The first Collective Agreement (concerning the Agency's personnel) was signed on 23 March 2023. The Agency is now in a better position to attract and retain more human resources through a more attractive salary package and working conditions. Importantly, a call for applications for 25 protection officers was issued and closed on 19 September 2023. The IPA is now in the process of scheduling the interviews with the candidates.

IPA is to rectify any inefficiencies to ensure that the process is not prolonged unnecessarily.

IPA is to revisit its processes and identify and rectify any inefficiencies to ensure that the process is not prolonged unnecessarily.

Developments: Not Accepted

The IPA believes that the processes related to the asylum procedure are clearly regulated by law. The time it takes to lodge an application, conduct an interview and draft a decision depends on the individual circumstances of the case, including the claim(s) put forward by the applicant.

Nevertheless, with the support provided by the EUAA within the context of the various operational plans that have been signed between 2019 and 2022, the backlog of pending applications has been significantly reduced, with the backlog standing at 979 applications at end September 2023 (at end 2021 the number of pending applications stood at 3,265).

International Protection Appeals Tribunal (IPAT)

The Tribunal is to establish clear procedures for fair, well-deliberated and prompt decisions.

The Tribunal is to establish clear procedures that lead to fair and well - deliberated decisions without unnecessary delay.

Developments: Fully Implemented

Through the enactment of Act XL of 2020 amending Section 7 of Chapter 420 of the Laws of Malta, written procedures were introduced.

The recruitment of competent, ancillary staff is to be prioritised.

The recruitment of competent, ancillary staff is to be given its due prominence and priority.

Developments: Fully Implemented

The Ministry has appointed a full-time IPAT chairperson, a full-time coordinator and two administrative staff. The chairperson and members of the Tribunal attend regular workshops by the European Union Agency for Asylum (EUAA) regarding country-of-origin information, case law and evidence and credibility assessment. Training to IPAT members by EUAA is in the pipeline.

- full-time IPAT chairperson appointed in August 2020. Duties and competence in line with the International Protection Act (Cap. 420).
- a full-time coordinator appointed in December 2021. Competence in migration matters with six years' experience at Identity Malta.
- two administrative staff and one Assistant Clerk appointed in April 2022 and 1 Clerk in October 2022. A third clerk joined in June 2023. Competence and qualifications as per specifications set out in ongoing MHSR tenders for Clerks and Assistant Clerks.

Conclusion

The National Audit Office (NAO) embarked on a performance audit to trace the efficacy of the procedure an international protection seeker goes through, from reception to integration within the community or their return, resettlement or relocation. This audit followed another performance audit 'Dealing with Asylum Applications' published in July 2011 and went beyond in scope as it examined the asylum process in its entirety.

The NAO notes the progress made in recruitment and business processes within the IPA, reception conditions at detention and open centres, and trusts that the progress will be sustained through the effective deployment of EU and national funds.

The Ministry for Home Affairs, Security, Reforms and Equality (MHSR) has taken measures to improve the (i) efficiency of the asylum process, (ii) conditions within closed and open migrants' reception facilities, and (iii) the relocation and repatriation of asylum seekers. While appreciating the complexities involved in managing the socio-economic phenomenon, nonetheless, as shown by this Follow-up report a number of operational gaps remain. To this end the NAO augurs that all stakeholders need to synchronise their efforts further to find the delicate balance between welfare, security and Malta's legal and humanitarian obligations.

IT Audit-Armed Forces of Malta

Background

The Armed Forces of Malta (AFM) is Malta's national defence and security organisation, and a crucial component of the Maltese State's national security architecture. Its primary purpose is to safeguard national sovereignty and interests, both in peacetime and in times of crisis.

The Information Technology (IT) Audit – AFM was published by the National Audit Office (NAO) in early 2014. This IT audit had sought to review the Force's IT operations and investments, review their alignment with the AFM's strategic goals such that these can be achieved effectively, as well as determine whether the necessary controls were in place to ensure that the IT and Information Systems maintain data integrity, safeguard its' assets, and make efficient use of resources. The IT audit had also identified potential risks and made the necessary recommendations to mitigate those risks.

In this context, the NAO decided to conduct a follow-up to the above IT audit in line with the audit scope as defined in the following section.

Audit Scope and Methodology

Further to the observations and conclusions emanating from the original IT audit report, this Office had proposed a number of recommendations to the AFM, the implementation of which is the primary scope of this follow-up IT audit.

Consequently, the key objective of this follow-up IT audit was to determine and assess whether the AFM had addressed and tackled the issues raised and highlighted by this Office in its original report. The NAO assessed the level to which the AFM implemented suitable remedial measures, in line with, or surpassing, the recommendations put forward by the NAO in the same report.

To kick-off the process, an online introductory meeting was held with the AFM's Senior Officials and Management, including a representative from the Chief Information Officer (CIO)'s Office, where the scope of this exercise was explained, and an overview of the follow-up audit process outlined by the NAO.

Subsequently, the main issues stemming from the original IT audit report were identified and collated in the form a checklist. This was then presented to the auditee, to be filled-in with their feedback and submitted back to the NAO. This was intended to provide the Office with an updated picture of the actions taken in order to assess whether the AFM had addressed the issues highlighted. In fact, this Office analysed in detail the feedback submitted and assessed the progress achieved through the information and supporting documentation provided by the AFM.

¹ For reference purposes, the key issues and the corresponding recommendation/s highlighted in the original report are also reproduced, in grey text, below.

Furthermore, an onsite IT audit visit was also carried out, where the NAO audit officers were briefed on the main ICT related developments at the AFM since the publication of the audit. This provided the IT auditors with the current context in which the AFM operate in, and where the present IT setup and related developments, could be observed and verified first hand.

Finally, the developments pertaining to each of the highlighted issues were assessed against a scale, determining the level of implementation, and the different stages of the process leading to the resolution of that issue¹.

IT Management

Data Centre Building and WAN upgrade

"In November 2011, a paper entitled "Outlining the Armed Forces of Malta Communications and Information Systems Concept towards a Federated Environment" was published. It identified two infrastructural elements that were deemed essential by the AFM to adopt a Federated model."

"The NAO noted that in 2013, the AFM budgeted for two core infrastructural projects that would enable the AFM to assume the above mentioned Federated model. These projects included a new Data Centre to consolidate all the AFM CIS services, applications, networking and communications infrastructure and to upgrade the existing AFM Wide Area Network (WAN) with the required bandwidth to support the overall AFM operations and administration."

Developments: Fully Implemented

The AFM stated that both infrastructural projects in reference were successfully completed in 2015, contributing to the overall improvement of the AFM's IT infrastructure capabilities.

The first infrastructural project, namely the construction and establishment of a dedicated Data Centre Building facility, was completed in June 2015. The NAO physically observed that the facility serves as the IT backbone for the AFM, providing the requisite support to the organization's IT infrastructure needs.

Meanwhile, the second infrastructural project, dealing with the AFM Wide Area Network (WAN) upgrade, was completed in November of the same year. The NAO noted that this upgrade of the AFM's WAN infrastructure enhanced connectivity, whilst improving network reliability and performance for the AFM.

Microwave Carrier Link and Data Communication

"The AFM Microwave Carrier Link (MCL) network, which links Malta's radars and sensor stations with the Operations Centre in Luqa Barracks, required immediate upgrade and/or replacement. The data communication networks, linking the respective AFM units, were inefficient and slow due to insufficient bandwidth."

"The NAO was informed that the AFM MCL network had reached technological obsolescence and cannot be upgraded any further. However, the AFM IT Strategy highlights the importance of having an autonomous operational WAN, which would have sufficient bandwidth to eventually support the AFM operations and administration. In this regard, the NAO recommends that the Headquarters AFM CIS Section should ensure that this plan is followed through and implemented."

Developments: Fully Implemented

The AFM stated that, when the Microwave Carrier Link (MCL) project (part of the WAN upgrade) was completed in 2015, the upgraded MCL network was initially set up as the primary data communication system, whilst the fibre connection (also available, on site) was set as the redundant, secondary means of data communication.

Notwithstanding, all systems, services and processes relating to both the AFM's Vessel Traffic Management and Information System (VTMIS) and Integrated Communications System (ICS) were configured to automatically communicate over the fibre connection, in lieu of the MCL network, so as to ascertain communication efficiency.

Furthermore, the NAO was informed that following a recent reassessment of available data options by the AFM in the period 2022- 2023, AFM management decided in favour of implementing dual fibre connectivity, making this the secondary connection, for these AFM systems.

Additionally, as part of this decision, the MCL network will also be used as the secondary data communication system for remote sites being used for the AFM's Vessel Traffic System and ICS systems.

Meanwhile, the NAO was also informed that due to hardware obsolescence and the inability to be upgraded further, the AFM plans to overhaul the MCL network again. An exercise will be conducted, by the AFM, where a leasing and maintenance contract will be negotiated, with a third party, to cover all Microwave Carrier Links.

IT Inventory

"The NAO recommends that even though it was observed that the AFM Procurement and Logistics Branch maintain the overall IT inventory in a very efficient and structural way, the AFM should refine their current inventory process and invest in an electronic IT inventory application whereby all the hardware and software assets are stored centrally."

Developments: Fully Implemented

The NAO noted that the AFM is utilising an electronic inventory to manage and keep track of physical assets, whilst another electronic system, which is integrated with Malta Information Technology Agency (MITA) systems, is being used to manage the AFM's software. In the meantime, MITA's Asset Management System (AMS) serves as a repository for AFM's software licences and allows for efficient management of the software licences within the same entity.

IT Applications

EUROSUR system connection and utilisation

"The NAO was informed that the European Border Surveillance System (EUROSUR) system, contrary to the recommended synchronous fibre-optic connection, is running on an ADSL internet connection with a local communications service provider. Moreover, to-date the AFM does not have a redundant internet connection to this node."

"In 2013, the European Union (EU) Council adopted a regulation establishing the EUROSUR system as one of the key tools at its disposal to prevent any tragedies at sea. Since the AFM is the designated national authority on integrated maritime surveillance, the NAO recommends that the AFM monitors the outcome of this regulation and ensures that the AFM has enough resources that are familiar with the use and the daily monitoring of the EUROSUR system."

Developments: No Longer Applicable

The NAO was informed that the European Border Surveillance System (EUROSUR) had been transferred to another Government entity in July 2021, with the AFM only retaining read/view access to this system's data, only for viewing purposes when required.

Integrated Communications System (ICS) SLA

"The NAO observed that the Integrated Communications (Radio over IP) System (ICS) is not covered by a Service Level Agreement (SLA). In the absence of a formal SLA, the service levels are slow, since different modules of the ICS were assembled from hardware provided by different foreign communication suppliers. The NAO acknowledges the effort being made by the AFM CIS Section to negotiate an SLA at this point. On the other hand, this should have been negotiated during the ICS commissioning stage."

Developments: Insignificant Progress

The NAO observed that to date, the Integrated Communications System (ICS) is still not covered by a Service Level Agreement (SLA).

On the other hand, the NAO positively noted that the AFM acknowledged that an SLA is a requirement for good governance practices. To this effect, the AFM had already been working on a new replacement project to address this issue, and was aiming to include the provision of an SLA.

Information Security

Data Retention and Storage Policy

"In the absence of an official Data Retention and Storage Policy, the NAO recommends that an internal policy is formalised and distributed to all AFM officials concerned."

Developments: Fully Implemented

The NAO was pleased to note that a policy regulating the retention of documentation in the AFM was drafted in 2015, and an extract from this document was provided to this Office as evidence. The AFM claimed that the policy is regularly disseminated amongst all its members/officers through internal communication channels.

Internal Policies and Operating Procedures

"Overall, the NAO commends the number of internal policies and operating procedures that were issued by the AFM CIS Section. The NAO recommends that these should be continuously updated and ongoing."

Developments: Partly Implemented

The NAO noted that the AFM has not updated its internal policies and operating procedures, which covered the period 2012- 2014.

Nonetheless, the AFM also remarked that the Communications Information Systems (CIS) Department is actively working on issuing Standard Operating Procedures (SOPs) which will provide updated guidelines on AFM's proprietary IT systems, in order to facilitate alignment with standing Government of Malta ICT (GMICT) policies.

In this regard, the NAO noted that the AFM adheres to the aforementioned GMICT policies, which are accessible to all AFM system users.

(In house) Database managing User Accounts

"The NAO is pleased to note that the AFM CIS Section developed an in-house database to cater for the management of all the user accounts in use across the AFM. This database is continuously being updated to ensure that the AFM CIS Section is in control of the management of all user accounts."

² <https://www.gov.mt/en/Government/DOI/Press%20Releases/Pages/2023/09/13/pr231344.aspx>

Developments: Fully Implemented

The AFM stated that a new, in-house, ticketing system has been implemented, serving as a central platform for documenting AFM access-related activities. The system, which was developed by the Ministry for Home Affairs, Security, Reforms and Equality (MHSR)'s Information Management Unit (IMU) personnel and launched in January 2022, enables comprehensive tracking and recording of AFM access requests, grants, and changes, whilst ensuring that every incident and access is being documented.

In the meantime, the AFM added that they are also working on a database access list, to keep track of other, separate, AFM access activities.

Information Security Awareness Guidelines/Training

"The NAO recommends that Information Security Awareness guidelines should be ongoing whereby AFM officials are provided regular updates to foster security awareness and compliance with security policies and procedures."

Developments: Fully Implemented

The AFM stated that CIS Department members attended Cyber Security Awareness training, during 2021. However, further, and subsequent Cyber Security Awareness training courses were not offered by the same entity.

The NAO was pleased to note that in this context, the CIS Department management team is taking the initiative to explore the possibility of introducing tailored cyber security awareness training courses to all AFM registered email/technology users. It was stated that at present, these training courses are still being evaluated by the AFM through the necessary market research and pending the required public procurement procedures.

IT Operations

Data & Communications Rooms, and new Data Centre

"The NAO noted that even though the AFM Data and Communication Rooms do not enjoy the standard facilities which modern Data Centres are equipped with, the AFM IT Strategy envisages that a new Data Centre will consolidate all the AFM CIS services, applications, networking and communications infrastructure."

Developments: Fully Implemented

As already mentioned earlier, the AFM Data Centre Building was set up in 2015. The NAO observed that the facility provides a dedicated and secure environment, consolidating and hosting all CIS Department resources/facilities including services, applications, networking, and communication infrastructure. In this context, the facility serves as the central location for housing and managing the various technological components and systems

supporting the CIS Department operations. The NAO also noted that this facility enables the AFM to maintain centralised control over CIS Department services and infrastructure, whilst ensuring efficient management and enhanced performance.

The NAO also noted the investments made by the AFM in the set up of the new Operations Centre² during the execution of this follow up IT audit.

Further to the above, the AFM also added that it is also conducting various upgrades to AFM remote sites.

Internal IT Service Requests (Call Logging System)

"The NAO observed that whilst all the incidents related to third party suppliers are kept in a file, the IT Section of the CIS Company 4th Regiment, which runs all day-to-day matters concerning IT operations and support, does not keep track of any incoming internal IT service requests. Thus, the NAO recommends that all the incidents be recorded electronically in a call logging system or in a simple centralised spreadsheet."

Developments: Fully Implemented

As already indicated earlier, an electronic ticketing system was implemented by the start of 2022. The NAO noted that the system manages and tracks ICT related incidents, problems, changes, activities, tasks and projects within the AFM. In this manner, the system enables incident management and monitors problem resolution, change control, task tracking, and project management. The NAO also noted that through this system, the AFM has adopted a streamlined and efficient approach to addressing, handling and tracking its ICT related issues and activities, and in implementing the necessary changes, thereby ensuring efficiency and effectiveness.

The AFM also clarified that this new ticketing system has replaced a previous system which was in use between 2015 and 2022.

Conclusion

The NAO was pleased to note evidence and feedback, provided by the AFM, indicating that action was taken on the majority of recommendations put forward in the 2014 IT audit report. Furthermore, structures and processes were strengthened or established to address the issues identified in the original IT audit report.

Ministry for Active Ageing

Community Care for Older Persons



Community Care for Older Persons

Background

This follow-up audit aims to report on the progress registered since the publication of the performance audit report: *'Community Care for Older Persons'* which was published in January 2020. Issues and conclusions presented in this follow-up audit reflect the information made available to the National Audit Office (NAO) as at end September 2023.

The NAO's 2020 report raised the following main shortcomings:

- the strategic framework in relation to the area of community care for older persons falling within the scope of this audit was not comprehensive and statements and policy recommendations did not provide details about the approach to be adopted and measures to be implemented.
- the implementation of elderly community care aspects within the national strategic framework were not immediately linked to action plans as well as ownership of the respective policy recommendations. This situation led to increasing the risk that policy recommendations would remain outstanding beyond the validity period of the national strategic policy.
- the extent of monitoring undertaken with respect to social work was limited. At a Unit level, Active Ageing and Community Care (AACC) sought to strengthen the social work monitoring function. At a macro level, AACC was still in the process of developing and installing an integrated system whereby all Social Work-related activities were to be centrally available.
- in relation to the domiciliary nursing and care service, operational and logistical factors, which fall within the Contractor's responsibility, as well as shortcomings relating to the contracting Authority's monitoring and enforcement function affected the timeliness of the service, the time available for patients, language barriers in cases that services were delivered by non-nationals, deviation from continuity of care principles and the interpersonal skills of a few members of staff delivering these services.
- the ambiguity of contractual clauses and monitoring weaknesses related to the Meals-on-Wheels service, specifically delivery timing and the wrong meal provision.

Audit Scope and Methodology

In view of the findings and conclusions emanating from the 2020 performance audit report, the NAO had proposed 19 recommendations, the implementation of which is the primary focus of this follow-up audit. For the purpose of this follow-up study, the NAO retained the same objectives of the 2020 Report, to assess whether:

- a. the strategies and policies in place were comprehensive in relation to all aspects of community care for the older person;
- b. the supply of services was in equilibrium with demand;
- c. services reviewed were being delivered in an efficient and effective manner;
- d. mechanisms were in place to enable effective monitoring of the services available to the community and their respective outcomes; and
- e. the provision of community care services was cost-effective from a services users' and government's point of view.

The ensuing text also classifies the implementation progress of the NAO's recommendations in one of the following self-explanatory categories, namely: fully implemented, partly implemented, significant progress, insignificant progress, not implemented, not accepted and no longer applicable.

Strategy Recommendations

The AACC should finalise and adopt the strategic document for 2019 – 2022 based on measures from the National Strategic Policy for Active Ageing.

The AACC is to finalise and adopt the community care strategic document for the period 2019 – 2022. This strategic document is to include concrete measures based on the National Strategic Policy for Active Ageing. These initiatives should aim to alleviate or address social phenomena such as poverty, homelessness, loneliness, dwindling numbers of informal carers and transport issues. Dealing with these issues may entail that AACC cooperates with other governmental entities.

Developments: Fully Implemented

To address social phenomena such as poverty, homelessness, loneliness, dwindling numbers of informal carers and transport issues, AACC has signed several Memorandum of Understandings (MOUs) such as with Victim Support Agency; Foundation for Social Welfare Services (FSWS); Local Councils for more Active Ageing Centres and dementia-friendly villages, School Grannies, Foundation for Information Technology Accessibility (FITA), Solidarity Overseas Service (SOS) Malta, Teatru Malta, Każin 60+ and Malta Football Association.

Two national policy documents, namely the “National Strategic Policy for Active Ageing, Malta 2014 – 2020” and “A National Strategy for Dementia in the Maltese Islands, 2015 – 2023” were used as the guiding documents on which to blueprint the internal AACC strategy document 2019-2022.

Measures included in the new strategic document are to be backed by studies which include timelines, costings, Key Performance Indicators (KPIs) and resources required for each service.

Measures included in the new strategic document are to be backed by studies which include timelines, costings, Key Performance Indicators (KPIs) and resources required for each service. The measures are to be discussed with stakeholders, including entities representing the interests of older persons. Such an approach would provide the platform for older persons to directly influence the future strategies or policy documents.

Developments: Fully Implemented

The AACC Strategy 2019-2022 document included timelines, KPIs, timeframes and related policy documentation.

The measures that were cost neutral or part of the annual budgetary allocation (e.g. Memorandum of Understanding's (MOUs), training initiatives, recruitment, etc) are listed in the official budget estimates of every year. Other measures requiring funds were all obtained by submitting requests for budget allocation to implement them.

General Processes Recommendations

The AACC is to continue reengineering initiatives whereby community services to address inefficiencies.

The AACC is to continue initiatives whereby community services processes are reengineered to address issues related to prolonged procedures and inefficiencies. These initiatives should encompass all phases related to a service, namely from application to the timely evaluation of service.

Developments: Fully Implemented

The AACC has in place a Quality Service Charter, which outlines the procedure for application processing and the delivery timeline for each service. The Quality Service Charter indicates clearly the timelines for every phase, starting from the processing of application until service delivery.

The AACC made sure that applications are easily accessible to the public and clients can apply for all services from just one application, online or through a hard copy. Hard copies are uploaded on AACC's Case Management System (CMS). Those clients that submit their application online, through the Workflow Automated Services (WSA) can track the status of their application by using the bus-stops that are available to them through the citizen portal.

A number of services were reengineered to reduce bureaucracy and decrease timeframes for service delivery. The requests for the Meals on Wheels, the Carer at Home and the Night Shelter services are being assessed through a telephone assessment instead of referring to CommCare for assessments to hasten the process and reduce bureaucracy. Subsequently, clients are informed immediately if they are eligible or not for the service. Moreover, the Carer at Home clients who are over 80 years of age are automatically eligible for the service.

Home Help service clients over 75+ are also eligible for two hours of service automatically without the need for an assessment.

AACC's Procurement Unit is strengthened and mechanisms are introduced to ensure that services are procured in a timely manner to avoid negotiated procedures and direct orders.

The opportunity exists for AACC to exploit the benefits of competition through competitive calls for tenders for all contracted services. This would entail that AACC's Procurement Unit is strengthened and mechanisms are introduced to ensure that services are procured in a timely manner to avoid negotiated procedures and direct orders.

Developments: Fully Implemented

During 2022, the Senior Manager Finance took under his responsibility the procurement section together with the Procurement Manager I and thus, this section was strengthened. This section managed to ensure that services administered through a tender are published and awarded through the Electronic Public Procurement system (Open Procedure). Most of the remaining tenders are drafted and are being vetted by the Department of Contracts and Sectoral Procurement Directorate.

AACC is to further facilitate case conferencing.

AACC is to further facilitate case conferencing, which entails the mapping of patients' health and social needs amongst different professionals. This approach ensures that, as far as possible, clients receive targeted care. In part, the introduction of an integrated Information Technology (IT) system would facilitate case conferencing as AACC's professionals would have access to client information. Moreover, case conferencing would not only benefit the client but would avoid procedural and administrative overlap.

Developments: Fully Implemented

Cases are being followed up by the Dementia Intervention team, nursing and allied professionals who also liaise with other sections and members of the multi-disciplinary team on a case per case basis. The online Case Management System (CMS) has been in place and used since the 30 May 2022. It facilitates this process by providing the latest client and service information to those involved in the case, therefore facilitating data sharing and unnecessary duplication of work.

Application forms for services provided by AACC should be more widely available.

Application forms for services provided by AACC should be more widely available. There is scope to make these forms also available from social services district offices, health centres and local councils. While acknowledging that these forms can be downloaded from AACC's portal and are available at the One Stop Shop in Valletta, increased availability would be beneficial to older persons.

Developments: Fully Implemented

Applications are available on AACC website, which can be filled and submitted online. Applications are also available at all servizz.gov hubs, local councils, Department of Social Security (DSS) offices, and Ċentru Servizz Anzjan in Malta and at a customer care office Gozo.

Information Technology (IT) Recommendation

AACC are encouraged to finalise the introduction of electronic systems to access easily information on the number of services provided to the same individuals.

AACC are encouraged to finalise the introduction of electronic systems through the CONVERGE EU funded project to facilitate the generation of reports illustrating the number of services provided to the same individuals. The availability of such information would enrich the quality of management information available for decision making purposes.

Developments: Significant Progress

The Converge Project is proceeding well and several modules are operative. CONVERGE is envisaged to be concluded by first quarter of 2024.

Monitoring Recommendations

The AACC is to embark on a comprehensive monitoring set-up for all community services.

The AACC is to embark on a robust monitoring set-up for all community services. Monitoring is to consider full traceability of interventions / services, compliance to internal protocols and Standard Operating Procedures (SOPs), and clients' satisfaction levels. Moreover, mechanisms should be in place to ensure that issues of concern are expediently dealt with or, where necessary, action to reengineer services is resorted to.

Developments: Significant Progress

AACC set up a Quality Service Audit Team to carry out quality checks, mystery shopping exercises and inspections to identify any gaps in the services. Subsequently, the Quality Assurance (QA) Section provides feedback and proposes measures for improvement on the services being provided so as to reengineer the services if necessary. Such monitoring is also done by the sections; one such example would include data was collected from feedback questionnaires to caregivers making use of the Dementia Activity Centres.

AACC has a number of internal protocols for each and every service, together with a standard Complaint SOP, which all service managers adhere to. This SOP stipulates a specific time frame until when the complaint must be followed up and addressed by the management to improve service delivery. This mechanism helps to address issues of concern.

A number of monitoring processes were implemented to improve the Meals-on-Wheels Service. In fact, there was a significant decrease in complaints in the past years with an estimate of 1,077 complaints in the year 2020, 237 complaints in the year 2021 and 88 complaints in the year 2022.

In the year 2020, a survey in relation to the CommCare service indicated that 97 per cent of the clients were satisfied with the overall service. The Home Help service also carried out internal client satisfaction surveys and upgraded the efficiency and accessibility of the service for clients aged 75+. As regards to CommCare services, link nurses increased including the monitoring on cases requiring specific nursing care such as diabetes, medication, management, stoma care, catheter care along with satisfaction surveys done yearly.

This Office notes the progress made and urges for such monitoring purposes to be planned and comprehensive and extended to all the services within AACC.

AACC is to establish an independent multi-disciplinary internal audit team

AACC is to establish an independent multi-disciplinary internal audit team to evaluate various aspects of service delivery, namely in terms of its effectiveness and compliance to internal protocols and, where applicable, to contractual provisions. This audit unit should also be entrusted to assess operations' costs and procedural efficiency.

Developments: Fully Implemented

The Audit and QA Section was established in August 2020 and carried out audits on residential care homes and on some services provided by AACC. The Audit and QA Section monitors the Facebook page and performs mystery shopping on different services to establish the quality of service provided.

Social Work Recommendations

The AACC should reintroduce customer satisfaction surveys.

The AACC is to reintroduce customer satisfaction surveys as outlined in the Social Work Unit's Manual of Policies and Procedures.

Developments: Fully Implemented

Since 2022, a customer satisfaction survey was conducted for this section, survey which showed that the vast majority of clients (88 per cent) were satisfied with the service. Complementing this, quality exercises were performed on the Social Work Section, a QA check on operational processes. The exercise focused on operational issues such as minuting files and procedures. Recommendations such as having uniform procedures followed by all social workers were implemented and followed-up by another audit.

The Social Work Unit should draft individual social work plans.

The Social Work Unit is to ensure that thorough needs assessments are always carried out and that these translate into individual social work plans.

Developments: Significant Progress

In 2020, the concept of case load management was introduced in the Section, whereby meetings are held with each worker on a monthly basis to discuss the caseload and plan accordingly. A care plan sheet is filled in during this meeting for each case discussed. In 2021, with the introduction of a coordinator within the social work unit, the workers started having monthly case load meetings and monthly supervision (emotional support and in relation to casework).

The NAO notes the progress made and will evaluate the quality of the needs assessments vis-à-vis the social work plans during future performance audits.

Especially in circumstances leading to and following admission to a residential care home for older persons, social work intervention should be more prevalent.

AACC should address the lack of holistic social work intervention especially in circumstances leading to and following admission to a residential care home for older persons.

Developments: Significant Progress

Through the Home Committee Meetings and multi-disciplinary meetings, the management of the home and staff are becoming more aware of the role of social workers. Social workers started compiling social work reports outlining social situation of the client to supplement the home admission application. This initiative started in 2021. A social work assessment is currently being drafted and shall be implemented by the Q3 2023.

Meals-on-Wheels Recommendations

A revamped new contract for the Meals on Wheels Service that safeguards government's interests and ensures a higher quality service is to be secured.

The AACC is to ensure the finalisation of a revamped new contract for the Meals on Wheels Service that safeguards government's interests and ensures a higher quality service. To this end, a new contract is to cater for increased AACC accessibility to Contractor's records and systems relating to operations. Moreover, new specifications within a new contract are to address service concerns, such as a more reasonable time window to affect meal deliveries.

Developments: Significant Progress

A tender was drafted and sent to Department of Contracts for vetting in June 2020. Tender was published in January 2021 with closing date for offers on 16 February 2021. After evaluation and announcement of results,

an objection was filed by one of the bidders. Hearing was held at the Public Contracts Review Board (PCRB) and decision was received in September 2021, indicating that the notice of award shall be cancelled and a re-evaluation of all offers received is to be done through a newly appointed Evaluation Committee.

The New Committee was appointed, and the Evaluation Report of the Second Evaluation was sent to the Department of Contracts in April 2022. In July 2022, the Contracting Authority was informed that the Director General Contracts had decided to cancel the award of the contract. Specifications were revised, another tender was drafted and referred for vetting at the Department of Contracts.

The NAO notes that issues related to time of deliveries have been addressed and that feedback provided during the 2019-2020 performance audit was taken on board relating to the safeguarding of the government's and clients' interests.

AACC is to ascertain that the Meals-on-Wheels service provider complies with contractual obligations.

AACC is to ascertain that the service provider utilises all the resources necessary to ensure that service delivery complies with contractual obligations. The deployment of the required resources becomes essential in a labour-intensive activity.

Developments: Significant Progress

The service provider is obliged by the contractual obligations to provide the service as requested in the tender specifications. The positive customer satisfaction surveys and decreased complaints indicate that the contractor is adhering more to his obligations and that the Meals-on-Wheels section is ensuring a good performance from the contractor.

Domiciliary Nursing and Caring Recommendations

AACC is to ensure that the service provider addresses issues raised by some clients.

Although there is a high level of satisfaction with this service, AACC is to ensure that the service provider addresses issues raised by some clients. Despite the low level of complaints received, concerns related to timeliness, the length of visit, courtesy and language barriers are critical aspects of this important service.

Developments: Fully Implemented

While complaints are handled on a day-to-day basis, CommCare also carries out visits by both entities being AACC personnel and the contractor's management so as to address the complaints firsthand. Furthermore, a survey revealed no problematic issues related to timeliness and length of visits.

AACC is to raise clients' awareness on the cost of futile visits.

AACC is to raise clients' awareness on the cost of futile visits, which are wasteful and capricious. To this end, AACC is to explore ways to mitigate the unnecessary expense arising through futile visits.

Developments: *Partly Implemented*

While the NAO notes that all futile visits are dealt with daily through staff making contact with the clients who were not found at home, through their daily recording and following the handover from the visiting nurses, AACC need to ensure that mitigating measures are taken to ensure that the Comm Care staff have as much as possible, visibility over the futile visits before they take place; this would ensure better planning and deployment of human resources dedicated to such a service.

AACC and other health services providers, such as hospitals and health centres, are to increase their level of communication on clients' treatment.

AACC and other health services providers, such as hospitals and health centres, are to increase their level of communication on clients' treatment. Such communication could take the form of AACC's accessibility to certain documentation from medical files and IT systems maintained by these entities.

Developments: *Fully implemented*

AACC staff now have access to the patients' discharge letters to enable proper follow-up. Additionally, staff have done the General Data Protection Regulation (GDPR) course to apply for the IT system (the Dashboard) used by Mater Dei Hospital. Through this system, all staff would be able to have a holistic view of the client being assisted, such as pending investigations, any medical alerts, hospital events, procedures done by the clients, medications the clients are on, any important documentation and appointments.

AACC is to revisit diabetes protocols for efficiency through educational campaigns, outreach and communication with family doctors and geriatricians.

AACC is to actively consider whether the current diabetes protocols are the most time- and resources-efficient. Education campaigns aimed at encouraging older persons to, as far as possible, be less dependent on AACC visits for the administration of diabetes care would reduce the cost on government and make the overall nursing service more efficient. This would entail collaboration with the Ministry for Health, more outreach and communication with family doctors and geriatricians.

Developments: *Fully implemented*

Educational talks, in collaboration with the Active Ageing Centres, Non-Governmental Organizations (NGOs) and Local Councils are ongoing. Talks are provided by different professionals to educate older people on how to live a healthier lifestyle. The input of the dietician plays an important part in diabetes control, apart from the

educational talks, assessments are carried out. AACC has contracted nine dieticians to perform duties in the community and residential care homes.

HomeHelp Recommendations

AACC is to monitor the re-engineered service for sustainability and effectiveness.

AACC is to monitor regularly the implementation of the recently-introduced initiative involving the re-engineering of the service. AACC is to ascertain that such a service is sustainable and is delivering the intended benefits to older persons.

Developments: Fully implemented

AACC is monitoring the implementation of this service through the following processes:

- Senior citizens aged 75 years and over, who live alone, are automatically eligible for Home Help service.
- Assessment process for Home Help applications is carried out by multiple professionals thus significantly reducing the wait for assessment to an average of 2-3 weeks. There is no backlog of applications waiting for assessment at present.
- The Home Help committee convenes on a fortnightly schedule, thus ensuring that applications are reviewed in a timely manner. There is no backlog of applications waiting to be viewed by the Home Help committee at present.
- A Home Help Appeals Board was set up to provide a formal and independent review for denied applications.
- The Home Help Subsidy Scheme was introduced to address the severe shortage of helpers. Clients can opt to engage their own helper and receive a government subsidy to cover the cost of the helper.

Conclusion

This Office notes AACC's commitment and initiatives to increasing demand and customer expectations and balancing them with the appropriate level of resources at both AACC and at the contractors delivering this service. Indeed, it is positively noted that a significant number of NAO's recommendations have been fully implemented. AACC has duly prioritised service coverage, re-engineering and monitoring, specifically through the setting up of its Quality Unit and better coordination with the Department of Contracts and medical profession and entities.

These initiatives do not automatically imply that all issues raised with respect to the period under review are now fully resolved. While some measures will have an immediate impact, others will bear fruit in the medium to long-term. Consequently, it remains imperative that AACC maintains effective mechanisms in place to ensure that care services adhere to good governance principles for the benefit of older persons living within the community.

2022-2023 (to date) Reports issued by NAO

NAO Annual Report and Financial Statements

July 2022 National Audit Office Annual Report and Financial Statements 2022

NAO Audit Reports

November 2022 Follow-up Audits Report by the National Audit Office Volume II 2022

November 2022 Report by the Auditor General on the workings of Local Government for the year 2021

November 2022 Performance Audit: Care for the Elderly in Gozo

December 2022 IT Audit: Online Malta Census of Population and Housing 2021

December 2022 Report by the Auditor General on the Public Accounts 2021

February 2023 IT Audit: Active Ageing and Community Care – Ministry for Active Ageing

April 2023 Performance Audit: An assessment of capital projects at the University of Malta

April 2023 Performance Audit: Ensuring fair Non-Contributory Social Benefits and safeguarding against related fraud

May 2023 An audit of matters relating to the concession awarded to Vitals Global Healthcare by Government Part 3 | Steward Health Care assumes control of the concession

May 2023 An audit of matters relating to the concession awarded to Vitals Global Healthcare by Government Part 3 | Steward Health Care assumes control of the concession [Abridged]

June 2023 Follow-up Audits Report by the National Audit Office Volume I 2023

June 2023 IT Audit: Malta Food Agency

July 2023 A review of the implementation of Sustainable Development Goal 2: Addressing pre-obesity and obesity

October 2023 Review by the Auditor General on Fixed Assets and Stocks