



**"Detailed and Professional Report on
the Residential Structure and Allocation
of Persons with Disabilities"**

Detailed and Professional Report on the Residential Structure and Allocation of Persons with Disabilities

Fondazzjoni Wens – by Doninu (Malta) International

Extended Introduction

This report has been prepared by the voluntary organization **Doninu (Malta) International**, which is not registered with the Commissioner for Voluntary Organizations (CVO). It directly addresses the operational structure of **Fondazzjoni Wens**, which currently provides residential accommodation to approximately fifty individuals with disabilities.

The core objective of this document is to highlight the urgent **structural and ethical need** for a complete redesign and implementation of a more appropriate, sustainable, and socially just residential care model—one that upholds principles of **solidarity and human rights**. This necessitates a **multidisciplinary classification system** that allocates residents according to their personal, medical, therapeutic, and psychosocial needs.

The proposal presents a **modern and holistic vision** aligned with recent developments in **community-based care**, where persons with disabilities are regarded as full citizens with rights—not passive recipients of aid. The aim is to establish **small, personalized, and inclusive residential environments** where each resident can enjoy a dignified, high-quality life with real autonomy, while receiving the necessary support based on their level of dependency.

The proposal is built on **comprehensive research** and fully complies with Malta's international obligations, especially the **United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)**, ratified by Malta in 2007. This Convention legally binds the state to guarantee that all persons with disabilities have access to **independent living, community inclusion**, and an **adequate standard of living**.

The report also considers the demographic and living conditions of current residents—many of whom are elderly and without direct family support—thus requiring a more dignified and higher-quality response.

Simultaneously, the proposal examines the **existing resources** of Fondazzjoni Wens, analyzing how best to utilize the available buildings and funds. The objective is to **avoid excessive costs** while achieving higher levels of **efficiency, transparency, and fairness** in the delivery of services.

1. Detailed Profile of Residents

The current residential population within **Fondazzjoni Wens** consists of approximately fifty persons with disabilities, representing a wide spectrum of physical, mental, and sensory conditions. A significant portion of the residents are elderly. Analysis of their personal, medical, and social profiles reveals that these individuals have complex and continuous care needs that cannot be adequately addressed through traditional institutional models or environments that are not purpose-built.

1.1. Social and Family Background

The majority of residents were referred or placed at the foundation due to the following factors:

- Lack of a supportive family network;
- Families who, despite goodwill, were unable to maintain caregiving responsibilities at home due to limitations in space, resources, or knowledge;
- Contexts of social vulnerability or risk of abandonment.

This reality makes residents entirely dependent on the formal care system, which must therefore be **structured, multidisciplinary**, and based on **respect for human dignity**.

1.2. Level of Dependency and Daily Needs

Clinical and operational observations at Fondazzjoni Wens highlight the following critical factors:

- **100% of residents require assistance with food preparation**—none are able to independently prepare or manage meals.
- The vast majority require **direct support with personal hygiene**, including changing clothes, using the bathroom, and psychological support during episodes of confusion or emotional distress.
- **Medication management** is essential for nearly all residents, necessitating continuous professional intervention as part of managing chronic or psychiatric medical conditions.
- **Therapeutic supervision and physical safety** are required around the clock, especially for residents displaying signs of mental vulnerability, disorientation, or risk of self-harm.

1.3. Professional Care Requirements

The high level of dependency among residents demands:

- **Specialized and trained staff** in fields such as disability care, mental health support, functional therapies, and psycho-social interventions;
- **24-hour care and monitoring**, with a structured rotation system and contingency protocols for emergency situations;
- **Individualized support**, based on personalized care plans developed in consultation with healthcare professionals and family members.

The overall profile of the resident population confirms the need for a **residential care infrastructure** that is not only efficient but also upholds **choice, rights, and dignity** for every individual, in accordance with their specific level of need.

2. Independence and Inclusion in Line with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)

2.1. Legal Framework and Fundamental Values

Article 19 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) explicitly affirms the right of every person with a disability to live independently and be included in the community, without discrimination and on an equal basis with others. This article is a cornerstone for designing any residential system that aims to be just, humane, and sustainable.

2.2. The Concept of Assisted Independence

The term “*independence*” should not be interpreted as full physical autonomy, but rather as “*assisted independence*”, meaning:

- The person retains control over their life, including choices about where to live, with whom to live, and how to receive the care or services they require;
- They have access to tailored assistance and support that enables full participation in daily life—ranging from home life to personal decisions and social inclusion;
- Support is provided in a manner that respects personal autonomy, dignity, and professional ethical standards—without fostering passive dependency or institutionalization.

2.3. Application to the Context of Fondazzjoni Wens

In the specific context of Fondazzjoni Wens, where all fifty residents require comprehensive support across various aspects of their lives, implementing independence according to the UNCRPD entails:

- Establishing a structured yet personalized environment, where each resident has access to a private space (such as a studio flat) tailored to their needs, without being separated from family members who are also residents;
- Organizing care services based on respect, flexibility, and responsiveness, including assistance with hygiene, meals, medication, and condition monitoring;
- Ensuring that family members have full and unrestricted access to the resident’s accommodation at any time, except in cases where justified medical restrictions apply;
- Guaranteeing that decisions about residents’ lifestyles are made with their involvement and/or in consultation with their legal guardians, in line with recognized practices of legal guardian advocacy.

2.4. Practical and Strategic Implications

Translating the principles of the UNCRPD into practice within this project requires:

- A residential structure that allows for flexibility in care while maintaining stability in personal life;
- Acknowledging that assistance should be proactive, non-intrusive, and aimed at enhancing the individual's potential rather than diminishing it;
- Utilizing studio flats within a community setting with scheduled and on-call support, to deconstruct traditional institutional mentalities;
- Implementing regular monitoring and review mechanisms to ensure residents benefit not only from physical support but also from a quality of life that includes meaningful social participation.

3. Proposal for Resident Allocation Based on Level of Need

The fifty residents of **Fondazzjoni Wens** present varying degrees of disability and care requirements. To address these needs effectively, humanely, and in full alignment with the principles of the **UN Convention on the Rights of Persons with Disabilities (UNCRPD)**, it is proposed that the resident population be structured into **three primary categories** based on the level of assistance required.

It is important to note:

- **None of the residents are capable of preparing or cooking meals independently;**
- **All categories**, including those with lower needs, **require assistance with personal hygiene and care;**
- Therefore, it is recommended that **meals be prepared at a central kitchen facility** and delivered directly to the residents' studio flats or homes.

3.1. Category A – High Needs

Profile:

Residents requiring intensive support in all aspects of daily life, including:

- Continuous medical and therapeutic care;
- Frequent and direct personal hygiene assistance;
- Complex clinical conditions and often severe limitations in communication and mobility.

Recommended Structure:

- Small-scale homes staffed 24/7 with professional caregivers;
- On-site medical and therapeutic facilities;
- Customized meals prepared centrally and delivered daily with dietary and medical considerations.

3.2. Category B – Moderate Needs

Profile:

Residents with limited autonomy who still require:

- Assistance with medication, personal hygiene, and cleanliness;
- Regular supervision;
- Scheduled or on-call care for daily activities and emergency situations.

Recommended Structure:

- Studio apartments or flats with easy access to staff and medical support;

- Meals prepared at the central kitchen and delivered daily, as no resident in this category is capable of cooking independently.

3.3. Category C – Low but Ongoing Needs

Profile:

Individuals needing minimal yet consistent support to live safely and with dignity, requiring:

- General supervision and occasional intervention;
- Assistance with hygiene and self-care;
- Administrative support and emotional/social monitoring.

Recommended Structure:

- Independent flats integrated into a structure with available assistance;
- Ready-to-eat meals delivered with attention to personal dietary and nutritional needs;
- Regular support from caregivers and therapists.

3.4. Overview of Meal Management

- The provision of centrally prepared and distributed meals is **essential to ensuring health and nutritional safety**;
- A **centralized kitchen system** allows for quality control, dietary monitoring, and efficient resource management;
- This solution also promotes **social justice and equality**, preventing passive discrimination against residents unable to contribute to their own meal preparation.

4. Proposed Residential Structure

To ensure effective care and an environment that upholds the **dignity, autonomy, and well-being** of residents at **Fondazzjoni Wens**, it is essential to completely revise the existing residential structure. The proposal outlined below recognizes the **diversity in needs and conditions** among residents and presents a model based on classification by level of care, combined with a spatial organization that is sensitive to **community and family life**.

4.1. Optimal Use of Existing Resources

Fondazzjoni Wens currently owns **four properties**, three of which are large residential homes, while the fourth is not yet in residential use. These properties can be adapted to provide both services and living environments that are:

- **Tailored** to the medical and social realities of the residents;
- **Compliant** with the UN Convention on the Rights of Persons with Disabilities (UNCRPD);
- **Scalable and sustainable** in the long term.

4.2. Homes Dedicated to Intensive Care (Category A)

One of the four homes should be entirely dedicated to individuals classified under **Category A**—those with high care needs and total dependency. This facility should be **specially equipped** to provide:

- **24/7 professional staffing**, including carers, nurses, and therapists;
- **Integrated medical and therapeutic facilities**, such as a nursing station, therapy treatment rooms, and spaces for psychological and sensory support;
- **Safety and monitoring systems** that ensure resident privacy and dignity are preserved.

4.3. Studio Flats for Categories B and C

The remaining three homes can be **internally restructured** to offer **studio flats**, especially for residents in **Categories B and C** who have a higher level of functional autonomy but still require regular supervision and assistance.

Standard Studio Flat Design:

Each studio flat should include:

- A **bedroom area** with one to three single beds and personal storage space;
- A **small kitchenette** for storage and reheating of meals (not for resident cooking);
- A **table and chairs**, adapted for individuals with limited mobility;
- A **private bathroom** equipped with a walk-in shower and accessibility features (such as handrails, anti-slip tiles, and an emergency call button).

4.4. Respect for Family Bonds

A fundamental aspect of this proposal is the **preservation of personal and family relationships**. Therefore:

- Residents who are **siblings or family members** should be allocated to the **same apartment or interconnected units**, whenever possible;
- In cases of a **stable emotional bond** and **complementary support needs**, **shared accommodation** may be offered, provided it does not compromise safety or individual medical requirements.

4.5. Living Environment that Promotes Dignity and Integrity

Every residential space should be designed to:

- **Foster a sense of community** while ensuring personal privacy;
- Provide **access to natural light**, good ventilation, and **customizable décor**;
- Encourage **participation in community activities**, supported by shared facilities such as a **garden, recreational area, and therapy room**.

5. Services and Support for Comprehensive and Dignified Care

The preparation and organization of personal and logistical support are essential components to improve the quality of life of residents and to ensure care that respects their physical, emotional, and social needs. The proposal emphasizes the creation of a sustainable and flexible system that values dignity, assisted independence, and human connection.

5.1 Food Delivery and Management System

- Food should be prepared in a sanitary, controlled kitchen facility, under the supervision of a nutritionist and in accordance with each resident's medical or personal dietary requirements.
- Meals should be delivered directly to residents' studio flats in secure, heated containers, ensuring that individuals can eat in a comfortable and familiar environment.
- Since none of the residents have the capacity to safely plan or prepare food, the provision of ready meals is not only a practical solution but also an obligation respecting social justice and the right to safe nutrition.

5.2 Personal Hygiene and Laundry Services

- Residents of all categories require regular or continuous assistance with personal hygiene, including help with showering, changing clothes, hair care, and other related needs.
- Trained staff should provide these services with sensitivity, distinguishing between routine tasks and personal assistance, while maintaining the dignity and privacy of each resident.
- Residential facilities should be equipped with industrial washing machines and dryers, or laundry should be centralized using tracking systems to ensure orderliness and individual hygiene standards.

5.3 Regular Medical and Therapeutic Support

- Residents must have continuous access to medical care, with on-site nursing staff and regular scheduled visits by doctors based on individual health conditions.
- Physical, occupational, and psychological therapy sessions should be integrated into residents' daily lives, not as additional services, but as a basic right to wellbeing.
- A digital medical monitoring system may be implemented to maintain efficiency, safety, and traceability of medication and interventions.
- Every individual has the right to have a personal family doctor without interference.

5.4 Family Access and Maintenance of Emotional Bonds

- Family members, friends, and relatives should enjoy free access without restrictions on visiting hours or excessive procedures, so that contact with loved ones is never obstructed.

- The environment should encourage visits in an atmosphere of respect and peace, with facilities that include common spaces for meetings and opportunities for joint activities.
- Regular and transparent communication between staff and families should be encouraged, including through digital contacts, feedback meetings, and continuous progress reports.

6. Regulations and Safety

The physical, emotional, and legal safety of the residents of Fondazzjoni Wens must be a primary priority in the management of residential facilities. To this end, clear, transparent, and rights-based regulations tailored to persons with disabilities must be established and consistently implemented.

6.1 Internal Regulatory Framework for Residents

- Each resident must receive a simple and accessible handbook explaining their rights, obligations, and facility rules, written in appropriate language and, where necessary, provided in alternative formats (such as large print, audio, or symbols).
- The regulations must ensure the highest level of respect for privacy, including prohibitions on unauthorized entry into apartments and the requirement for consent prior to any personal or medical intervention.
- Safety protocols must be established, including monitoring of entries and exits, fire alarm systems, and regular evacuation drills, without compromising residents' freedom or independence.

6.2 Staff Presence and Discreet Supervision

- Trained staff should be present 24/7 in Category A facilities and on immediate call for Categories B and C, maintaining a balance between secure supervision and autonomy.
- Detailed screening of all staff members must be conducted, including verification of conduct, professional qualifications, and specific training related to the care and rights of persons with disabilities.
- Supervision should be conducted discreetly and ethically, without cameras or intrusive technologies inside apartments, to protect residents' privacy and dignity.

6.3 Family Visits and Participation

- Family members have the absolute right to visit their relatives at any time without the need for prior permission or restrictive scheduling, provided there is no valid risk of harm or disruption.
- Apartments should be accessible for visits, equipped with comfortable facilities for private or group meetings, and an environment that fosters interpersonal relationships and emotional support.
- Active and strong communication between families and staff should be encouraged, including regular updates on the resident's condition and involvement in care decisions where relevant and in accordance with the individual's rights.

7. Staff and Required Qualifications

The quality of life for residents depends directly on the professionalism, empathy, and competence of the personnel who work with them daily. Therefore, it is essential that staff employed in residential homes for persons with disabilities are properly prepared not only technically but also psychosocially and communicatively.

7.1 Technical Competencies and Specialized Training

- Staff must have formal training in personal care, medication management, first aid, and emergency handling related to physical and mental health.
- Certification from recognized institutions is mandatory, with ongoing training provided regularly in areas such as dignity-centered care, abuse prevention, and development of observation and response skills in sensitive situations.
- Specialization in mental and cognitive disabilities—such as dementia, autism, or Down syndrome—should be prioritized, especially for staff working in Category A facilities.

7.2 Interpersonal and Empathic Skills

- Staff must communicate respectfully and patiently, using methods tailored to the individual needs of residents—for example, sign language or simplified language.
- They should demonstrate ethical commitment, respect for individual rights, and the ability to understand emotional reactions and non-verbal needs.
- Staff are expected to be not only practical carers but also friends and emotional supports, fostering trustful and safe relationships.

7.3 Addressing Local Challenges – Recruitment of Foreign Carers

- Due to structural shortages of locally qualified carers, the recruitment of foreign carers must be seriously considered.
- Foreign carers should be recruited through a transparent and regulatory process, ensuring minimum linguistic competence in Maltese and/or English, along with mandatory training in local culture and ethics.
- Specialized induction courses should be compulsory for new staff, covering interaction with persons with disabilities, managing cultural differences, and inclusive practices.

7.4 Supervision and Support for Staff

- Staff should receive regular supervision from clinical or administrative professionals to maintain high standards of practice and to identify cases of burnout or performance issues.
- Mentoring sessions, psychological support, and continuous training should be offered to sustain a stable and motivating work environment.

8. Classification and Monitoring Process

The classification and monitoring process must be comprehensive, transparent, and evidence-based to ensure personalized, effective care that respects residents' rights. The main objective is to place each resident in an environment that dynamically and flexibly responds to their specific needs.

8.1 Assessment

- Each resident should undergo an initial and periodic assessment conducted by a professional team, including a physician, nurse, therapist (physical, occupational, or sensory), psychologist, and social worker.
- This assessment should cover:
 - Physical and medical condition;
 - Mental and emotional capacities;
 - Functional daily living abilities (ADLs);
 - Social support and relationships with family and friends;
 - Personal preferences and lifestyle.

8.2 Classification into Care Levels

- Based on the assessment results, residents are classified into care categories (A, B, or C—as detailed in Section 3).
- This classification should guide:
 - The type of accommodation (studio flat, intensive support home, etc.);
 - The level and type of required staff;
 - Frequency of therapeutic and medical interventions;
 - Personal and therapeutic goals.

8.3 Personalized Care Plan

- An Individualized Care Plan (ICP) must be developed, documented, approved, and regularly reviewed for each resident.
- The ICP should include:
 - Key goals for skill development or maintenance;
 - Preventive and therapeutic measures;
 - Identified risks and mitigation plans;
 - Arrangements for continuity of care in emergencies;
 - Participation in activities and community inclusion.

8.4 Regular Monitoring and Adjustments

- Assessments should be conducted at least every 12 months, or more frequently in cases of:
 - Changes in health or mental condition;
 - Reports from family or carers indicating decline or improvement;

- Incidents, hospitalizations, or other emergencies.
- Monitoring must be documented with clear records accessible to staff and regulatory authorities.

8.5 Family Involvement

- The process should actively involve consultation with families and legal delegates of residents, where applicable.
- Families should be invited to attend review meetings and have access to relevant information within privacy and regulatory limits.
- Their contribution is crucial to ensure a holistic and respectful approach aligned with the values and identity of the individual.

9. Legal Compliance

This proposal is designed to comply with both national and international legal and regulatory frameworks to ensure the protection of the fundamental rights of persons with disabilities and the necessary conditions for their care and support. Accordingly, Fondazzjoni Wens offers a safe, respectful, and equitable environment for its fifty residents.

9.1 United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)

- The proposal aligns with the principles and provisions of this Convention, particularly:
 - Article 19 – The right to live independently and be included in the community;
 - Article 25 – The right to health and medical care for all, including access to community-based medical services on an equal basis with others;
 - Article 28 – Access to social support services and programs of all kinds, including personal assistance.

9.2 National Laws and Regulations

- Occupational Health and Safety Act (Cap. 424) – Ensures that care facilities maintain a safe and protected working environment for both residents and staff.
- MEPA and MCCA Regulations – Implement strict standards of accessibility, safety, and design of spaces that comply with high criteria of inclusion and environmental protection.
- CRPD and SCSA Standards – Provide detailed guidance on care practices, protection, and services based on the real needs of residents, including their rights to dignity and privacy.

9.3 European Guidance on the Transition from Institutional to Community-Based Care

- The proposal also takes into account international recommendations, particularly those published by the European Union in 2012 on transitioning from institutional systems to integrated community care models.
- This includes best practices for personalized support, including residential placement according to level of need, and active resident involvement in daily life.

9.4 Entry into Force and Implementation

- This proposal is intended to serve as a reference document for the administrative team, medical personnel, and regulatory authorities to ensure monitoring and compliant implementation.
- The adequacy of the proposal should be regularly evaluated and updated to respond to changes in national and international laws and policies.

9.5 Penalties and Legal Supervisory Mechanisms

To ensure full compliance with the aforementioned laws and regulations, it is essential to establish robust supervision and accountability mechanisms, as well as administrative and legal sanctions in cases of breaches or abuses.

9.5.1 Supervisory and Monitoring Mechanisms

- **Regular Supervision:** Competent national authorities, including the SCSA, Support Agency, and the Commissioner for the Rights of Persons with Disabilities, shall have the right and responsibility to conduct regular inspections of the services provided by Fondazzjoni Wens. These inspections shall include assessments of living conditions, safety, and respect for residents' rights.
- **Reporting and Documentation:** The Foundation shall provide detailed annual reports on residents' conditions, placement processes, and service quality, including cases of medical and social interventions.
- **Participation of Families and Local Authorities:** Families should be encouraged to collaborate and oversee the service as part of the quality-of-life monitoring process for residents.

9.5.2 Penalties and Sanctions

- **Non-Compliance:** Any violation contradicting national and international laws, such as abuse, neglect, or service inadequacy, shall be subject to immediate investigation and corrective action by competent authorities.
- **Administrative Sanctions:** These may include fines, temporary or permanent suspension of operational licenses, or restrictions on public funding.
- **Criminal Penalties:** In serious cases of maltreatment or criminal abuse of residents, criminal proceedings may be initiated under Maltese law, with corresponding legal consequences for responsible individuals.
- **Rehabilitation and Prevention:** Beyond penalties, the proposal encourages the implementation of training and education programs for staff to prevent future cases of neglect or abuse.

Conclusion and Operational Recommendations for Implementation

The proposed resident allocation and restructuring plan for Fondazzjoni Wens, based on a detailed analysis of varying care and personal assistance needs, represents a fundamental and indispensable step toward guaranteeing high-quality services that uphold the dignity, safety, and wellbeing of residents. This personalized approach not only supports assisted independent living and social integration but also provides a clear and sustainable framework protecting both the residents and the staff responsible for their care.

Systematic implementation of this proposal, accompanied by a rigorous monitoring and continuous evaluation plan, offers important legal and ethical assurances that strengthen Fondazzjoni Wens's operations. This includes the prevention and development of accountability mechanisms to avoid any form of abuse, neglect, or care failure, as well as promoting an environment of transparency, responsibility, and respect for the rights of persons with disabilities.

As such, this proposal not only supports Fondazzjoni Wens's legal and moral mandate but also opens pathways for sustainable, efficient, and humane policies and practices that could serve as exemplary models for similar institutions nationwide.

Operational Recommendations for Implementation

- **Creation of a Specialized Implementation Team:** To monitor and coordinate the resident allocation and restructuring process, including continuous resident assessment and care service management.
- **Detailed Transfer Plan:** Residents' movement to different homes should be gradually planned, with collaboration from families and staff, to avoid stress and trauma.
- **Regular Monitoring and Reporting:** Establishment of a reporting and control system with feedback from staff, residents, and families to identify issues early and ensure ongoing high care quality.

Staff Training Programs

- **Specialized Training on Personal Care and Medication:** For staff caring for high-dependency residents, including knowledge of therapies, medication administration, and emotional support.
- **Awareness of Mental and Physical Disabilities:** To develop empathetic and communicative skills and reduce workplace stigma.
- **Crisis and Safety Management:** Practical training on emergency procedures, including physical and psychological safety for residents and staff.
- **Cultural and Linguistic Awareness (for foreign carers):** To better understand Maltese residents' cultural specifics and care needs.

Examples of Staff Training Programs

1. Specialized Training on Personal Care and Medication

- **Duration:** 20 hours (divided into 4-hour sessions weekly for 5 weeks)
- **Content:**
 - Correct medication administration (dose control, storage, documentation)
 - Mobility assistance and resident transfers
 - Basic therapies and physiotherapy support
 - Personal hygiene and toilet assistance
 - Identification and response to medical emergencies
- **Methods:** Practical workshops, demonstrations, simulation exercises

2. Awareness of Mental and Physical Disabilities

- **Duration:** 15 hours (3-hour weekly sessions for 5 weeks)
- **Content:**
 - Understanding common mental conditions and daily impact
 - Effective communication methods with mentally disabled persons

- Stress and emotion management in the workplace
 - Developing empathy and respect for resident dignity
- Methods: Seminars, role-plays, case studies

3. Crisis and Safety Management

- Duration: 10 hours
- Content:
 - Emergency procedures (fire safety, first aid, evacuation)
 - Managing aggression or extreme anxiety
 - Physical and psychological safety for residents and staff
- Methods: Simulation training, interactive workshops, emergency drills

4. Cultural and Linguistic Awareness (for foreign carers)

- Duration: 10 hours
- Content:
 - Understanding Maltese culture and residents' experiences
 - Medical and basic care terminology in Maltese and English
 - Culturally sensitive and respectful workplace communication
- Methods: Workshops, language training, group discussions

Compliance with the UN Convention on the Rights of Persons with Disabilities (UNCRPD)

Introduction

This proposal for the allocation and restructuring of the residents of Fondazzjoni Wens is strictly based on the principles and provisions of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which Malta has ratified. The UNCRPD is the primary international framework for the protection and promotion of the rights of persons with disabilities. The aim is to ensure that each resident receives quality care that respects their dignity and provides equal opportunities for participation within their social and community environment.

Key Relevant Articles of the UNCRPD for the Proposal

Article 19 – Living independently and being included in the community

- The proposal promotes independent living and personal choice by categorizing residents according to their level of required assistance.
- The option for independent apartments for Categories B and C challenges institutional segregation and fosters integration within a more inclusive environment.
- Support services available onsite and family accessibility align with the need for continuous support and social inclusion.

Article 25 – Health

- Specialized medical and therapeutic services proposed for Category A residents comply with the obligation to provide quality, effective, and accessible healthcare for persons with disabilities.
- The emphasis on professional and sensitized staff training aims to prevent abuse and neglect, ensuring care that is ethical and respectful.

Article 28 – Adequate standard of living and social protection

- The proposal includes family access and the creation of a family-like care environment where residents' rights and dignity are safeguarded, promoting an adequate standard of living.
- Quality care and easy access to medical and social support contribute to strengthening the residents' economic and social rights.

General Principles of the Proposal According to the Convention

Dignity and Respect

- Every resident is entitled to treatment with full dignity and respect, including protection of privacy and confidentiality.
- Adoption of personalized care plans and ongoing consultation with families demonstrates respect for the residents' will and rights.

Participation and Inclusion

- The proposal encourages active resident involvement in the community and promotes access to local services to avoid isolation.
- Unrestricted family and caregiver access is considered essential to meet the emotional and social needs of residents.

Protection against Discrimination and Abuse

- Emphasis on professional training and continuous monitoring prevents abuse, discrimination, and neglect, ensuring a safe and protected environment.
- Adoption of new standards and supervision plans comply with legal obligations to protect vulnerable persons.

Accessibility

- Homes and apartments are designed to be fully accessible to persons with various types of disabilities.
- Services and communication are delivered in language and formats adapted for mental and physical disabilities.

Conclusion

This proposal is designed to ensure full compliance with the UN Convention on the Rights of Persons with Disabilities, assisting Fondazzjoni Wens in setting an example of respectful, integrated, and effective service for persons with disabilities. The principles of independent living, dignity, accessibility, legal protection, and community inclusion are at the core of this proposal and will ensure that the fundamental rights of residents are substantively and sustainably protected and promoted.

Integrated Therapeutic Program for the Development and Well-being of Persons with Disabilities

1. Physical Therapy

- *Goal:* Improve mobility, physical strength, and independence in movement.
- *Activities:* Specific exercises tailored to disabilities, posture training, massages, and muscle relaxation techniques.
- *Benefit:* Reduced pain, increased physical autonomy, and decreased muscle tension.

2. Occupational Therapy

- *Goal:* Teach and enhance skills for daily activities (toileting, eating, hygiene, social skills).
- *Activities:* Training in using assistive tools, autonomy techniques, and creative activities to boost confidence.
- *Benefit:* Increased personal independence and awareness of capabilities.

3. Psychological Therapy

- *Goal:* Address anxiety, depression, stress, and promote emotional balance.
- *Activities:* Individual and group therapy sessions, relaxation techniques (breathing, meditation), and counselling.
- *Benefit:* Improved self-esteem, greater confidence, and reduced emotional tension.

4. Music and Art Therapy

- *Goal:* Express emotions and social relationships creatively and freely.
- *Activities:* Use of musical instruments, painting, sculpture, and other guided creative activities.
- *Benefit:* Development of non-verbal communication, stress reduction, and sense of belonging.

5. Social Skills Therapy

- *Goal:* Improve social and communication skills and strengthen relationships.
- *Activities:* Communication exercises, teamwork activities, social games, and simulations of daily situations.
- *Benefit:* Increased social confidence, community inclusion, and expanded social network.

6. Mindfulness and Relaxation Therapy

- *Goal:* Reduce stress and improve psychological well-being.
- *Activities:* Mindfulness exercises, adapted yoga, relaxation techniques, and deep breathing.

- *Benefit:* Feeling of calm, better mind-body awareness, and improved focus.

7. Animal-Assisted Therapy

- *Goal:* Enhance emotional and social well-being through interaction with animals.
- *Activities:* Visits and sessions with therapy animals (dogs, cats, others).
- *Benefit:* Anxiety reduction, provision of affection, and sense of responsibility.

Implementation and Support

- *Multidisciplinary Team:* A team of therapists, psychologists, nurses, and social workers will oversee progress and adapt the program according to each resident's personal needs.
- *Safe and Accessible Environment:* Spaces adapted for all activities, including relaxation and creative zones.
- *Family Involvement:* Families are included in the emotional and social support process to strengthen community and continuous support.

12-Day Therapeutic Program for Persons with Disabilities

Day	Therapy Type	Activities	Main Goals
1	Physiotherapy	Initial assessment, basic mobility exercises, stretching	Development of mobility and body-mind connection
2	Occupational Therapy	Training in daily activities, use of assistive devices	Increased independence and personal autonomy
3	Mental/Psychological Therapy	Counselling session and relaxation techniques such as deep breathing	Reduction of anxiety and enhancement of emotional balance
4	Music and Art Therapy	Creative activities using musical instruments or painting	Emotional expression and stress reduction
5	Social Therapy	Teamwork games and social situation simulations	Development of social and communication skills
6	Mindfulness and Relaxation	Adapted yoga and meditation for relaxation	Sense of calm and body-mind awareness
7	Physiotherapy	Muscle strengthening and balance exercises	Muscle strengthening and prevention of falls
8	Occupational Therapy	More independent daily activities, preparation for community life	Development of practical skills and confidence
9	Animal-Assisted Therapy	Interaction with therapeutic animals (dogs or cats)	Anxiety reduction and increased sense of responsibility

Day	Therapy Type	Activities	Main Goals
10	Mental/Psychological Therapy	Group support session and relaxation techniques	Strengthening emotional and community support
11	Music and Art Therapy	Collaborative creative project (song, painting)	Creating a sense of belonging and personal expression
12	Mindfulness and Relaxation	Final relaxation and reflection activities	Preparation for daily life and psychological balance

Implementation Details and Modalities

- **Participants:** Small groups (5-8 individuals) for effective individual attention.
- **Session Duration:** 45-60 minutes per therapy type, adapted to individual capacity.
- **Trained Staff:** Professional therapists specializing in physiotherapy, psychology, therapeutic musicians, and nurses.
- **Monitoring:** Periodic review of individual progress with feedback from participants and family members.
- **Environment:** Comfortable and safe spaces equipped with materials and tools suitable for each therapy type.

Examples of Therapeutic Sessions

1. Mindfulness and Deep Breathing Session (45 minutes)

Goal: To release stress and focus on the present moment to foster calm and mental control.

Activities:

- Brief introduction to mindfulness.
- Deep breathing exercise to reduce anxiety.
- Guided meditation with relaxing music and verbal instructions.
- Short discussion on applying these techniques in daily life.

2. Art Therapy – Expressing Emotions through Colors (60 minutes)

Goal: To help residents express their emotions creatively, providing relaxation and a sense of achievement.

Activities:

- Introduction of materials (paint, crayons, paper).
- Painting or design activity on a theme such as “A Place Where I Feel Safe.”
- Group sharing where participants talk about their work (as able).
- Temporary display of artwork to promote pride.

3. Social Therapy – Group Games and Communication Skills (50 minutes)

Goal: To enhance social skills and reduce emotional isolation.

Activities:

- Interactive games involving teamwork (e.g., large puzzles, friendship games).
- Simulation of everyday situations to learn social interaction (e.g., asking for help, participating in activities).
- Debriefing to discuss feelings experienced during the game.

4. Physiotherapy – Mobility and Balance Exercises (45 minutes)

Goal: To improve mobility, balance, and physical independence.

Activities:

- Warm-up with simple movements to relaxing music.
- Stretching and muscle-strengthening exercises.
- Balance activities (e.g., walking on a line, standing on one leg).
- Cool down with relaxation movements.

5. Animal-Assisted Therapy – Interaction with Therapy Dogs (30-45 minutes)

Goal: To reduce anxiety and foster affectionate bonds.

Activities:

- Introduction to therapy dogs and sensitive handling.
- Activities like grooming, caring for the animal, and simple play.
- Reflection on how the animal helps them feel relaxed and happy.

6. Occupational Therapy – Training in Daily Activities (60 minutes)

Goal: To increase autonomy and confidence in daily routines.

Activities:

- Practice in personal hygiene, hand washing, medication administration, and simple snack preparation.
- Use of assistive devices as needed.
- Continuous progress evaluation and strategy adaptation.

Adaptations and Participation Encouragement

Each session is tailored to individual resident needs and sensitivities, encouraging active participation, personal expression, and integration within their community.

Social Participation Opportunities and Group Activities for Residents

Creation of Social Groups and External Activities

Goal: To provide residents with opportunities to meet, interact, and engage in social activities outside the residential environment, thereby enhancing their sense of belonging and quality of life.

Detailed Proposal:

- Regular organized outings to social venues such as dinners, cultural visits, city tours, parks, or places of interest.
- Formation of small groups with manageable numbers for participation, assisted and supervised by staff.
- Safe, reliable transport arrangements ensuring safety on the way there and back.
- Adaptations for special needs including personal support for residents with greater disabilities.
- Promotion of interactive activities during outings to encourage community spirit and reduce social isolation.
- Involvement of family members and volunteers to support and enrich the experience.

Expected Benefits:

- Improved emotional and psychological well-being.
- Increased confidence and personal independence.
- Promotion of social inclusion and reduction of isolation and anxiety.
- Formation of strong social bonds between participants and the Maltese community.

Operational Plan for Social Outings and Evening Meals Groups

1. Identification and Classification of Residents

- Assessing individual needs and interests to determine eligibility for participation.
- Categorizing participants based on required assistance levels (independent, moderate help, intensive assistance).

2. Group and Participant Management

- Creating small groups of 6-10 residents to enhance interaction and supervision.
- Selecting a group leader from staff responsible for coordination and safety.

3. Activity and Meal Program

- Organizing evening meals at local restaurants or selected venues with disability-friendly facilities.
- Cultural and recreational activities such as museum visits, parks, theaters, or light sports.
- Social events with music, artistic work, or interactive games.

4. Transport and Logistics

- Arranging adapted vehicles with accessibility for all.
- Ensuring vehicles are safe and equipped with medical assistance if needed.
- Detailed schedule of outings including timing, location, and participant list.

5. Assistance and Safety

- Trained staff accompanying participants for personal care, medication, and emotional support.
- Constant communication between staff and administration regarding each outing.
- Emergency management plans for each event.

6. Involvement of Family Members and Volunteers

- Inviting family and volunteers to support and participate.
- Providing regular updates and feedback about residents' progress and experiences.

7. Monitoring and Evaluation

- Collecting feedback from residents and staff to improve activity quality.
- Periodic progress reports to Foundation management.
- Compliance with international standards on transparency and program effectiveness.

Therapeutic and Social Activity Program for Residents with Disabilities

1. Occupational Therapy

- *Goal:* Develop daily living skills (e.g., personal hygiene, hand washing, simple kitchen tasks).
- *Activities:* Creative and functional tasks to increase independence and confidence.
- *Frequency:* 2-3 sessions per week, 45 minutes each.

2. Music and Rhythm Therapy

- *Goal:* Reduce stress and anxiety, improve emotional communication.
- *Activities:* Use of appropriate instruments, live or recorded music, rhythm exercises.
- *Frequency:* 1-2 sessions per week.

3. Art Therapy and Creative Expression

- *Goal:* Express emotions and develop a sense of identity and belonging.
- *Activities:* Painting, glass sculpture, collage, manual crafts.
- *Frequency:* 2 sessions per week with a specialized therapist.

4. Mindfulness and Respiratory Training

- *Goal:* Help individuals manage tension, reduce stress, and improve concentration.
- *Activities:* Deep breathing exercises, simple meditation, awareness techniques.
- *Frequency:* 3 sessions per week, 30 minutes each.

5. Social and Emotional Support Groups

- *Goal:* Develop social relationships, psychological support, reduce isolation.
- *Activities:* Group meetings discussing topics of interest, personal issues, and social events (e.g., dinners, volunteer work).
- *Frequency:* Weekly, 1-2 hours.

6. Light Sports and Adapted Physical Training

- *Goal:* Improve mobility, coordination, and general well-being.
- *Activities:* Moderate ball games, garden exercise, walking groups.
- *Frequency:* 2-3 sessions per week, 30-45 minutes each.

7. Community Inclusion Activities

- *Goal:* Active involvement in social and cultural activities outside the residential setting.

- *Activities:* Museum visits, outings to cafes and restaurants, participation in festivals and cultural events.
- *Frequency:* Weekly or biweekly programs.

8. Personal Development and Education

- *Goal:* Develop new skills and a sense of personal achievement.
- *Activities:* Life skills courses (e.g., hygiene, computer skills, handicrafts).
- *Frequency:* Weekly, 1-2 hours.

Important Note:

All programs should be personalized according to the residents' needs, capacities, and preferences, in consultation with family members and medical professionals.

Dedicated Space for Workshops and Social Activities Outside the Residential Home

To promote personal development, social skills, and community integration, it is essential that residents have access to a space specifically dedicated to workshops and therapeutic programs outside the residential home. This space should serve as a dynamic center where residents can:

- Gather in a relaxed and safe environment to be trained and participate in educational and therapeutic activities;
- Discover and develop new skills interactively and in groups, including art, music, crafts, and daily living skills;
- Be motivated to work on their personal progress through structured programs addressing physical, mental, and emotional aspects;
- Feel part of the wider community by participating in regular social activities and organized outings;
- Have opportunities to form positive social relationships with peers and staff in a non-residential environment.

This support not only fosters residents' independence and autonomy but also helps reduce social exclusion and isolation, which are critical to their well-being.

Administrative Offices and Integrated Social Services

Administrative Office and Medical Store:

Within the Wens Foundation administrative office, it is essential to maintain specialized storage for medicines and medical equipment provided by both the Government and the Foundation. This must adhere to strict medical standards to ensure safety, effective inventory control, and responsible access to healthcare services. Rigorous administration and management of medications are crucial to prevent any risks or harm to residents.

Office for Integrated Social Services (FSWS):

It is recommended to allocate additional space within the facility for a separate office dedicated to a Social Worker from the Foundation's Social and Community Care Services (FSWS). This office would not only provide direct support and services to Foundation residents but could also serve as a community referral point for social services and assistance.

Implementation in the Kalkara Maisonettes:

This integration can be effectively realized by utilizing two maisonettes located in Kalkara, where permits have already been approved to convert these into administrative and service offices. The use of these properties offers a practical and efficient solution, providing sufficient functional spaces for administrative, medical-social, and medication management needs, while also promoting connectivity and cooperation with the local community.

This arrangement will improve internal management within the Foundation and strengthen ties between the Foundation and local residents, ensuring that services are delivered more easily, effectively, and responsibly.

Maintenance, Security, and Management of Administrative and Social Offices in the Kalkara Maisonettes

1. Regular Maintenance:

- A preventive maintenance plan for the building and infrastructure must be established to avoid technical issues and costly repairs. This includes structural repairs, maintenance of electrical systems, plumbing and air conditioning systems, and improving accessibility for persons with disabilities.
- Regular cleaning and upkeep of both internal and external environments must be conducted, including waste management and removal, to maintain high sanitary conditions and a safe, vibrant environment for residents, staff, and visitors.

2. Security:

- Facilities should be equipped with security systems such as CCTV cameras, emergency alarms, access control systems using identification cards, and fire detection systems.
- An emergency plan with clear instructions for safe evacuation, medical response, and incident reporting must be implemented, alongside regular training for staff and users on emergency procedures.
- Medication security must be regulated through strict inventory control methods, including electronic management, to ensure medicines are used only by authorized personnel and stored safely following medical protocols.

3. Operational Management and Control:

- A dedicated management team must be established, including an administrative manager responsible for overall coordination, maintenance systems, supplies, equipment, and quality monitoring of services.
- The team should also include officers responsible for coordination with social workers, therapists, and external medical and social service providers.
- A digital documentation system should be developed for the secure storage and rapid access to resident information, care plans, safety reports, and other administrative activities.
- Effective communication between staff, residents, and families should be encouraged through structured regular meetings, transparent reporting, and feedback and suggestion systems.

4. Collaboration with the Local Council and Other Entities:

- A formal collaboration plan should be established with the Kalkara Local Council to jointly address community needs, including the use of facilities for community services, events, and educational and therapeutic programs.
- Active communication with regulatory authorities is essential to ensure compliance with national and international laws and regulations.

Operations Manual

For Maintenance, Security, and Management of Administrative and Social Offices

Wens Foundation – Kalkara Maisonettes

1. Introduction

This manual establishes operational procedures and policies for the maintenance, security, and management of administrative offices and social services in the Kalkara maisonettes. Its purpose is to ensure a safe, functional, and quality environment for residents, staff, and the wider local community.

2. Maintenance

- **Preventive Maintenance Plan:**

- Regular schedules for structural, electrical, plumbing, and air conditioning system repairs.
- Periodic checks of safety installations and accessibility features.

- **Cleaning and Upkeep Services:**

- Maintaining a consistently clean and safe environment, with special attention to internal and external building care.
- Effective waste management and recycling procedures.

3. Security

- **Security Systems:**

- Installation and maintenance of CCTV, alarm systems, and access control.

- **Emergency Plans:**

- Clear procedures for safe evacuation, incident reporting, and medical response.
- Regular training for staff and users on emergency reactions.

- **Medication Management:**

- Strict inventory control and safe medication storage.
- Detailed protocols for dispensing and reporting all administered medication.

4. Operational Management

- **Administrative Team:**

- An administrative manager responsible for overall coordination, maintenance, and supplies.
- Coordination with therapists, social workers, and medical and social service providers.

- **Documentation and Digital System:**

- Maintenance of medical-social records, care plans, and safety reports.
- Secure data access and protection compliant with GDPR regulations.

- **Communication:**

- Regular meetings involving staff, residents, and families.

- Feedback mechanisms for continuous improvement.

5. Collaboration with Local Council and Other Entities

- **Formal Cooperation:**
 - Use of facilities for community purposes supported by the Local Council.
 - Participation in events and educational and therapeutic programs.
- **Regulatory and Compliance:**
 - Active communication with authorities to ensure legal and regulatory compliance.

6. Access and Privacy Policy

- Open and easy access for families and carers.
- Security and confidentiality of resident records and personal information.
- Data protection and full GDPR compliance.

7. Incident Response and Follow-Up Policies

- Procedures for reporting all types of incidents or issues.
- Continuous training and support for staff to ensure effective and sensitive responses.

8. Staff Training and Development

- Regular programs for training in personal care, safety, and sensitive communication.
- Professional development aimed at continuous service improvement.

Conclusion

This manual provides the framework for the Wens Foundation to promote an environment of care, safety, and social participation, while ensuring compliance with national and international standards. Its implementation is critical for residents' well-being and strengthening community trust.

General Closing Statement and Call to Action

Doninu (Malta) International has prepared this report with full awareness and great responsibility, driven by the clear belief that everyone has the right to feel included and respected, in accordance with the principles of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

We firmly believe that mere criticism without concrete action is no longer sufficient. Only through concrete plans and systematic implementation can we ensure real change—change that grants the dignity and strength every person with a disability deserves.

The Maltese Government, as a signatory to this Convention, holds a central role in ensuring that its laws and policies are translated into effective action, leading to more humane, efficient, and sustainable services.

We, at Doninu (Malta) International, offer this contribution with full dedication and clear intent to empower these individuals, enabling them to enjoy the quality of life they rightfully deserve, with full respect for their rights.

We extend our gratitude to everyone who supported this research and consultation process, and we invite you to join us—both as a community and as a nation—in taking the necessary steps to bring this vision to life.

The time to act is now. For a fairer, more inclusive, and humane future, let us work together.

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