



## **Key Elements to Include in the Personal Support Plan (PSP) to Guarantee Freedom and Autonomy under the UNCRPD**

***By Doninu (Malta) International***

Full answer showing how a **residential home for persons with disabilities** should adapt the **Personal Support Plan (PSP)** to promote **freedom and autonomy**, as required by the **United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)** — particularly under **Article 19**.

# Introduction to Doninu (Malta) International

Doninu (Malta) International is committed to advocating for the rights, dignity, and wellbeing of vulnerable individuals across Malta. As part of this mission, we have conducted a thorough review of several Personal Support Plans (PSPs) updated in 2024. This review was necessary because, based on our analysis, many of these PSPs appear to fall short of the standards required to fully align with the principles and obligations set forth by the **United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)**.

It is important to clarify that our intent is not to question or undermine the work of the sector professionals who prepare and implement these PSPs. We recognize that some PSPs are already in use or being developed by service providers. However, our objective is to provide an honest, clear, and comprehensive overview that highlights where current practices may be lagging behind international human rights standards.

This report has been independently compiled by Doninu (Malta) International to serve as a practical resource and reference for service providers, policymakers, advocates, and all stakeholders involved in disability support services. Our focus is on supporting the vulnerable populations we serve with utmost respect, ensuring that the quality of support aligns with the highest ethical and legal standards.

At Doninu (Malta) International, our work is driven by a deep sense of responsibility and commitment to the people we serve. The wellbeing and empowerment of persons with disabilities are not just professional priorities — they are sources of profound satisfaction and motivation for us. We believe that by improving the development and implementation of Personal Support Plans, we can contribute significantly towards enhancing the autonomy, inclusion, and quality of life of persons with disabilities in Malta.

We invite all stakeholders to engage with this report constructively, using it as a tool to advance service excellence and to ensure that every person's right to live with freedom, dignity, and equality is respected and realized.

# 1. Supported Decision-Making (Not Substituted Decision-Making)

## *Definition and Principle:*

Supported decision-making is a **human rights-based approach** that acknowledges every person's right to make their own decisions, irrespective of disability. It requires that individuals be given the **assistance they need to understand, consider, and communicate decisions**—rather than having decisions made *for them* (substituted decision-making).

## *Legal Basis:*

Article 12 of the UNCRPD asserts that persons with disabilities have **legal capacity on an equal basis with others in all aspects of life**. This includes the right to make choices related to housing, healthcare, finances, relationships, and participation in the community.

## *Implementation in the PSP:*

To meet this standard, the PSP must include the following components:

### *a. Identification of Support Needs for Decision-Making*

- Assess and document the **types of decisions** where the individual may benefit from support (e.g., medical, social, financial, personal care).
- Respect that the level of support may vary across decision types and over time.
- Ensure the assessment is **person-led** and avoids assumptions based on diagnosis or disability label.

### *b. Nomination of Supporters (Trusted Persons)*

- The PSP must **clearly identify who the individual trusts** to assist in the decision-making process. This can include:
  - Family members or close relatives
  - Independent advocates

- Peer mentors
  - Support workers (with the individual's consent)
- The role of the supporter is to **assist**, not override or influence, the person's decision.

### *c. Communication Aids and Accessibility Tools*

- Document any **communication tools or adaptations** needed to support understanding and expression, including:
  - Visual symbols or pictorial boards
  - Augmentative and Alternative Communication (AAC) devices
  - Easy-read formats or simplified language
  - Interpreters (e.g., sign language or cultural interpreters)
- These tools must be available consistently and updated regularly to reflect the individual's needs.

### *d. Decision-Making Supports and Scenarios*

- Include **real-life examples** or scenarios within the PSP where the resident is encouraged to practice and lead decision-making, such as:
  - Choosing their weekly meals or clothing
  - Deciding on daily routines or activities
  - Selecting their healthcare providers
  - Expressing preferences regarding visitors or outings

### *e. Safeguards Against Coercion or Undue Influence*

- Clearly state in the PSP how **the individual's free will** is protected.
- Supporters must sign a **code of conduct or support agreement** acknowledging their role to inform—not decide.
- Include regular reviews to detect signs of **undue pressure**, coercion, or neglect of the person's voice.

### ***f. Right to Make 'Unwise' Decisions***

- The PSP must explicitly recognise that **making mistakes or 'unwise' decisions is part of exercising freedom**.
- Staff and supporters must not override decisions based solely on perceived risk, unless there is **clear, imminent, and documented danger**, and even then, the least restrictive measure must be applied temporarily.

### ***g. Review Mechanism***

- Supported decision-making arrangements must be **monitored regularly** (at least bi-annually), and updated to reflect:
  - New support needs
  - Changes in personal preferences
  - Feedback from the person with a disability
- The individual must always be **at the centre of this review**, with their voice given primary weight.

### ***Summary***

Supported decision-making is not merely a procedural option—it is a **legal and moral requirement** under the UNCRPD. Embedding it into every PSP empowers individuals to live with **dignity, freedom, and equality**. Residential homes must move away from risk-averse, paternalistic models, and embrace **respectful partnerships** where persons with disabilities are active agents in their own lives.

## 2. Right to Privacy and Personal Relationships

The right to privacy and the freedom to maintain personal and intimate relationships are fundamental human rights, explicitly recognized under the **United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)**, particularly under **Article 22 (Respect for privacy)** and **Article 23 (Respect for home and the family)**. These rights must be fully integrated and actively protected within the Personal Support Plan (PSP) of every resident in a residential home for persons with disabilities.

### *a. Private and Secure Living Space*

- **Individual Privacy:**

Each resident must be provided with a **private room** that serves as their personal living space. This room must:

- Be sufficiently sized to accommodate personal belongings and provide a comfortable, homely environment.
- Allow the resident to personalize and arrange the space according to their preferences.
- Be protected against unauthorized access or intrusion.

- **Control over Access:**

Residents should be given the **option to hold the key to their room** or have other secure means of controlling access. The PSP must:

- Clearly document the individual's preference regarding key possession and room security.
- Ensure that staff respect the resident's right to privacy by only entering the room with explicit consent or under clearly justified and legally compliant circumstances (e.g., emergency, maintenance with notice).

- **Confidentiality of Personal Information:**

The PSP must include protocols that guarantee the **confidentiality and protection of personal data** related to the resident's private life, medical records, and correspondence, in compliance with applicable data protection laws.

## ***b. Freedom to Receive Guests Privately***

- **Unrestricted Visits:**

Residents must have the unequivocal **right to receive visitors of their choice, including friends, family members, and partners**, without undue restriction or surveillance.

- **Private Meeting Spaces:**

The residential home must provide:

- Private areas or rooms where residents can meet their visitors confidentially.
- Flexibility in visiting hours to accommodate the resident's preferences and needs.

- **Support for Visiting Arrangements:**

The PSP should outline any reasonable accommodations necessary to facilitate visitors, such as physical accessibility, communication supports, or scheduling assistance, while respecting the resident's autonomy.

## ***c. Respect for Intimate and Sexual Relationships***

- **Recognition of Sexual Rights:**

The PSP must affirm that persons with disabilities have the **right to establish and maintain intimate and sexual relationships**, as recognized by Article 23 of the UNCRPD and related human rights instruments.

- **Non-Interference and Support:**

Residential staff and support persons are required to:

- Refrain from unnecessary or intrusive restrictions or controls on residents' sexual expression and relationships.
- Provide appropriate information, education, and support regarding sexual health, consent, and relationship choices in a respectful and accessible manner.
- Respect privacy and confidentiality concerning intimate relationships.

- **Safeguarding Against Abuse:**

While protecting freedom, the PSP must also include **safeguards to prevent abuse or exploitation**, ensuring:

- Residents are informed about their rights and how to report concerns.

- Support structures are in place to respond sensitively and effectively to any allegations or suspicions of abuse, without infringing on autonomy or privacy unnecessarily.

#### *d. Documentation in the PSP*

- The PSP must explicitly reflect the resident's **preferences and choices regarding privacy, visitors, and intimate relationships**.
- Any limitations or adjustments must be **clearly justified, proportionate, time-limited**, and subject to regular review with the involvement of the resident.
- The plan should detail the **measures taken by the residential facility to uphold and promote these rights** on a day-to-day basis.

#### *e. Organisational Policy and Staff Training*

- The residential home must adopt clear **policies on privacy, visiting rights, and sexual rights**, aligned with international standards and national legislation.
- All staff members must receive **comprehensive training** on respecting and promoting residents' rights to privacy and personal relationships, including:
  - Understanding the importance of confidentiality.
  - Recognizing and addressing their own biases.
  - Handling sensitive situations with dignity and respect.

### *Summary*

Protecting the right to privacy and personal relationships is essential to fostering an environment of **trust, respect, and dignity** within residential homes. Incorporating these principles into the PSP ensures that residents are supported to live full, autonomous lives that honor their individuality and human rights, free from unjustified intrusion or control.



### 3. Freedom of Movement and Access to the Community

The right to freedom of movement and to participate fully in community life is a cornerstone of human dignity and equality. This right is explicitly guaranteed under the **United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)**, particularly under **Article 19 (Living independently and being included in the community)** and **Article 20 (Personal mobility)**. It obligates residential care providers to ensure that persons with disabilities are free to leave their home, access public spaces, and engage with their community without undue restriction.

#### *a. Unrestricted Freedom to Leave the Residential Facility*

- **Right to Leave at Will:**  
Residents must have the unequivocal right to **leave the residential home whenever they choose**, without needing permission or justification, except in narrowly defined, lawful, and temporary circumstances that must be carefully documented and subject to review.
- **Assistance as Required:**  
For individuals who require support to exercise this right—due to physical, cognitive, or communication needs—the PSP must clearly specify:
  - The nature of assistance needed (e.g., physical accompaniment, transport, communication support).
  - The personnel responsible for providing support.
  - The mechanisms through which the resident can request and access this support independently.
- **Removal of Barriers:**  
Any policies or practices that restrict residents' freedom to leave the premises, such as locked doors, security protocols, or institutional schedules, should be reconsidered and minimized to the greatest extent possible.

#### *b. Mobility Supports and Accessibility Measures*

- **Accessible Transport Options:**

The PSP must ensure residents have reliable access to **inclusive mobility solutions**, including but not limited to:

- Public transport concessions (e.g., discounted or free travel cards).
- Access to wheelchair-accessible taxis or ride-sharing services.
- Arranged transport services for those with specialized mobility needs.

- **Support for Independent Travel:**

Plans should incorporate:

- Training or accompaniment programs to enhance residents' capacity for **independent travel**.
- Access to mobility aids (e.g., wheelchairs, scooters) and necessary maintenance.
- Support in navigating routes, using timetables, and handling payment or ticketing systems.

- **Community Engagement Opportunities:**

The PSP must proactively promote engagement in community-based activities such as:

- Employment and vocational training.
- Educational and recreational activities.
- Religious, cultural, and social events.
- Volunteering and civic participation.

### ***c. Restrictions on Movement: Justification and Safeguards***

- **Against “Locked-Door” Policies:**

The use of locked doors or physical barriers that prevent residents from leaving the premises must **never be the default or routine practice**. Such restrictions are contrary to the principles of autonomy and freedom enshrined in the UNCRPD.

- **Legitimate and Temporary Restrictions:**

Where restrictions are deemed necessary for legitimate reasons (e.g., health emergencies, safety concerns, or with informed consent), they must be:

- ***Explicitly justified*** with reference to risk assessments.
- ***Documented in the PSP*** and approved by an independent authority or legal guardian, where applicable.
- ***Time-limited*** with clear review dates to ensure prompt removal.

- Accompanied by **least restrictive alternatives** considered and applied first.
- **Regular Review and Resident Involvement:**  
Any imposed limitations on freedom of movement must be subject to regular review, involving the resident directly. Feedback mechanisms should be available for residents to express concerns or request changes.

#### ***d. Organisational Culture and Staff Responsibilities***

- **Promoting a Culture of Inclusion and Freedom:**  
Residential facilities must foster a culture where freedom of movement is understood as a basic right, not a privilege granted at staff discretion.
- **Staff Training:**  
All staff should be trained on:
  - The legal and ethical imperatives of freedom of movement.
  - How to support residents safely while respecting autonomy.
  - How to challenge and reduce institutional practices that restrict movement unnecessarily.

#### ***Summary***

Ensuring freedom of movement and community access for residents is a fundamental obligation under the UNCRPD. The Personal Support Plan must explicitly guarantee the right to leave the home freely, detail supports for mobility and independent travel, and strictly limit any movement restrictions to exceptional, justified, and temporary circumstances. By embedding these principles into the PSP, residential homes promote empowerment, social inclusion, and the full exercise of human rights.

## 4. Personal Choice in Food, Clothing, and Lifestyle

The right to personal autonomy and self-expression is fundamental to human dignity and well-being. This includes the freedom to make daily choices about one's food, clothing, and lifestyle. The **United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)**—notably Articles 19 (Living independently and being included in the community) and 21 (Freedom of expression and opinion, and access to information)—emphasizes the importance of respecting these individual choices to promote inclusion, identity, and quality of life within residential care settings.

### *a. Right to Choose Food According to Preference and Belief*

- **Individual Food Choices:**

Every resident has the right to decide **what they eat**, reflecting their tastes, cultural background, religious beliefs, health needs, and ethical considerations (e.g., vegetarianism, allergies).

- **Flexible Meal Planning:**

The PSP must incorporate:

- Options for meal variety, including multiple menus or customizable meal plans.
- Accommodation for specific dietary requirements related to medical conditions, culture, or religion (e.g., halal, kosher, gluten-free).
- Opportunities for residents to be involved in meal selection and preparation where feasible, enhancing autonomy and skill development.

- **Respect for Mealtime Preferences:**

The timing and location of meals should be adaptable to individual preferences, including:

- Flexibility in meal schedules.
- Choice of eating alone or with others.
- Respect for privacy or social interaction during meals.

### *b. Freedom to Choose Clothing and Personal Appearance*

- **Clothing as Self-Expression:**  
Clothing choices are a vital form of personal identity and dignity. Residents must be supported to select clothing and accessories that reflect their style, comfort, cultural practices, and seasonal needs.
- **Assistance Without Imposition:**  
The PSP should detail:
  - How staff will assist with clothing selection, dressing, and grooming in a manner that respects the individual's preferences.
  - Protocols to avoid imposing standardized uniforms or clothing choices unless explicitly requested by the resident.
- **Seasonal and Practical Considerations:**  
Residents must have access to appropriate clothing for different weather conditions and activities, as well as options for laundering and clothing maintenance according to their preferences.

### ***c. Individualised Lifestyle and Daily Routines***

- **Respecting Daily Rhythms and Preferences:**  
The PSP must reflect the resident's preferred daily schedule, including:
  - Wake-up and bedtime routines.
  - Times allocated for leisure, rest, personal care, and social activities.
  - Participation in hobbies, religious observances, and community engagement.
- **Avoidance of Institutional Schedules:**  
Rigid, uniform schedules imposed on all residents are contrary to promoting autonomy and individuality. The PSP should:
  - Provide tailored routines that accommodate personal choices.
  - Allow flexibility to adapt daily plans based on mood, health, and personal circumstances.
- **Encouragement of Personal Interests:**  
Support should be provided to enable engagement in lifestyle activities that the resident values, whether creative, recreational, educational, or spiritual.

### ***d. Documentation and Review in the PSP***

- The PSP must explicitly document the resident's preferences regarding food, clothing, and daily routines, ensuring:
  - Clear communication of choices to all care and support staff.
  - Regular updates to reflect changing preferences or needs.
  - Inclusion of the resident in all planning and review meetings.

### ***e. Staff Training and Organisational Culture***

- **Promoting Person-Centred Support:**  
Staff must be trained to understand the importance of personal choice as a right, not a convenience.
- **Cultural Competence and Sensitivity:**  
Training should include awareness of diverse cultural, religious, and lifestyle practices to ensure respect and appropriate support.

### ***Summary***

Supporting personal choice in food, clothing, and lifestyle is essential to respecting the dignity, autonomy, and identity of persons with disabilities. The Personal Support Plan must prioritise individualized preferences, flexible routines, and culturally sensitive practices, ensuring residents live in an environment that truly reflects and respects who they are.

## 5. Respect for Sexual and Emotional Rights

Sexual and emotional rights are fundamental components of personal autonomy, dignity, and wellbeing. The **United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)**, through Articles 23 (Respect for home and the family) and 25 (Health), explicitly recognizes the right of persons with disabilities to enjoy their sexuality and emotional lives free from discrimination, coercion, and neglect. Residential care environments must actively promote and safeguard these rights within the framework of the Personal Support Plan (PSP).

### *a. Provision of Accessible and Comprehensive Information*

- **Accessible Sexual Health Education:**

Residents have the right to receive **accurate, age-appropriate, culturally sensitive, and accessible information** about sexual health, relationships, and emotional wellbeing. The PSP must ensure:

- Availability of educational materials in multiple formats (e.g., easy-read, braille, audio, visual aids).
- Information tailored to individual cognitive, communication, and cultural needs.
- Opportunities for ongoing learning about consent, safe sex practices, contraception, sexually transmitted infections (STIs), and emotional relationships.

- **Promotion of Informed Decision-Making:**

Through access to relevant information and counseling, residents should be empowered to make informed choices about their sexual and emotional lives, including decisions about intimacy, partnerships, and family planning.

### *b. Supportive and Non-Judgmental Staff Attitudes and Training*

- **Respectful Support, Not Control:**

Staff must be trained to **support residents' sexual and emotional rights** in a manner that is respectful, non-judgmental, and free from bias or discrimination. This includes:

- Recognizing and validating the resident's right to intimacy and emotional expression.

- Avoiding any form of unnecessary restriction, control, or discouragement of consensual relationships.
- Facilitating access to relevant health services, counseling, and social opportunities.
- **Training Programs:**  
Staff education must cover:
  - The legal and ethical frameworks protecting sexual and emotional rights.
  - Communication skills for discussing sensitive topics appropriately.
  - Strategies to identify and respond to sexual abuse, exploitation, or coercion.
  - Awareness of their own attitudes and biases to provide person-centred, rights-based care.

### *c. Creating a Safe and Respectful Environment*

- **Privacy and Confidentiality:**  
The PSP must guarantee that residents' sexual and emotional lives are conducted with **privacy and confidentiality**, including safe spaces for private meetings and discreet access to health and counseling services.
- **Supporting Relationship Development:**  
The PSP should include:
  - Assistance to initiate and maintain relationships, including social skills training or accompaniment to social events.
  - Support for expressing sexuality in ways that are safe, consensual, and aligned with the resident's values and preferences.
- **Protection from Abuse and Exploitation:**  
The residential facility must have clear protocols to prevent, identify, and respond promptly to any form of sexual abuse or exploitation. This includes:
  - Education for residents about their rights and available complaint mechanisms.
  - Staff vigilance combined with respectful engagement to safeguard residents without infringing on their autonomy.

### *d. Documentation and Resident Involvement*



- The PSP must explicitly document:
  - The resident's preferences, needs, and goals related to sexual and emotional health.
  - The supports in place to facilitate these rights.
  - Any restrictions or interventions must be clearly justified, proportionate, and subject to regular review with the involvement of the resident.

### ***e. Integration with Broader Health and Wellbeing Services***

- The PSP should ensure coordination with:
  - Sexual health clinics, counselors, and mental health professionals.
  - Community organizations that support sexual and emotional rights.
  - Family members or advocates, where appropriate and with consent.

### ***Summary***

Respecting and promoting sexual and emotional rights within residential settings is essential to affirming the full humanity and autonomy of persons with disabilities. By providing accessible information, training staff to offer supportive care, safeguarding privacy, and fostering safe, consensual relationships, the Personal Support Plan becomes a tool for empowerment and inclusion consistent with the UNCRPD.

## 6. Freedom of Expression and Activity Choices

Freedom of expression and the right to engage in personally meaningful activities are integral to human dignity, autonomy, and social inclusion. The **United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)**, particularly Articles 19 (Living independently and being included in the community), 21 (Freedom of expression and opinion, and access to information), and 30 (Participation in cultural life, recreation, leisure, and sport), underscore the imperative to respect and facilitate these rights for persons with disabilities within residential care settings.

### *a. Right to Refuse Participation Without Penalty*

- **Respecting Autonomy and Consent:**  
Every resident holds the right to **accept or decline participation in any organized activity or program** offered within the residential home without facing discrimination, negative consequences, or pressure to conform.
- **PSP Documentation:**  
The Personal Support Plan must explicitly:
  - State the resident's right to refuse activities at any time.
  - Ensure that refusal is recorded and respected without prejudice or impact on the quality of care.
  - Establish alternative opportunities or personalized options when a resident opts out.
- **Avoidance of Coercion:**  
Staff must refrain from coercive or manipulative practices aimed at compelling participation. Encouragement should be supportive and non-intrusive, fostering voluntary engagement based on informed choice.

### *b. Incorporation of Personal Interests, Hobbies, and Preferred Schedules*

- **Individualised Activity Planning:**  
The PSP must comprehensively document:

- The resident's personal interests, hobbies, and preferred forms of recreation, whether creative, educational, social, or physical.
- Preferred times of day for activities, accommodating individual energy levels, routines, and commitments.
- Desired levels of social interaction, whether solitary or group-based activities.
- **Facilitating Access and Support:**  
Support measures should be outlined to enable participation, such as:
  - Transportation to off-site venues.
  - Assistance with adaptive equipment or communication aids.
  - Staff or volunteer accompaniment, when required.
- **Encouraging New Interests:**  
While respecting established preferences, opportunities to explore new activities should be offered, promoting growth and social inclusion without pressure.

### ***c. Respecting and Enabling Cultural, Religious, and Spiritual Expression***

- **Recognition of Diverse Identities:**  
The PSP must recognize and facilitate the resident's right to freely practice and express their **cultural, religious, or spiritual beliefs**, which are central to identity and community belonging.
- **Provision for Religious Practices:**  
This includes, but is not limited to:
  - Access to religious services or spiritual counselors.
  - Accommodation of dietary laws, dress codes, and rituals.
  - Observance of religious holidays and personal spiritual practices.
- **Cultural Activities and Celebrations:**  
Support should be provided for participation in cultural festivals, arts, language, and traditional customs important to the resident.

### ***d. Documentation and Review***

- The PSP must clearly:

- Record all personal preferences, refusals, and supports related to expression and activities.
- Include the resident's input and consent in developing activity plans.
- Provide for regular review and updating to reflect evolving interests and needs.

### ***e. Staff Training and Organisational Culture***

- **Promoting a Rights-Based Approach:**

Staff must be trained to:

- Recognize and respect the right to freedom of expression and choice.
- Support a culture where individual preferences are valued and integrated into daily practice.
- Facilitate inclusive, accessible, and meaningful activity opportunities.

### ***Summary***

Freedom of expression and the right to choose activities are essential for fostering autonomy, identity, and community participation among persons with disabilities. The Personal Support Plan must explicitly protect the right to refuse activities without penalty, incorporate personal interests and schedules, and ensure cultural, religious, and spiritual expressions are fully respected and enabled. Through such person-centred planning and supportive practice, residential homes align with the UNCRPD's commitment to inclusion and dignity.

## 7. Access to Work, Volunteering, and Education

Access to meaningful employment, educational opportunities, and volunteer activities is a cornerstone of personal development, social inclusion, and economic independence. The **United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)**—particularly Articles 24 (Education), 27 (Work and employment), and 30 (Participation in cultural life, recreation, leisure and sport)—affirms the right of persons with disabilities to access these opportunities on an equal basis with others. Residential care settings must actively promote and facilitate access to such opportunities through the Personal Support Plan (PSP).

### *a. Identification and Support for Employment Opportunities*

- **Individual Vocational Goals:**  
The PSP must include a detailed assessment of the resident's skills, interests, and aspirations related to employment. This involves:
  - Collaborating with the resident to identify realistic and meaningful job opportunities.
  - Considering part-time, full-time, supported employment, sheltered workshops, or social enterprises as appropriate.
- **Job Readiness and Skill Development:**  
The PSP should outline strategies to prepare the resident for work, such as:
  - Vocational training, skills development programs, or apprenticeships.
  - Access to job coaching, mentoring, and workplace accommodations.
  - Support with job applications, interviews, and workplace integration.
- **Facilitation of Workplace Access:**  
Support mechanisms must be detailed to ensure the resident can access their place of employment, including transport arrangements and assistive technologies.

### *b. Facilitating Volunteering and Community Engagement*

- **Valuing Contribution through Volunteering:**  
Volunteering provides meaningful roles, social connections, and skill development. The PSP must:

- Identify suitable volunteer roles aligned with the resident's interests and capacities.
- Provide support such as orientation, supervision, and transportation.
- Recognize and validate volunteer contributions as valuable and fulfilling activities.
- **Overcoming Barriers:**  
The plan should address potential obstacles, such as stigma, accessibility, or lack of opportunities, ensuring residents are supported to participate fully.

### ***c. Ensuring Access to Education and Lifelong Learning***

- **Inclusive Education Access:**  
Residents have the right to participate in formal education or training programs suited to their needs and aspirations. The PSP should include:
  - Identification of educational goals, whether academic, vocational, or recreational.
  - Support to enrol in mainstream or specialized education settings.
  - Accommodations such as assistive technologies, personal assistants, or adapted curricula.
- **Lifelong Learning Opportunities:**  
Beyond formal education, the PSP must facilitate ongoing personal development through workshops, community classes, or online learning.
- **Coordination with Educational Institutions:**  
The PSP should outline mechanisms for liaising with schools, colleges, and training providers to ensure accessibility and support.

### ***d. Non-Discrimination and Equal Opportunity***

- **Right to Participate Fully:**  
Being a resident in a care setting must **never be a barrier** to employment, volunteering, or education. The PSP must explicitly uphold the principle that residents retain full rights to contribute to society.
- **Addressing Discrimination and Stereotypes:**  
Strategies must be included to combat negative attitudes, promote inclusion,

and advocate for residents' rights in workplaces and educational environments.

### ***e. Documentation, Monitoring, and Review***

- The PSP must:
  - Clearly document the resident's vocational, volunteering, and educational goals.
  - Specify the supports and resources allocated.
  - Include measurable objectives and timelines.
  - Provide for regular review and updating in collaboration with the resident.

### ***f. Staff Training and Organisational Support***

- **Capacity Building for Staff:**  
Staff must be trained to:
  - Understand the importance of work, volunteering, and education for personal and social inclusion.
  - Facilitate access and provide tailored support.
  - Collaborate with external agencies such as employment services and educational providers.
- **Organisational Commitment:**  
The residential home should develop partnerships and policies that promote residents' access to community-based opportunities.

### ***Summary***

Facilitating access to work, volunteering, and education within residential care is essential to uphold the rights and dignity of persons with disabilities. Through individualized, well-supported Personal Support Plans, residents can realize their potential, contribute meaningfully to society, and experience fuller social inclusion, in full alignment with the UNCRPD.

## 8. Complaint and Appeal Mechanisms

A robust, accessible, and transparent complaint and appeal system is essential to protect the rights, dignity, and wellbeing of residents in any residential setting. The **United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)**—notably Articles 13 (Access to justice) and 16 (Freedom from exploitation, violence and abuse)—requires that persons with disabilities have effective means to raise concerns and seek redress without fear of retaliation or discrimination. The Personal Support Plan (PSP) must explicitly incorporate clear, accessible mechanisms for complaint and appeal to ensure residents' voices are heard and acted upon.

### *a. Accessible Information on Complaint Procedures*

- **Clear Communication of Rights:**  
Every resident must be provided with comprehensive information about their right to file a complaint or appeal, communicated in a manner that is accessible and understandable to them. This includes:
  - Providing explanations verbally, in writing, or through alternative communication methods such as pictorial symbols, easy-read formats, sign language, or assistive technology.
  - Using plain language and culturally appropriate materials to ensure comprehension.
  - Offering regular orientation sessions or refresher information to residents regarding their complaint rights and procedures.
- **Multiple Channels for Filing Complaints:**  
Residents must be able to lodge complaints through various accessible means including:
  - Oral reporting to designated staff members or advocates.
  - Written submissions via forms or letters.
  - Use of communication aids, video calls, or other assistive communication devices.
  - Support from trusted family members, friends, or independent advocates if desired.

### *b. Access to Independent Advocacy and Ombudsman Services*



- **Independent Advocates:**

The PSP must ensure that residents have access to independent advocates who:

- Are not employed by the residential home or affiliated organizations.
- Can assist residents in understanding their rights, preparing complaints, and navigating the appeals process.
- Provide support throughout the complaint resolution process to ensure the resident's voice is effectively represented.

- **External Oversight and Ombudsman:**

Residents must have clear, facilitated access to an independent ombudsman or relevant external body responsible for investigating complaints and ensuring accountability. The PSP should include:

- Information on how to contact such external bodies.
- Assurance that complaints made externally will be taken seriously and handled impartially.
- Protection from any form of retaliation or discrimination for exercising this right.

### ***c. Confidentiality, Safety, and Non-Retaliation***

- **Confidential Handling of Complaints:**

All complaints must be treated with strict confidentiality to protect the privacy of the resident and any others involved.

- **Safe and Supportive Environment:**

The complaint process must ensure that residents feel safe and supported throughout, with guarantees that:

- There will be no adverse consequences or retaliation against anyone who raises a concern.
- Staff and management respond promptly and respectfully to complaints.
- Residents receive feedback on the progress and outcome of their complaint in a timely and understandable manner.

### ***d. Timely, Fair, and Transparent Resolution Procedures***

- **Structured Complaint Handling Process:**

The PSP must detail a clear, step-by-step process for:

- Receiving and acknowledging complaints.
- Investigating complaints impartially and thoroughly.
- Making decisions and communicating outcomes.
- Providing opportunities for appeal or escalation if residents are unsatisfied with the resolution.

- **Regular Review and Monitoring:**

Complaint and appeal data should be regularly monitored to:

- Identify systemic issues or areas for improvement.
- Ensure the effectiveness of complaint mechanisms.
- Promote a culture of continuous improvement and accountability within the residential home.

### ***e. Resident Involvement and Empowerment***

- **Empowering Residents:**

Residents must be encouraged and supported to actively participate in the complaint process according to their abilities and preferences, including:

- Having a trusted person accompany them during complaint discussions if they choose.
- Receiving assistance to articulate their concerns fully and clearly.
- Being informed of their rights throughout the process.

### ***Summary***

Effective complaint and appeal mechanisms are critical safeguards for upholding the human rights of residents in care settings. By providing accessible information, independent advocacy, confidentiality, and transparent procedures, the Personal Support Plan ensures that residents can safely voice concerns, seek justice, and contribute to the continuous enhancement of care quality. These mechanisms must be embedded within a rights-based, person-centred framework consistent with the UNCRPD, reinforcing the dignity and autonomy of every individual.

## 9. De-Institutionalisation and Small-Scale Living

The transition from large institutional settings to smaller, community-based living arrangements is a fundamental objective in promoting the rights, dignity, autonomy, and social inclusion of persons with disabilities. The **United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)**—particularly Article 19, which guarantees the right to live independently and be included in the community—establishes the obligation for States and service providers to facilitate and prioritize deinstitutionalisation processes. Residential homes must actively incorporate this objective into their Personal Support Plans (PSPs), supporting residents towards more independent and integrated living arrangements.

### *a. Strategic Goal of Reducing Institutional Living*

- **Commitment to Community-Based Living:**

The PSP must clearly articulate the long-term aim to progressively reduce reliance on large-scale, institutional living environments and instead promote:

- Smaller-scale, homelike residential settings.
- Supportive housing embedded within mainstream communities.
- Options that enable greater autonomy, personal choice, and participation in community life.

- **Alignment with International and National Policies:**

This approach aligns with international human rights standards and national disability strategies focused on deinstitutionalisation, inclusive housing, and social integration.

### *b. Personalised Transition Planning*

- **Assessment and Individual Preferences:**

The PSP should include a comprehensive assessment of the resident's:

- Readiness and interest in moving to a smaller, community-based setting.
- Specific support needs, preferences, and goals related to independent living.

- Social, cultural, and environmental factors influencing housing choices.
- **Development of a Tailored Transition Plan:**  
Where applicable, the PSP must incorporate a detailed, phased transition plan that outlines:
  - Steps and timelines for moving from institutional to small-scale living.
  - Identification of suitable housing options, such as shared homes, supported apartments, or family placements.
  - Required support services, including personal assistance, community support, and accessibility modifications.
  - Risk management and contingency plans to ensure safety and well-being during and after transition.
- **Collaboration with Stakeholders:**  
Effective transition planning requires collaboration between the resident, family or guardians, support staff, housing providers, social services, and advocacy organizations to ensure a coordinated and person-centred approach.

### ***c. Supporting Independence and Community Inclusion***

- **Skills Development and Capacity Building:**  
The PSP should include goals and supports to enhance the resident's capacity for independent living, including:
  - Daily living skills such as cooking, budgeting, and personal care.
  - Social skills and community navigation.
  - Access to employment, education, and recreational opportunities within the community.
- **Promoting Social Networks and Belonging:**  
Emphasis must be placed on fostering connections with neighbors, community groups, and social networks to reduce isolation and enhance a sense of belonging.

### ***d. Monitoring and Ongoing Support***

- **Continuous Review and Adaptation:**  
The transition process should be regularly reviewed and adapted in consultation with the resident to respond to changing needs, preferences, and circumstances.
- **Sustained Support Post-Transition:**  
The PSP must ensure ongoing access to appropriate supports after relocation, including:
  - Community-based personal assistance services.
  - Healthcare and therapeutic supports.
  - Crisis response and advocacy resources.

### ***e. Organisational Commitment and Cultural Change***

- **Service Provider Responsibility:**  
Residential homes must commit to:
  - Phasing out institutional models.
  - Investing in training and resources to support community living.
  - Adopting person-centred, rights-based approaches throughout organisational policies and practices.
- **Promoting a Rights-Based Culture:**  
Staff training and organisational culture should emphasize respect for autonomy, dignity, and the right to live independently, counteracting institutional mindsets.

### ***Summary***

De-institutionalisation and the promotion of small-scale, community-based living arrangements are essential to respecting and realizing the human rights of persons with disabilities. The Personal Support Plan must incorporate clear transition pathways, comprehensive supports, and collaborative strategies that empower residents to live independently and inclusively within their communities, in line with the UNCRPD's mandates and best practices in disability services.

## 10. Independent Monitoring and User Participation

Ensuring the highest standards of care and the full realization of human rights for persons with disabilities in residential settings requires the establishment of **transparent, accountable, and inclusive monitoring frameworks**. The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) — particularly **Article 19** (Living independently and being included in the community), **Article 33** (National implementation and monitoring), and **Article 4** (General obligations) — affirms that persons with disabilities must not only be recipients of support but **active agents** in evaluating and shaping the services that affect their lives.

Independent oversight combined with genuine user participation fosters **trust, continuous quality improvement, and empowerment**—creating residential environments where dignity, autonomy, and inclusion are not only upheld but driven by the voices of those served.

### *a. Inclusive and Independent Quality Monitoring*

#### **Active Involvement of Persons with Disabilities:**

- Monitoring processes must be **participatory** and **user-led**, ensuring that residents with disabilities are recognized as **equal partners** and **experts by experience**.
- Mechanisms should include:
  - **Recruitment and training of peer monitors or evaluators** who reside within or have lived in similar residential contexts.
  - Engagement of **persons with lived experience of disability** in the design, implementation, and evaluation of monitoring tools and methods.
  - **Recognition of experiential knowledge**, especially regarding quality of life, self-determination, accessibility, and respectful relationships.

#### ***Independence from Service Providers:***

- Oversight must be **structurally independent** from the management and operations of the residential setting, avoiding real or perceived conflicts of interest.
- Suitable models include:

- **External statutory inspection agencies** (e.g., national regulatory authorities).
- **Independent ombuds offices**, equality commissions, or **human rights institutions**.
- **Civil society organizations** (CSOs) and advocacy groups focused on disability rights and social justice.

## ***b. Transparency through Public Reporting***

### **Accessible and Regular Reporting:**

- Monitoring findings should be **published at least annually** and disseminated in **multiple accessible formats**, including:
  - Easy-to-read documents.
  - Braille and large print.
  - Sign language interpretations and captioned video summaries.
  - Audio versions and multiple languages, especially where diverse linguistic communities are served.
- Reports should be made available to:
  - Residents and their families.
  - Service providers and governing boards.
  - National regulators, independent authorities, and the general public.

### ***Clear Presentation of Findings:***

- Reports must offer:
  - **Objective, data-driven evaluations** of key indicators such as user satisfaction, safety, respect, inclusion, and rights realization.
  - Documentation of **complaints, investigations, and outcomes**.
  - Specific **recommendations and required improvements**, with timelines and accountability measures.
  - **Follow-up evaluations** to track implementation of prior recommendations.

### *c. Resident Councils and User Forums for Collective Voice*

#### **Establishment of Representative Resident Bodies:**

- Residential homes must establish and actively support **resident councils, user forums**, or equivalent representative bodies that:
  - Offer **structured and regular spaces for dialogue, feedback, and negotiation**.
  - Enable **collective decision-making and consultation** on policies, services, activities, and rights.
  - Build a **sense of community and self-representation** among residents.

#### *Inclusive and Supported Participation:*

- Effective inclusion requires that:
  - All residents receive **reasonable accommodations** to participate (e.g., accessible venues, interpreters, visual aids).
  - Support is offered in the form of **training on rights, governance, and advocacy**.
  - Resident leaders are **recognized formally** within the governance of the home and invited to participate in board meetings, inspections, or strategic planning.

#### *Linkages with External Advocacy and Oversight:*

- Resident bodies should maintain relationships with **external organizations**, including:
  - National or regional disability councils.
  - Human rights watchdogs.
  - NGOs and coalitions advocating for persons with disabilities.
- These linkages **strengthen residents' influence** at systemic levels and ensure their voices inform **national policy and legal reforms**.



## *d. Embedding Participation in Organisational Culture*

### **Policy and Practice Integration:**

- User participation must be enshrined in the **official governance policies** of the home, with:
  - Written **commitments to user empowerment and rights-based care**.
  - Integration into **quality assurance frameworks**, strategic goals, and internal audits.
  - **Annual staff training** on participatory rights, inclusive communication, and co-production.

### *Continuous Improvement Cycle:*

- All monitoring and participation efforts must feed into a **cycle of continuous improvement**, in which:
  - Resident feedback leads to **concrete actions and adjustments**.
  - Innovations that enhance autonomy, inclusion, and wellbeing are **piloted and shared**.
  - Performance is **routinely evaluated**, not only for compliance but for impact on residents' lived experiences.

## *Summary*

A truly inclusive and rights-based Personal Support Plan requires more than good intentions — it demands **institutionalized mechanisms of independent monitoring and genuine user participation**. By involving persons with disabilities in **evaluating and co-steering their living environments**, ensuring transparency in **public reporting**, and **embedding participation** at all organizational levels, residential services can rise to the standard envisioned by the UNCRPD.

Malta has a unique opportunity to lead in this domain by placing persons with disabilities at the center of **decision-making, accountability, and innovation**—making independent living and inclusion not just a principle, but a daily reality.

# 11: Identifying Common Gaps in Personal Support Plans (PSPs) and Relevant Legal Frameworks

The **Personal Support Plan (PSP)** is a fundamental document designed to promote the autonomy, dignity, and human rights of persons with disabilities. However, based on our review and analysis of current PSPs, several critical gaps and shortcomings are frequently observed. Addressing these deficiencies is essential to ensure full compliance with international human rights standards and Maltese legal obligations.

## ***1. Lack of Effective Supported Decision-Making Frameworks***

Many PSPs fail to explicitly incorporate mechanisms that enable supported decision-making, instead sometimes defaulting to substituted decision-making models where decisions are made *on behalf* of the individual without adequate consultation or support. This practice contradicts **Article 12** of the **United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)**, which requires equal recognition before the law and emphasizes support in exercising legal capacity.

### **Relevant Legal References:**

- **UNCRPD, Article 12:** Equal recognition before the law and supported decision-making
- **Maltese Assisted Decision-Making Act (2018, Cap. 536):** Framework supporting decision-making assistance while respecting individual autonomy

## ***2. Insufficient Safeguards for Privacy and Personal Relationships***

PSPs often lack clear provisions to guarantee privacy, such as ensuring private living spaces and the right to receive visitors confidentially. Such omissions undermine rights enshrined in **Articles 22 and 23** of the **UNCRPD**, which safeguard privacy, family life, and social inclusion.

### ***Relevant Legal References:***

- **UNCRPD, Articles 22 & 23:** Respect for privacy and family life
- **Constitution of Malta, Article 32:** Right to privacy

### ***3. Unjustified Restrictions on Freedom of Movement and Community Inclusion***

PSPs sometimes contain restrictive conditions on residents' ability to freely leave or participate in the community, including locked-door policies or requiring excessive permissions. These practices contravene **Article 19** of the **UNCRPD**, which mandates the right to live independently and be included in the community.

### ***Relevant Legal References:***

- **UNCRPD, Article 19:** Living independently and being included in the community
- **Disability Act (Cap. 413, Malta):** Legal protections for persons with disabilities

### ***4. Lack of Personalization Regarding Food, Clothing, and Daily Routines***

PSPs frequently fail to adequately accommodate individual preferences concerning diet, clothing, daily activities, cultural, and religious practices. The absence of such personalization infringes on the principles of non-discrimination and respect for cultural life outlined in the **UNCRPD**.

### ***Relevant Legal References:***

- **UNCRPD, Article 5:** Equality and non-discrimination
- **UNCRPD, Article 30:** Participation in cultural life, recreation, leisure, and sport

## ***5. Deficient Support and Information on Sexual and Emotional Rights***

Many PSPs do not provide accessible information or appropriate support concerning sexual health, relationships, and emotional wellbeing. This oversight denies residents a fundamental human right recognized in **Article 23** of the **UNCRPD**.

## ***6. Inadequate Complaint and Appeal Mechanisms***

Clear, accessible complaint procedures and avenues for independent advocacy are often missing from PSPs, limiting residents' ability to challenge violations or raise concerns. This lack of effective grievance mechanisms undermines justice and accountability principles.

### ***Relevant Legal References:***

- **UNCRPD, Article 13:** Access to justice
- **Whistleblower Protection Act (Cap. 527, Malta):** Protection for persons reporting abuse or malpractice

## ***7. Absence of De-Institutionalization and Transition Planning***

Many PSPs lack long-term plans to support transition from institutional to community-based, small-scale living arrangements. Such planning is essential to fulfill the **UNCRPD's** goal of reducing institutionalization and promoting independent living.

### ***Relevant Legal References:***

- **UNCRPD, Article 19**
- **National Policy on Disability (Malta, 2014–2024):** Commitment to community inclusion and deinstitutionalization

## ***8. Limited Involvement of Persons with Disabilities in Monitoring and Decision-Making***

PSPs often omit mechanisms for meaningful participation of persons with disabilities themselves in monitoring service quality or in decision-making forums, thereby neglecting their role as active agents in their own care and support.

### ***Summary***

The **Personal Support Plan** must be a comprehensive, dynamic tool that protects and advances the rights and freedoms of persons with disabilities. It should prioritize supported decision-making, privacy, freedom of movement, personal choice, and access to justice. Moreover, PSPs must promote deinstitutionalization and encourage active participation by persons with disabilities in shaping the services they receive.

Addressing the identified gaps ensures compliance with the **United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)** and relevant Maltese legislation. Ultimately, this strengthens social inclusion, personal autonomy, and quality of life for persons with disabilities in Malta.

# 12: Personal Support Plan (PSP) Agreement

## Between

The Ministry for Inclusion and Volunteering (MIV)

## And

[Service Provider / NGO Name]

### ***1. Introduction***

This agreement establishes the legal and operational framework between the Ministry for Inclusion and Volunteering (MIV) and the Service Provider/NGO to ensure that the Personal Support Plan (PSP) is developed and implemented in full compliance with national legislation and the principles of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

### ***2. Responsibilities of the Ministry for Inclusion and Volunteering (MIV)***

- To approve and monitor the PSP to guarantee compliance with Maltese law and the UNCRPD.
- To provide training, guidance, and resources to the service provider on best practices and the rights of persons with disabilities.
- To establish independent monitoring mechanisms and accessible complaint and appeal systems.

### ***3. Responsibilities of the Service Provider / NGO***

- To develop and implement individualized PSPs for each resident, respecting their autonomy, dignity, and personal freedom.
- To provide support services according to the PSP, including decision-making assistance, privacy, freedom of movement, personal relationships, and community inclusion.
- To submit regular progress reports and updates on PSP implementation to MIV.
- To allow access to MIV representatives for supervision and quality assurance purposes.

### ***4. Rights of Residents***

- Residents' rights as defined by the UNCRPD and Maltese law must be fully respected and upheld.
- Residents should be actively involved in the creation, review, and updating of their PSPs.

## ***5. Complaint and Appeal Mechanisms***

- The agreement shall clearly outline how residents can file complaints or requests for assistance in accessible formats (verbally, written, sign language, or pictorial).
- Access to independent advocacy or ombudsman services must be guaranteed and independent of the service provider.

## ***6. Duration and Termination***

- The agreement will specify its validity period and outline procedures for amendment, renewal, or termination.
- Clear protocols will be established for reviewing and updating the PSP regularly.

## ***Legal Framework***

This agreement is governed by and subject to applicable Maltese legislation, including but not limited to:

- **Disability Act, Cap. 413**
- **Mental Health Act** (where applicable)
- **Data Protection Act**
- Core principles and articles of the **United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)**, especially Article 19 on living independently and being included in the community.

## **Signatories**

**Ministry for Inclusion and Volunteering (MIV) Service Provider / NGO**

Name and Position

Name and Position

## **Ministry for Inclusion and Volunteering (MIV) Service Provider / NGO**

Signature

Signature

Date

Date

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### **Notes**

- This agreement ensures the PSP is not merely an individual care plan but also a binding legal document that fosters accountability and continuous improvement in the quality of services.
- The Ministry for Inclusion and Volunteering (MIV) provides accreditation and monitoring to ensure that the highest standards of care and support are met.



# 13: Legal Compliance Analysis of the Proposed PSP Agreement

## *Alignment with Maltese Laws*

### 1. Disability Act, Cap. 413

- The agreement supports the rights and inclusion principles outlined in the Disability Act, which emphasizes equal treatment, dignity, and independent living for persons with disabilities.
- By requiring individualized PSPs respecting autonomy and freedom, the agreement adheres to the Act's provisions on non-discrimination and empowerment.

### 2. Mental Health Act (where applicable)

- The agreement must ensure any measures comply with the Mental Health Act regarding informed consent, least restrictive measures, and protection of human rights in cases of mental health care.
- The emphasis on supported decision-making and complaint mechanisms helps prevent unlawful deprivation of liberty.

### 3. Data Protection Act

- The PSP involves collecting sensitive personal data; the agreement must guarantee strict compliance with data protection principles (confidentiality, lawful processing, purpose limitation).
- It should explicitly include provisions for resident consent and data security.

### 4. Other Relevant Legislation

- Employment laws, health and safety regulations, and social care standards must be respected in service delivery.
- The agreement should not impose any condition that contradicts workers' rights or resident protections under Maltese law.

## *Alignment with International Law — The UNCRPD*

- **Article 19 (Living independently and being included in the community)**  
The agreement is directly aligned by promoting individualized support, autonomy, and community inclusion. It rejects institutionalization and supports freedom of movement and choice.

- **Article 12 (Equal recognition before the law)**  
Supported decision-making mechanisms within the agreement uphold legal capacity and respect the person's will and preferences, consistent with Article 12.
- **Article 25 (Health) and Article 23 (Respect for home and family)**  
The PSP supports residents' rights to privacy, family life, and access to health services without discrimination or unnecessary restrictions.
- **Article 4 (General obligations)**  
The Ministry and providers' responsibilities to monitor, report, and enable participation are in line with state obligations to respect and protect disability rights.

### ***Potential Risks or Concerns***

- **Overreach or Restriction of Rights**  
If the agreement or PSP implementation allows for disproportionate or permanent restrictions on movement, decision-making, or privacy without legal safeguards, this could violate both Maltese law and the UNCRPD.
- **Insufficient Independent Oversight**  
If monitoring and complaint mechanisms are not genuinely independent or accessible, residents' rights could be compromised.
- **Lack of Resident Participation**  
Failure to actively involve residents in PSP development and review may breach principles of autonomy and participation under the UNCRPD.
- **Data Protection Violations**  
Mishandling sensitive personal data without clear consent and protections may contravene the Data Protection Act and GDPR standards.

### ***Conclusion***

The proposed PSP Agreement, as structured, is fully compatible with both Maltese and international law **provided** that:

- It is implemented with genuine respect for autonomy, freedom, and dignity.
- It includes clear, accessible, and independent mechanisms for complaints and oversight.
- It complies strictly with data protection rules.

- It promotes ongoing resident participation and avoids any institutional or paternalistic approaches.

Continuous legal review and consultation with disability rights experts are recommended to ensure no unintended breaches occur.

# 14: Report: Enhancing the Personal Support Plan (PSP) for Malta to Become a Leading Model in the European Union in Disability Care

## *Introduction*

The Personal Support Plan (PSP) is a central tool to ensure a high quality of life for persons with disabilities living in residential homes or receiving support services. As a country committed to full compliance with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), Malta has the opportunity and responsibility to serve as a best-practice model within the European Union.

## *Objectives of the Report*

- To identify key areas where the PSP requires improvement to fully align with the UNCRPD.
- To propose concrete policy, regulatory, and practical recommendations.
- To address effective implementation and sustainability of the PSP within the Maltese context.

## *1. Development of a Rights-Based and Person-Centered PSP*

- **Promotion of Supported Decision-Making:** The system must include clear and easily accessible mechanisms enabling persons with disabilities to make decisions with support rather than substitution.
- **Active Participation:** Persons with disabilities must be encouraged and empowered to be active participants in the creation and review of their PSP.

## *2. Improvement in Accessibility and Diversity of Support*

- **Multiple Languages and Communication Methods:** Accessibility of information and support must be guaranteed in all relevant languages, including sign language and through technological aids.
- **Culture and Religion:** The PSP should incorporate elements that respect the individual's religious beliefs and cultural background, including in social meetings and general activities.

### ***3. Independent and Transparent Monitoring Systems***

- **User Involvement:** Persons with disabilities should be directly involved in monitoring the quality of services provided.
- **Public Reporting:** Reports on quality of life and PSP implementation must be open and accessible to the public to enhance accountability.

### ***4. Effective Complaint and Appeal Mechanisms***

- **Accessibility:** Complaint mechanisms must be easy to use and provided in formats adapted to each individual's needs.
- **Independence:** Support must be guaranteed from independent bodies such as advocates or ombudsmen.

### ***5. Transition to Smaller, Community-Based Residential Settings***

- **Transition Management:** The PSP should include clear transition plans for residents moving towards smaller, community-based housing, with support for residents and families.
- **Community Inclusion:** Leadership must actively support full community participation including in education, employment, and social activities.

### ***6. Implementation and Legal Awareness***

- **Staff Training:** All staff should be required to undertake continuous training programs on disability rights consistent with the UNCRPD and Maltese laws.
- **Data Management:** Strict management of personal data in accordance with data protection laws (GDPR and Maltese legislation) must be ensured.

## ***Conclusion***

The Personal Support Plan is far more than an administrative document — it is a vital tool enabling persons with disabilities to live with dignity, autonomy, and full community inclusion. By defining and implementing a robust and comprehensive PSP fully compliant with the UNCRPD, Malta can position itself as a role model within the European Union.

The **Personal Support Plan (PSP)** must fundamentally serve as a tool for empowerment rather than control. Its primary purpose is to uphold and enhance the freedom, autonomy, and dignity of the individual, reflecting the core principles enshrined in the **United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)**.

A well-crafted PSP is not merely a record of care needs or service provision; it is a dynamic, person-centred roadmap that supports each individual to live their life with genuine **choice, self-determination, and equal rights**, fully participating in society on the same terms as others. It must prioritize the person's own voice, preferences, and aspirations, fostering an environment where rights are respected and autonomy is actively promoted.

In practical terms, this means that the PSP should:

- **Facilitate informed decision-making** by providing necessary supports and respecting the individual's preferences at every stage;
- **Protect privacy and personal relationships**, ensuring the individual can maintain meaningful social connections free from unnecessary restrictions;
- **Promote freedom of movement and inclusion** in the community, enabling access to education, work, leisure, and social activities;
- **Respect cultural, spiritual, and lifestyle choices**, ensuring individualized support rather than standardized routines;
- **Encourage active participation** in monitoring and service improvement, recognizing persons with disabilities as key agents in their own care.

Ultimately, the PSP must embody a **freedom plan**—a framework that enables persons with disabilities to exercise their human rights, live with dignity, and enjoy equal citizenship. It should reflect a commitment by service providers and policymakers to move beyond paternalistic models and institutional control, towards a truly inclusive, respectful, and rights-based approach to support and care.

**Chev. Jean Pierre Calleja**  
**Leader / Founder**  
**Doninu (Malta) International**