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EX-POST EVALUATION OF THE FUNDING SUPPORT RECEIVED BY MALTA THROUGH THE EEA AND NORWAY GRANT DURING THE 2014-2021 PROGRAMMING PERIOD

Final Formative and Ex-post Summative Evaluation Report

July 2025



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Contents

List of Acronyms	4
1.0 Executive Summary	5
2.0 Purpose.....	10
3.0 Background & Context	11
3.1 EEA and Norway Grants Allocated to Malta 2014-2021.....	11
3.2 Funding Priorities and Objectives Identified for EEA and Norway Grants in Malta 2014-2021.....	12
4.0 Evaluation Scope and Methodology.....	15
4.1 Scope of Evaluation – Aims and Objectives	15
4.2 Overall Research Approach	16
4.3 Research Methods	17
4.5 Data Limitations	20
5.0 Evaluation Findings – PDP1	21
5.1 Relevance	21
5.2 Effectiveness.....	41
5.3 Sustainability	55
6.0 Evaluation Findings – PDP2	58
6.1 Relevance	58
6.2 Effectiveness.....	70
6.3 Sustainability	82
7.0 Evaluation Findings – PDP3	85
7.1 Relevance	85
7.2 Effectiveness.....	93
7.3 Sustainability	98
8.0 Evaluation Findings – PDP4	101
8.1 Relevance	101
8.2 Effectiveness.....	111
8.3 Sustainability	117
9.0 High-Level Comparative Overview.....	119
9.1 Comparative Overview – Relevance.....	120
9.2 Relevance Evaluation Questions – Programme Level	122
9.3 Comparative Overview – Effectiveness	130
9.4 Comparative Overview - Sustainability	131
10.0 Recommendations	132
10.1 PDP1.....	132

10.2	PDP2.....	135
10.3	PDP3.....	137
10.4	PDP4.....	139

List of Tables

Table 1: Malta's pre-defined projects under evaluation: EEA & Norway Grants 2014-2021	5
Table 2: EEA and Norway Grants 2014-2021: Overview of key points for Malta's implementation laid down in Memoranda of Understanding	11
Table 3: Project snapshot – PDP1	13
Table 4: Project snapshot – PDP2	13
Table 5: Project snapshot – PDP3	14
Table 6: Project snapshot – PDP4	14
Table 7: Evaluation criteria as per Section 4.1 of the Terms of Reference.....	16
Table 8: Distribution of research methods by PDP.....	20
Table 9: PDP1 objectives as per Programme and Grant agreements.....	22
Table 10: Results of analysis of SITC Goal Attainment Data	47
Table 11: PDP2 objectives as per Programme and Grant agreements.....	59
Table 12: Engagement of professional staff and training provided – PDP2	73
Table 13: PDP3 objectives as per Programme and Grant agreements.....	86
Table 14: PDP4 objectives as per Programme and Grant Agreement	101
Table 15: Visitor statistics February to December 2024 – Malta Maritime Museum	113
Table 16: Assessment of PDPs – Barriers to inclusion.....	127

List of Acronyms

ABA	Applied Behaviour Analysis
ADHD	Attention Deficit Hyperactivity Disorder
ADOS	Autism Diagnostic Observation Schedule
ANSEK	National Association for Local Council and Regional Executive Secretaries
ARPE	At risk of poverty or social exclusion
ASD	Autism Spectrum Disorder
ASR	Annual Strategic Report
CDAU	Child Development Assessment Unit
CMS	Collection Management System
CPCM	Council for the Professions Complementary to Medicine
ECDL	European Computer Driving Licence
EEA	European Economic Area
ESF	European Social Fund
EU	European Union
FMO	Financial Mechanism Office
HBSC	Health Behaviour in School-Aged Children Study
INCO	Inclusion Education Coordinator
LCA	Local Councils' Association
LSE	Learning Support Educator
MATSEC	Matriculation and Secondary Education Certificate
MMM	Malta Maritime Museum
MOU	Memorandum of Understanding
NAT	Nucleic Acid Testing
NBTS	National Blood Transfusion Service
NEET	Not in Education, Training or Employment
NFP	National Focal Point
OK	Opportunity Knocks
OT	Occupational Therapy
PDP	Pre-defined Project
PKU	Phenylketonuria
SIT	Sensory Integration Therapy
SITC	Sensory Integration Therapy Centre
SLP	Speech Language Pathology
SPS	School Psychological Services
TNA	Training Needs Analysis
TOR	Terms of Reference
WHO	World Health Organisation

1.0 Executive Summary

Background

This document presents the main findings of the ex-post evaluation of the performance of the EEA and Norway Grants in Malta in the 2014-2021 funding period.

This evaluation focuses on the interventions implemented under the Programme Agreement for this period concluded between the National Focal Point (NFP), the Financial Mechanism Committee, and the Norwegian Ministry of Foreign Affairs¹. The Agreement identified 'Local Development and Poverty Reduction' as the overarching objective for Malta's funding allocation, supporting the Grants' Programme-wide focus on reducing social and economic disparities in the European Economic Area. Just under €6 million was allocated over this period, with two sectors prioritised for funding: 'Social Inclusion, Youth Employment and Poverty Reduction' and 'Culture, Civil Society, Good Governance and Fundamental Rights and Freedoms.'

The interventions funded through the 2014-2021 Agreement consisted of four pre-defined projects (PDPs). In line with the evaluation mandate established for the 2014-2021 EEA and Norway Grants, each PDP was evaluated in terms of its relevance, effectiveness, and sustainability, leading to an overall ex-post assessment of Malta's performance against these same three criteria at Programme level.

Evaluated Projects

Sector	Project ID	Project Title	Anticipated Outcome
Social Inclusion, Youth Employment and Poverty Reduction'	PDP1	Reduction in Social Inequalities in Health and the Burden of Disease	Improved access to, and quality of, health services in Malta
	PDP2	Opportunity Knocks	Improved well-being of vulnerable children and youth
Culture, Civil Society, Good Governance and Fundamental Rights and Freedoms	PDP3	Training of Local Council Staff on Principles of Good Governance, Transparency & Accountability	Improved quality of life of deprived communities in urban localities
	PDP4	Malta Maritime Museum: Local Development through Cultural Heritage	Cultural Heritage Management Enhanced

Table 1: Malta's pre-defined projects under evaluation: EEA & Norway Grants 2014-2021

¹ Programme Agreement between the Financial Mechanism Committee and the Norwegian Ministry of Foreign Affairs and the Ministry for European Affairs and Equality for the financing of the Programme 'Local Development and Poverty Reduction.' Signed in Malta on 5 June 2018.

Evaluation Methodology

This evaluation is based on mixed method research. This integrated qualitative and quantitative approaches to provide a comprehensive assessment at both a project and Programme level. Key methods deployed included document analysis, key informant interviews, focus groups, surveys, and case studies.

Key Findings

The evaluation concluded that all four projects implemented over this funding period were **relevant** to the needs of the beneficiaries they were designed to serve; their objectives were also aligned with Malta's current and emerging challenges and complemented the policy priorities identified at national level. The 2014–2021 Programme was also **effective**, reaching, and in many cases surpassing, pre-defined results targeted at project level while also enabling wider, positive outcomes which further reinforced and augmented the benefits achieved. Due in large part to this robust and effective implementation, the benefits generated by each project have been evaluated as being **sustainable** over a five-year period from completion, although some challenges remain; these are mainly associated with risks which are being managed accordingly by the respective stakeholders.

These overall findings are discussed briefly below per project

PDP1 - Reduction in social inequalities in Health and the burden of disease

This was perhaps the most complex project evaluated, made up of three distinct interventions: (i) the opening of a Centre providing Sensory Integration Therapy and psychological support services for children with neurodevelopmental and mental health challenges (SITC); (ii) the addition of Phenylketonuria (PKU) to the panel of diseases for neonate screening; and, (iii) the introduction of Nucleic Acid Amplification (NAT) Testing at the National Blood Transfusion Service (NBTS).

The evaluation found that all three interventions were relevant to the needs of the target beneficiaries and their families in the case of the SITC and PKU screening, and the general population in the case of the introduction of NAT Testing. The opening of the SITC, with the SI therapy and psychological support it provides, is highly responsive to a growing need for such services; it has reduced inequality in healthcare services by providing universal access to therapeutic interventions in the public sector that were previously only available against cost in the private sector or overseas. This reduction in inequality also applies to all babies born in Malta, who now have access to an additional disease screening procedure offered as standard in most other EU Member States and developed countries. This screening prevents the late diagnosis of PKU, reducing the burden of a debilitating disease on the patient, their family, and the public healthcare system. All three interventions contribute to the relevant national policies and strategies, particularly in the areas of health and social policy.

The three interventions were found to have been effective, achieving all output and outcome indicators originally targeted. The project in its entirety has also contributed to its key horizontal outcome: 'improved access to, and quality of, healthcare services in Malta.'

This conclusion is supported by the findings of the primary and secondary data obtained for this evaluation, including a survey of parents and caregivers whose children have attended the Centre. This indicates a generally positive attitude to the service and largely favourable perceptions of outcomes at an individual beneficiary level. The evaluation found that, three years from its opening, the SITC is well established in the health and education services ecosystem, with positive impacts now gradually extending beyond the Centre and into the public school system. Similarly, PKU Screening and NAT Testing are fully operational, with sufficient capacity for the full coverage of their targeted beneficiaries. The deployment of the specialised technology associated with each intervention has also contributed to other key objectives identified in PDPI's original design – the development of health systems and improved preventive services – two objectives which are also prioritised in Malta's latest national health systems policy.

Finally, since project completion, PDPI's three interventions continue to be **sustainable** through national funds. According to information received, each is well established, with policy commitments in place to retain each service over the next five years. However, the evaluation highlights human resource constraints as a significant sustainability challenge, particularly for the SITC.

PDP2 – Opportunity Knocks

This project introduced a specialised service programme, designed as an integrated and holistic specialised service, aimed at vulnerable children and youths at a high risk of social exclusion. Likened by one key informant as the 'intensive care' of Malta's national youth services, the evaluation found a high degree of relevance to the needs of the beneficiary population identified by PDP2. Its objectives were closely aligned with the specific characteristics of children and youths that fell within the most vulnerable segment of Malta's population in the targeted age range, a cohort that had been assessed as being 'harder to reach' in the pre-PDP2 youth services landscape. On this basis PDP2 complemented other national youth services and actively supported national youth and social policy.

PDP2 was also effective in terms of the number of beneficiaries reached, and the results and benefits secured, with these exceeding target indicators. Its integrated service structure appears to have driven the project's strong overall performance. The evaluation also identified other success factors which contributed to the project's positive outcomes, including the strengthening of a structured collaboration framework between key stakeholders active in the youth field – this not only enhanced the effectiveness of PDP2's implementation at the time but is still active three years after completion. Another critical element was the introduction of a dedicated multidisciplinary team in the youth services available in the public sector; this service has been retained due to its proven effectiveness.

The evaluation concluded that, since project completion, national funds have been allocated to sustaining many of the aspects of PDP2 that were critical to its success. Youth Services continue to be strengthened through targeted schemes and initiatives that aim to support the same vulnerable youth cohort identified in PDP2. As with PDPI, engaging and retaining sufficient professional staff was flagged as a risk to service continuity and expansion.

PDP3 - Training of Local Council Staff on Principles of Good Governance, Transparency & Accountability

This evaluation focused on the training dimension of PDP3, which aimed to strengthen the skills and knowledge of local council administrative staff and elected councillors in good governance, supporting better quality services to the community. **This assessment found that this intervention was closely aligned with a need, identified at a national level, to improve governance systems and practices in local government; in this context, increased training and awareness was flagged by the relevant authorities as a fundamental requirement in addressing this need.** This was also reflected in feedback obtained from the beneficiaries of the project and other stakeholders, who almost unanimously confirmed that the training provided was relevant to the governance issues they experienced on an almost daily basis in local government

Despite the disruptions caused by the COVID-19 pandemic, PDP3 was assessed as being generally effective, exceeding key output indicators in terms of the number of local councils covered and beneficiaries trained. The evaluation identified the varied and innovative training approaches applied in the intervention as a major contributor to this effectiveness.

A significant aspect of PDP3 noted in the evaluation was that this project emerged from an intervention funded by Norway Grants in the 2009-2014 funding period ('Creative Governance'), reinforcing that earlier project's outcomes and promoting continuity between two successive programmes. **Further training initiatives for local government have recently been launched, laying the groundwork for the sustainability of the core benefits of this intervention.** Based on feedback received, these initiatives are factoring in the lessons learned from PDP3, particularly in opting for a systematic approach backed by ongoing planning and needs assessment.

PDP4 – Malta Maritime Museum: Local Development through Cultural Heritage

This project was sited in the Malta Maritime Museum, a unique historical building located on the Birgu waterfront in Malta's Southern Harbour region. This intervention consisted of two dimensions: (i) the restoration and rehabilitation of derelict parts of the museum building, and (ii) the digitisation of the Museum's collection.

The evaluation found that the objectives of PDP4 were relevant to national needs and priorities, particularly in the policy areas of cultural tourism and heritage management. It also determined that the intervention resulted in tangible benefits for its core beneficiaries

- **the Birgu community and the wider Southern Harbour Region.** PDP4 provided the opportunity to elevate a cultural asset, relatively untouched since the 1990s, into a landmark site in Malta's rich cultural heritage landscape. This not only contributed to Birgu's urban fabric renewal for the benefit of its residents but also increased the area's attraction as a cultural tourism destination, contributing to the community's social and economic regeneration.

Effectiveness was also generally confirmed across PDP4's outputs and outcomes, with the overall outcome of 'cultural management enhanced' largely attained. Positive results in this specific area were highlighted which extend beyond the project site to other national heritage sites – this applies particularly to the digitisation aspect of PDP4, which led to the creation of a permanent unit which is now adding significant value to the national heritage collection, all while using the same technology platform procured through the EEA and Norway Grants. The evaluation could assess the results of both dimensions of the project – structural and digital – in the special exhibition launched once the Museum re-opened in 2024. This demonstrated that PDP4 had effectively met the pre-defined aim of enhancing the Museum's display capability, not only in terms of space, but also in terms of the capacity and technological tools to elevate the visitor experience to contemporary standards.

Finally, in relation to sustainability, the evaluation concluded that the positive results of PDP4 will be further enhanced through the allocation of significant national funds to complete the final phase of the Museum's transformation. This final phase, already underway, builds on the project's structural and digital interventions, engaging specialised museum designers to optimise the display space within the building envelope restored through PDP4.

Conclusion and Recommendations

The report concludes with a high-level comparative assessment of the four PDPs to assess their combined contribution to the objectives of Malta's 2014-2021 Programme. The data obtained through the evaluation process indicates that these aims were largely achieved, and that the Programme's execution was efficient and effective. This is highlighted here given the onset of the COVID-19 pandemic at a critical phase of the projects' implementation. The strong cooperation and collaboration that developed between the NFP and the project promoters in addressing this unprecedented situation was identified as key to its effective mitigation, avoiding serious impacts on the Programme.

Finally, recommendations are presented for each project, aimed where possible at safeguarding and enhancing their core benefits and factoring in any opportunities for added value, relevance, and effectiveness.

2.0 Purpose

This report presents a comprehensive evaluation of the projects implemented in Malta through funding allocated under the European Economic Area (EEA) and Norway Financial Mechanism 2014–2021. This evaluation conforms to the relevant requirements for Beneficiary States articulated in Articles 10.1 of the Regulation on the implementation of the European Economic Area Financial Mechanism 2014–2021² and the Regulation on the implementation of the Norwegian Financial Mechanism 2014–2021³ (‘the Regulations’).

This evaluation was guided by the standing guidelines and procedures on evaluation methodology issued by the relevant authorities for the 2014–2021 Programming period. A key point of departure is the definition of ‘evaluation’ as per Article 1.6(g) of the Regulations, which describe the process in relation to the EEA and Norway Grants as being:

“A systematic, objective and independent assessment of the design, implementation and/or results achieved in programmes and projects with the aim of determining the relevance, coherence and consistency, effectiveness, efficiency, impacts and sustainability of the financial contribution.”

Further guidance was provided by the ‘Evaluation Mandate and Policy for the EEA and Norway Grants’,⁴ and the ‘Results Guideline’ adopted by the Financial Mechanism Committee (FMO) on 9 February 2017.⁵

Finally, in terms of Malta’s reporting obligations, the evaluation aligns with the Evaluation Plan set out as Annex 6 to the Combined Strategic and Annual Programme Report issued in March 2019. This calls for a final formative and summative ex-post evaluation of the projects funded by the EEA & Norway Grants in Malta for the period 2014 to 2021, which “shall assess the objective of the EEA and Norway Grants 2014–2021 Programme, i.e. Local Development and Poverty Reduction, through the four pre-defined projects. The evaluator shall evaluate the relevance, effectiveness, and sustainability of the actions/projects implemented during the 2014–2021 Programming period.”

This report, therefore, constitutes Malta’s national evaluation report in terms of Articles 10.1 of the Regulations and has been developed in line with the guidance documents

² Regulation on the implementation of the European Economic Area Financial Mechanism 2014–2021 as adopted by the EEA Financial Mechanism Committee on 8 September 2016 and confirmed by the Standing Committee of the EFTA States on 23 September 2016, as amended on 9 December 2021, on 29 April 2022 and on 2 February 2023

³ Regulation on the implementation of the Norwegian Financial Mechanism 2014–2021 as adopted by Norwegian Ministry of Foreign Affairs on 23 September 2016, as amended on 25 October 2021, on 21 April 2022, on 27 January 2023, and on 15 February 2024.

⁴ Evaluation Mandate and Policy for the EEA and Norway Grants. Financial Mechanism Office. 19 October 2021.

⁵ Rules and Guidance on how to design, monitor and evaluate programmes, manage risks, and report on results. Adopted by the Financial Mechanism Committee on 9 February 2017 and updated March 2021.

referenced above, as well as Annex 6 of the 2019 Combined Strategic and Annual Programme Report.

3.0 Background & Context

This section outlines the background of the EEA and Norway Grants in terms of its wider aims and objectives and how these were applied to Malta for the 2014–2021 funding period. The purpose here is to provide some insight into the rationale of the funding priorities selected, with reference to the national policy context, and how this rationale shaped the aims and objectives of the Malta-based 2014–2021 Programme. It then drills down to the overall and specific objectives of the evaluation.

3.1 EEA and Norway Grants Allocated to Malta 2014–2021

Malta received just under €6 million in funding via two separate Memoranda of Understanding (MoUs) signed on 1 February 2017; as seen in Table 1 below, these agreements also established a cooperation and implementation framework identifying the programme areas to be funded, and the ‘special concerns’ to be addressed.

Governing Document	Priority Sectors	Malta Grant	Programme Areas/Special Concerns as per Blue Book
MoU on the Implementation of the EEA Financial Mechanism 2014–2021	Social Inclusion, Youth Employment and Poverty Reduction	€ 2,996,000	<ul style="list-style-type: none"> – European Public Health Challenges (6) – Children and Youth at Risk (8) – Good Governance, Accountable Institutions, Transparency (16) – Local Development and Poverty Reduction (10)
MoU on the Implementation of the Norwegian Financial Mechanism 2014–2021	Culture, Civil Society, Good Governance and Fundamental Rights and Freedoms	€ 2,988,000	<ul style="list-style-type: none"> – Cultural Entrepreneurship, Cultural Heritage and Cultural Cooperation (14) – Good Governance, Accountable Institutions, Transparency (16) – Local Development and Poverty Reduction (10)

Table 2: EEA and Norway Grants 2014–2021: Overview of key points for Malta’s implementation laid down in Memoranda of Understanding

3.2 Funding Priorities and Objectives Identified for EEA and Norway Grants in Malta 2014-2021

Essential to a robust and comprehensive evaluation is an understanding of the core aims and objectives of the funding received by Malta, and how these fell within the EEA and Norway Grants 2014-2021 Programme.

As seen above in Table 2, there were two priority sectors highlighted for Malta: Culture, Civil Society, Good Governance and Fundamental Rights and Freedoms, and Social Inclusion, Youth Employment and Poverty Reduction. 'Special concerns' were then identified, falling within the corresponding programme areas defined in the EEA and Norway Grant Blue Book 2014-2021.

Funds were subsequently allocated on this basis, following a call for proposals and a rigorous project selection process. This resulted in the selection of four projects ('pre-defined projects') which aligned with the priorities and special concerns laid down in the two Memoranda of Understanding.

Once these 'pre-defined projects' were approved, a Programme Agreement was concluded between the three donor countries and the National Focal Point (NFP). This sets out the key outcomes envisaged for each project, the terms and conditions of the operation of the funding programme, and the roles and responsibilities of the parties involved.⁶

At project level, individual grant agreements were then finalised between the National Focal Point and the project promoter concerned. In terms of Article 3.3 of the Programme Agreement, and reflecting Article 4.3 of the Regulations, Malta's pre-defined projects could be implemented in collaboration with a project partner located in one of the donor states. Such forms of cooperation were sought to strengthen bilateral relations between donor and beneficiary states – a horizontal priority of both the EEA and Norway Grants. Donor project partners were secured for each of the four pre-defined projects (albeit belatedly in the case of PDP 4).

Tables 3 to 6 below outline the four pre-defined projects that are the focus of this evaluation.

⁶ Programme Agreement between the Financial Mechanism Committee and the Norwegian Ministry of Foreign Affairs and the Ministry for the Economy, European Funds and Lands for the financing of the Programme "Local Development and Poverty Reduction" in Malta 2014-2021

Project Title	PDP 1 – Reduction in Social Inequalities in Health and the Burden of Disease
Anticipated Outcome	Improved access to, and quality of, health services in Malta
Project Promoter	Ministry responsible for Health
Donor Project Partner	The Norwegian Occupational Therapy Association
Grant Amount	€2,407,809
Core Activities & Interventions as per Grant Agreement	<i>Intervention 1 – Sensory Integration Therapy Centre</i>
	<ul style="list-style-type: none"> – Development of Sensory Integration Therapy (SIT) services – Setting up of a SIT Centre in a mainstream school – Provision of SIT training to healthcare professionals: Occupational Therapists, Physiotherapists, and Speech and Language Pathologists – Delivery of SIT services at the Centre – Delivery of psychological support services at the Centre – Investment in hardware and capacity to enable effective follow-up of newborns diagnosed with PKU by Maltese Pathology Services
	<i>Intervention 2 – PKU Screening</i>
	<ul style="list-style-type: none"> – Addition of Phenylketonuria (PKU) to the panel of diseases for neonate screening – Investment in hardware and capacity to enable effective follow-up of newborns diagnosed with PKU by Maltese Pathology Services – Provision of training in PKU screening for Clinical Chemists and Medical Laboratory Scientists
	<i>Intervention 3 – NAT Testing</i>
	<ul style="list-style-type: none"> – Investing in hardware and capacity to enable Nucleic Acid Amplification Testing (NAT) at the National Blood Transfusion Centre – Provision of training in NAT Testing for National Blood Transfusion Service staff
Potential beneficiaries	<ul style="list-style-type: none"> – Children with disabilities associated with ASD, genetic conditions, intellectual disabilities, attention issues or mental health problems – All newborns – The general population (Increased blood product safety)

Table 3: Project snapshot – PDP1

PDP2	Opportunity Knocks	
Anticipated Outcome	Improved well-being of vulnerable children and youth	
Project Promoter	Aġenzija Appoġġ	
Donor Project Partner/s	Government Agency for Child Protection, Norway	
Grant Amount	€941,176	
Core Activities & Interventions as per Grant Agreement	Pillar 1 – OK Pack	<i>Research & Prevention</i> Research-driven prevention campaign targeting children and youth at risk
	Pillar 2 – Fast Track	<i>Multi-Disciplinary Professional Intervention</i> Swift and highly targeted professional services provided by multi-disciplinary dedicated team. Can direct clients to pillar 3 or 4 as required
	Pillar 3 – Home Pack	<i>Safe and Secure Living Environment</i> Residential safe house setting to support highly vulnerable children aged under 16 subject to out-of-home care placement
	Pillar 4 – On track	<i>Duty-Oriented Inclusion Opportunities</i> Promotes a range of training and personal development opportunities designed to guide beneficiaries towards an independent and socially integrated life.
Potential Beneficiaries	Vulnerable children and youths aged 13 to 25 at high risk of social exclusion who are identified via education or social service structures	

Table 4: Project snapshot – PDP2

Project Title	PDP 3 – Training of Local Council Staff on Principles of Good Governance, Transparency & Accountability and the Implementation of the Small Grant Scheme (SGS)
Anticipated Outcome	Improved quality of life of deprived communities in urban localities
Project Promoter	Local Government Division
Donor Project Partner	Norwegian Association of Local & Regional Authorities
Grant Amount	€204,381
Core Activities & Interventions as per Grant Agreement	<ul style="list-style-type: none"> – Mapping out and identifying current community realities that are hindering community well-being of eligible urban councils based on various studies – Training on principles of good governance, transparency and accountability, with special emphasis on managing the SGS. – Information sessions for executive secretaries in eligible urban localities – Thematic networking for sharing of best practices, open to all local and regional authorities in Malta, including rural areas – Internships, study visits, exchange of experience across eligible localities either at national level or on collaboration with donor entities – Training of newly elected councillors following 2019 elections open to all 68 local councils – Dialogue building between political and administrative arms of local councils
Potential Beneficiaries	<ul style="list-style-type: none"> – Staff at urban local councils – Residents of beneficiary local councils

Table 5: Project snapshot – PDP3

Project Title	PDP 4 – Malta Maritime Museum: Local Development Through Cultural Heritage	
Anticipated Outcome	Cultural Heritage Management Enhanced	
Project Promoter	Heritage Malta	
Grant Amount	€2,015,529	
Core Activities & Interventions as per Grant Agreement	Activity 1 – <i>Rehabilitation & restoration of previously unused areas of MMM premises to expand display space</i>	<ul style="list-style-type: none"> – Structural works to stabilise and refurbish the MMM building, doubling the available area for visitor facilities and display/exhibition space – Refurbishing works to comprehensively upgrade the MMM facilities and provide a better visitor experience
	Activity 2– <i>Digitisation of 2,600 selected artefacts from MMM collection</i>	Creation of a themed digital collection to showcase the MMM's best assets and create an innovative digital visitor experience, widening its reach beyond physical visitors.
Potential Beneficiaries	Local community; Learners; Teachers; General Public; Tourists; Museum professionals and managers	

Table 6: Project snapshot – PDP4

4.0 Evaluation Scope and Methodology

This section outlines the scope of the evaluation based on the guidance documents referred to in Section 2.0 above as well as the aims and objectives set out in section 2 ('Contract Objectives and Expected Results') of the Terms of Reference of the contract. This is followed by a brief overview of the methodology used in the evaluation, highlighting the research approach and methods that were adopted to deliver a final evaluation report that meets requirements.

4.1 Scope of Evaluation – Aims and Objectives

Overall Objective

The Terms of Reference called for a thematic Ex-Post Evaluation of the funding support received through the EEA and Norway Grants during the 2014–2021 Programming Period. It was therefore understood that the evaluation was expected to explore cross-cutting themes within and across the four projects under review, such as the relevance to national and beneficiary needs, the validity and effectiveness of the design and delivery, the impact of the results and outcomes and the potential for sustainability. This is in line with the OECD Evaluation Criteria, promoted by the Financial Mechanism Office as the best practice framework for EEA and Norway Grant evaluations.⁷ We also noted that the Evaluation Plan referred to a formative/summative evaluation approach – this was accordingly factored into the applied methodology.

Specific Objectives

Section 2.2 of the contract's Terms of Reference (TOR) sets out three specific evaluation objectives:

- i. To ensure accountability for the funds spent
- ii. To gain knowledge of the effects left on the ground, and
- iii. To learn how we can improve on similar measures in the future.

Given that summative evaluations are considered best practice for assessing completed projects, the overall performance of each pre-defined project was comprehensively reviewed in terms of its outputs and outcomes, assessed against the initial objectives and anticipated results specified in the relevant Grant Agreement.

The formative dimension of the evaluation was then integrated into the methodology by ensuring a data-driven assessment of each project as it evolved from inception to completion, rather than only taking a snapshot of the completed project. This to an extent mirrored the fundamental feature of formative evaluation as an ongoing facet of project

⁷ Evaluation Mandate and Policy for the EEA and Norway Grants – 19 October 2021

implementation. On this basis, data was collected and analysed from different stages of project implementation (e.g. from annual reports), as well as from interviews with key stakeholders who were involved in the whole project life cycle. This provided valuable insights into the issues and challenges associated with the implementation of each project, as well as a more informed understanding of how outcomes and impacts developed as that project matured. This leans into the ‘lessons learned’ objective highlighted in the Terms of Reference.

4.2 Overall Research Approach

As per Section 4.2 of the TOR, the evaluation of the pre-defined projects (PDPs) is to be based on three criteria: relevance, effectiveness and sustainability, defined in line with the OECD DAC principles as outlined in Table 7 below.⁸

Criterion	As applied to the EEA and Norway Grants Programme in Malta 2014–2021
Relevance	Did the intervention do the right things?
Effectiveness	Did the intervention achieve what it set out to achieve?
Sustainability	Will the benefits of each project last?

Table 7: Evaluation criteria as per Section 4.1 of the Terms of Reference

A series of Key Evaluation Questions is provided under each criterion. As per the TOR, the findings of the evaluation for each project are therefore structured in the form of responses to each of these questions. Four questions under the Relevance criterion apply at the programme rather than the project level and will be addressed in a final section that provides a high-level comparative assessment of the four projects.

The following section will outline the research methods that were used to gather the necessary data to support these responses.

⁸ These definitions and approach are based on the revised set of evaluation criteria adopted by the OECD Development Assistance Committee (DAC) in 2019.

4.3 Research Methods

Given that the evaluation targeted very different project activities and beneficiary groups, a mixed method approach was used that could apply both qualitative and quantitative research tools in the same study. This blended implementation process is aligned with best practice in evaluation studies, particularly in fields with a strong social dimension such as health sciences, education, and social sciences (this relates particularly to PDPI and PDP2). It ensures that the limitations of one type of data are balanced by the strengths of another, combining the complementary perspectives of each research method to provide a better understanding of a research topic, as opposed to taking a single approach in isolation.

The mixed methodology also allows for effective triangulation to support the reliability and validity of conclusions reached, as recommended in the OECD DAC Quality Standards for Development Evaluation.⁹ This was considered an important element of the evaluation, given the varied nature of the four projects under review, with each generating its own set of qualitative and quantitative data from different sources. To further support informed and reliable analysis, a parallel convergent design was employed. This involved gathering quantitative and qualitative data in parallel and analysing them separately. After both analyses were complete, results were compared to draw and enrich overall conclusions.

Finally, given the terms of reference for this evaluation, a mixed methodology ensured that empirical data on the implementation and results of the projects under assessment were reinforced by the experiences and insights of stakeholders and beneficiaries. This provided a robust basis for the analysis and evaluation.

The research methods are described further below.

4.3.1 Quantitative research methods

Data related to the implementation of each project was gathered as a core element of the research to provide a level of quantitative analysis to support the responses provided to the evaluation questions.

Data included:

- Results reported against the core set of indicators per project listed in Annex 1 to the 2014-2021 Programme Agreement.
- Quantitative data gathered through primary research carried out specifically for the evaluation; this was mainly in the form of two surveys administered for PDPI and PDP3.
- Other secondary project-specific quantitative data identified during Key Informant Interviews – this was collated and analysed.

⁹ OECD. (2010). *Quality Standards for Development Evaluation*, DAC Guidelines and Reference Series. OECD Publishing, Paris.

- Relevant national data related to the sectors targeted by the EEA and Norway interventions; this was sourced from the National Statistics Office and/or Eurostat, as well as peer-reviewed literature.

4.3.2 Qualitative research methods

The qualitative research for this evaluation fell into four main areas: (i) desk research, (ii) direct stakeholder engagement, (iii) case studies, and (iv) site visits.

4.3.2.1 Desk research

The evaluation fieldwork was embedded in thorough desk research into the EEA & Norway Grants 2014–2021 as implemented in Malta at both programme and project level, including:

- All regulations and agreements related to the programme-level implementation of the EEA and Norway Grants in Malta, 2014–2021
- All agreements (and addenda) related to the implementation of each of the pre-defined projects funded by the EEA and Norway Grants in Malta, 2014–2021
- Combined Strategic and Annual Programme Reports 2018–2022
- Project Completion Reports
- Guidelines and regulations issued by the EEA and Norwegian Financial Mechanisms, particularly related to monitoring and evaluation
- Project Publicity material
- Any national media reports related to any PDP
- Relevant European or national policies and strategies
- Relevant literature and studies
- Material related to the 2009–2014 EEA and Norway Grant Programme

4.3.2.2 Stakeholder Engagement

Apart from the secondary sources consulted via desk research, the evaluation process also carried out fieldwork based on direct stakeholder engagement to gather primary qualitative data. This aimed to provide insights into different aspects of the pre-defined projects' context, implementation, outcomes, and impacts. This fieldwork consisted of the following:

Key informant interviews

Semi-structured interviews were carried out with several stakeholders across all the PDPs. Interviews were therefore held with all the project promoters, as well as with other stakeholders relevant to the given project. Interviews were also conducted with the EEA & Norway Grants' 2014–2021 Management and Control Structures. Persons interviewed included the project lead and key persons working on the individual

projects, relevant persons representing ministries and entities directly involved in the project, and also individuals who play a role in relevant policy areas.

Focus Groups

While the interviews described above focused mainly on project promoters and implementors, focus groups were also held to gather the insights and experiences of other stakeholders, including personnel directly providing funded services and beneficiaries of those services. Focus groups included a range of stakeholders such as individuals involved in the running of the project as well as directly engaged in service delivery, entities concerned at project and/or policy level, as well as beneficiaries.

4.3.2.3 Case Studies

Given that PDP1 and PDP2 targeted vulnerable child and youth cohorts, direct engagement with these projects' beneficiaries was not considered to be in their best interest. For this reason, a number of individual case studies were reviewed to support a better understanding of each project.

4.3.2.4 Site Visits

Two site visits were held as part of the evaluation research: the first to the Sensory Integration Therapy Centre in operational hours, and the second to the Malta Maritime Museum

4.3.2 Distribution of research methods at project level

The research methods outlined above were deployed in line with the best-fit data gathering and analysis requirements of the respective projects. This ensured a structured methodology, allowing for a sound aggregation of quantitative and qualitative data. This was then analysed and interpreted before formulating considered and data-driven responses to the evaluation questions.

The distribution of research methods across the four projects is presented in Table 8 below.

PDP1	PDP2	PDP3	PDP4
Desk Research			
7 Interviews 2 Focus Groups 1 Survey 5 Case Studies Site Visit	6 Interviews 5 Case Studies	4 Interviews 6 Focus Groups 1 Survey	5 Interviews Site Visit

Table 8: Distribution of research methods by PDP

4.5 Data Limitations

Response to Surveys

Two surveys were administered to gather quantitative data on two projects: PDP1 and PDP3.

In the case of PDP1, an online parental satisfaction survey was issued to 449 parents and caregivers, the email address of whom was retained by the SITC. A limitation of this dissemination method was noted, in that 15% of these emails remained undelivered, meaning that those parents were not included in the survey. To mitigate this limitation, as well as to include parents without access to email, the survey was also administered by phone to a random sample of parents from the total parent population. By the end of the survey period, a total of 144 responses were submitted online or obtained through the phone method. This low response to the online survey may have arisen in cases where a significant amount of time had elapsed since their child's attendance at the Centre, reducing parental motivation to participate in the survey.

This response rate does not meet the requirements of a statistically representative sample of the total parent population surveyed which may limit the generalisability of the findings.

When this limitation became evident, mitigating action was taken to source a secondary source of quantitative data which could be used to corroborate and clarify the primary data results. This was obtained by analysing the raw responses of an in-house parental satisfaction questionnaire administered by the Centre. This data is gathered from the responses recorded in voluntary feedback forms completed by parents once their child has completed their SITC intervention. Representing the attitudes and perceptions of 348 parents and caregivers, this is a very robust and statistically representative sample.¹⁰

In the case of PDP3, an online survey was administered to the staff of all local councils to gather feedback on the training funded under the project. Despite this being sent to all staff, only 88 responses were received. Of these, only 22 had participated in the funded training and as such did not provide a large enough sample for analysis. For this reason, the results of this survey were not included in the evaluation. This limitation, which is attributed to the high turnover of local council staff given that the training was delivered

¹⁰ Given that the total parent population size is 810 individuals, 261 is the recommended size for a statistically representative sample at a 95% confidence level and 5% margin of error.

three years ago, was mitigated by organising focus groups with known beneficiaries and using the qualitative data obtained through that method for the evaluation.

Focus Groups

The initial methodology design included a larger number of focus groups than those ultimately held, particularly for the PDP1, PDP2 and PDP4 projects. In the case of focus groups aimed at beneficiaries (or beneficiaries' parents) for PDP 1 and PDP2, for ethical reasons it was decided to opt for other methods (surveys, interviews, or case studies) based on the advice received from the Project Promoters, who felt that a focus group setting may not be appropriate for the respective beneficiary cohorts. A focus group planned with external stakeholders for PDP4 also had to be replaced with further interviews due to a lack of response from the targeted participants.

The following sections, 5.0 to 8.0, present the evaluation findings on each PDP, structured in the form of responses to the evaluation questions set out in Section 2 of the TOR.

5.0 Evaluation Findings – PDP1

5.1 Relevance

5.1.1 To what extent did the Project's objectives and design respond to the Beneficiaries' and Malta's identified needs, policies and priorities?

Relevance of PDP1's objectives and design to beneficiary and national needs

Overall Finding
Based on the analysis of the qualitative and quantitative information obtained for this project, the evaluation concludes that PDP1's objectives across its three key interventions were significantly aligned with the needs of the beneficiary populations targeted by each intervention, as well as with Malta's national needs and policy priorities.

Given the multi-faceted nature of the project, the evidence for this overall finding will be presented separately for each of the three interventions. The project objectives specified in the 2014-2021 Programme Agreement as well as in its Grant Agreement, seen in Table 9 below, provided the general frame of reference for this assessment.

Programme Agreement	Grant Agreement
<p>The project will contribute to improved access to and quality of health services in Malta with particular focus on:</p> <ul style="list-style-type: none"> – closing gaps in health care provision to children with disabilities associated with ASD, genetic conditions, intellectual disabilities, attention problems or mental health problems – introducing screening of newborns for PKU – Introducing NAT testing of blood products for infectious diseases. 	<ul style="list-style-type: none"> – Universal access to healthcare – Development of health systems – Reduction in social inequalities and burden of disease – Improved preventive services

Table 9: PDP1 objectives as per Programme and Grant agreements

Intervention 1 - Sensory Integration Therapy Centre (SITC)

The SITC was set up under PDPI, led by the Ministry responsible for Health (the Project Promoter) in collaboration with the Ministry responsible for Education. Operating from a school, it provides two key services:

- ✓ **Occupational therapy services based on a sensory integration approach for children with neurodevelopmental challenges** who are referred to the Centre by the Child Development Assessment Unit (CDAU) within the same Ministry responsible for Health
- ✓ **Psychological support services for children and youths attending state schools;** this is a centralised service which reinforces the support services provided in schools and offers specialised educational, developmental, and counselling psychology services. These services cater for the same target beneficiary group as those for SIT services, particularly the same cohort with neurodevelopmental difficulties, as well as for all children in state schools facing mental health challenges, including anxiety and Social, Emotional, and Behavioural Difficulties (SEBD).

Alignment with beneficiary needs – Sensory Integration Therapy Services

Based on the qualitative and quantitative information obtained in the fieldwork, the evaluation concludes that the objectives of PDPI related to the introduction of sensory integration therapy services within a dedicated Centre significantly responded to a clear and growing need among the target beneficiary population. This applies particularly to children referred to the Centre following a potential diagnosis of ASD, ADHD, or other developmental disorders. This represents a key share of the beneficiary population identified in the Grant Agreement.

These are the main reasons for this finding:

- By opting for an SIT-based approach at the Centre, the project promoters selected a best-fit and effective therapeutic service tailored to the clinical needs of the beneficiary population identified in the Grant Agreement. It also provided a new focus and structure to the OT services previously provided. A further key benefit of

SIT is that it optimises the benefits of early intervention; actively helping children in the target cohort to improve their sensory processing abilities at a younger age creates a stronger foundation for long term personal, social, and educational development. It reduces anxiety and stress and fosters independence.^{11 12}

Recent international studies have classified Sensory Integration Therapy as an evidence-based practice for autism treatment (Schoen et al, 2019); (Hume et al, 2021). Beyond autism, it is also considered to be effective in supporting children with developmental and behavioural disorders to improve their ability to 'process, organise and respond to sensory input' (Child Mind Institute, 2021). The project promoters' decision to opt for this reputable therapy approach, therefore, appears to be in line with the clinical needs of the beneficiary population originally targeted by PDPI, particularly since it acts at a fundamental level, particularly suited to the early intervention approach which was identified as one of the project's main aims.

- **The launch of the SITC, and the introduction of SIT as a new and accessible service in the public healthcare system, responds to a rising demand for specialised ASD and ADHD services in Malta**

There is a rising global trend in the diagnosis of ASD due in part to increased awareness, earlier screening, and changes in diagnostic criteria. This is also clearly observed and documented in Europe, with the rise in prevalence described in the European Parliament as 'rapid and widespread.'¹³ Estimates suggest that approximately 1 in 68 children are being diagnosed with ASD across Europe.¹⁴ This upward trend is also observed in other neurodevelopmental conditions, including childhood ADHD.¹⁵ Recent national studies indicate that these rising trends also apply to Malta: A 2023 Study prepared by the University of Malta and commissioned by Parliament estimates that 1 in 60 to 70 children in Malta are diagnosed with ASD, while 5.4% have been diagnosed with ADHD.¹⁶ This observation of a rising need in Malta was supported by feedback received during the focus group held with the Occupational Therapists based at the Centre, who are experiencing this rising demand first-hand. ASD currently ranks first in terms of the conditions most frequently treated at the SITC, while ADHD ranks second.

¹¹ Pfeiffer BA, Koenig K, Kinnealey M, Sheppard M, Henderson L. Effectiveness of sensory integration interventions in children with autism spectrum disorders: a pilot study. *Am J Occup Ther.* 2011 Jan-Feb;65(1):76-85. doi: 10.5014/ajot.2011.09205. PMID: 21309374; PMCID: PMC3708964.

¹² Autism Centre of Excellence. Unit 11: Sensory Integration Therapy in Early Intervention. Retrieved from <https://autismcoe.com/blog/early-intervention/sensory-integration-therapy-in-early-intervention/> on 21 July 2025.

¹³ Question for written answer E-003097/2021 to the Commission Rule 138; Subject: Increasing prevalence of autism spectrum disorders

¹⁴ Sacco, Rosemarie & Camilleri, Nigel & Eberhardt, Judith & Umla-Runge, Katja & Newbury-Birch, Dorothy. (2022). The Prevalence of Autism Spectrum Disorder in Europe. 10.5772/intechopen.108123.

¹⁵ Policy approaches and practices for the inclusion of students with attention deficit hyperactivity disorder (ADHD). (2020). OECD Education Working Paper No. 238.

¹⁶ Azzopardi, A., Formosa, O., Cuff, A., Birmingham, E., Bartolo, P. A., Azzopardi Lane, C., Bettenzana, K., & Buhagiar, N. (2023). Persons with autism and persons with ADHD – The need to understand and improve services for families in Malta. Msida: University of Malta. Faculty for Social Wellbeing.

- There is a growing awareness in Malta, particularly among the caregivers of children diagnosed with ASD and/or ADHD, of the benefits of Occupational Therapy (OT) and Sensory Integration Therapy (SIT). Through its services, which work to a consistent treatment plan for each beneficiary, the SITC has addressed service gaps which existed in the public healthcare system in terms of the frequency and consistency of OT services for children who could benefit from early intervention. It also introduced an evidence-based SIT approach which was previously unavailable under Malta's universal public health coverage, making it possible for lower-income families to access these services. This directly addresses a particular health inequality which existed prior to PDPI, where sensory integration therapy was only available to Maltese families in two ways: either locally on a limited basis and at a cost, or abroad, funded either privately or through an NGO. This realistically blocked access to this intervention for the children of families who could not afford the fees required.

The 2023 Malta study referred to above emphasised the beneficial effects of OT for children diagnosed with either ASD, ADHD, or both, highlighting the particular value of sensory integration therapy in this regard. The study also pointed to a growing awareness among parents and caregivers of the importance of accessing these interventions as early as possible for their children.

The situation before the launch of the SITC: SIT was not available in any form in the public healthcare system and could only be accessed by caregivers in the private sector at a cost. Universal access to other OT services for children within the same population targeted by PDPI was available; however, based on information obtained from the Project Promoter in key informant interviews, as well as from OTs who participated in a focus group, this tended to be more restricted and infrequent due to high demand. This pre-PDPI assessment is also supported by the comments made by parents and caregivers in the parental feedback questionnaire data discussed below.

PDPI, therefore, acted on two fronts:

- It facilitated more frequent and consistent OT services for children referred to the Centre compared to the service levels they would have received pre-PDPI. Upon referral and assessment, the beneficiary attended weekly sessions at the Centre over a period of twenty weeks, ensuring a clear and continuous focus throughout the intervention.
- The integration of SIT in the OT services provided introduced this particular therapeutic approach in Malta as a free and universal health service, open to all children resident in Malta who could benefit, regardless of their family's socioeconomic circumstances.

This responds to a need identified in the 2023 national study, which referred to private services in this area as being ‘very costly’ and largely inaccessible to families living in poverty or at risk of poverty and social exclusion.

“Most of the caregivers stated that taking their children to private speech behaviour and occupational therapy is very costly and becomes a very big problem when the family cannot afford it. The caregivers know that their children need these services but are unable to obtain the necessary services due to financial constraints.” (Azzopardi et al, 2023, p.189).

- **The opening of the Centre enabled the provision of integrated services focused on the needs of children with neurodevelopmental conditions in one central location, including services that were previously non-existent.**

Pre-PDPI, early childhood intervention services in this area (neurodevelopmental) were all coordinated by the Child Development Assessment Unit (CDAU). This unit performed a multidisciplinary assessment, after which an intervention plan was adopted, which would often feature services from different providers. Through PDPI, children assessed by the CDAU as suitable candidates can now be referred to the SITC for targeted and more holistic services, including some which were not previously available – within the OT sphere, these include sensory integration therapy and the feeding clinic¹⁷. In addition, the collaboration with the Ministry responsible for Education enabled the provision of targeted psychological treatment and support at the Centre for children in the same cohort. This level of integration, particularly drawing in both the Education and Health sectors’ expertise and resources, was a first in Malta. Based on feedback obtained from parents and caregivers, as well as service providers, it emerges that this integration significantly strengthened the level of support provided to beneficiaries, parents, and families.

¹⁷ The SITC includes a Feeding Clinic which uses an SIT-based approach to provide specialised support for children with feeding and swallowing difficulties; this service has been strengthened further since the SITC’s launch since it has proved to be an important and fundamental service for children attending the Centre who present with such difficulties.

Alignment with beneficiary needs – Psychology Support Services

Based on the qualitative and quantitative information obtained in the fieldwork, the evaluation concludes that the objectives of PDPI related to the provision of psychological support services within a dedicated Centre addressed a growing need among the beneficiary population. This population includes both child beneficiaries facing neurodevelopmental challenges, as well as others dealing with a range of mental health issues which are flagged at their school or by other professionals – the latter cohort was in fact identified as a distinct target group under PDPI in the Programme Agreement. PDPI provided the space and opportunity for pre-existing psychological services to operate from a centralised point, increasing their reach and efficiency; in addition, the secured funds were also used to invest in the necessary tools and training to support specialised psychological interventions, including for beneficiaries in the neurodivergent cohort. This aligned with the holistic service provision envisaged as a PDPI objective.

These are the main reasons for this finding:

- **Strengthening psychological services responds to a growing need for dedicated mental health services for children and young people that has been clearly identified in Malta.** An increase in the number of cases was reported by the child psychologists working at the Centre, based on their own experiences in the field in recent years – this applies both to cases of neurodevelopmental challenges as well as other mental health issues, such as anxiety and depression. Desk research also indicates that this rising trend has been highlighted in recent international data and national studies:
 - **Higher than average prevalence of mental health issues in Malta’s children and youths:** Data from the international ‘Health Behaviour in School-Aged Children Study’ (HBSC) which is administered across 51 countries every four years in collaboration with the World Health Organisation (WHO) shows that across all age groups surveyed, 31.2% of boys and girls in Malta report regularly feeling ‘low’, compared to an average of 25% across the countries surveyed. The results for Malta also point to a rising trend, with the share reported in the 2022 survey standing 5.4 percentage points higher than the 2018 data (25.8%) for that indicator.¹⁸
 - **Similar trends noted in 2023 local study:** A 2023 nationwide study conducted by the Association for Child and Adolescent Mental Health concluded that approximately 16,000 children and adolescents aged between 5 and 16 present

¹⁸ Data retrieved on 18 July 2025 from HBSC official website: <https://data-browser.hbsc.org/>.

symptoms of mental health problems, with 15% of them meeting the criteria to be diagnosed with a mental health disorder.¹⁹

- **Post-pandemic increase in anxiety and depression observed in children:**

Recent media reports reference this perception. There are some local studies to support this, including a 2022 UOM study, which found that up to 75% of children aged 13–18 reported negative mental health impacts.²⁰

- In the context of this rising demand and ensuing capacity pressures, the centralisation of key elements of the School Psychological Support (SPS) services at the SITC has reduced fragmentation and increased resource efficiency, compared to the pre-PDPI situation where SPS services were distributed across the different school colleges.

One key improvement enabled by the SITC was the **centralisation of the assessment process to determine Examination Access Arrangements for all state school pupils and students** – this process was previously conducted at individual school level. Relocating this process to the Centre has freed up school psychologists to focus more time on their core responsibilities and increase contact time with clients.

- This centralisation in the calm and welcoming environment of the Centre has also, through PDPI, introduced a ‘neutral zone’ where psychological assessments and interventions can be carried out away from the child’s normal school environment, often contributing positively to beneficiary engagement.

In focus groups, **school psychologists reported that this facility often boosts engagement with service users and their families**, particularly in circumstances where their school situation may be contributing to the issue at hand. In general terms, they also found that the Service’s setting in a school, as opposed to a clinical or health facility, provided some comfort and reassurance to parents and beneficiaries, particularly in the initial stages of the intervention.

- Integrating SPS services into SITC service provision conforms to the ‘one-stop-facility’ envisaged in the Grant Agreement, particularly in terms of the cohort of beneficiaries referred for neurodevelopmental assessment and diagnosis; investment funded by PDPI in specialised testing tools, and associated training, has increased capacity and quality in the assessment process, facilitating the process for beneficiaries and their families. One key reason for this is that such tools require

¹⁹ Sacco, Rosemarie & Camilleri, Nigel & Newbury-Birch, Dorothy. (2022). National Study on Mental Health and Emotional Wellbeing among Young People in Malta: Phase 1. *European Psychiatry*. 65. S596–S597. 10.1192/j.eurpsy.2022.1527.

²⁰ Azzopardi, A., & Caruso, J. (2022). Examining the effect of the Covid-19 pandemic on Maltese young people. Malta: Aġenzija Żgħażaġħ.

a specific testing environment – this is provided in the specialised assessment rooms at the SITC and would be difficult to replicate in individual schools.

22 SPS practitioners were trained in the administration of the *Autism Diagnostic Observation Schedule (ADOS; 2nd ed)*, currently considered the 'gold standard' in the assessment of ASD. Other specialised testing instruments used by psychologists and procured through PDPI funds were the *British Ability Scales* (3rd edition), which assesses intellectual functioning, and the *Conners Rating Scale*, which is used in the assessment of ADHD.

Intervention 2 – PKU Screening

Based on qualitative information obtained in the fieldwork, the evaluation found that the introduction of PKU Screening is aligned with better health outcomes for the beneficiary population. This is because it provides all resident families with universal access to an added protection for newborns which was previously unavailable. In this way, it also places Maltese families at par with those in most EU Member States, where this screening is already offered as standard, reducing health inequality at a European level.

These are the main reasons for this finding:

- The introduction of PKU Screening enables the **early detection of a debilitating condition** which, left undiagnosed, drastically reduces the patient's quality of life, placing a significant burden on the families that care for them.
- The screening **complements and strengthens pre-existing nationally funded enhancements to newborn screening protocols**, notably the introduction of the heel prick test which was first introduced for the screening for hyperthyroidism, and which could also be used for PKU screening.
- **The introduction of PKU to Malta's neonate screening capacity responds to a changing population mix**, which can now include more children born in Malta to foreign parents who may be arriving from countries with higher incidences of the condition.
- **This PDPI intervention enables a comprehensive screening process**, including a second-tier test to confirm any initial positive results and support diagnosis and eventual treatment (see case study below). This benefits any newborns diagnosed with the condition and their families.
- **Universal access to PKU neonate screening brings Malta in line with virtually all other EU Member States, reducing health inequity in this particular area.** Pre-PDPI, PKU screening in neonates was well established in most developed countries and in all EU Member States except for Malta and Finland.²¹ Increased migration has raised the incidence risk of the disease even in countries with a low prevalence among the

²¹ Loeber JG, et al. (2021). Neonatal Screening in Europe Revisited: An ISNS Perspective on the Current State and Developments Since 2010. *Int J Neonatal Screen*. 2021 Mar 5;7(1):15. doi: 10.3390/ijns7010015. PMID: 33808002; PMCID: PMC8006225.

indigenous population. For this reason, the Project Promoters took the opportunity provided by the EEA and Norway Grants to introduce PKU screening and bring its neonate screening programme in line with that of other EU countries. This also reflected a drive at the European level to integrate and harmonise newborn screening as far as possible as a key health equity measure.²²

Intervention 3 – NAT Testing

Based on qualitative information obtained in the fieldwork, the evaluation found that the introduction of NAT Testing is aligned with better health outcomes for the beneficiary population since it increases the safety of blood products for Malta's resident population. It does this particularly by providing the technical platform to test for new diseases which have become a rising risk due to climate change; this increased testing capacity also contributes to better public health at a European level.

These are the main reasons for this finding:

- According to information gathered in the key informant interview with the Project Lead for this intervention, pre-PDPI the National Blood Transfusion Service (NBTS) carried out the basic serological testing required by law; the **addition of NAT testing through PDPI allowed for more complete, reliable, and wider testing**, with greater screening sensitivity for detecting issues with donated blood that would not have been picked up by this basic testing. This increases the safety of blood products for the resident Malta population.
- This enhancement **also enabled the inclusion of men who have sex with men (MSM) blood donors who were previously excluded from blood donations**. This removes a discriminatory element in Malta's healthcare system; increasing the pool of potential donors in this way also contributes to driving higher donations of this critical resource.
- This PDPI intervention **enabled the procurement of a state-of-the-art testing platform with the technical capacity to test for other diseases which have been identified as a risk**. Since project completion these diseases have included dengue, Hepatitis B and HIV.
- Using the same resources funded by the EEA & Norway Grants, **these enhancements further promote the security and safety of Malta's blood supply for the ultimate benefit of patients**. This aligns with an EU-wide focus on strengthening blood donation protocols to increase the safety and sustainability of the blood supply across Member States, particularly in response to increasing pressures from

²²Scarpa, M.et al. (2022). Newborn screening as a fully integrated system to stimulate equity in neonatal screening in Europe. The Lancet Regional Health- Europe 2022;13: 100311 <https://doi.org/10.1016/j.lanepe.2022.100311>

climate change and demographic shifts.²³ Through PDP1, Malta now joins the eight EU Member States which use this form of testing routinely in their national blood screening programmes.²⁴

²³ Regulation (EU) 2024/1938 of the European Parliament and of the Council of 13 June 2024 on standards of quality and safety for substances of human origin intended for human application and repealing Directives 2002/98/EC and 2004/23/EC

²⁴ Boland F, Martinez A, Pomeroy L, O'Flaherty N. (2019). Blood Donor Screening for Hepatitis E Virus in the European Union.

BOX 1: PDPI – Relevance to National Realities (Additional Context)

Assessing the objectives of PDPI from a national perspective, the evaluation highlights two key aspects which contribute to a better understanding of the project context and the relevance of its outcomes and impacts to national realities.

1 Demographic Shifts

The rising demand for SIT and psychological services referred to above is also being driven by demographic changes, notably a growing migrant resident population over the last decade. The number of foreign children living in Malta aged 0-16 rose from 8,842 in 2016 to 16,442 in 2024 – this makes up 20.83% of the total resident population in those age ranges (Most recent data, NSO). These are some implications considered in the PDPI evaluation:

- This rapid increase in the resident child population contributed to the relevance and need for the SIT and psychology services provided by the SITC, not least in terms of a growing population in the eligible age brackets. In focus groups, it was also reported that foreign-born children in Maltese state schools make up a notable proportion of clients seen by the psychology services at the SITC; the challenge and adaptation to a new school system may contribute to a higher incidence of issues, particularly related to social, emotional and behavioural difficulties.
- These population trends also relate to PKU screening, not only in addressing the increase in the number of newborns but as an important response to changes in the target population which may raise the possible incidence of the disease, particularly among children of foreign parents residing in Malta.
- In terms of NAT Testing, measures to increase the safety and availability of a national blood supply are more pertinent as population-driven demand grows

2 Trends in the number of children at risk of poverty and social exclusion (AROPE)

The number of children at risk of poverty or social exclusion (AROPE) continues to follow an upward trend in the period since PDPI's project application and this population remains a group of policy concern.

- ✓ 25.9% of Malta's total population aged under 18 falls in this category (NSO, 2025) – a rising trend from the 23.7% observed in 2017 and consistently ranking slightly above the EU27 average (24.1% in 2024 – Eurostat).
- ✓ This concern was highlighted in the 2024 Malta Country Report issued by the European Commission which states that "*persistent poverty and disparities among vulnerable groups, including children, older people, and non-EU nationals, remain significant.*" Of relevance to the SITC's beneficiary group, the Report also refers to the elevated AROPE risk carried by persons with disabilities, stating that among this population 33.7% are at risk of poverty and social exclusion compared to 16.3% among those without disabilities (SILC data).

Relevance of PDP1's objectives and design to national policies and priorities

Overall Finding

Based on the analysis of the qualitative and quantitative information obtained for this project, the evaluation concludes that PDP1's objectives and design across its three key interventions were significantly aligned with national policies and strategies, particularly in the health and social policy dimensions. This relevance applies to the policy priorities at play at the time of PDP1's project launch and is further confirmed by the strategic direction taken in subsequent policy documents.

Desk research identified the main policy documents that are relevant to PDP1 across its three interventions, starting with policies active at the time of application, and moving on to any other related strategies issued since.

These are the policies identified, and the areas of direct alignment with PDP1's objectives and design.

A National Health Systems Strategy for Malta 2023–2030

- Calls for an **increased focus on the health of children, particularly in ensuring an 'equitable start to life'**; in this context, the Strategy calls for a joined-up approach with other public services, including public school-based health services. This ties in with PDP1's innovative integration of Health and Education services in SITC service design and provision.
- Highlights the **need for tech innovation and continuous development**. Both NAT Testing and PKU Screening are relevant to this objective in a health screening context, introducing new technologies that contribute to the development and modernisation of health systems.
- PKU screening is strongly aligned with the **emphasis on prevention and early detection** articulated in the Strategy
- The introduction of NAT Testing is aligned with the Strategy's commitment to **develop Malta's national blood transfusion, cell and tissue banking facilities in line with rising clinical demand and tech advances in the field**. It also ties in with the **pressing need for climate change adaptation in Malta's health systems**, specifically in terms of responding to climate-related changes in vector-borne diseases.

National Strategic Policy for Poverty Reduction and for Social Inclusion 2014–2024	National Strategy on the Rights of Disabled Persons 2021–2030
<p>Strategy confirms that ‘clear income differential’ persists in unmet needs for healthcare – this aligns with PDPI’s main objective to ‘reduce inequalities in health.’</p> <p>Other recommendations:</p> <ul style="list-style-type: none"> – Shift in focus from secondary care to primary care – Emphasis on early intervention and prevention to improve outcomes – Commitment to tackle persistent inequalities in health access 	<p>This highlights a commitment to improve services to support inclusion in education to ensure an ‘accessible educational experience for all learners.’ There is close alignment with the SITC integrated model in the Strategy’s recommendation to “ensure participation through the identification and provision of necessary services, including multidisciplinary support through various processes”</p>

A Policy on Inclusive Education in Schools: Route to Quality Inclusion (Revised 2022)	National Autism Strategy 2021–2030
<p>Identifies learners with sensory impairments as a specific cohort, calling for inclusive education measures to cater for this group. A key recommendation closely aligned with the SITC is to create specialised centres, preferably in mainstream schools, to provide the necessary support.</p>	<p>Prioritises children and adolescents, with a focus on early diagnosis and intervention. Also emphasises that support must be provided to enable children with ASD “address the challenges that they face.” ‘Sensory processing differences’ are identified as a key challenge in this context, requiring specialised support.</p>
<p><i>“If these children do not get the intervention they need, they find it harder to cope in mainstream schools and follow the normal curriculum – so it is important from an inclusive education point of view. Coping better with, and doing better at, school provides a better basis for future inclusion, economic health and employability.” – Quote from Key Informant</i></p>	

National Mental Health Strategy 2020–2030
<p>This Strategy prioritises children and adolescents, with a focus on early intervention and intervention. It also highlights the role of psychological services in schools to support mental health and well-being.</p>

Children's Policy Framework 2024–2030	National Action Plan for a Child Guarantee 2022–2030
<p>Priority 1 of the Framework focuses on improving children's well-being, including physical and mental health.</p> <p>It aims to address child mental health from an early stage to avoid <i>"difficulties in school, problems with relationships and social interactions, and a higher risk of developing mental health problems later in life."</i></p> <p>Directly tied with PDPI objectives and design, it also targets strengthening the function and capacity of the CDAU and extending OT services as much as possible.</p>	<p>This Plan specifically targets children AROPE and their families in line with the European Child Guarantee.</p> <p>Aims to provide quality early healthcare to AROPE children and their families, noting that these <i>"tend to have more complex needs related to both physical and mental wellbeing and may therefore derive further benefit from inclusive and accessible quality healthcare."</i></p>

5.1.2 In what way did PDPI address the needs of the different stakeholders?

Beneficiaries

As highlighted in the findings of the desk research, the case studies, and feedback from the parents of beneficiaries, PDPI provided universal access to targeted therapeutic interventions and support which were previously unavailable, particularly to lower-income families who may not have been able to afford these services in the private sector. It is also supporting the goal of early intervention on an unprecedented scale, supporting better outcomes for children referred to the Centre²⁵. The opening of the Centre has also enabled more structured and consistent care over a set number of sessions, in a welcoming, purpose-designed environment that is removed from a clinical setting.

Project Promoter

PDPI provided an opportunity for the Ministry responsible for Health to proactively address three service gaps in the public healthcare system:

- The opening of the SITC and the provision of specialised sensory integration therapy created a new intervention pathway for children with neurodevelopmental conditions, building capacity and service quality in this critical area in line with growing demand.
- The addition of PKU to newborn screening protocols brought Malta in line with other developed countries while building on previous national investment on further

²⁵ This assessment is based on the data resulting from the Goal Attainment Scaling (GAS) scoring system which is maintained by the SITC for each beneficiary; this data was analysed for the purposes of this evaluation, with the findings of this analysis presented in the response to Q. 5.2.1 below.

improvements in this area (notably the introduction of heel prick testing in 2017 – previously all newborn screening was carried out using a cord sample). Through the procurement of the necessary equipment, this also contributed to the technical capacity of health systems in this area, supporting the core health strategy aims of early detection and prevention. Finally, this intervention was also responsive to the demographic shifts referred to in Box 1 above, which needed to be factored into newborn screening protocols.

- As referred to above, with reference to the National Health Systems Strategy for Malta 2023–2030, the procurement of the NAT Testing platform under PDPI made a decisive contribution to the National Blood Transfusion Centre’s capacity to ensure blood safety and secure supply; this includes increased readiness to respond to external changes, notably changing demand due to demographic changes as well as climate impacts on disease vectors.

Project Partner

The Project Promoter’s collaboration with the Ministry responsible for Education created a first in terms of service provision for children with neurodevelopmental challenges. It represented a positive step towards the ‘one-stop’ or ‘joined-up’ service target that has been previously articulated as a policy objective when referring to this target population, particularly in the context of driving better inclusive education. More directly, the project enabled the strengthening of the School Psychological Support Services and provided a positive model and framework for repurposing available space in state schools.

Programme Operator and National Focal Point

In its objectives, design, and outcomes, PDPI served as a flagship project for Malta’s implementation of the EEA & Norway Grants 2014–2021 programme under the umbrella objective of ‘strengthened economic and social cohesion.’ This supported the NFP in its responsibility under Article 5.3 of the Regulations of ensuring that programmes contribute to the objectives of the EEA and Norway Financial Mechanisms 2014–2021.²⁶ Specifically, it aligned significantly with the ‘special concerns’ identified in the Memorandum of Understanding on the Implementation of the EEA Financial Mechanism, which sought pre-defined projects that would address ‘European Health Challenges’ and ‘Children and Youth at Risk.’

As indicated in the response to question 4.1.1 above, this evaluation found that the results on the ground achieved by the three interventions of the project tangibly addressed these special concerns, particularly in terms of developing health systems, reducing health inequalities by providing universal access to specialised services which were previously unavailable, reducing the burden of disease, and by providing targeted support that could

²⁶ Regulation on the implementation of the European Economic Area Financial Mechanism 2014–2021 as adopted by the EEA Financial Mechanism Committee on 8 September 2016 and confirmed by the Standing Committee of the EFTA States on 23 September 2016, as amended on 9 December 2021, on 29 April 2022 and on 2 February 2023; Regulation on the implementation of the Norwegian Financial Mechanism 2014–2021 as adopted by Norwegian Ministry of Foreign Affairs on 23 September 2016, as amended on 25 October 2021, on 21 April 2022, on 27 January 2023, and on 15 February 2024.

improve social inclusion and learning outcomes for children facing neurodevelopmental or mental health challenges. Across these interventions, PDPI therefore contributed strongly to the overall relevance of the 2014-2021 Programme.

5.1.3 How well designed was PDP1?

Overall Finding
The evaluation concludes that the overall design of PDP1 across its three interventions was fit-for-purpose, aligned with beneficiary and national needs, and generally supported the attainment of its objectives. It was also sufficiently flexible to respond effectively to emerging developments – this was particularly relevant in this programming period given the onset of COVID-19 just as the project had entered its implementation phase.

The above overall finding is largely based on the successful attainment of all PDP1 output indicators set out in the Grant Agreement, pointing to a generally robust and effective design. In terms of results, it emerges clearly from the fieldwork that any delays in reaching some target values, such as the total number of children served at the Centre, were due to the disruption caused by COVID-19 and not to any project design flaw. Beyond the Centre, the same applies to the PKU Screening and NAT Testing interventions, where, despite some procurement and training delays caused by the pandemic, targets were met on budget and within an appropriate timeframe.

Core element of PDP1 design – Intervention 1 (SITC): Interministerial Collaboration

A core element of the SITC project design, and one which made it stand out from other projects evaluated in this and previous programming periods, was the collaboration between the Ministries responsible for Health and Education. This stood at the heart of the project design and was an essential factor in its eventual success or failure.

Formalised through a Memorandum of Understanding, this collaboration was designed to integrate services more effectively and achieve more complementarity between the core health and education services which target a similar beneficiary cohort: i.e. children with developmental and mental health challenges that negatively impact their well-being and learning ability.

PDPI, therefore, brought together the following key and related services:

- specialised occupational therapy services from the CDAU (Health),
- specialised psychological services from the SPS (Education), and,
- the national LENTI programme, launched just before PDP1 in 2017, which provides parents with the opportunity to have their children aged 18-24 months screened for developmental difficulties to enable early intervention (Education).

The decision taken at the design stage to locate the Centre in a working school was also a clear signal of this collaboration and is highlighted in this evaluation as a key success factor. It emerges from qualitative research that the environment provided away from a healthcare location has enhanced service quality while also reducing any perceived stigma associated with attending treatment sessions in a clinical or hospital setting. It was reported by service providers (both SIT and psychological services) that this feature was well-received by beneficiaries and their parents, boosting trust and engagement.

The evaluation finds that the necessary collaborative framework was well established to the extent that it supported the Centre's strong performance in attaining its envisaged outcomes in terms of both SIT and psychological services. The evaluation has, however, identified some gaps in the level of collaboration, where the targets set out in the original project design may have been affected by implementation. These are considered in the response below to question 5.1.4.

Core element of PDP1 design – Interventions 2 and 3: Procurement of Equipment

Critical to successful implementation, the procurement of the necessary hardware and software was a core element of both intervention 2 (PKU Screening) and 3 (NAT Testing). Despite some pandemic-induced setbacks, this procurement was generally smooth and, once the equipment was in place in both cases, the screening/testing activities envisaged in the Grant Agreement were launched and remain in operation today, effectively meeting all key performance targets.

5.1.4 Were there any gaps in the design of each Programme that may have undermined an intervention's overall relevance?

As stated above, the evaluation has concluded that the design of PDP1 was robust and effectively supported the attainment of the project's main goals and objectives. Beyond the more straightforward output indicators, the quality of the project's design is also evident in the extent of PDP1's wider and very tangible results, outcomes, and impacts as assessed in the evaluation – this aspect will be discussed further under the 'effectiveness' criterion. However, in terms of the project's original design, the evaluation has also identified some gaps which may have created barriers to further effectiveness. These mainly relate to Intervention 1 and the interministerial collaboration framework that, in terms of the project's original design, forms the backbone of the SITC.

Intervention 1 (SITC): Interministerial Collaboration

During the fieldwork (particularly interviews with internal stakeholders as well as focus groups with professional service providers), it emerged that these informants unanimously consider this collaboration as having been generally effective and key to the project's relevance and success. However, they perceived some weaknesses in the collaborative model which could be improved for the ultimate benefit of both the service providers and

the service end-users. To quote one key informant, these perceived weaknesses “pose barriers to being as effective as we would like”.

These perceptions mainly related to two areas: (i) the sharing of data, and (ii) a lack of clarity in roles and responsibilities.

Limitations in Data Sharing

These perceived limitations refer to the sharing of data between the two ministries, as well as within the Ministry responsible for Health. In this context, it is noted that under the stated aims of the collaboration listed in the Memorandum of Understanding (MOU) signed between the two ministries, the issue of data sharing was covered as follows:

“Share any relevant data that might facilitate the diagnosis and ameliorate the delivery of treatment while respecting the necessary data protection and privacy rights of the child.”

Three main limitations were raised in the evaluation:

- **Limited data sharing – intra-ministerial:** Within the Ministry responsible for Health, the CDAU is the assessment and referral point for all SITC beneficiaries; however, it is reported that upon referral, the CDAU does not pass on all relevant reports (such as psychology assessments) to the SITC but only forwards the child’s occupational therapy report. This undermines the holistic service envisaged in the project design; the effectiveness of SITC interventions could also benefit from having access to the child’s full assessment data.
- **Limited data sharing – inter-ministerial:** Although it is understood that data sharing challenges may apply in the case of two different ministries, there is currently no framework in place to accommodate cases where the same child is receiving both OT and psychological services at the Centre, often concurrently, within their individual intervention plan. Provided that this is always subject to parental consent, the sharing of relevant data can improve the consistency, continuity, and level of care.
- **Limited data sharing – inter-ministerial:** Similarly, a focus of the SITC initiative highlighted in the Grant Agreement and in the Memorandum of Understanding between the two ministries was strengthening the link to the LENTI programme.²⁷ This service, administered by the Ministry responsible for Education, refers children identified through its national screening to the CDAU for further assessment and treatment, including an onward referral to the SITC where applicable. However, it was reported that there is currently no information sharing in place which allows LENTI to have some visibility of the outcomes of children identified through the screening programme. This can work against the capacity of the programme to continuously develop and improve its screening processes in line with beneficiary needs.

²⁷ The MOU refers to data sharing between LENTI and SIT, stating that “this will be done through the use of a common Customer Relationship Management (CEM) system which shall cater for the specific needs of ‘Lenti’ and ‘SIT’ according to pre-defined access profiles.”

Lack of Clarity in Roles and Responsibilities

This applies mainly to the responsibilities of the respective ministries in the recurrent and potentially capital expenditure required to maintain the Centre to required quality standards, both in terms of its general environment as well as the procurement of any equipment needed for the therapeutic interventions. Based on information obtained from internal stakeholders and service providers from both ministries in interviews and focus groups, it appears that to date respective roles have not been sufficiently clarified.

Intervention 2 (PKU Screening): Selection of Equipment

A core element of this intervention was the procurement of the necessary hardware and software to carry out this screening.

While the equipment purchased was appropriate for the screening required and enabled the achievement of the project's full objectives in this area, it was reported by internal stakeholders that insufficient time was allocated at project application and design stage to review available platforms in some detail and identify the best possible option.

This resulted in the procurement of a platform that, while suited to carrying out the intervention's core functions, is not geared to provide sufficient added functionality in line with new needs and opportunities – to quote one key informant: it is not sufficiently 'future proof.' It also requires second-tier testing, unlike other platforms available at the time which would have eliminated this need.

Based on this information, it appears that allowing sufficient time for research may have enabled better decisions on the type of equipment to be bought with the EEA & Norway Grants. This contrasts with the equipment procured for the NAT Testing, which is being used for the testing of other diseases identified as risks since project completion.

Case Study 1 – Sensory Integration Therapy	Case Study 2 – Psychological Support Services
<p>G was a 6-year-5-month-old male diagnosed with ASD. At the time of his referral to the SITC, he had already been engaged in Speech-Language Pathology (SLP) and Applied Behaviour Analysis (ABA) services for approximately 20 hours per week. At the time of the referral, G was also displaying symptoms of anxiety and impulsivity and was being evaluated by a psychiatrist to determine whether medication might be indicated.</p> <p>G was referred to the SITC to address significant communication delays and difficulties with sensory integration that affected virtually all his senses: touch, sight, hearing, movement, and balance. This combination of poor communication (at the time of referral, he could only hand-lead and use single words), and poor sensory integration was making it difficult for him to engage meaningfully in school life and in other social contexts. Upon referral, and as part of G's assessment, interviews with his parents indicated he struggled to maintain focus and organisation and lacked the ability to participate in group activities. Even though he had received SLP and ABA consistently since the age of 2, his sensory deficits persisted.</p> <p>The SITC evaluation used a standard set of assessment tools and techniques, including structured interviews with G's parent and a period of clinical observation. Attention was paid in this assessment to issues arising in both a home and school setting. Finally, sensory processing issues were assessed using the Ayres Sensory Integration Framework. A treatment plan was then developed, setting three primary goals: Improved participation in homework tasks, enhanced dressing independence, and facilitating appropriate social greeting behaviour.</p> <p>G attended 30 individual sessions of 60 minutes each, scheduled twice weekly over a 15-week period. His progress was reviewed at the mid-and endpoint of the treatment period using the Goal Attainment Scaling (GAS) methodology. By the end of the period, G demonstrated improvements across the three goals. As part of the intervention, the SITC liaised with G's LSE and classroom teacher to recommend some simple practices at school, such as movement breaks and the setting up of a sensory break corner, that would support G's well-being and participation at school. Similar interventions were also carried out with G's parents to develop appropriate response measured at home. Common to both was alerting G's caregivers at home and at school on how to identify the early signs of sensory dysregulation and respond appropriately.</p>	<p>T was referred to the SPS aged 10 due to persistent anxiety, which was significantly impacting his confidence and sense of personal well-being. His symptoms were worsening, with the onset of obsessive-compulsive tendencies and psychosomatic symptoms, such as nausea and headaches.</p> <p>At the time of his referral, T was transitioning to Middle School, a change that was increasing his anxiety; his family background was also problematic, since he had been removed from his biological parents at 1 year 5 months due to abuse and neglect and was living with a foster family. Of particular concern was the fact that he had recently expressed suicidal thoughts, a development that had triggered his referral.</p> <p>Three specialised assessments were conducted at the SITC, focusing on T's cognitive abilities, academic gaps, and social, emotional and mental health. The latter assessment was based largely on clinical interviews with T and his foster caregivers. Following this assessment, five therapeutic goals were set:</p> <ol style="list-style-type: none"> 1. Reduce Symptoms of Anxiety 2. Improve Emotional Regulation and Mood 3. Enhance Self-Esteem and Self-Concept 4. Support Academic Resilience and Coping 5. Foster Resilience and Adjustment to Life Transitions <p>The therapeutic intervention was then held over 20 sessions, taking a flexible and integrated approach that combined cognitive-behavioural strategies with other strategies, such as mindfulness and grounding techniques. At the end of the sessions, T presented as more open and confident. His self-rated anxiety, rated 8/10 at referral, was reported as 0/10, and his self-rated happiness at 9/10. The SPS intervention concluded with detailed feedback sessions with both T and his foster caregivers. These included tangible recommendations to provide more effective support to T at home and at school. For example, on the academic side arrangements were made for T to receive tuition to improve his literacy – a source of great anxiety for him previously – as well for special Examination Access Arrangements. Caregivers and school staff were also provided with recommendations on how best to provide consistent emotional support.</p>

5.2 Effectiveness

5.2.1 To what extent have the envisaged outputs been produced, and outcomes been achieved for the identified interventions?

Overall Finding
<p>Based on the analysis of the qualitative and quantitative information obtained for this project, the evaluation finds that PDPI has been generally effective in attaining the outputs and outcomes set out in the Grant Agreement across all three interventions.</p> <p>The overall outcome of <i>'Improved access to, and quality of, health services in Malta'</i> has been largely attained in terms of the beneficiary populations targeted by the three interventions. Key output performance indicators have been achieved and some cases surpassed, despite the disruptions caused by the COVID-19 pandemic at the critical phase of implementation.</p>

Given the multi-faceted nature of the project, the evidence for this overall finding will be presented separately for each of the three interventions. The response to this question will focus on the outputs and outcomes achieved by the project as per the pre-defined performance indicators in the Grant Agreement.

Intervention 1 - Sensory Integration Therapy Centre (SITC)

A review of the PDPI Project Completion Report as well as the Results' Framework maintained by the NFP confirms that Intervention 1 successfully met, and in some cases exceeded, the project indicators set out in the Grant Agreement. The evaluation gathered further primary and secondary data to substantiate these results and provide a deeper understanding of the outputs and outcomes achieved. In terms of quantitative data, this consisted of the following:

- The analysis of responses to an online survey sent to parents and caregivers of child beneficiaries (past and present contacts) launched as part of this study
- The analysis of responses to the in-house parental satisfaction questionnaire administered by SITC management since its launch and which were circulated upon completion of services offered
- The analysis of goal-attainment data maintained by the SITC per beneficiary

Primary Data – Online Survey Administered to Parents and Caregivers of Child Beneficiaries

A survey was administered to 387 parents and caregivers of children who have received SI therapy or Feeding Clinic services at the Centre since its launch. This survey was distributed online in both Maltese and English, as well as over the phone. 144 valid responses were submitted and analysed.

In terms of the age ranges of the children who were the subjects of the responses, **the majority – 56.94% – were aged between 4 and 6 years old, indicating that the drive for early intervention is having some success.** 34.03% were aged 7 to 12, while 7.64% were aged 0-3. Just over 1% were aged 13 to 16.

62.5% of these received SI therapy, 17.36% attended the Feeding Clinic, and 18.06% accessed both services.

Key Survey Results

Overall Satisfaction with SITC Services

The survey results indicate positive levels of overall satisfaction: 87% of respondents were satisfied with the service received, with the significant majority (70.1%) reporting that they were 'very satisfied'.

Awareness of SI and previous experience prior to referral

It was relevant to note that only 26.4% of respondents reported that their child had benefitted from SI therapy before referral to the SITC. In 82% of these cases, the therapy was received from the local private therapists.

Those respondents who had not sent their child for SI therapy before their SITC referral were also asked whether they were aware of this type of therapy pre-referral – 28.5% (41) responded in the affirmative. Of these, 7 stated that they had been unable to find a local qualified therapist, while 17 pointed to cost as the reason for not availing themselves of the service. The remaining respondents did not provide a reason. These results align with the findings of the desk research (see above) which pointed to a growing awareness of the benefits of SIT among parents of children with neurodevelopmental conditions, and the barriers, including cost, which limited access to this therapy pre-PDPI.

How well did the Centre meet your child's individual needs

Here, 62.5% reported that their child's needs were met 'very well' followed by 18.75% who replied that needs were met 'well.' 10.4% gave a neutral reply, while 5.6% and 2% selected 'not very well' or 'not well at all' respectively.

Satisfaction with the Centre's environment, support and services

Most respondents expressed positive views on the Centre's environment, level of care, and parental support – 90% agree that it is a safe and happy environment, and 91% agree that staff are professional and knowledgeable (70% in both cases 'strongly agree' with both statements).

Similarly high levels of satisfaction were reported with the quality of the individual care provided, with just under 60% of respondents strongly agreeing, and 30% agreeing, that *'staff take the time to assess my child's individual needs and focus their services on those needs.'*

58.5% of respondents also strongly agreed, and 31.6% agreed, that they felt involved in their child's therapy journey at the Centre, with a similar share reporting that they were included in related decision-making.

In this section, the only statement which had lower satisfaction levels stated that 'the SITC hours fit in well with the family's schedule': 22.3% strongly agreed with this statement, with 36.8% agreeing. 21.4% were neutral while 12.4% disagreed.

Perceptions of results achieved

The significant majority of respondents replied positively to statements related to the perceived effects of the therapy received, selecting either 'strongly agree' or 'agree' in response to relevant statements. In this section the distribution in replies between 'strongly agree' and 'agree' was more balanced, and there were more neutral replies, indicative perhaps of the complex nature of the therapy involved, and the time it takes for any results to be evident.

This finding may in part reflect a topic that arose in interviews and focus groups with SITC service providers, where the point was made that children are referred to the Centre with varying levels of baseline abilities. In the case of children diagnosed with ASD, this is often based on the level of severity of their condition. In more severe cases, the goals set in the child's treatment plan will reflect this challenging starting-point, setting achievable goals. In such situations, interviewees and focus group participants observed that a gap sometimes arises between the expectations of the child's parents or caregivers and the outcomes that can be realistically achieved in the timeframe of the programme.

Three-quarters of respondents agreed that their child had developed new abilities since attending the Centre, with similar levels agreeing that these abilities were helping their child integrate better at school, improve their social skills, and improve their behaviour at home. 75.3% felt that these abilities were also supporting their child's independence in day-to-day life. 82% agreed that these abilities 'contributed to my child's happiness and overall quality of life.'

This primary research indicates that the significant majority of parents and caregivers of child beneficiaries report a positive experience of the Centre, with high levels of overall satisfaction with the level and quality of service received. This also applies to the ongoing support they receive as parents, which they feel helps them support and understand their child's abilities better. Generally positive perceptions of the results and outcomes achieved at an individual level are also indicated, with the majority also agreeing that the intervention is supporting their child navigate other areas of his or her life more effectively, including at school, at home, and in social settings.

Secondary Data – SITC Internal Parental Satisfaction Questionnaire

The evaluators received the raw results of a parental satisfaction questionnaire administered by the SITC in line with PDPI's monitoring framework. This covered **feedback from 348 individual parents and caregivers**. Of these, 282 related to SI therapy while 66 related to the Feeding Clinic. This provides a statistically representative sample of the SITC's beneficiary population. The age ranges of the children who were the subject of the responses were as follows: 59.1% were aged 4 to 6 and 34.8% were aged 7 to 12; 4% fell into the 0–3 age bracket and 2.2% were aged 13 to 16 years. This age distribution pattern is closely aligned to that observed for the online survey conducted for the purposes of this evaluation.

Key Survey Results

Likert Scale Responses

Although the inhouse questionnaire was designed on a 4-point Likert Scale (which removes the neutral option), it is possible to identify common trends in the responses compared to the online survey conducted for the purposes of the evaluation:

Responses related to the environment, level of care, staff professionalism, and parental engagement and support are overwhelmingly positive.	This also applies to perceived benefits of the therapy received	The only statement which produced more mixed responses referred to the waiting time between referral and first appointment.
100% of respondents agreed that the 'OT staff were approachable, polite, and professional,' 95.7% agreed strongly that the OT fully understood their concerns and goal.	Over 95% strongly agreed that the intervention helped their child achieve the goals set at the start of the intervention. Nearly 100% strongly agreed that the intervention had 'helped improve their child's quality of life.'	Here only 66.7% strongly agreed that the waiting time between the referral and the first appointment was satisfactory, with 22.7% agreeing with this statement. 10% of respondents disagreed with this statement.

Open-Ended Questions

The inhouse questionnaire included a **final option asking parents how the service can be improved**. The raw data supplied included **98 replies**. Of these:

- 49 were wholly positive comments '
- 9 responses refer to the long waiting time between referral and the first appointment
- 28 responses centred on the need for more sessions, or for follow-up once the treatment period is over.

A Sample of Parents' Comments – SITC Internal Parental Satisfaction Questionnaire

"My opinion is that sensory issues don't stop after 15 weeks. Autism is a lifelong disability and therefore this therapy needs to be given to every child for a long duration. In our case I can confirm that our child still needs therapy and we need to seek private sessions."

I am satisfied with the services. But that is not enough for the child, just when he slowly began to understand about food, the therapy ended. They should approve more sessions."

Increase number of therapy sessions. It should be a permanent service as it is very beneficial to the child"

The waiting time between the referral and the appointment was a bit too much

You Changed our Life. Thank you :)

I highly recommend Sensory Integration Therapy Centre as our son benefited a lot. Keep up the great work. Satisfied with the service.

Well done to this department, keep it up! Excellent service.

I received an excellent service both from the department and also from the OT specialist who gave an excellent service, my daughter integrated well and made big improvements thanks to her service.

Excellent service with lots of fruitful positive outcomes for kids and parents.

Secondary Data – SITC Internal Goal Attainment Data

The evaluation assessed data resulting from the Goal-Attainment Scaling (GAS) scoring system maintained by the Centre. This analysis assessed the impact of tailored interventions provided to beneficiaries over the four-year period between 2021 and 2025. The core objective was to determine whether the interventions led to measurable improvements in the children's abilities.

Methodology of Impact Assessment

Each child was assessed both before and after receiving the intervention using a 5-point Likert scale, where:

- -2 = significant difficulty
- -1 = moderate difficulty
- 0 = neutral/no observable ability
- +1 = moderate ability
- +2 = strong ability

By calculating the difference between the post-intervention and pre-intervention scores, a simple but effective proxy for improvement was obtained. For example:

- A child who moved from -1 to +2 scored an improvement of +3.

- A child who moved from 0 to +1 scored an improvement of +1.

In this analysis, the improvement score represents the net positive change in ability resulting from the intervention. Higher scores indicate greater progress.

Understanding the Results

Each row in Table 10 below represents the number of unique children (i.e. individuals, not duplicated counts) who experienced a specific level of improvement in their abilities. The columns represent different years or cohorts, allowing us to track impact over time.

Improvement	2021	2022-2023	2024	2025	Total	%
1	15	45	32	18	110	3.6%
2	82	322	240	98	742	24.6%
3	135	501	345	120	1101	36.4%
4	228	140	520	180	1068	35.4%

Table 10: Results of analysis of SITC Goal Attainment Data

Key Insights

1. **Strong Positive Outcomes:** More than 70% of all children showed a score improvement of +3 or +4, which reflects significant progress in their abilities after the intervention. This suggests that the vast majority of interventions achieved strong results.
2. **Consistency Over Time:** The distribution of improvement levels remains strong across multiple years, highlighting that the intervention model is consistently effective across cohorts.
3. **Range of Impact:** While the majority experienced high improvements, a smaller share (28%) showed more moderate progress (+1 or +2). This is expected in any intervention targeting diverse needs, and could reflect variations in individual capacity, type or intensity of support, or other personal and environmental factors.

A High-Impact Intervention

This data shows that the intervention had a substantial and consistent impact on the lives of children with disabilities. Based on this analysis, the clear majority of children achieved notable improvements, suggesting that the intervention is delivering meaningful change.

Based on the analysis of this primary and secondary quantitative data the evaluation concludes that in the case of Intervention 1, PDPI has achieved its envisaged outputs and outcomes to a significant extent. This assessment converges with insights obtained through qualitative fieldwork, particularly with service providers. These insights indicate that service delivery since the Centre's launch has been consistent and effective. A strong commitment on the part of the project promoters and the Senior Leadership Team at the Centre to sustaining high service quality standards is also very evident with an emphasis on ensuring continuous professional development in the field.

The positive perceptions prevalent among the significant majority of parents surveyed (both primary and secondary data), as well as the internal intervention monitoring data above, imply that this commitment and consistency is driving generally positive beneficiary outcomes.

Intervention 2 – PKU Screening

A review of the PDPI Project Completion Report as well as the Results' Framework maintained by the NFP confirms that Intervention 2 successfully met the output and outcome project indicators set out in the Grant Agreement.

In terms of Outcome 1 – Improved access to, and quality of, health services in Malta – this was achieved through the addition of the PKU screening service to the newborn screening process, with 100% of neonates screened by project completion (above the targeted 95%). Training outputs were also surpassed. According to key informants, the service is running smoothly and maintaining full coverage of all babies born in Malta and Gozo.

Intervention 3 – NAT Testing

A review of the PDPI Project Completion Report as well as the Results' Framework maintained by the NFP confirms that Intervention 3 also successfully met the output and outcome project indicators set out in the Grant Agreement.

In terms of Outcome 1 – Improved access to, and quality of, health services in Malta – this was achieved through the implementation of the NAT blood testing system, with 100% of blood donations tested by project completion. Training outputs were also surpassed. According to key informants, the service is running smoothly and has significantly enhanced capacity and readiness in the national blood transfusion service. These enhanced testing protocols for communicable diseases also brought Malta in closer alignment with EU blood safety and quality directives, particularly in the light of recent efforts to '*improve the capacity and resilience of national blood donation systems*'.²⁸ On this basis, this PDPI intervention has directly contributed to EEA & Norway Grants

²⁸ European Centre for Disease Prevention and Control. (2025). Capacity/Capability Assessment: Survey of testing strategies in blood, tissues and cell donors within the EU/EEA

Programme Area 6 (European Health Challenges), addressing one of the special concerns highlighted in Malta's 2014–2021 programme.

Securing these outcomes and outputs was also very timely and addressed a real risk that was threatening the safety and security of Malta's blood supply. A key informant stated:

“Climate change has caused the rise of the risk of certain diseases in Malta which were previously not planned for in blood screening protocols – this puts blood transfusion systems at risk; at the time of application, the main risk identified was the West Nile Virus, which was already a threat and had already been detected in Italy. The risk was that if the virus was found in Malta, and human transmission found to be a cause, this would have halted blood transfusions.”

5.2.2 Which factors influenced the achievement of these results (both outputs and outcomes)?

The commitment and professionalism of PDPI Project Implementors

As discussed above, **the evaluation noted the professionalism and commitment of the key project implementors across the three interventions of PDPI.** This was highlighted in the interviews and focus groups held and is identified as a strong overall driver for the outputs and outcomes achieved.

This is significant given the exceptional disruptions caused by COVID-19 at a critical phase of the project. Besides the obvious impacts on training and procurement (which affected all three interventions) and the structural works at the Centre, there were other major challenges. In the case of the SITC, SIT-trained OT staff were redeployed to contact-tracing duties, drastically reducing the Centre's capacity to see new referrals – this negatively affected service outputs under Intervention 1 and created a backlog of cases which has continued to affect waiting lists. However, project promoters managed to mitigate these impacts and achieve the pre-defined output and outcome indicators.

Strong collaboration and communication between the Project Promoters and the NFP

The positive relationship between the project promoters and the NFP throughout the project also emerged in this evaluation fieldwork as another factor supporting the achievement of PDPI's outputs and outcomes. **This came to the fore in the COVID-19 context and, according to key informants, was decisive in mitigating the worst impacts.** Apart from COVID-19 impacts, project promoters also commented positively on the support they encountered from the NFP in navigating the complex procurement process tied to the structural works at the Centre. This allowed issues to be dealt with swiftly and effectively, allowing the Centre to be opened on schedule.

Commitment to Service Quality

In terms of SITC a further positive factor was the focus on setting and maintaining high quality standards in all aspects of the Centre, including the physical environment and equipment, as well as the level of professional service offered. This gives substance to references made in PDPI publicity material to the SITC as a 'centre of excellence' and is borne out by the responses to the parental surveys (both primary and secondary data).

Service Dynamism and Adaptiveness

Psychology Support Services

- It was noted that the management and staff are proactive and dynamic, responsive to the changing needs of the target population. An example of this was the **strengthening of psychological counselling services at the Centre** when it became clear that the Centre's set-up and environment supported better engagement with clients and their families, compared to providing the same service in their own school. This was confirmed in a focus group with the psychologists engaged within the SPS, which included professionals deployed in schools as well as others based at the Centre. This observation was later confirmed in key informant interviews with the Managing Psychologist responsible for the SPS.
- **Close collaboration and effective information flow between central services at the Centre and psychologists deployed in schools** was also noted, particularly in the focus group. This information exchange supported timely and informed referrals, boosting service outputs and quality outcomes.
- The **specialised psychological assessment tools, and relevant training**, funded by the EEA and Norway Grants also **contributed to the continuous improvement and development of services**, particularly in terms of beneficiaries diagnosed with ASD. It is significant that this investment was not originally envisaged in the Grant Agreement but was factored into implementation once it was recognised that this targeted training would support more comprehensive ASD assessments.²⁹

Sensory Integration Therapy

- A key example of adaptiveness was **the decision to focus more resources than originally planned on the Feeding Clinic when the fundamental importance of this service to beneficiaries was recognised**. Evaluation fieldwork, including in parental feedback, indicated that this was a sound decision, leading to better development outcomes for beneficiaries.

²⁹ This was reported by key informants in interviews and was also referenced in the Annual Strategic Report 2021.

PKU Screening

- In the case of the PKU Screening, the project implementors took the initiative of building **strong collaboration with the Norwegian Partner** which is still in place today. This facilitated the smooth adoption of the new screening process, allowing the timely and efficient attainment of the key output indicator for this intervention:
 - full screening coverage of all neonates born in Malta.

PDP1 Case Study – First confirmed case of PKU detected

The Phenylketonuria (PKU) screening programme identifies newborn babies who have high levels of an amino acid called phenylalanine. This condition, known as PKU, can cause serious health problems if not treated early, but it can be managed through a special diet once detected.

Under PDP1, PKU screening became part of Malta's national newborn screening programme in June 2020. By the end of 2024, a total of 19,240 babies had been screened – 100% of babies born in Malta and Gozo.

In February 2025, Mater Dei Hospital identified its first confirmed case of PKU. The baby had a phenylalanine level that was higher than the normal range. When this happens, a second, more accurate test is carried out to double-check the result. This second test measures both phenylalanine and another amino acid called tyrosine. Babies with PKU have high phenylalanine but low tyrosine levels because their bodies are unable to convert phenylalanine into tyrosine effectively.

While slightly raised levels of phenylalanine are sometimes detected that then turn out to be harmless, in this case, the levels were high enough to strongly suggest a true case of PKU.

To confirm the diagnosis, Maltese medical laboratory scientists worked with their colleagues at the Oslo Newborn Screening Laboratory, who agreed to run a confirmatory test for. The Norwegian partners also carried out genetic testing, which provided more detailed information about the condition.

Results confirmed that the baby does indeed have PKU. This early diagnosis means that treatment can begin right away, giving the child the best possible start in life.

5.2.3 Were there any other outputs beyond those listed in the results framework that materialised and contributed to the planned outcome(s)?

The Results Framework for PDPI does not adequately capture the outputs achieved by the Psychological Support Services within the SITC, since output indicators capture only the beneficiaries of the SIT services. Although issues in the procurement of the psychologists' resources delayed the commencement of the services on site (ASR, 2021), services commenced towards the end of 2021. Since then, the SPS has handled 1,031 referrals, including a significant number of service users who are not captured in the number of beneficiaries identified as a core output indicator for the SITC in the Results Framework (this refers only to beneficiaries of SIT). Among these service users are a number of children in the main target beneficiary population envisaged in the intervention's planned outcomes – since 2021, the SPS services at the Centre have treated 102 ADHD referrals, 31 ASD referrals, and 14 ASD/ADHD referrals.

Similarly, the training outputs for psychologists funded under the PDPI grants has also contributed positively to SITC outcomes. 52 SPS personnel were trained in the administration of the *Autism Diagnostic Observation Schedule* (ADOS; 2nd ed.). Since the availability of the ADOS-2 in 2023, 70 children have been assessed at Marsa using this assessment tool.

5.2.4 Were there any other outcomes beyond those listed in the results framework that materialised and contributed to the programme objectives?

Intervention 1- SITC

- Now that the SITC has consolidated its role and awareness has been raised about its services, **key informants have reported initiatives to expand these services in the community, particularly in schools.** This drive is contributing to national policy on inclusive education in schools, which calls for an increased focus in schools to support learners with sensory deficits.³⁰
- This rise in awareness is resulting in **greater engagement between the Centre and other stakeholders active in the inclusion education space**, including Inclusion Education Coordinators (INCOs) and Learning Support Educators (LSEs) who have visited the Centre. On one such visit by INCOs to the Centre, an INCO stated that “we realise when a child is receiving therapy here because we see a change in them, they are more regulated, they can participate more.” It is also reported in the fieldwork that this engagement is resulting in **more awareness in schools on the signs**

³⁰ A Policy on Inclusive Education in Schools: Route to Quality Inclusion (Revised 2022)

of sensory dysregulation and how to flag this appropriately. There are currently plans to strengthen these links by providing sensory integration awareness training to LSEs.

- This SI outreach effect has also extended to OT services in schools, since professionals certified in the area through the EEA & Norway Grants have transferred to the school-based OT section and are using their training in delivering their services there.
- Driven by increased awareness, there is now an ongoing conversation in the Health and Education communities on the value that SI can add to interventions targeting other potential beneficiaries, such as the elderly, adolescents and youths, and adults with mental health challenges. In the words of a key informant: *"This all started with the Centre."*

Intervention 2 – PKU Screening

Under this intervention, cooperation and collaboration between the project implementor and the bilateral partner, the Norwegian National Unit for Newborn Screening at the Oslo University Hospital, has grown and evolved beyond the strict parameters of the Grant Agreement. In an outcome not originally envisaged in the Grant Agreement, collaboration is ongoing three years on from project implementation, extending into other areas of newborn screening, and translating into tangible forms of knowledge sharing.

Intervention 3 – NAT Testing

- As discussed above, since project completion the same testing platform procured through the EEA & Norway Grants for NAT Testing is being used to add more diseases to the NBTS' blood screening capacity, such as dengue, Hepatitis B and HIV. This outcome was not originally envisaged in the results framework and, from an evaluation perspective, represents value-added to the original investment.
- The procurement model adopted was also based on an approach which was considered innovative at the time, i.e. a pay-per-use testing arrangement, which allowed the leasing of a second machine at no extra cost. This has increased the redundancy and efficiency of the testing platform and has provided a cost-effective model for future procurement.

5.2.5 Were there any unintended positive or negative effects linked to the outputs and/or outcomes through the interventions carried out by each project?

Despite PDPI's positive performance across all indicators, as well as the evidence (quantitative and qualitative) obtained through fieldwork that validates this performance assessment, the evaluation did come across some systemic factors under Intervention 1 that could be viewed as a barrier to achieving even better outputs and outcomes.

Beneficiary Referral Process

- Since the launch of PDPI, the CDAU is the only channel for referrals to the Centre and as such is the gatekeeper to its services.
- Qualitative research indicates that there may be some issues with this system – CDAU assessors may not be sufficiently trained in SIT to identify potential beneficiaries of SI therapy in the most informed manner. This can result in two impacts: referrals of children who will not actually benefit because their case is too severe, or non-referrals of children who would potentially benefit. A further related issue is the *"failure to refer younger children who would benefit from SIT early enough"* (Key Informant).
- These factors appear to stem from the fact that CDAU assessors are not currently required to have a background and training in SI – in some cases this can result in a less than informed assessment, such as the missed opportunities mentioned in the point above. On this basis it was reported by key informants that *"the pathway to SITC can be managed better."*
- Although there is no direct evidence, it is possible that addressing these issues and enabling more focused and informed assessments could positively affect waiting times for services.

Service Fragmentation and Lack of Data Sharing

- The OT service provided at the Centre was previously housed at CDAU and integral to that Unit. Since the OT staff offering SI therapy moved to the Centre, that integrated approach has been lost resulting in some fragmentation of the service. This mainly stems from the lack of data sharing discussed in response to question 4.1.4 above (project design gaps). On the ground, this fragmentation leaves the SITC OTs lacking *"important information that would support treatment."* They must rely on parents to supply the necessary information:

"This is sometimes awkward for parents because they have to repeat information and reply to the same questions, after they have undergone the CDAU process."

5.3 Sustainability

5.3.1 To what extent will the benefits of each Project continue or are likely to continue in the next five (5) years?

The evaluation concludes that, since project completion (April 2024), the three interventions of PDPI continue to be effectively sustained through national funds. Each continues to provide the service outputs and outcomes that have been determined to be aligned with beneficiary needs.

According to information received during fieldwork, each service is now well established, and, particularly due to their close alignment with national policy priorities, the necessary resource commitments are in place to retain each intervention over the next five years.

5.3.2 What are the financial, economic, social, environmental and institutional capacities of the systems needed to sustain the benefits over time?

Sustaining the benefits of the three interventions requires the allocation of the necessary national funds – this allocation has been reported as being ‘secure’ over the next few years. This is, of course, reliant on maintaining sound public finances and general macroeconomic stability; however, there are no significant downside risks in this regard.³¹

The key element to highlight in response to this question in terms of PDPI is institutional capacity, specifically in relation to the level of professional human resources that are required to ensure service continuity. This is identified as critical to sustaining the benefits of all three interventions over time, particularly given the rising demand.

Finally, at an institutional level and with reference to Intervention 1, the current SITC service model is premised on ongoing collaboration between the Ministries responsible for Health and Education. Commitment is required at an institutional level to sustain this collaboration and address any gaps (referred to previously) that may be preventing it from reaching its full potential.

³¹ European Commission. (19 May 2025). Economic Forecast for Malta; International Monetary Fund. European Dept. (22 January 2025). Malta: 2024 Article IV Consultation–Press Release and Staff Report". *IMF Staff Country Reports* 2025, 017 (2025), accessed July 24, 2025

5.3.3 What monitoring processes/systems are in place or need to be in place to keep track of the benefits of each project for the next five (5) years?

The evaluation has confirmed that appropriate monitoring systems are in place to track the benefits of each intervention. This has been verified through data presented by the project promoters that captures output and outcome data since project completion. In the case of Intervention 1, which is more complex and therefore subject to more variables, detailed data is maintained for each beneficiary in line with best clinical practices; this applies to both the SIT and psychological services and includes both baseline and post-intervention data, supporting granular analysis. This was further verified in the data submitted for the case studies reviewed for this evaluation.

Across all three interventions, these monitoring frameworks are embedded within the relevant department's Standard Operating Procedures and are highly likely to be maintained over the next five years.

5.3.4 What are the risks that organisations/institutions and beneficiaries should look out for, which could potentially hinder the continuation of these benefits in the next five (5) years?

Human resource constraints

A lack of human resources has been identified as a significant risk, even at the current time, in maintaining the required levels of service; this was reported particularly in the case of Occupational Therapists (SITC) and Medical Laboratory Clinicians (PKU Screening). These constraints are set to remain a key risk to ensuring the sustainability of the interventions, particularly Intervention 1 and Intervention 2.

In the case of the SITC, it has been reported by key informants that inadequate staffing levels are already an issue, contributing to a lengthening waiting time between referral and first appointment (as indicated in the results of the parental surveys). This situation is due to the following combination of factors:

- SITC launch coinciding with COVID-19 public health disruptions, resulting in the reallocation of staff for a considerable period.
- Upon opening, SITC 'inherited' an initial backlog of more than 200 clients who were transferred directly from the CDAU for SI intervention – this was necessary in terms of meeting the needs of beneficiaries however it also meant that from that point on, the Centre was always playing 'catch-up' with referrals
- Staffing forecasts did not account for the newly emerging demand for feeding interventions; this led to the setting up of a Feeding Clinic, a service that had not previously existed in Malta and for which no referral data were available at the time.

- Rapidly rising volume of referrals, which have grown steadily each year. 600 new referrals were received in 2024 alone. This is also tied to the demographic shifts discussed which has increased the size of the target child population.

Maintaining adequate staffing levels is essential to sustaining service quality; this is critical in the case of the SIT and Feeding Clinic services because these interventions require a consistent and comprehensive assessment and therapeutic process which, in the words of a key informant: *“cannot be expedited without compromising quality of care.”*

Inadequate Financial Allocation to Sustain Service Quality

The evaluation finds that, while there is clear government commitment to sustaining SITC services, **maintaining the quality and integrity of these services** is also important. In this context, two points are highlighted, based on stakeholder feedback.

- **Maintenance of the Centre and Equipment:** Among the Centre’s defining characteristics are its warm and welcoming environment, as well as the availability of high-quality tools and equipment to support therapeutic interventions. Considering the Centre has now been in operation for nearly four years, ongoing maintenance becomes more essential, while equipment may need to be replaced or updated. Adequate funds to ensure that standards are maintained are necessary
- **Continued investment in SI training and mentoring at the required levels:** The specialised SI training that has been a key driver in the Centre’s success relies on extensive training, certification, and ongoing mentoring. In this regard, the design and content of the training package was considered of value added. To this end, as this training is maintained the same/similar intensity is considered of value.

5.3.5 What suggestions can be put forward to mitigate the risks envisaged?

Recruitment and retainment of Occupational Therapists – Public Sector

This evaluation finds that the project promoters are very aware of the staffing issue and are taking active measures to address the situation, notably through increased engagement with the University of Malta.

Beyond the Centre, and at a government level, effective mitigation may require comprehensive changes to current recruitment and retention policy.

Priority should be given to improving working conditions and financial incentives to retain occupational therapists who are already in public service and reduce the rate of resignations, often due to the individual opting to join the private sector for better conditions.

In parallel, it is also essential to focus on increasing the number of therapists graduating from the University of Malta and other institutions. Applicable measures here could include

actively promoting the profession and increasing awareness of its value, as well as introducing financial incentives for students opting for the relevant courses.

Ensuring Adequate Financial Investment

A priority in this context is consolidating the respective financial responsibilities of the Ministries of Health and Education for the maintenance of, and ongoing investment in, the Centre and its operations. This will reduce the risk of ambiguity that can translate into delays or lack of effective action. A further measure could be revisiting the categorisation of the SITC as ‘acute care’ under Mater Dei Hospital, which is reported to impact negatively on budget allocation.

6.0 Evaluation Findings – PDP2

PDP 2 – Background	
Target Beneficiaries	Main Project Activities
<p><i>“Young persons aged 13-25 who are at high risk of social exclusion including school dropouts, young people dabbling with drugs and crime, young offenders, and young people who have been rejected by residential institutions” (Grant Agreement)</i></p>	<p>PILLAR 1 Campaign focused on the rights and duties of young people towards leading an independent, healthy life.</p> <p>PILLAR 2 Multi-disciplinary professional team providing services to the participants</p> <p>PILLAR 3 ‘Safe house’ setting supporting highly vulnerable youth needing a sheltered environment</p> <p>PILLAR 4 ‘Start up’ and employment opportunities for participants who would benefit (‘taking a leap’ concept)</p>

6.1 Relevance

6.1.1 To what extent did the Project’s objectives and design respond to the Beneficiaries’ and Malta’s identified needs, policies and priorities?

Relevance of PDP2’s objectives and design to beneficiary and national needs

To assess the alignment of PDP2’s aims and design with the needs of the beneficiaries it targeted, the evaluation first carried out a **comprehensive desk review** of reports and studies which provided some insights, evidence based as far as possible, into the issues and concerns related to vulnerable children and youths in Malta and Gozo.

This was complemented by any **relevant statistics** (NSO and Eurostat) as well as the **feedback obtained in the key informant interviews** conducted as part of the evaluation fieldwork. This review kicked off with the situation reported at the time of the project's design and application, to the present.

The project objectives specified in the 2014–2021 Programme Agreement as well as in its Grant Agreement, seen in Table 11 below, provided the frame of reference for this assessment.

Programme Agreement	Grant Agreement
<p>The project will contribute to the: <i>“Improved well-being of vulnerable children and youths”</i>.</p> <p>It will provide vulnerable young people at high risk of social exclusion a new integrated social model programme consisting of a mix of education, physical activity and a family environment in a residential setting.</p>	<ul style="list-style-type: none"> – The main aim of this project is the improved well-being of youths. – The project beneficiaries will be given an opportunity to deal with their complex emotional needs and highly challenging behaviour, resulting from multiple abuse prevalent in their past, or prevention thereof.

Table 11: PDP2 objectives as per Programme and Grant agreements

Overall Finding – Alignment with Beneficiary and National Needs
<p>Based on the analysis of the qualitative and quantitative information obtained for this project, the evaluation concludes that PDP2 responded to a real and growing need in Malta, with a design and objectives that were closely aligned with the specific characteristics of the children and youths that fall within the most vulnerable segment of Malta’s population in the targeted age range (13 to 25 year olds).</p> <p>It emerges from the research that the project promoters applied for the EEA & Norway funds to address a gap in the youth services available at the time, with the primary aim of targeting a high-risk youth cohort that had already been identified through other services as being ‘harder to reach’ than others. An analysis of the project’s outputs and outcomes indicates that this aim was largely achieved; a critical factor in this success was the clear profiling of the target population at the planning stage – this ensured the project’s relevance to beneficiary and national needs.</p>

These are the main reasons for this finding:

There is a rising trend in the number of children and youths in Malta experiencing mental health challenges which raise the risk of poverty and social exclusion for that individual. In several cases, these challenges are also caused by, or an effect of, complex dysfunction in the young person’s life that further compounds the problem. These mental health challenges often act as a barrier to the young

person's capacity to seek and access help. PDP2 is aligned with the specificities of its target beneficiaries since it provides an integrated service designed specifically to reach out to, and engage with, this vulnerable cohort. Through the multi-disciplinary team, it also provides swift and timely intervention in cases where mental health issues are identified as a priority concern.

The rise in the number of children and adolescents experiencing mental health difficulties is covered in the response to question 4.1.1 above. Further desk research has also indicated that this trend is exacerbated by inequalities in accessing the required services. A 2019 Eurofound study found that, at 22%, Malta ranked third in the EU (after Sweden and Estonia) in the share of the population aged 18-24 identified as being at risk of depression. As per Eurostat SILC data, in that same year 27% of young people aged 12-17, and 17% of those aged 18-24, were at risk of poverty and social exclusion. Although slightly under the EU28 average at the time, these figures represented a significant segment of the youth population. Additionally, Malta performed below EU28 averages in terms of access to healthcare services, including services addressing adverse social outcomes, with cost and appointment delays cited as the main issue.³² In this context, and pre-PDP2, vulnerable and particularly AROPE youths needing support would have had fewer options: either to seek private services at a cost, or navigate the referral process to access public healthcare services, with a likely waiting time between referral and first appointment.³³

It should be noted that the findings of this Eurofound report align with more recent data emerging from targeted national studies: a 2022 national study concluded that 25.2% of children and adolescents “demonstrate symptoms of mental health problems,” with 15% of these meeting the criteria to be diagnosed with a mental disorder; the same study points to capacity limitations in the public sector to adequately meet this demand, particularly in terms of ensuring a timely intervention.³⁴ An ESF-funded national survey carried out that same year by the Richmond Foundation, which targeted 13- to 25-year-olds, reported that 70% of participants reported feelings of anxiety, with 34.8% reporting that they felt anxious ‘very often.’³⁵

³² Eurofound. (2019). Inequalities in the access of young people to information and support services.

³³ The public health system includes a dedicated mental health team focusing on children and youths – Child and Young People's Services (CYPS). Referrals are made through the young person's doctor. Although this is reported as providing a very good service, a national 2022 study described this service as ‘overwhelmed’ and ‘struggling to keep up with demand’ (Camilleri et al, 2022).

³⁴ Sacco, Rosemarie & Camilleri, Nigel & Newbury-Birch, Dorothy. (2022). National Study on Mental Health and Emotional Wellbeing among Young People in Malta: Phase 1. *European Psychiatry*. 65. S596-S597. 10.1192/j.eurpsy.2022.1527.

³⁵ Richmond Foundation. Youth Mental Health Barometer. <https://www.richmond.org.mt/youth-mental-health-barometer/>

This aspect of the project is also relevant to a qualitative study carried out in 2018 which worked with 23 vulnerable individuals aged between 17 and 28, investigating the main challenges affecting young persons who self-identify as 'excluded.' **This study highlighted the complex nature of youth vulnerability in the Maltese context; in terms of services, it concludes that having these 'available' is not enough since vulnerable young people are unlikely to reach out for support – services therefore need to be “more proactive and engaged with vulnerable young people, who often need to be ‘sought out’ and more actively supported and encouraged.”** This recommendation is closely aligned with PDP2's objectives and design.³⁶

Despite Malta's strong economy and buoyant labour market, a share of Malta's youth population risks exclusion due to low levels of educational attainment. This is often due to leaving school early, often for reasons linked to their dysfunctional situation. PDP2's objectives and design respond to this reality by integrating training and learning opportunities within the service.

In 2023, Jobsplus carried out a census of youths not in education, employment or training (NEETS) in connection with the Youth Guarantee.³⁷ Amongst other findings, this study concluded that the relatively high rate of early leaving from education and training (ELET) in Malta remains a consistent contributor to Malta's NEETs, with 35% within this population having left education at 16. This is consistent with the findings of previous surveys linking low levels of education to low wage and unemployment.

Another statistic to note is that 22% of NEETs aged 16-24 reported having learning difficulties, therefore facing additional barriers to employment and inclusion. The study recommends early identification and prevention; vulnerable individuals are also referenced, with the report recommending targeted interventions by youth workers as well as psychosocial support where required – these recommendations are closely aligned with PDP2's objectives and design.

³⁶ Azzopardi, A. (2018). Voices of the young and vulnerable in Malta : a qualitative study. Aġenzija Żgħażaġħ

³⁷ Jobsplus. (2023). NEETs Census for the Reinforced Youth Guarantee.

BOX 2: PDP2 – Target Beneficiary Population – Additional Context

Assessing the objectives and design of PDP2 from a national perspective, the evaluation highlights two key aspects which contribute to a better understanding of the project context and its target beneficiaries.

- **Youths at risk of poverty or social exclusion:** According to Eurostat data, although the share of Malta’s population aged 15–24 falling into this category is lower than the EU average, a moderately rising trend is noted between 2018 (16.9%) and 2024 (18.1%). A similar trend is seen in the **Persistent Poverty Rate** in the 18–24 age bracket which stood at 9.2% in 2018, increasing to 10.6% in 2023.
- **Youths navigating the out-of-home pathway:** According to the latest FSWS annual report ,there are currently 520 children being provided with alternative care;³⁸ although it fluctuates, this number has risen from the 482 reported in 2018.³⁹Recent changes in legislation (namely the addition of the ‘After Care’ service) now accommodates extended placements until 21 (previously 17). This cohort of children and young people in alternative care settings represents a highly vulnerable group who need support to move towards independence as they age out of the after-care system. As such, they are potential beneficiaries of integrated youth support services, and a population whose needs are well known to the project promoters.

Relevance of PDP2’s objectives and design to national policies and priorities

Overall Finding

Based on the analysis of the qualitative and quantitative information obtained for this project, the evaluation concludes that PDP2’s objectives and design was significantly aligned with national policies and strategies, particularly in the youth and social policy dimensions.

Desk research identified the main policy documents that are relevant to PDP2, starting with policies active at the time of application, and moving on to any other related strategies issued since.

These are the policies identified, and the areas of direct alignment with PDPI’s objectives and design.

³⁸ Foundation for Social Welfare Services. Statistical Summary Report – January to December 2023.

³⁹ Foundation for Social Welfare Services. Annual Report 2018.

National Youth Policy: Towards 2020

- The Policy's central pillar was to "effectively support and encourage young individuals in fulfilling their potential and aspirations while addressing their needs and concerns." In terms of social inclusion, it identified the following segments in the youth population which may have 'fewer opportunities' for inclusion:

Young people with disabilities	Young people with a migrant background	Young people from AROPE families
Young people with challenging behaviours	LGBTIQ young people	Young people leaving care detention

- To ensure an effective response to their needs, the Policy emphasised the need for cross-sectoral support to provide holistic interventions, seeing this as key to enhancing their "social participation, learning, and employment prospects."
- Key measures include tailored training and skills development opportunities.

The evaluation finds that the vulnerable youth segments identified in the Policy align closely with the beneficiaries who accessed PDP2 services. The service design and delivery of the intervention were also structured in line with the Policy's recommendation for holistic support. This applies particularly to the positive outcomes achieved through PDP2's use of the type of tailored training opportunities envisaged in the Policy.

Towards 2030: Reaching out to, working with, and supporting young people

- Acknowledges the rapid changes that have affected youths in Malta in recent years, including "rapid economic change; changes in the employment landscape; social dislocation and growing, if uneven affluence; increasing urbanisation and rural isolation; the impacts of the COVID-19 pandemic."
- Facilitating and supporting the empowerment of young people to navigate these changes well is a core theme of the Policy.
- The principles of 'integration', 'inclusion,' and 'equality' are therefore identified as key to the Policy's vision, stating: "Every young person is of equal value and should be given equal respect, dignity, and opportunity, regardless of age, ethnicity, gender, physical and mental capacities, socio-economic background, beliefs, and sexual orientation."
- One action recommended in this context is the development of 'life skills programmes' for young people with fewer opportunities; building on the 'Towards 2020' youth policy, it advocates for a cross-sectoral approach bridging the voluntary, state, and private sectors to promote an 'integrated and cohesive approach.

The current national youth policy retains many of the previous policy's core elements but highlights the negative impacts of rapid social and economic changes in Malta on young people with fewer opportunities. The proposed approach is built on empowerment, repeating the call for an integrated, cross-sectoral, and tailored response: these key points are all relevant to PDP2's implementation. This evaluation finds that beneficiary interventions were characterised by a highly individualised approach that factored in the individual's strengths and aspirations, rather than focusing solely on weaknesses and challenges.

National Strategic Policy for Poverty Reduction and Social Inclusion 2014–2024

- Point of departure for strategy in terms of youths is **a rise in the number of at-risk young people (18–24 years)**. Between 2006 and 2013, those living in households at-risk-of poverty or social exclusion rose from 5,000 (12.7%) to 9,103 (22.8%); those facing material deprivation rose from 13.7% to 22.7%; and those facing severe material deprivation increased from 4.4% to 11.9%.
- Contributing factors cited were **“high rates of school absenteeism, early school leaving, and lack of vocational training leading to inappropriate or insufficient skills to enter the labour market.”** Higher risks noted for young persons living in substandard housing and in the harbour regions.
- Active measures proposed include:
 - **Consolidating outreach and prevention services for** high-risk children and youths to enable early identification and intervention
 - **Setting up of crisis residential centres** for high-risk children who cannot stay at home

The proposed integrated approach for early identification and intervention, the focus on targeted training to improve employability, and the setting up of residential care for high-risk children and youths are closely aligned with the outcomes achieved by PDP2.

National Strategic Policy for Poverty Reduction and Social Inclusion 2025–2035

- Points to a **rise in the prevalence of mental health challenges among children and youths**. Refers to national studies (referred to above) which highlight the link between these trends and the following factors: *“stressful life events, such as problematic family dynamics, physical illness, or parents with a history of health or social problems.”*
- Establishes **links between the current cohort of vulnerable children and youths and changing family structures**, i.e. the impact of non-traditional families; family separations can also trigger economic fragility. Based on qualitative evidence, the Policy states that family dysfunction *“significantly affect children’s psychological and emotional health, causing disruptions like school changes, potential bullying, feelings of anger and resentment, and an increase in violent behaviour.”*
- Response measures should focus on **early identification and prevention, integrating support services to prevent educational disengagement and providing alternative education/training pathways** as appropriate.

This more recent national policy acknowledges the rising demand for specialised services for at-risk children and youths, referencing similar socioeconomic challenges highlighted in the current youth policy. This policy perspective is supported by the lessons learned through the implementation of PDP2. It should also be noted that Malta has set a 3.1% national target (from the 2019 baseline) to reduce the number of people at risk of poverty or social exclusion (AROPE) by 2030. Combatting child poverty has been identified as key to achieving this target, with progress now being tracked through the National Plan for a Child Guarantee.⁴⁰

⁴⁰ Ministry for Social Policy and Children’s Rights. National Action Plan for a Child Guarantee.

Other relevant policies – PDP2 alignment confirmed in desk research
<ul style="list-style-type: none"> – National Action Plan for a Child Guarantee 2022–2030 – Children’s Policy Framework 2024–2030 – A Social Vision for Malta 2035: Shaping the Future of our Society – <i>National Employment Policy 2030</i> – <i>Early Leaving from Education and Training Strategy. The Way Forward 2023–2030</i>

6.1.2 In what way did PDP2 address the needs of the different stakeholders?

Beneficiaries

The Project Promoter described the beneficiaries they aimed to target through PDP2 as youths with *“complex emotional needs and highly challenging behaviour, resulting from multiple abuse prevalent in their past.”* Pre-PDP2, these youths could access youth services, however, due to their difficulties and, very often, a profound lack of support, they lacked the awareness or confidence to do so. Beyond this accessibility issue, the services offered were not sufficiently tailored to their more acute needs. On this basis, this cohort was underserved by the youth services on offer in the public sector.

PDP2 opened a pathway to help and support that was designed to address these service gaps, particularly in terms of reaching a small cohort of youths that had been identified as presenting with more complex and challenging problems and who would benefit from longer-term engagement with youth services; highly individualised solutions were also required.

This was not considered possible within the pre-PDP2 youth services framework, with one key informant stating:

“Before OK, Youth Services would step in to support at risk youths in their current circumstances but could make no provisions to assist the youth in gaining new skills and opportunities that would assist him or her to potentially turn their life around. Youths would indicate an interest in developing a skill, or in moving forward in some way, but Youth Services did not have the resources or the platform to support them in this over a period of time.”

Project Promoter

The Project Promoter has for decades served as the sole public entity offering social welfare services. These services include targeted interventions for children and youth. Pre-PDP2, these centred around the professional services of youth workers and social workers and offered a number of specific programmes, however the Project Promoter was aware that a small cohort of youth with acute and complex vulnerabilities were not accessing these services. The EEA & Norway Grants provided an opportunity to address this gap through a tailored intervention designed specifically with this cohort in mind.

Project Stakeholders

It was stated in the PDP2 project application that the project promoter would work to build stronger collaboration with external stakeholders active in the youth field, particularly among public services that tended to engage at one time or other with vulnerable youths. These included schools, the Police Force, correctional services for youths, NGOs, and the national employment agency. The evaluation found that this aim was largely achieved and can be identified as a factor that contributed to its overall success. It also emerges from key informant interviews that this closer collaboration, which remains in place today, evolved into a two-way engagement which benefited all parties concerned. Clear instances are in fact reported where this engagement enabled particular issues involving vulnerable youths to be addressed more quickly and effectively.

Programme Operator and National Focal Point

PDP2 was a key project in Malta's EEA & Norway Grants 2014-2021 programme, given its strong social dimension. This supported the NFP in its responsibility under Article 5.3 of the Regulations of ensuring that programmes contribute to the umbrella objective of the EEA and Norway Financial Mechanisms 2014-2021 – 'strengthened economic and social cohesion'. Specifically, it directly addressed the overall Malta Programme objective – 'Local Development and Poverty Reduction' – through one of the two priority sectors identified for the Malta Programme: 'Social Inclusion, Youth Employment and Poverty Reduction', it also targeted the 'Children and youth at risk' programme area – a special concern identified in the Memorandum of Understanding on the Implementation of the EEA Financial Mechanism.

The evaluation found that the results achieved on the ground by PDP2 demonstrably addressed this special concern, improving the well-being of its vulnerable beneficiaries in line with these objectives. On this basis, PDP2 therefore contributed strongly to the overall relevance of the 2014-2021 Programme.

6.1.3 How well designed was PDP2?

Overall Finding
<p>The evaluation concludes that the overall design of PDP2 was fit-for-purpose and largely aligned with beneficiary needs. The cohort of children and youths the project targeted were profiled effectively, drawing on lessons learned, and experiences gained, in the provision of other family and youth services by the project promoter.</p> <p>On this basis the integrated approach developed – taking in the full range of responses, from early identification and prevention to individualised and direct intervention for youths already at high risk – contributed to the project’s overall relevance and effectiveness. Two other key pillars of the project also effectively met outstanding policy and service needs:</p> <ul style="list-style-type: none">– Increased capacity to provide residential care to children and youths in acute situations– Alternative and highly individualised opportunity pathways for children and youths who were otherwise not adequately catered for in established skills development, education, and training systems

Main reasons for this finding:

This finding is largely based on the **strong performance of the project in terms of its outputs**, which as per data supplied by the NFP, surpassed the target values established in the Grant Agreement. This is significant considering **the unanticipated COVID-19 disruptions** which were triggered when project implementation was at its most critical phase. Despite this major setback, the **project achieved, and in many cases exceeded, its pre-determined outputs and outcomes; it also generated positive outcomes and impacts not originally envisaged**. A factor in this was the **project’s modular design**, and the **flexibility and proactiveness** shown by the project promoters in modifying service delivery within pandemic constraints without compromising quality.

Overall, the project design was intended to move towards **an integrated model of social care, as per the recent recommendations by the OECD⁴¹ as well as the Nordic model referenced by the project promoters in the Grant Agreement**. The quantitative and qualitative insights gathered through this evaluation point to this objective having been met, **introducing new approaches in reaching out to, and actively supporting, the vulnerable cohort originally identified**. These approaches are still in use today.

This **in-built flexibility was also effective in differentiating between the needs of the individual beneficiaries**. Using the multidisciplinary team to carry out a sort of ‘*triage*’ process, individual plans were developed which identified the right pathway for each beneficiary, applying the best-fit intervention required (e.g. therapy/counselling, training

⁴¹ OECD. (2015). *Integrating Social Services for Vulnerable Groups: Bridging Sectors for Better Service Delivery*. OECD Publishing, Paris.

opportunities, development of personal skills, etc.). This flexibility is evident in the qualitative feedback obtained from key informants, emerging particularly from the interviews held with external stakeholders engaged by the Project Promoter to deliver training opportunities and therapeutic interventions to the beneficiaries.

It is also a common feature in the case studies reviewed for the purposes of the evaluation. The two PDP2 case studies presented below present two female beneficiaries with very different needs at the point at which they accessed the service. In both cases, a pathway was identified that ultimately led to employment. However, in **Case Study 1** the intervention focused on supporting the beneficiary to address the external factors that were negatively impacting her personal situation, as well as that of the two children in her care. The individual plan drawn up in her case therefore prioritised independence and security as the main goals. Actions taken through OK were therefore: i) tuition to obtain basic MATSEC qualifications to boost employability through PDP2's opportunity initiatives, ii) job search guidance to identify and secure employment, and iii) hands-on assistance in applying for subsidised housing, enabling the beneficiary to move out of a precarious living arrangement.

On the other hand, **Case Study 2** involved a younger beneficiary whose main challenges at the time she accessed the service revolved around issues with her mental health and a profound lack of self-esteem. These challenges were placing her at risk of leaving school early without qualifications, and she was already experiencing social isolation. In these circumstances, this beneficiary's individual plan first targeted the personal factors that were affecting her capacity to thrive. Psychotherapy and counselling were key here, as well as ongoing handholding to support the beneficiary as she completed secondary school and obtained a school-leaving certificate. The intervention then moved on three fronts: i) engagement of the beneficiary in group initiatives organised through the project to provide the beneficiary with the opportunity to improve her social skills and build self-confidence, ii) support in identifying and attending appropriate training delivered through PDP2's opportunity initiatives, and iii) job search guidance to identify and secure employment.

The project design's key features of flexibility, individualisation, and integration are also identified in the three further case studies reviewed for this evaluation. As can be seen below, a common feature is a holistic approach which factors in both personal and external factors that may be affecting the beneficiary.

- **Case study 3 concerns a young male with a background of family dysfunction.** A school drop-out, he had a history of unsuccessful attempts to find employment which had significantly affected his confidence and self-esteem. In his case the intervention focused on counselling to address his self-esteem issues while also identifying a suitable opportunity initiative through PDP2, which led the beneficiary to study for, and obtain, his Security Guard License. Attention then shifted to job search guidance, ending only when he found employment.

- **Case study 4 concerned a young female who was acutely socially isolated and barely left her house.** Her individual plan focused on psychotherapy and counselling to work on her anxiety and self-esteem issues. Concurrently, through her key worker she was encouraged to attend group activities and workshops organised through PDP2 to ease her isolation. A number of fundamental goals were set with the aim of increasing her confidence and independence, such as using public transport alone. At the end of the intervention, the beneficiary was going out independently and her social skills had much improved.
- **Case study 5 concerns a young female with a background of complex family dysfunction; this had in fact led to her leaving home at the age of 16 without any fixed address.** She was determined to improve her living conditions through employment; however, this was a challenge due to her low level of skills and educational attainment. At the time she accessed PDP2's services, she was in low-paid and precarious employment which still left her at risk of in-work poverty. Her individual plan therefore focused on addressing this skills gap. Interventions consisted of direct support to obtain two MATSEC examinations and a basic European Computer Driving Licence (ECDL) certification. This enabled her to secure employment as a clerical assistant. By the end of her contact with PDP2, she had been in this employment for some months and was starting on more advanced ECDL courses.

A further element of the design which proved successful was the **reinforced collaboration with other stakeholders which supported the integrated service model**. Qualitative insights obtained indicate that formal and informal networks were built which, relatively early in its implementation:

- **strengthened the prevention dimension of the project**
- **established robust awareness and communication channels** which supported the early identification and referral of potential beneficiaries
- **widened the options for targeted opportunity initiatives** for beneficiaries.

Finally, the relevance and effectiveness of PDP2's design is perhaps most clearly indicated by the fact that the project promoters continue to retain the key elements of the OK model after project completion in 2022.

6.1.4 Were there any gaps in the design of each Programme that may have undermined an intervention's overall relevance?

No significant gaps in PDP2's design emerged in the evaluation fieldwork. The only issue reported by stakeholders concerned beneficiaries presenting with mental health challenges, often in conjunction with other difficulties. This particular segment of the beneficiary population was described by the Project Promoter as being the 'hardest to reach' amongst a generally 'hard to reach' population. In cases where the project did

manage to engage with individuals with this profile, and referred them to training or therapeutic interventions, their mental health issues at times affected their ability to participate continuously in the activity, or in some cases to complete the activity.

According to the project rules, this meant that he or she would be recorded as a dropout from the training, however in reality the relationship between the individual and the service continued, and successes in many cases were eventually achieved in line with the individual's abilities and readiness at that point in time. Cases studies reviewed for the evaluation, as well as interviews with therapists and trainers engaged by PDP2, tend to confirm this point.

Although this issue did not in any way undermine the intervention's overall relevance, in these specific cases it can be said to have detracted from the project results framework as reported at an individual level, in that it lacked a capacity to capture other 'soft' progress milestones attained. These could include improvements in self-confidence and self-esteem that would have been gained by the beneficiary as they engaged with PDP2 services. In many cases reviewed, these milestones were essential pre-cursors to other 'harder' outcomes elaborated in the project results framework. On this basis it does provide a learning point for future initiatives targeting individuals with similar complex vulnerabilities, highlighting the benefits in such cases of more nuanced results frameworks which acknowledge such realities.

6.2 Effectiveness

6.2.1 To what extent have the envisaged outputs been produced, and outcomes been achieved for the identified interventions?

Overall Finding – Achievement of envisaged outputs and outcomes

Based on the analysis of the qualitative and quantitative information obtained for this project, the evaluation finds that PDP2 has been generally effective in achieving the results, outputs, and outcomes set out in the Grant Agreement. The overall outcome of '*Improved well-being of youth*' has been largely attained in terms of the beneficiary population.

Key output performance indicators have been achieved and, in some cases, surpassed, despite the disruptions caused by the COVID-19 pandemic at the critical phase of implementation. Positive outcomes are also indicated. These are identified in the fieldwork and substantiated by positive outcome data related to the employment status of beneficiaries one year after receiving the service.

The response to this question will focus on the outputs and outcomes achieved by the project as per the pre-defined performance indicators in the Grant Agreement.

A review of the PDP2 Project Completion Report as well as the Results' Framework maintained by the NFP confirms that the project successfully met, and in some cases significantly exceeded, the indicators set out in the Grant Agreement. The evaluation gathered further data to substantiate these results and provide a deeper understanding of the outputs and outcomes achieved.

In terms of quantitative data, this consisted of an analysis of participation data to obtain a clearer profile of the beneficiaries and the main intervention outcomes – this allowed the evaluators to 'break down' the integrated service process and acquire a better understanding of the different intervention pathways taken by beneficiaries. This was complemented by qualitative data obtained from interviews and case studies.

Effectiveness of PDP2's outputs and outcomes – Quantitative Data

Breakdown of Participation Patterns – Beneficiary Profiles

- Service provision was evenly distributed by gender: 45.7% of beneficiaries were female while 51.2% were male (3.1% were 'not specified').
- This also applies to engagement with the two key age cohorts: 47.7% were aged 13-17, while 49.2% fell into the 18-25 age bracket (3.1% were 'not specified').
- Project completion documentation indicates the youths accessing the service fell into the broad profiles seen below. This categorisation is also supported by the case studies reviewed for the evaluation and indicates an effective alignment of service delivery with the target population defined in the Grant Agreement. These profiles also align with the key vulnerability segments in the national youth population identified in other evidence-based sources accessed in the desk research.

<ul style="list-style-type: none"> – School dropouts – Youths struggling with literacy – Youths with social problems – Asylum seekers – Youths experiencing mental health difficulties 	<ul style="list-style-type: none"> – Youths who faced various traumas – Youths living in alternative care arrangements – Youths who made use of illegal substances
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- This alignment also applies to the range of primary difficulties which beneficiaries presented with. As per the project completion documentation, these difficulties tended to fall within the general categories below. This categorisation is also supported by the case studies reviewed as well as feedback received in the key informant interviews.

<ul style="list-style-type: none"> – Financial difficulties – Lack of employability skills – Social exclusion – Lack of support & guidance 	<ul style="list-style-type: none"> – Homelessness – Low self-esteem and low self-confidence – Lack of basic skills – Language barriers
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This beneficiary profile data provides meaningful context to the outputs and outcomes presented below.

Outputs under Pillar 1 – Outreach and Prevention

- Activities under Pillar 1 – Prevention – reached a total of 2,181 youths through various outreach initiatives. This is an increase of 181 individuals over the initial target.
- Outreach was conducted through 134 distinct events, which were designed to reach potential beneficiaries through different channels.
- Highly targeted sessions were also organised at the Centre of Residential Restorative Services (CoRRS).
- To maximise the reach and effectiveness of this outreach strategy, ongoing collaboration was set up with 85 stakeholders, covering NGOs, school leadership teams, community policing, and substance abuse service providers.
- A proactive approach was also taken to the material created for distribution; although the Grant Agreement initially targeted the production of a ‘pamphlet,’ following internal research the decision was made to develop an information cube instead, which proved to be more effective with the target audience.

Outputs under Pillar 2 – Engagement of Multi-Disciplinary Team

The deployment of the multi-disciplinary team under Pillar 2 of PDP2 was one of the key outputs of the project.

It introduced a holistic approach that had previously been lacking in the Project Promoter’s youth services portfolio, enhancing client retention since it eliminated the need to refer service users to other public services and risk losing that client due to the lengthy processes and waiting times incurred. It also enabled a more robust assessment of individual beneficiaries to identify the best-fit intervention pathway, supported by specialised training provided that targeted the specific needs of the target beneficiary cohort.

On this basis, this output significantly contributed to the project’s positive outcomes. A breakdown of the recruitment and training outputs is provided below.

As per the Grant Agreement, the following professionals were recruited:	Training modules funded under the Grant Agreement were offered to the professionals in the following topics:
3 Social Workers (Executive III), 4 Part Time Professionals (Executive IV) 1 Prevention Officer 1 Coordinator 1 Psychotherapist 1 Senior Administrator	Youth Mental Health First Aid Management of Actual or Potential Aggression Suicidal And Non-suicidal Self-injuries Risk Assessment, Emotional Intelligence Positive Parenting For Parents Of Teenagers Influencing Behaviour

Table 12: Engagement of professional staff and training provided – PDP2

Outputs under Pillar 4 – Individualised Interventions

Once assessed by the multi-disciplinary team, beneficiaries were supported in line with their individual needs and potential. There were three broad options:

- Participation in an opportunity initiative
- Therapeutic care
- Other personalised interventions and support, including, in severe cases, residential care under Pillar 3.

Figure 1 below illustrates the distribution of these options across the beneficiary population.

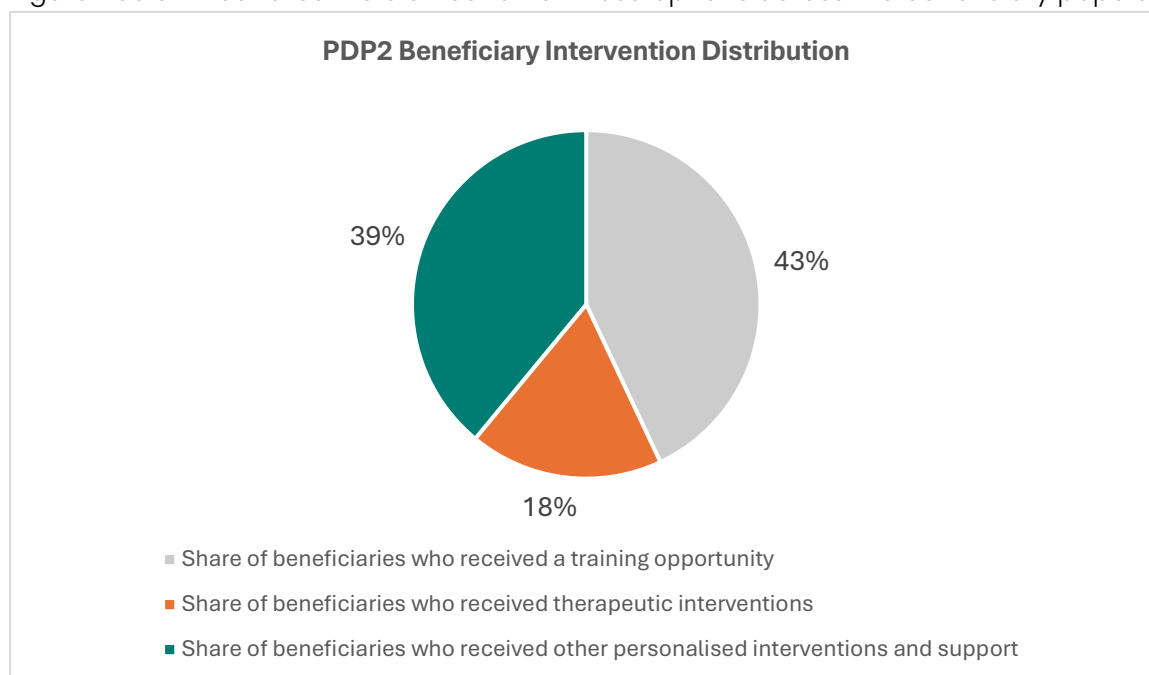


Figure 1: Overview of beneficiary intervention distribution – PDP2

The evaluation finds that each of these three options generally resulted in positive outcomes for the beneficiary.

Opportunity Initiatives

Project documentation indicates that 12 broad course groups were identified for beneficiaries over the course of the project (Figure 2). Each of these was selected because it boosted the individual's employability relative to his or her baseline skills level upon accessing the service. Stakeholder feedback also reveals that the aptitudes and aspirations of the individual was considered in identifying suitable opportunities – it was determined that building on these positive attitudes increased the likelihood of active participation and completion.

Basic & Advanced Hairdressing Courses	Basic & Advanced Nail Technician Courses	Basic & Advanced Make-Up Courses	Driving Tuition
Maltese & English Private Tuition	MCAST part-time courses	Security Courses	Basic & Advanced Barbering Courses
European Computer Driving Licence	Basic English Tuition	Food Handling Courses	First Aid Courses

Figure 2: Opportunity initiatives under Pillar 4- PDP2

Therapeutic and Other Interventions

Therapeutic interventions consisted of equine therapy and drama therapy. Where appropriate the same individual benefitted from both therapeutic interventions as well as opportunity initiatives.

The beneficiary segment that did not participate in equine/drama therapy or opportunity initiatives received other types of support in line with their individual needs. As indicated in the case studies, as well as in key informant interviews, such cases often concerned the most acutely vulnerable youths who needed more fundamental, personalised interventions. Psychotherapy and counselling provided through the multi-disciplinary team were a significant asset in this process.

Service provider feedback indicates that this cohort often lacked the basic personal skills and self-esteem required to consider training initiatives at that point. In these cases, the aim of the individual care plan was therefore to work on these challenges and develop the necessary skills and confidence. Aims tended to focus on basic life skills that were essential

for independence and inclusion, such as travelling by bus alone, managing personal finances, social and communication skills, anger management etc.

Case studies indicate that several beneficiaries in this group did eventually proceed to training and employment once PDP2 was completed.

Longer term outcomes – Beneficiary status 12 months after receiving service

Perhaps the most salient outcome indicator for PDP2 in the Results Framework is the number of youths aged 16–25 in education, training, or employment 12 months after receiving the service. The Grant Agreement set 50 as the target value.

According to Jobsplus data, the actual number achieved was 173 beneficiaries who were in some form of employment one year after accessing PDP2’s services, as per the breakdown below. This represented 33.8% of the total beneficiary population. Although no direct correlation can be drawn, this over-achievement of the initial target set for this indicator supports the effectiveness of PDP2’s service design and its accurate profiling of its target beneficiary population. Based on the findings of the evaluation, the focus on tailored training and the consideration given to the individual’s ‘wants’ as well as their needs may be highlighted as success factors.

– 106 were in full-time employment
– 1 was self-employed on a full-time basis
– 14 were employed full-time and also had a part-time job
– 52 were in part-time employment

PDP2 Case Study 1	PDP2 Case Study 2
<p>Jane was flagged to Opportunity Knocks as a high-risk youth with a complex family background. She spent most of her childhood and adolescence in a residential care home; at an early age she was removed from the care of her mother, who was a drug addict, and her father had always been absent from her life.</p> <p>When Jane aged out of residential care, she was engaged in a relationship with a boyfriend and lived in a single room on the roof of his grandmother's house. At this time, she gave birth to two children. Jane experienced profound financial difficulties since her boyfriend was unemployed and also sustained a cannabis habit. Jane ended the relationship and was determined to improve her situation and provide a better life for her children.</p> <p>At this point she was referred to Opportunity Knocks (OK). Interested in securing employment, she was provided with the opportunity to attend tuition and obtain her basic MATSEC examinations. At the same time, her key worker helped her design a plan towards more independence and security. She was certified as a care worker and found employment in a Home for the Elderly. In line with the plan developed with OK, she also obtained her driving license to increase her mobility and successfully applied for a government-run home ownership scheme. She has since moved into her own apartment, is in employment, and caring for her two children.</p> <p>This case study illustrates the complex issues that the typical OK beneficiary presented with upon accessing the service, as well as the highly personalised intervention that was provided.</p> <p>It is also an example of the project's focus on independence and empowerment.</p>	<p>Maria accessed OK services when she was 16. At the time she was experiencing severe loneliness and isolation. She self-reported as being constantly anxious 'about life' and appeared to have very low self-esteem.</p> <p>Maria was assigned a key worker and started attending regular one-to-one sessions with her to better identify her issues and determine the best intervention pathway to address them. It was agreed at this early stage that she would benefit from psychotherapy – this was provided by the psychotherapist within the multi-disciplinary team. A core aim of these sessions was to support Maria in completing her secondary school education and obtaining her school-leaving certificate, preventing her from being an ELET statistic. Maria succeeded on both counts.</p> <p>Once she left school Maria attended a number of workshops and other activities organised by OK, where she managed to make some friends and engage with them socially even outside an OK setting. At the same time, she worked with her key worker to start looking for employment. This included help in developing and sending out her CV as well as training in interview skills. She was also supported in attending a Food Handling and First Aid course. By the end of her engagement with OK, Maria's confidence and self-esteem were significantly improved, she was less isolated, and she had found employment.</p> <p>This case study illustrates a value of OK that is not recorded as a formal 'outcome' but was reported by stakeholders as being invaluable: this was the opportunity it provided for youths experiencing loneliness and social isolation to engage with other youths and form friendships. These opportunities were deliberately built into the service design. According to stakeholder feedback, in certain cases addressing the isolation issue was instrumental in preparing beneficiaries for eventually seeking and securing employment.</p>

6.2.2 Which factors influenced the achievement of these results (both outputs and outcomes)?

The evaluation has identified a number of factors which appear to have influenced the achievement of results under PDP2, both in terms of outputs and outcomes. These factors, identified in the evaluation as key to the project's effectiveness, are discussed below.

Informed profiling of target beneficiary group as the basis of the service design; integration of outreach and prevention element at launch stage

It emerges strongly from the fieldwork that the **project promoters applied their professional expertise and experiences in the field to identify the cohort most in need of enhanced youth services** and to tailor the service accordingly. In the words of a key informant:

"We went into this knowing that this would be a particularly difficult group to work with and engage with. There was a higher risk in this target beneficiary group of a lack of response and engagement due to the levels of trauma they experienced. The best we could do was offer the opportunity and make it as accessible as possible." (Key Informant)

This focus on accessibility and engagement **resulted in an integrated yet flexible design which enabled a holistic and highly individualised service**: this addressed the needs of the target beneficiaries identified who were previously underserved by pre-PDP2 youth services.

A further strength was the decision to launch the service with **proactive outreach and prevention actions**. The evaluation noted here that the project promoter looked beyond obvious settings, such as schools, to launch these actions, and organised activities in other environments, such as community clubs, sports organisations, etc. These actions therefore took the project to the right settings, built awareness of the service and strengthened stakeholder collaboration networks. This was achieved using **a research-driven approach**. A comprehensive stakeholder map was first drawn up to identify key stakeholders and their roles and areas of overlap with PDP2; a series of 85 individual consultation meetings were then held, with contact then maintained and sustained.

Creation of multi-disciplinary team as the service driver

The multi-disciplinary team created a strong professional core at the heart of the project, allowing for swift and accurate individual assessment. One key informant likened PDP2 to the 'intensive care' unit of youth services: using this analogy, the team acted quickly to provide *triage* and immediate support, reducing the risk that the potential beneficiary would refuse to engage when faced with a waiting time for assistance – this was previously the main risk with the targeted cohort, pre-PDP2.

“With OK, specialised intervention could be immediate since therapists were already on call and on site, increasing the likelihood of engagement. And all could be offered in the same environment, increasing the trust and comfort of the youth.” (Key Informant)

The team structure also worked well in facilitating regular consultation on individual beneficiaries to identify the best possible pathway. It also built in project capacity for one-to-one follow-up through the assignment of a key worker per individual; according to key informants, and backed by case studies reviewed, this was a critical component of the project given the ‘harder to reach’ nature of the target beneficiaries and the high drop-out risk. Figure 3 below outlines the typical PDP2 service process, clearly conveying the close follow up and contact at individual beneficiary level.

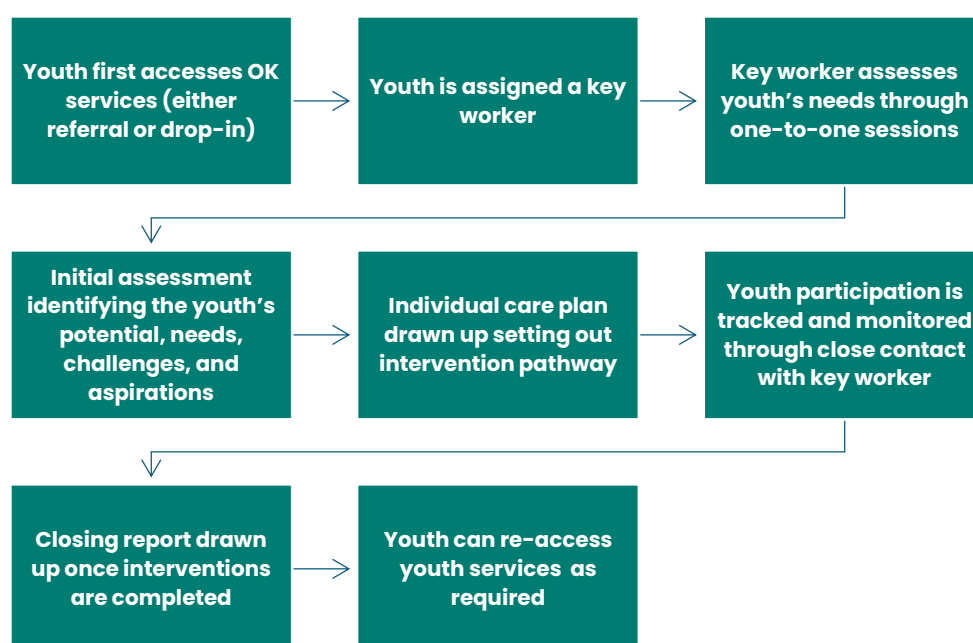


Figure 3: PDP2 – Typical service process

Service approach that built on personal strengths and aspirations, rather than focusing solely on weaknesses and barriers

PDP2 represents a **decisive move away from a ‘one-size-fits-all’ approach towards personal empowerment**; initial assessment focused on the individual’s strengths and potential, rather than only his or her challenges and difficulties.

“It was our aim to identify their skills, and then to act on that knowledge by providing tailored opportunities to help them find their niche.” (Project Promoter)

Where **training opportunities** were provided, as per feedback from key informants, these **were identified to support the individual’s potential, develop key skills, and deliver longer-term impacts, including better job quality**. This applies, for example, to fundamental skills such as driving, language skills, and ECDL certification.

“The best thing about OK was that in responsive clients it enabled the learning of new skills that would assist them in employment and inclusion. That was the intention: although the project catered for a period of assistance, the target was to enable the learning of new skills and not to be a short-term solution. We wanted to create a ripple effect that would sustain them into the longer term” (Key Informant)

6.2.3 Were there any other outputs beyond those listed in the results framework that materialised and contributed to the planned outcome(s)?

The evaluation did not identify any other major outputs beyond those listed in the results framework for PDP2. Output analysis confirms that the project met its targets in terms of the number of beneficiaries reached and the range of services provided. However, it should be noted that, given its complex beneficiary profile and highly individualised service model, sound qualitative research was key in identifying project outcomes which may not be adequately captured in quantitative indicators.

Discussed in the response to 6.2.4 below, these outcomes cover situations where beneficiaries required support to address fundamental challenges in their life situation, such as mental health issues, low skills, or social isolation, which needed to be addressed before any education, training, or employment could be considered. The evaluation found that PDP2’s design and approach was effective in meeting the needs of these beneficiaries, enabling a positive shift in the individual’s personal skills or life situation which paved the way for further progress, including education, employment, or training. These positive outcomes may not be captured in the pre-defined results framework for this project.

6.2.4 Were there any other outcomes beyond those listed in the results framework that materialised and contributed to the programme objectives?

The outcome indicators for PDP2 listed in the Results Framework focus on the number of children and youths accessing the services and the share of that number who are in education, training, or employment 12 months after receiving the service. On this basis, the latter outcome indicator can be interpreted as the only indicator that captures the ‘success’ of the project, measured in terms of whether the beneficiary is in employment, education, or training, one year on from accessing the service.

Following this evaluation’s comprehensive review of the project, and building on the response to 5.1.4 above, it finds that this rather rigid framework does not adequately reflect PDP2’s main strengths, notably its highly individualised intervention pathways which were designed in line with the individual’s circumstances and abilities at the start of the intervention, as well as the holistic nature of the intervention which is not solely focused on employability. It also may not adequately reflect the acute vulnerabilities of many of the beneficiaries accessing the service, keeping in mind a key informant’s description of PDP2

as the 'intensive care' of national youth services. This may have resulted in tangible positive outcomes at beneficiary level not being recorded.

This applies particularly to **youths who required more fundamental guidance and mentoring before moving on to consider employability-related interventions**. These were effectively catered for with the goal of improved self-esteem and social inclusion, including through the therapeutic interventions. The evaluation has identified cases where individuals received this fundamental support and were then able to progress towards training and employment at a later stage after PDP2 had concluded.

Examples of such outcomes emerged strongly from the key informant interviews and the case studies, which highlighted the fact that **loneliness and isolation were a common challenge for beneficiaries**. Again, **the project sought creative approaches to address this**, such as the formation of a drama group, and the organisation of social events for all beneficiaries. Feedback from therapists engaged by the project, as well as training service providers, highlights how **this approach could be very effective in reaching beneficiaries who previously felt very isolated, allowing them to work on the social skills essential for employment**.

6.2.5 Were there any unintended positive or negative effects linked to the outputs and/or outcomes through the interventions carried out by each project?

No negative effects were identified.

A number of positive effects linked to the outputs and outcomes did, however, emerge from the evaluation. A detailed elaboration follows:

PDP2's positive outcomes for its highly targeted and flexible training approach established a model for future initiatives aimed at the same 'harder to reach' youth cohort

Unlike many other youth projects, labour market activation was not the sole focus of PDP2. PDP2's funding permitted the development of tailored, more flexible training aimed at providing youth with the necessary skills to gain their independence, as opposed to the standard training courses offered pre-PDP2. This approach was cited as intrinsic to its rationale in interviews with the Project Promoters and with staff engaged at the time in service delivery. These perceptions were further supported in discussions held with external stakeholders, particularly trainers engaged to deliver courses who highlighted the highly tailored nature of the training format and delivery; they also referred to the close monitoring and supervision of the key workers assigned to the trainees that they witnessed throughout the intervention. Supported by the insights obtained through the case studies reviewed, it would appear that this holistic and individualised service optimised the conditions required to boost beneficiary engagement and retention, while providing key skills that paved the way for eventual inclusion and employment.

This is evident in post-PDP2 initiatives launched by the Project Promoter. One example is 'Youth Engage,' a new initiative within the Embark for Life programme. Following an MOU signed with the Malta Council for the Voluntary Sector, this is providing vulnerable youths with opportunities to engage in paid work in voluntary organisations. This can serve as a 'soft launch' into employment, enhancing personal and employability skills and providing experience which will boost the individual's CV. This continues to advance the trend towards tailored training experiences in line with PDP2's approach in this area.

A second related example is the newly launched ESF+.02.226 'Second Chance' project under the ESF+ Programme. This project, falling under the specific objective 4.8 for active social inclusion,⁴² targets first-time offenders – one of the key youth segments identified as in need of specialised support through PDP2 and other areas of the wider Youth Services.

It is designed to offer early intervention to prevent escalation to other riskier behaviours. Adopting a similar integrated model to PDP2, it will combine *"elements such as education, vocational training, psychology, mentorship, and community engagement to implement a multi-disciplinary and holistic approach; the aim is to provide a comprehensive support system that addresses the root causes of negative behaviours, whilst fostering holistic development"*

Substantiating the above points, a key informant reported the following to the evaluation:

"The OK group remains a policy priority, even for other funding. So the investment in capacity and facilities will be strengthened; the tailor-made approach was a success, so funding these sorts of actions will be prioritised further."

Successful integration of a 'needs versus wants' approach in PDP2's interventions

PDP2 provides a positive example of balancing between a needs-based approach, which focuses on addressing fundamental requirements for well-being, with a wants-based approach, which also considers aspirations and preferences to reinforce motivation and engagement. The evaluation finds that, particularly given the target beneficiary population, this balance enhanced the project's design and delivery, and is linked to its outcomes.

Stakeholder collaboration networks strengthened by PDP2 contributed to positive outcomes and continue to add value to youth services

Amplifying on the response to 5.1.2 above, this project achievement is also identified as having contributed to its overall success, both in terms of outputs and outcomes. Pre-existing links were strengthened due to the project; this particularly supported the outreach

⁴² ESF+ ESO4.8 aims to enhance active inclusion, while providing vulnerable individuals with opportunities for a better quality of life. This SO will support the empowerment of vulnerable people by increasing their skills, competencies, and wellbeing to improve their life chances, leading towards economic independence, as outlined in the national strategic vision Striving for Excellence: Driving Social Innovation through Regulation (2020–2027)[1] while also targeting various Social Scoreboard Indicators.

and prevention aspect of the project, with other stakeholders flagging at-risk youths who were then approached by the service.

The evaluation came across high-risk circumstances where this collaboration came into play to support vulnerable youths within the cohort targeted by PDP2, both during the project as well as since its completion.

Examples of this collaboration and its outcomes include:

- A surge in serious bullying occurred in a few of the schools visited by OK under Pillar 1 of the project. The school leadership team reached out to Youth Services, which took immediate action to address the problem.
- Similar interventions were undertaken when Youth Services were asked by the Community Policing Team in Valletta to assist in ongoing cases of street gangs and vandalism.

6.3 Sustainability

6.3.1 To what extent will the benefits of each Project continue or are likely to continue in the next five (5) years?

The evaluation concludes that, since project completion, the project promoter has retained and continued to build on many of the aspects of PDP2 that were critical to its success.

These elements have continued to strengthen and enhance the youth services offered by the FSWS, and include:

- The multidisciplinary team approach, including the retention of posts such as the psychotherapist, which did not exist pre-PDP2.
- The close stakeholder collaboration achieved in the first phase of PDP2 has continued to develop and evolve in line with new social challenges.
- The use of customised and flexible approaches to training opportunities to optimise engagement and retention.

According to information received during fieldwork, the above service elements are now well-established and, particularly due to their close alignment with national youth and social policy priorities, the necessary resource commitments are in place to retain them over the next five years.

6.3.2 What are the financial, economic, social, environmental and institutional capacities of the systems needed to sustain the benefits over time?

As with the position reported for PDPI, sustaining the benefits of PDP2 requires the allocation of the necessary national funds – this allocation has been reported as being ‘secure’ over the next few years, and no significant external economic risks that could affect this

allocation are identified at this time. No significant social or environmental capacity issues are identified at this time.

As with PDP1, however, institutional capacity concerns are noted in relation to human resources. Similar recruitment and retention challenges are ongoing, particularly in relation to the youth workers and social workers who are indispensable to service delivery. These constraints already affect current levels of service and will be exacerbated as service demands grow. This capacity concern was raised by the Project Promoters and is flagged as a critical risk to service continuity, particularly in terms of sustaining two core aspects of PDP2 which were identified in this evaluation as key to its success, and which have been retained by the Project Promoter in its services for high-risk children and youths. These are:

- the deployment of a multidisciplinary team in services for high-risk youths (Service Pillar 2 under PDP2); and,
- the close handholding and monitoring enabled by assigning a key worker to each individual beneficiary (see Figure 3 above).

6.3.3 What monitoring processes/systems are in place or need to be in place to keep track of the benefits of each project for the next five (5) years?

The evaluation has confirmed that appropriate monitoring systems are in place to track the core outputs and outcomes of youth services. This has been verified through data presented by the project promoters that captures output and outcome data since project completion. One indicator that may need further attention relates to the systematic tracking of individual beneficiary outcomes one year after having accessed youth services, however due consideration is given in this context to the Project Promoter's capacity constraints.

6.3.4 What are the risks that organisations/institutions and beneficiaries should look out for, which could potentially hinder the continuation of these benefits in the next five (5) years?

As with PDP1, the evaluation identifies a current and growing gap between professional staffing levels and service demand. This applies mainly to youth workers and social workers with experience in the youth field. This issue can impact negatively on the Project Promoter's objective of maintaining PDP2's multi-disciplinary team model and individualised approach in its youth services.

Given the ongoing changes in Malta's social fabric which are loosening traditional support structures and driving family dysfunction, as well as the demographic shifts brought about by rapid immigration, it is expected that the number of at-risk youths will rise over the next

five years, requiring a complementary strengthening of service resources.⁴³ These combined and inter-related factors, and their impacts on the resident youth population, are highlighted in the 2030 National Youth Policy, as well as the National Strategic Policy for Poverty Reduction and Social Inclusion 2025–2035⁴⁴ – both policies are discussed above in the response to evaluation question 6.1.1. The persistent difficulties in staff recruitment and retainment are therefore flagged as key risks to the continuation of PDP2’s benefits over this period.

6.3.5 What suggestions can be put forward to mitigate the risks envisaged?

This evaluation finds that the project promoters are very aware of the staffing challenge and are constantly seeking active measures to address the situation. The growing issue, which is not exclusive to Malta, has also been highlighted at a national level.⁴⁵ The main factors triggering this issue are a low engagement and retention rate for social workers working at the frontline, as well as fewer graduates entering the field.⁴⁶ Difficulties in recruitment apply further when calls are issued on a definite contract basis.

Effective mitigation at a government level may require comprehensive changes to current recruitment and retention policy.

Priority should be given to improving working conditions and financial incentives to retain social workers who are already in public service and reduce the rate of resignations, often due to burn-out and administrative overload. The 2023 study referenced above highlighted the need to address these factors by increasing the salaries of social workers to more adequately reflect their professional contribution, as well as by providing stronger support structures (such as social work assistants) to alleviate the administrative burden associated with the role, allowing a greater focus on frontline services. These improvements can also be expected to attract more professionals to the public service and boost capacity.

⁴³ Rakhimova, Gulia. (2016). A Mediterranean challenge: the difficulties facing youth workers in integrating refugees in Malta.

⁴⁴ National Strategy for Poverty Reduction and Social Inclusion 2025–2035. Appendix 07. Migrants, Poverty and Inclusion.

⁴⁵ Spiteri, Damian. (14 May 2025). “Malta’s social work crisis.” Times of Malta.

⁴⁶ Suarez, H., Cole, M., Killick, C. (4 January 2023). The social work profession and its challenges in Malta. Times of Malta

7.0 Evaluation Findings – PDP3

7.1 Relevance

7.1.1 To what extent did the Project’s objectives and design respond to the Beneficiaries’ and Malta’s identified needs, policies and priorities?⁴⁷

Relevance of PDP3’s Objectives to beneficiary and national needs

Overall Finding
Based on the analysis of the qualitative and quantitative information obtained for this project, the evaluation concludes that PDP3’s objectives responded to a need for increased training and awareness raising among local council administrative staff and elected members. This need had already been identified and documented in the previous EEA & Norway Grants 2009–2014 programming period. The decision to focus on good governance, transparency, and accountability was also relevant to national needs and priorities, with this area having been flagged as a concern in local councils. On this basis, it directly supported the project’s direct beneficiaries by helping them develop the necessary skills and knowledge to achieve better governance in the councils they serve, promoting sustainable development at community level and increasing public trust in local government as a key national institution.

Main reasons for this overall finding:

To assess the alignment of PDP3’s aims and design with beneficiary and national needs, the first step of the evaluation process was a comprehensive review of the following data sources:

- **The annual reports issued by the Auditor General on the workings of Local Government**
This review focused on the main findings of these reports that relate to good governance, transparency, and accountability, taking the 2018 report as the baseline.
- **The Training Needs Analysis (TNA) carried out under the ‘Partnership for Creative Governance’ project funded by the Norway Grants 2009–2014**

This review looked at the key training needs identified at the time, with particular attention to areas related to good governance, transparency, and accountability.

⁴⁷ The assessment in this section focuses on the training element of PDP3 given that, due to time constraints, the Small Grant Scheme was excluded from the scope of the evaluation.

This document review was then assessed within the framework of the qualitative and quantitative data obtained through the primary research conducted for this evaluation.

The project objectives specified in the 2014–2021 Programme Agreement, as well as in its Grant Agreement, seen in Table 13 below, provided the frame of reference for this assessment.

Programme Agreement	Grant Agreement
By improving the efficiency and quality of local government services, PDP3 will contribute to the programme outcome: <i>"Improved quality of life of deprived communities in urban localities." This will be achieved by training local council staff and members as a capacity-building measure."</i>	<i>"The project will seek to provide stakeholders in the local government sector with more capacity and knowledge in order to be able to properly address challenges that have been holding back certain localities, particularly urban areas, from progressing in line with national standards."</i>

Table 13: PDP3 objectives as per Programme and Grant agreements.

Document analysis – National Audit Office Local Government Annual Reports

Malta's National Audit Office (NAO) is empowered by law to audit the accounts of all Departments and Offices of the Government of Malta. This includes local councils, and the NAO issues an annual review of the workings of local government, which serves as a yearly snapshot of governance issues at this level of government.

A review of the NAO's main findings between 2018 and 2023 indicates that shortcomings in good governance, transparency, and accountability were flagged as administrative gaps in successive reports.

Issues noted focused on:

- Accounting errors
- Inadequate maintenance of fixed assets registers
- Lack of consistent accounting documentation
- Shortcomings in procurement processes
- Non-compliance with statutory reporting obligations

Key Observations

- A common theme across the reports from 2018 to 2023 is the lack of consistent good governance in key areas of local government, with a proportion of councils failing to comply with audit requirements (late submissions; failure to respond to management letters).

- The 2020 Report highlights the need for local councils to be *“fully accountable and transparent in the way they spend their budgetary allocations, ultimately in the best interest of the citizen.”*
- The 2021 Report references the training initiatives funded by the Norway Grants, including the Memorandum of Understanding signed between the LGD and the Local Councils’ Association, which *“support training for elected members of the Association and Local Council staff on matters dealing with good governance, transparency and accountability.”*
- The 2022 Report provides a more positive performance appraisal, noting that *‘overall progress has been achieved when compared to the previous year.’* In this context, reference is made to the importance of improving the knowledge of Executive Secretaries on best practices in financial management and good governance.
- The 2023 Report reiterates that although ‘serious’ governance issues and shortcomings remain, *“some improvements have been registered in a number of areas, such as the decline in the number of local councils with a qualified audit opinion.”*

Document Analysis: Training Needs Analysis carried out under the ‘Partnership for Creative Governance’ project funded by the Norway Grants 2009-2014.

Key Observations

- According to the TNA carried out in 2014, elected councillors often had inadequate knowledge and preparation *“to perform their function within the legally defined prerogatives of local representative bodies.”*
- While there did exist training options targeted at local council personnel, there was *“no comprehensive system for local administration staff to improve their professional competences.”*
- A 2014 survey of local council staff indicated a nearly unanimous perceived need for training, reporting that *“the needs in this regard are so vast that executive secretaries admitted in unison during a group discussion that, basically, ‘any training is welcome’.”*
- Three thematic areas for training are identified:
 - **Awareness-raising activities** to clarify the systemic and legal framework of the local government system
 - **Training for elected representatives** to raise awareness and expand their knowledge of the competences of local representative bodies.
 - **Training for staff of central institutions** to focus on the rules of operation of local councils in Malta

- A survey of local council staff and councillors carried out in 2014 under this project identified the training areas listed below as the ‘most important and useful;’ it is noted that these self-identified areas reflect the persistent shortcomings picked up in the NAO Annual Reports:
 - accounting
 - administrative law / procedures
 - financial procedures
 - procurement regulations
 - general legal framework.

- The survey also reported that training in transparency and public ethics was also selected as an ‘important’ training subject by the councillors and staff surveyed. This option was most frequently selected by administrative staff and executive secretaries.

- It was also noted that the need for improved training opportunities for local government staff was also highlighted in successive monitoring reports on Malta issued by the Congress of Local and Regional Authorities within the Council of Europe. The 2017 Report referred to the importance of training as a means of improving the conditions of service for employees and for engaging and retaining ‘high-quality staff.’

Based on this document analysis, it is clear that the objectives and focus of the PDP3 training project represent a significant response to the training gaps identified in the 2014 TNA, as well as the governance gaps flagged in successive NAO reports. On this basis, its relevance to national needs, in terms of improving governance systems and procedures at a local level, is confirmed.

Through its qualitative fieldwork, the evaluation also finds that the training was also aligned with the needs of its direct beneficiaries – local council staff and elected officials who reported in the focus groups held that they felt they lacked formal training in this area. In this context they underlined the importance of continued development and learning in areas that are of direct relevance to their responsibilities identified under the Local Government Act.

Relevance of PDP3’s Objectives and Design to National Policies and Priorities

Desk research identified the main policy documents that are relevant to PDP3, starting with policies active at the time of application, and moving on to any other related strategies issued since. These are the policies identified, and the areas of direct alignment with PDP3’s objectives and design.

National Strategic Vision for Local Government 2023-2030

- Opens with a statement on the need for ‘**good and effective**’ government, working towards a vision of:
“A responsible and sustainable local government striving transparently to provide a quality and valued service to residents within the respective communities.”
- On this basis sets as a first objective the provision of ‘**holistic training in governance for the elected members and administrative staff of Local Councils.**’
- The training to be provided is to be **regular and ‘tailormade to relate directly with the individual roles in the respective Local Council.’**
- The Strategy commits to **strengthening internal structures**, which it states can only be achieved if councils have the necessary capacity, including effective human resources.
- A similar commitment is made to **strengthening accountability**, mainly through specific measures aimed at ‘clarifying expectations, communication and alignment to achieve pre-established common objectives.’

Malta’s Sustainable Development Vision for 2025

- Communicates a **key role for local councils in achieving Malta’s sustainable development objectives.**
“Local Councils also have a crucial role to play in translating national policies into tangible practical actions that can help to concretise the sustainable development objectives into our individual and communities’ behaviours. They can also raise awareness amongst the Inter-Ministerial Coordination Local Councils’ Engagement Stakeholders’ Engagement Public Engagement and Awareness local communities on the sustainable development process and how it can improve their quality of life and the wider environment.”
- This Strategy also promotes the concept of sustaining a high-quality workforce to drive ‘**a higher economic growth and standards of living.**’ In this context, it calls for **responsive and flexible training systems that can cater for individuals seeking to improve their skills**, including through continuous professional development. This objective is closely aligned with the core principles of the National Lifelong Learning Strategy 2023-2030.

7.1.2 In what way did PDP3 address the needs of the different stakeholders?

Beneficiaries

Feedback from training participants obtained in the evaluation fieldwork confirmed that PDP3 represented an opportunity to significantly improve their understanding of their roles and responsibilities; this applied particularly to newly elected councillors who were

expected to take up these responsibilities with little prior experience or knowledge. According to feedback from ANSEK stakeholders, this also affected administrative staff. Prior to PDP3, training in good governance was considered as sporadic by the stakeholders interviewed; there was also a lack of documented standard operating procedures to guide staff in their daily duties. PDP3 made a start towards addressing this gap and flagged the importance of ongoing training in this area.

Project Promoter

It was confirmed in the qualitative research carried out for this evaluation that the training component of PDP3 was considered by the Project Promoter as the next vital step in actioning the core recommendations of the 2014 TNA, using the opportunity provided by the next cycle of Norwegian Grants to do so. In this way, according to a key informant PDP3 was envisaged as a means of *“implementing some responses training-wise to the outcomes of the 2009–2014 project, pending the creation of a more permanent structure and system...as such, it was a key step towards getting recognition for the importance of a sustained and structured training initiative.”*

Project Partners

The Local Councils Association (LCA) and the National Association for Local Council and Regional Executive Secretaries (ANSEK) were very active project partners throughout PDP3, from design to delivery stage. Stakeholders in the LCA and ANSEK interviewed for the purposes of the evaluation confirmed that the training needs tackled in PDP3 were relevant and responsive to knowledge gaps ‘on the ground’ that negatively impacted local council performance and eroded public trust. In this context they agreed that the wide approach taken by PDP3 in terms of opening access to this training to all local councils was important, since a lack of consistent standards and a corresponding lack of a shared knowledge base in key areas was ‘always an issue.’

Programme Operator and National Focal Point

PDP3 supported the NFP in its responsibility under Article 5.3 of the Regulations of ensuring that programmes contribute to the objectives of the EEA and Norway Financial Mechanisms 2014–2021. Specifically, it aligned significantly with one of the two priority sectors identified for Malta in the Memorandum of Understanding on the Implementation of the Norwegian Financial Mechanism: ‘Culture, Good Governance, and Fundamental Rights and Freedoms.’ Within this sector, it fell under Programme Area 16 of the EEA & Norway Grants Programme 2014–2021: ‘Good Governance, Accountable Institutions, Transparency.’ In a wider sense, it also supported Programme Area 10 (Local Development and Poverty Reduction). Most importantly, PDP3 built on the outcomes of a project funded under the 2009–2014 programming period, ‘Partnership for Creative Governance,’ through the delivery of focused training that reflected the findings of the TNA that emerged from that project. From the NFP’s perspective, this element of continuity in programme priorities

is a positive development that enhances bilateral cooperation and drives programming effectiveness.

7.1.3 How well designed was PDP3?

Overall Finding
<p>The evaluation concludes that the overall design of PDP3 was fit-for-purpose and largely aligned with beneficiary needs. Given the budget allocated, which was insufficient to cover a larger-scale and ongoing training programme, the project was effectively designed to optimise value, prioritise the main themes of concern, maximise accessibility, and reach the key beneficiaries targeted in the Grant Agreement.</p> <p>The project promoters were responsive to emerging issues and sought out opportunities to optimise focus and outreach, this includes the collaboration with the Local Councils' Association to deliver 27 different courses. It is also recognised that some aspects envisaged in the original design could not be fully implemented due to COVID-19 disruptions.</p>

Main reasons for this finding:

- This finding is largely based on the strong performance of the project in terms of its outputs, which, as per data supplied by the NFP, surpassed the target values established in the Grant Agreement. Despite the pandemic disruptions referred to above, on project completion, 66 local councils were covered by training on good governance compared to the target value of 20, while 101 individuals were trained as opposed to the 20 originally targeted.
- The intention to build on the 2009–2014 Creative Governance initiative, specifically through the delivery of focused training reflecting the findings of the TNA, was generally achieved, given the financial constraints described above; the training component's robust and flexible design contributed to this outcome.

Feedback received from participants from stakeholder consultations also pointed to a positive perception of the project's design. Some key observations made were:

- The majority commented positively on a perceived consistency in approach, which they felt was 'reassuring' and showed thoughtful programme development.
- Councillors felt that PDP3 appropriately treated governance basics as essential building blocks, which suggested proper continuity with earlier capacity-building efforts.

- Several noted that certain governance challenges they faced were similar to those addressed in previous training, suggesting continuity in underlying needs.
- They valued that the programme did not assume prior knowledge but took time to reinforce fundamental concepts that ‘everyone needed to understand’.
- The foundational approach was seen as necessary given significant staff changes and the need to ensure everyone operated from the same knowledge base.
- There was unanimous agreement with the project requirement of mandatory training attendance; this was seen as non-negotiable, with both administrative staff and elected councillors emphasising that they considered ongoing professional development to be very important.

7.1.4 Were there any gaps in the design of each Programme that may have undermined an intervention’s overall relevance?

No significant gaps in PDP3’s design emerged in the evaluation fieldwork. Any gaps in the training formats provided did not stem from any flaws in the design but were due to the impacts of COVID-19 at the start of the project implementation phase. Associated public health restrictions meant that a key element of PDP3 as originally planned, the use of mentoring and placements, could not go ahead. These plans focused on setting up familiarisation exchanges for personnel engaged in local councils and personnel employed with key public sector organisations, such as the National Audit Office, Servizzi Ewropej f’Malta, and other entities. This initiative could have potentially augmented the project’s overall effectiveness even further.

PDP3 – Additional Context
<ul style="list-style-type: none"> – Training of local council staff in principles of good governance, transparency and accountability – 16th July 2019 – Induction course for locally elected officials – 5th and 6th April 2022 – Study Visit no. 1 – Eigersund (Norway) between the 9th and 12th May 2022 – Study Visit no. 2 – Larvik (Norway) between the 20th and 24th June 2022 – Thematic Networking Initiatives Workshop – 2nd November 2022 <p>In addition to the above, using PDP3 funds, the Project Promoter organised a series of 27 unique training events in collaboration with the Local Councils’ Association. These initiatives covered a range of topics, from financial management and regulations to community-focused and socially oriented themes.</p>

7.2 Effectiveness

7.2.1 To what extent have the envisaged outputs been produced, and outcomes been achieved for the identified interventions?

Overall Finding – Achievement of envisaged outputs and outcomes
<p>The evaluation finds that PDP1 has been generally effective in achieving the results and outputs set out in the Grant Agreement. Key output performance indicators were surpassed, despite the disruptions caused by the COVID-19 pandemic at the critical phase of implementation.</p> <p>Based on the findings of the research carried out for this evaluation, the project has also had positive outcomes particularly in terms of establishing the value of new methods of training in a local government context, differing from the more traditional classroom style that was previously the norm.</p> <p>Since project completion, institutional and operational factors beyond the project promoter's control may have posed a barrier to sustaining more tangible outcomes in terms of significant and measurable improvements in good governance across all the local councils concerned (ref NAO reports). However, new initiatives in hand to move to a more systematic and integrated training programme has the potential to use the training delivered under PDP3 as a platform for achieving these aims.</p>

The response to this question will focus on the outputs and outcomes achieved by the project as per the pre-defined performance indicators in the Grant Agreement.

A review of the PDP3 Project Completion Report as well as the Results' Framework maintained by the NFP confirms that the project significantly exceeded the project indicators set out in the Grant Agreement, as per below:

Indicator	Pre-Defined Target	Number Achieved (NFP Data)
Number of local councils covered by the training on good governance	20	66
Number of public administration staff trained in good governance principles	20	101

The evaluation gathered further data to substantiate these results and provide a deeper understanding of the outputs and outcomes achieved.

In terms of quantitative data, an online survey was administered to all elected officials and senior administrative staff currently employed in the 68 local councils. Despite several reminders, only 88 responses were received. Of this number, only 22 respondents had

participated in any training organised under PDP3. For this reason, this result was considered statistically unrepresentative and too minimal to contribute to the evaluation.

It is important to note that the evaluation is being implemented circa three years after the completion of the funded activities, for this reason the high turnover of staff and councillors had an effect on the response rates. To mitigate this limitation, focus groups were organised with representatives of local councils (elected and administrative), structured in line with the six regional councils.

Effectiveness of PDP3's outputs and outcomes – Participant Feedback

The qualitative insights obtained through the focus groups pointed to a generally positive perception of project outcomes among beneficiaries.

The following perceived results were highlighted:

- Although a number of participants were not active in local government during the 2009–2014 'Creative Governance' programme, those that were familiar with this previous project stated that PDP3 was built on the core governance themes highlighted on the previous initiative.
- They were unanimous that governance training was not just relevant but critical for proper council functioning. In this context, the ethics and integrity sessions resonated strongly because councillors and staff regularly face these dilemmas in their decision-making processes. The Local Council Act induction course was also described as essential knowledge that new councillors 'desperately needed' to understand their legal responsibilities
- Participants commented positively on the Norway study visits, describing these as 'genuinely interesting' experiences which opened the participants' eyes to different approaches to local governance. It was cautioned, however, that adapting Norwegian solutions to a different national context is rather challenging. The visits were most valuable for understanding governance principles and compliance approaches rather than specific operational techniques. The networking aspects were highly valued, with councillors forming connections that continued beyond the programme.
- The thematic networking workshop was particularly successful in facilitating peer learning among Maltese councillors and administrative staff. Beneficiary feedback emphasised a key learning point from this workshop was the importance of taking a structured approach to issues that affected the workings of local government, examples mentioned here were procurement, waste management, and the impacts of ongoing construction. In this context, they stated that the workshop format had encouraged collaboration between councils, particularly within regions,

in addressing these issues. A stakeholder from ANSEK pointed out that this strengthened collaboration was still evident today.

7.2.2 Which factors influenced the achievement of these results (both outputs and outcomes)?

Key informants and beneficiaries stressed the significant challenges caused by the COVID-19 disruption. They reported that this affected programme delivery just as momentum was building among participants.

Although these disruptions were addressed by shifting to online delivery where possible, participants stated that face to face meetings would have been preferred for networking and practical discussions. However, all participants agreed that despite these setbacks the training was generally effective.

The evaluation also found that the Project Promoter was effective and proactive in mitigating the worst impacts of the pandemic on the training, identifying other forms of delivery that did not compromise quality. Also noteworthy in this context was the collaboration secured with the Local Councils' Association, a key stakeholder, which enabled the training to gain a wider reach and stronger beneficiary engagement.

7.2.3 Were there any other outputs beyond those listed in the results framework that materialised and contributed to the planned outcome(s)?

The evaluation did not identify any other major outputs beyond those listed in the results framework for PDP3.

7.2.4 Were there any other outcomes beyond those listed in the results framework that materialised and contributed to the programme objectives?

Based on the findings of the research carried out for this evaluation, the project has had positive outcomes beyond those listed in the results framework.

PDP3 demonstrated the benefits of innovative approaches to training

According to all key informants as well as beneficiaries, a clear outcome of the initiative was a firm recognition that a fundamental shift in training delivery methods away from traditional classroom style training was needed. This was due primarily to the acknowledged effectiveness of events such as the study visits and the workshops. In both cases, at both a local and international level, the most valued outcome was the opportunity these provided for networking and collaboration, as well as insights into different approaches to common issues. In the words of one informant:

'These events were more about skills development, awareness building, and knowledge sharing than strictly training per se.'

Beneficiaries reported that the networking opportunities PDP3 facilitated continued to evolve and strengthen even after project completion, reinforcing collaborative efforts between councils in addressing common challenges.

Stakeholders also reported that training approaches developed through PDP3 have been applied in subsequent events:

- The Local Councils' Association recently held a two-day EXPO which centred around networking and collaboration-building initiatives; it also brought in NGOs and other public service entities with a focus on strategies to deal with socioeconomic realities in communities e.g. active ageing; digital literacy.
- Another stakeholder also referred to recent training activities directed at executive secretaries, stating that these were direct outcomes of PDP3, particularly of the study visits and the knowledge gained during the exchanges with the Norwegian project partner. One such outcome was the creation of an induction course for executive secretaries. A second was the design and delivery of tailor-made sessions for executive secretaries at a regional level which tackled problem-solving and strategic approaches to identifying and solving issues. These sessions, called 'Switching the Bulb on,' built directly on strategic techniques explored in the study visits.

Positive relations were established with the Norwegian partner organisation, which enabled effective knowledge sharing

The engagement with the PDP3 Norwegian partner organisation was also mentioned several times as a positive long-term outcome of the project. Participants commented that insights and strategies gained through this engagement were very informative and could, according to feedback received, be applied effectively in a local context. Reference was also made by stakeholders from the partner organisations on the benefits of this engagement, particularly through the study visits, which enabled effective knowledge sharing.

7.2.5 Were there any unintended positive or negative effects linked to the outputs and/or outcomes through the interventions carried out by each project?

In assessing PDP3's overall effectiveness, the evaluation notes one issue related to the longer-term effectiveness of the outcomes gained. This links with the extent to which training outcomes, or skills acquired, can be translated into governance and systemic improvements at the local council level.

Since project completion, institutional and operational factors beyond the project promoter's and beneficiaries' control may have posed a barrier to sustaining more tangible outcomes in terms of significant and measurable improvements in good governance across all the local councils concerned. In this context, persistent staffing shortages and high turnover of executive secretaries were mentioned as contributing factors.

Below is some relevant feedback obtained from beneficiaries:

- Councillors were more aware of good governance principles in their meetings and decision-making, despite still finding it challenging at times under what they described as **immense operational pressures**.
- **Understaffing** created significant barriers to implementing changes; even when councillors knew what should be done, they lacked the capacity to do it.
- While awareness of transparency requirements increased, **day-to-day pressures** often forced them back into familiar patterns.
- The **gap between knowing what to do and having the capacity to implement changes** was frequently mentioned.

Despite these limitations, some positive impacts were reported:

- **Council meetings became more structured**, and documentation improved in many cases.
- Councillors developed **better understanding of what information should be made public** and when.
- **Transparency practices** improved.

Although it is impossible to draw any direct correlation, it is interesting to note that, following successive negative appraisals, the 2022 NAO report does observe some *"overall progress achieved compared to the previous year,"* with some improvements also reported the following year, with a reference to *"improvements that have been registered in a number of areas, such as the decline in the number of Councils with a qualified opinion."*⁴⁸

As will be discussed below, however, there are new initiatives in hand by the project promoter to launch a more systematic and integrated training programme. This has the potential to use the training delivered under PDP3 as a platform for consolidating further good governance improvements.

⁴⁸ Report by the Auditor General on the Workings of Local Government 2022; Report by the Auditor General on the Workings of Local Government 2023.

7.3 Sustainability

7.3.1 To what extent will the benefits of each Project continue or are likely to continue in the next five (5) years?

The evaluation has identified the benefits of the new training approaches introduced through PDP3, as well as the need for training to be consistent and systematic to maximise positive outcomes and result in more tangible improvements in local government governance and service levels.

According to information received from the Project Promoter, preparations are well in hand to establish a permanent training structure within the Institute for Public Services that will be dedicated to ongoing training for local councils' members and staff. This will be led by a National Training Council – in line with a key recommendation of the 'Creative Governance' project funded in the 2009–2014 programming period – and will also integrate the innovative approaches introduced in PDP3.

This information indicates that the National Training Council will be formalised under the Local Councils Act, providing a firmer basis for sustainability.

An updated National Training Strategy for Local Government has been developed with the support of the Congress of Local and Regional Authorities and was formally launched in January 2025. This launch acknowledged that this Strategy “was developed in the context of a project supported by EEA/Norway Grants.”⁴⁹

These recent developments have the potential to consolidate and sustain the benefits of PDP3 over the next five years.

7.3.2 What are the financial, economic, social, environmental and institutional capacities of the systems needed to sustain the benefits over time?

Funding for the implementation of the National Training Strategy for Local Government referred to above is reported to have been secured, and no significant external economic risks that could affect this allocation are identified at this time.

In the case of this particular project, the main success factor is likely to be an institutional commitment and capacity to driving this project into the longer term, ensuring that the Local Government Training Council, and the Training Needs Strategy, remain relevant, strong, and forward-looking. This will support the required structured and consistent approach highlighted by beneficiaries.

⁴⁹ Congress of Local and Regional Authorities. (2025, January 31). Congress supports training strategy for local government in Malta. <https://www.coe.int/en/web/congress/-/congress-supports-training-strategy-for-local-government-in-malta>

A further challenge to sustaining beneficial and impactful training outcomes is the high turnover of staff, and the risk of loss of knowledge that this carries. This was highlighted as a current issue by stakeholders, and one which may also undermine future training efforts. Establishing a robust induction course within the Training Strategy and establishing a mentoring system in line with PDP3's original design would be useful measures to strengthen training outcomes.

7.3.3 What monitoring processes/systems are in place or need to be in place to keep track of the benefits of each project for the next five (5) years?

At Project Promoter Level

The evaluation has confirmed that appropriate monitoring systems are in place to track the core outputs and outcomes of training activities in local councils. This is likely to be further strengthened given the systematic approach being introduced shortly through the National Training Council. The number of training activities held, and the number of participants attending, are core output indicators required. Beyond a headcount, participant data should also allow for further analysis in terms of the participant's age, gender, duration of employment in local government (where applicable), and their designation within the local council.

At NFP Level

Given that the scope of this ex-post evaluation extends to assessing the sustainability of the results achieved by PDP3 over the next five years, the NFP could consider tracking the core output indicators captured in the Results Framework on an annual basis over this period. This relates particularly to the number of training activities held and the number of participants. Given the evaluation findings on this project, from a qualitative perspective it would also be pertinent to maintain some visibility over the general training approach adopted, in terms of the application or otherwise of lessons learned through PDP3 on which forms of training proved effective.

7.3.4 What are the risks that organisations/institutions and beneficiaries should look out for, which could potentially hinder the continuation of these benefits in the next five (5) years?

The key risk at institutional level is a change in the training strategy and policy announced in January 2025 (see above). However, feedback obtained from key informants indicates that there is firm commitment to this initiative; its close alignment with the very recent National Strategic Vision for Local Government 2023–2030 is also a sound basis for sustainability.

A further risk identified by this evaluation relates to the extent to which training outcomes will be converted into tangible governance and service improvements in local government. This emerges from beneficiary feedback, which points to barriers and capacity issues encountered in their daily work when they try to adopt and implement changes. This feedback was supported by other stakeholders active in the field. In this context, the high turnover of staff, and the associated loss of knowledge, is also a risk to the sustainability of training benefits.

Finally, sustaining the benefits of a structured training strategy is also dependent on a positive response from target beneficiaries; ensuring strong participation and engagement is therefore necessary to maintain quality and momentum.

7.3.5 What suggestions can be put forward to mitigate the risks envisaged?

The response to this question focuses on the aim of converting training outcomes into tangible governance and service improvements. This may require a governance improvement process, developed in parallel with the training strategy, that aims to build the necessary capacity within individual local councils. Key elements of this process would be the strengthening of internal controls – working in line with the recommendations of the NAO – as well as providing staff with the necessary tools and support to carry out their duties in line with the identified improvements. These efforts will also promote transparency and accountability.

In terms of the risk posed by a high staff turnover, two key requirements were identified as useful mitigating actions:

- The **introduction of a robust induction and onboarding process** for new staff and elected councillors.
- **A focused strategy to document all key local government processes** to create a sound and consistent knowledge base across all local government – this should aim to create robust standard operating procedures for key functions and services, which will be updated over time.

8.0 Evaluation Findings – PDP4

8.1 Relevance

8.1.1 To what extent did the Project’s objectives and design respond to the Beneficiaries’ and Malta’s identified needs, policies and priorities?

Relevance of PDP4’s objectives and design to beneficiary and national needs

Overall Finding
<p>Based on the assessment of qualitative information obtained, as well as a comprehensive desk review of relevant documentation, the evaluation concludes that PDP4 was relevant to national needs and policy priorities, particularly in the areas of cultural heritage and tourism strategy.</p> <p>In terms of relevance to beneficiary needs, i.e. the community of the Kottonera district and Birgu in particular, the investment in the Malta Maritime Museum (MMM) also has a positive impact on the local and tourist ecosystem in the Inner Harbour area. Besides contributing to urban regeneration in the Museum’s vicinity, the refurbished and expanded Museum is a major boost to the region’s cultural tourism potential and, as such, a driver for local development and poverty reduction.</p>

The project objectives specified in the 2014–2021 Programme Agreement as well as in its Grant Agreement, seen in Table 14 below, provided the frame of reference for this assessment.

Programme Agreement	Grant Agreement
<p><i>“The programme shall consider the role cultural heritage plays in local and regional development. It will specifically aim at stimulating economic and social progress through cultural tourism and public access to culture.”</i></p>	<p>PDP4 will ‘catalyse’ local development in the following ways:</p> <ul style="list-style-type: none"> – Enhancing the MMM’s display space and quality, which will result in an increase of visitors and tourists – this will generate economic activity in the area and boost local employment – The restoration will give previously inaccessible spaces ‘back to the community’ – these can also be used for local activities and community engagement – The additional space will allow MMM to properly showcase its extensive collection – much of this is directly relevant to the Birgu community but has previously been in storage – The investment in additional space and digitisation will allow the Museum to research and catalogue these exhibits more meaningfully, highlighting the connections with the community

Table 14: PDP4 objectives as per Programme and Grant Agreement

Socioeconomic snapshot of Birgu and the Kottonera District – Key Beneficiaries of PDP4

- Given the MMM's location, PDP4 has the most direct impact on Birgu, however this can also extend to the three other towns in the Kottonera area: Bormla, Kalkara, and Isla. For statistical purposes, this district is located in Malta's Southern Harbour region.
- The four towns have a total population of 12,324 (NSO, 2024), with 2,261 of these residing in Birgu. All have an ageing population, with most residents aged between 40 and 60. Birgu's total resident population in 2024 has decreased marginally since 2018, when this stood at 2,353; however, this period has seen an increase in the share of foreign residents from 9.9% to 16.0% (NSO, 2025)
- The high share of elderly persons is reflected in the district's employment data: Birgu has the lowest share of the resident population who are employed (44.8%), followed by Isla (49%) and Bormla (48.1%). From a regional perspective, the Southern Harbour region accounts for the largest share of residents receiving unemployment benefits across Malta and Gozo's six regions, including the highest proportion on long-term unemployment benefits. However, a declining trend in this indicator is noted in the Kottonera district between 2018 and 2022.⁵⁰
- SILC data indicates that in 2024 23.4% of residents in the Southern Harbour region were at risk of poverty or social exclusion, a slight increase from the 22.1% reported in 2018. This region has persistently registered the highest AROPE rates in Malta and Gozo, with some change reported in 2024 when it ranked just behind the Northern district. (EU SILC Salient Indicators for respective years).
- A significant share of the resident population receives social security benefits – 48% in Bormla and Isla, 46.3% in Birgu, and 41% in Kalkara. (DSS, 2025). These include social assistance, a non-contributory benefit provided to households at risk of poverty due to the parent being unable to work. Here again the Southern Harbour region accounts for the highest proportion of beneficiaries compared to other regions. A declining trend is noted in the number of beneficiaries in all four towns in the Kottonera district: the number of beneficiaries in Birgu decreased from 56 in 2018 to 28 in 2022.
- Nationally, the Southern Harbour region has the smallest share of population with a post-secondary or tertiary education. Among the four Kottonera towns, Bormla has the lowest share at 16%, followed by Isla (19.3%), and Birgu (23.2%) – (NSO Census 2024)

The socio-economic characteristics of the Kottonera district, and Birgu in particular, confirm the rationale of focusing PDP4 investment in a cultural heritage site in that locality,

⁵⁰ This reference refers to both Unemployment Assistance and Unemployment Benefits. Data in the NSO's Social Protection 2024 publication indicates that while the highest share of beneficiaries of both benefits are found in the Southern Harbour region, the number of beneficiaries has declined between 2018 and 2022 in Birgu, Isla, and Kalkara, but has increased marginally in Bormla.

given its overall objective of 'local development and poverty reduction'. The results achieved through the building restoration has contributed to the town's urban fabric renewal; both this structural element, as well as the investment in digital innovation to drive visitor engagement, have also increased its attraction as a cultural tourism destination contributing to the ongoing drive to stimulate the economic regeneration of the Southern Harbour region.

This impact results from the two key interventions integrated within PDP4:

- the structural element which rehabilitated a large section of a heritage building at the heart of the community, and,
- the digitisation strategy, which was critical in enabling the MMM to display its collection in an innovative way, immediately upgrading its offering and extending its marketing reach and effectiveness.

Relevance of PDP4's objectives and design to national policies and priorities

Desk research identified the main policy documents that are relevant to PDP4, starting with policies active at the time of application, and moving on to any other related strategies issued since. These are the policies identified and the areas of direct alignment with PDP4's objectives and design.

Complementarity with National Policy – Kottonera Urban Regeneration

Grand Harbour Regeneration Plan 2021

Presented as **a holistic plan for the district's social, cultural, and economic regeneration.**

Two relevant measures are proposed:

- **Revive the waterfront and historic urban fabrics** by creating two themed promenades “The Grand Harbour Outdoor Museum” connecting St Elmo to Marsa and “The Three Cities Promenade” between Ricasoli and Senglea;
- **Improve walkability through the beautification of streetscape and public realm** along the proposed promenades and **implement recreational and cultural activities.**

In June 2025, the Government announced that work had begun on an updated ‘holistic masterplan’ for the regeneration of the Grand Harbour, with this set to be issued later in the year. It is anticipated that this will continue to build on regeneration initiatives in the four towns in Kottonera, extending similar investment to other localities in the Southern Harbour region.

PDP4 is closely aligned with the Government’s commitment to a holistic regeneration of the Grand Harbour and its environs, particularly in relation to its southeastern shore where Birgu is located. The restoration of previously dilapidated areas of the MMM has contributed significantly to the first measure above, particularly in terms of the ‘Three Cities Promenade’ concept; compared to its pre-PDP4 form and function, the MMM has also increased its capacity to act as a dynamic hub for cultural activities in the area, as per the second proposed measure.

Based on data obtained through project documentation, and verified in stakeholder interviews, this increased capacity was evident over the course of the ‘Islands at a Crossroads’ exhibition held between February 2024 and May 2025, which showcased the structural and digital results of the PDP4 interventions. The evaluation also identified specific activities and events held in conjunction with this exhibition to develop further visitor engagement, both within the community and beyond.⁵¹

⁵¹ To mention just a few examples, these initiatives included two heavily attended ‘Museums by Candlelight’ events – a first for the museums in the Kottonera district – in October 2024 and May 2025. A series of talks were also held for the public between April and October 2024 with former Drydocks workers who had contributed to the ‘Islands at a Crossroads’ exhibition. A further initiative in February 2025 saw the Project Promoter allocating designated times for visits by elderly persons, providing free transport and working in collaboration with NGOs and other stakeholders active in the sector to facilitate the process. Visitor statistics for 2024 indicate a higher number of non-paying persons compared to previous years.

Kottonera Strategy 2021

This policy document covers Birgu, Bormla, Isla, and Kalkara with the aim of improving *'environmental and social standards in the inner harbour area, with both short-term and long-term regeneration goals.'*

The Policy focuses on **three regeneration pillars**:

- Improving social capital
- Upgrading the urban environment
- Increasing business attractiveness

One of its six strategic aims is to:

- *"Underline the importance of cultural heritage and instigate more cultural infrastructure and activities to attract more visitors to Cottonera."*

It is interesting to note that it emerges from a survey conducted in 2018 for the purposes of this policy that **'our historical places' ranked first for Birgu residents when asked to name their favourite characteristic of their town'**.

As with the Grand Harbour Regeneration Plan discussed above, the results of the MMM restoration through PDP4 have been a major contributor to the district's urban regeneration. Since the MMM backs on to a densely populated residential zone, the evaluation found that the restoration of the rear of the building, described by one informant as having been previously 'covered in debris and rubbish,' has significantly upgraded the area for the benefit of its residents. In line with this Strategy, the project has also strengthened the district's cultural infrastructure, supporting economic activity and employment in the district.

Finally, the survey of Birgu residents conducted in 2018 for the purposes of this Strategy found that they ranked the town's 'historical places' as its most positive aspect; this lines up with PDP4's emphasis on celebrating the MMM's 'relevance to the Birgu community' (as highlighted in the Grant Agreement). This emphasis was evident in the 'Islands at a Crossroads' exhibition held immediately upon the MMM's post-PDP4 reopening in 2024.

Complementarity with National Policy – Cultural Heritage

National Cultural Policy 2021

- Highlights **the contribution that culture can make to social inclusion, integration and diversity policies and strategies**. Relevant to PDP4, it calls for a key role for cultural heritage stakeholders in the *“rehabilitation and revitalisation of traditional village cores through sensitive regeneration programmes in line with the provisions of the Declaration on the Preservation and Regeneration of Cultural Heritage in Historic Cities (UNESCO, 2014).”*
The Policy draws out the impacts of such regeneration initiatives on ‘social well-being and resilience,’ as well as in drawing communities together and stimulating local economic activity. **This rationale is fully aligned with PDP4’s ‘Local Development and Poverty Reduction’ overarching objective.**
- Calls for the **necessary digital infrastructure to develop new forms of cultural engagement and to enable Malta’s cultural heritage to become more ‘digitally accessible.’** Digitisation is also referenced as a key tool in ‘protecting and safeguarding cultural heritage.’
- **Sets as a priority policy objective ‘Increasing cultural access and widening participation.’** Refers to the fact that Malta ranks below the EU27 average in terms of cultural participation and sets as an objective the prioritisation of ‘audience development’ to improve current attendance levels, including in visits to museums and heritage sites. Measures include:
 - reinforcing a more professional approach to museum management and education
 - Increasing and developing visitor experiences for museums and heritage sites.

The core thrust of PDP4 in terms of enhancing cultural management to drive local development, social inclusion, and poverty reduction is closely aligned with this 2021

Policy. Its impact on urban fabric renewal in the area, and its post-intervention strengthened role within the Birgu community discussed above, is also closely aligned with the vision articulated in this Policy. Beyond these aspects, the Policy prioritises widening cultural participation, with increasing the number of visitors to museums and heritage sites identified as one pathway to achieving this goal.

A key element of PDP4 has been an increased focus on developing visitor engagement, including through more outreach activities. The digitisation element of the project is key to this effort, providing open digital access to the Museum’s collection, however also important have been the initiatives to increase visitor numbers, with a focus on engaging groups who may face cost or other barriers. Visitor statistics for the MMM since its re-opening register an increase in the number of non-paying visitors, including children, students and pensioners.

Complementarity with National Policy – Cultural Heritage

Malta Tourism Strategy 2021-2030
<ul style="list-style-type: none"> – Highlights the need to raise urban cultural tourism <i>“to become a very important cornerstone of Malta’s tourism strategy.”</i> This requires investment to achieve an <i>“excellently presented urban cultural tourism offer.”</i> – The Strategy concludes that this objective directly contributes to quality tourism, and particularly to non-seasonal tourism. The most recent data issued by the Malta Tourism Authority (2023) indicates that ‘sun and culture’ is the top-ranking motivation for visiting Malta, selected by 50.7% of tourists surveyed. – Strategy specifically refers in this context to the Kottonera district, stating that the previous focus and investment on the many sites in Valletta should now extend to the rich cultural resources of the inner Harbour region. – This is put forward as a ‘City on an Island’ concept, which looks at developing an integrated ‘City Tourism’ offer incorporating Valletta’s wider urban context along the northern and southern harbour. It is described as follows: <i>“To further build on the positives arising from the successful development, promotion and establishment of the Valletta Brand through the additional development of a distinct Malta City Tourism Brand encompassing the contiguous North and South Harbours Conurbation as a distinct element of Malta’s Cosmopolitan character. To offer visitors a Maltese cosmopolitan lifestyle experience radiating outwards from Valletta and incorporating elements such as history, culture, sea, architecture, cuisine, way of life and climate as reasons for tourists to visit and return.</i> <p>The MMM’s regeneration through PDP4 has resulted in a landmark cultural heritage site in one of the most distinctive waterfront locations in the Three Cities. This ties in directly with the Strategy’s ‘City on an Island’ concept; representing a major investment in a cultural heritage site outside Valletta but within the Grand Harbour region, its implementation also supports the Strategy’s proposed shift in focus and investment from the cultural tourism offering in Valletta, to that in the wider Southern Harbour region.</p>

8.1.2 In what way did PDP4 address the needs of the different stakeholders?

Beneficiaries

The Grant Agreement referenced the Birgu Community’s sense of pride and ‘ownership’ in the MMM and its collection (borne out by the survey carried out for the Kottonera Strategy document referred to above). In this context, the Agreement identified one justification of the project as being an opportunity to provide the space and capacity to *‘celebrate’ the site and its collection, for the benefit of the Birgu community and the Maltese public at large*. Information obtained through interviews with the project promoter and other stakeholders, supported by desk research findings, indicates that direct action was taken in this regard, particularly through initiatives held in conjunction with the ‘An Island at the

Crossroads' exhibition held between February 2024 and May 2025. This exhibition deliberately highlighted the MMM's links with the Birgu community, with a focal point being an oral history exhibit focusing on Drydocks workers. To mention just a few examples, these initiatives included two heavily attended 'Museums by Candlelight' events – a first for the museums in the Kottonera district – in October 2024 and May 2025. A series of talks were also held for the public between April and October 2024 with the former Drydocks workers who had contributed to the 'Islands at a Crossroads' exhibition.⁵².

In addition to the above, the completion of PDP4's structural intervention at the MMM has contributed to Birgu's urban regeneration, restoring formerly dilapidated spaces in residential areas. It is also driving better socio-economic outcomes by supporting business activity and employment through an increased number of visitors to the area.

Project Promoter

The Project Promoter is responsible for over 90 museums and landmarks, national monuments and underwater sites. These include seven UNESCO World Heritage Sites. It relies on revenues and subventions from national funds to cover capital projects and recurrent expenditure. This situation often results in having to prioritise capital interventions across this high number of sites using the financial resources available. PDP4, therefore, presented the Project Promoter with the funds to kickstart the regeneration of the MMM, a museum housed within a unique building of historical value and with strong potential to develop into one of Malta's landmark museums. This museum had been set up in the 1990s and had not yet benefited significantly from focused investment. PDP4 provided the opportunity to start the regeneration process, with results on the ground proving so positive that the Project Promoter has allocated additional funds and resources to complete a full transformation of the museum.

Programme Operator and National Focal Point

PDP4 was a key project in Malta's EEA & Norway Grants 2014–2021 programme, particularly by providing an excellent opportunity to deliver a cultural enhancement outcome that, given the MMM's location, directly supported 'strengthened economic and social cohesion', the umbrella objective of the EEA and Norway Financial Mechanisms 2014–2021. This supported the NFP in its responsibilities under Article 5.3 of the Regulations. Specifically, it directly addressed the overall Malta Programme objective – 'Local Development and Poverty Reduction – through one of the two priority sectors identified: Culture, Civil Society, Good Governance and Fundamental Rights and Freedoms, it also targeted the 'Cultural Entrepreneurship, Cultural Heritage and Cultural Cooperation' programme area – a special

⁵² The Times of Malta. (April 23, 2024). Knowledge of former Dockyard workers to be shared in public talks. <https://x2.timesofmalta.com/20240423/sunday-circle/knowledge-of-former-dockyard-workers-to-be-shared-in-public-talks/>

concern identified in the Memorandum of Understanding on the Implementation of the Norwegian Financial Mechanism.

The evaluation found that the results achieved on the ground by PDP4 did demonstrably address this special concern, while also contributing to better socioeconomic conditions in the community in line with these objectives. On this basis, PDP4 therefore contributed strongly to the overall relevance of the 2014–2021 Programme.

8.1.3 How well designed was PDP4?

Overall Finding
<p>The evaluation concludes that the overall design of PDP4 was fit-for-purpose and enabled efficient and effective implementation. This is significant given that the same project covered two distinct and different dimensions: structural and digital.</p>
<p>In terms of the MMM’s ‘structural upgrade,’ the evaluators noted that this was a complex and challenging project, incorporating different areas of the building ranging from the original structure dating back to the Knights of Malta, to the quasi-industrial additions installed by the British at the turn of the 20th Century.</p>
<p>The finished result indicates that the intervention was carried out with significant professional expertise and sensitivity to the building’s historical characteristics.</p>
<p>The design of the project allowed for the necessary flexibility to adapt the works to any structural issues that emerged during implementation, prioritising the quality and integrity of the restoration throughout. Besides expanding the museum space, the intervention succeeded in using modern engineering solutions to transform this site into a very contemporary exhibition space, while also showcasing and conserving its unique historical characteristics.</p>
<p>In terms of the digitisation project, the success achieved in the number of items digitised – far exceeding the original target – is indicative of a robust initial design.</p>
<p>This design catered effectively for the setting up of a digitisation unit from scratch, focusing in parallel on the recruitment of professional staff and the procurement of the specialised equipment required, including a modular Collection Management System.</p>
<p>The evaluation noted the project promoter took proactive action to advance implementation, including the engagement of more than 30 university or post-secondary students as interns to work on various digitisation tasks. A similarly proactive stance was taken post-pandemic closure to create opportunities for boosting visitor engagement to meet pre-defined targets in terms of visitor numbers.</p>

Main reasons for this finding:

- This finding is largely based on the **strong performance of the project in terms of its outputs** and outcomes, which as per data supplied by the project promoter and the NFP strongly surpassed the target values established in the Grant Agreement (elaborated in Question 8.2.1).
- This is significant considering **the unanticipated COVID-19 disruptions** which were triggered when project implementation was at its most critical phase. The Russian invasion of Ukraine also caused some setbacks in the procurement and supply of materials which were effectively dealt with.
- Despite these major setbacks, the **project achieved, and in many cases exceeded, its pre-determined outputs and outcomes**; it also generated positive outcomes and impacts not originally envisaged, such as the retainment and expansion of the Digitisation Unit to service other cultural heritage sites and collections, using the same equipment and CMS procured through the EEA and Norway Grants.
- Overall, **the project promoters successfully managed the two dimensions of the intervention in parallel, with both converging very effectively in the 'An Island at the Crossroads' exhibition organised throughout 2024 and into 2025**. This launched the interactive visitor experience enabled by the digitisation project, using the space and unique historical setting provided by the newly restored museum.

8.1.4 Were there any gaps in the design of each Programme that may have undermined an intervention's overall relevance?

The evaluation did not find any gaps in the design of PDP4 that may have undermined its overall relevance.

8.2 Effectiveness

8.2.1 To what extent have the envisaged outputs been produced, and outcomes been achieved for the identified interventions?

Overall Finding – Achievement of envisaged outputs and outcomes
<p>The evaluation finds that PDP4 has been generally effective in achieving the results and outcomes set out in the Grant Agreement. The overall outcome of '<i>Cultural Heritage Management Enhanced</i>' has been largely attained, with positive impacts extending beyond the MMM to other heritage sites. This applies particularly to the Digitisation Unit created through the project, which far exceeded pre-defined targets and has been retained as a core unit at Heritage Malta. The Collection Management System (CMS)⁵³ purchased through the EEA & Norway Funds is therefore benefiting other collections managed by the entity.</p> <p>Tangible impacts on local development are also evident. The restoration project has contributed significantly to urban fabric renewal in the area– one example is the area at the rear of the structure which was formerly derelict and backed onto private housing.</p> <p>PDP4 also effectively met the aim set out in the Grant Agreement of enhancing the MMM's display capability, not only in terms of space but also in terms of the capacity and tools to elevate the visitor experience to contemporary standards. This was showcased in the '<i>An Island at the Crossroads</i>' exhibition⁵⁴, which also, as per the Grant Agreement, centred around exhibits and experiences that are of direct relevance to the Birgu community.</p> <p>MMM management also engaged directly with the community, particularly the Birgu Local Council, to organise events tied to the Exhibition and increase attendance and engagement. One key example was the '<i>Museums by Candlelight</i>' event held in October 2024 and May 2025, which attracted a high number of visitors to the area.</p> <p>Qualitative feedback received from stakeholders in the tourism and MICE sectors indicates a growing demand for authentic and immersive visitor experiences. Post-PDP4, and as made evident in the special exhibition organised since its re-opening in February 2024, the MMM now has the space and capacity to provide such experiences. According to the same stakeholders, this has significantly increased it's prominence as a key tourism attraction in the district.</p>

The response to this question will focus on the outputs and outcomes achieved by the project as per the pre-defined performance indicators in the Grant Agreement.

⁵³ The CMS purchased through PDP4 is a state-of-the-art system is being used by the Project Promoter to catalogue and organise artefacts. Post-implementation, this system is now being used to catalogue other cultural heritage collections with the goal of integrating all of these within one system. This process is currently underway at the MUZA and National History museums.

⁵⁴ <https://heritagemalta.mt/whats-on/an-island-at-the-crossroads/>

The evaluation gathered data beyond the indicators captured in the results framework of the project to substantiate the project results and provide a deeper understanding of the outputs and outcomes achieved.

In quantitative terms, this consisted of an analysis of the latest data points compiled by the Project Promoter on the key outputs and outcomes of the project, based on those captured in the Results Framework. Desk research provided more depth and context to this data. This analysis was complemented by qualitative data obtained from key informant interviews and the site visit.

Effectiveness of PDP4 outputs and outcomes as per Grant Agreement

In quantitative terms, PDP4 performed very effectively in achieving its pre-defined output and outcome targets.⁵⁵

Outcome 4.0 ('Cultural Heritage Management Enhanced'):

- **Number of jobs created at the MMM:** The Project Completion Report refers to 6 jobs created against the target value of 2. These jobs are all specialised professionals in the following positions: 1 Project Manager, 1 Digital Content Videographer, 1 Software Developer, 1 Photographer, 1 Digital Assets Executive, 1 Heritage Researcher. These positions were all retained post-PDP4, with the staff complement of the Digitisation Unit being integrated within a newly set up Technology and Experience Development Unit.
- **Annual number of unique digital visitors to the MMM:** There were 86,408 visitors between January and December 2024, as per analytics data supplied by the project promoters. This exceeds the target value of 21,000 by 65,408. The MMM had no significant digital presence before PDP4 and, for the first time, this intervention therefore allows its collection to be accessible to anyone with an internet connection.

Annual number of visitors to the MMM: The Heritage Malta Annual Report 2024 provides a breakdown of visitors to the MMM between 9 February and 31 December 2024. This covers visitors to the 'Islands at a Crossroads' exhibition, which ran throughout the year. These visitor statistics can be broken down as per the table below.

⁵⁵ In interpreting this performance, it is noted that the MMM re-opened to the public in February 2024, launching an exhibition titled 'Island at a Crossroads.' This ran until May 2025, when the MMM closed once again for the final phase of its transformation.

Visitor Type	Number	Share of Total
Paying Visitors	21,475	76.6%
Non-Paying Visitors, made up of:		
School Children	2,805	10%
Students (Student Passport Scheme)	2,077	7.4%
Elderly Persons (Senior Passport Scheme)	1,675	6%
Total	28,032	100%

Table 15: Visitor statistics February to December 2024 – Malta Maritime Museum

The total number of visitors reported over just under 11 months exceeds the pre-defined target (25,351) by 2,681 visitors. The breakdown above also indicates that just under a quarter of these were non-paying visitors, namely school children, students, and elderly persons. This aligns with the national cultural policy objective of widening access to museums and heritage sites, and Heritage Malta's own priority objective of 'greater community engagement' (HM AR, 2024).

The 2024 figures for just under 11 months of museum attendance also compare well with those for 2019 (21,459 paying visitors over 12 months) and 2018 (22,453 paying visitors over 12 months)⁵⁶. In terms of non-paying visitors, although no statistics are provided in Heritage Malta's Annual Report for 2019, visitor data for 2018 and 2017 indicate that these totalled 3,367 and 5,518 respectively. This indicates that the 6,557 visitors in this category recorded for February to December 2024 is notably higher than the totals recorded over twelve months in previous years, pointing to the success of the visitor development strategies employed by the Project Promoter.

Outputs

In quantitative terms, PDP4 also performed very effectively in achieving its pre-defined targets under Output 4.1 ('Malta Maritime Museum restored and upgraded'):

- **Number of MMM assets digitised:** The Project Completion Report refers to 6,000 assets digitised against the target value of 2,600.
- In terms of the structural works, completion was achieved, **adding 1,780m² (as reported in the PCR) to the Museum's total space**, compared to the target value of 1,629m².

The **final output indicator, 4.2**, covers the '**innovative presentation of the MMM collection**.' For this indicator, it must be noted that the project promoter opted to take advantage of the Museum's closure due to COVID-19 to extend the restoration project to cover the entire building. This meant the museum remained closed to the public until February 2024, when

⁵⁶ Heritage Malta Annual Reports, 2018 and 2019.

it re-opened by launching the major 'An Island at the Crossroads' exhibition. This was obviously a challenge for achieving results against the first indicator under this output: the 'organisation of events targeting audience development'. However, despite this closure, which was unanticipated at the start of the project, under the second indicator – Number of new temporary exhibitions displaying MMM objects – the Project Completion Report records five exhibitions being held (against the originally targeted three).⁵⁷

8.2.2 Which factors influenced the achievement of these results (both outputs and outcomes)?

The evaluation noted the proactive, professional, and flexible stance taken by the project implementors once PDP4 got underway. This approach was evident in both project interventions.

- **Structural works:** The site clearly presented a complex rehabilitation challenge, with a number of unexpected issues emerging once civil works began. The evaluation noted that the project implementors approached these issues as opportunities for improving the original plans and design, contributing to the high quality of the completed rehabilitation project. This approach was also applied when the Museum was closed due to COVID-19; the Project Promoter took the opportunity to extend works to cover a larger area of the building.
- **Digitisation:** From the outset, the project implementors made an active effort to recruit the right technical skills for the project from the outset. This resulted in active engagement with the University of Malta and the Malta College of Arts, Science, and Technology to boost recruitment and set up internships. This appears to have contributed to the strong performance of the digital dimension of the project against the pre-defined output indicators; it also supported the upward trajectory of the Digitisation Unit, in terms of its expanded and permanent role that is now serving Malta's national heritage collection.

8.2.3 Were there any other outputs beyond those listed in the results framework that materialised and contributed to the planned outcome(s)?

The evaluation did not identify any other major outputs beyond those listed in the results framework for PDP4.

⁵⁷ Malta Model Expo – Malta at War (March 19-21, 2020); 40th Anniversary IPMS Malta Model Expo – The skill of the Modeller (29 April – 1 May 2022); Malta Scale Model Expo – Operation Husky (February 10-12, 2023); 2023; A VR experience – Underwater aircraft wrecks in Malta (17 September - 20 October 2023); An Island at the Crossroads - 9th February 2024 – 15 May 2025

8.2.4 Were there any other outcomes beyond those listed in the results framework that materialised and contributed to the programme objectives?

The evaluators noted the following significant outcomes and impacts of PDP4 which fall outside the Grant Agreement and the EEA & Norway Grants 2014–2021 Results Framework.

- The Digitisation Unit set up for the purposes of the project engaged its professional staff and procured the necessary equipment, including the Collection Management System (CMS) under the funding allocated to PDP4. **This dedicated unit has been retained and expanded by Heritage Malta, widening its role into the ‘Technology and Experience Development (TED) Unit.’** Besides continuing with the digitisation of national collections (now extended to other museums and heritage sites), **the same Unit is now also focused on applying innovative digital tools and technologies to drive visitor engagement.** This capacity was showcased effectively in the ‘An Island at the Crossroads’ exhibition last year.
- Qualitative feedback received from **stakeholders in the inbound tourism sector, including the Meetings, Incentives, Conferences, and Exhibitions (MICE) segment, confirmed that the Kottonera district is developing a stronger reputation in the market as a quality cultural destination and a distinct offering to Valletta.** The exhibition held at the reopened MMM in 2024/25, which showcased the results of PDP4, was cited as a clear example of this quality leap. These same stakeholders stated quite confidently that the district’s growing attraction is already translating into increased visits by groups and individual tourists, with more time spent in the area. According to feedback received from stakeholders familiar with the business environment in the area, this is resulting in increased economic activity in Birgu, particularly in the hospitality and retail sectors.
- **These developments are partly a result of, and align closely with, Heritage Malta’s efforts to implement a ‘Kottonera Strategy’ aimed at developing the heritage sites in the district,** taking in both structural restoration where applicable, as well as enhancing visitor experience and engagement. This Strategy, referenced in the entity’s annual reports since 2019, takes an integrated approach to developing the four main sites in the district: the Inquisitor’s Palace, the Birgu Armoury, Fort St. Angelo, and the Malta Maritime Museum. **According to the project promoters, in this context PDP4 was an essential ‘catalyst’ in promoting and driving this strategy.**⁵⁸
- Qualitative feedback received from stakeholders also indicates that **the restoration project and the major exhibition that this enabled also provided a basis for further engagement with the Birgu Local Council.** Liaison and dialogue were ongoing in the planning and implementation of the exhibition, culminating in the two very successful ‘Museum by Candlelight’ events.

⁵⁸ Heritage Malta. Annual Report 2019.

- Despite a slow start relative to the other PDPs, **the collaboration between the project promoter and PDP4's Norwegian partner, Stavanger Maritime Museum (SMM) evolved into a dynamic partnership which has benefited both parties.** This allowed the sharing of knowledge and good practices in several areas, including interpretation, digitisation, and conservation. This came into play particularly when designing visitor engagement strategies for the re-opening of the MMM in early 2024. Beyond project completion, there has been **further collaboration in the field of underwater archaeology;** in 2024 both entities partnered in a second bilateral initiative: 'Clean Oceans and Mapping our Seas,' which focused on using advanced 3D tech for preserving underwater cultural heritage.

8.2.5 Were there any unintended positive or negative effects linked to the outputs and/or outcomes through the interventions carried out by each project?

The evaluation noted the following developments stemming from PDP4:

- In 2022, the **Digitisation Unit was successful in securing the ISO 9001:2015 certification, which confirmed that the CMS procured through PDP4 meets international standards for a quality management system.** This was a first for a Heritage Malta unit; once the Digitisation Unit was merged into the TED Unit in 2023, the same ISO certification was acquired for the whole Unit.
- Another first enabled by the formation of the Digitisation Unit was the **certification acquired by Heritage Malta in April 2025 as the 44th Europeana Aggregator and the National Aggregator for Malta's Cultural Heritage.** This was made possible through the digitisation process funded by PDP4, allowing Heritage Malta's digitised cultural heritage data to be published directly on Europeana – an online platform that provides the general public, including cultural heritage enthusiasts, professionals, teachers, and researchers, with access to Europe's digital cultural heritage.

Both key developments **strongly support the overarching PDP4 outcome of 'enhancing cultural management,'** and highlight the professionalism and commitment to quality on the part of the project promoters.

Finally, **the grant obtained through the EEA & Norway Grants** to fund the restoration and rehabilitation of much of the building **made it possible for Heritage Malta to consider the site as a viable prospect for transformation into a state-of-the art contemporary museum,** set to take its place as a flagship site at a national level. Using national funds, a second phase is underway to complete the rehabilitation of the whole building, with most funds allocated to designing a 'world class' museum experience within this space.

"It was only thanks to the Norwegian funds that these works could be initiated and today the building stands structurally proud of its origins. The snowballing effect of these funds that indeed projected a new image for the Maritime Museum

prompted the Government to dedicate additional funds to ensure that in the coming years, the holistic experience of the Museum experience will reach the standards of the world's finest in this segment." (Kevin Abela, Senior Manager Projects, Heritage Malta Official Website)

8.3 Sustainability

8.3.1 To what extent will the benefits of each Project continue or are likely to continue in the next five (5) years?

The evaluation concludes that the benefits of the project are likely to continue over the next five years and, in fact, will be further reinforced and strengthened due to the significant investment currently underway by Heritage Malta in the second phase of the Museum's transformation. According to Heritage Malta's Annual Report and Consolidated Financial Statements 2024, this is expected to amount to EUR 15 million.

This second phase builds on the structural and digital works enabled by the EEA & Norway Grants 2014-2021. Specialised museum designers have been engaged to optimise the permanent exhibition and display space within the building envelope restored through PDP4, while the restoration of all remaining areas of the site's original footprint will be completed, with further works starting and ongoing even after project closure – this includes the recreation of the ditch at the back of the museum to create another access point to the Museum, regenerating a formerly neglected area for the benefit of residents.

8.3.2 What are the financial, economic, social, environmental and institutional capacities of the systems needed to sustain the benefits over time?

In terms of financial capacity, the evaluation has confirmed that the Project Promoter has secured the required investment to complete the second and final phase of the MMM's transformation. It is understood that this second intervention, covered by national funds, is maintaining the quality standards established in the structural interventions carried out under PDP4. Feedback from the Project Promoters has also confirmed that the second phase of works is intended to enhance and expand the restored areas of the site, without any negative impacts on the works already carried out under PDP4.

Social capacity considerations also come into play for this project. Based on PDP4's overall rationale of enhancing cultural management to contribute to local development and community well-being, gradually building the MMM's capacity for community engagement will bring it closer to this goal over the next five years. This reflects the latest thinking on cultural management and its role in sustainable development.

"Through their manifold activities, museums

play an important role in addressing contemporary social issues. By strengthening creativity, a sense of belonging and civic engagement, museums have the power to contribute to the economy, social capital and the well-being of a local community.”⁵⁹

On this basis, the proactive stance which was successfully taken by the Project Promoters to develop visitor engagement during the ‘Islands at a Crossroads’ exhibition should be maintained once the MMM re-opens after the second phase of works is completed. Once again, this should prioritise outreach activities which engage with the immediate community to regain the momentum achieved in the past year.

Institutional capacity concerns mostly relate to sustaining the Digitisation Unit, which was set up under PDP4 and which has been retained and expanded into a central Technology and Experience Development Unit servicing all national cultural heritage sites. This Unit is also responsible for maintaining the CMS procured through PDP4. Feedback obtained from the Project Promoter, backed up by statements in Heritage Malta’s most recent annual reports, point to a firm commitment to maintaining this Unit, supported by the necessary investment in digital tools and innovation. This will also require sustaining sufficient levels of professional skills in this specialised area.,

8.3.3 What monitoring processes/systems are in place or need to be in place to keep track of the benefits of each project for the next five (5) years?

The evaluation has confirmed that appropriate monitoring systems are in place to track the core outputs and outcomes of PDP4, although many features are currently in abeyance due to MMM’s closure during the second and final phase of structural works. Ripple effects extended to the socio-economic dimension tied to the area of support may require further analysis, where feasible, to gauge any intended and unintended effects.

Once the MMM is re-opened, it would be beneficial for the Project Promoter to track data for the following indicators:

- The number of digitised artefacts (across all cultural heritage sites)
- The number of staff employed in the digitisation section of the Technology and Visitor Experience Unit
- The number of individual collections added to the CSM procured through PDP4
- The number of unique digital visitors to the MMM website
- The number of paying visitors to the MMM (disaggregated where possible by type of visitor, i.e. tourist vs. resident)

⁵⁹ Organisation for Economic Co-Operation and Development (OECD). (2019). *Culture and local development: maximising the impact*. doi:10.1787/9a855be5-en

- The number of non-paying visitors to the MMM (disaggregated by type of visit, e.g. school visit, student, pensioner etc.)

8.3.4 What are the risks that organisations/institutions and beneficiaries should look out for, which could potentially hinder the continuation of these benefits in the next five (5) years?

The financial commitment for the second phase of the MMM's transformation is confirmed in Heritage Malta's Annual Report and Consolidated Financial Statements 2024.⁶⁰

Beyond the structural aspects of PDP4, the sustainability of the Digitisation Unit also appears to be assured, particularly given its expanded and central role as a Technology and Experience Development Unit which is adding value across Heritage Malta's portfolio. This Unit's remit has now expanded beyond the digitisation of artefacts, incorporating digital innovation to upgrade and enhance the visitor experience (online and offline). The CMS procured through PDP4 is also well-established and has been deployed entity-wide to incorporate other collections. However, as discussed above, maintaining the level of quality and output achieved so far requires a strong pipeline of professional human resources.

The most significant risk affecting this sustainability is a downward trend in inbound tourism and the MICE market, since this may impact Heritage Malta's revenues and downscale internal investment. At this point, this is not indicated in any of the major macroeconomic forecasts however it must always remain a consideration

8.3.5 What suggestions can be put forward to mitigate the risks envisaged?

One positive aspect of PDP4's implementation was the proactive action taken by the project promoters to engage with university and post-secondary students, particularly in the digitisation dimension of the project. This resulted in a number of internships which not only benefitted the implementation process but, in some cases, also led to the recruitment of some of these individuals after graduation. This form of outreach should be sustained and strengthened, not only because it facilitates recruitment, but also because it builds professional museum management capacity at a national level.

9.0 High-Level Comparative Overview

This section presents a brief comparative outline of the relevance, effectiveness, and sustainability of the four pre-defined projects, contributing to an overall assessment of Malta's implementation of the EEA & Norway Grants 2014-2021 Programme. It also includes

⁶⁰ Heritage Malta. Annual Report and Consolidated Financial Statements for the Year Ended 31 December 2024.

responses to four questions included under the Relevance criterion, which are aimed at a programme level and were therefore not covered in the previous project-based assessments. This section will serve as a conclusion to the evaluation, leading to the recommendations in the final section of the report.

9.1 Comparative Overview – Relevance

The evaluation questions under this criterion probe the extent to which each project was aligned with the needs of its targeted beneficiaries as well as the degree to which each responded to Malta's needs and realities. Complementarity with relevant policies and strategies was also a factor. In line with the evaluation questions the responses below focused on each project's objectives and design as the basis for this assessment.

Backed by the data gathered in the field, the evaluation grounded this assessment in the objectives defined for each project at Programme level, in their respective grant agreements, as well as in their design. Any changes in this original design over the course of implementation, and how these changes affected eventual outputs and outcomes, were factored into the evaluation.

As will be discussed below, and based on the qualitative and quantitative research findings, the evaluation found a high degree of relevance across the four projects in all the above areas.

Among the projects, PDP1 and PDP2 represent the strongest health and social dimension and directly supported the 2014–2021 Programme's overall aim of 'strengthening economic and social cohesion.' They both catered for populations that had distinct needs which were critical to their overall well-being and quality of life, and which were not being sufficiently met prior to the implementation of these projects. In both cases, the size of these populations – children with neurodevelopmental challenges and mental health issues (PDP1) and high-risk children and youths (PDP2) – was growing, ramping up demand for more effective and targeted interventions.

Both projects addressed this need very directly and tangibly. In terms of design, it was also notable that in each case the project promoters did not use the funds to just augment capacity in services already available, but rather focused on developing new approaches and service models to provide more effective interventions that were in line with international best practice in each case. Examples of this include a more integrated service design applied in both PDP1 and PDP2, as well as the adoption of Sensory Integration Therapy – a first in the public health sector – to provide the best possible early intervention in children diagnosed with neurodevelopmental conditions.

The key consideration of reducing inequalities in health and social care was also addressed by ensuring universal access to these services.

Under PDPI, the introduction of PKU screening and NAT testing directly contributed to the needs of the general population, in terms of:

- adding another layer of prevention in the detection of disease in newborns, and,
- increasing the safety of blood products.

In both cases, these interventions increased technical capacity and contributed to the resilience of the healthcare system. They also reduced inequalities at the European level.

PDP3 also represented an important element of the 2014–2021 Programme, which identified good governance as a special concern, linking this to sustainable local development. Its relevance was supported by the strong continuity with the ‘Creative Governance’ project funded under the 2009–2014 Programme, which had clearly established the need for focused training in this area. This need was verified in the evaluation from other sources, including observations made in the annual audits of local government carried out by the National Audit Office, and in feedback from the Project Promoter; it was also clearly articulated by the project’s target beneficiaries, who almost unanimously acknowledged a pressing need for the training provided through PDP3.

The Project Promoter’s commitment to introducing a more diverse and innovative training approach was also central to the project design. Based on stakeholder feedback, this approach was successful and set the benchmark for future training initiatives.

Finally, the objectives and design of PDP4 effectively met the Programme’s aims of driving local development and poverty reduction through enhanced cultural management. The selection of the MMM, located at the centre of a community with its own socio-economic challenges, provided the opportunity to elevate a cultural asset, relatively untouched since the 1990s, into a landmark site in Malta’s rich cultural heritage landscape. This not only contributed to Birgu’s urban fabric renewal for the benefit of its residents but also augmented the area’s attraction as a cultural tourism destination, driving social and economic regeneration.

Another aspect that emerges in the evaluation is also the attention paid by the Project Promoters to the importance that the MMM holds in terms of the cultural and social identity of the community – this was factored into PDP4’s objectives and design, with eventual outcomes, such as the special exhibition held last year, showcasing these links and contributing to closer engagement with local stakeholders.

Finally, in all four cases, the evaluation finds a high degree of complementarity and consistency between the projects’ aims, objectives, and design, and the relevant policies and strategies at a national level.

No significant design gaps were noted for PDP1, PDP2, or PDP3; in the case of PDP1, potential areas for improvement were noted in the collaborative framework between the Ministry

responsible for Health and the Ministry responsible for Education. These areas focus on data sharing opportunities to increase service integration, as well as the clarification of financial responsibilities to optimise the maintenance of the service and the Centre to the quality standards established under PDP1.

A strong validation of the relevance of all the projects under evaluation is the fact that the main services and benefits in each case have been maintained post project closure, targeting the same beneficiary groups. This applies to the SITC under PDP1, and the integrated youth services for high-risk youths under PDP2. Project results are being amplified in the case of PDP3, through the launch of the new training council and strategy targeting local councils, and PDP4, through the implementation of a second and final restoration phase which will transform the MMM into a state-of-the-art contemporary museum.

9.2 Relevance Evaluation Questions – Programme Level

9.2.1 Based on assessment, is the EEA and Norway Grants 2014-2021 perceived as a Programme about the learning dimensions of young people or more on addressing societal changes? To what extent is it both?

The evaluation concludes that the 2014-2021 Programme is perceived to have addressed both dimensions to a significant extent. Both themes can be seen as integrated even within individual projects, leading to outcomes and impacts that support both objectives concurrently. It can be argued that any intervention that succeeds in improving the learning abilities and potential of young people, particularly those cohorts that may have fewer opportunities, is very tangibly contributing to social change.

This dual purpose directly applies to the SIT intervention under PDP1 and the OK project under PDP2. In each case, the target beneficiaries are vulnerable due to different factors: children and youths with neurodevelopmental or mental health challenges in the case of PDP1, and children and youths at high risk of social exclusion due to different, complex factors in the case of PDP2.

This drive for the social inclusion of vulnerable children and youths is directly contributing to social change – in the case of PDP1 it is directly targeting issues affecting the inclusion of persons with neurodevelopmental and mental health challenges, and in the case of PDP2, the social and economic inclusion of vulnerable youths. However, the interventions in both cases have a learning dimension at their core, based on the rationale that supporting beneficiaries to improve their skills and abilities is one of the best routes to longer term inclusion and well-being. This is seen in the SITC's treatment plans which factor in interventions aimed at boosting the child's learning abilities, and the focus on learning opportunities as the pathway to employment in the case of PDP2.

A strong social dimension can also be perceived in PDP4: the MMM was deliberately selected in large part due to its location in the centre of Birgu, a community with poverty or at-risk of poverty rates above the national average, as detailed in section 8.1.1 above. On this basis the project's contribution to socio-economic regeneration in the area is significant. However, **a learning dimension is also central to the project, with the Museum's collection being enhanced – including digitally – not only as an economic asset but also as an educational one that will be accessible to all.**

This ties in with EU-wide efforts to work towards a more integrated and participatory approach to cultural heritage, launched in 2018 through a proposed Action Framework.⁶¹ The first of this Framework's five pillars is 'Cultural heritage for an inclusive Europe: participation and access for all.' This guiding principle promotes action to ensure the widest possible access to cultural heritage in all its forms, including *"those who are economically disadvantaged, socially deprived or persons with reduced mobility or disabilities."* More recently, a policy focus on digital access is also evident, particularly in terms of developing the Europeana initiative as a common European data space for cultural heritage⁶². The digitisation process funded under PDP4 enabled Heritage Malta to present Malta's cultural heritage on the Europeana platform for the first time, starting with the MMM collection.

Finally, **PDP3 is identified mainly as a learning project, contributing to the professional and skills development of its beneficiaries.** However, the project's core rationale is that improving good governance in local councils through appropriate skills development can improve the quality and effectiveness of services delivered at community level, including those targeting the more vulnerable members of that community. The views obtained from the Project Promoter and from PDP3's partner organisations tend to support this linkage, particularly in the enhanced collaboration and knowledge sharing which they perceive to have been strengthened through the project. Examples were provided to the evaluation of areas where this collaboration was applied between local councils; these areas included specific social issues, such as mental health, children and youths, and the elderly.

9.2.2 To what extent is the EEA and Norway Grants 2014-2021 Programme oriented and focused towards people with fewer opportunities?

For the purposes of this response, the evaluation will refer to the definition of beneficiary with fewer opportunities applied in European funding:

⁶¹ European Commission: Directorate-General for Education, Youth, Sport and Culture. (2019). European framework for action on cultural heritage.

⁶² European Commission. Commission Recommendation of 10.11.2021 on a common European data space for cultural heritage. C(2021) 7953 final.

*"People with fewer opportunities means people who, for economic, social, cultural, geographical or health reasons, a migrant background, or for reasons such as disability and educational difficulties or for any other reasons, including those that can give rise to discrimination under article 21 of the Charter of Fundamental rights of the European Union, face obstacles that prevent them from having effective access to opportunities under the programme."*⁶³

The assessment of the four projects will then be based on the seven barriers to inclusion identified above.

⁶³ Erasmus+ Programme Guide Online, Glossary

Barrier	PDP1	PDP2	PDP3	PDP4
Disability	This project directly targeted children with ability challenges, aiming to support inclusion through early intervention.	This project was open to all vulnerable youths, including those with an intellectual or physical disability. Through its outreach pillar, the project sought out such potential beneficiaries and facilitated their participation.	One of the themes covered in PDP3 focused on providing better support for persons with disabilities within the community.	Full accessibility for persons with disabilities was factored into the structural restoration; post-intervention, the MMM has a wheelchair-accessible ramp and a passenger lift, allowing access to different levels. Through the Digitisation Unit, more audio-visual tools were created to interpret the displays for the sight and hearing impaired.
Economic	A core aim of this project, which it achieved, was the provision of a free key service for vulnerable children, removing a cost barrier faced by families, including low-income families.	A core aim of this project, which it achieved, was the provision of a free integrated and specialised support service for vulnerable youths, including mental health services that were previously only available through other mainstream services, often subject to a waiting list, or privately, which immediately raised a cost barrier for low-income youths and their families.	The training provided through PDP3 in conjunction with the Local Councils Association included modules on the role of local government in providing better support for vulnerable groups within the community, including those at risk of poverty, with a focus on children, youths, and the elderly.	As a driver for local development in the community, PDP4 is supporting economic activity in the area, which suffers from lower than national average levels of employment and household income. One example is the Museum by Candlelight initiative, which brought thousands of visitors to Birgu.
Educational	There is an evidence-based link between Sensory Integration Therapy and improved educational outcomes. Through early intervention, SIT offered through PDP1 actively works to improve the beneficiary's ability to process and integrate sensory information. This can positively impact his/her capacity to focus, participate in class, and engage in learning activities.	Low-skilled youths and NEETs were a key cohort targeted by PDP2, with the opportunity initiatives provided designed specifically to support their engagement and motivation, including through different training pathways driven by the areas of interest and skills of the clients.	PDP3 training opportunities provided skills development and lifelong learning opportunities for its beneficiaries.	Through its regeneration and new digital footprint, the MMM has increased in value as an educational resource for the Maltese population. The Project Promoter regularly works with schools to ensure that all children, regardless of family income, are given the opportunity to visit the Museum and learn from it.

Barrier	PDP1	PDP2	PDP3	PDP4
Cultural	Both PDP1 and PDP2 are accessible to persons with migrant backgrounds; the evaluation confirmed that such individuals formed part of the beneficiary population for both projects however quantitative data on this is not available.		One of the themes covered in PDP3 focused on strategies aimed at improving social and cultural integration in communities.	One of PDP4's objectives was to widen visitor engagement to include groups which may otherwise not access cultural experiences. Successful initiatives of this type were developed last year to increase the number of non-paying visitors to the special exhibition held to launch the MMM post-intervention – this resulted in a higher share of children, students, and elderly persons accessing the museum compared to previous years.
Health	Through PKU screening, PDP1 directly sought to prevent the incidence of a disease that can cause life-long disability and increase the risk of exclusion. Through SITC, interventions target mental health and developmental challenges, supporting clients and their families through the therapy provided.	PDP2 targeted a specific cohort of young people with mental health issues that were placing them at risk of exclusion. This is the reason why psychotherapy services were integrated into service provision, supporting the clients also navigate their personal challenges tied to mental health.	One of the themes covered in PDP3 focused on strategies aimed at improving health and well-being in the community, including focused awareness on issues arising among specific groups, such as youths and the elderly.	One of PDP4's objectives was to widen visitor engagement to include groups which may otherwise not access cultural experiences for health and mobility-related reasons; these include persons with disabilities and the elderly. These strategies were applied last year, resulting in a higher number of non-paying visitors to the special exhibition held to launch the MMM post-intervention, compared to previous years.

Barrier	PDP1	PDP2	PDP3	PDP4
Geographical	The location of the SITC in an Inner Harbour area was a deliberate choice, aimed at facilitating service access for low-income families as well as to contribute to the regeneration of the area.	PDP2 services were made available to youths from all the regions in Malta and Gozo.	The Project Promoter ensured that all Local Councils benefitted from training, ensuring the widest possible geographical reach.	The selection of the MMM was a deliberate choice to boost the urban regeneration and sustainable development of the area; the completed restoration has contributed to these aims, while stakeholder feedback from the tourism sector confirmed that the enhanced post-PDP4 enhancements on display in the special exhibition last year increased its attraction as a cultural tourism destination, stimulating economic activity in the community.
Social	Both PDP1 and PDP2 are based on the core objective of providing universal access to important services. Where possible, support is provided to beneficiaries and their families who, for social reasons such as lower levels of educational attainment, find it harder to navigate the system than others. In the case of PDP2, individuals with substance abuse issues or who are former offenders were deliberately targeted by the service to support their rehabilitation and social inclusion.		One of the themes covered in PDP3 focused on increasing awareness of current and emerging social issues in communities.	One of PDP4's objectives was to widen visitor engagement by increasing the number of non-paying visitors. Successful initiatives were developed last year for the special exhibition held to launch the MMM post-intervention – this resulted in a higher share of such visitors accessing the museum compared to previous years.

Table 16: Assessment of PDPs – Barriers to inclusion

9.2.3 What factors are limiting their access and what actions could be taken to remedy this?

The evaluation could not detect any structural barriers in the design or service model of any of the projects that could be described as limiting the access of persons with fewer opportunities. However, an issue that sometimes applies in such services is that, while equal access is assured, for a variety of social, educational, economic, cultural or other reasons, vulnerable people may find it harder to sign up for, and engage with, these services. In many cases there may even be a lack of awareness that these services exist in the first place.

Actions that could be taken to address this area:

PDP1 (SITC)

Key informants reported that issues sometimes arise when children with low-income or dysfunctional family backgrounds are referred to the Centre. Cases were noted were children with dysfunctional families, often associated with low-income or low-skilled households, dropped out of the service after referral. **Formal collaboration with social welfare/education agencies to provide targeted support, subject to parental consent, may alleviate this problem.**

PDP2

Opportunity Knocks directly addressed this awareness and accessibility gap **by launching the service through a targeted and proactive outreach campaign, which proved effective.** This should serve as a model for future initiatives targeting at-risk youths, including through **tailor-made demand driven programmes adaptive to the cohorts** being supported.

9.2.4 What is the relevance of the EEA and Norway Grants 2014-2021 compared to the relevance of the EEA and Norway Grants 2009-2014? How can this be improved in the new Programming Period?

The EEA and Norway Grants 2009-2014 programme focused on different programme areas to the current period under review. Under the EEA Financial Mechanism, the earlier programme targeted the following areas:

- Renewable Energy
- Adaptation to Climate Change
- Conservation and revitalisation of Cultural and Natural Heritage

The following areas were covered by the Norwegian Financial Mechanism:

- Capacity-building and Institutional Cooperation between Beneficiary State and Norwegian Public Institutions, Local and Regional Authorities
- Correctional Services, including Non-custodial Sanctions

The 2009–2014 pre-defined projects were therefore selected accordingly, resulting in two projects related to environmental issues, one related to cultural heritage conservation, and a fourth which dealt with improving systems and services in Malta's juvenile detention facilities. A fifth project focused on a bilateral partnership with a Norwegian partner organisation to develop a comprehensive training analysis of local councils (the precursor to PDP3 in the 2014–2021 period).

It is immediately evident that the priorities reflected in the 2009–2014 period were skewed towards environmental concerns. The social dimension is however represented in the project targeting young offenders. There is strong continuity between the two programmes in two common themes: cultural heritage and good governance in local government; there is also complementarity between PDP2 in the 2014–2021 programme and the previous project targeting at-risk youths.

In terms of relevance, both programmes can be perceived as responsive to the national needs and priorities in play at the time.

In the period 2006–2007, when the previous Programme was conceived, environmental concerns were high on Malta's policy agenda. Having joined the European Union in 2004, the adoption of the EU's environmental *acquis* was a significant challenge. Awareness of climate change and the need for adaptation was also emerging, requiring a strong policy response. On this basis, the 2009–2014 Programme was fully aligned with the needs and priorities at the time.

The 2014–2021 Programme similarly reflects contemporary national concerns. It was developed at a time when it was evident that Malta was, and still is, undergoing rapid social, demographic and economic changes at a structural level. These resulted, in some cases, in widening socio-economic disparities and raising the risk of exclusion for persons with fewer opportunities. This is the basis for the Programme's overarching 'Local Development and Poverty Reduction' objective which underpins all four projects, even the cultural heritage intervention, and which resulted in the targeting of beneficiaries with fewer opportunities through PDP1 and PDP2.

Building on the above, both programming periods demonstrated alignment with the prevailing developments and priorities. Looking ahead, ensuring continued relevance will depend on a thorough and evidence-based analysis of Malta's evolving social, environmental, and economic challenges.

9.3 Comparative Overview – Effectiveness

This evaluation found that all four projects were effective in terms of achieving their respective pre-defined output and outcome targets. In most cases these were exceeded. In all four cases, project results met their relevant overarching outcome. This is a significant achievement considering the COVID-19 disruptions that hit just as implementation got underway, affecting virtually every project.

The central factor driving this success identified in the evaluation is the professionalism and commitment noted for all four Project Promoters, as well as the effective support and guidance provided by the NFP. This came to the fore when all parties worked to mitigate the impacts of the pandemic. **The strong collaboration between Project Promoters and the NFP was also noted in dealing with more complex aspects of the projects, such as the inter-ministerial collaboration that defined PDP1, challenges that arose in PDP4's structural project, and project changes required to accommodate PDP2's most vulnerable beneficiaries.**

A further factor noted is the **robust initial planning that formed the basis of each project**. In each case, the project design was based on a sound understanding of the project's context and target beneficiaries. Virtually no gaps were detected that undermined the interventions' relevance or effectiveness. Gaps that did develop, such as those noted for the SITC, were due to wider institutional factors and, as such, beyond the control of the Project Promoters.

This approach was also evident once the projects were implemented. **Project Promoters were proactive in identifying emerging issues, or opportunities for improvement, and taking the appropriate action.** This is seen in a number of examples: the service developments outside the project's original design deployed at the SITC to respond to identified beneficiary needs, the addition of new diseases to the blood screening capability provided by the NAT Testing platform, and the decision to use the PDP4 intervention as a platform for further transformation.

Finally, the evaluation identified several positive outcomes of the projects that were not listed in the Results Framework, and which continue to contribute to the programme objectives. Highlighted here are:

- **the enhanced stakeholder engagement framework created through PDP2**, which continues to provide an element of outreach and prevention for vulnerable youths,
- **the stronger links being formed between the SITC and schools which are supporting inclusive education objectives.**
- **the fully-fledged Digitisation Unit, originally formed under PDP4, which has now been expanded and is servicing the national collection;** this is another significant result which strongly supports the project's original objective: 'cultural management enhanced.'

9.4 Comparative Overview - Sustainability

The evaluation has noted that as the 2014–2021 Programme drew to its official close, each PDP had already created its post-project own pathway and legacy post project. In some cases, this required the support of other sources of external funding, in others this will be maintained through national funds. The analysis also confirmed that the allocation of national funds was facilitated by the projects' complementarity with national needs and policy priorities, as discussed in each case under the relevance criterion.

The benefits of two of the PDPs are likely to be enhanced and augmented over this period due to additional investment. In the case of PDP4, further investment has been confirmed to complete the refurbishment and redesign of the MMM in the coming months. The results of PDP3 are also set to be consolidated and developed further through the launch of the National Training Council and the National Training Strategy for Local Government announced in January 2025.

The major sustainability concerns identified in the evaluation apply to PDP1 and PDP2, and centre around the lack of availability of sufficient specialised human resources; this issue is linked to labour market realities and constraints and mainly concerns Occupational Therapists and Youth/Social Workers. This persistent issue may pose a barrier to enhancing the current programme or to offering additional/complementary services, possibly targeting different cohorts depending on their level of need.

10.0 Recommendations

10.1 PDP1

Recommendation	Link to Evaluation Findings	Responsibility
<p>In line with the original intention of the MOU between the Ministries responsible for Health and Education, and within the context of supporting an integrated approach to treatment plans, explore the possibility of implementing appropriate data-sharing frameworks that bring together relevant structures within the MFH (CDAU, SITC and any other relevant entity), and appropriate structures in the Ministry responsible for Education (SPS, Lenti and any other relevant entity)</p>	<p>Response to Q. 5.1.4. Evaluation finding of a current lack of intra-ministerial and inter-ministerial data sharing which, if addressed, would improve the effectiveness and efficiency of the SITC's services to beneficiaries and their parents and caregivers.</p>	<p>Ministry responsible for Health</p> <p>Ministry responsible for Education</p>
<p>Revisit the original Memorandum of Understanding between the two ministries to update terms and conditions in line with current needs now that the Centre is in operation, including in terms of financial responsibilities. This should factor in ongoing procurement and maintenance, strengthening both processes to ensure uninterrupted availability and safe use of equipment.</p>	<p>Response to Q. 5.1.4 Evaluation finding of some ambiguity in the designation of financial responsibilities between the two ministries, particularly in relation to recurrent expenditure. This can undermine the timely allocation of sufficient funds to maintain the Centre and its services at current quality levels.</p>	<p>Ministry responsible for Health</p> <p>Ministry responsible for Education</p>

<p>Tackle the persistent and worsening shortage of Occupational Therapists across the public sector to improve recruitment and retention rates. Priority should be given to improving working conditions and financial incentives to retain occupational therapists who are already in public service. In parallel, focus on increasing the number of therapists graduating from the University of Malta by actively promoting the profession and growing awareness of its value, as well as introducing financial incentives for students opting for the relevant courses.</p> <p>Feasible actions include:</p> <p>In liaison with the Council for the Professions Complementary to Medicine (CPCM), introduce a faster process for recognising qualifications of foreign and third-country nationals to reduce recruitment delays. This can be done to streamline credentialing. Formally recognise <i>Sensory Integration (SI)</i> as a specialty within Occupational Therapy in Malta.</p>	<p>Responses to Q. 5.3.4 and Q. 5.3.5</p> <p>Evaluation finding of persistent staffing shortages, particularly related to Occupational Therapists, which are a risk to maintaining service continuity, and a barrier to future attempts to expand or increase sensory integrated therapy services, both within the SITC, and in any other areas of the public health and education services.</p>	<p>Ministry responsible for Health</p>
<p>Explore the possibility of creating formal links with the appropriate social welfare services, which the SITC can call on when faced with clients who risk not benefiting from the services due to family poverty and/or dysfunction.</p>	<p>Response to Q. 9.2.3</p> <p>Evaluation finding that child beneficiaries from families with fewer opportunities referred to the Centre may face additional barriers in accessing and completing the therapeutic intervention. In these cases, parents and caregivers would benefit from additional, structured support to help them navigate the process.</p>	<p>Ministry responsible for Health</p> <p>FSWS</p>

<p>Broaden SI training to include CDAU staff, SITC rotational staff, school staff, and home helpers to ensure continuity of care from centre to home and school environments. This could be achieved by:</p> <ul style="list-style-type: none"> – Partnering with MEYR's Education Directorates to integrate ASI modules into CPD for INCOs, LSEs, and selected support staff. – Developing SITC-led outreach training packages, delivered in short, targeted sessions to minimise service disruption. 	<p>Response to Q. 5.2.5</p> <p>Evaluation finding that the current process for the referral of children to the SITC may be improved if more professional staff at the CDAU were trained and certified in SIT, enabling referrals based on a more informed assessment.</p>	<p>Ministry responsible for Health</p>
<p>In terms of SI therapy, continue to strengthen the existing links being created between the occupational therapists at the Centre, occupational therapists in schools, and INCOs/LSEs supporting children in inclusive education.</p>	<p>Response to Q. 5.2.4</p> <p>Evaluation finding that the awareness of the benefits of SIT in terms of supporting children's inclusion at school is increasing, and initial efforts are underway to create more structured engagement between the Centre and schools and inclusive education authorities in this area. These could be further strengthened with the support of the appropriate entities within the MFH and the MEDH.</p>	<p>SITC</p> <p>Ministry responsible for Education</p>
<p>Explore the possibility of re-categorising the SITC within the MFH budget framework to better reflect its role and reduce the challenge of competing with other 'acute care services' sited at MDH.</p>	<p>Response to Q. 5.3.5</p> <p>Evaluation finding that the current categorisation of the SITC as 'acute care' under the wide Mater Dei Hospital cost centre can at times impact negatively on its budget allocation</p>	<p>Ministry responsible for Health</p>

10.2 PDP2

Recommendation	Link to Evaluation Findings	Responsibility
<p>Maintain the effective approach evident in PDP2 used for shaping service delivery in line with the evolving needs of the vulnerable youths within the target population. This includes focused care on youths within that cohort who are struggling with their mental health, in conjunction with other related entities such as the Ministry responsible for Health. This segment was identified by key informants as one of the hardest to reach in PDP2's target population.</p>	<p>Response to Q.6.1.3 Evaluation finding that PDP2's overall success stems in large part from the accurate and informed beneficiary profiling that shaped its service design. This evidence-based approach ensures that underserved groups are identified, and their needs addressed, particularly given the fast-evolving needs and realities of the vulnerable youth population.</p>	<p>FSWS</p>
<p>Similarly, while project promoters are fully in touch with relevant developments, youth services in this specialised area – those dealing with high-risk youths – should continue to cater for the impacts of rapid population growth in Malta in the last decade, including in terms of the needs of migrant youths.</p>	<p>Response to Q. 6.1.3 Evaluation finding that recent rapid and structural socioeconomic changes have affected Malta's youth population, creating new risks for vulnerable youths or exacerbating pre-existing ones.</p>	<p>FSWS</p>
<p>Maintain, as far as possible, the research and outreach capabilities of PDP2 to direct and inform youth services development.</p>	<p>Response to Q. 6.2.2 Evaluation finding that the research capabilities secured through PDP2 was a strong contributor to the project's positive outcomes, particularly in terms of the accurate beneficiary profiling referred to above as well as steering the outreach and prevention initiative.</p>	<p>FSWS</p>

Maintain and sustain the collaborative frameworks strengthened through PDP2's implementation.	Response to Q. 6.1.3 Evaluation finding that the collaboration framework put in place at the start of PDPs was a key factor in its success, particularly in terms of identifying and reaching out to at-risk youths.	FSWS
Address the challenges of recruiting and retaining youth and social workers in the public sector. As with the recommendation for PDP1 above, priority should be given to improving working conditions and financial incentives to retain professionals who are already in public service. In parallel, focus on increasing the number of youth and social workers graduating from the University of Malta by actively promoting these professions and increasing awareness of its value, as well as introducing financial incentives for students opting for the relevant courses.	Response to Q. 6.3.4 The evaluation finds a current and widening gap between the number of youth and social workers engaged in the public sector and the service demand, particularly when dealing with high-risk youths with complex issues (as per the PDP2 target population) who require individualised care in order to secure positive intervention outcomes.	Ministry responsible for Social Policy and rights for children

10.3 PDP3

Recommendation	Link to Evaluation Findings	Responsibility
Ensure that future training programmes for local government respond to the knowledge and skills gaps identified in the updated National Training Strategy, specifically targeting and prioritising any ongoing shortcomings in good governance flagged in the NAO and other reports.	Response to Q.7.3.1 Evaluation finding that the training content and priorities identified for PDP3 were relevant and responsive to beneficiary and national needs. A sustained focus on good governance, in addition to other areas, would be beneficial in terms of building on the positive outcomes of PDP3.	Directorate responsible for Local Government
Integrate the non-traditional training approaches such as the study visits that have emerged as a successful outcome in PDP3 as far as possible in the new training strategy under development.	Response to Q. 7.2.4 Evaluation finding that PDP3's departure from traditional, classroom-style training through the introduction of different, collaboration-based initiatives was a critical factor in its success, increasing beneficiary engagement and participation.	Directorate responsible for Local Government
Further to the recommendation above, and within this new training strategy, explore the possibility of reactivating the mentoring and placements initiative originally envisaged under PDP3, which had to be abandoned due to the pandemic.	Response to Q. 7.1.4 Evaluation finding that original plans to include a structured mentoring and placement programme within PDP3 had to be abandoned due to COVID-19. Stakeholder feedback indicates that this was a strong proposal which should be revisited in the new Training Strategy.	Directorate responsible for Local Government

Support the take-up of good governance practices by local council staff following training, DLG may consider strengthening rewards and incentives for the successful adoption of improved practices. This could apply to both individual members of staff and at council level.	Response to Q. 7.2.1 Evaluation finding that, despite some tangible improvements, institutional and operational constraints at times limit the extent to which training outcomes can result in measurable good governance improvements at local council level	Ministry responsible for Local Government
Support the retention of positive practices and training outcomes by converting key training elements into comprehensive manuals; this may increase opportunities for knowledge and awareness building while also mitigating the persistent issue reported by beneficiaries of high staff turnover	Response to Q.7.3.5 Evaluation finding based on stakeholder feedback that the provision of clear and comprehensive guidelines would support the retention of good governance practices.	Directorate responsible for Local Government
Promote a consistent knowledge base across local councils in good governance practices and procedures by providing a robust induction programme for new staff and elected councillors. This should be tailored to their roles and responsibilities.	Response to Q. 7.3.5 Evaluation finding based on stakeholder feedback on the impacts of the high turnover of staff on sustaining training outcomes.	Directorate responsible for Local Government

10.4 PDP4

Recommendation	Link to Evaluation Findings	Responsibility
One positive aspect of PDP4's implementation was the engagement with tertiary and post-secondary students in the digitisation dimension of the project. This form of outreach should be maintained since it has strong potential to facilitate recruitment and improve professional museum management capacity at a national level.	Response to Q. 8.2.2 Evaluation finding that the proactive initiative to engage with students in relevant fields was a critical factor in the effectiveness of the Digitisation Unit, both in terms of achieving PDP4's aims, as well as enabling the creation of this as a permanent unit within Heritage Malta with a key role in developing visitor services.	Heritage Malta
Once its transformation is complete and the MMM re-opened, active engagement with the community, as showcased in the 'An Island at the Crossroads' exhibition, should be maintained, complemented by initiatives to drive further engagement. The space and the Museum's resources can also be utilised for activities oriented towards social development and inclusion, including in collaboration with community organisations and NGOs. Outreach to vulnerable and disadvantaged groups including through the relevant stakeholders should also be considered.	Response to Q. 8.3.2 Evaluation finding that the proactive effort put in by the Project Promoter to engage with the Birgu community that was evident throughout the exhibition last year was effective; it also resulted in higher numbers of non-paying visitors (such as students and the elderly) compared to previous years.	Heritage Malta
Innovative measures to promote and integrate the MMM and other cultural heritage sites in the district in regional tourism planning can be explored – these can include <i>"packages that combine museum entrance, local transportation and access to other cultural activities"</i> (ICOM/OECD, 2019). Incentives linked to neighbourhood leisure and hospitality experiences can also be considered.	Response to Q. 8.1.1 Evaluation finding that the aims and outcomes of PDP4 are closely aligned with national cultural tourism policy in terms of offering a more cohesive and integrated visitor experience within the Three Cities area.	Ministry responsible for Tourism Ministry responsible for Cultural Heritage Heritage Malta

Explore the opportunities for partnerships with local artisans and SMEs for the display and promotion of relevant goods and services in the MMM gift shop and other spaces; this can also include inspiring the design of new goods and services to capitalise on the Museum's rebranding as a national flagship museum once it reopens.	<p>Response to Q. 8.1.1</p> <p>Evaluation finding that the aims and outcomes of PDP4 are closely aligned with national policy related to the sustainable development of the Kottonera district, particularly in terms of enhancing cultural heritage to drive local business activity and employment.</p>	Heritage Malta
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